



Community Planning Aberdeen Board

Meeting on WEDNESDAY, 28 JUNE 2023 at 2.00 pm

Committee Room 2 - Town House, Aberdeen

B U S I N E S S

BUSINESS

APOLOGIES

DECLARATIONS OF INTEREST

MINUTES AND FORWARD PLANNER

- 1.1 CPA Board Minute of 19 April 2023 - for approval (Pages 3 - 18)
- 1.2 Draft CPA Management Group Minute 24 May 2023 - for information (Pages 19 - 28)
- 1.3 CPA Board Forward Planner (Pages 29 - 32)
- 1.4 National Update - Verbal

STRATEGIC BUSINESS

- 2.1 Timeline for the Refreshed Local Outcome Improvement Plan (LOIP) 2016 - 2026 and Locality Plans (Pages 33 - 36)
- 2.2 Draft Strategic Partnership Agreement: Public Health Scotland and the North East Population Health (Pages 37 - 46)

CPA IMPROVEMENT PROGRAMME

- 3.1 CPA Improvement Programme Quarterly Update (Pages 47 - 110)
Appendix 1 - CPA Improvement Programme Overview
Appendix 2 - Stretch Outcome 4-9 Project Charters

- 3.2 Project End 3.4: (Pages 111 - 116)
Increase the number of Modern and Graduate Apprenticeships 5% by 2022
- 3.3 Project End 3.5: (Pages 117 - 122)
80% of young people will successfully complete their Modern Apprenticeship programme by 2022
- 3.4 Project End 10.7: (Pages 123 - 132)
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.
- 3.5 Project End 12.4: (Pages 133 - 142)
Increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023
- 3.6 Project End 12.5: (Pages 143 - 150)
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
- 3.7 Project End 12.8: (Pages 151 - 160)
Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023

GENERAL BUSINESS

- 4.1 Child Poverty Plan 2022/23 (Pages 161 - 236)
- 4.2 Community Wealth Building (Pages 237 - 240)
- 4.3 Aberdeen Health Determinants Research Collaborative Update (Pages 241 - 262)

FOR INFORMATION

- 5.1 Date of Next Meeting - 6 September 2023

Should you require any further information about this agenda, please contact Gogo Okafor, email mokafor@aberdeencity.gov.uk

COMMUNITY PLANNING BOARD

19 APRIL 2023

Present: Councillor Alex Nicoll (Aberdeen City Council), Chairperson; Chief Superintendent, Graeme Mackie (Police Scotland), Vice Chairperson; Gale Beattie (Aberdeen City Council); Councillor John Cooke (IJB Chair, (for Item 3); Susan Elston (NESCOL); Chay Ewing (Scottish Fire and Rescue Service); Councillor Martin Greig (Aberdeen City Council); William Hardie (Robert Gordon University, as a substitute for Duncan Cockburn); Councillor Sandra Macdonald (Aberdeen City Council); Richard McCallum (Scottish Government Representative); Paul O' Connor (ACVO); Councillor Miranda Radley (Aberdeen City Council); Alastair Robertson (Aberdeen Active Partnership); Angela Scott (Aberdeen City Council); and Susan Webb (NHS Grampian).

Also Present: Andy Buchan (SFRS); Allison Carrington (Aberdeen Prospers); Nicola Dickie (NHS Grampian); Lisa Kerr (Police Scotland); Alison Macleod (Aberdeen City Health and Social Care Partnership); Simon Rayner (Alcohol and Drugs Partnership); Jordon Walker (Police Scotland); Michelle Crombie; Julia Milne; Charlotte Saunders; Eleanor Sheppard; Graeme Simpson; Craig Singer; Margaret Stewart; Allison Swanson; Susan Thom; and Angela Taylor (all Aberdeen City Council).

Apologies: Evonne Boyd (Skills Development Scotland); Duncan Cockburn (Robert Gordon University); Pete Edwards (University of Aberdeen); and Matthew Lockley (Scottish Enterprise).

Page 3	Topic	Discussion/Decision	Action By
	Welcome	The Chair welcomed Board members to today's meeting. <u>The Board resolved:</u> - to agree to the above approach.	
2.	Minute of Previous Meeting of 15 February 2023 – for approval	The Board had before it the minute of its previous meeting of 15 February 2023 for approval. <u>The Board resolved:</u> - to approve the minute as a correct record.	
3	Draft CPA Management Group Minute 22 March 2023 – for information	The Board had before it the minute of the previous CPA Management Group meeting of 22 March 2023 for information. <u>The Board resolved:</u> - to note the draft minute.	
4.	CPA Board Forward	The Board had before it the Forward Business Planner. <u>The Board resolved:</u> - to agree the Forward Business Planner.	

	Topic	Discussion/Decision	Action By
5.	National Update - Scottish Government	<p>The Board received a verbal update from Richard McCallum - Local Director (Scottish Government).</p> <p>The update covered the following areas: -</p> <ul style="list-style-type: none"> (a) that the policy prospectus was launched on 18 April 2023 and its subject matter was on Equality, Opportunity, and Community which were the priorities of the First Minister and the cabinet; (b) that the new deal for Local Government commitment had been reinstated by the First Minister and the Deputy First Minister; (c) that in terms of National Care Service, the stage one bill was delayed being brought forward in the parliament; (d) that there was ongoing work with regard to homelessness and prevention strategy along with the funding on ending homelessness; (e) with regard to the Community Wealth Strategy, the legislation was launched at the end of January 2023, and was at its development stage. It was mentioned that feedback on the legislation was due by 25 April 2023; and (f) the draft energy and transition plan had been launched and the consultation period would be open until 9 May 2023. <p><u>The Board resolved:-</u> to note the update provided.</p>	
4	Children's Services Plan 2023-26	<p>The Board had before it a report which outlined the progress made in developing the statutory Integrated Children's Services Plan and sought approval of (1) the plan for submission to the Scottish Government and then delivery of the Plan from April 2023 to March 2026; and (2) the proposed amendment to the children and young people, Stretch Outcomes 4-9 of the Local Outcome Improvement Plan 2016-26.</p> <p><u>The report recommended:-</u> that the Board:</p> <ul style="list-style-type: none"> (a) approve the revised Children's Services Statutory Plan 2023-26 presented at Appendix 1 and the Improvement Plan at Appendix 2 and agree that the Plan be submitted to the Scottish Government; (b) approve the proposed amendment to the children and young people (Stretch Outcome 4-9) section of the Local Outcome Improvement Plan 2016-26 as at Appendix 5 and agree that Stretch Outcomes 4-9 be amended accordingly, and partners asked to update their strategic plans to align to the refreshed LOIP; (c) note the table at Appendix 6 detailing the proposed amendments to Stretch Outcomes 4-9 of the Local Outcome Improvement Plan 2016-26; (d) approve the proposed draft scheduling of the project charters under Stretch Outcome 4-9 for submission to the CPA Board for initiation as detailed at Appendix 5; and (e) agree the next steps as outlined at section 5 of the report. 	

	Topic	Discussion/Decision	Action By
		<p>Eleanor Sheppard - Chair of the Children's Services Board (Aberdeen City Council), provided an overview of the report.</p> <p>The Board commended the report, and during discussion, Mrs Sheppard assured that information was made available to children and families in terms of accessibility.</p> <p><u>The Board resolved: -</u> to approve the recommendations.</p>	
7	CPA Improvement Programme Quarterly Update	<p>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.</p> <p><u>The report recommended: -</u> that the Board:</p> <ul style="list-style-type: none"> (a) consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome; respective improvement projects as contained at Appendix 1; (b) note that a separate report with the project charters for the improvement aims under Stretch Outcome 16 was on today's agenda; (c) note that 28 aims had now been achieved and 16 project end reports were on today's agenda and that project end reports for all 2022 aims except three which were based on the 22/23 financial year had been submitted; (d) note that two of the three aims under Stretch Outcome 15 had ended and that the sustainable City Group had identified further change ideas aligned to project 15.3 to support achievement of the overall Stretch Outcome and therefore, at this time, did not propose to add further improvement aims; and (e) note that Martin Murchie had been appointed as Chair for the Anti-Poverty Group and that discussions were ongoing regarding the Chair for the Community Justice Group. <p>Allison Swanson – Improvement Programme Manager (Aberdeen City Council) provided an overview on the progress of the report.</p> <p><u>The Board resolved: -</u> to approve the recommendations.</p>	

	Topic	Discussion/Decision	Action By
8	Project End 2.3: Support 15 care experienced young people progress to employment through public sector funded employability programme by 2023	<p>The Board had before it a report which presented the results of Improvement Project Aim 2.3 which aimed to support 15 care experienced young people progress to employment through the public sector funded employability programmes by 2023 and sought approval to close the project as the aim had been achieved.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that the testing had concluded and that this Improvement Project be brought to an end on the basis that 15 care experienced young people had secured employment and almost 100 were engaged in employability support activities; (b) note that the majority of activity delivered as part of this project had been delivered using external funding, provided on an annual basis, from Scottish and UK Government and that prevented permanent implementation of the activities outlined above; (c) note that long-term employability support was required in the majority of cases to ensure that a young person can not only engage and sustain employability activity, but also, to sustain a positive destination; (d) note that while this project was to support care experienced young people into employment, the success of young people who had continued to engage or moved into other positive destinations should be recognised; and (e) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored. <p>Allison Carrington – (Chair - Aberdeen Prospers), provided an overview of the report and thereafter Angela Taylor - Employability and Skills Manager (Aberdeen City Council), answered questions of the Board in relation to funding available to support care experienced young people progress to employment.</p> <p>The Board resolved: - to approve the recommendations.</p>	
9	Project End 3.1: Increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023.	<p>The Board had before it a report which presented the results of improvement Project Aim 3.1 which aimed to increase the number of responsible businesses working with Community Planning Aberdeen through Community Benefits and CSR activity by 200% by 2023 and sought approval to end the project.</p> <p>The report recommended: that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing had concluded and that this Improvement Project be brought to an end on the basis that we had achieved our aim and had implemented changes that would sustain these improvements; and (b) note plans to continue to scale up and spread the Aberdeen Responsible Business Initiative to wider third sector partners and community groups in partnership with ACVO. 	

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		<p>Allison Carrington – (Chair - Aberdeen Prospers), summarised the report and thereafter Charlotte Saunders and Michelle Cochlan answered questions from the Board. In response to questions, Charlotte Saunders advised that successes were celebrated via Social Media profiles; the Community Planning website and at annual and ongoing business events.</p> <p>In addition, Michelle Crombie - Community Planning Manager (Aberdeen City Council), assured partners that relationships would continue notwithstanding that the project aim had been achieved. Mrs Crombie advised that the Community Planning project team was exploring other ways for businesses to be recognised by some form of accreditation.</p> <p><u>The Board resolved: -</u> to approve the recommendations.</p>	
10	Project End 3.2: By December 2022, increase by 10% the number of people in Aberdeen who have digital access: and feel comfortable using digital tools.	<p>The Board had before it a report which presented the results of the Improvement Project Aim 3.2 which aimed to increase by 10% the number of people in Aberdeen who had digital access and felt comfortable using digital tools and sought approval to end the project.</p> <p><u>The report recommended: -</u> that the Board:</p> <p>(a) agree that the testing had concluded and that this Improvement Project be brought to end on the basis that the aim had been achieved and that the changes were embedded where possible and continued across the city's partners to enhance both digital literacy and the higher-level digital skills required for increased connection and, quality of life and by many employers; and</p> <p>(b) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored.</p> <p>Alison Carrington (Chair - Aberdeen Prospers) provided an overview of the report. Partners were advised that the digital group would continue to meet and promote the project; and that the data would be monitored as well. Thereafter, Margaret Stewart - Service Manager Libraries and Community Learning (Aberdeen City Council), answered questions in relation during which she advised that funding had been received to upgrade the wifi across the community centres and libraries.</p> <p><u>The Board resolved: -</u> to approve the recommendations</p>	
11	Project End 4.1: Reduce the number of births affected by drugs by 0.6% by 2022	<p>The Board had before it a report which presented the results of the Improvement Project Aim 4.1 which aimed to reduce the number of births affected by drugs by 0.6%, by 2022 and sought approval to end project as the aim had been achieved.</p>	

	Topic	Discussion/Decision	Action By
		<p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing be concluded and that this Improvement Project be brought to an end on the basis that the aim had been achieved and the changes that had been fully tested had been embedded as business as usual; (b) note the actions to be taken to ensure that the improvement continued to be sustained; (c) note that the final report on the Birth Parents Project would be reported to the Children's Services Board in August 2023 for consideration as to next steps required; (d) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored; and (e) note the plans to scale up and spread the changes tested. <p>Eleanor Sheppard – Chair of the Children's Services Board, provided an overview of the report, and highlighted that the data would be monitored by ADP and the Best Start in Life Sub Group. Partners sought clarity on the data in relation to the data showing that the percentage of overall maternities reporting drug use was higher in the younger age (under 20) bands but the actual number of births was higher in the bands 20 – 29 and how this was calculated. In response Simon Rayner - Alcohol and Drugs Partnership Lead Officer advised that he would an explanation of the data and how it compared to overall position to the Board outwith the meeting.</p> <p><u>The Board resolved: -</u></p> <ul style="list-style-type: none"> (i) to approve the recommendations; and (ii) to agree that Simon Rayner provide detail on breakdown of the percentage and actual number of maternities reporting drug use and how this was calculated. 	Simon Rayner (ADP)
12	Project End 4.3: Increase Uptake of parenting and family support by 10% by 2022	<p>The Board had before it a report which represented the results of the LOIP Improvement Project 4.3 which aimed to increase uptake of parenting and family support by 10% and sought approval to end the project as the aim had been achieved.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing be concluded and this Improvement Project be brought to an end on the basis that the aim had been achieved and changes had been embedded as business as usual; (b) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored; and (c) note the plans to scale up and spread the changes tested. <p>Eleanor Sheppard – Chair of the Children's Services Board (Aberdeen City Council), provided an overview of the report.</p>	

	Topic	Discussion/Decision	Action By
		<u>The Board resolved:</u> - to approve the recommendations.	
13	Project End 4.4: Reduce the Number of children starting P1 with an identified speech delay by 5% by 2023.	<p>The Board had before it report which presented the results of the Improvement Project Aim 4.4 which aimed to reduce the number of children starting Primary 1 in Aberdeen City with an identified speech delay by 5% by August 2023 and sought approval to end the project as the aim had been achieved.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing be concluded and that this Improvement Project be brought to an end on the basis that (1) the aim had been achieved and the changes tested had been embedded and would continue across the community setting and that scaling up had begun with the start of a cohesive training programme put in place for other settings; and (2) that separate to the project Education was embedding the use of the CIRCLE framework and as such it was requested that the impact of this be monitored to ascertain if further work on early speech and language were required; and that within the Children's Services Plan 2023-26, it was proposed that the need for a multi-agency improvement project would be reviewed in March 2024; (b) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored; and (c) note the plans to scale up and spread the changes tested. <p>Eleanor Sheppard - Chair of Children's Services Board provided an overview of the report and highlighted the impact of the pandemic on speech of young children and the interventions implemented to support this area. In relation to supports, Nicole Dickie – Project Manager (NHS Grampian) advised that speech and language therapy colleagues had developed parent and staff resources to enable early detection and awareness of supports available.</p> <p><u>The Board resolved:</u> - to approve the recommendations.</p>	
14	Project End 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 wellbeing scenario on the Mind of Own app by care experienced children and young people by 2022.	<p>The Board had before it a report which presented the results of the LOIP Improvement Project Aim 5.2 which aimed to: (1) Increase by 80% the use of digital resources for children and young people's mental health and wellbeing by 2022; and (2) 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 and sought approval to end.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that this Improvement Project be brought to an end on the basis that whilst the aims had not been achieved the changes tested were now in place and would continue within 	

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		<p>business as usual and where data had not been available this would now be available in the future;</p> <p>(b) note that the pandemic triggered the development of a range of approaches to make information more easily available to children and young people and their families (some of which were described above) and whilst opportunities for families to self-refer into services were also established and well received, there was now a need to look at all of the digital content available across the partnership to ensure a single point of access to information to improve cohesion across the Community Planning Partnership and this was a key outcome within the revised Children's Service Plan.</p> <p>Eleanor Sheppard - Chair of Children's Services Board provided an overview of the report.</p> <p><u>The Board resolved:</u> - to approve the recommendations.</p>	
15	Project End 6.1: Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022.	<p>The Board had before it a report which presented the results of the Improvement Project Aim 6.1 which aimed to increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022 and sought approval to end.</p> <p><u>The report recommended:</u> - that the Board:</p> <p>(a) agree that the project be brought to an end on the basis that whilst the aim had not been achieved, a 13% increase had been achieved and that single system work being piloted by Education within target schools was ongoing to further improve the % of CEYP experiencing positive and sustained destinations;</p> <p>(b) note as contained in the draft Children's Services Plan 2023-26 that the impact of intensive Edge of Care Pilots at Lochside and Northfield Academies and the introduction of Pathways Associates on CEYP attainment, achievement and positive destinations be evaluated by 2024 to inform next steps; and</p> <p>(c) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored.</p> <p>Eleanor Sheppard - Chair of Children's Services Board provided an overview of the report.</p> <p><u>The Board resolved:</u> - to approve the recommendations.</p>	
16	Project End 6.2: Increase to 43% by 2023 the proportion of children and young people who are supposed to live in kinship care or are looked after at	<p>The Board had before it a report which presented the results of the LOIP Improvement Aim 6.2 which aimed to (1) 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; and (2) 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 and sought approval to end the project and sought approval to end the project.</p>	

	Topic	Discussion/Decision	Action By
Page 147	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.	<p>The report recommended: that the Board:</p> <p>(a) agree that testing be concluded that this Improvement Project should come to an end on the basis that it was recognised that whilst the overall aims had not been achieved, positive outcomes had been and that the overall intention of both aims had not been achieved due to the reasons set out above and that both run contrary to The Promise and the legislative principles in respect of looked after children; and</p> <p>(b) note that key aims for Children's Social Work within the revised Children's Service Plan were to (1) reduce by 5% the number of children entering the care system by 2024; and (2) reduce the number of children placed with Independent Fostering Agencies (IFA's) outwith the city, and therefore the data would be monitored on an ongoing basis by the Corporate Parenting Outcome Group and the Children's Services Board and reported on an annual basis to the CPA Board.</p> <p>Graeme Simpson – Chief Officer Integrated Children's and Family Service (Aberdeen City Council) advised that the data within the report was collated on an ongoing basis and data for previous years could be provided outwith the meeting.</p> <p><u>The Board resolved: -</u> (i) to approve the recommendations; and (ii) to agree that Graeme Simpson email previous years data in relation to Looked After Children at home and in Kinship to the Board outwith the meeting.</p>	Graeme Simpson (ACC)
47	Project End 7.3: Increase the number of young people who leave school with a minimum of SCQF 3 in literacy and numeracy and 4 other qualifications to 93% 2023.	<p>The Board had before it a report which presented the results of the Improvement Project Aim 7.3 which sought to increase the number of young people leaving school with a minimum of SCQF Level 3 in literacy and numeracy and 4 other qualifications to 93% by 2023 and sought approval to close the project as the aim had been achieved.</p> <p><u>The report recommended: -</u> that the Board:</p> <p>(a) agree that testing had concluded and that this Improvement Project be brought to an end on the basis that the aim had been achieved with the proportion of school leavers attaining a minimum of SCQF level 3 in Literacy and Numeracy and 4 other qualifications was now 94.29%; and</p> <p>(b) note that the dataset for the overall aim would continue to be reported via the Improvement programme dashboard to ensure progress was monitored.</p> <p>Eleanor Sheppard - Chair of Children's Services Board (Aberdeen City Council) provided a summary of the report.</p> <p><u>The Board resolved: -</u> to approve the recommendations.</p>	

	Topic	Discussion/Decision	Action By
18	Project End 9.1: Reduce by 5% the number of 16/17 year old with higher support needs offending by 2022 and increase number of young people who need support in relation to trauma and bereavement having access to support 50% by 2023.	<p>The Board had before it a report which presented the results of the LOIP Improvement Project 9.1 which aimed to: (1) reduce the number of 16/17 year olds with higher support needs offending by 2022; and (2) increase the number of young people who need support in relation to trauma and bereavement having access to such support by 50% by 2023 and sought approval to end the project.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing be concluded and that the Improvement Project be brought to an end on the basis that both aims had been achieved; (b) note that in relation to aim 2, it was recognised that bereavement was likely under reported and that we required to have trauma informed workforces to ensure our support for children and young people, in particular in relation towards care experienced children and families and those on the edge of care, was delivered with a trauma informed lens as such spreading and further developing trauma training available had been added as key delivery of the enabling systems section of the revised Children Services Plan; (c) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored; and (d) note the plans to scale up and spread the changes tested. <p><u>The Board resolved: -</u> to approve the recommendations.</p>	
19	Project End 9.2: Reduce by 10% both the number of offences of sexual or criminal exploitation and number of "digital" offences by Young People (Under 18) by 2022.	<p>The Board had before it a report which presented the results of the Improvement Project Aim 9.2 which aimed to 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 and sought approval to end the project as the aim had been achieved.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing be concluded and that this improvement project be brought to an end on the basis that the aim had been surpassed, and that the changes tested would continue as businesses as usual and that the Youth Justice Sub Group of the Children's Services Board would continue to monitor the data; (b) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored; and (c) note the plans to scale up and spread the changes tested. <p><u>The Board resolved: -</u> to approve the recommendations.</p>	

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		<p>youth workers in schools and had agreed to discuss with Craig Singer - Youth Work and Wider Achievement Manager (Aberdeen City Council) how they could support this area. Also, the Vice Chair advised of the current approach by the Community Safety partnership in relation to anti social behaviour in the city centre.</p> <p>The Chair reminded partners of the Anti-Social Behaviour visit on 11 May 2023 at 6pm and encouraged attendance.</p> <p><u>The Board resolved:</u> to approve the recommendations.</p>	<p>Eleanor Sheppard / Craig Singer (ACC)</p> <p>All Partners</p>
22	Project End 10.3: Reduce the number of wilful fires by 10% by 2022.	<p>The Board had before it a report which presented the results of the Improvement Project Aim 10.3 which aimed to reduce the number of wilful fires by 10% by 2022 and sought approval to end the project as the aim had been achieved.</p> <p><u>The report recommended:</u> that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing had concluded and that this Improvement Project be brought to an end, on the basis that the aim had been achieved and that changes and lessons learnt were integrated as part of each individual stakeholder's business as usual activities; (b) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored; and (c) note the status of the plans to scale up and spread the changes tested. <p>Alison Macleod - Chair of Resilient, Included and Support Group (Aberdeen Health and Social Care Partnership) provided an overview of the report, and confirmed that the changes tested had been embedded within the local plan of the Scottish Fire and Rescue Service of Aberdeen City. The Board heard from Andy Buchan – Group Commander (Scottish Fire and Rescue Service) who advised that the Fire Skills course would be carried out quarterly and it had been extended in all secondary schools in Aberdeen City.</p> <p><u>The Board resolved: -</u> to approve the recommendations.</p>	

	Topic	Discussion/Decision	Action By
Page 15	23 Project End 11.2: Increase opportunities for people to increase their contribution to communities (Volunteering) by 10% by 2023.	<p>The Board had before a report which presented the results of the LOIP Improvement Project Aim 11.2 which sought to increase opportunities for people to increase their contribution (volunteering) to communities by 10% by 2023 and sought approval to end the project as the aim had been achieved.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) agree that testing be concluded and that this Improvement Project be brought to an end on the basis that the aim had been achieved and the changes tested would continue; (b) note the opportunities for scale and spread; and (c) note that the data set for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored. <p>Alison Macleod Chair of Resilient, Included and Support Group provided an overview of the report, and highlighted that the project aim had been achieved by 17.4%.</p> <p>The Board resolved: - to approve the recommendations.</p>	
	Community Empowerment Updates and Project Charters.	<p>The Board had before a report which provided (1) an update following the launch of the new Community Empowerment Strategy 2023-26 published by Community Planning Aberdeen in November 2022; (2) presented the draft charters for the seven community empowerment improvement projects identified under new Stretch Outcome 16 within the strategy; and (3) provided an update on the communication plans to launch the strategy and developments with locality planning.</p> <p>The report recommended: - that the Board:</p> <ul style="list-style-type: none"> (a) approve the improvement project charters at Appendix 1 for initiation; (b) note the update on the communication plan to launch the strategy; (c) note the update on developments with locality planning; and (d) invite representatives of the Community Empowerment Group to attend a future meeting of partner senior management teams to raise awareness of the strategy and duties on partners. <p>Michelle Crombie - Community Planning Manager (Aberdeen City Council) spoke to the report and highlighted that a community conference was being held on 13 May 2023 to support the launch of the Strategy. The Gathering was for the people and community groups of Aberdeen to connect with each other and learn how they can get more involved in their community.</p>	

	Topic	Discussion/Decision	Action By
		<p>In response to questions, Mrs Crombie advised that the representativeness and response rate of the City Voice was the focus of one of the improvement aims and that encouragingly the most recent City Voice survey shared had shown an improved response rate. Specifically with regards to representativeness, Mrs Crombie highlighted that Grampian Regional Equality Council (GREC) was holding some workshops with a view to increasing the number of: young people and the proportion of people from less affluent parts of the City; as well as better reflecting the ethnic diversity on the City Voice panel.</p> <p><u>The Board resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the recommendations; and (ii) that Michelle Crombie share the invitation to the Community Conference to the CPA Board and all Aberdeen City Councillors. 	Michelle Crombie (ACC)
25	CPA Budget Setting Report 2023/24	<p>The Board had before it a report which set out the contributions from Community Planning Aberdeen partners to the Community Planning Budget 2023/24 and detailed proposals for how the money would be spent. Partners were also asked to consider options for investment in the Community Planning Aberdeen website.</p> <p><u>The report recommended:</u> -</p> <p>that the Board:</p> <ul style="list-style-type: none"> (a) approve the proposed Community Planning Budget 2023/24; (b) approve the proposed spend on budget commitments 2023/24; and (c) agree to consider options for investment in Community Planning Aberdeen website for 2023/24 and beyond. <p>Michelle Crombie, Community Planning Manager, provided an overview of the report, and advised on the technical challenges with the Community Planning website, which was independent from the Council's website and presented options in relation to the future of the website.</p> <p>The options presented in the report and the costs associated were as follows:-</p> <p>Option 1 - to have a brand-new website developed, would cost £10,000, and additional £2,000 for maintenance yearly;</p> <p>Option 2 – to have the current website revamped and technical support put in place would cost £2,160 annually, with a support fee of £5,040 per year;</p> <p>Option 3 – to not redesign the website but just to provide technical support would cost £5,040 per year; and</p> <p>Option 4 - to transfer the Community Planning website to the Council's website would incur no costs other than staff time.</p>	

	Topic	Discussion/Decision	Action By
Page 1		<p>In considering the options and the funding required for each, Partners sought clarity on the sum of £3,791 which was carried forward in the budget for the Civic Forum and whether it could be used towards the Community Planning website. In response, Mrs Crombie advised that the Civic Forum had not met since the pandemic and she had had discussions with the Chair of the Civic Forum – Jonathan Smith, about the website challenges, however in relation to the funding she would require to contact Jonathan Smith to seek some clarity if the civic forum still needed the budget allocated.</p> <p>Partners considered the various options outlined before them, and during discussion, it was suggested if there would be an option 5. Option 5 would see Community Planning utilising another partner's website, for example ACVO, rather than using the Council website. As partners discussed the available options, Mr Paul O'Connor (ACVO) suggested that he could enquire with ACVO colleagues whether they would have capacity to host the website.</p> <p><u>The Board resolved:</u> -</p> <ul style="list-style-type: none"> (i) to approve the recommendations (a) and (b); (ii) to agree that Paul O'Connor discuss with ACVO colleagues regarding possible use of their website and follow-up with Michelle Crombie; and (iii) to agree that the options be further considered once clarification had been received in terms of the Civic Forum funding and possible use of ACVO resources to host the website. 	<p>Paul O'Connor</p> <p>Michelle Crombie, ACC</p>
26	Fairer Aberdeen Fund Annual Report 2021-22	<p>The Board had before it a report which presented the Fairer Aberdeen Fund Annual Report 2021-22 which detailed the progress and achievements over the year.</p> <p><u>The report recommended</u> that the Board:</p> <ul style="list-style-type: none"> (a) note the Annual Report for 2021-22 at Appendix 1 and advised the Fairer Aberdeen Board of any comments; and (b) agree that partners cascade the report widely within their respective organisations. <p><u>The Board resolved:</u> to approve the recommendations and to commend the outcomes achieved.</p>	
27	Date of Next Meeting	The Board noted that its next meeting would take place on 28 June 2023 at 2pm.	

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COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP
22 MARCH 2023

Present:- Gale Beatie (Aberdeen City Council) (Chair), David Howieson (Police Scotland) (Vice Chair), Darren Bruce (Community Justice Group), Andy Buchan (SFRS), Allison Carrington (Aberdeen Prospers), Heather Crabb (University of Aberdeen), Rab Dickson (Nestrans), Jillian Evans (Sustainable City and NHSG), Andy Hislop (as a substitute for Alison MacLeod (Aberdeen City Health and Social Care Partnership and Resilient, Included and Supported Group), Robert Laird (NESCOL), Lavina Massie (Civic Forum), Martin Murchie (Anti-Poverty Group) and Eleanor Sheppard (Children's Services Board).

Also Present:- Tanita Addario (item 12 only), Michelle Cochlan, Jim Johnstone (item 12 only) and Allison Swanson (Aberdeen City Council)

Apologies:- Jamie Bell (Scottish Enterprise), Dave Black (GREC), Nicola Graham (Skills Development Scotland), Maggie Hepburn (ACVO), Simon Rayner (Alcohol and Drugs Partnership) and Alison Watson (Robert Gordon University).

Topic	Discussion/Decision	Action By
1. Welcome	The Chair welcomed everyone to today's meeting.	
2. Minute of Previous Meeting of 22 March 2023	<p>The Management Group had before it the minute of its meeting of 22 March 2023, for approval.</p> <p>In relation to item 23 to note that discussions were ongoing regarding the options for the future of the CPA website and that should the option fall within the existing available budgets then this would be presented to the Chair of the Management Group.</p> <p><u>The Management Group resolved:</u> to agree the minute as a correct record, and to note that all the actions had been completed or were in progress.</p>	
3. Draft Minute of Meeting of the CPA Board of 19 April 2023	<p>The Management Group had before it the draft minute of the CPA Board meeting of 19 April 2023, for information.</p> <p><u>The Management Group resolved:</u> to note the draft minute.</p>	
4. CPA Improvement Programme Update and	The Management Group had before it a report which provided an update on the progress towards the 16 Stretch Outcomes and 89 improvement projects spanning the LOIP and Community Empowerment Strategy	

Topic	Discussion/Decision	Action By
<p>Appendices</p> <p>Page 20</p>	<p>Appended to the report was the overview of progress against the CPA Improvement Programme.</p> <p>The report recommended:- that the Management Group</p> <ul style="list-style-type: none"> (a) consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome; respective improvement projects as contained at Appendix 1; (b) discuss the status of the improvement aims with a red ragging status in Appendix 1, as well as the risks/issues detailed in each of the Stretch Outcome overviews and determine any mitigating actions required; (c) note that a separate report with the 10 scheduled project charters for the new aims under Stretch Outcomes 4-9 for submission to the CPA Board for initiation is on today's agenda; (d) note that overall 17 aims had now achieved and 12 project ended and that project end reports for all 2022 aims had now been submitted. <p>The Management Group noted there were 4 live aims (1.2, 1.5, 10.7, and 13.2) with a red ragging status and discussed those specifically.</p> <p>In relation to Stretch Outcome 1, Martin Murchie advised that since being appointed as Chair he had contact with all members of the Anti-Poverty OIG on a 121 basis and the a workshop was being held next week to consider the linkages with Council's Anti-Poverty Committee. All parties were keen to avoid duplication and to undertake a horizon scanning exercise of the priorities we needed to look at as a partnership as well as taking stock of existing improvement projects and how the group is taken forward.</p> <p>In terms of Stretch Outcome 2 and 3 it was noted that all were progressing and two project end reports were on today's agenda.</p> <p>In relation to Stretch Outcomes 4-9, Eleanor Sheppard advised that all was on track with the 10 new charters on today's agenda as per the agreed schedule and 3 continuing projects had revised charters approved by the Children's Services Board in</p>	

Topic	Discussion/Decision	Action By
Page 21	<p>May 2023. The cross over between child poverty and Stretch Outcome 1 was discussed and it was highlighted that the child poverty plan had been embedded within the Children's Services Plan and Stretch Outcomes 4-9 and that alignment would be made with Stretch Outcome 1 to ensure no duplication. The statutory child poverty report would be prepared for reporting to the CPA Board in June prior to submission to the Scottish Government.</p>	
	<p>With regards to Stretch Outcome 10, it was noted that 10.4 had an amber ragging status. Darren Bruce advised of the national picture in terms of hate crimes he explained that the project was promoting third party reporting centres and other pathways for reporting of hate crimes to mitigate against any decline in confidence to report. These were deemed to be positive steps.</p>	
	<p>In relation to Stretch Outcome 11, Andy Hislop advised that the Project Manager for 11.4 and 11.5 was currently absent and therefore unable to report and the project end report for 11.4 had therefore been postponed. The Chair of RIS was looking to identify a replacement Project Manager for both projects to ensure that progress continued to be made. In relation 11.7, he highlighted that this remained at red status as the data remained at 0 and that whilst there had been progress in relation to the Healthy Living Programme there was no data to show progress towards the overall aim. In addition, he advised that the Project Manager had been absent and no families had yet signed up. Jillian Evans agreed to look into how to support the project moving forward.</p>	<p>Alison MacLeod, ACHSCP</p> <p>Jillian Evans, NHGS</p>
	<p>In relation to Stretch Outcome 12, Simon Rayner could not be in attendance however three project end reports were on the agenda. It was noted that the project end report for 12.6 was due but had not been submitted and it was agreed that it be circulated for consideration by email to enable it to be submitted in time for the CPA Board on 28 June 2023.</p>	<p>Simon Rayner, ACHSCP</p>
	<p>With regards Stretch Outcomes 13-15, Jillian Evans advised of a project that was ongoing piloting warm prescriptions where 800 warm prescriptions over the winter period had been provided to people in priority areas and at risk of hospital admission for COPD/respiratory conditions. The pilot was currently being evaluated, however the initial qualitative data was very positive and potential for sustained funding being</p>	

Topic	Discussion/Decision	Action By
<div data-bbox="96 699 141 863" data-label="Page-Header">Page 22</div>	<p>discussed. Jillian expressed the importance of the Partnership in enabling that pilot and that it supported achievement of various Stretch Outcomes.</p> <p>It was noted that 13.2 remained red, however Jillian advised that a productive workshop had been held to identify new change ideas that could be tested and this activity would now commence.</p> <p>She also explained that the Sustainable City Group had agreed to pilot the place standard tool with a climate lens to help support community empowerment and identify new tests of change from community. Eleanor asked that schools be involved in the place standard climate lens testing. In relation to active travel, Jillian explained that at present testing was limited however the walking project was taking forward a community idea through the installation and testing of park benches and whether this would encourage walking.</p> <p>Finally, in relation to SO15, project 15.3 was exploring social prescribing and sessions were in the diary to take this forward.</p> <p>With regards SO16, Michelle Crombie provided an overview of the successful community gathering and explained that the output from the event would help all improvement projects to take forward their aims. She also asked that Jillian connect with LEG/PNPs with Place Standard climate change tool.</p> <p>The Management Group resolved:</p> <ul style="list-style-type: none"> (i) to approve the recommendations; (ii) to agree that the project end report for 12.6 be circulated to the Management Group by email for consideration and thereafter approved by the Chair for submission to the CPA Board on 28 June 2023. 	<p>Jillian Evans, NHGS</p> <p>Jillian Evans, NHGS</p> <p>Simon Rayner, ACHSCP</p>
<p>5. Stretch Outcome 4-9 Draft Project Charters</p>	<p>The Management Group had before it a report which presented the draft charters for 10 improvement projects identified under the new Stretch Outcomes 4-9 updated within the LOIP as agreed by the CPA Board on 19 April 2023.</p>	

Topic	Discussion/Decision	Action By
	<p>The report recommended:- that Management Group approve the improvement project charters for submission to the CPA Board on 28 June 2023, subject to final amendments.</p> <p><u>The Management Group resolved:</u> to approve the recommendations.</p>	
6. Project End Report:3.4 Increase the number of Modern and Graduate Apprenticeships by 5% by 2022 Page 23	<p>The Management Group had before it a report which presented the outcomes of the LOIP improvement project aim 3.4 which aimed to increase the number of Modern and Graduate Apprenticeships by 5% by 2022 and sought approval to end the project as the aim had been achieved.</p> <p>The report recommended:- that Management Group –</p> <ul style="list-style-type: none"> (a) agree that testing is concluded and that this Improvement Project is brought to an end on the basis that growth of over 5% in both Modern and Graduate Apprenticeship numbers has been achieved (Final numbers to be verified by Skills Development Scotland by June 2023); (b) note that achievement of the aims has been dependent on funding allocations from the Scottish Government and sustaining the achievement would be dependent on this; and (c) note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored. <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the recommendations; and (ii) to commend the Project Manager and their Team for their achievements and commitment to the project. 	
7. Project End Report 3.5: 80% of young people will successfully complete their	<p>The Management Group had before it a report which presented the outcomes of improvement project 3.5: which aimed for 80% of young people will successfully complete their Modern Apprenticeship programme by 2022 and sought approval to end the project as the aim had now been achieved.</p>	

Topic	Discussion/Decision	Action By
<p>Modern Apprenticeship programme by 2022</p> <p>Page 24</p>	<p>The report recommended:- that Management Group</p> <ul style="list-style-type: none"> (a) agree to recommend to the CPA Board that testing is concluded and that this improvement project is brought to an end on the basis that while the overall aim has not been achieved, the changes have been embedded and will continue to be monitored (b) note the opportunities for scale up and spread as detailed at section 7. (c) note that the dataset for the overall aim will continue to be reported via the Improvement Programme dashboard to ensure progress is monitored (d) note that Aberdeen Prospers will consider any further improvement activity in this area as part of the refresh of the LOIP. <p>Allison Carrington highlighted the challenges experienced by the project and that whilst the aim had not been achieved the project had taken the learning into other modern apprenticeship frameworks.</p> <p><u>The Management Group resolved:</u> to approve the recommendations.</p>	
<p>8. Project End 10.7 which aimed to 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</p>	<p>The Management Group had before it a report which presented the outcomes of improvement project 10.7 which aimed to 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.</p> <p>The report recommended:- that Management Group</p> <ul style="list-style-type: none"> (a) agree to recommend to the CPA Board that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been met in two of the three settings; (b) note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and (c) note the opportunities to scale up and spread the changes tested to the CJSW setting which was not tested during this project for the reasons described above and note that the CJG would consider a new improvement aim focused 	

Topic	Discussion/Decision	Action By
HMP Grampian, by 2023	<p>on the CJSW as part of the LOIP refresh and once the new CJSW recording system was in place.</p> <p><u>The Management Group resolved:</u></p> <ul style="list-style-type: none"> (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project. 	
9. Project End 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.	<p>The Management Group had before it a report which presented the outcomes of improvement project 12.4 which aimed to increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023 and sought approval to end the project.</p> <p><u>The report recommended:-</u> that Management Group</p> <ul style="list-style-type: none"> (a) agree to recommend to the CPA Board that testing is concluded and that this Improvement Project is brought to an end on the basis that whilst the aim has not been achieved, the impact of Covid-19, in particular on delivery of ABIs in primary care has been notable and despite this the changes have been embedded and have led to improvements; and (b) to note that further improvement activity in relation to alcohol interventions would be considered by the ADP as part of the refresh of the LOIP. <p><u>The Management Group resolved:</u> to approve the recommendations.</p>	
10. Project End 12.5: Increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are	<p>The Management Group had before it a report which presented the outcomes of improvement project 12.5 which aimed to increase uptake of parenting and family support by 10% by 2022 and sought approval to end the project as the aim had now been achieved.</p> <p><u>The report recommended:-</u> that Management Group</p> <ul style="list-style-type: none"> (a) agree to recommend to the CPA Board that testing is concluded and that this 	

Topic	Discussion/Decision	Action By
<p>local, integrated and targets areas of greatest need by 10% year on year by 2023</p> <p>Page 26</p>	<p>Improvement Project is ended on the basis that whilst the 10% increase in Integrated Alcohol Service uptake has not increased by the 10%, the engagement with ADA has surpassed the 10% increase with a particular focus on priority neighbourhoods and the changes have been embedded as business as usual;</p> <p>(b) note the opportunities for scale up and spread, specifically to continues to explore opportunities for social (media) and online marketing strategies to attract higher risk drinkers to information, advice, and support/treatment, with a new weekly drop-in service now established at NESCOL;</p> <p>(c) note that further improvement activity in relation to alcohol interventions would be considered by the ADP as part of the refresh of the LOIP; and</p> <p>(d) note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored.</p> <p><u>The Management Group resolved:</u> to approve the recommendations.</p>	
<p>11. Project End 12.8: increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023</p>	<p>The Management Group had before it a report which presented the outcomes of improvement project 12.8 which aimed to increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023 and sought approval to end project</p> <p><u>The report recommended:-</u> that Management Group</p> <p>(a) agree to recommend to the CPA Board that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved and the changed embedded as business as usual;</p> <p>(b) note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and</p> <p>(c) note the plans to scale up and spread the changes tested.</p> <p><u>The Management Group resolved:</u> to approve the recommendations.</p>	

Topic	Discussion/Decision	Action By
<div data-bbox="96 730 141 893" data-label="Page-Header">Page 27</div> 12. Community Wealth Building	<p>The Management Group had before it a report which (a) advised on Community Wealth Building as an approach to local economic development which promoted local ownership and control over resources, support businesses and the local workforce and promotes equity and inclusion to build more sustainable economies; and (b) sought approval to recommend to the CPA Board on 28 June, that a Community Wealth Building approach be implemented and integrated into the strategic plans across the Community Planning Partnership, thereby maximising the local economic impact and outcomes.</p> <p>The report recommended:- that Management Group agree to recommend to the CPA Board that it agree to implement and integrate a Community Wealth Building (CWB) approach into the strategic plans across the Community Planning Partnership, thereby maximising the local economic impact and outcomes.</p> <p>The Management discussed the report and asked for clarity as to the recommendations and whether the proposal was for all partners to consider integrating Community Wealth Building into their plans or whether it was for CWB to be considered as part of the development of the refreshed LOIP which was to commence later this year. In response, Tanita clarified that it was the later and that partners, like ACC, could individually reflect CWB into their strategic plans. It was also suggested that it would be beneficial if a set of prompt questions could be developed in relation to CWB to ensure that as part of the LOIP refresh a consistent consideration was being taken.</p> <p><u>The Management Group resolved:</u> to agree that the report on Community Wealth Building be presented to the Board to raise awareness of the approach and that this be considered from a partnership perspective as part of the LOIP refresh and that the recommendations of the report be updated accordingly prior to submission.</p>	
13. Aberdeen Health Determinants Research Collaborative	The Management Group had before it a report which provided an update on the Aberdeen Health Determinants Research Collaborative.	

Topic	Discussion/Decision	Action By
Update	<p>The report recommended:- that Management Group note the update.</p> <p><u>The Management Group resolved:</u> to approve the recommendation.</p>	
14.CPA Forward Planner	<p>The Management Group had before it the CPA Forward Planner.</p> <p><u>The Management Group resolved:</u> to note the CPA Forward Planner.</p>	
15.CPA Funding Tracker	<p>The Management Group had before it the CPA Funding Tracker.</p> <p><u>The Management Group resolved:</u> to note the CPA Funding Tracker.</p>	
16.Date of Next Meeting	The Management Group noted that its next meeting would be held on 9 August 2023 at 2pm and would be held in person.	



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: 24 May 23/ CPA Board 28 June 23	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
Community Wealth Building	Jim Johnstone (ACC)
HDRC Update	Martin Murchie (HDRC)
Draft Strategic Partnership Agreement: Public Health Scotland and the North East Population Health	Angela Scott (ACC)
Child Poverty Action Report 2022/23	Eleanor Sheppard/Paul Tytler (ACC)
Project End 3.4 Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	Allison Carrington (SDS)
Project End 3.5: 80% of young people will successfully complete their Modern Apprenticeship programme by 2022.	Allison Carrington (SDS)
Project End 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.	Darren Bruce (Police Scotland)
Project End 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	Simon Rayner (ACHSCP)
Project End 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.	Simon Rayner (ACHSCP)
Project End 12.8 Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.	Simon Rayner (ACHSCP)
Children's Services Board (Stretch Outcome 4-9) New Charters	
SO4 100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024.	Eleanor Sheppard (ACC)
SO4 Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.	Eleanor Sheppard (ACC)
SO5 100% of children leaving care are referred to services that can meet assessed mental health needs within 4 weeks of the health assessment being completed by 2024.	Eleanor Sheppard (ACC)
SO6 100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.	Eleanor Sheppard (ACC)
SO6 Increase by 100% the number of partners supporting kinship carers by 2023.	Eleanor Sheppard (ACC)
SO7 Increase to 3 the delivery of co-located and delivered services by health and education by 2024.	Eleanor Sheppard (ACC)
SO7 Increase by 10% the rate of completion of NPA/FA/HNC courses available to young people across the city by June 2024.	Eleanor Sheppard (ACC)

Title of report	Contact Officer
SO8 Reduce by 15% the number of care experienced young people reported missing from Children's homes to Police Scotland by 2024.	Eleanor Sheppard (ACC)
SO9 Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025.	Eleanor Sheppard (ACC)
SO9 Increase by 20% the number of families of children with autism or awaiting diagnosis accessing support prior to diagnosis and reduce the interval between referral and diagnosis by 2024.	Eleanor Sheppard (ACC)
Project End 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.	Simon Rayner (ACHSCP)
CPA Management Group: 9 August 23/ CPA Board 6 September 23	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
LOIP Annual Outcome Improvement Report	Michelle Crombie (ACC)
Locality Plan Annual Reports	Michelle Crombie (ACC)/Alison MacLeod (ACHSCP)
HDRC Update	Martin Murchie (HDRC)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (ACC)
Project End 11.5 Reduce tobacco smoking by 5% overall by 2023	Alison MacLeod (ACHSCP)
Project End 11.4 Support 100 people to feel confident to promote wellbeing and good health choices by 2023.	Alison MacLeod (ACHSCP)
Project End 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.	Simon Rayner (ACHSCP)
Children's Services Board (Stretch Outcome 4-9) New Charters	
Increase by 40% the number of Peep programmes delivered by multi-agency partners by 2025.	Eleanor Sheppard (ACC)
Improve dental health at primary 1 to the national average by reducing the levels of dental health in areas of deprivation to 50% by 2025.	Eleanor Sheppard (ACC)
Increase by 5% the number of S1-S6 pupils who report that they feel confident by 2025.	Eleanor Sheppard (ACC)
Increase by 10% the % of children living in areas of deprivation who feel safe in their communities by 2025.	Eleanor Sheppard (ACC)
Reduce by 5% the number of children entering the care system by 2024.	Eleanor Sheppard (ACC)
80% of the identified multi-agency workforce successfully complete Corporate Parenting training aligned to the Promise by 2025.	Eleanor Sheppard (ACC)
Increase to 50 the no. of people completing more integrated health and care courses by 2025.	Eleanor Sheppard (ACC)
90% of 16/17 year olds appearing at Sherriff Court in relation to Lord Advocate's guidance will have had an assessment of their community support needs by 2025.	Eleanor Sheppard (ACC)
Increase by 5% the no. of 16/17 year olds who are diverted from prosecution by 2025.	Eleanor Sheppard (ACC)
Increase by 5%, the percentage of young people with additional support needs/disability entering a positive destination by 2025.	Eleanor Sheppard (ACC)

Title of report	Contact Officer
By 2025, 90% of families with children with an additional support need or disability will indicate that they have access to peer and community support that meets their needs.	Eleanor Sheppard (ACC)
CPA Management Group: 25 October 23/ CPA Board 29 November 23	
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
CPA Quarterly Budget Monitoring Report (Management Group only)	Michelle Crombie (ACC)
HDRC Update	Martin Murchie (HDRC)
Project End 10.8 Reduce the number of drug related deaths occurring within 6 months of liberation from custody from 10 to zero by 2023.	Darren Bruce (Police Scotland)
Project End 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.	Simon Rayner (ACHSCP)
Project End 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	Simon Rayner (ACHSCP)
Project End 12.7 Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.	Simon Rayner (ACHSCP)
Project End 14.1 Increase % of people who walk as one mode of travel by 10% by 2023.	Jillian Evans (NHSG)
Project End 14.2 Increase % of people who cycle as one mode of travel by 2% by 2023.	Jillian Evans (NHSG)
Children's Services Board (Stretch Outcome 4-9) New Charters	
Reduce by 5% the no. of children aged 0-4 who are referred to Children's Social Work as a result of neglect arising from parental mental health, addiction and domestic abuse 2026.	Eleanor Sheppard (ACC)
Reduce demand on Tier 3 services by 5% by 2026.	Eleanor Sheppard (ACC)
Reduce waiting time for interventions starting, by each tier 2/3 service by 5% by 2026.	Eleanor Sheppard (ACC)
80% of care experienced parents will report that they believed they were sufficiently prepared for parenthood by 2026.	Eleanor Sheppard (ACC)
75% of identified multi-agency staff reporting confidence in identifying and taking action on harm by 2026.	Eleanor Sheppard (ACC)
Increase by 20% the number of young people completing courses aligned to support the digital and tech sector by 2026.	Eleanor Sheppard (ACC)
Reduce by 20% the number of care experienced young people charged with an offence by 2025.	Eleanor Sheppard (ACC)
Increase by 10%, the percentage of children and young people with additional support needs (ASN) and/or a disability accessing full time education by 2026.	Eleanor Sheppard (ACC)
90% of identified multi-agency staff working with children and young people with disabilities will report confidence in identifying and taking action on how harm presents in children with additional support needs/disabilities by 2026.	Eleanor Sheppard (ACC)

Title of report	Contact Officer
Increase by 10% the number of children experiencing child protection processes who have access to a professional utilising their alternative communication system by 2026.	Eleanor Sheppard (ACC)
TBC	
UoA/CPA Synergies Presentation (<i>Board only – June 2024</i>)	Pete Edwards (UoA)
Regional Economic Strategy	Jamie Bell (SE)
Scottish Enterprise Business Plan	Jamie Bell (SE)
Community Justice Scotland's Outcome and Performance and Improvement Framework	Darren Bruce (Police Scotland)

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
SE	Scottish Enterprise
UoA	University of Aberdeen



Community Planning Aberdeen

Progress Report	Timeline for the Refreshed Local Outcome Improvement Plan (LOIP) 2016-26 and Locality Plans
Lead Officer	Gale Beattie, Chair of the CPA Management Group and Director of Commissioning, ACC
Report Author	Allison Swanson, Improvement Programme Manager
Date of Report	8 June 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the proposed timeline for the development of the refreshed Local Outcome Improvement Plan (LOIP) 2016-26 and the underpinning North, South and Central Locality Plans.

Summary of Key Information

1 BACKGROUND

- 1.1 The Local Outcome Improvement Plan (LOIP) 2016-26 was first approved in 2016 and has been refreshed bi-annually since to ensure it remains relevant and focussed on priority outcomes. The last refresh was agreed in July 2021, along with the development of the three Locality Plans for North, South and Central areas of the City. The Locality Plans underpin the LOIP. On the basis of the biennial review, the LOIP and the Locality Plans are due for refresh. This will be the third refresh of the LOIP.

2. REFRESH OF THE LOIP 2026-26 PROPOSED TIMELINE

- 2.1 The LOIP refreshed in 2021 identified 15 stretch outcomes to be achieved by 2026 and 74 improvement project aims to be achieved by the end of 2023. Over the last two years the Partnership has been working towards the improvement aims within the LOIP with a view to improve outcomes for the people of Aberdeen. To date 35 projects have ended, of which 74% (26) had achieved their aims. The remaining original 39 projects are still in progress with a view to all concluding by February 2024.
- 2.2 At this two year juncture it is timely to refresh the population needs assessment to understand emerging trends and if the Partnership's current priorities continue to respond to local need. The process of the refresh has commenced with some key milestones having been completed, such as the revision of the children and young people's section of the LOIP in April 2023 following approval of the revised Children's Services Plan 2023-26. This saw 6 refreshed Stretch Outcomes and 31 new improvement aims to be achieved by 2026 added.

- 2.3 This report presents the proposed timeline for the development of the refresh LOIP, with the proposal that the refreshed LOIP 2016-26 and Locality Plans be presented to the CPA Board in April 2024 for approval.

3 NEXT STEPS

- 3.1 Subject to endorsement at this meeting the next step will be for a detailed plan to be developed in consultation with the CPA Management Group to incorporate ideas for engaging partners and communities to enrich the process within the timeframe. This includes involvement in the revised population needs assessment, evaluation of progress achieved to date and re-prioritisation of LOIP and Locality Plan aims.

Recommendations for Action

It is recommended that members of the CPA Board:

- i) Agree the timeline for the approval of the refreshed Local Outcome Improvement Plan 2016-26 and Locality Plans in April 2024, as contained at Appendix 1.

Opportunities and Risks

A review of the existing LOIP and Locality Plans is an opportunity to consider the current needs of the people of Aberdeen to ensure that, as a Partnership and as individual public service organisations, we are providing an appropriate response. The timeline for the development of the refreshed LOIP and Locality Plans ensures a robust process is in place, with qualitative and quantitative data and analysis setting the foundation of the process through the Population needs Assessment and annual outcome report. As with any development process, it will require the support and involvement of all partners and our communities through those vital stages, to ensure the integrity of the information contained and the priorities identified.

Consultation

Michelle Cochlan, Community Planning and Strategy Manager
ACC Strategy Board

Appendices

Appendix 1 Proposed LOIP and Locality plan Refresh Timeline

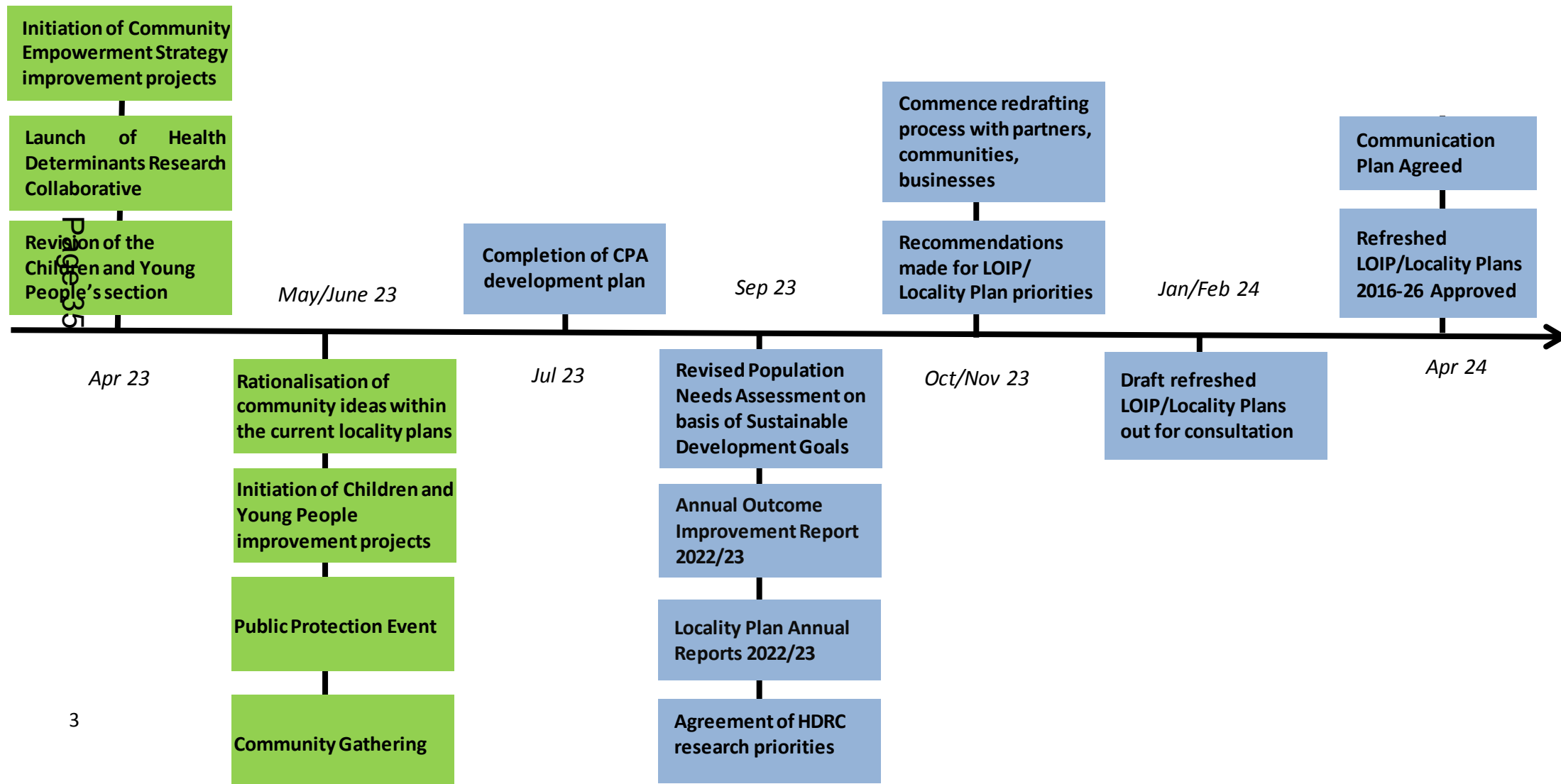
Background Papers

LOIP 2016-2026
Children's Services Plan

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Timeline to the Refreshed LOIP and Locality Plans



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Draft strategic partnership agreement

**Public Health Scotland and the North East
Population Health**

Date: 15 June 2023

Version: DRAFT V1.4

Purpose

This strategic partnership agreement is a commitment between the North East Alliance (NEA) and Public Health Scotland (PHS) to work together with the objective of developing a learning system to improve population health and reduce health inequalities across the North East of Scotland. This agreement outlines our shared vision, the value of this partnership, how we will work together and some indicative areas we will work together on. As our partnership matures, our work together will inevitably change.

Terms of agreement

The strategic partnership agreement will be effective from August 2023 and will run until August 2026 and will be reviewed annually.

National strategic context

Scotland has a robust and comprehensive national public health strategy that aims to improve the health and well-being of its population. The national strategic context for public health in Scotland is set out in several key documents, including:

1. Scotland's Public Health Priorities: This document outlines Scotland's key public health priorities, including reducing health inequalities, improving mental health and well-being, and tackling the underlying causes of ill health such as poverty, obesity, and smoking.
2. Public Health Outcomes Framework: This framework sets out the key outcomes that Scotland aims to achieve through its public health policies and interventions. These outcomes include improvements in life expectancy, reductions in premature mortality, and improvements in health-related quality of life.
3. Scotland's Health and Social Care Delivery Plan: This plan outlines the actions that the Scottish government will take to deliver its health and social care priorities, including those related to public health.
4. Scotland's Diet and Healthy Weight Delivery Plan: This plan sets out the actions that Scotland will take to improve the diet and weight of its population, including promoting healthy eating and physical activity.

5. Mental Health Strategy: This strategy outlines Scotland's approach to improving mental health and well-being, including prevention, early intervention, and treatment.

The Care and Wellbeing Portfolio is the overall strategic reform policy and delivery framework within Health and Social Care. It brings oversight and coherence to the major health and care reform programmes designed to improve population health, address health inequalities and improve health and care system sustainability. *This MOU presents an opportunity for the Care and Wellbeing Portfolio to work directly with a local system, with the shared ambition to increase the size of the shift to prevention within the region as well as having the opportunity to shift Clinical Pathways so there is more focus and resources towards preventing Long term conditions from occurring, diagnosing earlier and preventing avoidable exacerbation.*

Scotland continues to face significant population health challenges: stalling (and in some groups falling) healthy life expectancy, and widening levels of inequality, exacerbated by COVID-19. In addition, the pandemic has further increased demand on health and care services. Improving health requires improved system sustainability and, even more critically, improved outcomes in the wider factors that create health – good early years; learning, jobs; income; and supportive communities.

The Portfolio provides an opportunity to take a systematic approach to planning and delivering care and wellbeing. Portfolio objectives focus on coherence, sustainability and improved outcomes both within health and care, and across government, with the overall goal of improving population health and reducing health inequalities.

Furthermore, the recent Health Foundation report 'Leave no one behind'ⁱ clearly highlights that despite undoubted policy ambition, effective implementation has fallen short with inequalities persisting and growing across Scotland. Most importantly, the report recognises that change requires practical, up and downstream collaboration and action across all parts of the delivery system and from the public. More than ever this emphasises the need for collective action.

Public Health Scotland context

'A Scotland where everybody thrives' is the overarching ambition of Public Health Scotland's Strategic Plan 2022–2025, which focuses on increasing healthy life expectancy and reducing health inequalities.

The Strategic Plan sets out a clear commitment to collaborative working in recognition that no one organisation or profession can address Scotland's public health challenge. Public Health

ⁱ <https://www.health.org.uk/publications/leave-no-one-behind>

Scotland has a leadership role in, and contributes to, all of Scotland's public health priorities. Public Health Scotland will focus on three areas:

- Prevent disease
- Prolong health life
- Promote health & wellbeing

The North East Alliance Context

We are fortunate to have strong partnerships across public agencies, private and third sectors and communities in the North East with many examples of good practice and innovation to address this complex agenda. However, compounded by the pandemic, some of the population health challenges we are grappling with are significant and in places worsening.

The [2022/23 DPH Annual Report](#) sets out four key threats to population health and action we can collectively take together to break the cycle of widening of health inequalities. The report recognises the strength of our partnerships in the North East and where we are already working well together to tackle these challenges. However, with health gains stalling and health inequalities widening across the North East greater action is required.

There is no single blueprint for a local population health approach. Learning and adapting from our experiences and that of others, leaders in the North East of Scotland are looking at how we can create a system of public health learning across and within our partnership arrangements to reverse current trends. We have called this the North East Alliance in recognition of our collective responsibility. The North East Alliance currently comprises nine partners; NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland.

The North East Alliance is not intended to be a governance group, as we have governance mechanisms embedded in our system already, but a forum for ensuring that we develop a learning system that explores our challenges together, tests solutions, and 'what works' is implemented at scale and at pace. Over the next three years we plan to work with a growing and diverse membership from across different sectors, communities and determinants of health. Through bringing our collective knowledge together with data and evidence we want to shape and enable more powerful collective conversations and action to deliver our vision of thriving communities living fulfilled lives.

Vision

The vision of the North East Alliance has been established through discussions with the North East Alliance membership. The vision is to have flourishing communities, living fulfilled lives. The North East Alliance has a joint commitment that: together we will share collective responsibility for the durability of the North East. We will develop and refine this as our membership grows.

Value of collaboration

The aim of this collaboration is to share expertise and collaborate where there is added value to do so for the benefit of the people of the North East of Scotland. The NEA and PHS will work collaboratively to ensure that any outputs from the NEA are disseminated widely, to promote learning and sharing. We will collaborate to share and learn about key issues to build our knowledge, share insights and use our collective capacity to improve population health outcomes.

PHS will support the NEA by working with the health and care system in the North East of Scotland, the north east local authorities and other partners to collectively provide expertise, data, and evidence, as well as facilitating access to relevant networks and partners.

Partnership governance

The NEA is not intended to be a governance group in itself, but a forum for ensuring that a learning system is developed and implemented. The governance mechanisms already embedded within and across the system will continue to operate as they do.

The NEA will be open to members from different sectors, communities, and determinants of health, with the aim of promoting diversity and inclusivity.

The NEA will lead the development of the learning system, and will be responsible for ensuring that the NEA meets its objectives.

The partnership between the NEA and PHS will be underpinned by a set of shared principles:

<p>I will... use my position</p> <ul style="list-style-type: none"> Use my position, power and influence for North East wide objectives Use my networks for wider gains, constantly looking for opportunities to improve Proactively involve the community in finding solutions 	<p>I will... work with the North East family</p> <ul style="list-style-type: none"> To promote a system mindset and to relentlessly focus on health inequalities at all levels Shift system conversations to focus on maximising wellbeing To better use and share data and allocate resources to support our ambitions
<p>I will... help my organisation to</p> <ul style="list-style-type: none"> Define success as outcomes for collective health goals, not solely organisational success and minimising unintended consequences Being clear on priorities, and using knowledge and data more consistently to support better outcomes, experience and value Work more with communities through equality, diversity and inclusion 	<p>I will... help sustain efforts over time</p> <ul style="list-style-type: none"> By seeing ourselves as a family focused on being a healthier region, celebrating success and promoting local practice, support scale-up and sharing By helping create a collaborative system that rewards contribution to shared objectives not just organisational ones Helping flow to where it is most needed with communities, speaking up about equality, diversity and inclusion

The NEA and PHS will maintain the confidentiality of any information shared between them in accordance with relevant laws and regulations. The NEA and PHS may agree to share information with third parties, but only with the prior consent of the other party.

This agreement does not constitute a legally binding agreement between the NEA and PHS, but rather a statement of intent to collaborate.

The NEA and PHS will operate for a period of three years, at which point it will be evaluated.

Monitoring, evaluation and impact measurement

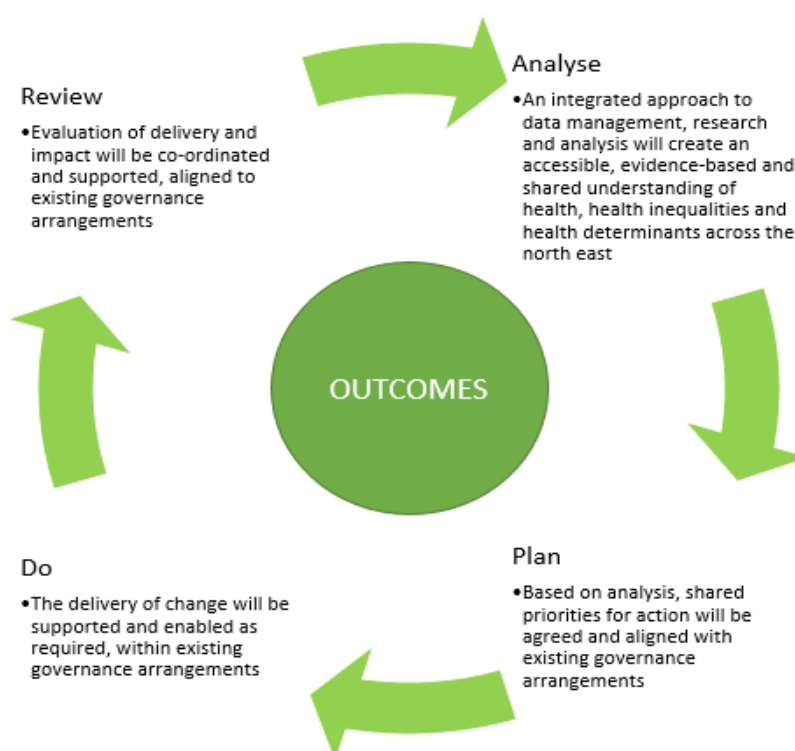
The shared objective of this MoU is to improve population health and reduce health inequalities across the North East of Scotland.

To do so will require the NEA and PHS to collectively create the conditions to build relationships, create, acquire and transfer knowledge, and co-design experiments/ explorations/ modifying behaviour/ changing system to reflect new knowledge and insights through shared research and evaluation.

This requires a focus on data capture / understanding the system to generate knowledge, aid decision making and turn knowledge into action to achieve better outcomes. Monitoring and evaluation, therefore, will focus on:

- A. The extent to which the key elements of a learning system have been implemented through the strategic partnership considering the following questions:
- Is this happening in the way we intended?
 - How do respective partners undertaking the work of the learning cycles account for that work?
 - How are we ensuring we are learning together?
 - To what extent is our work together aligned to our shared principles?

At the heart of learning as a management strategy is enacting a process of understanding and experimenting with complex systems to try and get those systems to produce a different pattern of results (or outcomes)ⁱⁱ. We will use learning cycles to collectively plan and organise this work, and form collective knowledge through research and evaluation which will feed into these learning cycles.



ⁱⁱ <https://www.centreforpublicimpact.org/assets/pdfs/hls-practical-guide.pdf>

B. The impact of the learning system on health and health inequalities

- How have health outcomes changed across the north east?
- How have health inequalities changed across the north east?
- To what extent have the prioritised actions agreed by the NEA been delivered and what has been the impact?

Resources

Proposed areas of joint work are described in appendix 1.

Fulfilment of the strategic partnership agreement will be dependent on the commitment of dedicated resource from both the NEA and PHS. This involves:

1. General principle of sharing knowledge, skills and expertise in order to enable delivery of the agreed joint areas of work
2. Dedicated time from the NEA and PHS membership and identified staff to contribute and engage in regular Alliance meetings.
3. Establishment of a core team to develop the partnership and deliver the identified joint areas of working
4. Further internal exploration of data held across the NEA partners and PHS is required in order to determine what and how data can be shared and utilised.
5. Capacity from NEA partners and PHS including data, evidence, research, evaluation, communications and marketing functions to be identified as part of a more detailed planning of joint actions. (This may include secondment opportunities across partner organisations to support skills development, knowledge sharing and transfer, and deployment of specialist skills for the purposes of achieving shared objectives.)

Appendix 1

Proposed areas of joint work

This agreement will facilitate the establishment of a forum for the NEA and PHS to collaborate and share knowledge to improve population health and reduce health inequalities across the North East of Scotland. Following assessment of need and understanding of activity across the system the NEA and PHS will agree shared priorities. The following high-level themes will be explored in year one with a view to developing more detailed objectives:

1. Develop a learning system that explores the challenges faced by the North East of Scotland, tests solutions, and implements what works at scale and pace.
2. Form collective knowledge, data, and evidence to shape more powerful collective conversations and action to deliver the vision of thriving communities living fulfilled lives.
3. Developing common data governance and system models to enable findable, accessible, interoperability and reusable data to support research, policy development and operational delivery such as the Persons at Risk Database (PARC) and local use of common identifiers, including CHI.
4. Collaboration on the commissioning and conduct of research on the wider determinants of health across the north east and the application of knowledge to practice locally and nationally.
5. Development of a baseline of prevention activity within the region with a view to establishing some targets for growth in activity.
6. Child poverty, the Drugs Mission and the eradication of homelessness will appear in detailed workplan because the commitment is established at a national and local level, and therefore we can maximise the tripartite collaboration on the achievement of these commitments.

Strategic partnership agreement August 2023

We agree and accept this strategic partnership agreement between:

Public Health Scotland, **<add address>**

and: The North East Alliance (comprising NHS Grampian, Aberdeen City Council, Aberdeen City Health & Social Care Partnership, Aberdeenshire Council, Aberdeenshire Health & Social Care Partnership, Moray Council, Health & Social Care Moray, Scottish Fire and Rescue Service, and Police Scotland)

Public Health Scotland

Name:	
Position:	
Signature:	
Date:	

<insert NEA partner organisation name>

Name:	
Position:	
Signature:	
Date:	



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	7 June 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report provides an update on the progress towards the 16 Stretch Outcomes and 89 improvement projects spanning the LOIP and Community Empowerment Strategy.

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.
- 1.2 On 30 November 2022, the CPA Board approved a New Stretch Outcome 16 within the Community Empowerment Strategy which aimed to achieve “100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026”. Within the new stretch outcome there were 7 further improvement aims setting out what we will improve, by how much and by when.
- 1.3 On 19 April 2023, the Board approved the Children’s Services Strategic Plan 2023-26. As well as approving the Plan, the Board also agreed that the Children and Young People section (Stretch Outcomes 4-9) of the current Local Outcome Improvement Plan (LOIP) be amended to reflect the revised Stretch Outcomes and multi-agency improvement aims within the Children’s Services Plan 2023-26. Within the new Stretch Outcomes 4-9 of the updated LOIP there are 34 multi agency improvement aims, 3 of which are continuing projects and 31 of which are new aims. The timescales for initiation of the new aims within the updated Stretch Outcomes 4-9, as well as the timescales for the continuing project charters being reviewed, were approved, which would see all projects initiated by the end of 2023.
- 1.4 As at May 2023, CPA has 16 Stretch Outcomes and 89 improvement projects spanning the LOIP and Community Empowerment Strategy.

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 16 Stretch Outcomes (SO), 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 SO 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 Improvement 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.

Project Updates

- 2.5 From the Stretch Outcome dashboard, you 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; how it aligns to the Locality Plans and the improvement data which demonstrates whether the changes are making a difference.

- 2.6 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

- 2.7 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 IMPROVEMENT PROJECT AIMS ACHIEVED

- 3.1 19 improvement aims (*not including the aims under the previous Stretch Outcomes 4-9 replaced in April 2023*) have now achieved their improvement aims.

4 IMPROVEMENT AIMS TO BE ACHIEVED BY 2022 AND 2023

2022

- 4.1 There were 20 improvement aims to be achieved by 2022, 14 of which have been achieved and 6 were not. 19 of the 20, 2022 improvement aims have now submitted project end reports, with the 2 further project end reports on today's agenda. 1 final report

in relation to project 12.6 was due to be considered today but has been delayed to the next meeting.

2023

4.2 There are 42 improvement aims to be achieved by 2023, at present 12 have been achieved and 7 project aims ended. 4 further project end reports are on today's agenda for consideration. The remaining 2023 project aims are currently scheduling their project end reports for submission and this is reported at Appendix 1.

4.3 4 live aims have a red ragging status.

4.4 The Management Group considered the status of the projects and any issues impacting on these projects progressing at its meeting in May 2023.

5 NEW PROJECT CHARTERS STRETCH OUTCOMES 4-9

5.1 As per the schedule agreed by the CPA Board, the 10 new project charters for the improvement aims under Stretch Outcomes 4-9 are contained at Appendix 2. Revised charters for the 3 continuing projects were approved by the Children's Services Board on 15 May 2023. The 13 projects are overseen by the Children's Services Board.

6 NEXT STEPS

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

6.2 Project aims with charters approved by the CPA Board in June will move to progress reporting.

Recommendations for Action

It is recommended that the CPA Board:

- i) consider the overview of progress towards the 16 Stretch Outcomes and 89 improvement projects spanning the LOIP and Community Empowerment Strategy as contained at Appendix 1;
- ii) approve the 10 of the project charters as contained at Appendix 2 for initiation;
- iii) note that 19 aims had now achieved and 12 project ended and that project end reports for 19 out of the 20 improvement aims with a 2022 date had now been submitted.

Opportunities and Risks

Successful delivery of the revised LOIP 2016-26 and Community Empowerment Strategy 2023-26 requires a robust programme management approach to the delivery of the 89 improvement aims. 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 Crombie, Community Planning Manager
CPA Outcome Improvement Groups
CPA Lead Contacts Group
CPA Management Group

Background Papers

[Community Empowerment Strategy 2023-26](#)
[Refreshed Local Outcome Improvement Plan 2026-26](#) (as updated in April 2023)
[Children's Services Strategic Plan 2023-26](#)
[Final Draft Integrated Locality Plans 2021-26 – North, South and Central](#)

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CPA Improvement Programme 2021-2023

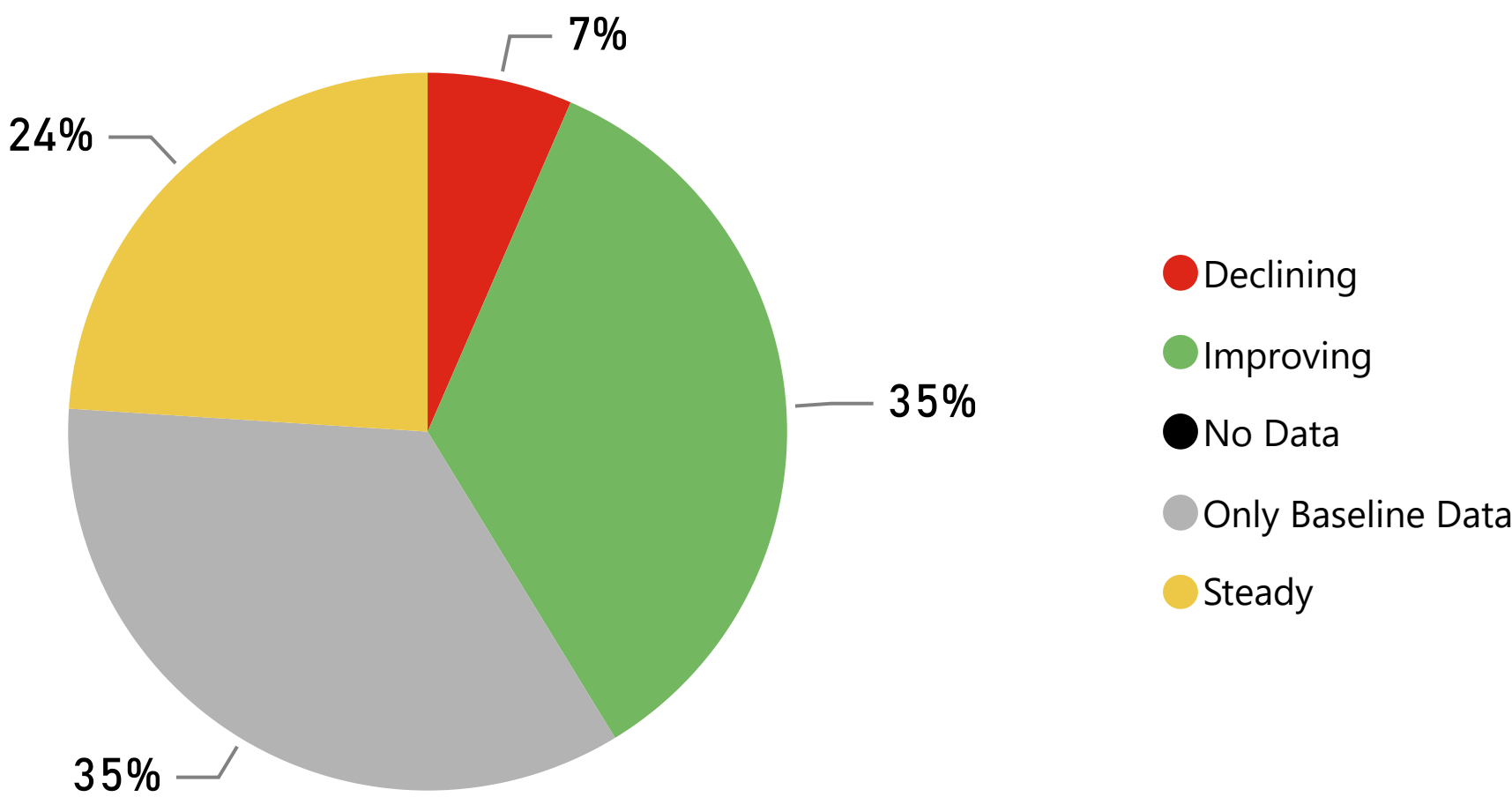
Overview of Progress to Date

No. of Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	No. of New Charters Due	No. of New Charters Received	Months Since LOIP Published
89	46	19	12	10	10	23

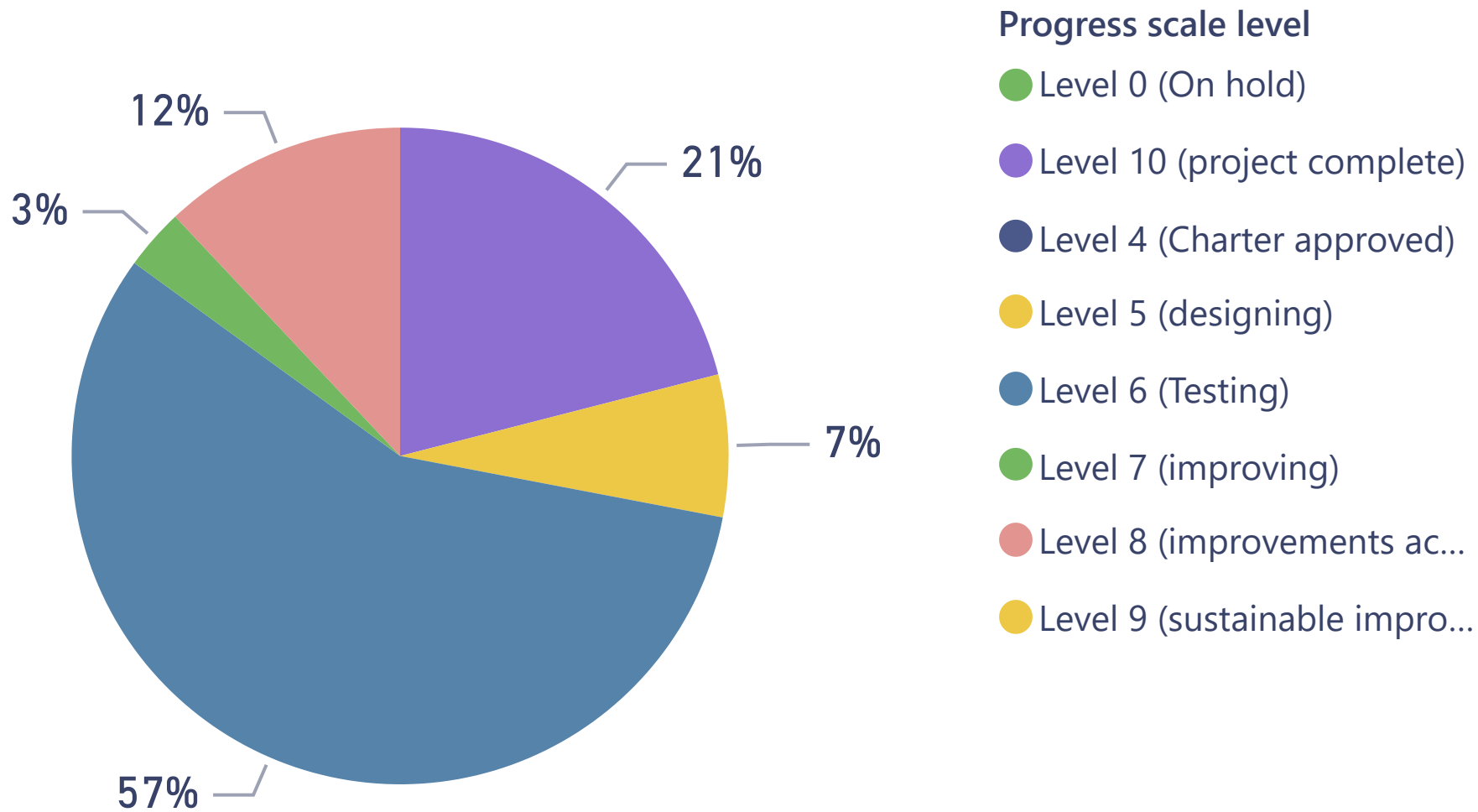
Overview of Progress by Outcome Improvement Group

Index	OIG	No. of Project Aims	No. of Live Project Aims	No. of Project Aims Ended	No. of Aims Achieved	No. of New still to be submitted
1	Anti-Poverty	6	4	2	2	0
2	Aberdeen Prospers	9	6	3	6	0
3	Children's Services Board	34	3	0	0	21
4	Community Justice	8	4	4	5	0
5	Resilient, Included & Supported	8	7	1	3	0
6	Alcohol and Drugs Partnership	9	9	0	1	0
7	Sustainable City	8	6	2	2	0
8	Community Empowerment Group	7	7	0	0	0

Percentage of Live Projects by Aim Trend



Percentage of Projects by Progress Scale



SO	Stretch Outcome	SO Trend	No of. Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	% of New Charters Due Submitted	Overall RAG	Summary and reason for Overall Status
1	No one will suffer due to poverty by 2026.	↓	6	4	2	2	N/A	At risk	New Chair appointed. Projects 1.1 and 1.6 have ended. 1.2 & 1.5 had started to test but data on impact required to be analysed and progress as to next steps to be confirmed. 1.3 had been showing signs of improvement, however further test planned but delayed and data required.
2	400 unemployed Aberdeen City residents supported into Fair Work by 2026.	↑	4	3	2	1	N/A	On track	Project 2.3 has been achieved and ended. All others are 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	3	4	2	N/A	On track	Projects 3.1 and 3.2 achieved and ended. Project ends for 3.4 and 3.5 on today's agenda. 3.3 progressing. OIG to consider further aims to achieve Stretch Outcome
4	95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026	→	5	0	0	0	100	On track	Both new charters due are on today's agenda and other projects developing charters for submission as per schedule.
5	90% of children and young people report they feel listened to all of the time by 2026.	●	5	0	0	0	100	On track	One new charter due and on today's agenda and other projects developing charters for submission as per schedule.
6	By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026.	→	6	1	0	0	100	On track	Two new charters due and on today's agenda and revised charter approved by the CSB in May 23. Other projects developing charters for submission as per schedule.
7	95% of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026.	↓	6	1	0	0	100	On track	Two new charters due and on today's agenda, one revised charter approved by the CSB in May 23.
8	83.5% fewer young people (under 18) charged with an offence by 2026.	→	5	1	0	0	100	On track	One new charter due is on the agenda and the revised charter approved by the CSB in May 23.

Stretch Outcomes 9-16: Current Status

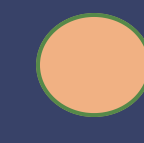
Overall Rag Key



On track



Off track



At risk

SO	Stretch Outcome	SO Trend	No. of Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	% of New Charters Due Submitted	Overall RAG	Summary and reason for Overall Status
9	100% of our children with Additional Support Needs/disabilities will experience a positive destination.		7	0	0	0	100		Two new charters due and both on today's agenda. Other projects developing charters for submission as per schedule.
10	25% fewer people receiving a first ever Court conviction and 2% fewer people reconvicted within one year by 2026		8	4	4	4	N/A		Projects 10.1, 10.2, 10.3 & 10.6 have been achieved and ended. Project end for 10.7 on today's agenda. Others progressing.
11	Healthy life expectancy (time lived in good health) is five years longer by 2026.		8	7	3	1	N/A		Project 11.2 aim achieved and ended. Progress of 11.7 impacted due to PM availability & challenges with the number of families volunteering to get involved. Project end for 11.3 postponed to next meeting.
12	Drug related deaths lower than Scotland by 2026 and								
12	Rate of harmful levels of alcohol consumption reduced by 4%		9	9	1	0	N/A		Project end reports for 12.4, 12.5, 12.8 on today's agenda. 12.4, 12.5 have not achieved their aims. Project end for 12.6 was due to this meeting but has been delayed.
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	0	0	N/A		No progress in relation to 13.2 however workshop held and new changes identified and to be taken forward. 13.1 & 13.3 progressing, however 13.3 highlighting that aim may not be achieved.
14	38% of people walking and 5% of people cycling as main mode of travel by 2026.		2	2	0	0	N/A		Testing at present for both is limited. 14.2 has no active tests but the bike recycling project is to commence in June 23. 14.1 has one change being tested. Data on impact of the changes tested towards overall aims required. Both to consider if pace/changes will enable aims to be achieved.
15	Addressing the nature crisis by protecting/ managing 26% of Aberdeen's area for nature by 2026		3	1	2	2	N/A		Projects 15.1 and 15.2 have been achieved and ended. 15.3 progressing. Data for the area of land managed for nature is being collated.
16	100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026		7	7	0	0	N/A		All 7 project charters approved in April 2023 and projects progressing as per updates.

Trend Key: Improving Declining Steady Baseline data only Aim achieved

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 aims achieved	No. of Aims Ended	Overall RAG
↓	6	4	2	2	●

Project Aim Status

Live Project Ref. ▲	Project Aim	Lead Partner, Project Manager	Project Aim Trend	Project End Due	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
1.1	<u>Increase the number of people using community pantries by 20% by 2023.</u>	Cfine, Sam Leys	↑	N/A - Project Ended - 6/7/22	N, S & C	10	★	Aim achieved - Project Ended.
1.2	<u>Reduce by 50% the number of homes with an EPC rating of F&G by 2023, leading to 100% by 2026.</u>	ACC, Mel Booth	●	First meeting of 2024	S	6	●	Project struggling to make progress - no changes being currently tested. New Chair of Anti Poverty Group met with the PM to discuss.
1.3	<u>Ensure 100% of people presenting as homeless have a full financial assessment and access to all appropriate benefits by 2023.</u>	ACC, Angela Kazmierzak	↑	End of 2023	None	6	●	Project unable to start testing with Housing Options Officers as planned due to continued staffing issues and increased demand on the service. The Financial Inclusion Team had continued with the current process which did not always mean we can reach everyone until the beginning March 2023. However, due to demand have been unable to continue this since. No current activity.
1.4	<u>Increase support for those who have been most disadvantaged through the pandemic by 2023.</u>	GREC, Dave Black	→	End of 2023	N & S	6	●	Project taking forward a new test to see how training individuals from community groups on the financial advice/support available in the City increases uptake of services from people in minority ethnic communities. Since 2021, we have seen a 107% increase in the no. of females & ethnic minority clients being referred to Pathways for employability support, along with a 186% increase in the number then accessing support. Whilst for female clients we have seen 29% decrease in referrals for Pathways Support, and a 0% change in the number accessing support.
1.5	<u>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.</u>	Scarf, Lawrence Johnston	●	End of 2023	N, S & C	6	●	Data on progress towards the aim required and project to ensure changes are multi-agency. Project to date has primarily focused on raising awareness through events. Due to the number of events attending having nil or very little footfall, project developed an automated system online where people can request, we attend events, we ask for more information on the event to establish the validity of the event. In the 6 months prior to the online request, we had attended 31 events and only received 3 enquiries from these events. The following 6 months we attended 63 events with 17 enquiries, while this is still quite low it has increased from just under 10% enquiries from events to 27% after our online intervention. A total of £134,464.52 in fuel bill savings was made across the city in 2022/23.
1.6	<u>Increase the uptake of unclaimed benefits by 10% across Aberdeen City by 2023.</u>	ACC, Angela Kazmierzak	↑	N/A - Project Ended - 30/11/22	N, S & C	10	★	Aim achieved - Project Ended.

Key Outcomes/Activity

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Key Issues/Risks

1. Pace & progress of projects 1.2 & 1.5 and data for both on progress towards aim and impact of change ideas - no active tests for 1.2 since Feb 2023 and both to ensure multi agency project team meetings are being held to ensure changes are not single system/BAU.
2. 1.3 change idea of testing using the Housing Option Officers to complete the benefit check as part of the homelessness assessment has been delayed due to staffing issues. It is expected this change would enable the aim to be achieved, in meantime the Financial Inclusion Team had continue to complete the assessments, however due to demand have been unable to continue this since March 2023.

Latest Outcomes Framework Data

1. Provisional data for 2021/22 shows that 6,818 children in Aberdeen City were living in low income families (up from 5,405 in 2020/21 and 6,139 in 2019/20). Of these, 5,864 were under 16 years old - equivalent to 16.4% of children under 16 years.

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 Aims Achieved	No. of LOIP Aims Ended	Overall RAG
↑	4	3	2	1	●

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
2.1	<u>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.</u>	↑	Nov 2023	Scottish Enterprise, Martin Barry	N, S & C	8	●	85 employers headquartered in the city are now real Living Wage accredited – a 90% increase since the project started and a 21% increase over the ast 12 months. 1,770 workers have received an uplift in wages since the establishment of the real Living Wage movement in the city. Further accreditations are in the pipeline.
2.2	<u>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.</u>	↑	Nov 2023	Elevator, Roz Taylor/Kirsty McLaughlin	N, S & C	7	●	111 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 41 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits.
2.3	<u>Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023.</u>	↑	N/A - Project Ended 19/4/23	ACC, Angela Taylor	N	10		Aim achieved - Project End approved 19/4/23.
2.4	<u>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.</u>	↑	01/12/2023	SDS, Nicola Graham	N, S & C	6	●	On track, 10 people have been supported into employment so far. Project is gathering data from recent activities including a jobs fair where 150 people from priority neighbourhoods got the chance to speak with a coach from DWP. A number of change ideas are in early stages of testing and we can expect to see data coming from these in coming months.

Key Outcomes/Activity

2.1 Real Living Wage - 85 employers headquartered in the city are now real Living Wage accredited – a 90% increase since the project started and a 21% increase over the last 12 months. 93.2% of the working population being paid the Real Living Wage in Aberdeen City, a 6.7% increase since 2021.

2.2 Start up businesses – 111 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 41 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits.

2.4 Older but Wiser employability support group pilot ran over 8 weeks. Pilot was well received with 7 participants consistently attending the 8 weeks. Travel vouchers were provided to support the participants attend a number of careers fairs which occurred over the 8 week period one out in Dyce and one in Pittodrie.

Key Issues/Risks

Latest Outcomes Framework Data

In the year Jan 2022 – Dec 2022, 71.2% of people aged 16-64 years were in employment – down from 76.9% in the year Jan 2021 – Dec 2021.

In April 2023, there were 5,230 claimants in Aberdeen City – up from 5,020 in March.

In April 2023, there were 2,490 claimants in our priority locality areas – up from 2,380 in March.

In April 2023, there were 18,362 people in Aberdeen City on Universal Credit – up from 18,070 in March.

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 Aims Achieved	No. of Aims Ended	Overall RAG
↑	5	3	4	2	<div></div>

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
3.1	<u>Increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023</u>	↑	N/A - Project Ended 19/4/23	ACC, Charlotte Saunders	N, S & C	10	★	Aim achieved - Project End report approved 19/4/23.
3.2	<u>By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.</u>	↑	NA - Project Ended 19/4/23	ACC, Emma Shanks/Margaret Stewart	N, S & C	10	★	Aim achieved - Project End report approved 19/4/23.
3.3	<u>Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and above by 10% by 2023</u>	↑	End of 2023	RGU, John Issacs/Aberdeen City Council, Charlie Love	None	8	●	Update on progress required.
3.4	<u>Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.</u>	↑	June 2023	Nescol, Duncan Abernethy	N & C	8	●	Project end report on today's agenda.
3.5	<u>80% of young people will successfully complete their Modern Apprenticeship programme by 2022.</u>	↓	June 2023	Nescol, Ian Runcie	N & S	6	●	Project end report on today's agenda - aim not achieved.

Key Outcomes/Activity

Key Issues/Risks

Latest Outcomes Framework Data

In the year Jan 2022-Dec 2022, 11.6% of those in employment in Aberdeen City were in elementary occupations – up from 9.7% in the year Jan 2021-Dec 2021.

Stretch Outcome 4: 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026

Overall Progress

SO Trend	% of New Charters Due Submitted	No. of LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	Overall RAG
➡	100	5	0	0	<div></div>

Project Aim Status

SO	Live Project Ref.	Project Aim	Project Aim Trend	New/Revised Project Charter Due	Lead Partner, Project Manager	Current progress scale	Project Progress RAG	Summary and Reason for RAG
4	4.1	100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024.	<div></div>	May 2023	NHSG, Emma Williams	3	<div></div>	Charter on today's agenda for consideration.
4	4.2	Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.	<div></div>	May 2023	NHSG, Emma Williams	3	<div></div>	Charter on today's agenda for consideration.
4		Increase by 40% the number of Peep programmes delivered by multi-agency partners by 2025.	<div></div>	Aug 2023	ACC, Natasha Martens	3	<div></div>	Project Team established and charter being developed.
4		Improve dental health at primary 1 to the national average by reducing the levels of dental health in areas of deprivation to 50% by 2025.	<div></div>	Aug 2023	NHSG, Pippa Robbie	3	<div></div>	Project team established and charter being developed. Walker Road nursery & school will be first area for test of change. Also working with local community to identify other family settings. HCSW are supporting test of change. Currently a population needs assessment being done which will influence this project. Next step to meet Headmaster.
4		Reduce by 5% the no. of children aged 0-4 who are referred to Children’s Social Work as a result of neglect arising from parental mental health, addiction and domestic abuse 2026.	<div></div>	Oct 2023	ACHSCP, Pamela Black	3	<div></div>	Project team and charter being developed. Project scoping to see what is available for signposting families and working with child protection specialist nurse to see if opportunities from record audits for earlier intervention.

Key Outcomes/Activity

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Key Issues/Risks



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Latest Outcomes Framework Data












At 31st July 2022, there were 115 children on the CPR – up from 83 the previous year. The rate (per 1,000 children 0-15 years) was 3.2 which is higher than the rate for Scotland of 2.2.
At 31st July 2022, there were 48 children on the CPR with neglect identified as a concern – up from 27 the previous year.
In 2018-2020 the rate (crude rate per 1,000 females 15-19 years) of teenage pregnancies in Aberdeen City was 29.3 – continuing the downward trend. This is slightly higher than the rate for Scotland of 27.1
In 2019/20-2021/22, 12.1% of women were ‘current smokers’ at the time of their first antenatal appointment – down from 13% in the previous period and slightly lower than the rate for Scotland of 12.9%.
In 2019/20 to 2021/22, 7.6% of babies were exposed to second-hand smoke at the time of their 6-8 week review – similar to the previous period at 7.3% and slightly higher than the rate for Scotland of 6.9%.
In 2021/22, 24% of P1 children were identified as being at risk of overweight or obesity – down from 29.3% in 2020/21

Stretch Outcome 5: 90% of children and young people report they feel listened to all of the time by 2026.

Overall Progress

SO Trend	No of. LOIP Project Aims	% of New Charters Due Submitted	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
	5	100	0	0	0	

Project Aim Status

SO 	Live Project Ref.	Project Aim	Project Aim Trend	New/Revised Project Charter Due	Lead Partner, Project Manager	Current progress scale	Project Progress RAG	Summary and Reason for RAG
5	5.1	100% of children leaving care are referred to services that can meet assessed mental health needs within 4 weeks of the health assessment being completed by 2024.		May 2023	NHSG, Phil Mackie	3		Charter on today's agenda for consideration.
5		Increase by 5% the number of S1-S6 pupils who report that they feel confident by 2025.		Aug 2023	ACC, Gael Simpson	3		Project team and charter being developed.
5		Increase by 10% the % of children living in areas of deprivation who feel safe in their communities by 2025.		Aug 2023	ACC, Craig Singer	3		Project team and charter being developed.
Page 58		Reduce demand on Tier 3 services by 5% by 2026.		Oct 2023	NHSG, CAMHS, Siobhan Cowie	3		Project team and charter being developed.
5		Reduce waiting time for interventions starting, by each tier 2/3 service by 5% by 2026.		Oct 2023	NHSG, CAMHS, Siobhan Cowie	3		Project team and charter being developed.

Key Outcomes/Activity

Key Issues/Risks

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 6: By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	% of New Charters Due Submitted	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
➡	6	100	1	0	0	<div></div>

Project Aim Status

SO	Live Project Ref.	Project Aim	Project Aim Trend	New/Revised Project Charter Due	Lead Partner, Project Manager	Current progress scale	Project Progress RAG	Summary and Reason for RAG
6	6.1	Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2023.	<div></div>	May 2023	ACC, Isabel McDonnell	6	<div></div>	Revised charter approved by CSB on 15 May.
6	6.2	100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.	<div></div>	May 2023	NHSG, Caroline Reid	3	<div></div>	Charter on today's agenda for consideration.
6	6.3	Increase by 100% the number of partners supporting kinship carers by 2023.	<div></div>	May 2023	ACC, Nicola Clark	3	<div></div>	Charter on today's agenda for consideration.
6		Reduce by 5% the number of children entering the care system by 2024.	<div></div>	Aug 2023	ACC, Tam Walker	3	<div></div>	Project team and charter being developed.
6		80% of the identified multi-agency workforce successfully complete Corporate Parenting training aligned to the Promise by 2025.	<div></div>	Aug 2023	ACC, Amy Evans	3	<div></div>	Project team and charter being developed.
6		80% of care experienced parents will report that they believed they were sufficiently prepared for parenthood by 2026.	<div></div>	Oct 2023	NHSG, Fiona Mielle	3	<div></div>	Project team and charter being developed.

Key Outcomes/Activity

Key Issues/Risks

Latest Outcomes Framework Data

At 31st July 2022, there were 480 looked after children in Aberdeen City – down from 515 the previous year. The percentage of LAC is 1.2% - the same as Scotland.

At 31st July 2022, 38.5% of LAC were in kinship care (at home with parents or with friends/relatives) – similar to the previous year at 38.8%.

At 31st July 2022, 82% of eligible young people were receiving aftercare services – up from 78.1% in 2021.

In 2021-22, 100% of care leavers had a pathway plan – same as in previous 3 years and higher than the rate for Scotland of 69%.

At 31st July 2022, 16% of LAC were 16+ years - up from 14% the previous year.

Stretch Outcome 7: 95% of all our children, including those living in our priority neighbourhoods (Quintiles 1 & 2), will sustain a positive destination upon leaving school by 2026

Overall Progress

SO Trend	No. of. LOIP Project Aims	% of New Charters Due Submitted	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
↓	6	100	1	0	0	●

Project Aim Status

SO	Live Project Ref.	Project Aim	Project Aim Trend	New/Revised Project Charter Due	Lead Partner, Project Manager	Current progress scale	Project Progress RAG	Summary and Reason for RAG
7	7.1	Increase the % of learners entering a positive and sustained destination to be ahead of the Virtual Comparator for all groups by 2025.	●	May 2023	ACC, Mark Jones	5	●	Revised charter approved by CSB on 15 May.
7	7.2	Increase to 3 the delivery of co-located and delivered services by health and education by 2024.	●	May 2023	ACC, Alison Horne	3	●	Charter on today's agenda for consideration.
7	7.3	Increase by 10% the rate of completion of NPA/FA/HNC courses available to young people across the city by June 2024.	●	May 2023	ACC, Mark Jones	3	●	Charter on today's agenda for consideration.
7		Increase to 50 the no. of people completing more integrated health and care courses by 2025.	●	Aug 2023	NESCOL, Susan Grant	3	●	Project team and charter being developed.
7		75% of identified multi-agency staff reporting confidence in identifying and taking action on harm by 2026.	●	Oct 2023	ACC, Lisa Williams	3	●	Project team and charter being developed.
7		Increase by 20% the number of young people completing courses aligned to support the digital and tech sector by 2026.	●	Oct 2023	ACC, Charlie Love	3	●	Project team and charter being developed.

Key Outcomes/Activity

Key Issues/Risks

Latest Outcomes Framework Data

No new OF data to report

Stretch Outcome 8: 83.5% fewer young people (under 18) charged with an offence by 2026.

Overall Progress

SO Trend	No of. LOIP Project Aims	% of New Charters Due Submitted	No. of Live Project Aims	No. of Aims Achieved	No. of LOIP Aims Ended	Overall RAG
➡	5	100	1	0	0	<div></div>

Project Aim Status

SO	Live Project Ref.	Project Aim	Project Aim Trend	New/Revised Project Charter Due	Lead Organisation, Project Manager	Current progress scale	Project Progress RAG	Summary and Reason for RAG
8	8.1	Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025.	<div></div>	May 2023	ACC, Michal Polaski and Police Scotland, Jordan Walker	5	<div></div>	Revised charter approved by CSB on 15 May.
8	8.2	Reduce by 15% the number of care experienced young people reported missing from Children’s homes to Police Scotland by 2024.	<div></div>	May 2023	Police Scotland, Lisa Kerr	3	<div></div>	Charter on today's agenda for consideration.
8		90% of 16/17 year olds appearing at Sherriff Court in relation to Lord Advocate’s guidance will have had an assessment of their community support needs by 2025.	<div></div>	Aug 2023	ACC, Andrea McGill/Julia Milne	3	<div></div>	Project team and charter being developed.
8		Increase by 5% the no. of 16/17 year olds who are diverted from prosecution by 2025.	<div></div>	Aug 2023	ACC, Andrea McGill/Julia Milne	3	<div></div>	Project team and charter being developed.
8		Reduce by 20% the number of care experienced young people charged with an offence by 2025.	<div></div>	Oct 2023	Police Scotland, Kim Wood	3	<div></div>	Project team and charter being developed.

Key Outcomes/Activity



Key Issues/Risks

Latest Outcomes Framework Data















No new OF data to report

Stretch Outcome 9: 100% of our children with Additional Support Needs/ Disabilities will experience a positive destination by 2026.

Overall Progress

SO Trend	No of. LOIP Project Aims	% of New Charters Due Submitted	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
	7	100	0	0	0	

Project Aim Status

SO	Live Project Ref.	Project Aim	Project Aim Trend	New/Revised Project Charter Due	Lead Organisation, Project Manager	Current progress scale	Project Progress RAG	Summary and Reason for RAG
9	9.1	Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025.		May 2023	Barnardos, Carole Chambers	3		Charter on today's agenda for consideration.
9	9.2	Increase by 20% the number of families of children with autism or awaiting diagnosis accessing support prior to diagnosis and reduce the interval between referral and diagnosis by 2024.		May 2023	NHSG, Wilma Paxton-Docherty	3		Charter on today's agenda for consideration.
9		Increase by 5%, the percentage of young people with additional support needs/disability entering a positive destination by 2025.		Aug 2023	ACC, Mhairi Shewan	3		Project team and charter being developed.
9		By 2025, 90% of families with children with an additional support need or disability will indicate that they have access to peer and community support that meets their needs.		Aug 2023	NHSG, Anne Brockman	3		Project team and charter being developed.
9		Increase by 10%, the percentage of children and young people with additional support needs (ASN) and/or a disability accessing full time education by 2026.		Oct 2023	Mhairi Shewan, ACC	3		Project team and charter being developed.
9		90% of identified multi-agency staff working with children and young people with disabilities will report confidence in identifying and taking action on how harm presents in children with additional support needs/disabilities by 2026.		Oct 2023	NHSG, Jill Gibbon	3		Project team and charter being developed.
9		Increase by 10% the number of children experiencing child protection processes who have access to a professional utilising their alternative communication system by 2026.		Oct 2023	ACC, Claire Graham	3		Project team and charter being developed.

Key Outcomes/Activity

Key Issues/Risks

Latest Outcomes Framework Data

No new OF data to report

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 Aims Achieved	No. of Aims Ended	Overall RAG
★	8	4	4	4	●

Project Aim Status

Live Project Ref.	Project Aim	Aim Trend	Project End Due	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.	↑	N/A - Project Ended - 6/7/22	SPS, Mike Hebden	None	10	★	Aim achieved - Project End report approved on 6/7/22
10.2	Increase to 30 in total, the number of individuals who are on a custodial sentence, on a Community Payback Order 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 2022	↑	N/A - Project Ended - 15/2/23	SDS, Nicola Graham	N	10	★	Aim achieved - Project End report approved on 15/2/23
10.3	Reduce the number of wilful fires by 10% by 2022	↑	N/A - Project Ended 19/4/23	SFRS, Andy Buchan	None	10	★	Aim achieved and project end report approved on 19/4/23
10.4	100% increase in hate crimes reported to police by 2023.	↑	First meeting of 2024	GREC, Dave Black	C	6	●	For various reasons developing the awareness raising campaign has stalled, but the team have now have a finalised poster, and at their mid-May project meeting will agree target areas and a comms plan.
10.5	Decrease the number of incidents of domestic abuse reported to the Police by 15% by 2023.	→	First meeting of 2024	ACC, Lucy Simpson	N	6	●	Changes currently being tested to be confirmed. From March 22 to current date, 48 self-referrals for support have been made. Promotion of the new domestic abuse phoneline is ongoing to raise awareness of the service and ability to self-refer for support. In 2022, 77 women received Own My Life training.
10.6	Increase by 15% victims of domestic abuse receiving support by 2022.	↑	N/A - Project Ended - 15/2/23	ACC, Lucy Simpson	C	10	★	Aim achieved - Project End report approved on 6/7/22
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.	↑	June 2023	ACHSCP, John Donaghey	None	8	●	Project end report on today's agenda.
10.8	Reduce the number of drug related deaths occurring within 6 months of liberation from custody from 10 to zero by 2023.	↑	Nov 2023	ACHSCP, Fiona Wright	None	7	●	Number of drug related deaths occurring within 6 months of liberation from custody has reduced by 5 in 2021, data for 2022 awaited. Sharing of information has started between prison, court and IDS to track potential unplanned liberations from prison, coming through court and are on Medication Assisted Treatment. Meeting scheduled for May to review current test of change. Drug/alcohol training booklet is now being rolled out across Justice Social Work and will be an integral part of induction process for social workers/support workers and social workers in training across the section. Feedback from staff has been positive.

Key Outcomes/Activity

10.1, 10.2, 10.3 and 10.6 have all achieved their aims and projects ended. 10.4 From the baseline period, the 22/23 data is showing a 49% increase in reporting from the baseline of 231, with 344 crimes reported. 10.5 There has been a 31% increase in the number of self-referrals for support to ACC Domestic Abuse Team were made from 42 in 21/22 to 55 in 22/23. Promotion of the new domestic abuse phoneline is ongoing to raise awareness of the service and ability to self-refer for support.

Key Issues/Risks

1. 10.7 - Baseline data for 1 aspect of the aim not available - project focusing on testing in the other 2 settings. Discussion ongoing with CJSW to resolve recording issues and identify areas of improvement.

Stretch Outcome 11: Healthy life expectancy (timelived 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 Aims Achieved	No. of Aims Ended	Overall RAG
➡	8	7	3	1	●

Project Aim Status

Live Project Ref.	Project Aim	Lead Partner, Project Manager	Project Aim Trend	Project End Due	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
11.1	<u>Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 (2019) by 2023.</u>	Police Scotland, Barry Stewart	➡	By end of 2023	N, S & C	6	●	Project progressing. Following a suspension during the pandemic, ASIST Training for Trainers courses are now available and two are being run in the coming months as such, the scope for offering ASIST training in Aberdeen will increase significantly.
11.2	<u>Increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023.</u>	ACC, Colin Wright	⬆	N/A - Project Ended - 19/4/23	N & C	10	★	Aim has been achieved. Project End report approved on 19/4/23.
11.3	<u>Support 100 people to feel confident to promote wellbeing and good health choices by 2023.</u>	ACHSCP, Chris Smillie	⬆	June 2023 Aug 2023	N, S & C	6	●	Project end report has been postponed until next meeting due to PM absence. As at last update 68 people have been trained with MEOC and post session 100% have all reported that feel confident to promote wellbeing and good health choices.
11.4	<u>Reduce tobacco smoking by 5% overall by 2023</u>	AHSCP, Chris Smillie	⬆	Aug 2023	N & C	6	●	Replacement PM being identified. Changes being progressed with initial ASH Scotland Training delivered to the Youth Work network in Nov 2022 - delivered to 9 people initially. The evaluation indicates that the staff members found the training informative, have increased their knowledge of the topics, knowledge of resources and tools they can use to inform their discussions with young people and improved their confidence in feeling able to discuss the topics with young people.
11.5	<u>Reduce youth homelessness by 6% by 2023.</u>	ACC, Graeme Gardner	➡	First meeting of 2024	None	8	●	Data is showing that the rates of homelessness amongst young people reduced in 21/22 with the improvement aim achieved. However, data for 22/23 showed an increase amongst young people. We're testing a community hosting model to prevent young people from presenting as homeless. A small number of hosts have been recruited and a "soft launch" agreed. Also testing 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 reduces repeated presentations.
11.6	<u>Increase the number of unpaid carers feeling supported by 10% by 2023.</u>	Quarriers, Andrew Falconer	⬆	By end of 2023	N & S	8	●	Data from the Health and Care experience survey (HACE) in 2022 looked at how many Carers feel supported which looked at positive, neutral and negative responses. 32% responded positively which is an increase of 2% on the previous survey. The new Carers Strategy was approved by the IJB on 31st January 2023 and is published on the ACHSCP website. The Action Plan is being delivered by the Carers Strategy Implementation Group.
11.7	<u>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.</u>	NHSG, Tracy Davis	●	By end of 2023	N, S & C	6	●	1012 people signed up to online Healthy Helpings. 200 have agreed to share email addresses and be contacted. Narrowed down to 33 in SIMD 1&2. One person has agreed to participate in programme. 3 staff signed up for MAP 'train the trainer' training - rollout of programme will take time. Impact of the Healthy Living Programme and pilot tests showing positive outcomes, however no data to show how this has supported progression of the aim.
11.8	<u>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.</u>	NHSG, Ben Elliot	●	By end of 2023	N & C	6	●	Classes have begun with in-house physio at Westburn and Northfield Sport Aberdeen sites. Assessments for Pulmonary Rehab and 6 week rolling classes. Impact monitoring has begun. Review of pathway, information, programme and exercise class referrals to RGU Student led classes and Sport Aberdeen completed. Guide to Pulmonary Rehab and other support with Graphic Comms team NHSG – to be distributed through touchpoints in the pathway for respiratory patients.

Key Outcomes/Activity

11.1 Prevent suicide App usage has increased in the last quarter by nearly 10,000 new users, bringing the total users to 114100 – the vast majority (over 50%) of whom are based in Aberdeen and the North East.

11.3 - 11 People have signed up for the Health Issues in the Community tutor training. This will enable a minimum of 9 courses being delivered in 2023 targeting Young carers, New Scots, Gypsy Travellers at Clinterty, Criminal Justice and 3 Locality based programmes. An introduction to Health Issues in the Community course has been offered to Locality Empowerment group members. 2 community members have signed up with 3 organisational members who are keen to join.

11.4 The 2021 Scottish Health Survey which contributes to the Prevalence rate shows that the number of current smokers has decreased to 15% in 2021 showing a reduction in current smokers from 23% in 2017.

11.6 - Since Dec 2022 there has been an increase in the number of carers referred to Respitality from 30 people in Jan 2023 to a peak of 54 in Feb 2023 to 48 in March 2023.

11.7 - 8 families signed up to begin 8 week healthy lifestyle programme for families using Peep Health and Physical Development strand. Impact of the Healthy Living Programme and pilot tests showing positive outcomes as detailed in the project update.

Key Issues/Risks

11.1 data showing an increase

11.5 Data showing a 22% increase amongst young people (18-24 year old) compared to the same period in 21/22

11.7 Pace and progress of project 11.7 - recruitment of families to get involved in testing has been slow

11.8 Risk – Small NHS In-house team delivering in Aberdeen City could impact wider delivery of pilot. Mitigating by scoping test of change idea 1 with Use of RGU Students and Sport Aberdeen Active Lifestyles to be used however safe referral Pathway to be implemented.

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	No. of Aims Achieved	No. of Aims Ended	Overall RAG
9	9	1	0	<div></div>

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	Lead Partner, Project Manager	Locality Link	Current progress scale	Project Progress RAG	Summary and Reason for RAG
12.1	<u>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.</u>	<div></div>	Nov 2023	ACC, Steve McConnachie	None	6	<div></div>	Project reviewing data to confirm if aim has been achieved. At March 31st 2023 – 69% of frontline Children’s Social Work staff are now trained to distribute Naloxone to those in need.
12.2	<u>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</u>	<div></div>	Nov 2023	ACC, Niki Paterson	None	6	<div></div>	New substance use guidance launched across all schools late May 23. There will be a launch 'surgery' so that school leaders can ask any questions around the guidance so that implementation is fully understood. Two copies will be issued - full guidance plus a shorter' pick up and use' version for practical purposes.
12.3	<u>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.</u>	<div></div>	Sept 2023	ACC, Lucy Simpson	N	6	<div></div>	44 staff have been trained in alcohol awareness in Feb 2023, impact and next steps being considered. Try Dry app looking to begin testing of the app in June for an initial 6 months which will take us to the end of the project. Awaiting final proposal from Alcohol Change. Data awaited from ADA.
12.4	<u>Increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023</u>	<div></div>	June 2023	NHS, John Mooney	None	6	<div></div>	Project end report on today's agenda.
12.5	<u>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.</u>	<div></div>	June 2023	ADA, Fraser Hoggan	N & C	6	<div></div>	Project end report on today's agenda.
12.6	<u>Reduce the incidence of fatal drug overdose through innovative developments and by increasing the distribution of naloxone by 10% year on year by 2022.</u>	<div></div>	Apr 2023 June 2023 Sept 2023	ACHSCP, Simon Rayner	S	6	<div></div>	Project end report due but has not been delayed.
12.7	<u>Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.</u>	<div></div>	Nov 2023	NHS, John Mooney	C	6	<div></div>	Baseline data has been established and is now being cleansed in advance of being publicly reported. From initial review, data indicates that testing levels have returned to pre-pandemic levels which is testament to the improvements driven forward by the Team.
12.8	<u>Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.</u>	<div></div>	June 2023	ADA, Simon Pringle	N & C	8	<div></div>	Project end report on today's agenda.
12.9	<u>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.</u>	<div></div>	First meetin g of 2024	ACHSCP, Simon Rayner	N & C	6	<div></div>	Data on engagement of the recovery programmes awaited. Two changes, incentives and an employability pathway have been delayed due to resources and budget for 23/24 being confirmed. This has impacted progress of the project.

Key Outcomes/Activity

12.2 Compared with last year as a percentage of the total cohort there has been a decrease from 28% to 23% of 13-15year olds having had a drink and a decrease from 4.6% to 3.7% of 13-15year olds who have tried drugs.
12.7 82 blood borne virus tests using the cepheid testing completed, of which there were 10 positive cases, of which 60% engaged in therapy for Hepatitis C.

Key Issues/Risks

12.4, 12.5, 12.6 aims not achieved

Latest Outcomes Framework Data

In 2021/22 the rate of alcohol-related hospital admissions was 568 per 100,000 population, similar to 2020/21 at 567 and lower than the figure for Scotland of 611 per 100,000 population

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	No. of Aims Ended	Overall RAG
↑	3	3	0	0	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	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.	→	By end of 2023	ACC, Kat Ramsay	None	6		Project progressing with 75 green champions, a 127% increase since June 2021 and currently have 1 initiative ongoing - repair what you wear. Since the project started 204.944kgCO2e carbon emissions have been saved from the initiatives undertaken by the Green Champions.
13.2	Reduce the generation of waste in Aberdeen by 8% by 2023.	→	By end of 2023	ACC, Pam Walker/Kris Hultman	C	6		No project activity this year. Chair and Vice Chair met with Project Manager to discuss and further changes proposed a further meeting to take these forward has been scheduled.
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.	→	First meeting of 2024	SFRS, Richard Finlay ACC, Fiona Mann	N & C	6		There are currently 3 community resilience group established.

Key Outcomes/Activity

13.1 Since the project started 204.944kgCO2e carbon emissions have been saved from the initiatives undertaken by the Green Champions. In June 2021, the project started with 33 green champions within ACC, there are now 75 Green Champions across 4 CPA partners – a 127% increase.

Key Issues/Risks

- 1. 13.1 - data on impact of initiatives being taken forward by all partner green champions being collected.
- 2. 13.2 - Status of project - no active changes at present and data on the impact of the single change idea tested to date and how it supported achievement of the overall aim is not available.

Latest Outcomes Framework Data

No new OF data to report

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	No. of LOIP Aims Ended	Overall RAG
↑	2	2	0	0	

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	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.	→	Nov 2023	Nestrans, Kelly Wiltshire	N & C	6		Project just testing one change at present - which is to get a series of park benches installed on Westburn Road and around the Foresterhill Campus. This was raised by a Community Connector to encourage more people to walk to the Foresterhill Campus, if there were places to rest and stop. A pedestrian count on Westburn Road/Hutcheon Street as a baseline is being done, which will then be repeated 3 months after the park benches are installed then a year later. Data from pedestrian counters to be analysed. A new radio advert promoting walking and May as walking month will be launched on Original FM on 8 May 2023.
14.2	Increase % of people who cycle as one mode of travel by 2% by 2023.	→	Nov 2023	Nestrans, Kelly Wiltshire	N, S & C	6		Project preparing for the bike recycling project which will commence in June, in meantime no active changes being tested. New walking and cycling radio advert was launched on 6 March 2023 on Original FM. To promote active travel in Spring. Project to ensure impact of changes can be provided and to consider timescales for testing and if changes/pace of testing will achieve the aim. Data from cycling counters to be analysed.

Key Outcomes/Activity

14.2 The Bike Recycling Project is being launched on 10 June 2023 as part of ‘Bike Week’ Data on numbers of bikes being upcycled will be available soon. 7 people have completed training to be cycling trainers <https://www.cyclinghub.scot/course/cycle-trainer> and are now certified to deliver bikeability, conduct risk assessments, plan, develop and deliver cycling sessions based on the National Standard for cycling to anyone that wants to cycle. This course is SCQF accredited at Level 7 with 3 credit points. Clean Air Day is on 15 June, active travel will be promoted as a way to improve Air Quality. An event will be held outside the St Nicolas Shopping Centre on 15 June to promote Clean Air Day and what can be done to improve air quality.

Key Issues/Risks

14.1 & 14.2 - Pace of testing and reporting of data on the impact of the change ideas tested

Latest Outcomes Framework Data

No new OF data to report

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	No. of Aims Ended	Overall RAG
➡	3	1	2	2	●

Project Aim Status

Live Project Ref.	Project Aim	Project Aim Trend	Project End Due	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.	↑	N/A - Project Ended - 6/7/22	ACC, Steven Shaw	N, S & C	10	★	Aim achieved - Project End report approved on 6/7/22
15.2	Increase community food growing in schools, communities and workplaces by 12 2023.	↑	N/A - Project Ended - 30/11/22	ACC, Steven Shaw	N, S & C	10	★	Aim achieved - Project End report approved on 30/11/22
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).	●	First meeting of 2024	ACC, Steven Shaw	S	6	●	Project progressing - see key outcomes. Further change ideas identified and to be taken forward to support achievement of the aim and overall Stretch Outcome.

Key Outcomes/Activity

To date 71 organisations and individual/ household pledges have been made to The Net Zero Aberdeen - Aberdeen Climate and Nature Pledge. 21 organisations have given their pledge, of which 5 have committed to the managing land for nature part of it. 17% of Aberdeen land area protected for nature. Data for the area of land managed for nature is being collated.

Key Issues/Risks



Baseline data for unprotected area being managed for nature for overall Stretch Outcome required - group looking at this at present.

Latest Outcomes Framework Data

Baseline data for unprotected area being managed for nature for overall Stretch Outcome required - group looking at this at present.

STRETCH OUTCOME 16: 100% increase in the proportion of citizens who feel able to participate in decisions that help change things for the better by 2026

Overall Progress

SO Trend	No of. Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG
	7	7	0	0	

Key Outcomes/Activity

Community Gathering was held on 13 May 2023. The Gathering was for the people and community groups of Aberdeen to connect with each other and learn how they can get more involved in their community.















16.1 - City Voice - following the City Voice review undertaken in 2022, there has been a significant improvement in response rate, from 30.7% to 61.3%. This already takes us close to the target response rate of 63%.

16.4 - There have been approximately 14 notes of interest in LEG meetings since the community gathering on the 13th of May. These have been responded to and we will see if they attend the next scheduled LEGs in their area.

16.6 - 25 community organisations sharing information at the Community Gathering on the 13th of May. This provided an opportunity for community groups to showcase their organisations/groups, share information and peak the interest of potential new volunteers.

Key Issues/Risks

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Live Project Ref.	Project Aim	Project Aim Trend	Lead Organisation, Project Manager	Current progress scale	Project Progress RAG	Summary and Reason for RAG
16.1	Increase the rate and representativeness of the response to Aberdeen City Voice to 63% by 2024.		ACC/GREC, Dave Black	6		Charter approved on 19/4/23 - project progressing with improvement in response rates - see key outcomes.
16.2	100% of decisions which impact on children and young people are informed by them by 2026 (LOIP Stretch Outcome 8).		ACC, Margaret Stewart	6		Charter approved on 19/4/23 - project progressing with a variety of different approaches to consulting with children (5-12) on matters that affect them in relation to the city tested in a drop-in, one-off setting. In each instance learning was identified that will inform guidance and tool kits for CPA partners to consider and deploy when consulting with this age group in a drop in context.
16.3	Increase the number of community ideas identified within locality plans being tested by CPA and partners where communities are involved in the design process to at least 50% by 2024.		ACC, Allison Swanson	6		Charter approved on 19/4/23 - project progressing
16.4	Increase number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2024.		ACC/ACHSCP, Jade Leyden & Iain Robertson	6		Charter approved on 19/4/23 and the first South LEG meeting was held on 27 April 2023, with six community members attended the virtual meeting.
16.5	70% of community led organisations feeling supported by partners to access funding for community led initiatives by 2025.		ACVO, Maggie Hepburn	5		Charter approved on 19/4/23 - project progressing
16.6	Increase awareness of community led projects across the City and help celebrate and promote at least 70% of known community led projects by 2024.		SHMU, Murray Dawson	6		Project progressing with first test at the Community Gathering on the 13th of May, where 25 community organisations showcased their organisations/groups.
16.7	Increase the number of people (staff and communities) who state they have the skills, tools and support they need to work together to make improvements in the community by 50% by 2025.		NHSG/Grampian Engagement Network, Elaine McConachie	5		Charter approved on 19/4/23 - project progressing

Improvement Project Key

Overall Rag Key

On track

Off Track

At Risk

Project Ended

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

Appendix 2

STRETCH OUTCOME 4-9

Improvement Project Charters

Contents

Ref	Improvement Aim	Project Manager
4.1	100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024.	NHSG, Emma Williams
4.2	Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.	NHSG, Emma Williams
5.1	100% of children leaving care are referred to services that can meet assessed mental health needs within 4 weeks of the health assessment being completed by 2024.	NHSG, Phil Mackie
6.2	100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.	NHSG, Caroline Reid
6.3	Increase by 100% the number of partners supporting kinship carers by 2023 .	ACC, Nicola Clark
7.2	Increase to 3 the delivery of co-located and delivered services by health and education by 2024.	ACC, Alison Horne
7.3	Increase by 10% the rate of completion of NPA/FA/HNC courses available to young people across the city by June 2024.	ACC, Mark Jones
8.2	Reduce by 15% the number of care experienced young people reported missing from Children's homes to Police Scotland by 2024.	Police Scotland, Lisa Kerr
9.1	Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025.	Barnardos, Carole Chambers
9.2	Increase by 20% the number of families of children with autism or awaiting diagnosis accessing support prior to diagnosis and reduce the interval between referral and diagnosis by 2024.	NHSG, Wilma Paxton-Docherty

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Project 4.1 Access to emergency formula and nutritional support (May 2023)

Improvement project title: Access to emergency formula and nutritional support
Executive sponsor: Eleanor Sheppard, Chair of Children's Services Board
Project Lead: Emma Williams- Advanced Public Health Practitioner (NHS Grampian)
Aim Statement- 100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024.
Link to local outcome improvement plan- Stretch Outcome 4: 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026
Link to locality plans There are no community ideas from the locality plans aligned to this project.
Why is this important and issues with the current system- <p>In Aberdeen, Around a third (34%) of families with a child under the age of 1 experience relative poverty compared to just less than a quarter (24%) of children overall. As of January 2023 the Family Nurse Partnership had 68 mothers under 25 enrolled in Aberdeen City with 33% requiring additional support for essential goods and equipment. UNICEF identified throughout the pandemic and in this current cost of living crisis, families that were struggling financially were lasting their infants longer between feeds or diluting feeds. In Grampian a pathway was tested for health professionals to use so that there can be timely assistance with emergency formula and further support to maximise the family income. It is unfair to expect foodbanks to rely on donations to help families in urgent need and there is a risk that the formula that is available from donations is unsuitable, e.g. second stage or hungry baby formula.</p> <p>From the UNICEF guidance Supporting families with infants in food insecurity - Baby Friendly Initiative (unicef.org.uk), NHS Grampian and Aberdeen City local authority have a duty of care to safeguard children who are at risk of food insecurity. Baby formula is only one aspect, in a recent study, care and concern to feed nutritious food to their children were also commonplace but with the admission that it was difficult to buy what they wished because healthy food cost too much to buy. The impact of the cost of living crisis on the provision and affordability of food is more acute than the impact of the COVID-19 pandemic. The number of food emergency food parcels being issued continues to cause concern and has led to the establishment of community pantries and community growing gardens. There is a need to better understand and mitigate the impact of food insecurity on child nutrition to do what we can to address the likely and long term impact on child wellbeing.</p> <p>The current issues that arise across Aberdeen City is that health professionals & emergency food providers do not have the ability, via an official pathway, to deliver a cash first approach to assist with urgent first stage formula & then support family to maximise income and have access to nutritional support. Provision of first stage infant formula rather than cash, creates a number of issues and potential waste and does not comply with the UNICEF guidance. Data on current provision and demand is not available, however a data system is being established.</p>
Measures Outcome measure- <ul style="list-style-type: none">• % of urgent requests for first stage infant formula met (broken down by locality)• % of urgent requests for nutritional support for pre-school children met Process measures- <ul style="list-style-type: none">• Number of families being supported by the emergency pathway for first stage infant formula• Number of families referred to the SAFE Team at CFINE• £ income identified for families referred to SAFE Team• Number of families being referred for nutritional support

<ul style="list-style-type: none"> • % of relevant multi-agency staff reporting that they are aware of and confident to use the relevant pathways • Frequency of the referrals for emergency formula for the same families. • Feedback from health professionals and families that utilise and are supported by the pathway. <p>Balancing measure</p> <ul style="list-style-type: none"> • Increased breastfeeding due to extra conversations about infant feeding.
<p>Change ideas</p> <ul style="list-style-type: none"> • Adapt the “Pathways to Support” live document to include an infant feeding early years section where urgent first stage formula support, nutritional support and early years income maximisation can be added https://sway.office.com/DBYRe6fKzyDxsFGq?ref=Link • Establish a pathway where health professionals & emergency food providers can access a cash first approach for urgent first stage formula for the baby, nutritional support for the whole family and income maximisation support • Develop a reporting system that collates amount of referrals and repeat referrals for emergency first stage formula and nutritional support
<p>Location/test group</p> <p>Families with children under 1 year with first stage infant formula and families with children under 5 years for nutritional support. Test the pathway with priority neighbourhoods health professionals and CFINE initially with the potential to expand throughout other charity food providers.</p>
<p>Resources – changes can be delivered within current resources.</p> <p>Pathway for staff to use and keep for reference</p> <p>Pathways for support document</p> <p>SAFE Team leaflet</p>
<p>Potential barriers-</p> <p>Reluctance to engage with our staff for fear of escalation</p> <p>Staff time at appointments/staff time if family phone for urgent help</p> <p>Opening times of CFINE</p>
<p>Project Team</p> <p>Emma Williams- Advanced Public Health Practitioner (NHS Grampian)</p> <p>Fiona Murray- Public Health Researcher (NHS Grampian)</p> <p>Paul Tytler- Locality Inclusion Manager – Central (Aberdeen City Council)</p> <p>Fiona Rae- Chief Executive- CFINE</p> <p>Graeme Robbie- Senior Development Manager- CFINE</p> <p>Lisa Lawrie- Deputy Chief Nurse (Aberdeen HSCP)</p> <p>Nicola Dickie- Deputy Chief Nurse (Aberdeen HSCP)</p> <p>Sarah Boslem- Health Visitor/Team leader, South Pink Team</p> <p>Mhairi McFarlane- Family Nurse Supervisor (Grampian)</p> <p>Megan Bland- Senior Charge Midwife- Community Midwifery</p> <p>Versha Hurry- Social Security Scotland</p>
<p>Community/User representation/engagement</p> <p>Local research was undertaken last year; Midwives’, health visitors’, family nurse practitioners’ and women’s experiences of the NHS Grampian’s Financial Inclusion Pathway in practice: A qualitative investigation of early implementation and impact. Results of this study have informed the change ideas.</p>

The changes above will be tested with families and from the feedback received from families who are supported by the referral pathway the project will make any required adaptations before rolling the pathway out citywide. Families will co-design the “Pathways to Support” live document.

Community ideas for improvement status

There are no community ideas for improvement in the Locality Plans aligned to this project

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Create a project group Develop the charter 	May 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Develop an Aberdeen specific pathway Agree a standard operation procedure Design further changes to be tested Commence testing of changes 	May to December 2023
Implementation (Project Score 7-10)	<ul style="list-style-type: none"> Project end report Recommendations for permanent implementation of changes to sustain the gains 	February 2024
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report 	March 2024

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Project 4.2 Early Years Financial Inclusion Pathway Aberdeen City (May 2023)

Improvement project title: Early Years Financial Inclusion Pathway Aberdeen City
Executive sponsor- Eleanor Sheppard, Chair of Children's Services Board
Project Lead- Emma Williams, Advanced Public Health Practitioner (NHS Grampian)
Aim Statement: Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.
Link to local outcome improvement plan: Stretch Outcome 4: 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026
Link to locality plans: There are no community ideas for improvement in the 3 Locality Plans that are aligned to this project given timing, however the ideas aligned to LOIP 1.3 "Increase the uptake of unclaimed benefit across Aberdeen City by 2023" are also relevant to this project.
<p>Why is this important and issues with the current system:</p> <p>Nearly 13% of our children, young people across the city live in the most deprived data zones, with 21.8%, around 5500 children in the city identified as experiencing child poverty in 2021. Around 50% of households experiencing poverty have dependent children driving children and young people to be a key consideration as we work to combat poverty. As at the end of 2022, 152, families with children under 5 have completed a benefit check. Maximising income for families, where possible, is vital and supports the early years of children and to enable them to reach developmental milestones.</p> <p>The groups most likely to be impacted by poverty are:</p> <ul style="list-style-type: none"> • Lone parent households • Minority Ethnic Families are less likely to be employed with the rate of employment on average being 63% in • Families with a disabled adult or child • Families with a younger mother (under 25) <p>We also know that the levels of child poverty varies considerably from community to community, with the highest % in Tillydrone/Seaton/Old Aberdeen at 26.3%.</p> <p>Local research was undertaken last year with Midwives', health visitors', family nurse practitioners' to understand what was currently happening with families who require financial inclusion support, and identify any potential barriers with the referral process and suggestions for improvement. Staff identified the need for a feedback loop to know if the families they referred to the pathway have been supported. Some staff also identified that they did not have a pathway and used signposting instead. Income maximisation staff survey</p> <p>A recent local survey of Aberdeen City families identified that they would like simple and easy to understand information about benefits and income maximisation, their health visitor should be the main source for raising family awareness of potential benefits, among others. Family financial inclusion survey</p> <p>The main issue that the Early Years Income Maximisation Pathway is trying to resolve is to cease signposting to a service and the ability to refer direct into a service that can assist the family, with the least amount of barriers possible and for the staff referring into a service gain feedback that the family have been supported.</p> <p>There is a need to ensure that all staff that work with families of children under 5 have the confidence to have financial conversations with all families and must have the ability to refer direct, not just signpost, into a financial service that can assist the family to maximise their income and ensure that they are in receipt of all relevant benefits/payments. The families most at risk of children living in poverty can be supported by staff at each potential touchpoint that they may come into contact with by a referral system. It is important that all families in Aberdeen City are in receipt of the benefits/payments that they qualify to receive and be able to use them.</p>

<p>The aim supports the actions in the Locality Plans – North, South and Central - Community Planning Aberdeen; Aberdeen City Local Child Poverty Action Plan 2022 – 2026 and the NHS Grampian Child Poverty Action plan 2023-24.</p>
<p>Measures</p> <p>Outcome measure</p> <ul style="list-style-type: none"> • No. of parents with children under 5 completing a benefits check (reported by citywide and by locality/group) <p>Baseline data- 152 Financial Inclusion Team)</p> <p>Process Measures</p> <ul style="list-style-type: none"> • No. of families referred into either of the financial services (FIT or MTT) for support to complete benefit check (reported by citywide and by locality/group) • No. of families supported to complete benefit check • Total amount of money secured for families. • No. of families declining direct referral • Staff and family feedback. <p>Balancing measure</p> <ul style="list-style-type: none"> • No. families requiring urgent help with money worries.
<p>Change ideas</p> <ol style="list-style-type: none"> 1. Establish a new direct referral route with Health visitors/Family Nurses/Midwives to the Financial Inclusion Team 2. Establish new direct referral route with Allied HP, Childsmile, Breastfeeding Peer Support Volunteers, and Healthpoint staff into the Money Talk Team. 3. Develop and hold staff training sessions from the FIT/MTT & Social Security Scotland 4. Co-design and test new ways of promoting how to access support to families with children under 5 & pregnant women, such as social media promotion, via their health professionals and community groups. 5. Test a feedback loop from FIT/MMT and the staff that refer to the teams.
<p>Location/test group-</p> <p>Aberdeen City- Pregnant women & families with children under 5- initial testing in the priority neighbourhoods where we are testing a whole system approach for Maternal & Infant Nutrition (Sheddocksley, Summerhill & Mastrick)</p>
<p>Resources- changes can be developed within existing resources.</p> <p>Worrying About Money Leaflets</p> <p>Access to the referral forms for both FIT & MTT</p>
<p>Potential barriers-</p> <p>Families unwilling to discuss finances or to consenting to a referral for full benefit checks</p> <p>Overwhelming the financial teams with referrals</p> <p>NHS Grampian staff time during face to face engagements</p> <p>Stigma for families identifying the need for help</p>
<p>Project Team-</p> <p>Direct team members-</p> <p>Emma Williams- Advanced Public Health Practitioner (NHS Grampian)</p> <p>Fiona Murray- Public Health Researcher (NHS Grampian)</p> <p>Angela Kazmierczak Financial Inclusion Team Leader (Aberdeen City)</p> <p>Kristi Kelly- Bureau Manager CAB- Money Talk Team (Aberdeen City)</p> <p>Versha Hurry- Social Security Scotland</p> <p>Lisa Lawrie- Deputy Chief Nurse (Aberdeen HSCP)</p> <p>Nicola Dickie- Deputy Chief Nurse (Aberdeen HSCP)</p> <p>Mhairi McFarlane- Family Nurse Supervisor (Grampian)</p> <p>Lorraine Johnston- Interim Community Midwifery Team Manager</p>

Other satellite members

Breastfeeding Peer Support Volunteers (Aberdeen City)
 Pippa Robbie- Childsmile Coordinator (Aberdeen City)
 Allied health professionals (speech & language, dietetics, for example)
 Maternity Voices Partnership (Aberdeen City parents)
 Local mums within the City (Sheddocksley Peer Support Group)
 Families will be involved in the design and testing of the changes

Community/User representation/engagement

Survey was undertaken with health professionals and families with children under 5 years, feedback from which has developed the change ideas above. Summary below. Throughout the project engagement will be undertaken at key stages and families (from different localities) will be involved in the testing of the changes and from their feedback adaptations will be made, as required to ensure that it meets their needs. Families will co-design information to ensure it is provided in a user friendly manner.

Feedback from survey of health professionals

Half of the Health professional's responses in the City currently use the Financial Inclusion Team others sign post to various other financial teams.

Most respondents would like a feedback loop to know the family have been supported.

Respondents identify limited time with client & time completing the referral are an issue.

Gaining consent to refer was also an issue and they would like a leaflet to hand out to families if consent not given.

Feedback from survey of Aberdeen Families with children under 5 years

Responders have a mix of knowledge of the benefits and payments they may be entitled to and how to apply.

They asked us to be clear about what payments are available. Do not complicate it.

None of the responders were in receipt of Best Start Foods for us to explore any issues with using the card. Further exploration is required. One responder asked for us to review the language we use around finances and being aware of our attitudes and comments.

Face to Face feedback in Central Aberdeen

Three mums from a local breastfeeding group when asked about Best Start Foods card, reported anecdotally, that they had issues with using a PIN and receiving a PIN for the card. This led to lots of money building up on the card that could not be used. There was also stigma from shop staff around splitting payment from Best Start Card and their own card.

Community Ideas for Improvement Evaluation/Status

There are no community ideas for improvement in the 3 Locality Plans that are aligned to this project

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Create a project group Develop the charter 	May 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Develop two EYFIP pathways Engagement and co-design with families Agree a standard operation procedure Design further changes to be tested Commence testing of changes with families and staff Adapt changes on basis of feedback from testing 	May to December 2023
Implementation (Project Score 7-10)	<ul style="list-style-type: none"> Draft project end report Recommendations for permanent implementation of changes to sustain the gains 	March 2024
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report 	March 2024 onwards

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Improvement Project Charter

Improvement Project Title
Children leaving care mental health referrals
Executive Sponsor
Eleanor Shepherd, Chair of Children's Services Board
Project Lead
Name: Phil Mackie
Job Role & Organisation: Consultant in Public Health, NHS Grampian
Email Address: phil.mackie@nhs.scot
Aim statement
100% of children leaving care are referred to services that can meet assessed mental health needs within 4 weeks of the health assessment being completed by 2024.
Link to Local Outcome Improvement Plan
Stretch Outcome 5 90% of children and young people report they feel listened to all of the time by 2026
Link to Locality Plans
There are no community ideas in the Locality Plans linked to this project.
Why is it important and issues with the current system
<p><i>"Children and young people who grow up in care are up to four times more likely to suffer poor health 30 years later than those who grew up with their parents".</i> The impact of structural health inequalities as experienced by care leavers and those planning to leave care is pervasive and has a lifelong impact.</p> <p>In Aberdeen, the Youth Team provide Throughcare and Aftercare support to around 170 care experienced young people, with a total of 265 young people identified as being eligible for Aftercare Support within Aberdeen City in 2021/22. The majority of these young people are aged 16-26 years with the average age being 21 years and a majority allocated to the team are aged 21 years and over. At present no care leavers are offered a health assessment.</p> <p>For a significant number of these young people, their experiences of early neglect manifesting in some as developmental trauma presents across a range of physical, emotional and mental health conditions ; the prevalence of problematic use of substances is high amongst the group, including the use of alcohol and tobacco. The experience of premature death due to overdose is statistically higher at 5 times higher than the general population, with self- reporting of high levels of anxiety, social isolation, and low self esteem common from young people using local services. In keeping with our local experiences, The Care Leavers Association (CLA) report Caring for Better Health (2017) key findings from this report outline that a high number of care leavers experience low self-esteem, anxiety, depression, and isolation.</p> <p>The review of Throughcare and Aftercare services for care experienced young people in Aberdeen City (2021/2022) identified health inequality and access to equitable health provision as a key area for improvement for multi-agency partners. Aberdeen young people who participated in the review shared their experiences of the impact on their health of early disadvantage and the cumulative effect of complex trauma. There is a significant gap in attainment of equitable health outcomes and in the provision of health support for care leavers in Aberdeen, with examples of enduring physical and mental health difficulties; challenges in accessing existing systems; systems which don't allow the sharing of key information at significant times; intergenerational experiences of disadvantage which results in future higher level costs for treatment of individuals who have long term, chronic physical and mental health conditions.</p> <p>At present, there is no single point of contact within NHS Grampian who offers supportive, preventative and direct health intervention for this group of young people and there is no consistent mechanism of health assessment. As a result, although we know from national studies that high number of care leavers require mental health support, we do not know how many care leavers in Aberdeen require this, or have a referral</p>

<p>route for this support to be provided. Through project 6.2 under Stretch Outcome 6 the first part of this will be addressed by the co-development and introduction of a model health care assessment (identifying health gaps and needs) which will be offered to all children leaving care.</p> <p>Following the assessment, this project will implement a referral system for all care leavers with assessed mental health needs within 4 weeks of their assessment having been completed. The referral system will rely on the access to mental health support provided across the Partnership to ensure that demand can be met and that the service is matched to the needs of the young person.</p>
<p>Measures</p> <p>Outcome measures</p> <p>% of children leaving care with an assessed mental health need being referred to services within 4 weeks of the assessment being completed – Baseline 2022 – 0%</p> <p>% of children leaving care with an assessed mental health need being referred to services outwith 4 weeks of the assessment being completed</p> <p>Process measures</p> <p>% of CEYP engaging with and % declining mental health service support post referral</p> <p>No. of services accepting care leaver mental health referrals</p> <p>No. of Care leavers referred per service/tier</p> <p>% of care leavers wrongly referred to a specific service and requiring a higher tiered support service.</p> <p>Feedback from care leavers and mental health service staff</p> <p>% of children leaving care with an assessed mental health need reporting that they feel listened to all of the time.</p> <ul style="list-style-type: none"> Balancing measures No. of care leavers disengaging as a result of referral beyond 4 week. No. of care leavers accessing mental health services independently
<p>Change ideas</p> <ul style="list-style-type: none"> Co-develop and test a referral pathways for care leavers with assessed mental health needs to mental health services, building on existing models and approaches. Develop a workforce training matrix that can support early and preventative approaches to identifying mental health needs. Develop a tier system for referrals depending on the assessed needs of care experienced young people. To co-design with CEYP information on mental health service support available on basis of the pathway above
<p>Location/Test Group</p> <p>Care leavers allocated to the Youth Team and for those young people with planned transitions within local and external residential children's provision</p>
<p>Resources</p> <p>Health specialist post co-located within the youth team base at 116 Westburn Rd</p>
<p>Potential risks and/or barriers to success & actions to address these</p> <p>Time for the recruitment process to be completed for the health specialist post to be recruited to.</p>
<p>Project Team</p> <p>Care Experienced Young People</p> <p>Caroline Reid, NHSG,</p> <p>Name TBC, Barnardos, Penumbra and SamH -Third sector mental health providers</p> <p>Andrea McGill, ACC, CSW</p> <p>Stacey McDougall, ACC, Youth Team</p> <p>Amy Evans, Corporate Parenting Lead Officer, ACC</p> <p>Jo Aitken, CAMHS</p> <p>other partner organisations to be added</p>

Community/User Representation/Engagement A review of Throughcare and Aftercare services for care experienced young people in Aberdeen City (2021/2022) identified health inequality and access to equitable health provision as a key area for improvement for multi-agency partners. Aberdeen young people who participated in the review shared their experiences of the impact on their health of early disadvantage and the cumulative effect of complex trauma. The findings of the review have led to the development of the change ideas. CEYP will be involved in the co-design and testing of the changes detailed above and their feedback will inform adaptations as the changes are tested. Participation will be reported via the project updates.		
Community Ideas for Improvement Evaluation/Status There are no Community ideas for improvement aligned to this Project		
Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Review of Throughcare and Aftercare services for care experienced young people Project Team Established Establishing understanding of need and literature/strategy review Identification of changes informed by above 	20/21 April 2023 April 2023 April 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Co-Design with CEYP changes to be tested Recruitment of health care post Commence testing of changes 	May 2023
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> Project end report Recommendations for permanent implementation of changes to sustain the gains 	Oct 2024
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report 	Dec 2024

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6.2 Improvement Project Charter Health Assessments for Care Experienced Young People (May 2023)

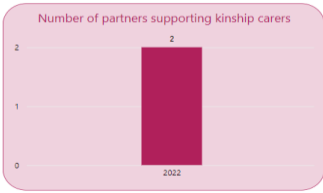
Improvement Project Title
Health Assessments for Care Experienced Young People
Executive Sponsor
Eleanor Shepherd, Chair of Children's Services Board
Project Lead
Name: Caroline Reid
Job Role & Organisation: NHSG
Email Address:
Aim statement
100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.
Link to Local Outcome Improvement Plan
Stretch Outcome 6 By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026
Link to Locality Plans
There are no community ideas in the Locality Plans linked to this project.
Why is it important and issues with the current system
<p><i>"Children and young people who grow up in care are up to four times more likely to suffer poor health 30 years later than those who grew up with their parents".</i> The impact of structural health inequalities as experienced by care leavers and those planning to leave care is pervasive and has a lifelong impact.</p> <p>In Aberdeen, the Youth Team provide Throughcare and Aftercare support to around 170 care experienced young people, with a total of 265 young people identified as being eligible for Aftercare Support within Aberdeen City in 2021/22. The majority of these young people are aged 16-26 years with the average age being 21 years and a majority allocated to the team are aged 21 years and over. At present no care leavers are offered a health assessment.</p> <p>For a significant number of these young people, their experiences of early neglect manifesting in some as developmental trauma presents across a range of physical, emotional and mental health conditions ; the prevalence of problematic use of substances is high amongst the group, including the use of alcohol and tobacco. The experience of premature death due to overdose is statistically higher at 5 times higher than the general population, with self- reporting of high levels of anxiety, social isolation, and low self esteem common from young people using local services. In keeping with our local experiences, The Care Leavers Association (CLA) report Caring for Better Health (2017) key findings from this report outline that a high number of care leavers experience low self-esteem, anxiety, depression, and isolation.</p> <p>There are 23 young people allocated to the Youth Team who are parents and at the time of writing, there are pregnancies where mother is under 18 years. Between the group there are over 30 children. The majority of these young people come to parenthood with family experiences of intergenerational disadvantage. Recent findings reported from the Assertive Outreach (overdose prevention) Social Worker within the Youth Team, indicated the following in 2022: 197 young people allocated across the Youth Team and living in local residential children's homes who were/have used substances; 47 had problematic use; 4 actively engaged with a substance use service: 55 experienced periods of problematic substance use. In addition, being placed in residential care is associated with higher levels of parental problematic substance use; 12 young people had experienced an overdose and 15 were considered at risk of having an overdose; 95 of the group were considered to be living in poverty.</p>

<p>At present, there is no single point of contact within NHS Grampian who offers supportive, preventative and direct health intervention for this group of young people. As a result there are examples of late identification and diagnosis of a range of life long conditions; challenges accessing correct health treatment pathways; partners not always clear of their Corporate Parenting responsibilities to the group, poorly developed preventative approaches.</p> <p>The review of Throughcare and Aftercare services for care experienced young people in Aberdeen City (2021/2022) identified health inequality and access to equitable health provision as a key area for improvement for multi-agency partners. Aberdeen young people who participated in the review shared their experiences of the impact on their health of early disadvantage and the cumulative effect of complex trauma. There is a significant gap in attainment of equitable health outcomes and in the provision of health support for care leavers in Aberdeen, with examples of enduring physical and mental health difficulties; challenges in accessing existing systems; systems which don't allow the sharing of key information at significant times; intergenerational experiences of disadvantage which results in future higher level costs for treatment of individuals who have long term, chronic physical and mental health conditions.</p> <p>There is a range of national research highlighting the enduring impact of poor health and future opportunities for young people with experience of care, with many experiencing life-long health conditions adding to disadvantage. The Independent Care Review, The Promise initial three year plan, Plan 21-24 clearly outlines the expectations on public services designing and delivering support to those who experience /require care. Local Authorities and Health Boards have been challenged to take active responsibility towards care <i>experienced children and young people, whatever their setting of care, so they have what they need to thrive and become increasingly able to demonstrate that approaches are, trauma informed and that organisations that have responsibilities towards care experienced children and families and those on the edge of care will be able to demonstrate that they are embedding trauma informed practice across their work and within their workforce.</i></p>
<p>Measures</p> <p>Outcome measures</p> <p>% of children and young people leaving care offered a health assessment – Baseline 2022 – 0%</p> <p>Process measures</p> <p>% of CEYP completing and % declining health care assessment</p> <p>% of CEYP completing the assessment with health care gaps identified</p> <p>% of CEYP with health care gaps identified referred for specific support within 4 weeks of assessment</p>
<p>Change ideas</p> <ul style="list-style-type: none"> To identify a post that is co-located within the Youth Team to be a point of contact for care leavers and care experienced young people (CEYP). To co-design with CEYP a health assessment model specific for care leavers in all settings. Establish referral pathways to specific support for health matters identified during the assessment. Co-develop training for staff in the partnership to increase awareness and confidence of the identifying the health needs of CEYP and to make the appropriate referral.
<p>Location/Test Group</p> <p>Care leavers allocated to the Youth Team and for young people with planned transitions from one local children's provision.</p>
<p>Resources</p> <p>Health specialist post co-located within the youth team base at 116 Westburn Rd, Aberdeen.</p>
<p>Potential risks and/or barriers to success & actions to address these</p> <p>Time for the recruitment process to be completed for the health specialist post to be recruited to.</p>
<p>Project Team</p> <p>Caroline Reid, NHSG, Andrea McGill, ACC, CSW Alison Williamson, Team Leader, Youth Service</p>

Amy Evans, Corporate Parenting Lead Officer, ACC Siobhan Cowie - CAMHS - Aberdeen TBC NHSG – Human Resources Care Experienced Young People Assertive Outreach (overdose prevention) Social Worker		
Community/User Representation/Engagement A review of Throughcare and Aftercare services for care experienced young people in Aberdeen City (2021/2022) identified health inequality and access to equitable health provision as a key area for improvement for multi-agency partners. Aberdeen young people who participated in the review shared their experiences of the impact on their health of early disadvantage and the cumulative effect of complex trauma. The findings of the review have led to the development of the change ideas. CEYP and leavers will be involved in the co-design and testing of the changes detailed above and their feedback will inform adaptations as the changes are tested. Participation will be reported via the project updates.		
Community Ideas for Improvement Evaluation/Status There are no Community ideas for improvement aligned to this Project		
Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Review of Throughcare and Aftercare services for care experienced young people Project Team Established Establishing understanding of need and literature/strategy review Identification of changes informed by above 	20/21 April 2023 April 2023 April 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Co-Design with CEYP changes to be tested Recruitment of health care post Commence testing of changes 	May 2023
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> Project end report Recommendations for permanent implementation of changes to sustain the gains 	Oct 2024
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report 	Dec 2024

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Improvement Project Charter 6.3 Kinship Partnership Support (May 2023)

Improvement Project Title	Kinship Partnership Support
Executive Sponsor	Eleanor Shepherd
Project Lead	<p>Name: Nicola Clark</p> <p>Job Role & Organisation: Kinship Team Manager, Aberdeen City Council</p> <p>Email Address: niclark@aberdeencity.gov.uk</p>
Aim statement	Increase by 100% the number of partners supporting kinship carers by 2023
Link to Local Outcome Improvement Plan	Stretch Outcome 6 By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026
Link to Locality Plans	There are no community ideas in the Locality Plans linked to this project.
Why this is important and issues with the current system?	<p>“Whatever the mode of arrangement, Scotland must ensure that children living in kinship care get the support they need to thrive. Kinship must be actively explored as a positive place for children to be cared for”. The Promise. The current Kinship Team sits within Integrated Children and Family Services, but with a growing recognition that the needs of our families are diverse and those best placed to meet those needs do not, necessarily, need to be social work centred. This charter focuses on meeting those needs by bolstering the partnership’s support offer to kinship carers. At present, there is a baseline of two partners who are supporting kinship carers.</p>  <p>In developing support for kinship carers, service provision needs to be available to all families who need it and so a multi-agency, cohesive and trauma informed approach is needed to best support our families. However, any development of service provision needs to hold kinship carers at the centre of any decision making for it to nurture meaningful change. There are currently 225 kinship families who are currently caring for Aberdeen Children, largely situated within Aberdeen City or Aberdeenshire. These families consist of 127 children/young people who are considered Looked After and 155 who have been closed to statutory social work.</p> <p>Our kinship families range from over 75’s to early 20’s they are great grandparents, siblings, aunts and uncles and connected persons. Some have children right from birth to adults and some may have had previous social work involvement and some none at all. The children and young people they care for have all experienced some form of loss and some may also have experienced trauma of varying degrees. All should expect to be loved and nurtured in a family network of carers who are also nurtured and cared for. In consideration of this our service provision cannot be a “one size fits all approach”, we need a diverse multi agency approach which matches the diverse nature of our carers. It is the aim of this project to:</p> <ul style="list-style-type: none"> • gather more in-depth knowledge about the needs of our carers. • increase our knowledge of the agencies available to support our kinship families and identify further support to build a directory. • to explore and develop a system to match partner agencies who can work with and for the needs of our kinship families. • to ensure communication with kinship families and partners is maximised.

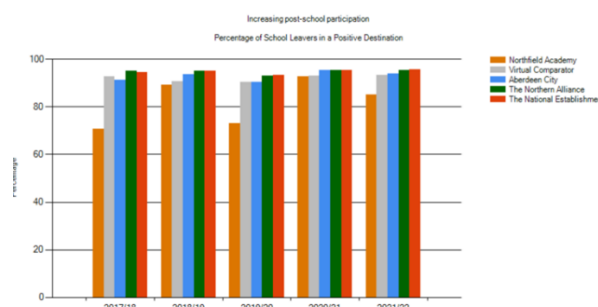
Measures Outcome measures No. of partners supporting Kinship Carers– Baseline - 2 Process measures <ul style="list-style-type: none"> • Number of kinship carers referred on to partners (Baseline 2) • Number of partners kinship carers referred on to (Baseline 2) • Number of partners consulted on support issues (Baseline 2) • Number of partners linked in with carers on ongoing basis (Baseline 2) • Number of partners and carers attending the information events • Number of carers receiving specific support (Baseline 83 – held by Kinship Team) 		
Change ideas – <ul style="list-style-type: none"> • Pilot an Information event to connect partners and carers. • Co-design a directory of the support avenues available for our kinship carers. • Develop engagement activity for the year to promote partnership working. • Co-develop a matching process with relevant partners to support kinship carers. 		
Location/Test Group All formal kinship carers supported by Aberdeen City Council’s Kinship Team		
Resources The changes within this charter can be met within existing resources, however will draw heavily on staff time and this needs to be a consideration in current case load.		
Potential risks and/or barriers to success & actions to address these. It would be recognised that there will be points within the project stages that will impact staff availability and time. It is hoped that once partners are identified that communication opportunities are created then this will create capacity within the existing Team.		
Project Team Isabel McDonnell, ACC, Service Manager Nicola Clark, ACC, Team Manager Grainne Gray Family Learning Team Leader Iona Mitchell, Children 1st, Assistant Director (This is a representative of the FitLike Hubs which is a group of multi-agency services such as Children 1 st , CAHMS, ADP and Education) Melanie MacGillvery, Kinship Carer and lead of Peer to Peer Support Group ACVO, The Promise Lead (As the aim of the Project is to increase partnership working it would be assumed that the Project Team membership will evolve during the course of the Charter to include relevant multi-agency representatives.)		
Community/User Representation/Engagement There will be a survey identifying need at the beginning of the Project and one at the end. All of the change ideas will be co-designed and tested with kinship carers. A lead of the Kinship Peer to Peer Support Group will be part of the Project Team to inform and connect with kinship throughout the project and to codesign and test the changes.		
Community Ideas for Improvement Evaluation/Status There are no Community ideas for improvement aligned to our Project		
Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project Team Established. • Survey establishing understanding of need. • Evaluation of survey responses 	March 2023 March 2023 March 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Identify potential partners based on evaluation of survey responses. 	March /April 2023

	<ul style="list-style-type: none"> • Initial reach out to potential partners. • Create & carry out Information Event. • Evaluate Information Event. • Create reporting information for Kinship Team to gather data. • Develop best method of communicating partnership information to carers. • Evaluate response from carers on communication. • Explore relevance to kinship support and how partnership working can be implemented. • Co-develop a matching process with relevant partners to support kinship carers. • Co-design a directory of the support avenues available for our kinship carers. 	<p>March/ April 2023 March 2023 March 2023 April 2023</p> <p>April /May 2023</p> <p>April/May 2023</p> <p>May 2023</p> <p>May – August 2023</p> <p>May – October 2023</p>
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Implement learning from event evaluation. • Arrange next Information Event. • Review partnership working. • Review engagement with kinship carers and partners to ensure maximum reach. • Implement learning from partnership working. 	<p>June 2023</p> <p>June – September 2023 April – October 2023</p> <p>May - October 2023</p>
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Subject to recommendations of end report 	<p>December 2023</p>

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7.2 Improvement Project Charter - Co-location and delivery model – Northfield Healthy Hub

<p>Improvement Project Title</p> <p>Co-location and delivery model – Northfield Healthy Hub (provisional – setting name to be decided following consultation with young people)</p>
<p>Executive Sponsor</p> <p>Eleanor Sheppard, Chair of Children’s Services Board</p>
<p>Project Lead</p> <p>Name: Allison Horne</p> <p>Job Role and Organisation: Interim Quality Improvement Manager, ACC</p> <p>Email Address: AHorne@abrdeencity.gov.uk</p>
<p>Aim statement</p> <p>Increase to 3 the delivery of co-located and delivered services by health and education by 2024.</p>
<p>Link to Local Outcome Improvement Plan</p> <p>Stretch Outcome 7: 95% of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026.</p> <p>This project aims to empower the community of Northfield to determine the services provided by The Healthy Hub (name tbc) linking directly to Stretch Outcome 16. <i>‘Increase no. of community ideas identified within locality plans being tested by CPA and partners where communities are involved in the design process to at least 50% by 2024’.</i></p>
<p>Link to Local Outcome Improvement Plan</p> <p>There are no community ideas from the Locality Plans aligned to this project.</p>
<p>Why this is it important</p> <p>National and local research would identify that those living in areas of deprivation have been most impacted by the pandemic and their wellbeing has been most adversely affected. At present we have 1 co-located and delivered service at Links ELC. From review of this targeted partnership integration and delivery, it is evident that we now need to build on this positive start and co-designing and delivering more integrated services with partners, children and young people and their families in the heart of their community will be critical to supporting children and young people regardless of their circumstances to achieve the same health and education outcomes as their peers. Feedback from families to date reinforces the value of agencies being co-located delivering integrated services and support.</p> <p><u>Northfield – Initial Test Area</u></p> <p>90% of young people at Northfield Academy are categorised as being in SIMD quintiles 1 and 2.</p> <p>Educational outcomes across Northfield are lower than their virtual comparator. In S4, 49% of learners achieve at least one SCQF Level 5 award compared to the city average of 80%. Only 13% of young people at Northfield achieve at least one Level 6 award in S5 compared to the 57% average across Aberdeen City.</p> <p>Positive destinations at Northfield currently sit at 85% compared to the city average of 94%.</p> <p>SHINE data confirms that only 59% of young people surveyed at Northfield Academy self-report positive health compared to 73% of secondary pupils across the city.</p> <p>The uptake of the HPV vaccine in S3 girls is 74% in Northfield, lower than the city overall figure of 80%. There is a high proportion of younger mums (14% first time mums under 19) and older people in the community. Life expectancy at birth for Northfield is 78.9 for females and 74.8 for males compared to 81 for females and 76.9 for males citywide.</p> <p>There is a need to look at how we can work with community planning partners to improve health and educational outcomes for young people and their families. Given above, the project will start testing changes at Northfield Academy and develop and test a co-location model to:</p>



<ul style="list-style-type: none"> • promote healthy lifestyle choices to support physical and mental wellbeing • help support young people through a (vocational) pathway (in hospitality or care for example) and into a positive and sustained destination.
<p>Measures</p> <p>Outcome measures</p> <p>Number of co-located and delivered services by health and education (baseline 1: 2022)</p> <p>Process measures</p> <ul style="list-style-type: none"> • Number of young people participating in the delivery of services in the Healthy Hub • Number of young people accessing services in the Healthy Hub • Number of partner/third sector/community groups participating in the delivery of services in the Healthy Hub • % of young people who begin to work towards a qualification as a result of their participation in the Healthy Hub (from August 2024) • % of young people self-reporting positive health (Northfield initially) (baseline 59%: aim 66%) • % of young people attaining at least one Level 6 award in S5 (Northfield initially) (baseline 13%: aim 25%) • % of young people who utilise a Healthy Hub pathway to secure a positive destination (Northfield initially, session 2024/25) (aim 75%)
<p>Change ideas</p> <ul style="list-style-type: none"> • Co-design with young people and partners a Healthy Hub model to be located within Northfield Academy that could then be spread to other areas • Work with young people to explore community data in order to help identify target groups and support required to be provided/available through the Healthy Hub and to produce modern child friendly communication plan to launch and to encourage young people to attend the Hub • Co-design a programme of support for the target groups, which is supported by professionals but delivered in part by young people at Northfield Academy who are working on a vocational qualification.
<p>Location/Test group</p> <p>Northfield; Groups will be identified in collaboration with NA learners</p>
<p>Resources</p> <p>Space identified in Northfield Academy to accommodate Hub which includes a kitchen area</p> <p>Catering equipment</p> <p>Literature and support materials re. health promotion</p>
<p>Potential risks and/or barriers to success and actions to address these</p> <ul style="list-style-type: none"> • Young people and their families may not engage with the Hub – young people and families to develop the supports and programme to ensure the services provided meet local need • There may be stigma of attending the hub – young people to be at the heart of designing Hub programme and services; communication to their peers and delivery of the programme • If demand exceeds capacity having to wait for support could see young people disengage – look for various partners to engage and support the delivery of services within the Hub
<p>Project Team</p> <p>Allison Horne (Project Manager), ACC</p> <p>Shona Milne, ACC</p> <p>Fiona Mitchellhill, ACHSCP</p> <p>Lisa Lawrie, ACHSCP</p> <p>Stuart Craig, ACC</p> <p>Doug Watt/ SLT representative, ACC</p> <p>Name TBC, Skills Development Scotland</p> <p>Name TBC, NESCOL</p> <p>Name TBC, Community Member(s)</p> <p>Young people</p>
<p>Community/User Representation/Engagement</p> <p>Consultation with young people on the name of the “Healthy Hub”</p> <p>Consultation with young people and families on the range of offer from health/education in the Healthy Hub.</p>

Outline Project Plan		
Project Stage	Actions	Timescale
Getting started (project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Development of project charter • Identification of suitable space at Northfield Academy • Consultation with young people on the name of the “Healthy Hub” • Young people to be engaged on the target groups and support to be available at the “Healthy Hub” 	April 2023 May 2023 May 2023 June 2023 June 2023
Designing and testing changes (Project Score 4-7)	<ul style="list-style-type: none"> • Design changes to be tested and look at who can support delivery of the programme for the groups • Identify and support young people to participate in the delivery of the programme • Identify how best to align to a qualification pathway for young people • Look at testing the co-delivery in another location 	August 2023 October 2023 April 2024 April 2024
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> • Project end report • Recommendations for permanent implementation of changes to sustain the gains 	June 2024 September 2024
Spreading changes (Project Score 9-10)	<ul style="list-style-type: none"> • Subject to recommendations of end report 	November 2024

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7.2 Breadth of Courses (May 2023)

Improvement Project Title																																								
Increase the breadth of courses available to young people in the Senior Phase (S5/S6) of ACC schools																																								
Executive Sponsor Eleanor Sheppard, Chair of Children’s Services Board																																								
Project Lead																																								
Mark Jones, Quality Improvement Manager, Education & Children Services																																								
majones@aberdeencity.gov.uk																																								
Aim Statement																																								
Increase by 10% the rate of completion of NPA/FA/HNC courses available to young people across the city by June 2024.																																								
Link to Local Outcome Improvement Plan																																								
95% of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026.																																								
Link to Locality Plans																																								
There are no community ideas from the Locality Plans aligned to this project.																																								
Why is this important and issues with the current system																																								
Attainment in National Qualifications (NQ) is and will continue to be a very important part of the way in which young people in Aberdeen City secondary schools demonstrate a culmination in their learning. However, NQs form just a part of the way in which young people can have their learning recognised through certification at school.																																								
National Progression Awards (NPA), Foundation Apprenticeships (FA) and Higher National Certificates (HNC) form some of the wider qualifications that are also recognised through SCQF. For example, secondary schools in Aberdeen City contributed towards 114 out of the total national picture of 4430 Level 6 NPA awards in session 2021-22. More widely, improving the number of completed NPA, FA and HNC awards at Levels 4 to 7 will allow young people in the local authority to better demonstrate a complete picture of their success and this will also allow our secondary schools to demonstrate an improved attainment picture against virtual comparator data.																																								
<div><div><div>Chart 1</div><div><p>The selected year is 2022</p><p>Improving attainment for all Average Total Tariff Points</p><p>Legend: Aberdeen City (Blue), Virtual Comparator (Green), The Northern Alliance (Orange), The National Establishment (Red)</p></div></div><div><div>Table 1</div><table><tr><th></th><th>Year</th><th>Lowest 20%</th><th>Middle 60%</th><th>Highest 20%</th><th>Number in Cohort</th></tr><tr><td>Aberdeen City</td><td>2022</td><td>211</td><td>985</td><td>1897</td><td>1525</td></tr><tr><td>Virtual Comparator</td><td>2022</td><td>225</td><td>1028</td><td>2046</td><td>15250</td></tr><tr><td>The Northern Alliance</td><td>2022</td><td>241</td><td>993</td><td>1944</td><td>8270</td></tr><tr><td>The National Establishment</td><td>2022</td><td>237</td><td>1022</td><td>2010</td><td>48348</td></tr></table></div><div><div>Table 2</div><table><tr><th colspan="2">2022</th></tr><tr><td>No of L6 NPA Awards in Scotland</td><td>4430</td></tr><tr><td>No of L6 NPA Awards in ACC</td><td>114</td></tr><tr><td>No of ACC L6 NPA Awards as a percentage of National</td><td>2.57%</td></tr><tr><td>Percentage cohort population – ACC versus National</td><td>3.17%</td></tr></table></div></div>		Year	Lowest 20%	Middle 60%	Highest 20%	Number in Cohort	Aberdeen City	2022	211	985	1897	1525	Virtual Comparator	2022	225	1028	2046	15250	The Northern Alliance	2022	241	993	1944	8270	The National Establishment	2022	237	1022	2010	48348	2022		No of L6 NPA Awards in Scotland	4430	No of L6 NPA Awards in ACC	114	No of ACC L6 NPA Awards as a percentage of National	2.57%	Percentage cohort population – ACC versus National	3.17%
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Measures																																								
Outcome Measures																																								
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Baseline data 2022 Total Tariff Points for S5/S6 as shown in Table 1 above – L20 211, M60 985, H20 1897.																																								
Process Measures																																								
<ul style="list-style-type: none">% of young people participating in ABZ Campus courses (as compared against City Campus in 2022-23).No. of NPA/FA/HNC courses available to young people																																								

<ul style="list-style-type: none"> • % increase of young people completing non SQA courses via SEEMiS during session 2023-24 (<i>note that this data will only be available upon release of INSIGHT data in September 2024</i>). • % of staff participating in professional learning events during 2023-24 in curriculum development • Participation and feedback from the voluntary open events offered to ABZ Campus young people. • Withdrawal rates for young people engaged on Foundation Apprenticeship courses delivered by partners. 																	
Change Ideas <ul style="list-style-type: none"> • Develop and introduce Phase 1 of ABZ Campus, increasing the number of collectively offered courses (including NPA, FA and HNC) compared to the City Campus offer in 2022-23 to young people in Aberdeen City. • Create a termly professional learning offer for staff in curriculum development to encourage a continuation in the broadening of pathway options for young people in Aberdeen City. • Develop and offer programme of support (informed by young people) (including induction) for young people taking ABZ Campus courses that will enhance their experience and reduce withdrawals. 																	
Location/Test Group <ul style="list-style-type: none"> • Young people in the Senior Phase in Aberdeen City secondary schools. 																	
Resources Changes can be developed/tested within existing resources.																	
Potential risks and/or barriers to success & actions to address these <ul style="list-style-type: none"> • Risk of a lack of uptake by young people in applying for ABZ Campus courses will be addressed by; working closely with school and delivery partners, providing quality publicity to support choice and creating a bespoke application portal with a smooth process and access to quality data. • Risk of a lack of commitment or buy-in from school staff will be addressed by seeking support and commitment from Secondary HT's and ensuring that a quality professional learning product is on offer. • Risk of not providing the support that young people want will be addressed by the creation of a focus group and regular opportunity to gather feedback from young people. 																	
Project Team Mark Jones (QIM), Dale McKinnon (Employability Lead), ABZ Campus Manager, Stuart Craig (QIO), Joanne Hesford (HT Oldmachar Academy), Matt Reid (ESO), Robert Laird (NESCOT), Parent Rep, Young Person Rep. <i>** Sitting underneath the Project Team will be engagement and collaboration with a range of delivery partners for specific courses ensuring project is multi-agency.</i>																	
Community/User Representation/Engagement Bi-annual feedback at a Parent Council Chairs meeting. Bi-annual focus group of young people. Young people will co-develop the programme of support																	
Community Ideas for Improvement Evaluation/Status There are no community ideas from the Locality Plans aligned to this project.																	
Outline Project Plan <table border="1"> <thead> <tr> <th>Project Stage</th><th>Actions</th><th>Timescale</th></tr> </thead> <tbody> <tr> <td>Getting Started (Project Score 1-3)</td><td> <ul style="list-style-type: none"> • Project team established • Development of Project Charter </td><td> April 2023 April 2023 </td></tr> <tr> <td>Designing and Testing Changes (Project Score 4-7)</td><td> <ul style="list-style-type: none"> • Design changes to be tested • Commence testing </td><td>April 2023</td></tr> <tr> <td>Implementation (Project Score 7-10)</td><td> <ul style="list-style-type: none"> • Project end report • Recommendations for permanent implementation of changes to sustain the gains </td><td>September 2024</td></tr> <tr> <td>Spreading Changes (Project Score 9-10)</td><td> <ul style="list-style-type: none"> • Subject to recommendations of end report </td><td>Post Sept 2024</td></tr> </tbody> </table>			Project Stage	Actions	Timescale	Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Project team established • Development of Project Charter 	April 2023 April 2023	Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Design changes to be tested • Commence testing 	April 2023	Implementation (Project Score 7-10)	<ul style="list-style-type: none"> • Project end report • Recommendations for permanent implementation of changes to sustain the gains 	September 2024	Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Subject to recommendations of end report 	Post Sept 2024
Project Stage	Actions	Timescale															
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Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Subject to recommendations of end report 	Post Sept 2024															

Improvement project charter 9.2 Care Experienced Young People Reported Missing (May 2023)

Improvement Project Title
Care experienced young people reported missing
Executive Sponsor
Eleanor Sheppard, Chair of Children's Services Board
Project Lead
Name: Lisa Kerr
Job Role & Organisation: Police Sergeant, Police Service of Scotland
Email Address: Lisa.Kerr@scotland.police.uk
Aim statement
Reduce by 15% the number of care experienced young people reported missing to Police Scotland by 2024.
Link to Local Outcome Improvement Plan
Stretch Outcome 8: 83.5% fewer young people (under 18) charged with an offence by 2026.
Link to Locality Plans
No community ideas identified for this project in the locality plans.
Why this is important and issues with the current system?
<p>A significant proportion of people who go missing each year are children, with Missing People (2022c) finding that children accounted for 60% of all missing episodes. Children face particular vulnerabilities when they are missing, including risks to their physical safety and psychological wellbeing, alcohol and substance use along with the risk of child sexual or criminal exploitation. Furthermore, children who go missing are often already experiencing harm or vulnerability, with these factors leading to them going missing in the first place. (CYCJ, 2023)</p> <p>Missing care experienced young people (CEYP) and the risks they are exposed to whilst missing are of significant concern to all professionals. The Police Scotland Aberdeen City Annual Report on Missing People showed 39 CEYP were reported missing in Aberdeen during 2022.</p> <p>It is noted that the risk factors for entering care are similar to those for children becoming involved in offending such as experiences of adversity, trauma, abuse and neglect (Moodie & Nolan, 2016). The second explanation focuses on the potential consequences of being in care that can increase the risk factors for involvement in offending and thus the likelihood of criminalisation, such as placement instability; responses to missing episodes and running away; peer group influences; loss of attachment to family and friends; and the increased likelihood of being criminalised for behaviour that, were they at home with parents or other carers, would be unlikely to result in police contact. (CYCJ, 2023)</p> <p>Whilst there are robust existing systems in place to respond when a young person is reported as missing, there is scope for other agencies (non local authority and police) to support young people in these circumstances, to ensure that the response and support is on basis of the individuals need. By working together, on a multiagency basis, to reduce the number of CEYP within Aberdeen going missing this should reduce CEYP accruing charges.</p>
Measures
Outcome measures
<ul style="list-style-type: none"> • Total number of CEYP missing Baseline 39 (2022)
Process measures
<ul style="list-style-type: none"> - Number of multi-agency workforce involved in the CEYP missing person pathway who have completed trauma informed training. - Number of CEYP reported missing from Children's Homes - Feedback from young people on why they went missing and their experience

<ul style="list-style-type: none"> - Number of CEYP missing on repeat occasions - Breakdown of reasons for going missing from the 'Return Home Welfare Discussions'. 		
Change ideas <ol style="list-style-type: none"> 1) Co-design with care experienced young people a training package for Police and other relevant agencies capturing the experience of CEYP and ways to engage/ approach a young person absent from a children's home. 2) Trauma informed training to be provided to all CYP Police Team and other relevant agencies to ensure a trauma informed approach is adopted when engaging with care experienced young people. 3) Create a new Referral Pathway to enable the most appropriate agency for each individual young person who has had a missing episode to be supported initially through a return home to welfare discussion to identify support required and provide an individualised response to their need 4) Co-design a resource (as determined by CEYP) describing their experiences to be shared with young people on entering care to reduce their fears. 		
Location/Test Group Group of CEYP who Police Risk Harm Reduction Officers carry out 'Return Home Welfare Discussions' with.		
Resources The change ideas can be developed and tested within existing resources.		
Potential risks and/or barriers to success & actions to address these It may be a challenge seeking the feedback from young people who have been missing. The working group will consider various ways to hear the voice of CEYP, with their permission, through the RHRO (Risk and Harm Reduction Officer).		
Project Team Lisa Kerr Police Scotland Inspector, PM Kim Wood, Police Scotland Sergeant, Duncan Barron, Police Scotland Missing Person Coordinator Julia Milne, WSA Coordinator Name TBC, Rep from Children's Home Name TBC, from CFSW Name TBC, Barnardos Care Experienced Young People will be involved in the co-design of the change ideas and informing the direction of the project throughout.		
Community/User Representation/Engagement Consult and survey CEYP now out with the care system who will provide insight to their experience to improvement agency support and response. Care Experienced Young People will be involved in the co-design of the change ideas and informing the direction of the project throughout. Changes will be adapted on the basis of the feedback, as appropriate.		
Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Data collection and analysis to ensure full understanding of same. 	April 2023
	<ul style="list-style-type: none"> • Develop project team • Consult and survey CEYP now out with the care system who will provide insight to their 	April/May 2023

	<p>experience to improve agency support and response.</p> <ul style="list-style-type: none"> Analyse Police 'Return Home Welfare Discussions' quarterly on a multiagency basis to identify risks and trends to inform preventative measures. Confirm definition of Care Experienced Young People in the context of the Charter. Draft and submit Charter. 	<p>April/May 2023</p> <p>April/May 2023</p>
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Co-Design with CEYP changed to be tested Develop pathway and information governance sharing arrangements. Commence testing of changes Ongoing review of change ideas and analysis of feedback from CEYP and Police 'Return Home Welfare Discussions' 	<p>June – Dec 2023</p>
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> Project end report Recommendations for permanent implementation of changes to sustain the gains. 	<p>March 2024</p>
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report. 	<p>March 2024</p>

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Improvement Project Charter 9.1 Young Carers (May 2023)

Improvement Project Title Young Carers
Executive Sponsor Eleanor Shepherd, Chair of Children's Services Board
Project Lead Name: Carole Chambers Job Role & Organisation: CSM – Barnardo's Email Address: carole.chambers@barnardos.org.uk
Aim statement Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025.
Link to Local Outcome Improvement Plan Stretch Outcome 9: 100% of our children with Additional Support Needs/disabilities will experience a positive destination
Link to Locality Plans There are no community ideas from the locality plans aligned to this aim.
Why this is important and issues with the current system? <p>Young carers are one of the biggest single groups of children in need. Estimates suggest that in a city the size of Aberdeen, there may be up to 2,000 children and young people aged between 5 to 18 years who undertake caring responsibilities. The caring role that young carers undertake place a significant demand on their lives that negatively impact on their social time, peer relationships, education, family relationships, age and stage experiences and emotional wellbeing. Furthermore, statistics in Scotland show that 80% of young carers feel that they miss out on childhood experiences, 48% young carers miss or cut short school days per year and 68% of young carers experience bullying in school (The Scottish Government, 2015).</p> <p>Research from Barnardo's and Children's Society shows that young carers are 1.5 times as likely to be from BAME communities, and twice as likely to not speak English as a first language. Therefore, it is vitally important to raise awareness for the most marginalised young carers from Black, Asian and Minority Ethnic groups.</p> <p>There is a lack of referrals of young carers of parents who use substances, and this is unsurprising because we know that these young carers are often hidden. Children and young people in families affected by substance use are very reluctant to inform others they are experiencing these circumstances. This is usually due to the stigma surrounding their parents' drug or alcohol misuse and the fear of social work involvement. This low number of referrals and lack of these young carers being identified is a concern because it is known that there are many children in Aberdeen City living in substance use families. One reason for professionals not seeking support from our service maybe due to their initial assessments being based on Child Protection and whether removal of the child is necessary. Consideration may not be given to explore other supports such as young carers service alongside statutory involvement.</p> <p>Our statistics also indicate there is a lack of referrals being received to support young carers caring for life limiting conditions and end of life care. The low number of referrals and lack of young carers being identified, again, does cause concern. Overall, in 2022, 135 children and young people accessing the Young Carers Service. This project aims to address the current barriers to young carers being identified and supported. Partnership working to increase and widen support opportunities and direct referral of young carers will be key to this project achieving its aim.</p>
Measures Outcome measures <ul style="list-style-type: none"> Number of registered young carers accessing support (broken down by group and locality) (Baseline Citywide 2022: 135) Process measures <ul style="list-style-type: none"> No. of young carers being referred (broken by locality/group) No of young people being referred by each setting/referral route e.g. education No. of young carers caring for parents with substance use accessing support No. of BAME young carers accessing support No. or professionals trained and reporting confidence in awareness of the referral process.

- No. of young carers declining offer of support
- No. of young carers engaging following follow up contact.
- No. of opportunities for young carers (broken down by young carers service and community)
- No. of volunteers/befrienders and community groups supporting young carers

Balancing measures

- No. of young carers not able to be supported

Change ideas

Increase the number of children identified as a Young Carer through targeted promotion as part of school admission/health registration processes etc.

1. Hold staff training sessions starting with education and then with other professionals likely to be in contact with young carers, with a focus on organisations in contact with/supporting the families of young carers from BAME, caring for parents who use substances and parents who have life limiting illnesses and/or are receiving end of life care, for example CAMHS/ADA/Charlies House/Roxburgh to raise awareness of Young Carer rights, the support available to them and explain the referral process to the Young Carer themselves.
2. Develop and test a direct referral route of young carers from CAMHS/ADA/Charlies House/Roxburgh House, Fit Like Hub to ensure that the young carer is identified and referred for support directly at the earliest opportunity.
3. Where a young carer declines, a referral does not wish to engage, develop a system to re-connect with the young person after a set period of time to further advise of the support available.
4. Co-design with young carers information to be provided at drop-in sessions, PSE classes and assemblies to speak directly to young people to raise their awareness for young carers to self-refer, but also for friends of young carers to support them to connect with the support available. For example, young carers to develop a video explain a young carer and the support available.

Ensure that the approach taken by the service continues to meet the individual needs of young carers.

5. Co-design with young carers and co-deliver with our communities/third and private sector further groups with a wider range of choice/opportunities that meet our young carers interests with the aim of further reduce the social isolation, increasing peer support and having a positive impact on the Young Carers mental health and wellbeing - whilst also reducing the impact of their caring responsibilities.
6. Develop a promotional campaign to raise awareness of the opportunity to volunteer/befriend young carers and support the ability to support increase in referrals.
7. Develop a directory of partnership/community-based groups/support (e.g. 1-1 sessions), to be promoted to young carers to increase the choice of support available to young carers.
8. Provide Health in Communities training to identified group of Young/ Adult carers to encourage their independent learning development and involvement with community decisions impacting them.

Location/Test Group

Young Carers – City Wide

Young carers from BAME and young carers supporting families who use substances and young carers of parents with life limiting conditions and/or receiving end of life care.

Resources

All changes can be delivered within existing resources. Increasing the no. volunteer/Befrienders and community/third sector/partner groups supporting young carers is key to ensuring service capacity for increasing referrals.

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

Organisation engagement – there has been a low take up previously for young carers service to provide training sessions – partnership working to increase with the aim organisational engagement will increase.

Funding/service capacity – increased numbers will result in increased need for staff within a limited budget/very small team. Volunteer/befriender recruitment campaign to be undertaken to ensure service capacity for increase in referrals – further external funding options to be explored. Directory of community groups that can support young carers will increase the no. of young carers that can be supported and increase opportunities.

Project Team

Carole Chambers, Barnardos (Project Lead)
 Niki Paterson (ACC – Education, Substance Education/Use in School link)
 Mhairi Shewan (ACC, Education, QIO)
 Alison Cameron from police Scotland
 Rachel Thompson, ACHSCP
 Steve McConnachie (ACC - CSW),
 Jaqui Hall. (Barnardos – Volunteer Co-ordinator)
 NHS/CAHMS/ADA/Maggie's House – awaiting response.
 Community Learning and Development – awaiting response.
 Fitlike Hub – awaiting response.
 ACVO – awaiting response.
 Young carers will be engaged in group sessions to support the design and testing of the changes above.

Community/User Representation/Engagement

Young carers are working with Nescot to develop a short film explaining the life of a young carer and the support they receive. This will be shared to local public and private sectors and used in the sessions to be provided as per above. Feedback from young carers will be sought at key points throughout the project and feedback through project updates. Young carers will be involved in the design and testing of all of the changes above.

Young carers provided feedback for Aberdeen City's Carers Strategy informing how they are supported to identify as a carer and are able to access information about the support they need, this has been used to identify the change ideas. The full report can be viewed [here](#).

Community Ideas for Improvement Evaluation/Status

There are no community ideas for improvement aligned to this project.

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Forming the improvement team. Gathering and analysing baseline data/young care engagement. Developing the project charter. 	April/May 23 April/May 23 April/May 23
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Design changes to be tested Commence testing 	June 23 June/July 2023
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	<ul style="list-style-type: none"> Project end report Recommendations for permanent implementation of changes to sustain the gains 	January 2025
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report 	From January 2025

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Improvement Project Charter 9.2 Neurodevelopmental Pathway (May 2023)

Improvement Project Title
Aberdeen City Council Neurodevelopmental Pathway
Executive Sponsor
Eleanor Sheppard, Chair of the Children's Services Board
Project Lead
Name: Wilma Paxton Doherty
Job Role & Organisation: Programme Manager CAMHS ACH&SCP
Email Address: wilma.paxtondoherty@nhs.scot
Aim statement
Increase by 20% the number of families of children with autism or awaiting diagnosis accessing support prior to diagnosis and reduce the interval between referral and diagnosis by 2024.
Link to Local Outcome Improvement Plan
Stretch Outcome 9: 100% of our children with Additional Support Needs/disabilities will experience a positive destination.
Link to Locality Plans
There are no ideas for improvement from the Locality Plans aligned to this project.
Why this is important and issues with the current system?
There is very limited support available for children and families with or awaiting diagnosis of autism and the waiting times between referral and diagnosis are significant (averaging 12 months). Outcomes for children deteriorate if they or their families do not receive timely and ongoing support through the child development stages. Nursery and schools struggle to support the children in relation to their individual needs, which has an impact on their ability to learn, build relationships and self-esteem. This has a knock on impact on their life outcomes over time and creates significant stress to families.
The changes will provide a whole system approach providing a comprehensive assessment at the earliest point to develop a better understanding of a child or young person's needs, including whether a child or young person meets the diagnostic criteria and ensure they and their family are supported from outset.
We are working to complete baseline data gathering and we have an evaluation plan in place.
Measures
Outcome measures
Number of families of children with autism or awaiting diagnosis accessing support prior to diagnosis (Baseline – being developed)
Time between referral and diagnosis. (Baseline – being developed)
Process measures
<ul style="list-style-type: none"> • % of children and families with autism accessing supports suitable to their needs (Aim 20%) • % of families with autism reporting that they had access to the support when they needed it • % of children and families with autism reporting that they know who the professionals are that can provide support, and what to expect of them. (Aim 20%) • % of staff reporting confidence in their skills and knowledge to support families on the pathway • No. of supports/settings available for children and families with autism. • Feedback from children, families and staff.
Balancing measures
<ul style="list-style-type: none"> • No. of children who experience other neurodevelopmental conditions experiencing increased delays in access to support, and an increase in time between referral and diagnosis whilst waiting for diagnosis as a result of prioritising autism

<ul style="list-style-type: none"> No. of children who experience other neurodevelopmental conditions experiencing decrease in delays in access to support, and in time between referral and diagnosis whilst waiting for diagnosis as a result of prioritising autism
<p>Change ideas</p> <ul style="list-style-type: none"> To develop and test a whole system Neurodevelopmental Pathway model (referral, assessment, formulation, diagnosis and post diagnosis planning and support) aimed at increasing the number of families of children with autism or awaiting diagnosis accessing support prior to diagnosis. To create a pathway referral as part of the model to align to existing community resources to provide more support to children and families in the community. <p>To support the new model above we will also develop and test the following:</p> <ul style="list-style-type: none"> To create a multi-agency Working Group to plan, facilitate and enable change and improvement within the agencies involved. To create a cross sectional Discovery Team within the settings to plan, facilitate and enable change and improvement within the schools. To 'install' a multi-disciplinary team attached to the setting to enable us to improve our referral, assessment, formulation, diagnosis and post diagnosis planning and support. To develop a safe space for staff reflection and support to facilitate ongoing learning and job satisfaction.
<p>Location/Test Group</p> <p>Test setting – Woodside nursery, primary and St Machar's Academy and upstream to pre nursery via HV colleagues who support the Woodside Practice</p>
<p>Resources</p> <p>The project is funded by the Scottish Government as part of the ND pathway test of change. We have applied for funding for the MDT element of the test of change from NHS G.</p>
<p>Potential risks and/or barriers to success & actions to address these</p> <ul style="list-style-type: none"> Not getting funding for the MDT element of the design – continuing to seek funding from various sources The risks to getting access to the data we need, working to have a DPIA in place Non engagement of families – working with parents as part of the Working Group and Discovery group within the school. Communication strategy and open day with parents. Parents survey to encourage by in. Engagement of St Machar, interim head teacher in place until recently. We are building relationships with other key staff
<p>Project Team</p> <p>Wilma Paxton Doherty, Programme Manager, NHSG Ruth Sim, Stakeholder and Engagement Manager, NHSG Seona Major, Project Officer, NHSG Annjanette Hazelhurst St Machar Academy QIO Mhairi Shewan, QIO Alexandra Polanska, Autism Outreach Marion McLaughlin, Autism Understanding Jo Aitken, Fit Like Hubs Sonja Lowat, Headteacher Woodside Primary Ai Lin Lee, Consultant Paediatrician, Community Child Health Lynn Buntin Clinical Psychologist, CAMHS Carol Gilmour, Consultant Psychiatrist, CAMHS Deirdre Mitchell, Health Visitor, ACHSCP, Mandy ASN parents group (parent with an autistic child) Sorella Lobo, Social Work Lisa Adams, Nursery Nurse</p>

Maggie Scott, School Nurse Fiona Miele, Family Nurse Partnership Reyna Stewart, ACC, Data and Insights Range of partners and Learned experience parents are also members of the Working Group and Discovery Group and a member of the Project Team is on each.		
Community/User Representation/Engagement Learned experience parents on Working Group and Discovery Group, ASN parent group at the school, members of staff at the school and on working group who are autistic. This is the starting place – much greater user involvement planned. Engagement with parents on the groups has supported the identification of the change ideas and will be involved throughout in the testing and adaptations. As above, met with ASN parents group, engaging with parents at the open day to try and secure their involvement. Encourage involvement through the parents survey. Engaged with the whole school team in a workshop on a recent INSET day. Data gathered to establish the children's cohort within Woodside. Meeting the staff from St Machar to establish the process to engage parents and children there. We will engage children and families through the setting (using a relational approach) to help us learn what they need and allow us to support them. We will engage with staff using a relational approach to help us learn what additional support and skills they need to be able to work with children more effectively within the setting.		
Community Ideas for Improvement Evaluation/Status There are no community ideas for improvement aligned to this project.		
Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Steering Group in place Working group in place Discovery Team (Improvement team) in place. This includes staff from outside school support processes for parents and children Baseline data gathering in progress – understanding the current system Workshop with staff completed – connecting with the workforce Met with ASN parents group – involving the community in the design and process Met with HV colleagues Woodside Practice to engage them and help them understand their system to enable them to be included in the project Project charter developed Open day with school parents planned 	September 22 October 22 March 23 Ongoing 2/5/23 4/5/23 March 23 April 23 4/5/23 9/5/23
Designing and Testing Changes (Project Score 4-7)	Most change ideas have initial design and baseline data in progress e.g. <ul style="list-style-type: none"> Identifying and planning the training for staff Planning the workforce plan for the school with the head teacher to enable the school staff to have 	November 22 ongoing to March 24

	<p>programmes time to be able to participate in training and modelling and the reflection and support change idea</p> <ul style="list-style-type: none"> • Draft process map in place for the referral and diagnosis process for the MDT • Measurement plan in place 	
<p>Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)</p>	<ul style="list-style-type: none"> • Continuous engagement with the workforce through reflection in action and survey tools to understand what is creating improvement and what is needed to sustain change and improvement • Continuous engagement with parents through reflection in action and survey tools to understand what is creating improvement and what is needed to sustain change and improvement • Follow up data gathering on the family cohort to understand what impact the change is having on the child; is it creating improvement to the experience and home and school? 	<p>June 23 – to March 24</p>
<p>Spreading Changes (Project Score 9-10)</p>	<ul style="list-style-type: none"> • Repeat the process with other primary schools and nurseries that feed St Machar Academy • Understand demand and the capacity required by the MDT to support this • Ensure the support of NHS G and IGB's to support the redesign of clinical services to respond • Ensure the support of ACC education to support the workforce development programme and environmental changes required in school and bursary setting 	<p>Dec 23 to March 24</p>



Community Planning Aberdeen

Progress Report	Project End Report:3.4 Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.
Lead Officer	Duncan Abernethy
Report Author	Duncan Abernethy
Date of Report	3 May 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim to Increase the number of Modern and Graduate Apprenticeships by 5% by 2022 and seeks approval to close the project.

Summary of Key Information

1 BACKGROUND

1.1 1 The Apprenticeship Family in Scotland offers three different qualifications:

- Foundation Apprenticeships – For pupils in S4, S5 and S6. They choose this qualification as part of their subject choices and get the chance to work with employers.
- Modern Apprenticeships - For anyone who is 16 or above. A modern apprentice is employed and works towards a college and/or work-based qualification with a college or learning provider.
- Graduate Apprenticeships – For anyone who is 16 or above. A graduate apprentice is employed and works full time while gaining an Honours or Masters degree.

1.2 This project focused on Modern and Graduate apprentices only, as they are specifically for candidates in employment.

1.3 Modern and Graduate Apprenticeships combine academic and vocational qualifications with on-the-job experience. This allows apprentices to work, learn and earn at the same time while being supported by their employer and a training provider. This immediately removes some of the barriers to learning that individuals face in their lives.

1.4 There are over 80 Modern Apprenticeship frameworks (from healthcare and financial services to construction and IT) and 11 Graduate Apprenticeship frameworks (from Accounting and Business Management to Engineering and Data Science). These have been developed by sector skills councils, in consultation with industry.

- 1.5 Apprentices (both Modern and Graduate) build valuable work experience while gaining an accredited qualification which is recognised by industry.
- 1.6 Modern Apprenticeships provide an alternative route into the world of work, equipping people and employers with the skills they need to succeed. Significant effort has gone into ensuring that Modern and Graduate Apprenticeships are accessible to all candidates regardless of their individual characteristics. Training providers are monitored in terms of their equality performance and this helps to ensure a secure future for all candidates.
- 1.7 Baseline data indicated that there are 815 Modern Apprentices in Aberdeen City who started their journey in 2019/20. An increase of 9% on 2018/19. In the same period, there are 56 Graduate Apprentice starts in the city. Graduate Apprenticeships are a less mature development route but are nevertheless showing excellent outcomes.
- 1.8 Covid undoubtedly impacted the region dramatically with tidal wave of job losses initially predicted to be more than four times that of Edinburgh and six times more than Glasgow when coupled with a stubbornly low oil price and an energy sector in transition. The region has induced more pain than other areas in the country. Nevertheless, this economic interruption may also present a longer term opportunity to 'bounce back better' with a renewed focus on healthcare and green energy. This project along with others established through Aberdeen Prospers, aims to support a recovery with these areas at its heart.

2 IMPROVEMENT PROJECT AIM

- 2.1 Against this background, in October 2021, the CPA Board approved the [project charter](#) for the initiation of an improvement project which aimed to increase the number of Modern and Graduate Apprenticeships by 5% by 2022.
- 2.2 The benefits of Modern Apprenticeships are well known and well established. Graduate Apprenticeships are a less mature product but one which offers similar benefits and provides a new development route for in-work candidates and job seekers. Benefits include:
 - 92% of MAs stay in work once they're qualified (for at least 6 months).
 - Modern Apprenticeships offer the opportunity to enhance Scotland's work-based learning system and reduce youth unemployment.
 - Employers who've taken on MAs are positive about the experience: 96% say those who've completed a Modern Apprenticeship are more able to do their job. They also praised MAs for improving productivity, staff morale, and service and product quality.
 - Modern Apprentices are also enthusiastic about their achievements – 96% would recommend an MA to other people. MAs also report higher levels of satisfaction, happiness and feeling their life is worthwhile compared to the general population.
 - An apprentice completing a level 3 MA generates an additional return of £4.10 - £5.50 for every pound of public investment.

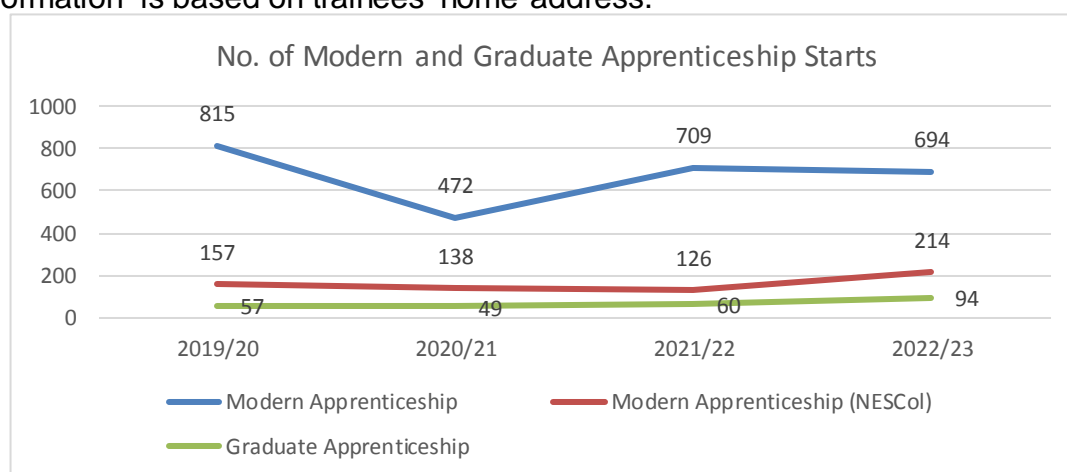
3 WHAT CHANGES DID WE MAKE?

3.1 The multi-agency project team reviewed the current systems locally, including feedback from employers and apprentices, from which the following change ideas were identified and tested. Changes had to be adapted at times throughout the project, given covid and resources available.

1. Develop and host promotional events for employer sand potential apprentices with a view to:
 - a. Introducing networking opportunities between MA Training Providers and GA Training providers to enable cross selling and onward progression for candidates.
 - b. Develop and hold a promotional campaign/programme with schools to promote modern and graduate apprenticeships as an equally attractive development route to academic attainment.
 - c. Hold focus groups in St Machar Academy as a pilot venue to better understand the knowledge of young people relating to this career path to establish whether better information would have a beneficial impact.
2. Introducing incentives. Through *the Apprentice Employer Grant* employers were offered £5k on recruitment of a new Modern Apprentice (i.e. displacement was not allowed). This yielded surprisingly strong results for NESCol in a very challenging economic environment.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

4.1 The project has achieved the aim to increase Graduate Apprenticeships by 5% increase with a 68% increase. As a region, there has been a 15% decrease in MA starts between the baseline year and 2022/23. However within NESCol (where the improvement projects have been trialled) NESCol data demonstrates that the interventions in this period has resulted in a 36% increase from 157 in 2019/20 to 214 in 2022/23. It should be noted that NESCol figures are across both City and Shire and segmenting will prove difficult. Information is based on trainees' home address.



- 4.2 The above data shows a buoyant market at baseline position followed by a massive downturn caused by the covid pandemic. 2021/22 shows the post covid bounce, driven by engineering, but seen across all industry areas which have struggled to recruit the volume of resources required.

Incentives Scheme and develop and host promotional events for employers and potential apprentices.

- 4.3 The Apprentice Employer Grant Scheme introduced to encourage Modern Apprenticeship recruitment to support economic recovery following the Covid pandemic, offered employers £5k for recruitment of new MAs. Despite only a short window of opportunity and in an economic climate still handicapped by lockdown, 55 new Modern Apprenticeship places were secured.
- 4.4 Focus groups were held at St Machar Academy with two groups of pupils. One group entering S4 and another entering S5/S6. There were approximately 6 in each group and while this cannot be considered a representative sample, the results were particularly interesting. We found that pupils who are looking to leave school to progress a Modern Apprenticeship qualification (considered to be less academically ambitious), appear to be less well informed about their opportunities and how those opportunities are identified, funded and secured. For Foundation and Graduate Apprenticeships (noting that Foundation Apprenticeships are outwith the scope of this project), although the qualifications are less-well established, those candidates interested in pursuing these opportunities, tended to be those staying on for their senior phase and with greater focus and knowledge of their career options.
- 4.5 There was also an understanding that Foundation Apprenticeships could be used to strengthen university applications either as qualifications in their own right, or as important opportunities for relevant work experience. Level 4 apprenticeships lend themselves more to progression opportunities for Modern Apprenticeships, although the project was unable to test the effectiveness of this. We will continue with this activity beyond this project.
- 4.6 The implications of this are that greater energy needs to be put into the early years of secondary education to inform prospective apprentices about Modern Apprenticeship opportunities. This feedback informed the development of a promotional campaign, however to further achieve it is recognised that we need to encourage greater employer participation in the early secondary school years and develop opportunities for engagement and inspiration for young people who are more likely to follow a vocational education route.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 The changes above have been embedded as business as usual and we will look to roll out those measures proving successful across Aberdeen City (and beyond) and share findings with partners.
- 5.2 As above, in response to the feedback from young people, we will continue to work with schools and other stakeholders (specifically DYW Coordinators) to draw attention to Modern Apprenticeship opportunities at S2 and S3 age groups, so that those minded to leave school to pursue apprenticeship

opportunities, better understand how to follow those career paths. We will seek to do this alongside employers who are trusted partners in our apprenticeship delivery.

- 5.3 It should be noted that current budget constraints across apprenticeship provision – both via SDS and SFC may have an impact on sustainability. This is highlighted in the risk section below.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 MA and GA data is provided by Skills Development Scotland on a quarterly basis and is readily available at key stages throughout the year and standing reports can be generated to provide this information.
- 6.2 It is noted that GA information is not produced on a geographic basis by SDS in the same way that MA data is and so discussion is required to ensure consistency of monitoring if this offers long term benefit.
- 6.3 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Aberdeen Prospers Group, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 The project has evidenced how incentives have a direct impact on apprenticeship numbers and it follows that restrictions to funding will have the opposite effect. This approach could be used by other projects and in other settings, however noting the potential risks in terms of time limited funding streams.
- 7.2 Information events at St Machar Academy will be rolled out in other schools as business as usual. Similarly, NESCol will continue to take advantage of employer events to promote Modern Apprenticeships as exciting and hugely beneficial opportunities for young people.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that growth of over 5% in both Modern and Graduate Apprenticeship numbers has been achieved;
- ii) Note that achievement of the aims has been dependent on funding allocations from the Scottish Government and sustaining the achievement would be dependent on this; and
- iii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored.

Opportunities and Risks	
i)	The main opportunity and risk from this project are from the economic environment that the region finds itself in and on any associated Scottish Government support. Where the economic climate is buoyant (as at present), Training Providers need to manage expectations when promoting funded places. However where the economy begins to downturn, there will be a need to increase MA promotion and potentially to lobby for incentives for employers to recruit. There is no need for incentivisation at the time of writing.
ii)	Scottish Government funding for MAs and GAs has a direct impact on recruitment. Any reduction in funding presents an immediate risk to delivery. Employers who have traditionally relied on SDS financial support for apprenticeships may be disappointed and dissuaded from future recruitment.
iii)	There is an important opportunity for school guidance staff, DYW Coordinators, Training Providers and Employers to promote the benefits of the Apprenticeship Family and to collaborate in sharing inspiring examples of apprentice journeys. SDS provides high quality information and marketing materials for general use and these need to be shared more widely.
Consultation	
Aberdeen Prospers CPA Management Group	
Background Papers	
The following papers were used in the preparation of this report. Charter 3.4	

Contact details:

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Community Planning Aberdeen

Progress Report	Project End Report 3.5: 80% of young people will successfully complete their Modern Apprenticeship programme by 2022
Lead Officer	Allison Carrington
Report Author	Ian Runcie, North East Scotland College
Date of Report	3 May 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 3.5 that sought for 80% of young people will successfully complete their Modern Apprenticeship programme by 2022 and seeks approval to close the project.

Summary of Key Information

1 BACKGROUND

- 1.1 The baseline data for this project was taken from 2018-19, pre-COVID-19, 68.4%, which represents the success rate of all NESCol Modern Apprenticeships. The project aim was to increase the baseline success to 80%.
- 1.2 This project piloted tests of change with Hairdressing Modern Apprentices at NESCol, with a view to incorporating successful changes in other frameworks. Hairdressing was chosen as a framework which traditionally performs more poorly with regards to completion rates than other courses. There is a higher level of early withdrawal (for reasons such as complexity of course, change of employer, change of career, financial difficulties associated with low-income employment). In terms of success rates, AY2020-21 figures indicate an average completion success rate of 60.8% in hairdressing. The only industry group with a lower success rate is Automotive with 60.3%.

2 IMPROVEMENT PROJECT AIM

- 2.1 Against this background, on 21 April 2022, the CPA Board approved the [project charter](#) for the initiation of an improvement project which aimed to ensure that 80% of young people will successfully achieve their Modern Apprenticeship programme by 2022.

- 2.2 As a test of change, this project considered low successful completions focussing on MA Hairdressing apprenticeships over the past few years.

3 WHAT CHANGES DID WE MAKE?

- 3.1 A project group was formed comprising curriculum staff, an SDS representative, a DYWNE representative, and through a work-based assessor, candidates and employers. The project tested the following:

1. Initially, the project focused on financial incentives for MA Hairdressing students. The cost of kit and supplies was identified as a barrier to achievement. It was agreed to test:
2. Developing a mechanism to refund the cost of kits on completion of milestones, or the course in its entirety, and providing access to industry discounts for MA students through suppliers. Suppliers provided input to the project group through the College's External Engagement Co-ordinator (Hairdressing). This also led to discounts on supplies, for MA students, being negotiated and put in place.
3. Aberdeen City Council and SDS provided information on public funding streams for trainees and employers. This was incorporated into promotional materials for prospective MAs and employers – to ensure that they were aware of the commitment to the hairdressing course content, funding streams and the wider MA programme.
4. Promotion of MA as a route to pupils at Northfield Academy and St Machar Academy.
5. Event for Employers - It was identified that there were very low numbers of hairdressing apprentices despite there being over 100 salons in the City (of varying sizes). Many employers do not provide or require formal training, choosing to do in-house uncertified training. In order to boost the uptake of apprenticeships, an open evening to promote MA Hairdressing, incorporating a skills development session, for employers was held at the NESCol City campus. This was targeted at employers and potential MA students.
6. Review of Core Skills - It became apparent from discussion with assessors, candidates and employers, that the SVQ (practical) units were not an issue for completion. Core Skills, which are delivered discretely, caused a major concern and led to non-completion of the MA. Work is being undertaken to review the delivery of core skills. Therefore, the importance of core skills development (and the impact of this on the award of the MA qualification) is now highlighted (i) in the contract and signed by the employer and trainee; and (ii) in the employer and trainee induction pack so that it was no longer seen as a bolt-on to the qualification.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 The project has not met the target of 80%, and in fact looking at the figures for AY2022-23, there has been significant decrease in MA success, across the board, despite the changes made. In AY2018-19 (baseline), the overall success rate for Modern Apprenticeships delivered by the College was of 68.4%. MA achievement over time is shown, by framework on the table below. This is believed to be COVID-related – assessment mitigations and furlough of employment which affected completion.

Modern Apprenticeship Success Rates 2018-2023*					
	Academic Year				
	2018-19	2019-20	2020-21	2021-22	2022-23
	%	%	%	%	%
Hairdressing	75	71.4	20	76.47	50
Automotive	100	56.3	40	73.68	42.9
Business and Admin	66.7	91.7	91.7	72.73	71.4
Management	0	0	100	100	0
Care	0	50	100	62.5	63
Engineering	98.2	84.8	80	63.89	62.2
Logistics	100	92.3	83	88.89	100
Total percentages	68.4	79.9	78.6	68.42	57.1

- 4.2 Data overall has shown a significant decline in the success rate of modern apprenticeships from baseline to year AY2022-3. Where we had a significant increase during AY2019-20, this was followed by consecutive reductions in the next three years. The reduction in success in AY2021-22 is likely to relate to COVID-19 mitigations and furlough, and this relates particularly to hairdressing where many businesses had to close. There was a significant drop in overall success for automotive and management. There is a low uptake for management, which no candidates registered in AY2022-23. The reduction in success in Automotive is believed to be COVID-related, for the reasons noted in 4.1 above.
- 4.3 The significant decline in success in hairdressing apprenticeships in AY2022-23 is mainly due to several candidates leaving the course before completion. Although this does happen on occasion, AY2022-23 has seen more withdrawals from the course than would have been expected, resulting in the much lower success rate, and despite the aims of this project. The reasons for withdrawal could be attributed to impacts of COVID (mental health, security of employment, cost of living crisis). It has to be noted that this trend has not only affected hairdressing, with decline throughout most of the apprenticeships and all due to candidates leaving early and not completing. While the College contacts students who are withdrawing, structured exit interviews (similar to full-time students) will be put in place, moving forward, to gather reasons for leaving.

- 4.4 From contact with withdrawing students, the after-effects of COVID-19 has left a significant number of young potential apprentices not completing College courses or a skilled career path. It may take a number of years for this to align with pre-COVID success rates.
- 4.5 In terms of the changes tested, an event for employers was held on 2 November 2022, to promote the MA Hairdressing and provide information on funding (including the Employer Recruitment Incentive). An industry demonstration/event was also incorporated to add value and encourage attendance. At this event, there were 6 employers, 5 trainees and one industry representative present. This is relevant to Charter 3.4 (to increase the number of Modern and Graduate Apprenticeships by 5% by 2022) and has been shared with the project manager. Feedback from employers was positive with many stating that they would like to employ apprentices if it was viable for their business. Apprentice time spent at college training was mentioned as a barrier.
- 4.6 As well as the event, MAs (including hairdressing) have been promoted through DYW in secondary schools, with the view that increasing the number of students commencing an MA which will support higher completion rates. Higher numbers of starters, with a good induction, should increase the number completions.
- 4.7 The low number of hairdressing learners (6 in Aberdeen City), on this programme, made it difficult to establish the impact of any change.
- 4.8 Recognising the impact of the cost of living, incentives information and information relating to the support available for students encountering hardship has been added to the induction material and promoted on an ongoing basis throughout the academic year. This has led to a small increase in students seeking support. In terms of incentives, the College worked with suppliers of hairdressing kits and consumables to develop discounts for those undertaking an MA programme. This saw a positive outcome with a discount on the kit negotiated through Salon Services, Wella and Ellisons, for trainees who have joined the MA programme at NESCol. The kit was valued at £265 (with discount). The arrangement in place is that Apprentices will purchase the kit and be refunded the cost at key milestones of their course.
- 4.9 In response to feedback from students and employers at the event, the information pack for employers and students has been updated, along with the induction material to ensure both parties have the required information and access to support to enable students to successfully continue and complete their course regardless of their circumstances. This has been received positively to date and the College is confident that achievement rates can be improved in the next academic year. The impact of change, in relation to Hairdressing, will not be available until the current cohort completes in June 2024. There was a slight increase in hairdressing success during AY2021-22, but a reduction in funded places impacted on opportunities in AY2022-23. This appears set to continue throughout AY2023-24.

- 4.10 Although the tests of change have failed to show any positive effect in terms of data, the tests of change and lessons learned were shared with curriculum staff at NESCol, including the Curriculum Managers Forum to share practice. It was noted that funding restrictions, would not allow incentives to be paid to trainees in most other sectors. However, these tests of change and lessons learned will be considered in future planning of programmes and embedded, where appropriate, in induction and learning materials.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 Induction materials have been enhanced, for employers and trainees, which integrate core skills, and early delivery of core skills, and this will be applied to other frameworks (e.g. Automotive and Hospitality) and will be reviewed annually to ensure currency and effectiveness.
- 5.2 The other changes (incentives and employer events to promote MAs) have been embedded as business as usual where applicable to the Framework.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 These improvements will be monitored by the College's curriculum team and SDS Administrator, and data will be provided as soon as possible.
- 6.2 Should it be agreed that the project is ended, the data recorded will continue to be monitored and reported to Aberdeen Prosper, as well as added to the Outcomes Framework/Improvement programme Dashboard.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 The outcomes and learning have been shared across NESCOL and will be shared with other apprenticeship training providers for their consideration.
- 7.2 The approach to core skills could be applied to other frameworks, e.g. Automotive, Hospitality.
- 7.3 Incentives could be further developed and could be available for the following, within budget restraints:
- Contribution towards travel costs
 - Contribution towards equipment/PPE,
 - Raising awareness of MA Graduation events and prizes/awards (to trainees and employers).

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this improvement project is brought to an end on the basis that while the overall aim has not been achieved, the changes have been embedded and will continue to be monitored.
- ii) Note the opportunities for scale up and spread as detailed at section 7.
- iii) Note that the dataset for the overall aim will continue to be reported via the Improvement Programme dashboard to ensure progress is monitored
- iv) Note that Aberdeen Prospers will consider any further improvement activity in this area as part of the refresh of the LOIP.

Opportunities and Risks

The project has not achieved its aim. Some of the tests of change will be applied to future cohorts (particularly around the delivery of core skills). These experiences will be shared with curriculum areas/other frameworks to inform future planning.

Some of the good practice identified in Section 3 (marketing materials, employer events, up-front core skills information) could be applied to the recruitment of future MA students and this will be shared with the Project Manager for Charter 3.4 (Increasing the number MA and GA by 5% in 2022).

Consultation

Skills Development Scotland
DYW North East
Local employers
Current MA Hairdressing Trainees
Current MA employers
Aberdeen Prospers
CPA Management Group

Background Papers

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

Refreshed LOIP:

<https://communityplanningaberdeen.org.uk/wp-content/uploads/2021/07/Final-LOIP-2016-26-Refreshed-July-21.pdf>

Skills Development Scotland MA Activity Reports

Contact details:

Ian Runcie
North East Scotland College



Agenda Item 3.4

Community Planning Aberdeen

Progress Report	Project End Report 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.
Lead Officer	Darren Bruce, Vice Chair Community Justice Group
Report Author	John Donaghey
Date of Report	2 nd May 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 10.7 which sought to 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.

Summary of Key Information

1 BACKGROUND

- 1.1 It is important to ensure that people in the Justice System diagnosed with mental illness or experiencing mental ill health are able to access the right support at the right time from the right service and it is well documented that many individuals in the Justice System have mental health issues.
- 1.2 There is evidence to indicate that intervention should occur as early as possible, and be aimed at providing support to develop personal resilience, learn adaptive coping skills, focus on improving mental wellbeing and forming meaningful connections within communities.
- 1.3 One of the ambitions of this charter was to de-medicalise the support pathways for individuals by initiating an early intervention model which will start with supportive, non-judgemental conversations about mental wellbeing.
- 1.4 If we can anticipate and reduce risk factors for individuals who experience low/ moderate level distress we can deliver a “right person, right time, right place” approach which could result in improvement in their mental wellbeing.
- 1.5 The following was known in relation to mental health of individuals engaged in the following settings: in Police custody - on a community disposal - in HMP Grampian.

Kittybrewster Custody Service

- 1.6 Between 1 April 2020 and 31 March 2021, Kittybrewster Custody Centre in Aberdeen City had a throughput of 6864 custodies (custody episodes not individuals). Of these:
 - 1619 (23.6%) stated they had previously attempted self-harm or suicide
 - 357 (5.2%) stated they had thoughts at present of self-harm or suicide
 - 2662 (38.8%) stated they had mental health problems or had received treatment for mental health problems

Justice Social Work

- 1.7 A snapshot of 25 pre-sentence Justice Social Work Reports on individuals appearing in Sheriff Summary Courts in 2021 revealed the following:
- 5 (20%) reported no mental health issues
- 1.8 Of the 80% who reported mental health issues
- 3 (15%) had a diagnosed mental illness
 - 8 (40%) were currently being prescribed for depression/ anxiety/ low mood
 - 9 (45%) had wellbeing support needs
- 1.9 From Supervision Exit Questionnaires (i.e. those subject to statutory supervision in the community) we knew that 47% of respondents identified that they had a mental health issue before they were on Supervision, of whom 77% indicated there had been an improvement by the end of Supervision. This suggested that a combination of their relationship with workers and the support offered were sufficient to improve mental wellbeing.

HMP Grampian

- 1.10 HMP Grampian population fluctuates daily, however following a health needs assessment undertaken in January 2020, between 60-80 % of all prisoners reported mental health issues. The psychology service was part of the mental health service provision and was developed to provide high intensity/specialist intervention for mental health difficulties. However, there had been no provision to provide assessment and intervention for individuals with mild to moderate mental health problems.

2 IMPROVEMENT PROJECT AIM

- 2.1 In September 2021 the CPA Board gave approval for an improvement project which aimed to 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.

3 WHAT CHANGES DID WE MAKE?

- 3.1 Following a review of the current systems and engagement with individuals in each setting, several areas for improvement were identified and the following changes were tested throughout the project and are listed below.
- 3.2 In addition to the changes below, it was recognised that staff awareness, training and understanding of the routes available for people to be referred is vital to increasing access to available supports. Therefore within each setting whether providing staff development on ways to intervene earlier using distress interventions and compassionate conversations leads were tested to improve access to support for individuals within each of the services.

HMP Grampian

- 3.3 To help prisoners develop an understanding of mental health difficulties, factors that can impact upon mental health, and develop coping strategies to reduce distress, provision of the following interventions were tested through the introduction of an Assistant Psychologist (AP) post to develop and lead the following:
- psychological therapies service pathway revised to include a low intensity branch. This will include guidelines to screen for referred patients who would benefit from this kind of intervention in the first instance.
 - self-help materials and support to use them

- 1:1 CBT based interventions for mild to moderate mental health problems
- group CBT based interventions for mild to moderate mental health problems based on a structured protocol
- information sessions on mental health related topics for patient self-referred to sessions
- focus on the management of mental health difficulties in the context of patients' daily activities
- Follow-up review with prisoners who have had a previous assessment but not engaged

Custody

- Custody nurses to have an intentioned conversation led with each and every individual in custody.
- Refer individuals who give consent to supportive services e.g. the WELL Service.

3.4 Several other change ideas were looked at and at the outset, 'Custody Champions' were proposed. This idea was upskilling custody Officers to better identify persons who would benefit from wellbeing support. Thereafter deliver support as required. On review, there were risks associated to this approach whilst nursing professionals were available at all times. Preference being that nurses would deliver supportive conversations for accountability reasons. However, this did not preclude all persons employed within that setting from being compassionate. Focus was placed on having all Custody Officers enhance their awareness and use the pathway of on-site nursing professionals to deliver the required support.

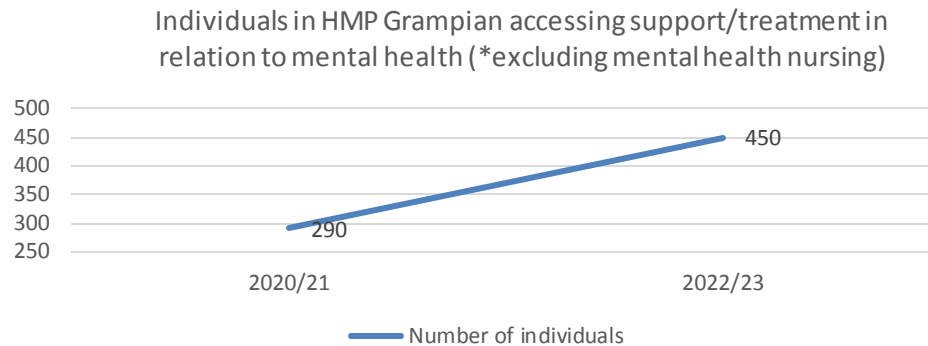
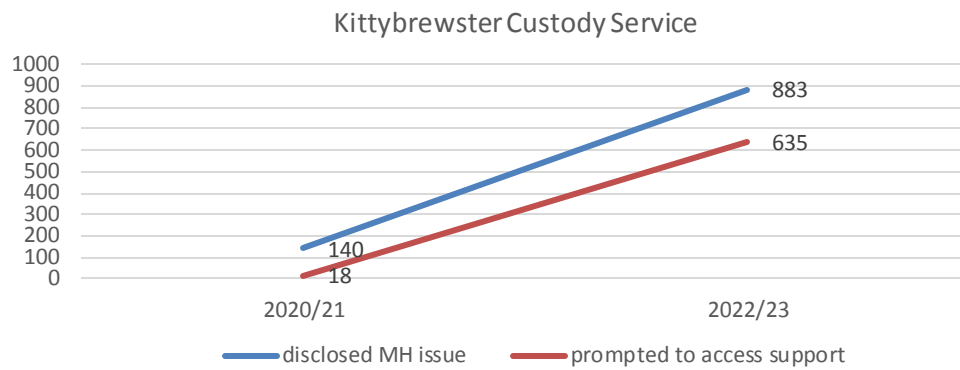
CJSW

3.5 The project had aimed to test within CJSW, however on review of the system it was found that within CJSW, 100% of clients were having a mental health assessment through a compassionate conversation with a qualified social worker. This conversation was ongoing and where specialist mental health support was required a referral was made either to the GP/or mental health provider. However, due to recording systems, data was not available from CJSW on the number of clients referred and/or accessing MH support/treatment and therefore this setting was unable to evidence progress towards the aim.

3.6 In light of this, the project focused solely on testing in two settings (prison and custody) with the view that once the system issues have been resolved, the successful outcomes achieved from the tests in custody and prison could be spread to CJSW and the impact recorded via a new improvement aim which could progress other potential improvements in this setting such as better quality conversations or embedded MH professionals within CJSW reducing onward referrals in order to maintain better management of a person.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 Yes, we have achieved our aim of a 10% increase in the number of clients who access assessment/support/ treatment/services in relation to mental health issues in *two* of the three settings, namely: Police custody and HMP Grampian, by 2023.
- 4.2 The graphs below illustrate that we achieved a 59% increase in the number of clients disclosing a mental health issue accessing support/treatment within the Kittybrewster Custody Service, and a 55% increase within HMP Grampian.



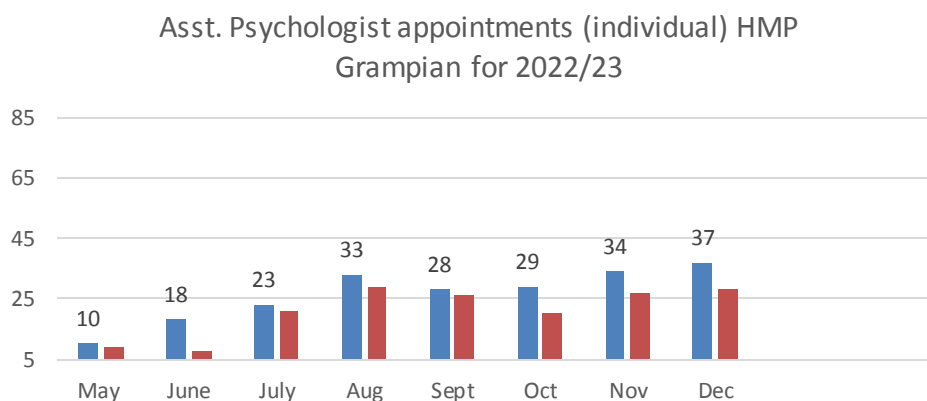
*The data above does not include mental health nursing figures as this was an obvious outlier, and considering only psychiatry and GP shows an average increase over baseline of 55%.

HMP Grampian

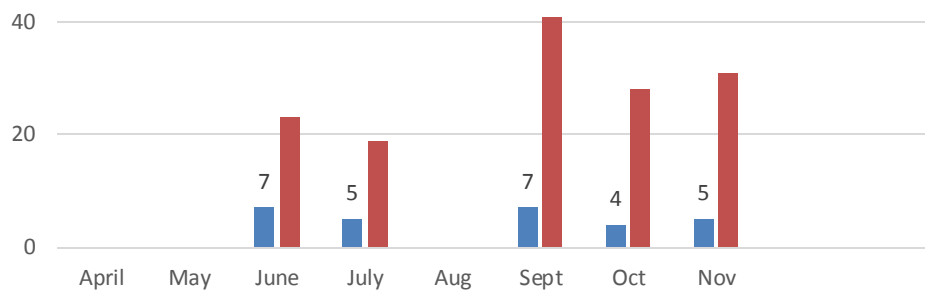
Provision of low intensity psychological interventions

- 4.3 Prior to the project there no low intensity interventions delivered. Since the AP has been in post, patients have been offered low intensity psychological interventions. The psychological therapies service now offers low intensity interventions to patients. The shorter length of these interventions and consequent lower waiting times mean that patients have increased access to psychological treatment, both on a one-to-one and group basis. These can be a standalone treatment for mild to moderate mental health difficulties, or can be a helpful first step in preparation for higher intensity interventions subsequently offered by qualified psychology staff.
- 4.4 The delivery of short-term or single-session interventions allowed for a greater inclusion of remand prisoners, a growing population. Previously, few psychological interventions could be offered to remand prisoners, due to the uncertain length of their time in custody. Moreover, the fact that the groups are psychoeducational and do not require a significant degree of commitment - in terms of time and effort - will hopefully make the interventions more accessible to all patients.
- 4.5 From December 2021 to March 2022, the AP completed an induction, relevant training, and developed materials for both individual low intensity CBT sessions and materials for mental health education group session. The CBT self-help and psychoeducational materials for patients created were adapted for the specific target population. These were regularly used in 1:1 sessions with patients. These materials were also provided to other professionals in the Health Centre upon request and available to the wider Mental Health team on the virtual shared drive.

- 4.6 The material for the mental health groups sessions included development of Powerpoint slides to structure group sessions, patient self-help handouts, and facilitator instructions. In addition, the AP engaged in extensive liaison with SPS services to establish the required resources and procedures to set up a new group within a prison establishment.
- 4.7 The AP also completed preparation for delivery of the Emotional Resources Group (ERG) including information leaflet for patients and staff as well as adaptation of group session to fit with prison regime; a low intensity group intervention to address emotion regulation. The ERG group has not yet been able to be delivered, initially due to Covid-related restrictions on group working and then availability of psychology staff with AP leaving post.
- 4.8 Figures for AP contacts
- 4.9 **1:1 CBT Appointments:** The AP post enabled delivery of direct low intensity CBT interventions for individuals (e.g. anxiety management, CBT for low mood and depression, intervention for attentional difficulties).
- 4.10 **Low Intensity Support:** The AP post also enabled delivery of support sessions for those patients engaged in specialist psychological interventions who require additional between session input (e.g. to implement cognitive support strategies).
- 4.11 **Mental Health Education Groups:** Following development of the relevant materials, delivery of Mental Health Education group sessions commenced in June 2022. Patients self-referred to the group; up to 8 patients could attend each group session; and the topics covered included: 1) mental health and wellbeing; 2) Better sleep; 3) Loss and Grief; 4) Understanding emotions; 5) Overcoming low mood; 6) Long-term Physical Conditions; 7) Helpful things to know about head injury; and 8) Improving attention and concentration.
- 4.12 The graph below shows the number of additional appointments provided to individuals within HMP Grampian during the test phase. Unfortunately the Assistant Psychologist left post in December 2022 just before the test phase concluded. Between April and Nov 2022, 282 appointments were supported by the AP. The post was re-advertised and a new postholder appointed on 24th April 2023.
- 4.13 These appointments were in addition to the established “treatment as usual” options available to prisoners who are identified as requiring a mental health related intervention. The red column indicates the number of prisoners who did not attend their allocated appointment. The reasons are varied and range from the prisoner simply not wishing to attend, the prisoner feeling too unwell to attend, prison officers being unavailable to facilitate attendance.



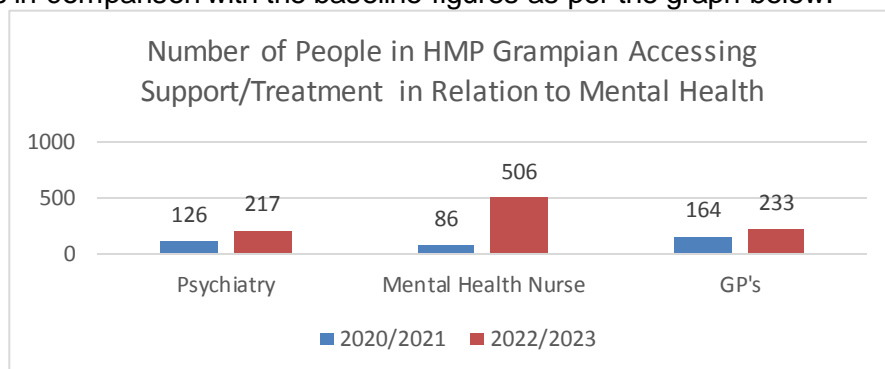
Asst Psychology appointments (group)



- 4.14 In addition to the above figures, patients were asked to provide feedback regarding their experience of the mental health education groups. There has been less interim written feedback received back from the current groups, due to literacy difficulties in the target population.
- 4.15 Patients were asked to rate the overall helpfulness of group sessions from (0) very unhelpful to (5) very helpful; the mean rating for all group sessions was between 4 and 5 and so it seems that overall attendees found the group helpful to them.
- 4.16 Patient also provided some qualitative feedback from the group sessions and comments included:
- “Overall these groups have great potential to help those open to the ideas and tools. Thank you!”
 - “Opened eyes that we’re all in similar position.”
 - “[Gained] More understanding of mental health and wellbeing, and the importance of this”
 - “I think everything was really helpful”
- 4.17 To support the sustainability of the above the following have also now been developed and embedded:
- collection of self-help and psychoeducational materials for patients created, adapting these to the specific target population. These are regularly used in 1:1 sessions with patients, supporting them to put them into practice. These are also provided to other professionals in the Health Centre, upon request and available to the wider Mental Health team on the virtual shared drive.
- 4.18 Psychoeducational sessions offering information on common mental health difficulties, have been delivered in group format. The initial plan was for groups to be delivered in the halls however on further discussion to reduce stigma group sessions will be offered in the work shed area. The groups contain signposting for further support, in terms of self-help material and available services. A leaflet outlining the various sessions has been created and available to patients and staff. The AP has also created instructions for the delivery of these groups. This is now embedded into daily business.
- 4.19 Both group sessions and 1:1 work are now focused on the management of mental health difficulties in the context of patients’ daily activities.
- 4.20 Follow-up review with prisoners who have had a previous assessment but not engaged, has not yet been required as all have engaged. This is testament to the impact that the new interventions are having.

Summary.

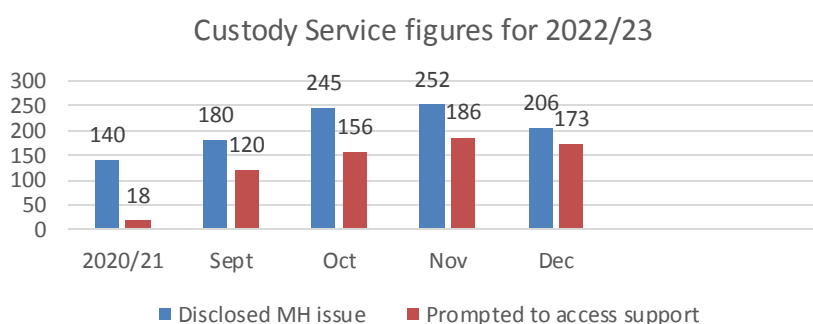
- 4.21 As a result of the changes in the process and documentation/guidance, there was also a reported increase in the number of appointments provided by GP's and mental health nurses in comparison with the baseline figures as per the graph below.



- 4.22 Analysis of the above graph illustrates an increase in all domains for the number of prisoners accessing support/treatment. There has been a 71% increase in relation to psychiatry, 42% for GP and a dramatic increase in the number of contacts for mental health nurse which may be due to a number of vacancies in the mental health nurse service during 2020/21 being filled during 2022/23. Excluding mental health nursing figures as an obvious outlier, and considering only psychiatry and GP shows an increase of 55% from the baseline.

Kittybrewster

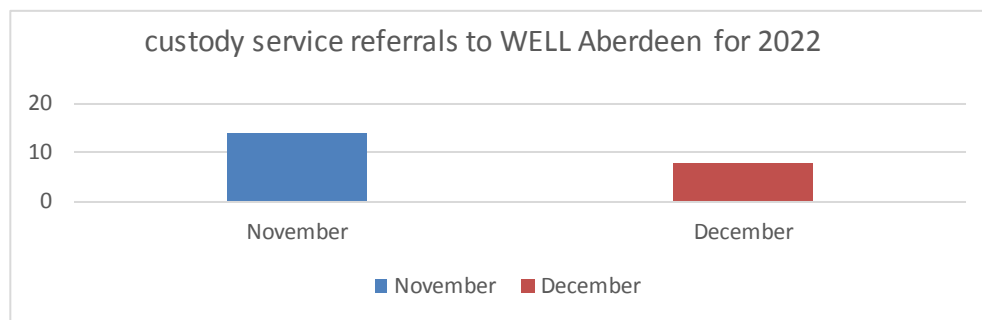
- 4.23 Prior to the start of the project, custody staff discussed mental well being with individuals who appeared to be displaying symptoms or behaviours indicative of mental ill health. This is represented by the comparatively low number of 140 individuals recorded as disclosing a mental health issue by custody nurses (with 18 prompted to access support) in the column for 2020/21 in graph below.
- 4.24 This gave us a baseline start point of 12% of individuals being prompted to access support for their mental health issues.



- 4.25 When the project commenced the approach taken by custody nurses changed to a dynamic and intentioned conversation led by the custody nurse with each and every individual in custody. This change in approach was an integral element of the testing process.
- 4.26 Analysis of the figures above shows a significant increase in the number of individuals prompted to assess support during the testing phase between September 2022 and December 2022. The graph shows a month on month increasing trend with an average across the test period of 72% of individuals who disclosed a mental health issue being prompted to access support. "Prompting" required custody nurses to have an understanding of mental well being services which would be available to the individual on release from custody, to highlight the services to the individual, and engage in a conversation about the potential benefits.

4.27 WELL Service: This test saw Penumbra, mental wellbeing provider, having a member of staff based within Kittybrewster out of hours since November 2022 and accepting referrals from custody colleagues to support individuals with a disclosed mental health issue so that they could be supported at that point.

4.28 During November and December 458 individuals disclosed a mental health issue and 359 were prompted to access support. The graph below shows that 32 individuals were seen by the WELL practitioner which suggests that the service is responding to requests for support. However, the service is available out of hours only which may explain why the numbers referred to WELL are comparatively low.



4.29 With a focus remaining on making positive change, using the new data sources, more accurate baselines were achieved.

4.30 We experienced a number of challenges throughout the testing phase i.e. variations in data collection processes, arranging staff training, some staff changes within the project group, the impact of the global pandemic. In both areas (HMP Grampian and Kittybrewster), changes in processes affected and introduced into these settings led significant changes in data collection processes whereby different metrics were seen as more beneficial to measuring success across a range of outcomes including this project.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

5.1 The data is showing that the improvement has been sustained. To ensure this continues the changes tested have been adopted as business as usual and will continue as they have increased access in both settings as detailed below.

HMP Grampian.

5.2 The Assistant Psychologist post is funded on a permanent basis and the changes and low interventions as described above embedded as business as usual. Processes and guides are fully developed and tested to mitigate against the impact of a postholder leaving and this ensures that the interventions can continue to be offered.

Kittybrewster Custody Service.

5.3 The custody nursing staff have recognised the positive difference the small change to their practice in having an intentional conversation has made to the sense of personal optimism for many of the individuals within the custody service and as a consequence have embedded this approach in their day-to-day clinical practice. To support this change in practice they will continue to gather data on a monthly basis and use an analytical approach to monitor clinical practice.

5.4 In addition, the team have been working with Royal Cornhill Hospital Unscheduled Care Team as a result of learning from the testing process. They are developing a pathway for individuals who they identify as requiring an urgent assessment by

psychiatry. They also have developed contacts with Criminal Justice Social Work at court who can highlight concerns to the procurator fiscal which will then prompt a review by psychiatry at the court.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 As a result of the project, data systems in both settings are now in place to gather data monthly and use an analytical approach to monitor clinical practice in both settings. The data gathered is now being used as a performance measure. Conversations continue with CJSW to ensure that a similar system is in place for this data to be available from that setting.
- 6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Community Justice Group, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 This project looked at two specialised settings. There are opportunities to spread the changes to the CJSW setting and any other setting where individuals are coming into direct contact with front line staff and where support needs could be identified.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been met in two of the three settings;
- ii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
- iii) Note the opportunities to scale up and spread the changes tested to the CJSW setting which was not tested during this project for the reasons described above and note that the CJG would consider a new improvement aim focused on the CJSW as part of the LOIP refresh and once the new CJSW recording system was in place.

Opportunities and Risks

The key risks defined in the document are –

- Changes of process and data recording mechanisms out with the control of the project team.
- Key services within the prison setting used to deliver our improvement aims became unavailable for a period of time.
- In the justice setting, what appeared to be feasible in terms of data collection at the outset was not and ongoing challenges meant that data collection was unachievable.

The key opportunities are –

- Although the means of collecting data changed within HMP Grampian and Kittybrewster, the Project team were able to reassess means of measuring improvement using new metric available to them.
- Despite services within HMP Grampian becoming unavailable, to continue delivering upon the project aims, flexibility in process was introduced and measuring success continued.
- Opportunities were identified in the Justice Setting for further training to enhance the conversations that were taking place with clients. Following discussions, a new separate improvement aim in relation to CJSW be identified once the new recording system is in place and that this project can take the learning gained from the improvements tested.

Consultation
Community Justice Group CPA Management Group
Background Papers
The following papers were used in the preparation of this report. Charter 10.7

Contact details:

John Donaghey

Lead for Service Design and Governance, Community Mental Health, Learning Disabilities & Substance Misuse

Fulton Clinic (First Floor), Royal Cornhill Hospital



Community Planning Aberdeen

Completion Report: 12.4	Project 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.
Lead Officer	Gale Beattie – ADP Chair, Aberdeen City Council
Report Author	John Mooney, NHS Grampian
Date of Report	25 th April 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 12.4 which sought to increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023 and seeks approval to end the project.

Summary of Key Information

1. BACKGROUND

- 1.1 The UK Chief Medical Officer published recommendations on low risk alcohol consumption in 2016. Higher risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. Low risk consumption is now advised as being no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units. Pregnant women and those planning a pregnancy are recommended to not drink any alcohol at all. The Scottish Health Survey tells us that across Grampian, one in three men and one in six women regularly drink more than 14 units a week. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas. Those at greatest risk of harm and premature mortality from alcohol consumption however are those in the least affluent groups. Our more socially disadvantaged communities are also more likely to live in areas with high densities of off-sales premises and other opportunities to purchase alcohol at a time when in real terms it is far more affordable than was the case twenty or thirty years ago.
- 1.2 An alcohol brief intervention (ABI) is a preventative approach. It is an established cost effective means of reaching out to and changing drinking patterns of a wide range of people who may not be aware of alcohol units, the lowered drinking risk limits and the risks associated with alcohol consumption. Within primary care, it is estimated that for every eight brief

interventions delivered, one person will reduce their alcohol consumption levels to low risk levels and sustain this over the next 12 months.

2. IMPROVEMENT PROJECT AIM

- 2.1 Against this background, in February 2022 the Alcohol and Drugs Partnership approved a revised charter for the continuation of the project which sought to increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023.
- 2.2 Within Aberdeen City ABIs have been delivered since 2009. In 2018/19, 4471 ABIs were delivered to Aberdeen City residents with 2316 of these delivered in primary care which was the lowest number recorded in recent years. A 2018 Cochrane review by Kaner et al on the effectiveness of ABIs in primary care concluded that there was moderate quality evidence that brief interventions can reduce alcohol consumption in hazardous and harmful drinkers compared to no intervention. The time period that was considered was up to 10 minutes with little additional effect likely from longer counselling. ABIs therefore represent a minimally invasive cost effective measure to reduce alcohol consumption and corresponding harms and the fall in primary care uptake represents a missed opportunity to reach those who might benefit from the intervention.

3. WHAT CHANGES DID WE MAKE?

- 3.1 The following are areas of improvement which were set out initially or developed in the course of the project as tests of change:

Link workers & primary care: The change idea for link workers involved introduction of a section on their assessment and data recording paperwork for alcohol screening and brief intervention delivery.

Police Custody Health Care Facilities: Health care teams providing care to people in police custody will screen for alcohol use and for alcohol withdrawal. They will deliver brief interventions and also have a pathway to refer people to appropriate services for support.

HMP Grampian: Both prison and custody suite have been using a two stage ABI screening process using [the FAST screening tool](#) to determine first of all eligibility for ABIs: those with a FAST score of 4 or greater go on to receive an ABI. See impact session for data return to end of 2022.

Online ABI-style quiz delivery: Aligning with project 12.5 development of a short quiz ([Alcohol Aberdeen](#)) based on the WHO AUDIT questionnaire the resulting score from which can be used to tailor advice at the appropriate level according to someone's risk of harm and provide a prompt to encourage them to seek further help.

Accident & Emergency as ABI Setting: Test the provision of ABIs or their hospital equivalent: FAST (Fast Alcohol Screening Test) in an Accident and Emergency room during weekend out of hours. We don't have a breakdown of out of hours ABI delivery and not clear if this has been collated, but as seen in Figure 1 below, the trend in 'wider settings' including ARI is encouraging.

Aberdeen City Housing Officers will receive ABI training with the potential to reach ~22,000 social housing tenants – a high risk group for excess / harmful alcohol consumption. Alcohol Focus Scotland have delivered basic alcohol awareness training to the City Housing / Justice Social Worker teams and ABI

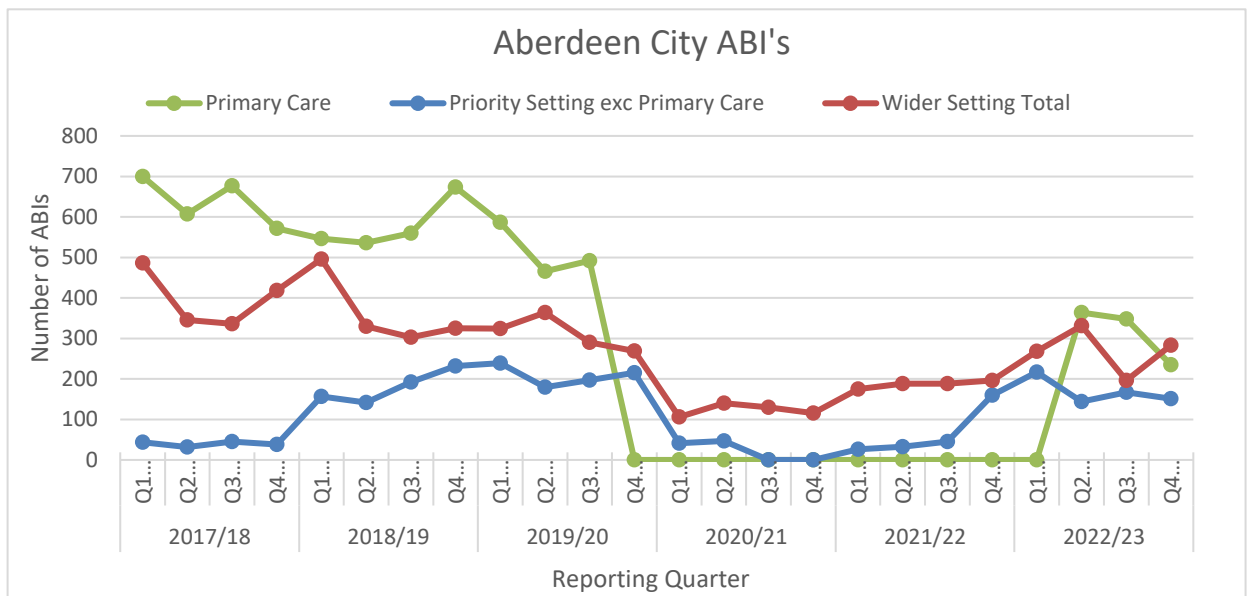
training has been scheduled to be delivered on 17th May 2023 (see bullet point 7.2: Opportunities for scale-up, P7).

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

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 There has been a 37% decrease in the number of ABI carried out from the baseline year (2017/18) to 2022/23, however this is an improvement from 2017/18 to 2021/22 which showed a 76% decrease. These decreases are mainly due to the impact of COVID and that ABI's were stopped in most settings, especially in primary care. ABI's restarted in primary care in Q2 2022/23.
- 4.2 ABI's in GP practices have now re started - 947 ABI for 2022/23. For the reporting period Oct-Dec 2022, 50% less ABIs were reported in GP practices compared to the same quarter in 2018/19, which was the last reported quarter from GP practices. GP practices however re started ABIs part way through the quarter (Oct - Dec 22) therefore it is reassuring to see the numbers delivered increasing again. Across all settings there has been a 167% increase in ABI numbers already from 2021/22 (full year) to 2022/23 (full year).
- 4.3 Comparing Q2 Jul - Sep 22, with Q3 Oct - Dec 22, there was a 34% increase in ABIs across all settings and a 206% increase in priority settings (144 to 440), however there was a 41% decrease in Wider settings (331 to 196) over the same time period. This could simply be a reporting delay from prison and custody suite settings which could explain most of the shortfall: see comment from LOIP summary:

"Note that prison data has not yet been submitted for Q3 2022/23 therefore has not been included in the Q3 wider setting figures. Missing prison data will not account fully for the 41% decrease in Wider Settings ABIs. Based on average prison ABI numbers we could expect the wider setting ABIs to reduce by only approximately 30% if this data becomes available to add in, rather than the 41% currently shown."



Notes

- **Primary Care** is ABI's carried out at GP practices
- **Priority Settings excluding Primary Care** includes A&E, Wards 101 and 103 ARI, Sexual Health and Maternity.
- **Wider Settings** include all settings other than GPs and other priority settings. This includes Alcohol Liaison Nurse Service, ADA, HMP Grampian, Kittybrewster Custody Suite ADA, SamH Link Workers.

4.4 The project has also seen improvements as a result of the changes tested, specifically, ABIs are now delivered in three more settings (police custody, HMP Grampian and link workers) and two further settings currently being trained to deliver these (ACC Housing and Criminal Justice). Focus on wider settings will be key to ensuring a whole population approach and reaching people not engaged with the primary care service. Widening the number of settings for ABI delivery is a continued priority. Specific impact from the current wider settings is described below:

Link Workers

4.5 Three individuals were identified as champions. The champions then worked with individual practitioners to ensure that all referrals where poor mental health, loneliness/ social isolation was identified were also screened – and they were able to provide expert advice on how to do this in a client centred way. The total result for wider settings facilitated by the link workers had increased to 1078 ABIs for the full year 2022/23 (see table 1).

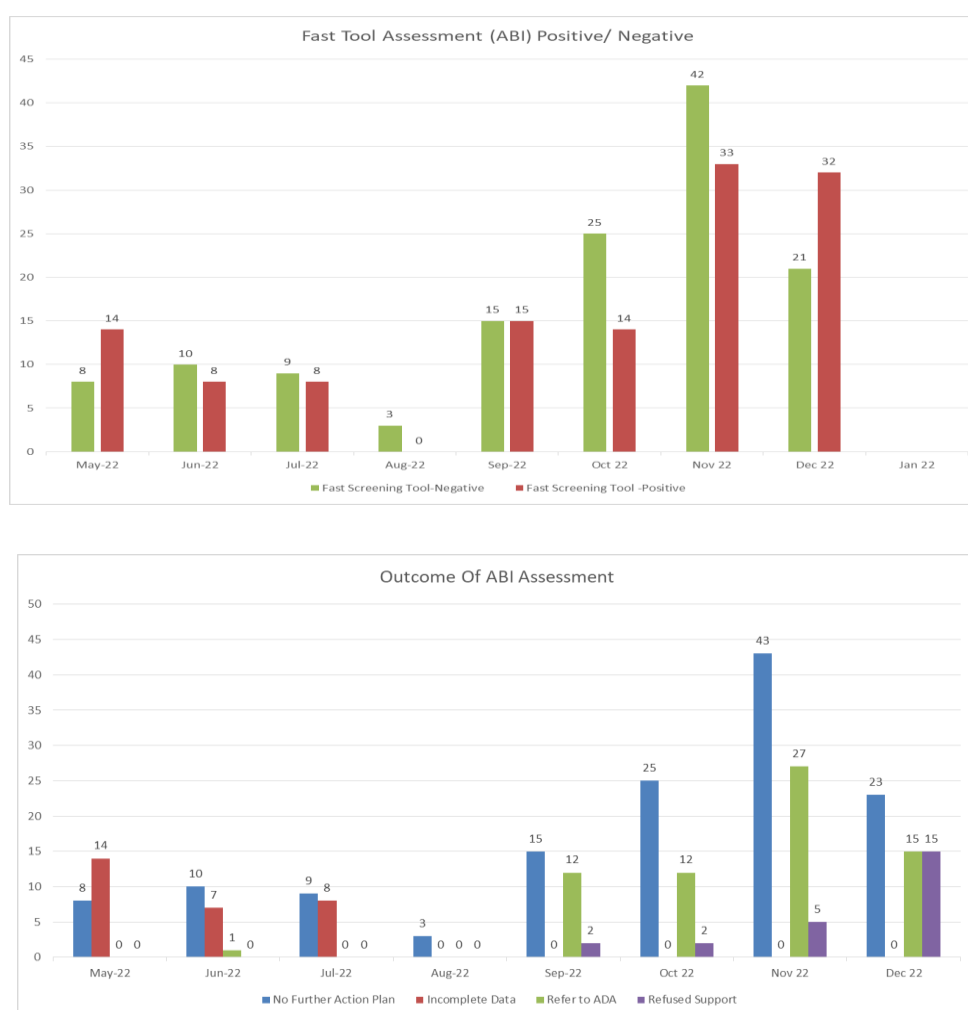
4.6 Kittybrewster Police Custody

One champion was identified to provide support to new staff, collect figures and explore reasons for variation in delivery within the service. From September 2022, NHS Custody suite and prison staff were able to access online ABI training through TURAS. ABIs have been implemented in Kittybrewster custody suite. The continued use of paper based reporting systems in CJ settings however has meant that reporting completion rates have been less than ideal, although the summary report from the prison states that it presents prison & custody suite data combined (see next section). Ideally the custody suite would be able to use the online questionnaire developed by alcohol drugs action (ADA), which would facilitate the automated collation of results and conversion rates (i.e. to onward referral routes). While the reporting of ABIs has improved from the custody suite, it remains based on a system of paper records both here and in the prison service. Better integration of IT systems would be of significant benefit in addressing this.

HMP Grampian

4.7 As highlighted in tests of change section, prison and custody suite report using a two stage process of [FAST questionnaire](#) followed by ABIs where FAST score is greater than 4.0: (Note: monthly totals do not tally as there may be a delay in progressing to full ABI and data currently only to end 2022):

Figure 2: FAST Tool Assessment: ABI Positive & Negative AND Figure 3 (below): ABI Assessment Outcome



Accident & Emergency

4.8 FAST questionnaires have been implemented as planned in ARI. ARI data is reported combined with other priority settings as described in table footnote.

ABI INFORMATION 2023: January – March By reported patient residence

Hospital – All Wards & A&E	CITY	SHIRE	MORAY	OTHER
TOTAL	184	54	4	10

Table 1: Annual ABI Totals by setting category since 2017/2018:

	Number of ABI's					
	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23
Priority Setting Total	2715	3039	2376	88	264	1626
Wider Setting Total	1586	1454	1247	492	747	1078
Primary Care	2556	2316	1545	0	0	947
Priority Setting exc Primary Care	159	723	831	88	264	679
Total ABIs	4301	4493	3623	580	1011	2704

Table continued	% Difference Between Baseline year and 2022/23	% Difference Between 2021/22 and 2022/23
Priority Setting Total	-40%	516%
Wider Setting Total	-32%	44%
Primary Care	-63%	100%
Priority Setting exc Primary Care	327%	157%
Total ABIs	-37%	167%

- **Primary Care** is ABI's carried out at GP practices
- **Priority Settings excluding Primary Care** includes A&E, Wards 101 and 103 ARI, Sexual Health and Maternity.
- **Wider Settings** include all settings other than GPs and other priority settings. This includes Alcohol Liaison Nurse Service, ADA, HMP Grampian, Kittybrewster Custody Suite ADA, SamH Link Workers.

Overall summary:

- 4.9 While the targeted threshold at the outset, to return primary care ABIs to pre-pandemic levels in 2018 has not been met, there is clear evidence of progress in this direction after a prolonged period of inactivity during and after the Covid pandemic, which saw substantive changes in the way primary care operated. If we look only at yearly data for instance, the trend is one of more or less consistent improvement across all settings being monitored (table 1) and Q4 figure are still to be added to the total. Also relevant to the longer term trends, the tests of change to what are essentially complex systems, were always likely to take time to show improvements. By the same rationale, when changes are initiated in a complex system, they can re-inforce one another in the desired direction of travel.
- 4.10 The changes have been embedded and have led to the following: (1) new training is available and available to staff in all settings), (2) we have non-health setting trainers in development (3) we have broadened the scope of ABI offering (4) we have restarted in Primary Care (5) we have reportable data from all settings.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 While the extent of improvement has not met the prescribed target at the outset, it is clear that ABI implementation and participation is increasing and continuing to expand to other settings, such as the Council's Housing service. It is therefore not unreasonable to expect that the recent improvement trends will be sustained. There are clearly also a number of identifiable improvements that can be introduced, based on the ongoing experience with the above tests of change:
- Continue to share the experiences of participating primary care practices in local networks, so that other practices might be encouraged participate.
 - Determine what remaining barriers need to be addressed in order to implement a more automated and accessible delivery platform (such as the electronic format developed by ADA) for ABIs in both custody suites and prison settings

- Maintain accessible and practical ABI delivery training for all Health and Social Care Staff across the region, at present co-ordinated from Moray Council.
- Evaluate implementation progress for Housing and Criminal Justice staff with a view to rolling out to other wider frontline services.

4 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 The lessons learned as part of this project will continue to inform best practice in ABI implementation and ensuring that access continues to widen and be extended to the highest need population groups (such as social housing tenants, who should ultimately be reached via the housing officer training). A meeting of the leads in each setting will be held with the view to develop a single electronic recording system to ensure a consistent approach to the recording of ABIs and that the referral rate is captured. This will ensure robust monitoring and also help identify areas for future improvement.
- 6.2 ABI reporting is a requirement of the NHS Grampian Local Delivery Plan and reportable to the Scottish Government and the ADP through the Delivery Plan.
- 6.3 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Alcohol and Drugs Partnership, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 As detailed above, there are clearly identified areas for improvement and expansion of ABI access that ought not to be limited by the conclusion of this LOIP directed project. The adoption of an electronic delivery platform in high need settings such as those in criminal justice facilities and pro-actively targeting higher risk population sub-groups such as social housing tenants, are two aspects of the current extended work that have significant potential to reduce the population harm from alcohol by reducing consumption in those key groups.
- 7.2 Training update re ABIs for wider ACC Departments: An ACC staff member is currently training to be an ABI trainer with the intention of delivering ABI training to ACC staff initially. There is training organised for the 17th May with a test group of Housing and Support Officers. If training is well received, further training will be rolled out to Housing and Support staff as well as Justice Social Work and other relevant frontline services in non-clinical settings.

Recommendations for Action

It is recommended that the CPA Board:

- Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that whilst the aim has not been achieved, the impact of Covid-19, in particular on delivery of ABIs in primary care has been notable and despite this the changes have been embedded and have led to improvements; and
- To note that further improvement activity in relation to alcohol interventions would be considered by the ADP as part of the refresh of the LOIP.

Opportunities and Risks

Opportunities:

- Primary care practices are once again able and willing to participate in the delivery of alcohol brief interventions to their patient populations under the provision of the revised LES. There is considerable scope to further extend primary care participation, so there ought to be ongoing effort to encourage this.
- A locally developed electronically delivered ABI tool / questionnaire led by alcohol and drugs action is now live and offers the prospect of extending ABI access (incorporating self-completion and onward self-referral) to anyone accessing the link. Since the scoring is electronically documented and collated, this does away with relying on paper records which are challenging to store and collate, making this a potentially viable solution for criminal justice settings.

Risks:

- After initial enthusiasm and take up from primary care practices, service pressures or limitations in training capacity might once again curtail the capacity of staff to continue to participate in providing ABIs. In order to counter this risk, the value of ABIs in primary care needs to be publicised and levels of training maintained.
- Continuation of IT incompatibilities and data-sharing hurdles for the purposes of ensuring onward referral (including self-referral) where appropriate, could frustrate the utility and effectiveness of ABI roll out across non-traditional settings. In order to safeguard against this scenario, joint attention and effort by multiple stakeholders will be required to ensure that delivery platforms work seamlessly with onward referral services.

Consultation

ADP
CPA Management Group

Background Papers

The following papers were used in the preparation of this report.
Charter 12.4

Contact details:

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APPENDIX I

Update: Full 2022-23 – Including Quarter 4 and Wider Settings

Financial Year	Period	Intervention Area - Priority Settings											
		LES Total	LES City	LES Shire	LES Moray	Family Planning	GUM	ARI A&E	DGH A&E	Antenatal	Moray MH	Shire MIU	Total
2022-23	Q1	0					49	248					297
	Q2	644	364	164	116		27	184					855
	Q3	675	348	194	133		30	193					898
	Q4	630	235	223	172		21	176		11			838
		1949	947	581	421	0	127	801	0	11	0	0	2888

Wider Settings					Total Interventions
City	Shire	Moray	Unknown	Total	
268	974	109	1	1352	1649
331	284	49	3	667	1522
196	116	89	2	403	1301
283	128	15	3	429	1267
1078	1502	262	9	2851	5739

Target 2022-23 6658
80% of interventions to be carried out in priority settings = minimum of 1332 interventions must be done in priority settings per quarter to meet target.

Performance at Q4
1267 interventions have been done in Q4 5% below trajectory for target of 6658. Overall for the year performance in Grampian is 14% below target of 6658.

% Target Achieved	Priority	All
Q1	6%	25%
Q2	16%	23%
Q3	17%	20%
Q4	16%	19%

Interpretation:

Levels of ABI activity appear to be sustained across the region, though the numbers have been relatively stable rather than increasing over the four quarters of 2022/23. Not clear how overall NHSG targets were set – will seek clarification. The returns for Primary care in City practices for Q4 appear to indicate a decline in ABI delivery.

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Community Planning Aberdeen

Progress Report	Project End Report: 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.
Lead Officer	Gale Beattie – Chair of ADP
Report Author	Fraser Hoggan
Date of Report	20 th April 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 12.5 which sought to 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. and seeks approval to end project.

Summary of Key Information

1 BACKGROUND

- 1.1 The UK Chief Medical Officer published recommendations on low-risk alcohol consumption in 2016. High risk alcohol consumption is associated with an increased risk of physical health, mental health, social and economic impacts in the short medium and long term. According to the 2016 UK Chief Medical Officers' low risk drinking guidelines, in relation to cancer risk there is no safe level of alcohol consumption. The risks associated with cancer start from any level of regular drinking and rise with the amounts of alcohol being drunk. Further information on alcohol and Cancer can be found https://www.shaap.org.uk/images/Alcohol_and_Cancer_Guide.pdf.
- 1.2 Low risk consumption is no more than 14 units of alcohol spread through a week. People with long term conditions and those on regular medication may be recommended to drink less than 14 units.
- 1.3 Alcohol is one of five lifestyle behavioural risk factors which contribute to the majority of chronic and non-communicable disease in our population. Clustering of lifestyle risk factors is associated with higher risk of premature disease development and mortality. Research within Grampian into the clustering of lifestyle risk factors indicates that these are spread unevenly through the population, increased multiple lifestyle risk factors were observed in men and in people from socioeconomically deprived neighbourhoods. Drinking more than 14 units a week is reported more commonly in people living in our most affluent areas compared to our most socioeconomically deprived areas.
- 1.4 There is a growing awareness that those experiencing problematic alcohol and drug use are often carrying other burdens such as poverty, inequality, and health

challenges. For the period 2016-19, the Scottish Health Survey suggests that Aberdeen City has approximately 25% drinking to hazardous/harmful levels (20% females and 31% males as shown below). There is therefore a need to target the whole population, with emphasis on supporting multiple risk factor reduction in more socioeconomically deprived areas and thus ensuring those requiring access to support to reduce alcohol consumption can do this easily.

- 1.5 As at March 2022 access to alcohol treatment is via self-referral to Aberdeen Alcohol and Drugs Action and referral to the Integrated Alcohol Service. Treatment for alcohol related problems can range from structured self-help, counselling through to clinical detoxification and prescribing support. Depending on other related issues treatment can be provided by support workers, general and community mental health nurses, social workers or medical staff, psychologist, and psychiatrists. This Charter aimed to test the robustness of referral pathways to increase the uptake of individuals into alcohol services 10% year on year.

2 IMPROVEMENT PROJECT AIM

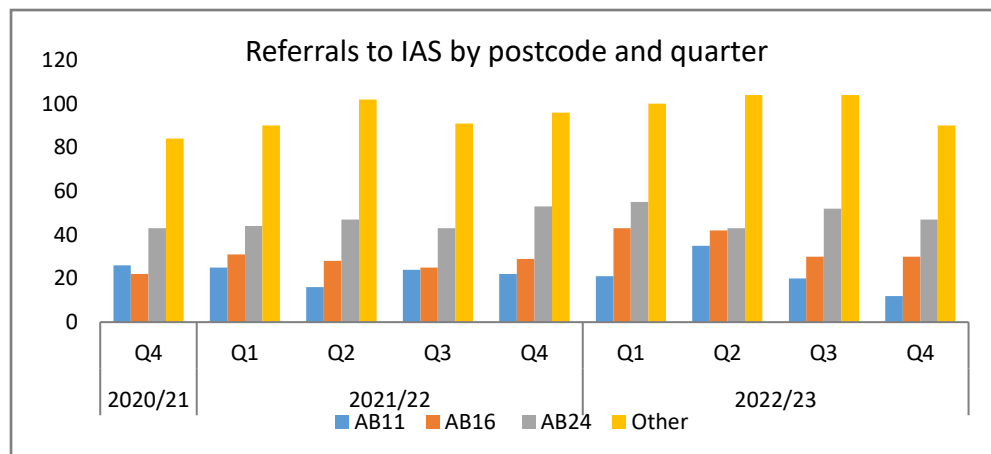
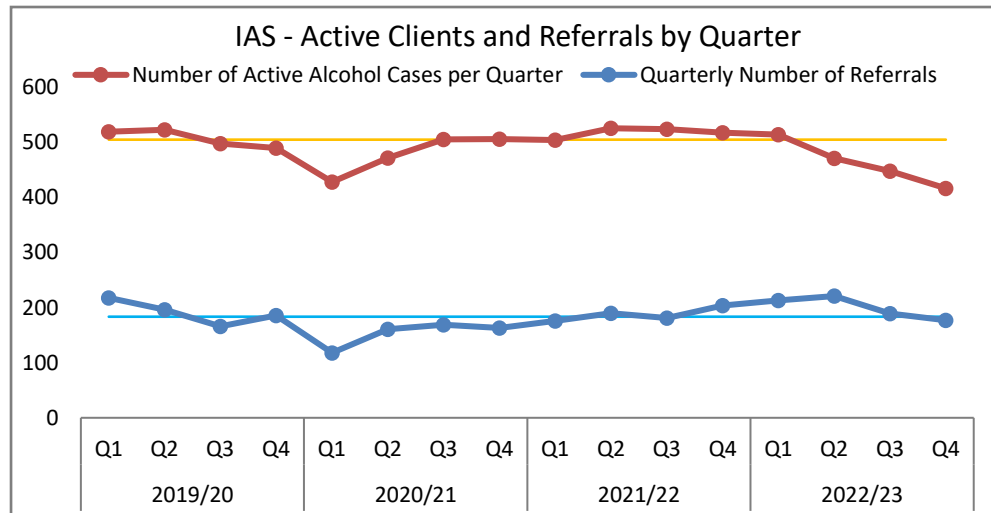
- 2.1 Against this background, on March 2022 the CPA Board approved the [project charter](#) 12.5 for the initiation of an improvement project which aimed to increase the uptake of alcohol treatment by improving access to alcohol services and ensuring they are local, integrated and targets areas of greatest need by 10% year on year by 2023.

3 WHAT CHANGES DID WE MAKE?

- 3.1 Following engagement with staff, stakeholders and a range of individuals using alcohol services as well as individuals not engaging and from the Locality Plans a number of change ideas were identified and tested:
- A. Social Media and Alcohol awareness information (North & Central Locality plans)
 - Targeted messaging and provision of information linking in with both local and national campaigns and opportunities to highlight alcohol harms and how/where to access support
 - Refresh and relaunch the website (Alcohol Aberdeen) and other materials.
 - Target stigma by use of supportive message and input from Lived Experience Community
 - B. Increasing awareness and uptake of direct access referral into alcohol support from other services including self-referrals
 - Develop tools within the Alcohol Aberdeen webpage to identify and segment on drinking profiles using the AUDIT screening tool – including engagement/feedback tools for alcohol brief interventions and referral. In addition, a change was made to Alcohol Aberdeen website (AUDIT tool) to allow follow up of individuals requiring further support.
 - Identify locality-based staff groups and upskilling to increase confidence in identifying issues and increasing uptake of referral route. A fast-track referral process from Police Scotland to ADA was established, to increase in ease (and therefore numbers) of individuals accessing support. These changes would lead to an increase in referrals and uptake of treatment within the Integrated Alcohol Service (IAS).

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 Yes, a greater than 10% increase in engagement levels by priority neighbourhood with ADA has been achieved as described at paragraph 4.2 below. However, against the 3-year baseline 2019/20-21/22, a 10% increase in uptake of alcohol treatment at Integrated Alcohol Service (IAS) has not been achieved. There has been a slight rise in IAS referrals by quarter (particularly over Q1, Q2 and Q3 of 2022/23) although this has slightly decreased over the last quarter (Q4) of the reporting period 2022/23. See graphs and details below:



Notes

Active clients

> This data shows the total number of active cases each month, therefore each case will be counted once against each month in which they were open, i.e., if someone was open from 14th Jan - 22nd March they would be counted once in Jan, once in Feb and once in March

> Where a patient has been discharged and re-referred within a month, they will be counted more than once.

This data counts the number of open case and not the number of individuals

Referrals

> Referrals data is based on all open cases as at 30th November 2022, and all referrals from April 2019 which have since been discharged

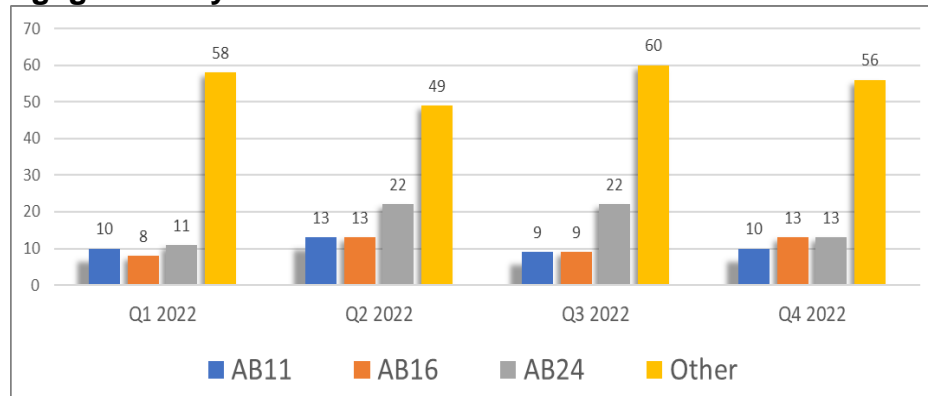
> All referrals recorded as "Waiting List", which have not yet been seen have been excluded and not counted here

- 4.2 The project also focused on increasing the number of active clients with ADA and as shown below there has been a significant increase in engagement (postcode breakdown) via ADA Duty Drop-in service in 2022/23 against the 3-year baseline for engagement: specifically,

- 35% increase in AB11(42), (baseline 31),
- 59% increase in AB16 (43), (baseline 27)
- 66% increase in AB24 (68), (baseline 41)
- 112% increase in OTHER (223) (baseline 105).

4.3 This far exceeds the intended 10% target, and in the case of wider (non-priority postcode) referrals we can see a more than 100% increase against baseline.

ADA Client Engagement by Postcode



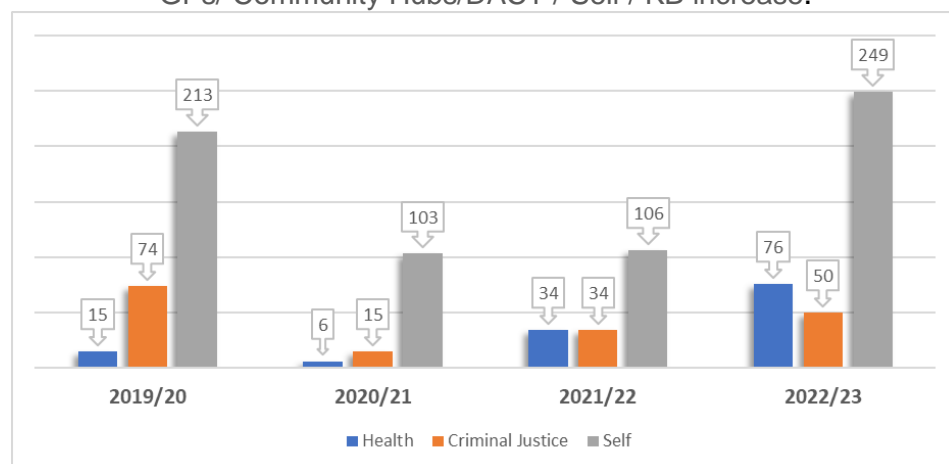
** Q1: Apr – June 2022, Q2: Jly – Sep 2022, Q3: Oct – Dec 2022 Q4: Jan – Mar 2023

4.4 As well as measuring the progress towards the overall aim, the project measured the impact of the changes tested as described below:

Referral Routes

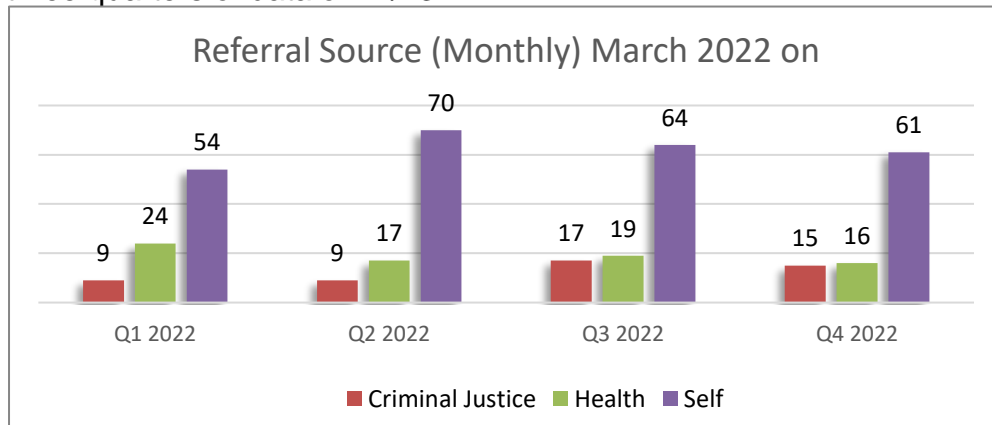
4.5 The project upskilled staff to increase confidence in identifying issues and increasing uptake of referral route through resources and information sessions and the impact of this has been evidenced through increased referral rates as shown below.

Referrals & uptake to alcohol services from community support e.g., housing support/ GPs/ Community Hubs/DAC T / Self / KB increase.



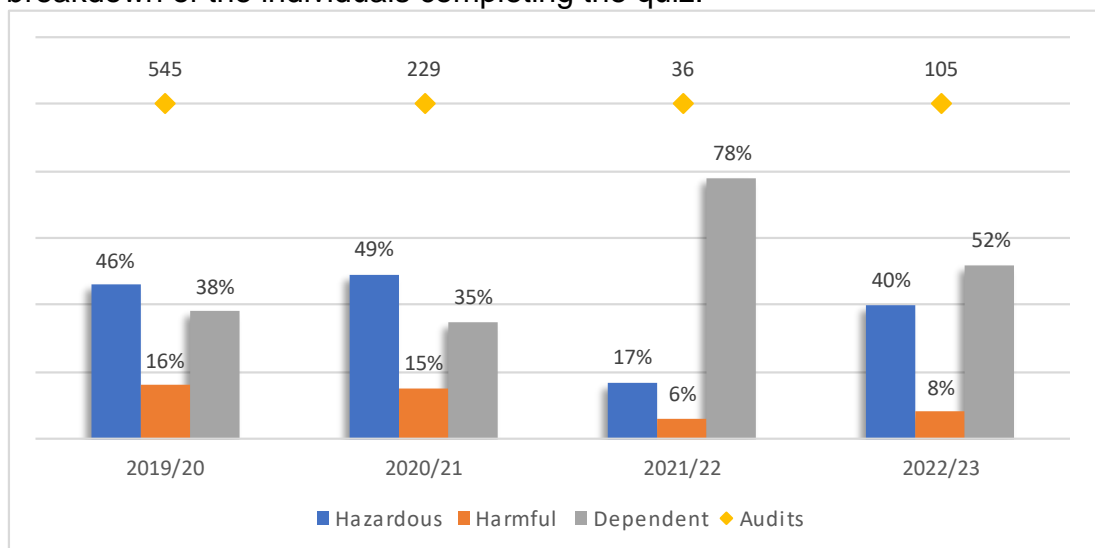
Baseline: Health (18). Criminal Justice (41). Self (141)

- 4.6 As shown below Increase in self-referrals has been steady across the last three quarters of data of 22/23

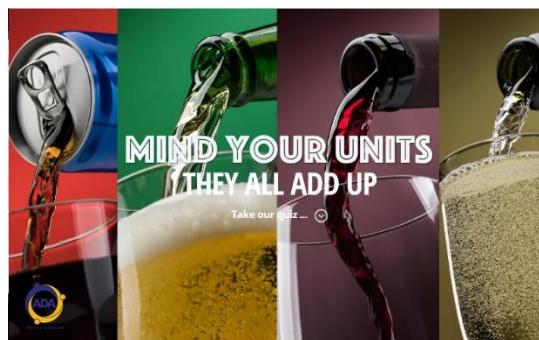


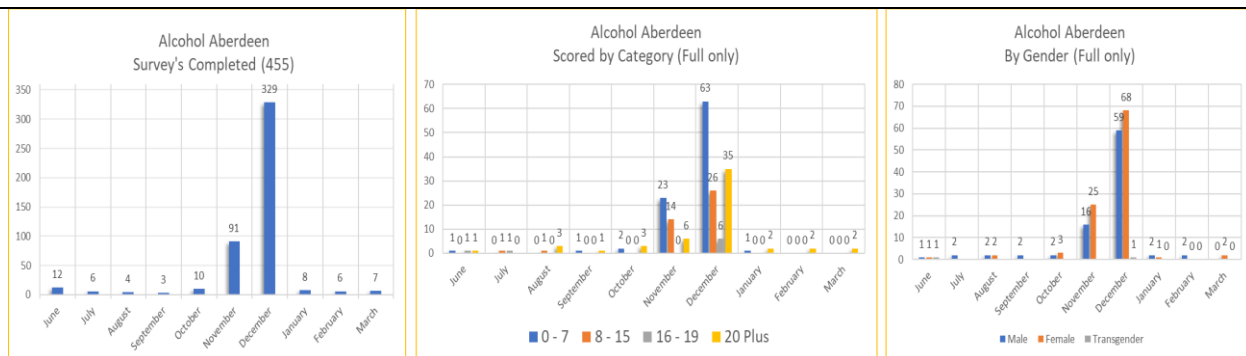
- 4.7 As well as the above referral routes, the new fast-track referral process from Police Scotland to ADA whilst in early stages has seen positive feedback.

- 4.8 Through the social media campaign work and the new quiz, we have seen an increase in those engaging and completing the 'Alcohol Aberdeen' online 'quiz' (AUDIT tool). The chart below shows the monthly breakdown of Alcohol Aberdeen online 'quiz' (Audit tool) completion. Between June 2022 and March 2023, 455 people have completed the 'quiz', whilst lower than 2019/20 a full year for 2022/23 was not available and a 99% has been achieved compared to 2020/21. The charts below show the % of people using the AUDIT screening tool with a score indicating harm engaged in support (annually), as well as the breakdown of the individuals completing the quiz.



Baseline Annual: Hazardous (124). Harmful (41). Dependent (105)



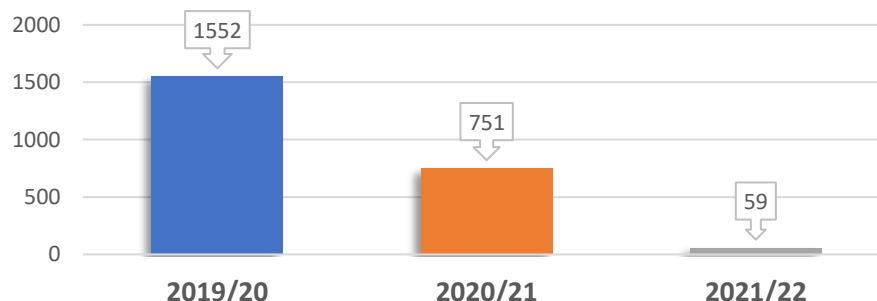


4.9 The large increase recorded over November and December 2022 was as direct result of the targeted social media campaign 'Foos Yer Booze' engaging anyone consuming alcohol resident within Aberdeen City boundaries.



Most importantly, this has also **targeted a higher proportion of at-risk drinkers** with 126 (recorded as lower risk) against 47 (in higher risk categories). In terms of prevalence estimates, we would likely expect somewhere between 10 and 25% of higher risk drinkers engaged, so with 37% of actual overall engagement being within the highest risk category, the campaign work has proved most effective in reaching those in most need. Again, in terms of gender mix, a higher proportion of engagement has been female which is also significant as when compared with face-to-face 'traditional' engagement, we would expect this to be similar if not lower when compared to male.

4.10 As a result of the above the number of higher-risk drinkers attracted utilising the Alcohol Aberdeen website and accessing responsible drinking information is 20% higher than would be expected in other intervention approaches.



Baseline (Annual) of numbers of individual click through/landing on Website and accessing responsible drinking information: (787)

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 Future service commissioning processes will likely include an element of learning from the Project that can inform service provision around access/engagement improvements generally. At the current time, exploring how local services can engage with communities in a way that attracts those most in need of support and/or treatment shows that there are further possibilities to explore around online (structured) engagement.
- 5.2 The improvements tested have now been embedded and moved to business as usual. The processes and referral routes will be reviewed on an ongoing basis to ensure that it continues to achieve the outcomes provided to date. Any changes required will be actioned. The review will include feedback from individual services users and relevant staffing groups. Continue to review the number of referrals compared to uptake to ensure that demand on services is considered.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 With an already agreed and established monitoring process established through quarterly Service provision KPI reporting, from ADA (as the ADP commissioned alcohol & drugs service), along with NHSG monitoring (for IAS and other activity data), any improvements can be tracked and monitored going forward. This can obviously include comparisons made to data provided within this Project.
- 6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Alcohol and Drugs Partnership, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 There is opportunity to continue to increase options to engage with services, online and in-person, through use of social media and ensuring smoother transition of referral processes. It is become clear that post-COVID, and with the removal of restrictions, has resulted in more individuals presenting generally for support (which would of course be anticipated). However, it is unclear at this time as to how much of this has been exacerbated by COVID in the first place (e.g., increased home drinking patterns). More awareness raising can assist and it is clear from the reports and data that targeted, local/geographic campaigns, led by local services can greatly assist by increasing contact with higher risk drinkers. This has been spread to NESCOL where a new weekly drop in has been established to seek to increase engagement and raise awareness with this group. Opportunity moving forward would be to find ways to take that contact into provision of Alcohol Brief Interventions (ABI) and referral for treatment/support as appropriately assessed. Furthermore, taking advantage of online engagement could also increase potential for follow-up contact which could offer ABI and/or direct referral route for treatment and support.

- 7.2 Further opportunity moving forward would be to find ways to take any contact (as above) into the provision of Alcohol Brief Interventions (ABI) and referral for treatment/support as appropriately assessed. Furthermore, taking advantage of online engagement could also increase potential for follow-up contact which could offer ABI and/or direct referral route for treatment and support.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is ended on the basis that whilst the 10% increase in Integrated Alcohol Service uptake has not increased by the 10%, the engagement with ADA has surpassed the 10% increase with a particular focus on priority neighbourhoods and the changes have been embedded as business as usual
- ii) Note the opportunities for scale up and spread, specifically to continue to explore opportunities for social (media) and online marketing strategies to attract higher risk drinkers to information, advice, and support/treatment, with a new weekly drop-in service now established at NESCOL.
- iii) Note that further improvement activity in relation to alcohol interventions would be considered by the ADP as part of the refresh of the LOIP; and
- iv) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored.

Opportunities and Risks

Include a summary of the key opportunities and risks highlighted by this report.

1. Opportunity to be creative and provide further reach of service and increase engagement.
2. Risk of not sustaining opportunities through insufficient funding or capacity to design and implement work.

Consultation

ADP
CPA Management Group

Background Papers

Quarterly service data from Alcohol & Drugs Action (Direct Access and Web based services) and Integrated Alcohol Service data.

Report Author Contact details: Fraser Hoggan, CEO, Alcohol & Drugs Action



Community Planning Aberdeen

Progress Report	Project End Report: 12.8 Increase uptake of drug treatment
Lead Officer	Gale Beattie, Chair of the ADP
Report Author	Simon Pringle
Date of Report	20/04/2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project 12.8 which aimed to 'increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023' and seeks approval to end project.

Summary of Key Information

1. BACKGROUND

- 1.1 Ten cases that were classified as drug related deaths from 2018 through toxicology reporting were reviewed to identify opportunities for earlier intervention to support individuals. Whilst drug use was cases were currently open to substance use services. A panel reviewed the cases to see what learning 2 could be taken and how systems could be improved. Data was analysed against an emergent profile of risk factors emergent from local reviews and national reports.
- 1.2 As a result of the cases review multi-disciplinary Assertive Outreach (AO) meetings were established and two FTE AO workers employed, where those individuals that have been identified as being at risk or concern can be targeted by the appropriate AO team members (inc the AO workers, ADA Substance Use Workers etc) to provide the right support and link into services as needed.
- 1.3 The referral pathways to drug treatment are mainly through the Timmermarket Clinic, usually via GPs where individuals are referred to the Integrated Drug Service (IDS). We would look to MAT prescribing is available at a wider range of locations and that the commencement of treatment is more rapid.

2 IMPROVEMENT PROJECT AIM

- 2.1 Against this background, on March 2022 the CPA Board approved for the initiation of the [project charter](#) 12.8 of an improvement project which aimed to 'increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.

- 2.2 In Aberdeen engagement with ADA alcohol services by Postcode in priority neighbourhoods from 3 year average over 2019/20, 2020/21 and 2021/22 being AB11 (31). AB16 (27). AB24 (41) Other (105).

3 WHAT CHANGES DID WE MAKE?

- 3.1 Following engagement session with staff, clients and key stakeholders, the following change ideas were identified by the project to achieve the aim of increasing uptake in drug treatment.

1. Improving direct access into service for those not utilising existing access processes (all priority localities)

2. Staff going to street beggars and offering services, in partnership with Police and Homeless service

As part of the development of the new ADA Sharp Response service, a street outreach team will be available to target those street drinkers, drug using 'hot spots', street beggars (among other groups) to help engage with these groups who are traditionally hard to reach. In addition, a direct referral pathway and SOP between ADA and Police Scotland has been developed to make referrals easier

3. Identification of people at high risk by partner organisations and developing pilot direct access pathways for drug treatment – Development of a Crisis Response Service

As part of the development of the new ADA Sharp Response service, a team are available daily to check in with partners in Housing (ACC), ARI (NHS) and others to identify those at risk and who are requiring support/access to treatment. This commenced in July 2022 and

MAT Standards 'DirectAccess Prescribing' developed with a weekly onsite presence from NHS Senior CMHN prescriber at Hadden St. Daily MAT appointment are now available for same day prescribing at Timmermarket Clinic.

4. Outreach service and direct access for those known to have non-fatal overdose and supporting engagement with services and supporting engagement with services Design of and implementation of needle exchange service user questionnaire to get feedback regarding prescribing.

Design of and implementation of needle exchange service user questionnaire to get feedback regarding prescribing was completed. Initial feedback from the questionnaire is currently (19 questionnaires completed as of end June 2022) being collated for preliminary findings was used (alongside Mist-Q and other lived experience inputs) for MAT standards implementation at ADA Hadden St premises and via other ADA/partner services as need dictates.

5. Development of ADA Sharp Response service

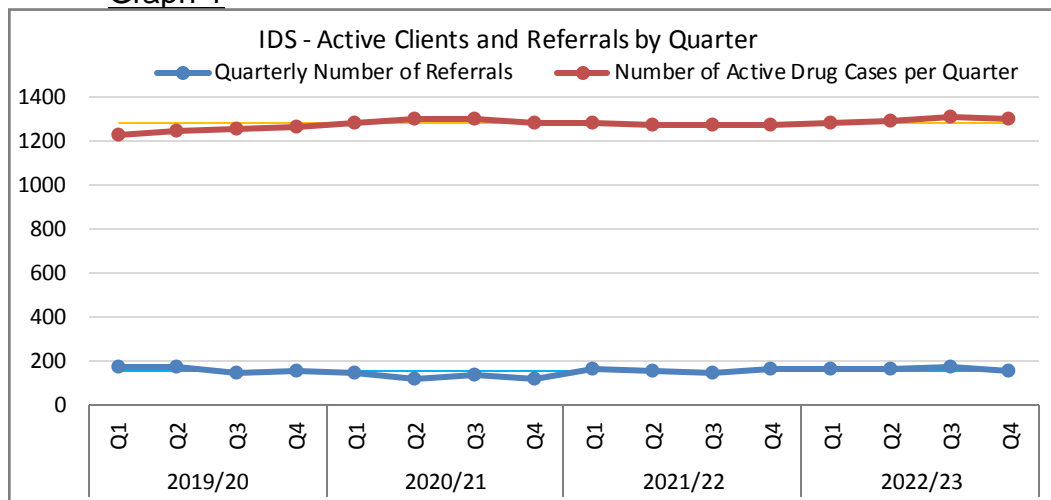
- NHS staff have shadowed ADA Sharp Response service, discussions around information sharing and other protocols have taken place and a SOP is being finalised including links to MAT Standards (in particular MAT Standard 3). The new Sharp Response service, which will include a crisis response element, commenced on 1st July 2022.

- A bespoke Sharp Response app was developed to aid ordering, delivery and reporting and was operational from October 2022.
- With additional Corra funding, the Sharp Response mobile needle exchange service was further developed and expanded. In addition to our new Crisis Response service which allowed for the rapid referral and assessment of those referred through DACT, Assertive Outreach and from other partner agencies to ADA for support. It also allowed for faster onward referral to IDS. In addition, as the MAT Standards were implemented, including (Mat Standards 1) a same day prescribing service run by NHSG onsite within ADA IEP service commenced on 25th August 2022.

4 HAVE OUR CHANGES RESULTED IN IMPROVEMENT?

- 4.1 Yes, the project has achieved its aim with a 20% increase in uptake of drug treatment (active clients at Integrated Drug Service – (IDS) from 1083 (2019/20) as an average across the year for the number of active clients at IDS to 1295 in 2022/23. Since Q3 21/22, there has been an increase in active clients each quarter with a peak in Q3 in 2022/23 1309 active clients. As shown below referrals have remained consistent with a 2% increase from 2019/20 to 2022/23. It is perhaps important to note that there may have been an expected 'natural' realignment post Covid 19 restrictions. It is therefore difficult to say with certainty whether this has had an impact in any way or not, the increase reported.

Graph 1



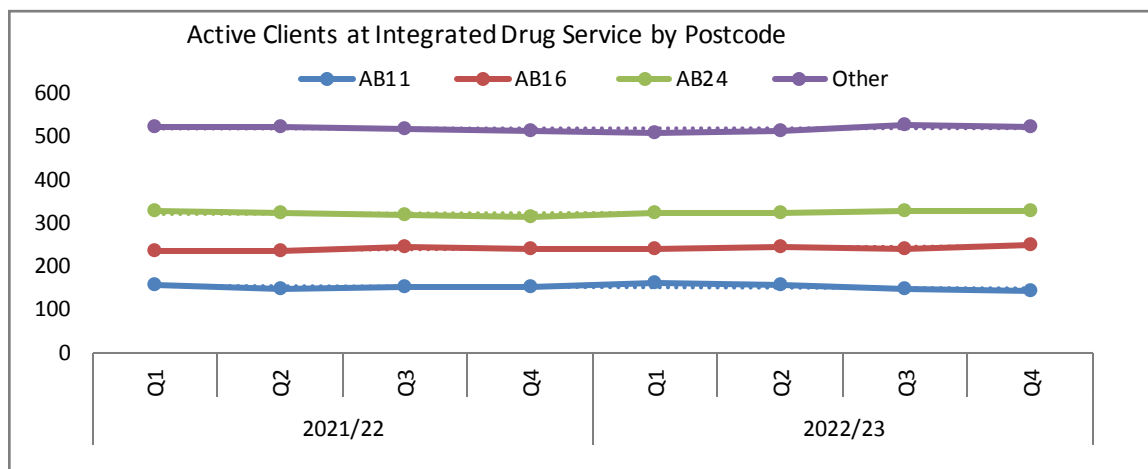
Active Clients - Baseline (2019/20): 1083 Aim: 1191 (10% increase)

This data shows the total number of active cases each month, therefore each case will be counted once against each month in which they were open, i.e. if someone was open from 14th Jan - 22nd March they would be counted once in Jan, once in Feb and once in March. Where a patient has been discharged and re-referred within a month, they will be counted more than once. This data counts the number of open case and not the number of individuals.

Referrals data is based on all open cases as at 29th Sep 2022, and all referrals from April 2019 which have since been discharged

- 4.2 The changes tested have allowed for have allowed barriers such as access/support to get to appointments and engagement to be reduced. Having a clear pathway for people who have had a near fatal overdose has allowed discussion with partners and an assertive approach to encourage engagement with services. The indication is that this support is helping people re engage with services. It appears that the rolling out of further Medication-Assisted Treatment (MAT) Standards and the sustainment of the general flexible approach to services, such as the crisis response services allows opportunities for the further increase in immediate access to drug treatment and opportunities to increase engagement and retention rates. This is worth continuing with in order that any sustainable positive change can be best measured.
- 4.3 Data for the period 2019/20 was unavailable by locality for IDS and therefore the project used 2021/22 as the baseline for this. Whilst the 10% increase has not been seen within key priority locality postcodes AB11 (Torry), AB16 (Northfield) and AB24 (Seaton/Woodside) the number of active individuals with IDS have remained steady from the baseline in 2021/22. Specifically in AB11 (151 active clients same as 21/22, 2% increase in AB16 (243), and 2% in AB24 (325).

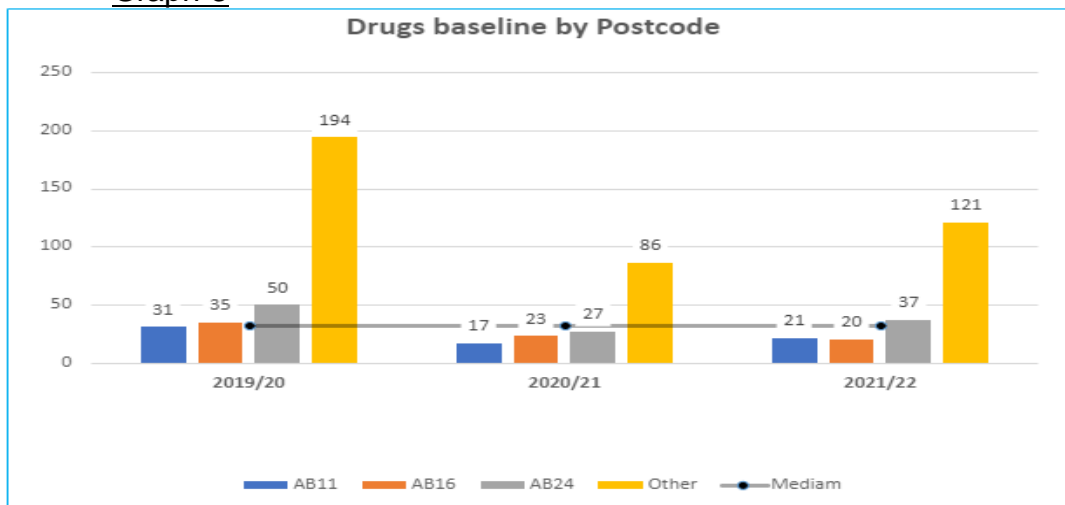
Graph 2



Baseline (2021/22): AB11 (151), AB16 (238), AB24 (320). Aim: AB11 (166), AB16 (262), AB24 (352) (10% increase)

- 4.4 As well as the Integrated Drugs Service (IDS), the project looked to increase engagement with ADA Drugs Services by key priority neighbourhoods. The 10% increase in engagement has been achieved in each postcode, with a 26%, 23%, 42% and 27% increase in 22/23 in AB11, AB16, AB24 and other respectively compared to 20/21-21/22 3 year average, as evidenced below.

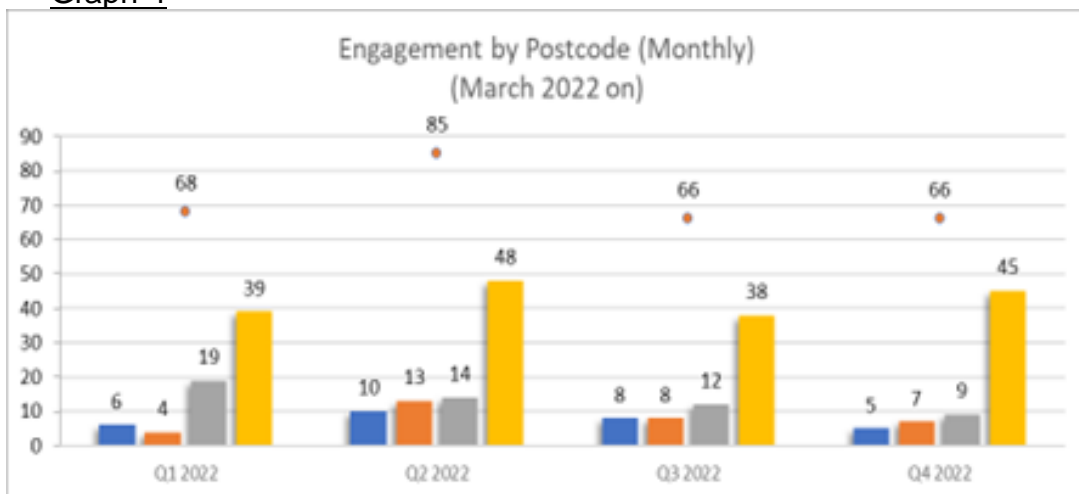
Graph 3



Baseline Averages: AB11 (23) AB16 (26) AB24 (38) Other (134) Aim: AB11 (25) AB16 (29) AB24 (42) Other (147) (10% increase)

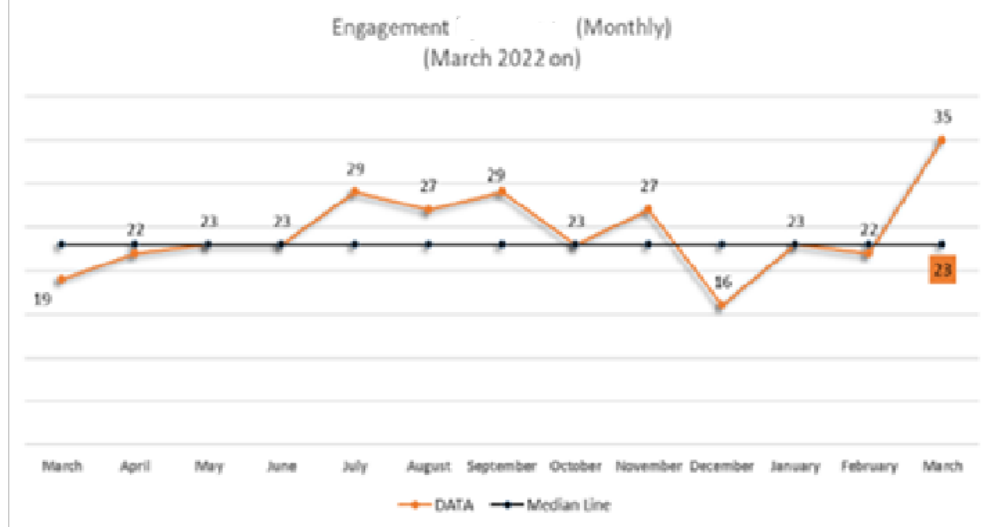
- 4.5 Graph 4 below shows the actual achieved engagements through duty over the year (2022/23) with AB11 (29) AB16 (32) and AB24 (54) Other (170). Resulting in a 26%, 23%, 42% and 27% increase in 22/23 in AB11, AB16, AB24 and other respectively compared to 29/20-21/23 3 year average.

Graph 4



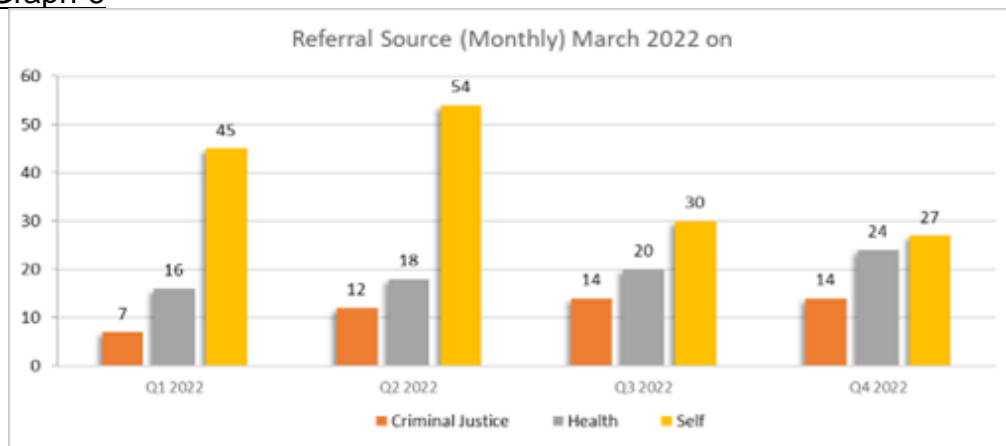
- 4.6 Graph 5 below shows the breakdown of monthly engagement for ADA duty service (where the individual presented for support around drug use). This shows a consistent level of engagement above the median, except for a couple of months across the last year. The increase in engagement seen in July to September 2022 aligned with the introduction of the enhanced Sharp Response IEP delivery service and the Crisis Response service changes.

Graph 5



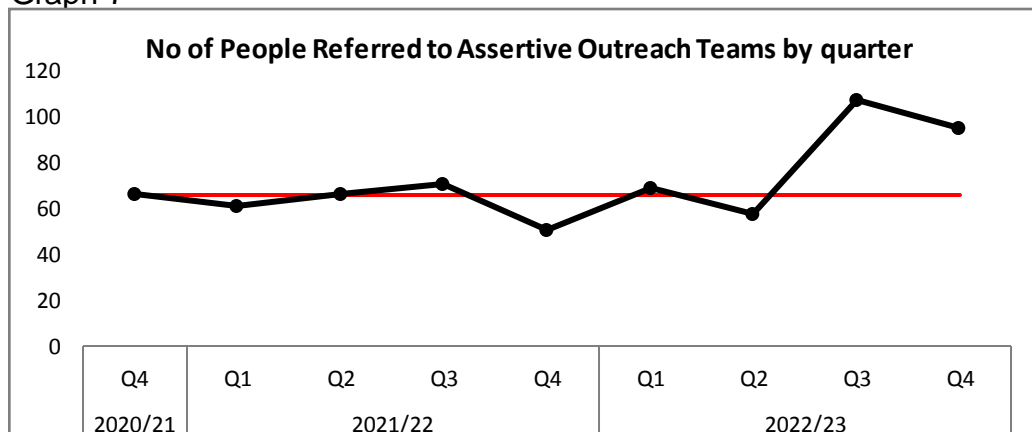
- 4.7 Graph 6 below shows the Quarterly Referrals to ADA which shows that self-referral via our duty drop in service continues to be the primary route into our support services.

Graph 6



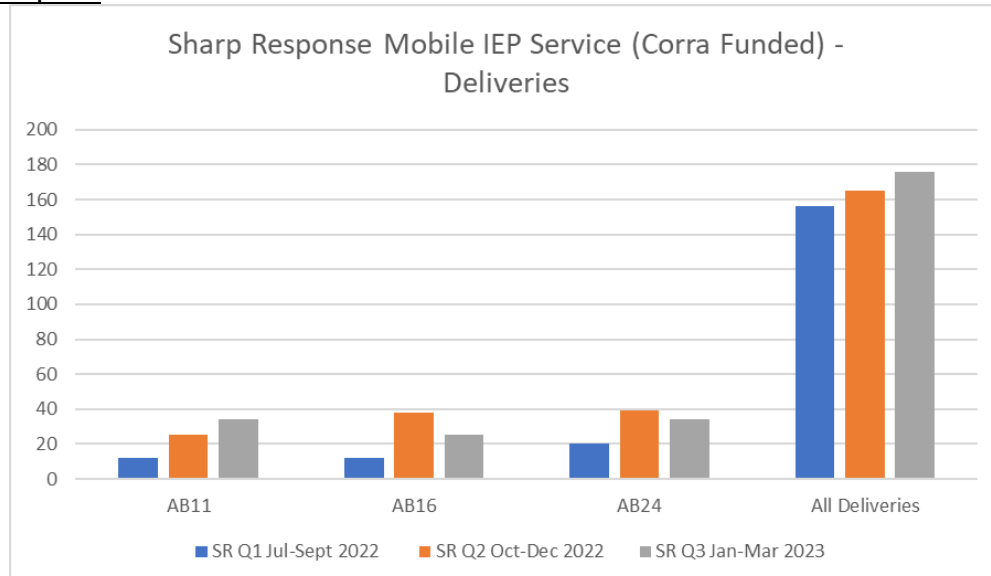
- 4.8 As well as the outcome measures above, the project measured the impact of the specific changes with the impact recorded as follows:

Graph 7



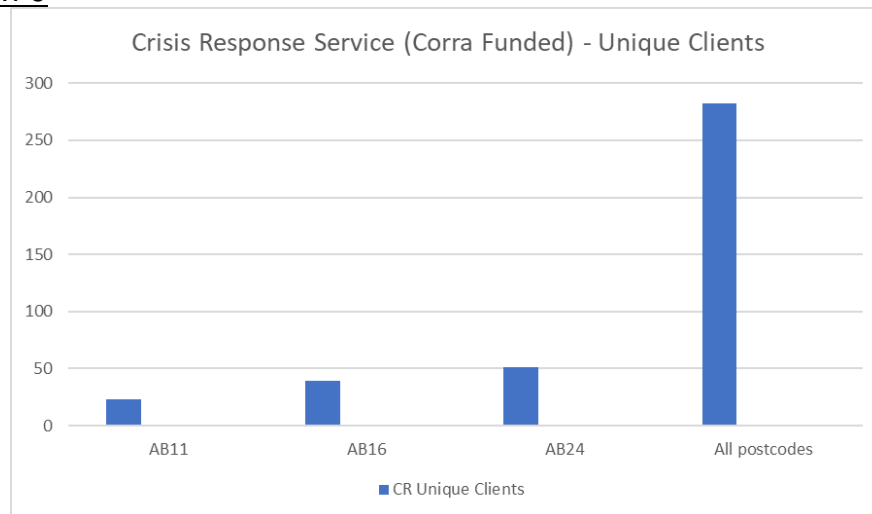
- 4.9 Graph 7 above shows a 34% increase in referrals to Assertive Outreach (AO) in 2022/23 compared to 2021/22. This has led in turn, to referrals to ADA Sharp Response and Crisis Response services.

Graph 8



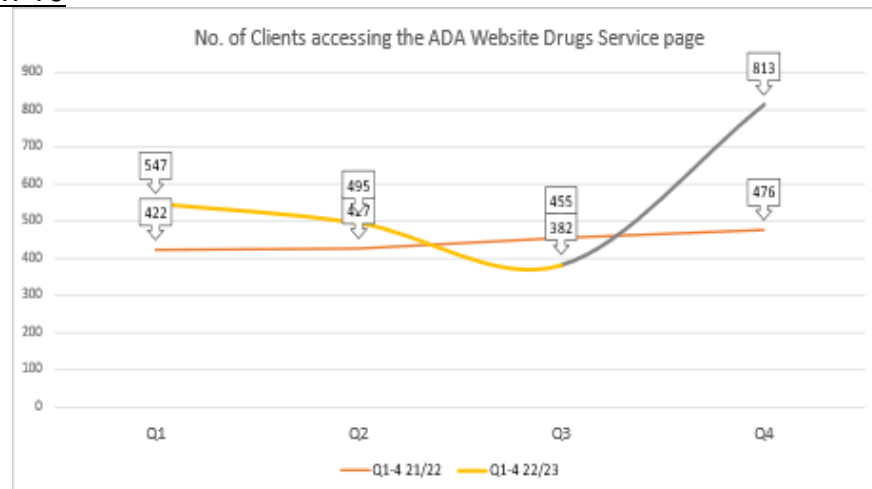
- 4.10 Graph 8 above shows the breakdown of postcode area (as well as all deliveries) for ADA Sharp Response mobile needle exchange service. This service began as a relaunched service with Corra funding on 1st July 2022 and data shows to 31st March 2023. This has seen a steady growth in deliveries and when appropriate links in clients requiring MAT to services such as IDS Timmermarket clinic and/or NHSG Nurse Prescriber at ADA. A Sharp Response client commented *'The people delivering to my house were perfect, extremely nice and always checking in on me and showing genuine concern and care'*.
- 4.11 Since its inception as part of the Corra funded project on July 1st 2022 there have been 2 components of the service ('Sharp Response' mobile needle exchange and 'Crisis Response' interventions, engagement/re-engagement services). There have been 65 unique individuals who have received the Sharp Response service and 282 unique individuals who have received the Crisis Response service (outlined in the graph below). In addition, there were 72 referrals from Police Scotland/Kittybrewster Custody Suite. As part of the development of the new ADA Crisis Response service, a team is available daily to check in with partners in Housing (ACC), ARI (NHS), Assertive Outreach (AO) team and others to identify those at risk and who are requiring support/access to treatment. Daily crisis intervention/home visits commenced in August 2022. A Crisis Response client commented *'I can't thank them enough for your help. This is above and beyond anything I ever expected'*, while another client said *'Thank you for coming out and helping me again. This has been so important to me. Thank you'*. The Crisis Response service is in addition to the Sharp Response needle exchange deliveries outlined in graph 9 above.

Graph 9



- 4.12 Graph 9 above shows the breakdown of postcode area (as well as all deliveries) for ADA Crisis Response service. As a new service (since July 2022) referrals and contacts and appropriate links in clients requiring MAT have been consistently made to services such as IDS Timmermarket clinic and/or NHSG Nurse Prescriber at ADA.

Graph 10



- 4.13 There has been a 35% increase in clients accessing the ADA website drugs service page between 21/22 (1701) and 22/23 (2310). Graph 11 shows the engagement rates here, with the increase partially attributable to social media campaigns ADA have operated in order to publicise support available or when there are particular alerts to be highlighted.

5 HOW WILL WE SUSTAIN THESE IMPROVEMENTS?

- 5.1 Along with already established pathways for referring to IDS, the roll out of MAT Standards and with the continuation of Assertive Outreach, Sharp Response and Crisis Response services in addition to the already established services, we

are confident that there can be a continuation of reduced access to barriers to treatment for drug problems and to generally sustain the improvements made.

- 5.2 The improvements tested have now been embedded and moved to business as usual. The processes and referral routes will be reviewed on an ongoing basis to ensure that it continues to achieve the outcomes provided to date. Any changes required will be actioned. The review will include feedback from individual services users and relevant staffing groups. Continue to review the number of referrals compared to uptake to ensure that demand on services is considered.

6 HOW WILL WE MONITOR THESE IMPROVEMENTS?

- 6.1 With already established monitoring through agreed quarterly KPI reporting from ADA as the ADP commissioned alcohol & drugs service, along with NHSG monitoring (for IDS and other activity data) any improvements can be tracked and monitored going forward.
- 6.2 Should it be agreed that the project is ended, the data recorded will also continue to be monitored and reported to the Alcohol and Drugs Partnership, as well as added to the Outcomes Framework/Improvement Programme Dashboard to ensure that performance continues.

7 OPPORTUNITIES FOR SCALE UP AND SPREAD

- 7.1 ADA received 5 year funding from The Corra Foundation starting on 1st July 2022 to allow the development of the service further to continue to offer the mobile IEP delivery and pick up (Sharp Response) and to also look at developing the service to offer a multi-agency/partnership approach to supporting clients, through a crisis response and enhanced support to marginalised target groups and to help increase and retain engagement (Crisis Response). Whilst now implemented, this continues to be developed, and as the graphs above shows the number of unique individuals who have received support through either the ADA Sharp Response or Crisis Response services since July 2022.

Recommendations for Action

It is recommended that the CPA Board:

- i) Agree that testing is concluded and that this Improvement Project is brought to an end on the basis that the aim has been achieved and the changes embedded as business as usual
- ii) Note that the data set for the overall aim will continue to be reported via the improvement programme dashboard to ensure progress is monitored; and
- iii) Note the plans to scale up and spread the changes tested.

Opportunities and Risks

The implementation of MAT Standards (particularly Mat Standard 1, where same day prescribing is now available through Timmermarket clinic 5 days per week and via ADA

Hadden St 1 day per week), the Assertive Outreach multi -agency forum, alongside ADA (as the 3rd sector commissioned alcohol and drug service) services such as the well-established 7 day duty drop in and flexible Sharp Response and Crisis Response services allow opportunities for the increase in immediate access to drug treatment and opportunities to increase engagement and retention rates.

The potential risks arise when potential funding squeezes arise during periods of political change (e.g. austerity programmes) or where services can become limited. For example, if need dictates that evening and weekend provision is required for access to MAT. Aberdeen City has some provision of 7 day and evening support for problematic drug use, primarily through ADA, but not so far for MAT.

Consultation

Alcohol and Drugs Partnership
CPA Management Group

Background Papers

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

ADA Quarterly KPIs, as agreed with ADP commissioners (including Sharp Response app developed by Philip Marno, Data Systems Manager at ADA, Crisis Response spreadsheet, Nebula Case Management system. NHSG data set from Claire Holdsworth.

Contact details:

Simon Pringle, Direct Access Services Manager, ADA
simon@alcoholanddrugsaction.org.uk



Community Planning Aberdeen

Progress Report	Child Poverty Action Report 2022/23
Lead Officer	Eleanor Sheppard, Interim Director of Children and Family Services
Report Author	Eleanor Sheppard; Paul Tytler
Date of Report	9 June 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

The purpose of this report is to seek approval of the draft statutory Child Poverty Action Report 2022/23 by the Community Planning Aberdeen Board.

Summary of Key Information

1 BACKGROUND

- 1.1 The Child Poverty (Scotland) Act 2017 places a duty on local authorities and health boards to report annually on activity they are taking, and will take, to reduce child poverty. The proposed Child Poverty Action Report (Appendix A) satisfies this duty.
- 1.2 The social determinants of health support our shared belief that no single agency or partner can achieve the aspirations of 'Best Start, Bright Future' and therefore address child poverty alone. The Local Outcome Improvement Plan (LOIP), which promotes prevention and early intervention, is our shared Partnership Plan to address poverty and inequality of outcomes across Aberdeen City. The Council Delivery Plan is fully aligned to this overarching Partnership Plan.

2 Child Poverty Action Plan

- 2.1 Over the last year, considerable work has been undertaken to align Partnership Plans for children with the Local Outcome Improvement Plan (LOIP). Aligning Plans more closely will help ensure that all of our single and multi-agency work impacts positively on the child poverty agenda. As a result, the Child Poverty Plan has now been embedded within the Children's Services Plan.
- 3.4 The Integrated Children's Services Plan 2023-2026 was approved by the Education and Children's Services Committee on 21 March 2023, and subsequently by the Community Planning Aberdeen Board on 19 April 2023. The LOIP has subsequently been updated to reflect the agreed Plan.

3.5	Delivery of the Children's Services Plan is overseen by the Children's Services Board with progress against improvement projects and progress against national policy (such as child poverty) reported to Community Planning Aberdeen. The Board will now lead on the development and presentation of annual Child Poverty Action Reports.
3.6	The Children's Services Board has liaised with the Anti-Poverty Outcome Improvement Group in their preparation of the Child Poverty Action Report for 2022-23 to ensure that activity beyond the scope of Children's Services is sufficiently captured. The draft report is contained in Appendix 1. Following approval by the Community Planning Board Aberdeen, the Interim Director – Children's and Families Services will publish the report on Aberdeen City Council's website.
NEXT STEPS	
3.1	Following approval of the Child Poverty Action Report by the Board, it will be published on our website.

Recommendations for Action

It is recommended that members of the CPA Board:

- i) Approve the Child Poverty Action Report 2022/23

Opportunities and Risks

The report presents an opportunity to integrate reporting on child poverty actions in line with the Integrated Children's Services Plan 2023-26. The risk relates to the statutory requirement for the Council and NHS to publish an annual Local Child Poverty Action Report, but approval and publication of the report will mitigate that risk.

Consultation

The report will be considered by the Anti-Poverty and Inequality Committee on 21 June 2023 and the paper was put out to consultation in advance of that. In addition, NHS Grampian have also been consulted.

Background Papers

None

Contact details:

Name	Paul Tytler
Title	Locality Inclusion Manager
Email Address	ptytler@aberdeencity.gov.uk



Community Planning
Aberdeen

Child Poverty Action Report 2022/23



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1. Introduction

The Child Poverty (Scotland) Act 2017 set a clear agenda for tackling child poverty and this report satisfies the duty on Local Authorities and Health Boards to report annually on activity they are taking, and will take, to reduce child poverty. This report has been jointly produced by Aberdeen City Council and NHS Grampian and its contents reflect a deepening collaboration across the Community Planning Partnership.

We know that Cost of Living continues to have a substantial impact on the lives of our children, young people, and their families, and that the downturn in the local economy continues to impact negatively on family finances and wellbeing. We also know from a recent survey of over 8000 of our children and young people that our children and young people's perceptions of their own affluence are nearly twice as likely to directly impact on their health and wellbeing outcomes compared with the national mean. Levels of child poverty continue to vary considerably across communities as shown by the Percentage of children (under 16) living in relative low-income families across communities.

However, we also know that child poverty is not inevitable, and therefore, further to our commitment to work together to implement #ThePromise, we are now working to ensure that all our strategic planning and implementation is driven by a better understanding and monitoring of child poverty to ensure that we take an agile approach to changing needs and that all policy levers are used.

Ward	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Aberdeen City	11.1%	13.3%	15.2%	15.0%	15.1%	13.2%
Airryhall/Broomhill/Garthdee	5.5%	6.2%	9.0%	8.1%	8.5%	7.5%
Bridge of Don	5.0%	7.2%	7.4%	7.2%	7.7%	8.8%
Dyce/Bucksburn/Danestone	7.9%	9.7%	12.1%	12.3%	13.2%	13.7%
George St/Harbour	16.2%	21.1%	23.1%	23.8%	20.1%	18.8%
Hazlehead/Queens Cross/Countesswells	3.2%	3.8%	4.4%	4.4%	4.4%	3.9%
Hilton/Woodside/Stockethill	16.0%	20.5%	25.6%	25.3%	24.0%	20.5%
Kincorth/Nigg/Cove	10.2%	11.4%	11.7%	12.9%	12.8%	12.8%
Kingswells/Sheddocksley/Summerhill	10.6%	12.0%	14.2%	13.5%	13.6%	10.8%
Lower Deeside	4.1%	4.3%	4.5%	4.9%	5.4%	5.5%
Midstocket/Rosemount	8.3%	9.6%	11.0%	10.5%	9.9%	8.6%
Northfield/Mastrick North	17.7%	22.1%	26.1%	25.0%	26.0%	21.6%
Tillydrone/Seaton/Old Aberdeen	23.2%	25.9%	29.5%	31.4%	32.6%	26.3%
Torry/Ferryhill	16.9%	22.0%	22.9%	21.7%	22.3%	17.5%

Throughout the recent pandemic we showed that we are much stronger when we work together. We are now starting to deliver a range of shared services and are using opportunities for co-location, co-creation, and the pooling of resource to help accelerate progress. The Council continues to prepare for the impending incorporation of the United Nations Convention on the Rights of the Child (UNCRC) into domestic law provides us with a further impetus to include children and their families in the design of rights-based services.

We have amended our governance and approach this year to mainstream our approaches to addressing child poverty and maximise all policy levers. We now look forward to linking our data more comprehensively and working with the Aberdeen Health Determinants Research Collaborative to enable us to take decisions informed by local research.



Angela Scott
Chief Executive
Aberdeen City Council



Caroline Hiscox
Chief Executive
NHS Grampian

2. Our approach to addressing child poverty

NHS Grampian's Regional Child Poverty Action Plan sits within the wider 'Tackling Inequalities' Action Plan. Governance and assurance for progress is through the NHS Health Inequalities Action Group (HIAG), which aligns to NHS Grampian's work as an anchor organisation. NHS Grampian has moved to a portfolio delivery model with child poverty a priority for both the Population Health and Integrated Families Portfolio, reporting on progress through the NHS Children's Board to the appropriate Health Board Committees.

Aberdeen City Council expresses its contribution to the Child Poverty agenda through the annual Council Delivery Plan. The wider context around actions to reduce poverty include economic regeneration, workforce development, and all of the structural areas that need to be addressed to create healthy, financially resilient families within a more economically secure community. Child poverty is part of a wider approach on action to reduce poverty and the inequalities that can lead into poverty and loss of health and wellbeing. Governance and assurance for the Council contribution to the child poverty agenda is predominantly through the Council Anti-Poverty Committee and Education and Children's Services Committee. The Anti-Poverty Committee is supported by a group of External Advisors, some of whom have lived experience. In real terms however, the social determinates of health result in all Committees considering business related to child poverty.



The social determinants of health support our shared belief that no single agency or partner can achieve the aspirations of Scottish Governments Child Poverty Action Plan, Best Start, Bright Futures alone. As a result, the Local Outcome Improvement Plan (LOIP), which promotes prevention and early intervention, is our shared Strategic Plan to address poverty and inequality of outcomes across Aberdeen City. The Council Delivery Plan and NHS Grampian Regional Child Poverty Action Plan are fully aligned to this overarching Plan for the people and place of Aberdeen.

Over the last year, Strategic Partnership Plans for children have been more closely aligned to the Local Outcome Improvement Plan to ensure that all our work reflects the child poverty agenda. In March 2023, the Integrated Children's Services Board established six refreshed Stretch Outcomes for children:

- 95% of all children will reach their expected developmental milestones by their 27–30-month review by 2026
- 90% of children and young people report they feel listened to all of the time by 2026.
- By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026
- 95% of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026.
- 83.5% fewer young people (under 18) will be charged with an offence by 2026.
- 100% of our children with Additional Support Needs/disabilities will experience a positive destination.





The LOIP has been updated to reflect these refreshed Stretch Outcomes.

Work on each of the Stretch Outcomes is driven by a subgroup who report to the Children's Services Board. Each multi-agency subgroup is responsible for delivery of associated child poverty actions and Improvement Project such as those in Appendix A. Taking this approach is helping to ensure that eliminating child poverty is central to all single and multi-agency work and that policies are aligned.

LOIP STRETCH OUTCOME 4, Best Start in Life Group (BSIL Group). Chair: Fiona Mitchelhill, Chief Nurse (ACHSCP)

95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026 (Baseline 77.5% 2015-16)

Key Local or National Drivers	Key Actions/Agreed Deliverables			Multi-agency Improvement Project Aim and baseline	Key Measures	Lead
	2023	2024	2025			
Child Poverty and addressing variation in outcomes						
Ensuring that expectant and new parents claim all of the benefits they are entitled to and do not feel stigmatised when seeking support.	<ul style="list-style-type: none">Develop the relationship and linkages between maternity, early years practitioners and Financial Inclusion/Welfare Rights experts as an alternative model of enabling professionals to provide parents with access to up-to-date information and practical support to help with income maximisationConsider the provision of community support to make the best use of family income (to include shopping and cooking nutritious and low cost meals)			Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024. Baseline No. 2022 – 152	No. of parents of children 0-5 who complete a full benefits check (new measure) No. of parents children 0-5 who access support from the Financial Inclusion service (Baseline 152 – 2022)	Best Start in Life (BSIL) Group
Families who need urgent supplies of first stage infant formula and nutritional support for the under 5s can access it quickly and easily.	<ul style="list-style-type: none">A pan-Grampian pathway for urgent access to first stage infant formula will be established and in use by health professionals by 2023.All pregnant women and families with children under the age of 5 have access to nutritional support by 2023.The extent of maternal and infant food insecurity will be better understood.			100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024. New measure: Baseline to be established as part of the project.	% of urgent requests for first stage infant formula met (new measure) % of urgent requests for nutritional support for under 5s met (new measure) No. of referrals to the Hardship fund by Family Learning (Baseline to be added)	BSIL Group

The Children's Services Board has identified several system shifts required to support delivery of the child poverty agenda. This will see the Community Planning Partners work together to:

- simplify access to services.
- increase integration.
- reducing risks by understanding what actually makes a difference and decommissioning where appropriate.
- improving the alignment of our commissioning
- improving the alignment of our data
- building the capacity and capability of our workforce

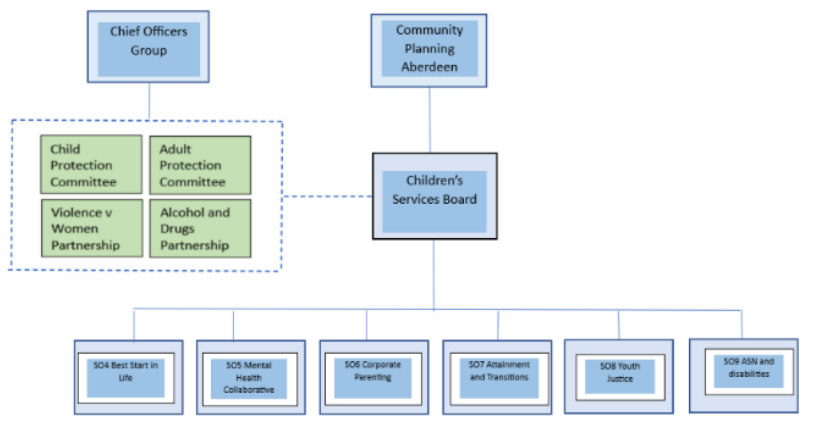
The elimination of child poverty requires the support of others beyond Children's Services. As above, child poverty is part of a wider approach to action to reduce poverty and the inequalities that can lead into poverty and loss of health and wellbeing and tackling the structural areas that need to be addressed to create healthy, financially resilient families within more economically secure communities. Community Planning Aberdeen's Anti-Poverty Outcome Improvement Group coordinates elements out with the direct control of Children's Services. Membership of the Anti-Poverty Outcome Improvement Group includes Aberdeen Council of Voluntary Organisations, third sector partners including Grampian Race Equality Council and Aberdeen Foyer, as well as Robert Gordon and Aberdeen Universities and there are linkages with the other Outcome Groups who report to Community Planning Aberdeen.

Plans are currently underway to refresh the Local Outcome Improvement Plan from January 2024 in light of an updated population needs assessment in November 2023. The refresh will allow us to review our arrangements for supporting the place of Aberdeen. The refresh will also provide an ideal opportunity to link data across Outcome Groups, policies, and partners to enable more robust tracking of progress in real time by community. At present, 20% of our Stretch Outcomes have been achieved or exceeded, 60% are progressing and 20% have challenges.

Strategic Stretch Outcomes					
Increase the number of 0-5s who meet developmental milestones by 2026	Improve the mental health and wellbeing of children and young people by 2026	Improve the attainment, health and wellbeing and positive destinations of our children and young people by 2026	Improve the attainment, health and wellbeing and positive destinations of our children and young people by 2026	Reduce the number of young people charged with an SCRA by 2026	Increase the number of children with ASN or disability who secure a positive destination by 2026
Strategic Priorities					
<ul style="list-style-type: none"> Improve the health outcomes of expectant and new mothers Improve uptake of benefits Improve access to emergency formula and food for infants Address early speech and language needs Increase the uptake of ELC provision and maintain uptake 	<ul style="list-style-type: none"> Focus on prevention and early intervention Provide access to joined up services and bereavement support Respond quickly in a stigma free, needs and rights led way Increase levels of physical activity Increase the provision of child friendly environments within local communities 	<ul style="list-style-type: none"> Deliver a Safe, Supportive, Delivery The Promise Increase the provision of health assessments for the care experienced Continue to close the gap between those who have care experience and their peers Increase the no. of foster carers available locally Keep brothers and sisters together Ensure adequate provision of legal advice and advocacy 	<ul style="list-style-type: none"> Implement refreshed guidance on the use of restraint Better track those who are in or on the edge of the care system Improve learning transitions from P7 to S1 Deliver ABZ Campus to widen the range of courses Deliver Aberdeen Computing Collaborative to ensure long term employability Delivery of Tier 2 services to close the gap through SAC funding Continue to address the cost of the school day and child poverty in schools 	<ul style="list-style-type: none"> Reduce levels of anti-social behaviour Deliver Mentors in Violence Prevention across all secondary schools Improve transition planning from child to adult services Ensure that the voices of children (including those who use alternative communication systems) are central to processes and Plans Decrease the number of children not accessing full time education 	<ul style="list-style-type: none"> Delivery of neurodevelopmental pathway Establish better assurance systems Increase the number of Young Carers receiving support
Enabling Priorities					
Simplify access to services	Increase integration	Reduce risks	Commissioning	Data	Workforce
<ul style="list-style-type: none"> Implement a single Request for Assistance process Reduce the number of access points to information and services 	<ul style="list-style-type: none"> Build on the integration models including that at ELC Links Establish an assurance system to test the strength of the system Improve alignment between children and adult services Develop a Target Operating Model for children 	<ul style="list-style-type: none"> Better understand why children are placed OCA Understand the long term impact of ELC on outcomes for families 	<ul style="list-style-type: none"> Aligned to the 10 principles of family support Jointly respond to the needs of those displaced 	<ul style="list-style-type: none"> Improve knowledge of the 6 groups by co-designing with service users and children Improve data matching 	<ul style="list-style-type: none"> Increase knowledge poverty agenda and of benefits Increase knowledge of trauma and risk

3. Governance

The Children's Services Board is governed by and accountable to the Community Planning Management Board, which in turn is accountable to Community Planning Aberdeen. The Children's Services Board oversee the vast majority of child poverty activity.

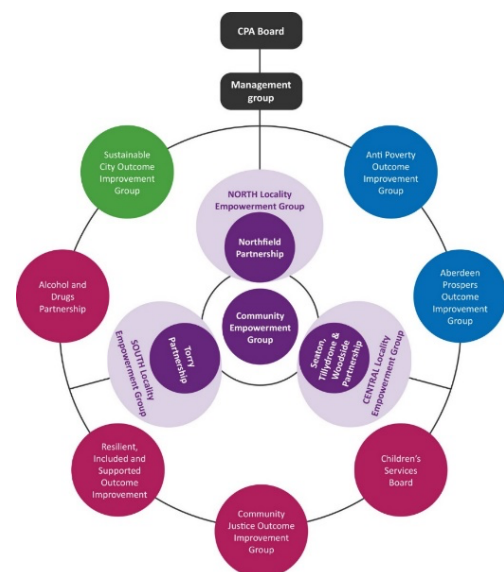


The Children's Services Board ensures, on behalf of the relevant agencies, that the requirements of the Child Poverty (Scotland) Act 2017 and associated statutory requirements in respect of reporting are met throughout the Local Authority area of Aberdeen City.

The Group has responsibility for:

- The delivery of the Children's Services Plan and associated Stretch Outcomes 4-9 of the Local Outcome Improvement Plan
- Working together as a Community Planning Partnership to improve outcomes for children and young people within Aberdeen City
- Leading the implementation of national policy and legislation pertaining to children and young people including the child poverty agenda

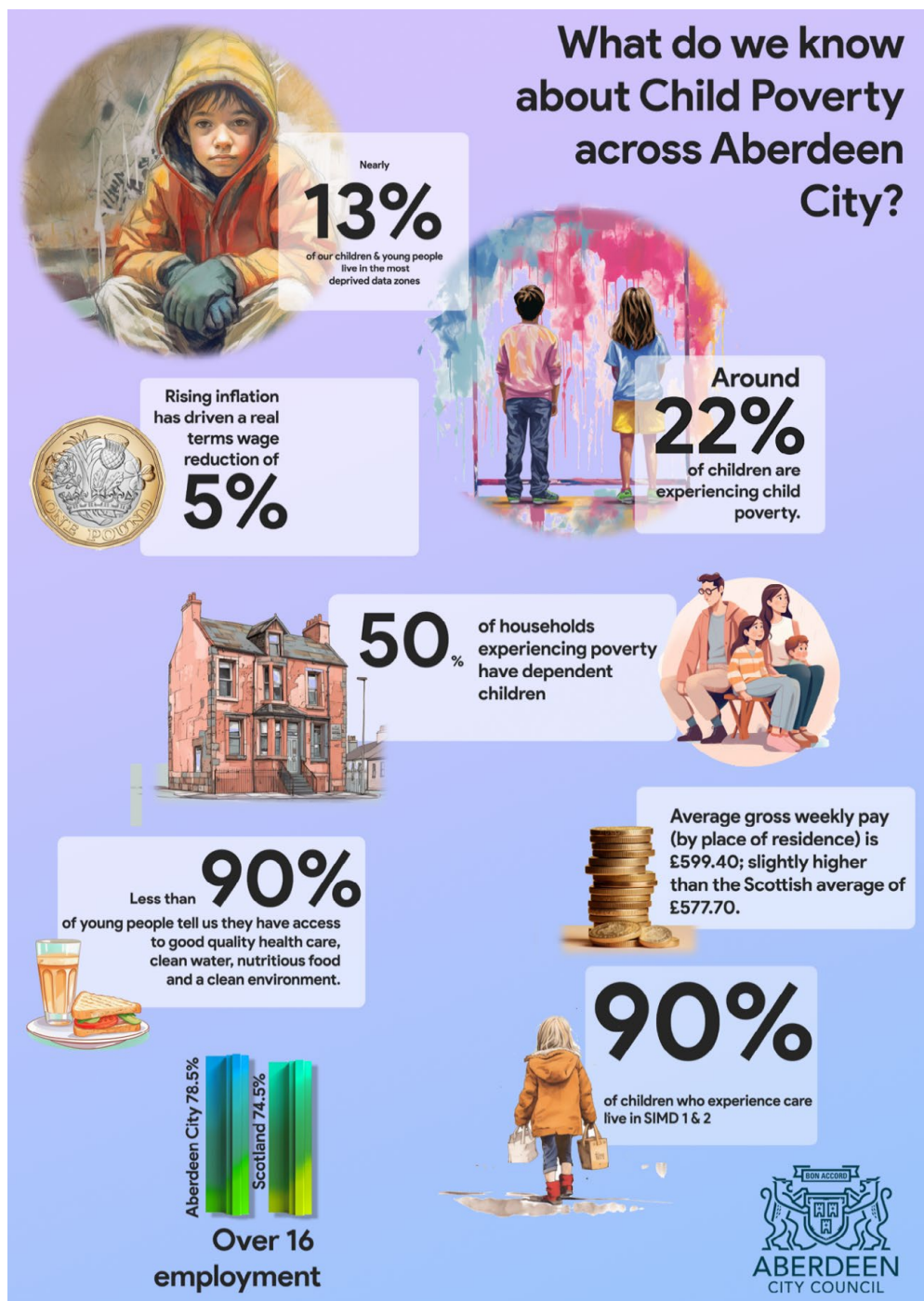
The Anti-Poverty Outcome Improvement Group is also governed by and accountable to the Community Planning Management Group, which in turn is accountable to Community Planning Aberdeen. It also acts as an outcome group of the LOIP and coordinates all multi-agency activity on the child poverty agenda which sits out with the control of Children's Services. Given that the LOIP is our overarching Plan to address poverty, the work of all Outcome Improvement Groups impacts on the child poverty agenda.





4. What do we know about child poverty in Aberdeen?

A comprehensive analysis of child poverty was undertaken as the [Children's Services Plan](#) was developed in March 2023. Key findings included:

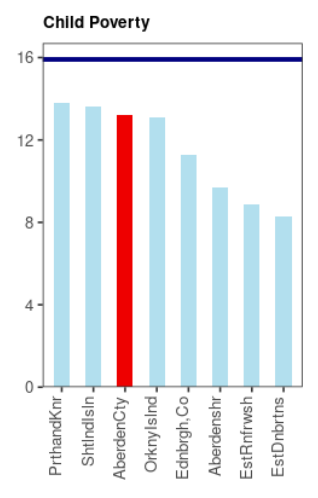


Provisional data for 2021/22 shows that 6,818 children in Aberdeen City were living in low income families (up from 5,405 in 2020/21 and 6,139 in 2019/20). Of these, 5,864 were under 16 years old - equivalent to 16.4% of children under 16 years.

Almost two thirds (62.7%) of children in low income families are in working households and over half (55.6%) are in lone parent families. Figures for the number of children in low income families are calibrated to the Households Below Average Income (HBAI) survey. As fieldwork operations for this survey were affected by the pandemic, the Department of Work and Pensions (DWP) has advised that additional caution be exercised when making comparisons with previous years.

Levels of child poverty in the city are below the national average. However, levels are relatively high when compared with our comparator authorities.

We know that nationally around 90% of those living in poverty identify as being a member of at least one of the 6 groups most likely to be impacted by poverty. It is imperative that we now better understand the unique needs of our citizens in the 6 groups to help shape our policies and practices.



Lone parent families 4,491 lone parent households were on some form of Housing Benefits in August 2022. This is up from 3,442 in January 2019 and an increase of 30%, compared with an increase of 20% Scotland wide. There were 4,435 lone parent households on Universal Credit in August 2022.

Minority Ethnic Families 63% of those who are ethnic minorities are employed compared to 72% of those who are white in Aberdeen City.

We can't say how many asylum seekers are included in these numbers. In terms of how much this impacts on the %'s, again we can't say, however, the largest group of refugees / asylum seekers is Ukrainian. They are most likely classified as white and thus represent less than 1% of the white adult population in Aberdeen (0.7%). On that basis, this is not likely to have a significant impact on overall employment rates.

Disability In August 2022, there were 3,148 households in Aberdeen City on Universal Credit due to them being Families with a disabled adult or child. Of these, 643 had children and of these households 439 are also single parent households. At the same time period there were 482 households in Aberdeen City on Universal Credit who are entitled to Disabled Child Entitlement and of these households 70% or 337 are lone parent households.

Younger mother As of January 2023 the Family Nurse Partnership had 68 mothers enrolled in Aberdeen City. 33% of those referrals required additional support for essential goods and equipment.

Youngest child less than one year old In August 2022, there were 476 households in Aberdeen City on Universal Credit with a child under 1, with more than half (292) being lone parent families. Around a third (34%) of families with a child under the age of 1 experience relative poverty (individuals living in households where equalised income is below 60% of the UK median income in the same year) compared to just less than a quarter (24%) of children overall.

Larger families (3+ children) There were 989 households with 3 or more children who were in receipt of some form^[1] of Housing Benefits in August 2022. This is an increase from 667 (48%) in January 2019 compared with an increase of 29% Scotland wide. There were 969 households with 3 or more children who were in receipt of Universal Credit.



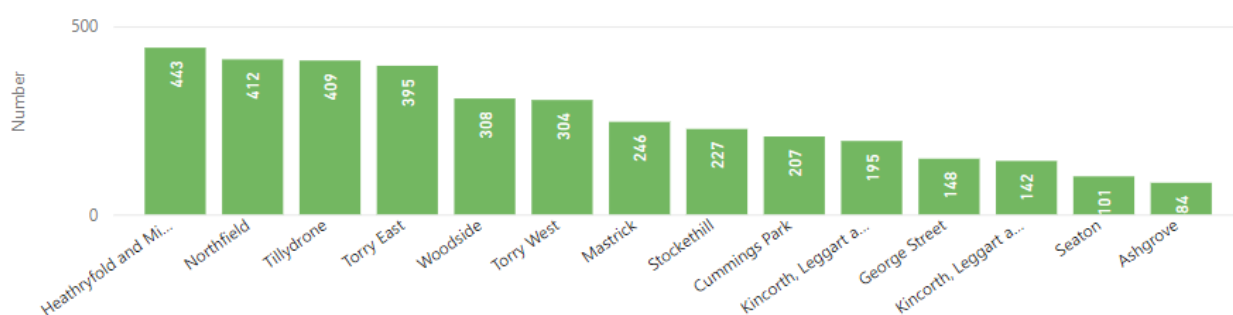
19.4% of those over the age of 16 in Aberdeen City are 'economically inactive'. This includes students, those with long- or short-term illness, retired people, people looking after family at home and those who may be discouraged from working. Of these, 24.6% want to be working and are actively seeking employment.

There are 13,900 workless households in Aberdeen City.

Locality data

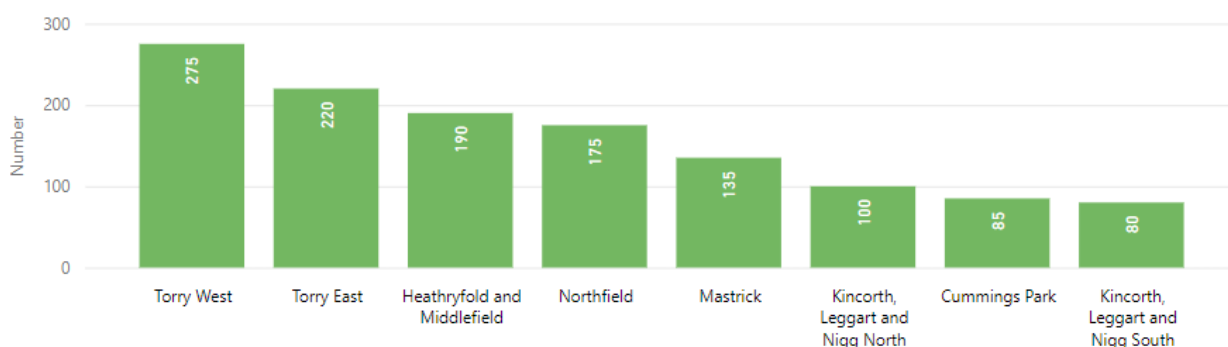
The number of children living in low-income families varies across the city by intermediate zones, with a high of 443 in Heathryfold and Middlefield, 412 in Northfield, 409 in Tillydrone and 395 in Torry East, representing 24% of children living low income families. 53% of children living in low income families stay in our priority localities.

Number of children in relative low income families, IZ in Priority Localities



In March 2023 there were 2,380 Claimants in priority localities (IZs) – up from 2,350 in February 2023. The claimant count rate varies across the city by intermediate zones, from a low rate of 0.5% seen in Cults, Bielside and Milltimber East to a high of 8.9% seen in Tillydrone. In March 2023, priority localities represented 47% of claimants in Aberdeen, down from 53% in March 2020 as shown on the chart below. Non-priority areas such as Bucksburn North (6.6%) and City Centre East (6.2%) are now the 5th and 6th highest areas of claimant count rates in the city.

Claimant Count, IZs in Priority Localities



Data on child poverty sits across a number of organisations and isn't currently coordinated into one single data set to allow real time monitoring of child poverty given the changes in circumstances across our communities and localities.

A review of the Improvement Service Community Planning Outcomes Tool, shows that 78% of communities were performing better than expected as of 2020/21. This means however, that 22% were not.

Select Display

- ☒ Top/bottom 5
☐ Top/bottom 10
☐ All

78%

Communities Performing Better than Expected

Select indicators

- ☒ Child Poverty
☐ Attainment

☐ Participation Rate

☐ Out of Work Benefits

☐ Crime Rate

☐ Emergency Admissions

☐ Early Mortality

☐ Depopulation

Most Vulnerable



Least Vulnerable

Outcomes

Within Aberdeen City which communities have the poorest outcomes?

Woodside
Torry East
Tillydrone
Old Aberdeen
Northfield
Cults, Bieldside and Milltimber West
Braeside, Mannofield, Broomhill and Seafeld East
Braeside, Mannofield, Broomhill and Seafeld South
West End North
Midstocket

Compared to other, similar communities, do those in Aberdeen City fare better or worse than expected?

Frogghall, Powis and Sunnybank
Woodside
Buckburn North
Kincorth, Leggart and Nigg South
City Centre West
Buckburn South
Braeside, Mannofield, Broomhill and Seafeld South
Seaton
Rosemount
Stockethill

Improvement

Within Aberdeen City which communities have improved the least?

Braeside, Mannofield, Broomhill and Seafeld North
Cults, Bieldside and Milltimber West
Danestone
West End North
Oldmachar West
Torry West
Stockethill
Cummings Park
Frogghall, Powis and Sunnybank
Rosemount

Within Aberdeen City which communities have improved the least relative to other similar communities?

Oldmachar West
Braeside, Mannofield, Broomhill and Seafeld North
Denmore
Cove North
Cults, Bieldside and Milltimber West
Seaton
Stockethill
Torry West
Heathryfold and Middlefield
Cummings Park

Least Improved



Most Improved

There is now a need to establish a mechanism to better track our progress in addressing the child poverty agenda across our communities and localities in real time to ensure that our collective endeavours realise more equitable levels of improvement.

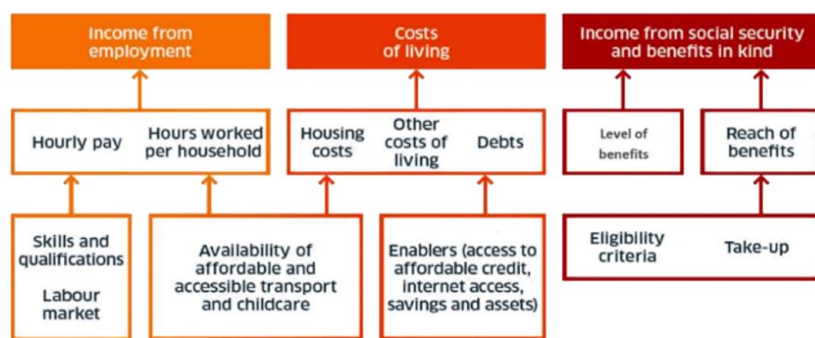
Community		Overall Outcomes	Child Poverty		
Vulnerability	Name	Improvement rate compared to the CPP average	2014/15	2020/21	Improvement rate compared to the CPP average
1st Most Vulnerable	Heathryfold and Middlefield	Faster	20.18	22.99	Faster
2	Woodside	Faster	20.84	32.18	Slower
3	Torry East	Slower	23.06	28.70	Faster
4	Seaton	Faster	15.76	20.00	Faster
5th Most Vulnerable	Northfield	Faster	14.37	24.17	Slower
	Aberdeen City Average		9.84	13.53	

There is also a need to improve qualitative and quantitative data on the 6 groups most likely to be impacted by poverty to inform our work.



5. Progress made over the last year

Best Start, Bright Futures tells us that the three drivers of poverty are income from employment, cost of living, and income from social security and benefits in kind. We know that impacting these drivers will positively impact levels of child poverty and so have structured our report under these three headings whilst recognising how interrelated they are.



Key achievements over the reporting period

- £1.9M allocated by Aberdeen City Council towards the Aberdeen Gift Card Scheme, resulting in 14,172 eligible citizens benefiting from £125 gift cards
- A 21% increase in the number of employers paying the real living wage in the last year, now covering 42,800 employees.
- Year on year increase in the uptake of Best Start Grants and Foods
- 992 pupils active in Duke of Edinburgh Award Schemes across the city
- 2074 young people (aged 10-18 years) and 689 children (aged 5-9 years) have engaged in youth work activity
- 2314 adults have been engaged in adult learning activity and the city-wide family learning offer provided 250 activities to 481 adults (and their 389 children/young people)
- Our ABZWorks Employability site has received 6000 hits since the start of 2023 and 691 people have received employability support from the team
- The enjoyability rating as provided by children and young people for the most recent programme (Easter in the City, 2023) was 9.7 out of 10
- 965 boxes of free sanitary products have been delivered to schools since January 2023
- The Fairer Aberdeen Programme funded 38 initiatives across community learning and development providers, tackling poverty and supporting 35,610 people.
- Allocated funding to support the distribution of 622 tonnes of free food (the equivalent of 1.72M meals)
- As of January 2023, over 22,500 young people have applied for and obtained a National Entitlement Card with free bus travel and are benefiting from this service
- Over the last year the Financial Inclusion Team have helped families achieve:
 - Financial Gains of £1,402,241
 - Assisted/Assisting 313 households with debt issues.
 - Helping with total debts of £2,038,137
 - 614 households given full benefit checks
 - Assisted 124 households to claim benefits and 35 to challenge their benefits

5.1 Income from employment

Ensuring that our young people and families gain the skills required to secure employment is central to our work. The Community Planning Partnership works on a range of long and short term projects to address this area of focus.

Long term interventions - ABZ Campus

What problem we were trying to solve? A review of attainment data identified 3 problems to be addressed through ABZ Campus. These included the need to:

- map and direct courses towards the growth and volume sector industries for the North-East of Scotland to improve longer-term employability.
- shift the shared focus away from the most academically minded and develop a more inclusive offer to support young people to access a range of courses across different Scottish Credit and Qualifications Framework (SCQF) levels
- Address restrictive secondary timetables to enable closer collaboration.



What did we do? Secondary Head Teachers:

- Aligned secondary timetables so that young people can access courses in different schools easily in order to have access to a broader range.
- Reviewed courses available to ensure that new courses were aligned to the growth and volume sector industries of Construction, Digital & Entrepreneurship (incorporating Financial & Business Services), Early Learning & Childcare, Energy, Health & Social Care, Life Sciences, and Tourism & Hospitality.
- Convened Further and Higher Education and partners to consider how best to progress as a whole education system.
- Interviewed young people to learn from their lived experience. Young people told us that:
 - The quality of course information and publicity could be improved.
 - They would welcome a greater measure of consistency in the application process for courses.
 - that course and location induction was really important in giving them confidence.
 - that they are keen for greater consistency in the quality of feedback, tracking and reporting of progress

A set of cross-city working groups were created to develop citywide pathways across a large range of abilities and curricular areas. A set of Higher National Certificate (HNC) courses was agreed with partners North East Scotland College (NESCOT) at Level 7. These courses offer articulation into year 2 of local universities for those planning to progress into Higher Education. A broader set of Higher and Advanced Higher courses were mapped to be delivered across a number of 'host' schools.

A group of Foundation Apprenticeships with partners NESCOT, Bon Accord Care and Aberlour Futures were planned, as well as an Employability Course organised in partnership with the Council's City Growth and People and Organisational Development services to provide opportunities for work placements and a guaranteed job interview upon successful completion.



Family information as made available from February 2023 ([link here](#)). Promotional material is being housed in a new section of the ABZ Works website ([link here](#)) so that young people and adults have a one-stop shop solution to find out about and apply for ABZ Campus courses.

There is a commitment to equity contained within the plans for ABZ Campus. All courses offered will carry an opportunity based on merit rather than where the young person has their 'home' school. There was also a recognition of a 'gap' in support for young people who are care experienced or on the edge of care. It was agreed that identifying a key member of staff to provide signposting, tracking and support around future course choices to help realise a positive destination would help ensure that those who are care experienced are well positioned to take advantage of ABZ Campus and to achieve at the highest level possible. In order to address this a new role of *Pathways Advocate* was designed. Secondary schools began internal recruitment of *Pathways Advocates* in October 2022 and many schools now have these staff members in place, working on a 0.2FTE basis alongside partners in school.

An incredibly positive outcome of the work on timetable alignment is that there now exists an opportunity for schools to work together to provide even greater access to young people through a 'clearing' system. As young people make their choices during March 2023, schools will share where there is capacity in their schools and, if a course in one school is over-subscribed, it is possible that the same course will have spaces in another school and could be accessed by the young person. Clearing will take place after the usual choice process window closes in April, and will continue into May prior to courses starting in June.

As part of thinking towards how ABZ Campus could be further developed in phase 2, a pilot connection has been made with a school in Aberdeenshire to open up access to some of the courses on offer.

37 courses will be offered as part of ABZ Campus 23-24 with a total of **970 places** across this course offer. A set of quantitative and qualitative success measures have been set to determine progress and improvement. As of April 2023, **843** young people had registered for the courses.



What next? Successful implementation of Phase 1 will lay the foundations by establishing systems which enable measurement of impact and build confidence in the young people, parents and carers and staff. Further improvements are being developed for Phase 2 and beyond now that the foundations are in place.

Long term interventions - Aberdeen Computing Collaborative

What problem are we trying to solve? Professor Mark Logan's report, [Scottish Technology Ecosystem: Review](#), highlights how ill prepared local systems are to respond the need for the current and future workforce to have strong digital skills which will increasingly be a necessity for employers. Problems to be solved include:

- The lack of qualified computer science teachers
- The lack of clear digital skills progression
- The need to attract economic investment in Aberdeen City through the ready availability of those with advanced digital skills.



What did we do? The Aberdeen Computing Collaborative has been formed by Aberdeen City Council, in partnership with North East Scotland College, Robert Gordon University, the University of Aberdeen, and Opportunity North East. The collaborative's focus is on improving computing science education in the city, in line with the recommendations made by the [Scottish Technology Ecosystem: Review](#).

The collaborative aims to support a coherent, innovative, and skills-based computing science curriculum from early learning to senior phase and beyond. This includes creating multiple pathways for all learners to maximize access to computing science learning and qualifications in and out of school. Focussing on the development of computer science skills will ensure that pupils across Aberdeen City are well positioned to benefit from post school opportunities.

The collaborative plans to increase opportunities for young people, develop the skills of staff and promote the sector through engagement, curriculum support and professional learning. The collaborative held a successful launch event in September 2022, at ONE Tech Hub, which was attended by over 250 pupils and teaching staff. The event included practical computing science workshops and professional development discussions for teaching staff. Feedback indicates that almost all children and young people attending were more likely to consider a computing science career following the event.

North East Scotland College, Robert Gordon University and University of Aberdeen each have outreach programmes to promote computing science both in and outside of school. These partners are currently reviewing their outreach activities to reduce overlap and increase areas for collaboration, with a view to improving the experience for children and young people attending these programmes. It is hoped that a greater aligned offer will be available to schools from August 2023 onwards.

Esports is gaining popularity as a tool for education. We recognise the benefits of esports in education, including promoting teamwork, problem-solving, and strategic thinking. Esports can engage learners with technology and act as a gateway to interest in computing science and the tech sector. An Esports hub is being developed at St Machar Academy, which will deliver a new National Qualification in Esports at SCQF Level 4 and 5 from August 2023. Collaborative partner, North East Scotland College, will support this development in working with the central team and the staff of St Machar Academy.



To support professional development, ACC officers have created “grab and go” resources for staff supporting the youngest learners in our primary schools. A classroom teacher has been commissioned to continue production of these resources and will coordinate this development with partners.

Digital badges for professional learning

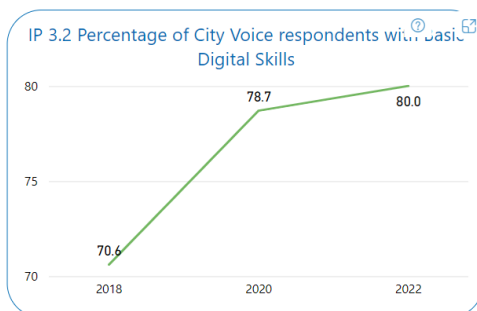


The collaborative has met with Professor Mark Logan, author of the Scottish Technology Ecosystem: Review, to welcome his reflections and on-going challenge of our work. Discussions have also considered any potential routes to funding to help address some of the national shortage in computer science teachers.

To address the local shortfall in computer science teachers, Aberdeen City has entered a separate partnership with University of Highlands and Islands (UHI), to provide a distance learning Professional Graduate Diploma in Education (Secondary) to support those in the city with an interest in becoming a Computing Science teacher. Entrants to this course will be given placements in ACC schools to encourage them to seek employment locally when fully qualified.

What next? The Collaborative will take forward the following areas of work over the next 12 months:

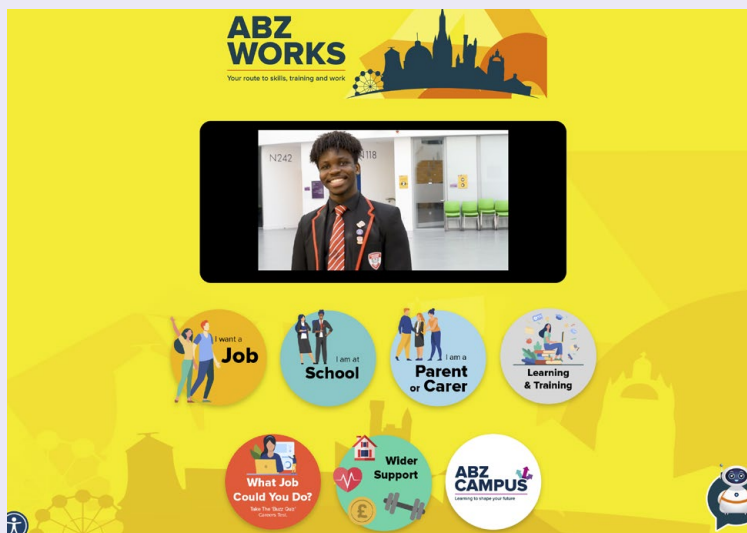
- Align with ABZ Campus
- Develop and deliver extra-curricular Computing Science and Digital activities.
- Develop communications for parents/carers/young people to promote the opportunities in the sector and the range of pathways available.
- Continue the development of professional learning materials and an online delivery platform with the aim of increasing the number of young people completing courses aligned to support the digital and tech sector by 20% by 2026.
- Utilise opportunities to join this work with that being undertaken by Community Planning Partners on Stretch Outcome 3



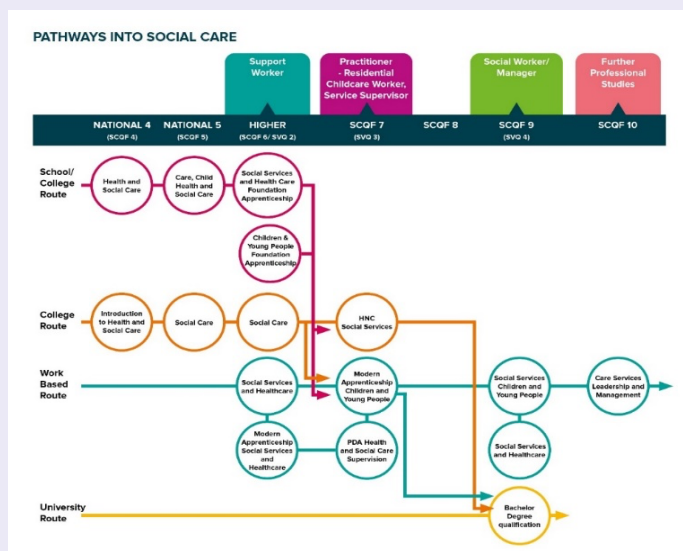
Long term interventions - ABZWorks

The ABZ Works **one-stop-shop** website launched in late 2021 and is designed to target young people and their parents, care experienced people and adult job-seekers has been highly effective at supporting these target groups to easily find information about career pathways and broader advice and support. [ABZ WORKS](#)

The ABZWorks website is providing an excellent mechanism to signpost target groups to a range of support and benefits, including housing, financial and mental and wellbeing advice. Aberdeen City Council has seen a significant increase in the number of care-experienced young people participating in employability activity thought to be partially attributable to the website. The blogs on the website show how some vulnerable and marginalised individuals have been supported into sustained outcomes. [Blog - ABZ WORKS](#)



The ABZ Works website is also a great way to showcase and promote career pathways into growth industry sectors, such as Health and Social Care.



ABZ Works continues to be a relevant and well-utilised resource. Since the beginning of 2023, it has had 6000 “website hits”.



Other achievements over the reporting period

Employability Programmes

Aberdeen City Council receives funding annually from Scottish Government to deliver a range of employability interventions through both the No One Left Behind and Parental Employability Support Fund streams.

The main purpose of employability funds is to pay for employability interventions and the vast majority of these monies goes towards covering training and engagement costs, delivered either in-house or via contracted provision.

Total employability funds for 22/23:

No One Left Behind - all-age, all-stage employability support: £675,202.58.

Seed funding to the value of £3,995.79 was provided to support the creation of one business.

Parental Employability Support Fund - for eligible parents with dependent children who are unemployed and experiencing poverty or who are experiencing in-work poverty: £263,197.73.

Seed funding of £6,418.39 was provided to support the creation of three businesses by eligible parents.

Young Person Guarantee - for 16-25-year-olds who are not in a positive destination: £515,770.14. Over the course of 2022/23, 69 young people aged 16-18 and not in receipt of unemployment benefits who engaged in 10 or more hours of employability activity weekly through ABZWorks received a training allowance of £55 per week, paid fortnightly. Total training allowance paid out for 22/23: £44,990.

Seed funding to the value of £9,293.68 was provided to support the creation of four businesses by young people. £480 of Aberdeen gift cards distributed, and £174.50 of bus tickets.

Long Term Unemployed Scheme - for people who are aged 25+ who have been unemployed for 12 months or more and have a barrier to employment: £661,389.18. This fund provided grants to third and public sector employers to cover Real Living Wage salary and on-costs for up to six months.

We anticipate on-going investment in this area from Scottish Government and, in line with the actions set out in the Local Employability Partnership (LEP) Delivery and Action Plan, have developed a package of activities which we intend to deliver, subject to availability of funding.

These include:

- the creation of a Child Poverty Coordinator post, with a focus on employability;
- Paid work experience programmes with guaranteed interviews for those who complete, aligned to sectors where we know there are skills shortages (we have one underway currently for care experienced young people, and another for eligible city residents of all ages in the health and social care sector);
- Ongoing employability keyworker support, providing a person-centred and whole-family offer to ensure activity meets the needs and aspirations of individuals receiving support;
- Employer Recruitment Incentive Scheme to provide up to £6,000 to employers to offset the costs of taking on new members of staff, and with a particular focus on eligible parents and young people;
- An ongoing programme of jobs fairs and training information events;
- A training fund which parents can access to meet the costs of training provision.
- In-work progression support to assist parents experiencing in-work poverty to upskill, secure more hours, or secure better paid employment.

Referrals for employability support continue to rise. We have just awarded a contract to a third sector agency to provide employability support to parents at stage three of the employability pipeline and anticipate offering more tendering opportunities when we receive grant funding.

Supporting residents into Fair Work

Increasing training and reskilling opportunities as well as business creation is key to both developing new fair work employment opportunities; reducing the number of people in receipt of Universal Credit and to diversifying the economy. We are taking forward a number of initiatives to support people who will be coming off (or significantly reducing) their benefits. In the past year, 691 people have received employability support via ABZWorks.

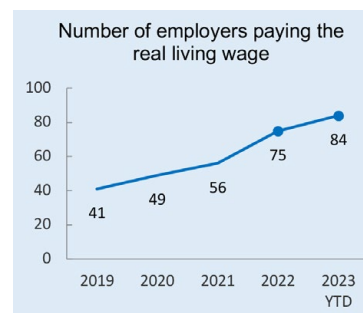
Employability Transition Grant

An employability transition grant, provided through the Council's Cost of Living Funding in 2022/23, providing £1,000 paid over three months to lone parents who meet eligibility criteria, is helping them transition into employment by removing the financial barriers to work. It is hoped that we will be able to continue to provide this through the Parental Employability Support Funds. The Local Employability Partnership has identified parents and young people as key target groups for employability support. United Kingdom Shared Prosperity Funds (UKSPF) will also be leveraged to provide a range of employability support to eligible individuals, including those who are economically inactive.

Increasing the number of employers paying the real living wage

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. The Aberdeen City Bid for the Real Living Wage (RLW) accreditation is a 3-year plan across partners to increase RLW uptake in the City. 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. Considerable progress has been made in increasing the number of employers paying the real living wage. Based on data from Living Wage Scotland, there are currently 84 employers headquartered in the city now Real Living Wage accredited – a 90% increase since we started our improvement work to increase employer sign up to the Real Living Wage and a 21% increase over the last 12 months. 1,695 workers have received an uplift in wages since the establishment of the real Living Wage movement in the city which now covers over 42,800 employees. The work includes advocating for income maximisation and support for unpaid carers in the workplace, helping retain in work through flexible work policies etc Promote the accreditation Carers Positive. NHSG are working with DWP to support 50 plus and young people to return to work and/or increasing hours to increase income opportunities. NHSG achieved the real Living Wage in 2022 to support our lower paid staff, and apprentices at 18 plus had an uplift, as well as ensuring appropriate contractors to NHSG to pay their staff the RLW now and into the future. Further accreditations are in the pipeline, along with initial conversations with employers interested in accreditation.

Latest data available as of end of 2022, showed that 93.3% of employees in the city were in living wage employment, an 11.3% increase since 2016 and 6.3% increase since 2021. 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

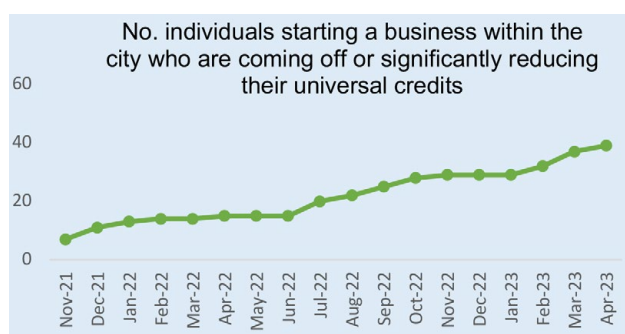
"As an events business, one of the main challenges is recruiting and by becoming accredited I was able to show that a small hospitality business like ours is able to pay a genuine living wage to everyone in the team. Ultimately, becoming an accredited Living Wage employer has helped us to find great 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, contractors, and customers that we are an ethical business."

Hospitality Employer



Supporting citizens to start a business and reduce their universal credits

In order to take advantage of all policy levers, work has been undertaken to increase the number of people starting a business. Since November 2021, to support all to start a business 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 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, 104 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 39 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits.



Case Study

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's ABZWorks employability service & successfully applied for seed funding through the Parental Employability 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."

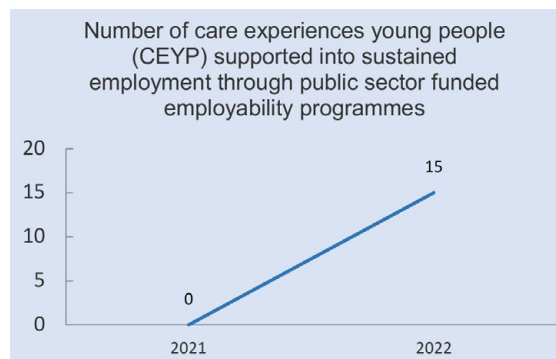
Over the past 6 months, Carly has continued to develop her business. Now working in the medical aesthetics field with a focus on non-surgical injectable procedures. With Gillian's encouragement Carly *"has worked incredibly hard to get to where she is, from being unemployed to launching a business in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

Supporting care experienced young people into sustained employment.

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've put in place a range of initiatives to help remove those barriers and provide support and opportunities to help them feel confident and ready for employment. Initiatives have included guaranteed interview scheme, RiteWorks and Kickstart to name a few.

Latest data available for 22/23 shows that our tailored employability support programmes have supported 63 care experienced young people, and 100% have achieved a positive destination with 15 securing employment, 37 continuing with the programme, 8 are in further training and enrolled at further or higher education. The programmes have been very successful to date across a number of outcomes, including: sustained engagement; achieving qualifications; engaging in work experience; progressing into a positive destination; sustaining that destination.



Case Study

Rebekah (Bekah) joined the Council as a Kickstart intern, blazing her way into the organisation, making a great impact with her bright blue hair, and really positive first impressions to everyone she met in the course of her six month post with the Talent team. She took a lead role in the development of our ABZWorks Instagram page and impressed everyone with her knowledge, determination to learn and succeed, honesty, and hard-work.

Bekah tells her own story here in her [LinkedIn post](#).

She left Aberdeen City Council at the end of her placement to move elsewhere in the country. She quickly secured work and is doing well.

Another young person, who has faced a number of challenges and lost an apprenticeship due to anger management, has been supported to set up his own business through seed funding we made available through Young Person Guarantee monies. We worked in partnership with Business Gateway to get a business plan and funding plan developed, provided funding in a staged way to gradually equip him for the challenges of business, provided a laptop and phone, driving lessons, other training, and he is now fully established in a self-employed role. This would not have been possible without steady and structured support.



Focus on Growth and Volume Sectors

We are working closely with partner agencies and have developed a working group with the Health and Social Care partnership to support parents and other employability participants into roles where the Partnership has gaps, and which suit the needs and aspirations of participants.

In-work support is provided for up to 26 weeks to ensure as far as possible that employment outcomes are sustained. It is standard procedure to refer employability participants, and particularly parents, to the Financial Inclusion Team for support, a benefits check, and advice.

Planning for the future

An Employer Skills Audit is to be issued to identify skills gaps across the city, which will help to not only inform employability services commissioning activity with a view to ensuring our participants are best placed to secure work, but also to identify employers paying Real Living Wage and those willing to offer work experience placements, and other avenues which could be explored to support participants into fair and sustained work.

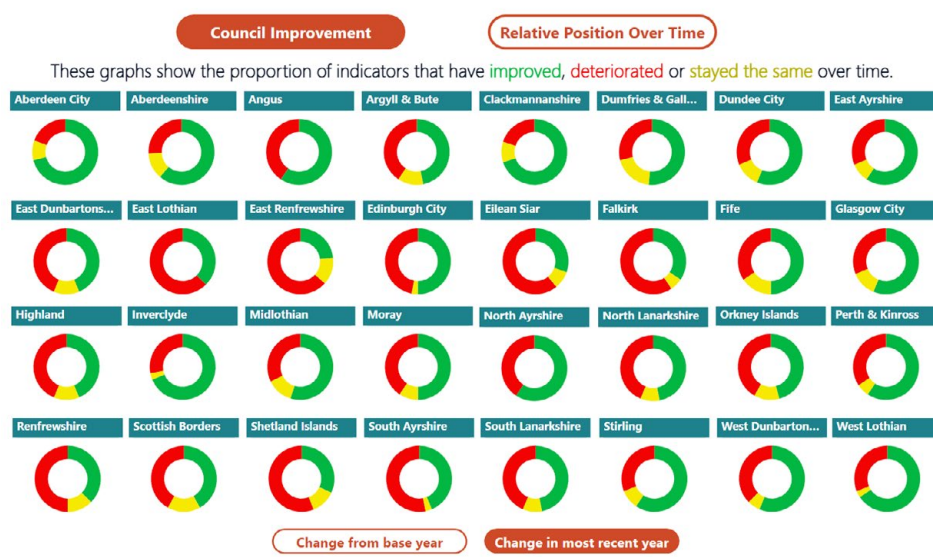
Of the 220 parents registered for support with ABZWorks since April 2022:

- 72 have secured employment, 49 of whom we know are being paid Real Living Wage, though we believe the actual number to be higher;
- Three have accessed seed funds to set up their own business and are now self-employed, with a further four in the business development stage;
- Mother-of-two Hanna Brock is one of the parents supported, and has agreed that we can share her success story.

Focusing on an improvement in the quality of services to young people

As a Community Planning Partnership, we recognise that the delivery of high-quality services directly impacts positive outcomes for children and families.

The refreshed Children's Services Plan encourages senior leaders from across the Community Planning Partnership to hold each other to account for the quality of services being delivered. Local Government Benchmarking data shows that Aberdeen City's children's services have the most improved over the last year. This focus on improvement will be maintained through the delivery of the Children's Services Plan.



Case Study - This is Northfield

Young people at Northfield Academy have told us through a Focus Group that they feel branded by postcode. We want to shift the narrative around Northfield and give young people a sense of achievement. We also know that enjoyment is a key component of learning. An important outcome for this project is to make learning more enjoyable for our young people by using creative interventions. In response, we have partnered with the Creative Learning Team to shape four residencies.

The four residencies aim to use creative arts to develop skills, such as creativity, critical thinking, and collaboration. The Northfield Academy learners will participate in a range of creative activities and develop their creative arts skills and their confidence while they are working towards an SQA qualification by achieving units from the National Certificate in Personal and Vocational Skills. The project will also feed the creativity of our staff by offering them the opportunity to engage with the creative arts, through our artists, as well as mindfulness meditation and other activities.

Residency 1 – What's Your Treasure?

Northfield Academy learners have been invited to offer new perspectives on artworks and objects in the city's art gallery and museum collection and work towards an exhibition at Aberdeen Treasure Hub. The young people will have an exhibition on the 17th of June 2023 at the Aberdeen Treasure Hub.

<https://www.aberdeencity.gov.uk/AAGM/learn/northfield>

Residency 2 – Princes Trust Collaboration

The Awesome Tech project will invite Northfield Academy learners to build robots and interactive sculptures in small teams. Young people will be using the creative arts to develop their team working and leadership skills.

Residency 3 – Supporting Health and Wellbeing

Working across the whole school, this residency will explore creative interventions to improve the health and wellbeing of teachers, support staff and learners within the school.

Residency 4 – Resilient Northfield

This residency will focus on improving the perception of Northfield by inviting learners to create a sensory map and lead a community arts project.

The evaluation framework will measure several outcomes, including:

Young people will have more confidence.

Young people will feel listened to.

Young people will feel valued.

Young people will learn new skills.

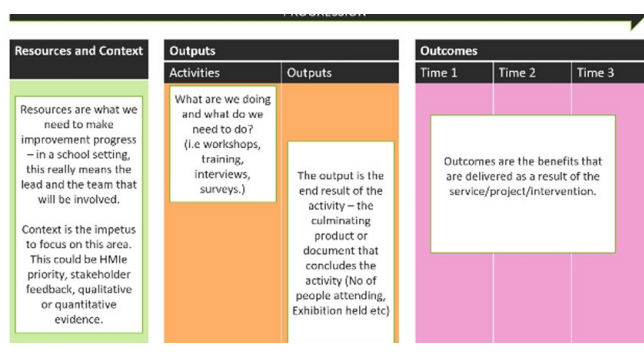
Young people will feel more positive about learning.



Improvement in the quality of learning, teaching and assessment

High quality learning, teaching and assessment directly improves attainment and therefore employability. To improve attainment levels in some schools, a Lead Teacher has been appointed and is working with secondary colleagues to provide targeted support to a small number of schools. All schools access the city make use of an agreed Learning, teaching and assessment framework and use it to support Improvement locally. This remains a focus in the city and is now being focussed on regionally.

Local Government benchmarking data evidences that improvement is being realised but that our focus on this area should continue. A logic model for creating improvement/action plans with measurable outcomes has been piloted with one of our secondary schools. This logic model starts with the context for change, describes activities and products before tying these into measurable outcomes that will demonstrate progress and improvement. It is intended that this logic model process will form part of the school improvement process for all secondary schools for session 2023-24.



Development of retrieval practice at Aberdeen Grammar School

What problem were we trying to solve? Under the existing examination structure, young people where poverty is a barrier, can find it challenging to prepare for 1 high stakes examination. This is particularly the case for young people with additional support needs (ASN). Our aim was to provide all young people with the skills and resources to support them with preparation for SQA examinations at National 5 and Higher level.

What did we do? We introduced Retrieval Practice sitting alongside staff evaluating their physical learning environment against the CIRCLE framework. The supports we put in place, originally for a targeted group are supporting all young people on a universal level. Resources sitting behind this (flashcards, targeted twilight revision sessions, materials for parents – Planning for Success events, construction of a learning and teaching website) have received positive feedback from staff, pupils, and parents.

What happened? Analysis of S4 SCQF level 5 data points to an uplift within the Working Grade for the current S4 cohort. This is looking like a 5% uplift on a universal level. Young people in focus groups report increased confidence in the use of retrieval practice to support retention of information. Dyslexia can be a real barrier for young people with the chunking and retention of information. This group of young people in S4 and S5 were very positive about the “teaching” of strategies to support retention for SQA examinations. As we began to unpick this issue, we felt that a fuller review of our provision for ASN learners was required. We invited colleagues from across ACC with specialist knowledge to support us with this task. We have now interviewed all young people across S1-S3 to populate the ASN Tab with specific strategies which we will share with teaching staff to aid their planning.

What next? Following study leave, meet with all young people in the new S4-S6 with ASN and review the information held for them and adapt with strategies they feel will support them.

Measurable outcomes within the L&T aspect of the new SIP linked to application of learning and feedback Embedding retrieval strategies/CIRCLE framework/UDL across every classroom to ensure consistency.

Delivering services in partnership

Case Study Links Hub

The partnership between health and (early) education sits at the heart of the work undertaken at Links Nursery and Hub. The setting prides themselves on building trusting, therapeutic relationships, which give families the opportunity to voice their needs and the challenges they face. The focus being to reduce referrals to other services out with the Hub and to increase and improve engagement of families within our service.

There is a weekly children's meeting held within the Links Nursery and Hub to promote information sharing and multiagency working. Speech and Language Therapy, Health Visitor, Centre Manager and Excellence and Equity Practitioners are represented. Robust planning support takes place for children and their families who are facing adversity, with Child A providing an example of how this approach is improving outcomes:

Child A's parent was recently diagnosed with a health condition impacting their capacity to parent. The parent was also struggling with Child A's behaviour, which had deteriorated since the onset of their own ill health. Nursery noted this behaviour change, a change of pattern in attendance, and other family member doing almost all pick-ups and drop-offs. These changes prompted a discussion with health visitor, which resulted in a home visit where parent shared her challenges. This information was conveyed at our meeting, which led to structured support from health and education. Parent was offered one-to-one PEEP (Parents as Early Education Partners) sessions with our Excellence and Equity Practitioner (within the hub) alongside behavioural support within the home. Travel support was also offered to increase the child's attendance. The parent disclosed that they felt a support network now surrounded them.

peep

Outcomes: there has been an increase in engagement with both health visitor and hub centre manager and an improvement in child A's attendance at nursery and at health-related appointments.

It is important to note that families are involved at all levels of future planning support for their children. This new, collaborative way of working at the Links Nursery and Hub involves children at the heart of decisions made to improve their positive future health and education outcomes.

The centre opened in 2021 with 40 registered children and now has around 110 children supported on a daily basis evidencing the desire of parents to access joined up services.

Co-location and Co-delivery

Building on a model of co-delivered Early Learning and Childcare at our Links Hub, the education service and Lead Nurses have agreed to develop a collaborative learning opportunity to develop consistent understanding of service roles and responsibilities for those working across a locality. Planning for this will begin in late April to provide a platform for stronger partnership working between school nurses, health visitors and education staff.

Work is also progressing to co-deliver a provision for the Northfield Academy community. This unique collaboration will help develop employability skills in young people whilst helping to address the health needs of target groups in the school community. The full project charter for this initiative is available in Appendix A.

Place2Be, an intervention delivered to support family wellbeing through schools, is now funded by NHS within 2 local primary schools and the impact of this work will be reviewed on an ongoing basis.



Case Study Fit Like Aberdeen to address family wellbeing

The multi-agency and multi-disciplinary Hubs have moved from co-existence to collaboration and co-production in order to improve outcomes for children, young people and families.

Coexistence: In November 2020 the multi-agency practitioners clarified what practitioners from the different agencies could do and with whom. This helped develop an understanding of the uniqueness that each partner brings to the collective and helped individual agencies move from a single agency agenda to a shared one and developed an openness to doing things differently together.

Co-operation: By sharing information and recognising the mutual benefits and values of partnership working, practitioners pulled together collective knowledge and skills which enabled them to develop a shared understanding and ethos that is embedded within the framework of The Promise.

Co-ordination: By planning together, shaping roles, responsibilities and pooling resource and being open to risk taking, practitioners accepted the need to adjust, to do things differently and make the necessary changes to avoid overlap. Taking a test, learn and develop approach helped increase the capacity of those attached to the Hubs.

Collaboration and Co-production have brought about cultural changes with shared leadership resulting in strong multi-agency partnership working to co-deliver effective and early intervention supports to children, young people and families.



Evidence of improved mental health and wellbeing

We know that financial concerns can be a significant factor in determining the mental health of parents and carers and know that children and young people are impacted by parental mental health.

Two surveys are completed on a yearly basis to help determine the impact of our work on the mental health and wellbeing on our children and young people and more than 8000 young people respond to each survey. The most recent results indicate that children and young people across Aberdeen City are 5% more likely to report positive health compared with the national mean and that all outcomes were improved from the last survey point. Children and young people also reported notably better outcomes when asked about emotional symptoms, conduct, hyperactivity, and peer relationships than their peers nationally.

Whilst the survey outcomes are positive and indicative that the interventions put in place have realised improvement, perceptions of affluence impact young people almost twice as much as their peers nationally and there is a need to address this through the Mental Health Collaborative associated with the Children's Services Board.

Scottish Attainment Challenge funding supporting pupil and family wellbeing.

Scottish Government Scottish Attainment Challenge funding of £473,825 is used to provide youth workers, family learning workers and Financial Inclusion Team support to each Associated Schools group. This resource has a clear remit for early intervention and to target those children, young people and families most at risk of disengaging from education and is helping provide a more responsive, universal offer for more vulnerable learners and their families and prevent escalation of need.



A focus on standards at Skene Square Primary School

What problem were we trying to solve? Commitment to raising the standard of learning, teaching and assessment by facilitating our 3rd cohort of teaching staff to participate in yearlong professional learning.

What did we do? Our aim was to ensure consistently high standards across all classes to ensure equity of delivery. The focus of the professional learning was to embed high quality feedback, engagement, challenge, and autonomy and included video analysis and coaching sessions for staff participating.

What happened? As a result on the intervention, our evaluation of QI 2.3 is now consistently at a minimum of 'good' with increasing frequency of 'very good'.

What next? We are now working collectively with previous cohorts to create a Learning and Teaching 'strategy'/'standard' in line with ACC Standards but provides more specific detail as to the expectations in all classes at Skene Square.

Youth Work achievements

2074 young people (aged 10-18 years) and 689 children (aged 5-9 years) have engaged in youth work activity with 1648 of those young people reporting improved mental health and wellbeing as a result of their engagement with the service.

2,459 young people have engaged with the Saltire Awards in Aberdeen. These awards, which are for volunteers aged 12-25 and co-ordinated by ACVO, continue to contribute positively to employability skills. 56 children and 16 young people were support to complete nationally recognised awards.

Over 100 young people identified as unlikely to secure a positive destination benefited from youth work programmes. Children and young people in the majority of primary and secondary schools in the City continue to benefit from youth work support through Scottish Attainment Challenge Funding.



Targeting the writing attainment gap at Woodside Primary School

What problem were we trying to solve? We wanted to close the writing attainment gap in P4 and P5.

What did we do? We used Pupil Equity Funding to secure supply teaching staff to enable three teachers to attend two whole day CYPIC National Improving Writing Collaborative training sessions and additional development days. This is a sustainable use of PEF as these members of staff will share their learning with the wider team.

What happened? The approach has positively impacted upon the attainment gap in writing within P4 and P5. Within Primary 4 of the 55% of children who have achieved 1st level, 12% of them were 'behind track' at the start of P4. Of the 55% of children who have achieved 1st level, 35% of them are now predicated to achieve 2nd Level earlier than the end of P7. Six children had not achieved Early level at the start of P4 and now have. Of these children, who had been significantly behind track, current predictions for achieving 1st Level show that 71% have closed the gap by at least 1 year.

What next? The next step for the school is to embed this approach to writing and introduce it via the trained staff to two other stages. This will support wider attainment and sustainability, benefiting children in receipt of PEF and FSM.

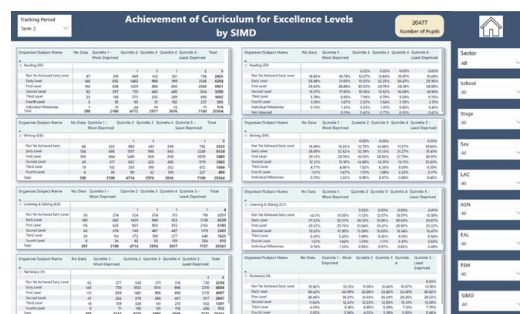
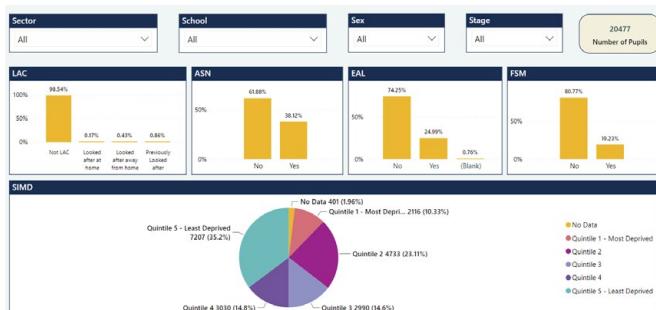
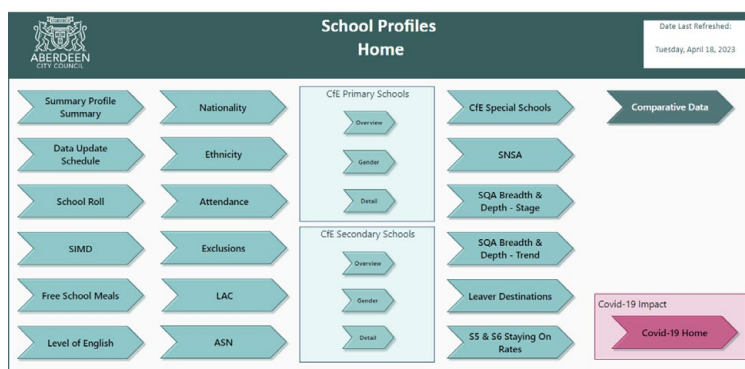


Improved school tracking systems

Significant work has been undertaken to ensure that schools are better able to identify and support families who are impacted by poverty. School profiles have been overhauled to allow schools to drill down into data sets based on both SIMD quintiles and into groups such as those who are Looked After in order to establish the improvements required as part of school improvement planning.

During session 22/23 profiles were further updated to include live data and this will enable school leaders to see the impact of changes in real time. This is critical given that some data sets (such as exclusion) are only validated every two years and will enable us to focus more forensically on understanding the needs of our Looked After children, those on the edge of care in 2023/24 and other groups identified to be at greatest risk. This will help schools plan based on more robust data for session 2023/24.

The visuals below show the range of data availability and how it can be drilled down into.



Early work to develop One Good Adult to support vulnerable young people

We know that young people make better progress when they have ready access to a trusted adult in school.

The One Good Adult pilot is being further developed by the Education Service in partnership with Education Scotland and People & Organisation colleagues and we are amending job profiles to reflect the changes. This will be shared further with Community Planning Partners to provide an opportunity for colleagues beyond education to benefit from this approach. A group of young people are working with Education Support Officers to develop a bank of questions related to this job profile and support the recruitment of staff going forward.



Targeted literacy support at Braehead School

What problem were we trying to solve? Whilst our achievement of Curriculum for Excellence Levels (ACEL) is higher than last year in P4 and P7 for Reading and P7 for Writing (with P4 not changing), internally we are recognising that a number of children are being referred to Support for Learning based on low reading fluency, phonological awareness and spelling.

What did we do? To tackle this, we have implemented two interventions, both of which work alongside each other. Firstly, regular reading opportunities are organised for identified learners through discussion between class teacher and support for learning staff. Learners attend reading sessions up to 4x per week, focusing on a range of skills including phonological awareness, reading fluency and comprehension, word recognition and sentence structure. Alongside these reading opportunities, children have been engaging in Nesy, an online learning platform designed to support the development of literacy. Originally designed to support those with dyslexia, it can benefit all pupil through its approach.

Children engage with Nesy for 20 minutes a day, 4 times per week under supervision of the support for learning team, usually before or after any group work.

The PEF funding has been allocated not only towards paying for the Nesy subscription for identified individuals, but towards providing PSA time to facilitate support for learning sessions, guided reading and time for Nesy. This has been invaluable.

What happened? Baseline data in August 2022 demonstrates an average reading baseline of 46% and an average spelling baseline of 36% across 35 pupils. Data from March 2023 demonstrates a reading average of 65% (19% increase) and a spelling average of 43% (7% increase).

Amongst those pupils who attended additional reading sessions, 48% were marked at Early Level, 39% at First Developing and 14% at First Secure in August 2022. By March 2023, we no longer had any learners working at Early level, with 87% working at First Developing and 13% at Second Developing.

What next? Next session, above and beyond continuing to provide the opportunities that we are this session, we plan to build in the capacity for the SFL group by providing additional PSA time. This will allow us to target more children. Additionally, we will be investigating what resources, time, and interventions we can put in place in Nursery, P1 and P2 to strengthen children's phonological awareness and reading fluency in order to move upstream.

Removal of the costs of the school day is positively impacting choices

Curriculum costs can restrict the choices that young people make in schools and limit their access to the courses best suited to their aptitudes and interests.

Schools have removed all curriculum costs to families. There is clear evidence that this has resulted in children taking decisions on courses which are not influenced by the associated costs.

There is evidence that increasing numbers of young people from areas of deprivation are now accessing free instrumental music instruction from The Aberdeen City Music Service. Uptake across Associated Schools Groups previously varied from 1% (in areas of deprivation) to 25% (in more affluent areas). The range currently sits at between 5 and 9%. Data will continue to be closely monitored as we continue to address the equity agenda.



Barnardo's Northern Star at Cornhill Primary School

What problem were we trying to solve? Pupil readiness to learn, parental engagement, emotional/nurture support, behaviour regulation, P7 transition support – all with the underlying aim of reducing the attainment gap.

What did we do? We have a full-time Barnardo's worker who is fully integrated into school life. Continuity and consistency have been key to the quality and effectiveness of the intervention where relationships are fundamental – we have been working with Barnardo's for over 5 years and have had the same worker for 3 years.

What happened? Over the last year our worker has worked closely with 18 individual pupils and their families, 49 pupils in groups plus several pupils informally. Individual attainment has improved in most cases, with wider attainment improving in almost all supported classes. The majority of the work is carefully planned and targeted but the worker has also been invaluable supporting with ad hoc behaviour and 'crisis management'

What next? We aim to further develop pupil and parental relationships to the benefit of individual pupils and the school more widely.



Aberdeen School for the Deaf: Emotional Literacy Curriculum

What problem were we trying to solve? Self-evaluation in session 2021-22 highlighted that there were significant gaps (school wide) in emotional literacy. Whilst tracking data highlighted that **almost all** learners were on track for individual milestones, **most** were behind track for national expectations in health and wellbeing. Discussions at tracking meetings indicated that most gaps linked to emotional literacy.

What did we do? We commissioned a bespoke Emotional Literacy intervention with our BSL tutor from the National Deaf Children's Society aimed at increasing learner's emotional literacy and developing their understanding of emotions, feelings and strategies for self-regulation.

What happened? Each class received 1 x 45 minute session per week for a 12 week block. By the end of this block, data has highlighted that:

- all learners display increased confidence when talking about their emotions
- All learners have an increased bank of emotion words/signs that they are now using when talking about their emotions
- **most** learners are now working in line with national expectations in HWB
- instances of dis-regulation have reduced with most staff reporting learners are accessing self-regulation strategies more successfully

What next? Extend this programme by using Emotion Works resources to:

- supplement the work with NDCS in order to embed emotional literacy work into the curriculum
- develop staff confidence in delivery of emotional literacy curriculum
- consolidate learning and application of knowledge to encourage self-regulation and communication around emotional wellbeing.

Positive early roll out of the CIRCLE framework

In almost all schools we have identified a lead to support the implementation of Inclusion in Practice, The CIRCLE Framework. Following the launch of the Framework in September training sessions and surgeries have been led by Education Support Officers, Educational Psychologists and Health professionals to support the roll out of the resources and associated training. These partnerships are providing rich expertise to ensure the CIRCLE training and resources are impactful and consistent across our settings.

The online CIRCLE Toolkits have been accessed almost 1000 times by school staff. We are beginning to see the shared vision and language of the CIRCLE Framework at school and ELC Quality Improvement Visits, where some schools are utilising the resource to consider the environments they are providing, to encourage and help learners and to support the delivery of learning and teaching.

Some schools are beginning to use this to inform improvement planning. Examples of this include Aberdeen Grammar School which has considered this in line with Universal Design for Learning. They are using this alongside capturing information and learner voice to review and update Accessibility tools and identify Professional Learning for staff; Milltimber School and Braehead School using the framework to audit environments and professional learning opportunities.



Developing skills at St Joseph's Primary School

What problem were we trying to solve? We were trying to create extra in-school activity sessions to meet the needs of learners who are bussed to and from school and therefore not always able to engage in immediate after-school activities on site.

Most of our children living in SIMD 1 – 3 are children who arrive by bus and although attainment in literacy and numeracy remains consistent within this group, for the most part, the children need access to a greater range of team and leadership activities with their school peers.

What did we do? We engaged 2 skills-based partners in our work: AFCCT and Ace Voices

What happened? Interim feedback from both the children and the leaders indicates a high level of engagement and participation in the activities.

Each partner is working to develop a different set of skills in children, but both have resilience in unfamiliar territory at their core. The wellbeing assessments and anecdotal data from the children is very positive (currently being updated).

Relationships at the school are very positive and restoration is very successful in the almost all cases where the learners are participating in the activities.

What next? Make the interventions available to younger children to ensure a broader reach and development of skills and tie this work into the development of a skills framework within the school. Explore the potential to Look engage partners in expressive arts to broaden access to a wider range of skills.





Closing the poverty related attainment gap

Quality Improvement Officers continue to monitor the impact of PEF interventions during school visits and during data discussions. Significant consideration and progress has been made to systematically review and develop PEF planning and reporting. The process has included working with the Education Scotland Attainment Advisor and looking beyond the local authority for good practice. Working alongside a group of headteachers and the attainment advisor, the central leadership team have developed a bespoke equity tracker that aligns with updated school improvement planning. The impact of this development will be evident once the final format is shared and implemented with school leaders.

The local authority has strengthened systems and processes for data improvement. A bespoke data dashboard has been created for use within the broad general education stages. This is a highly effective tool that builds upon the existing school profiles, pulling through progress and achievement tracking information. Benefits include current and live data being accessible for the central leadership team as well as school leaders. Accurate statistics can be filtered to pinpoint where the poverty-related gaps are in each SIMD quintile, school, stage and at an individual level. Professional dialogue between quality improvement officers, headteachers and practitioners is based on precise school and class profiles that allow informed decisions to be made and support to be identified.

The poverty-related attainment gap, which is measured by comparing the outcomes of learners in quintile one (Q1) and quintile five (Q5), has reduced from 2020-21. The gap decreased from 28 percentage points (pp) to 21 pp in 2021-22. This demonstrates a 7-percentage point improvement and is the local authority's best performance in this measure since comparisons between Q1 and Q5 learners were introduced. This latest figure is lower than the national attainment gap by 10.8 percentage points which outlines the considerable improvements which have been made when compared to 2020-21 data.



Hanover Street School working to address the attainment gap

What problem were we trying to solve? Data analysis and ongoing assessment highlighted gaps for the majority of our children in SIMD bands 1 and 2. We focused on core subject areas Literacy, Numeracy and Health and wellbeing. For Health and wellbeing, our aim was to provide further nurture support to give children the platform and supporting strategies to fully access their learning.

What did we do? Invested PEF money into 0.6fte teaching staff and 1.0 PSA to increase our offer of support for learning and nurture to identified groups of learners. SfL focused on Literacy and Numeracy using baseline assessment data to measure against to determine progress.

In Literacy, we have used benchmarking and writing criterion scale data as a tool to establish gaps in children's learning. We then focused support on Reading and aspects of writing (spelling, grammar) using a range of resources such as Nessy (online tool to support reading and writing). Children's progress is assessed on a termly basis for example (Benchmarking for reading, comprehension assessments, individualised teacher made assessments for targeted areas)

What happened? Most targeted learners (including our children attending school due to their families fleeing conflict) showed evidence of improved attainment with a few learners making significant progress.

What next? As we approach June, identified learners will be reassessed to determine the level of progress made across the year. The increase in teacher salary means that it will be challenging to continue with our current approach and our plans for next session are currently under review.

Participation in the National Improving Writing Programme

The Education Scotland Attainment Adviser has worked with an Education Support Officer to support 11 city schools' involvement with the Children and Young People's Improvement Collaborative (CYPIC) National Improving Writing Programme which aims to:

- Improve children's writing attainment.
- Spread a successful QI writing programme.
- Equip class teachers with QI knowledge so they can understand and apply tools and techniques that have been rigorously tested and work

Phase 1 schools began the process in October 2022, with Phase 2 commencing in February 2023. Phase 1 schools are already reporting encouraging progress with their first cohort.



Improving attainment at Quarryhill School

What problem were we trying to solve? 72% of our school population is within the first two SIMD quintiles and in P1 a third of the year group are being supported within our PEF plan. Our aim is to improve attainment generally but also for the pupils within the lower quintiles for reading, writing, listening & talking, numeracy.

What did we do? We embarked on a journey to improve our P1 experience moving towards a play-based approach, considering current research with the aim to raise attainment.

Our journey included:

- Professional learning for both teachers, including visits to other settings, collegiate working, professional reading, and online learning to support the development of our vision, as well as improve staff confidence.
- We resourced both classrooms, changed the physical environment in partnership with nursery staff, and experimented with free-flow learning between classes to increase varied play opportunities, share resources and support differentiated learning.
- An EYP transitioned with the children from nursery to P1 and supported the development of the play-based approach. A PSA then took over from November onwards working with both classes, focusing also on small group interventions. (Our plan was to have the EYP stay the full session but she left post)

What happened? Attainment in listening and talking increased by 1%, reading improved by 24%, writing by 17% and numeracy by 14% over the year.

What next? Our approach needs to further embed in P1 with further opportunities for outdoor learning. Staff will continue to engage with professional learning and network with other settings.

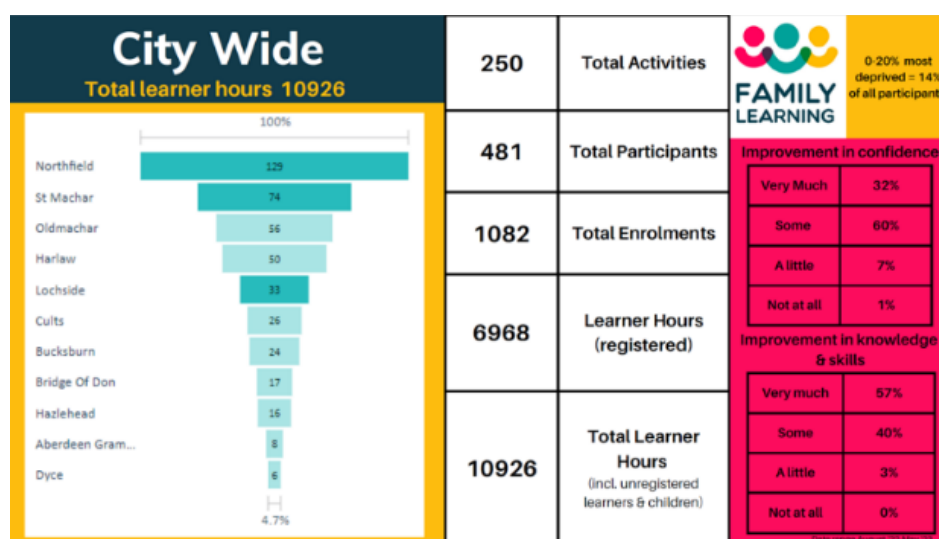




Family Learning

The primary reason for most of the referrals to the Family Learning service is for support with behaviour, low attendance at school or ASN support. When work begins with families and a trusted rapport is built, other areas in need of support are often discovered, such as poverty, poor mental health, and the breakdown of family relationships.

Families being referred for 1:1 support generally present with a higher level of need, with 16% of families currently with social work input, on the cusp of social work support or experiencing child protection concerns. Family Learning frequently support the maintenance of de-escalations from social work and is recognised by colleagues as an essential role in the support received by families. The team have developed strong relationships with a wide variety of partner agencies with the goal of ensuring that families access the right support at the right time.



Family Learning Case Study

Working together with home and school

A child displaying aggressive behaviours at home and in school was referred to Family Learning. The child was only attending school for 2 hours each morning at the time of referral and found it difficult to be in class, spending most of the time in school in the nurture room. The referral outlined the parents' need for support to understand the child's emotions and to establish structured routines and boundaries within the family home. Family Learning began building positive relationships with the parents and supported them to attend an 'Understanding Emotions' group. 1:1 support was offered in the family home, establishing positive routines, and encouraging mum and dad to work together to respond appropriately to the distressed behaviours of their child. At the most recent multi-agency meeting for the young person, there has been a marked improvement.

The child is now accessing a full timetable, and most of his timetable is within the classroom with his peers. The child can recognise when he is becoming frustrated, and there is a system in place to allow space for him to deescalate. Mum and dad are noticing that their young person is less heightened at home, and they are seeing a clear reduction in heightened behaviours.



Youth Work

Over 2022-23 617 referrals have been received from across all secondary schools. 178 individual 1-2-1 sessions were delivered along with 421 group sessions.

- 26% of referrals sought support with health and wellbeing.
- 20% of referrals sought support to manage relationships.
- 16% of referrals sought support to improve communication with others.
- 13% of referrals sought support to improve self-awareness.

Two years of data strongly supports the provision of youth work in schools and Scottish Government Scottish Attainment Challenge funding of £473,825 will be used to maintain this provision. Work will continue to align this provision with the Family Support Model over session 23/24.

Youth Work in the community

The youth work team runs youth groups and supports volunteers at Northfield community centre to run a drop-in group every Thursday for teenagers.

The youth work team post-Covid has changed its approach to youth participation and therefore the Aberdeen Youth Movement (AYM) has been set up. The AYM aims to provide a place for young people to express their views and use their voice in a less formal environment than was the case with Aberdeen City Youth Council.

Scottish Youth Parliament members, who are supported by the youth work team, have as a priority children and young people's right to food. They recently held a pop-up event where they spoke about the campaign: They also spoke at length around the new SYP campaign and report which is titled 'Young People's Right to Food' [Young People's Right to Food \(syp.org.uk\)](https://syp.org.uk) This was one of SYP's 2021-23 campaign priorities. The membership carried out research to find out about young people's experience in accessing food, and to gather their opinions on different solutions to problems within Scotland's food system. [Right to Food - Scottish Youth Parliament \(syp.org.uk\)](https://syp.org.uk)



Family Learning at Bramble Brae Primary School

At Bramble Brae the most impactful Intervention has been our Family Learning Worker (0.8) which has been integral to our plans supporting a focus on attendance, engagement, and participation. Our worker has provided focused interventions and workshops for families and has provided 1105 learning hours within our school community.

Over the session there have been 25 courses/1 to 1's. 1 to 1 support priorities the 6 priority family types with 100% of those supported falling within one of these categories. There have been 62 participants over the session with 92% of those in attendance reporting an improvement in confidence and 97% of participants reporting an improvement in knowledge and skills.



Family Learning Case Study - Young Parents Group

Family Learning have been running a support group for Young Parents under the age of 25 in Seaton Community Centre since September 2022. This is a space for young parents to meet other parents their own age and develop a peer support network. Participants have said that they previously struggled to access regular parent and toddler groups due to the difference in age between them and the other parents who attend. Each week they make lunch together and take part in an activity which is decided by the participants themselves. A core group now attend regularly. The group have worked on a variety of creative projects and participants have been able to take part in activities they otherwise wouldn't have enjoyed. The participants have had speakers in from services like St Machar Credit Union, ABZ Works and CFINE and have since signed up to access these in the community regularly. Visits have been undertaken to Aberdeen Art Gallery and SHMU, which group members have enjoyed. Some of the participants are quite vulnerable and have a limited support network.



Through engaging with the Young Parent Group, they have been able to access 1-2-1 support from Family Learning workers, Family Learning courses and Grounded Counselling. Two of the group members have children transitioning to primary school after the summer and are now thinking about volunteering opportunities in the community and potentially returning to work. Family Learning staff continue to signpost them to appropriate support and opportunities.

"I go to young parents to socialise with parents who are the same age as me. I've found in other groups with mixed ages younger parents get a lot of judgement but in this group it's very welcoming and no one judges anyone! You can get help and advice or even just an ear to listen to your rant! It's a great environment and I love going every week!"

"Between I'm a Parent...' and 'Understanding Emotions', I feel that I have been able to learn so much!"





Accelerated Reader at Bucksburn Academy

What was the identified gap? A gap in literacy levels in S1 and S2. Several pupils were starting S1 with a low reading age.

What intervention was used to support this area? Accelerated Reader was purchased to support this area.

How many pupils were impacted by this intervention? 301

How many pupils in SIMD quintiles 1 and 2? 34

How many of these pupils were receiving free school meals? 36

What happened? From growth data taken from Star Reading: 81.25% of S1 pupils in quintile 1+2 have increased their reading age so far this session. The average increase was 6 months. 77.78% of S2 pupils in quintile 1+2 have increased their reading age so far this session. The average increase was 9 months 63.2% of S1 pupils who receive free school meals have increased their reading age this session. The average increase was 1 month. 76.5% of S2 pupils who receive free school meals have increased their reading age this session. The average increase was 6 months. The increase in reading age for S1 and S2 as a whole was as follows: S1 - 7 months S2 - 4 months.

People's views The reading ages of all pupils is shared and kept updated on a spreadsheet which is shared with staff. A number of staff have said that the data is useful to them for gauging the amount of differentiation that is required for individual pupils. Support for learning also uses this data to decide which pupils require extra help with reading and set up small literacy groups once a session to help them.

Observations Accelerated reader also helps to motivate the pupils to read more which in turn helps to raise their reading ages. There are competitions to see who can read the most words, class word totals and word millionaires and word multi-millionaires.





Youth Work Making a Difference - Case Study Lochside ASG 2022-2023

Cooking skills were offered as part of the ongoing support offered by the Youth Work in Schools Team. The sessions support engagement, contribute to young people's life skills and support positive Health and Wellbeing. Confidence 2 Cook sessions ran from August 2022 and 22 young people have taken part at the Deeside Family Centre.

During an initial 4-week Confidence to Cook course young people choose what they would like to learn to cook. They learned about food/kitchen safety and were encouraged and supported to experiment with foods, recipes, and flavours.

One young person recently completed a Dynamic Youth Award based on their Confidence to Cook sessions, two young people have applied to NESCOL to study Hospitality and one young person will be starting a cooking course through Barnardo's employability after Summer. The sessions are based on healthier eating on a budget and young people can make their favourite foods for a fraction of the cost and know the health benefits of reducing sugars and salt.

The engagement and attendance at these sessions is very good and the sessions remain fully booked until October 2023 with young people requesting further sessions. Guidance Teachers have noted the positive impact these sessions have in engaging young people in further learning opportunities and continue to discuss the learning offer with parents and young people and submit referrals to the Youth Work in Schools Team.

The sessions allow young people and staff to build positive relationships and identify other areas where support is needed e.g. safety in the community, offending, relationships or future goals.

Feedback from young people

"I know how to make burgers and tacos, my favourite food"

"I want to do cooking for working with children, I have taken HE next year"

"I have a place at College for cooking'; 'skills for when I am older"

"Helping my mum cook the Christmas dinner"

"I want to be a Chef, gaining my confidence to cook certificate will help"

Parent feedback

"I've tried all the things and I must say they've tasted pretty good, he's fair chuffed with himself"

"He is at school today and is looking forward to his cooking!"

"he is really enjoying the sessions.. thank you': 'beetroot burgers are tasty' 'he has been cooking up a storm in the house over the holidays"

Work to develop a Family Support Model

Following analysis of the effectiveness of ASN and Outreach services, the education service began transforming the management and delivery models of ASN and outreach services around 3 years ago. A generic request for assistance form was developed to function as a single access point for all ASN and Outreach services including the School Nursing Service, Children's Social Work, Autism Outreach, and the virtual school.

The data is used at three levels; at whole system level to help us determine the success of our current approaches, at category of need level to help shape approaches and at individual pupil level to help inform individual planning for children and young people. This approach is proving helpful in identifying emerging risks. This live data helps us target groups easily to help mitigate risk.

The system has helped transform working practices, resource allocation and our commissioning of internal services and is now being extended to include all services for children as we design our model of Family Support.

The Children's Services Plan provides the direction of travel for working with community planning partners to shape a model based on the 10 principles of Family Support outlined in The Promise. The delivery of effective early support will be enabled through the provision of an updated and extended Request for Assistance process which we anticipate will be in place from August 2023.



Westpark Primary School working with Barnardo's to support wellbeing

What was the problem? Some children finding it hard to settle in the school environment.

What did we do? 20 children have attended Barnardo's groups with a focus on peer relationships, building self-esteem and target setting. In addition to supporting children to develop strategies to regulate emotions and manage conflict and challenge.

16 learners and families had 1:1 Barnardo's support from Northern Star worker or student on placement (7% of roll)

What happened? Almost all targeted children now report feeling happy, safe, and normal at school. Almost all now identify people who they trust and safe spaces within school. Almost all now identify supports which make a difference to them.

There has been a decrease in the number of reported near miss incidents as children have identified and can use strategies to regulate heightened emotions.

Almost all target children have very good or improved attendance and engagement as a result of feeling more confident and comfortable within the school environment and knowing that support is available for them when needed.

Three care experienced learners have had Barnardo's support for more than a year. As well as increasing their engagement with the curriculum, Barnardo's have also acted as a bridge between home and school, supporting families at multi-agency meetings and identifying additional supports (financial, food banks, holiday programs)

The Northern Star worker attended courses on harmful sexual behaviour, safeguarding and emotional abuse, which has allowed her to support staff when engaging in professional dialogue about risk awareness and seeking support from partner agencies.

She communicates daily with senior management and most class teachers, allowing for a dynamic and agile approach to meeting pupil need. The collaborative working model has also supported staff wellbeing and regulation.

Placements offered to social work students this year allowed additional families to benefit from 1:1 support, as well as teachers to request additional targeted group work support.

What next? Barnardo's will continue to work with the school community to develop trauma-informed approaches for meeting the needs of the most vulnerable groups in our community, providing tailored support to individuals and their families, to raise school attendance, engagement and attainment.



Youth Diversionary Hub

The youth diversionary hub in the Mastrick area of the city continues to provide young people with opportunities to meet up out-with school time and take part in sports and arts activities. Antisocial behaviour in the area continues to decline. As an offshoot of the Hub a group for primary 6 and 7's was set up which runs from the local community centre.

The group recently took part in a very successful residential at Cromdale outdoor Centre. We asked young people, 'on a scale of 1-10 how much have you enjoyed taking part in your activity?'

The average response was 8+ indicating it was a very good experience for the young people.

In addition to finding out if they enjoyed themselves young people were asked for their comments on what they enjoyed; what they didn't enjoy; what they learned; and what were you good at.

They enjoyed: **All, everything, biking, canoeing.**

They didn't enjoy: **Nothing, walk, going up hills, food.**

In the main respondents were very positive about the residential experience but found new experiences challenging, which is to be expected, no one gave up on an activity showing resilience and determination.

They learned: **Canoeing & what plants are safe to eat in the woods.**

Young people from urban areas can miss out on experiences in wild places that enrich an individual's life, learning to travel self-sufficiently on water for the first time or finding out about foraging helps young people broaden their horizons and take on bigger challenges.

They were good at: **Canoeing, teamwork, cycling and being kind.**

In a mixed group not everyone can be athletic and team members all bring different skills and attributes that makes them important. Being able to work with others and recognising kindness are positive attributes for good mental health.



Adult Learning continues to support our communities

Through community learning and development, 2314 adults have been engaged in adult learning activity and the city-wide family learning offer provided 250 activities to 481 adults (and their 389 children/young people), resulting in an improvement in knowledge, skills, confidence, access to additional support services and the removal of barriers to future learning and engagement.

Adult Learners are equipped to meet key challenges and transitions in their lives including digital inclusion, literacy, numeracy, ESOL and financial resilience. Many learners are supported to move on to further learning, volunteering and employment opportunities. Key achievements include:

- 818 adults reported improved mental health and wellbeing outcomes because of their engagement.
- 54 adults completed nationally recognised awards through CLD activity (SCQF levelled and awards such as Adult Achievement Award)
- 495 families with complex needs were supported by community projects
- 487 people took part in adult learning activities through the Fairer Aberdeen Programme.
- 567 people took part in employability programmes and 236 people moved into work
- 386 people took part in adult learning opportunities provided by funded community projects.

Targeted learning packages were developed and delivered for those whose employment opportunities had been hardest hit by Covid-19, the travelling community, those recovering from mental illness and those engaged with the criminal justice system

Evaluation of the accredited learning offer for adult learners across the city is currently progressing and will inform next steps.



Dyce Academy using IDL to close the gap

What was the problem we were trying to solve? In-school data (BGE Literacy levels) showed that BGE pupils on FSM showed significantly less achievement in writing in S1 and S2 and reading in S2 and S3.

What did we do? We implemented the use of a IDL (International Dyslexia learning – identify develop learn) literacy programme for a targeted group of pupils from S1 - S3. This programme focussed on developing knowledge and confidence in different areas of literacy for these pupils through consistent use of the programme.

What happened? Overall, 80% of pupils who have engaged with this programme have increased their reading age. These increases range from 1-month to 2-year age increase. When pupils were asked how much they felt the programme was helping with their literacy skills, almost all pupils agreed or strongly agreed that IDL has helped their literacy skills.

What next? As IDL has been a success with a targeted group we are going to broaden the use of the programme and introduce it into an identified S2 English class with a view to further rolling it out to other English classes. This approach along with the purchase of accessible library books will look to further close the gap and increase literacy skills and confidence levels amongst our BGE cohort.



Wider achievement in schools

Schools actively reintroduced the aspects of outdoor learning which were halted during the pandemic, these include P7 residentials, day visits using coach transport, and Duke of Edinburgh's award camping expeditions. Secondary schools started planning overseas visits in late 2022 when restrictions were lifted, with most of these scheduled to take place in summer 2023 and beyond due to need for a long lead in time.

The Duke of Edinburgh's award programme has returned to pre pandemic levels across the city with new groups at Oldmachar Academy, the Virtual School and the Open Award Centre who are now based at Northfield Academy. There are currently 992 pupils active in DoE across the city.

The JASS (Junior Award Scheme Scotland) has restarted in primary schools along with the citywide restart of the John Muir awards, Saltire awards, Dynamic youth awards, Hi5 awards and Youth achievement awards.

The AMPED (Aberdeen Motorcycle Project for Educational Development) has now been relocated to Northfield Academy and will work collaboratively with Nescol who will be delivering Automotive courses at the school.

As part of the digital transformation strategy, ACC collaborated with Evolve, an existing web based, digital platform for the planning, approval and management of educational visits, sports fixtures, and extracurricular activities. The system was set up in autumn 2022 and following on from some testing went live in October 2022. Training and familiarisation sessions were organised and undertaken online and also upon request from individual schools. Evolve has the reporting capabilities to develop performance analysis of participation and attainment inclusive of wider achievement awards (including DoE.). The Evolve team are currently developing in-system links to secure payment systems such as Parentpay which ACC currently use. 6 months after the launch of Evolve in Aberdeen we have 2165 active users, 1239 registered off site visits, and 26,908 participant days recorded.



Next steps in supporting young people and their families to benefit from income from employment

The following work is being driven through the Children's Services Plan:

- Continue to develop ABZ Campus to deliver a broader range of qualifications and pathways for young people which are aligned to growth sectors to enable them to secure employment in the longer term.
- Continue to work to close the gap between the attainment levels of those living in poverty from those who do not by implementing the Pupil Equity tracker and sharing best practice
- Deliver Aberdeen Computing Collaborative to ensure long term employability.
- Continue to address the cost of the school day
- Improve transition planning from child to adult services for those with a disability and increase the number of disabled young people in full time education
- Ensure that the voices of children (including those who use alternative communication systems) are central to processes and Plans
- Improve the health outcomes of expectant and new mothers
- Continue to support families facing redundancy.
- Continue to support the mental health of children, young people and their families





5.2 Cost of living

The wider challenges created by the current Cost of Living crisis around fuel and fuel costs and high levels of inflation create a greater risk of families falling into poverty. The following case studies illustrate longer term interventions to help address this issue.

Long term interventions - Housing strategy

The [Local Housing Strategy 2018-2023](#) identifies six strategic outcomes including adequacy and improvement of housing supply; the prevention of homelessness; improvement in private sector renting, and reducing fuel poverty. These are supporting outcomes which create the right conditions for tackling child poverty through a focus on mitigation for all families.

In 2021/22 there were 692 affordable housing completions which is the highest number of affordable homes delivered in Aberdeen through the affordable housing supply programme which also includes part of the council's ambitious plans to deliver 2,000 new social rented homes. 653 units are projected for completion in 2022/23.

During 21/22 we implemented our new model of Housing & Support to help people sustain their tenancies in Aberdeen City Council housing. This role is specifically designed with a view to reducing risk escalating to child or adult protection status. Each Housing & Support Officer now has a smaller patch size to help them get to know households in the area better, and work in-coordination with other services to support families and children. During 2021/22 99.31% of anti-social behaviour cases resolved in the year.

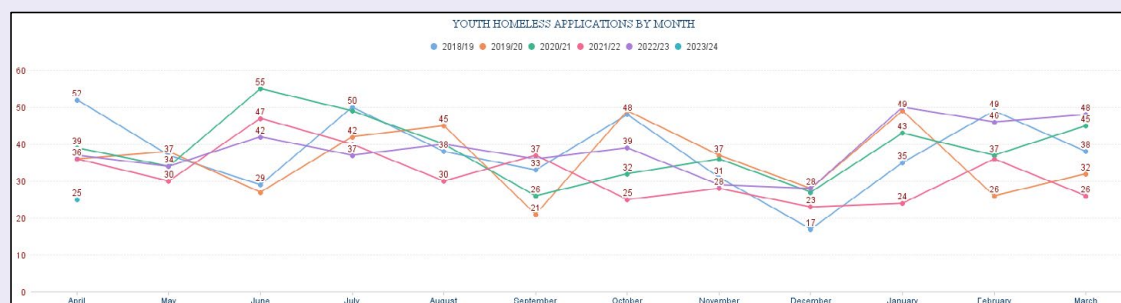
During 2022/23 there was a 26% increase in homelessness. This is the highest level in Aberdeen since 2010/11. There has, however, been a decrease in the use of temporary accommodation arrangements for families with children. As of 31st March 2023 there were 45 households in temporary accommodation with dependent children, a total of 83 children, compared to 31/3/22 when there were 65 households with 109 children. (these figures are a snapshot at the end of the quarter, and will fluctuate during that time).

Council approved the Housing Domestic Abuse Policy in 2021. This is a key policy to reflect the aims of the Domestic Abuse (Scotland) Act 2018 that came into force in April 2019. This Act makes domestic abuse involving a partner or ex-partner, whether physical or emotional or coercive control a criminal offence. It reflects the aims of Aberdeen's Local Outcome Improvement Plan (LOIP) as well as Aberdeen's Violence Against Women Partnership action plan and strategy. The focus of early intervention in the policy aims to support and protect those fleeing or experiencing harm and provide an avenue to remove the perpetrator from the tenancy, as opposed to the victim having to flee.

The Council spent £22.6M on meeting Scottish Housing Quality Standards in 2021/22. Over the course of 2021/22 we fully rewired 599 properties, installed 3852 hard wired smoke detectors, 1739 heating systems and 1222 crime check doors. We also replaced 61 windows and 163 kitchens. The national council average for homelessness applications sits at 290 with the Aberdeen City average considerably above this level (390 as of early 2022). This equates to around 1.7 applications per 1000 citizens which is aligned to the national average.

Nationally 9% of families are in rent arrears. The level was considerably higher in Aberdeen (14%) in early 2022. There is evidence of a steady increase in rent arrears over the course of the last 2 years.

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 showed an 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. However, during 2022/23 there was a 22% increase amongst young people (18-24 year old) compared to the same period in 21/22, and although this is concerning it is lower than 26% overall increase in homelessness in Aberdeen this year. To address this we are 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.

Long term interventions - Holiday programmes

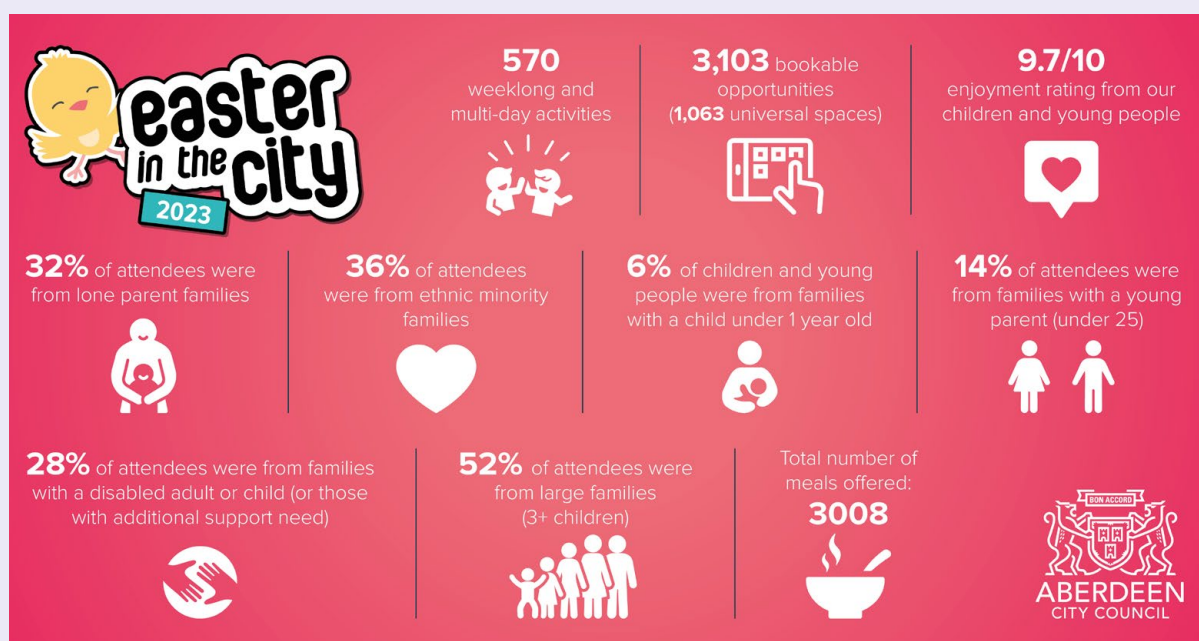
Following the success of previous programmes (Summer of Play 2021, Easter of Play 2022, Summer in the City 2022, and Easter in the City 2023) the Council allocated £100,000 for holiday programmes to be delivered over school holiday periods (summer and autumn 2023 and spring 2024).

In line with the aims of the previous 'In the City' holiday programmes, the main focus remains to encourage participation and to maximise the positive opportunities available to young people and their families with a particular focus on those within the Tackling Child Poverty Plan priority groupings.

The programme will continue to engage with the widest demographics, providing opportunities for both priority families and those who do not identify as part of a priority group to take part. The programme will also continue to target the 5-14 years age group with some activities still being made available for those not in this age range. Bookable opportunities for priority families will take the form of short, family, half-day and full-day session.

To date the programmes have provided more than 39,000 bookable opportunities, including weeklong / multiday camps and childcare camps, day long and short activities being offered, as well as numerous drop-in activities in parks, museums, galleries and local communities and bespoke programmes for those with complex additional support needs.

The enjoyability rating as provided by children and young people for the most recent programme (Easter in the City, 2023) was 9.7 out of 10.





Long term interventions - Food pantries

We are committed to reducing food poverty and increasing access to affordable food by increasing membership of community pantries which provide a more dignified and sustainable alternative to foodbanks.

What improvements did we make? 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? 55% increase in total pantry membership between April 2021 & May 2022

A **250%** increase in pantry volunteers since Jan 2021

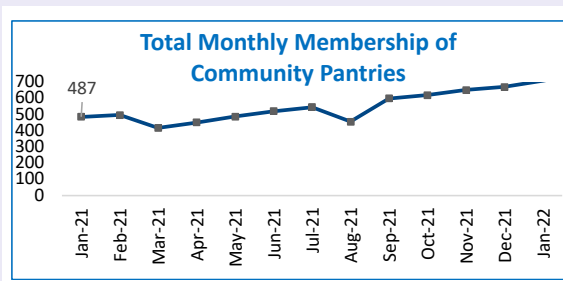
As of May 2022, the mobile pantry has **94** members and available in **8** neighbourhoods, namely: Kincorth, Middlefield, Sheddocksley, Tillydrone, Seaton and Bucksburn, with Hilton and Northfield having been recently added.

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.”*

Feedback from our pantries members have been positive, 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.”

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



“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. “

What Next? CFINE has a commitment to launch a further four pantries out in the community and development is underway to make sure this happens

Other achievements over the reporting period

Access to Free sanitary products has improved

A survey of school pupils in July 2022 showed that a significant number of pupils were still unaware that Free period Products (FPP) were available in school to anyone who needs them. Around 50% pupils requested re-usable products in various forms. Overwhelmingly, pupils wanted products to be available in a toilet or designated place where they didn't have to ask for them.

Several activities undertaken have been undertaken by the Education service to increase support for children and young people by increasing the understanding of menstruation, its impact and providing increased awareness of how to access resources.

These include:

- Free period products distributed to School Health leads.
- Launch of FPP posters in schools
- Launch of animation to promote reusable products in partnership with Waste and Recycling
- Reusable products education resources for schools
- Health & Wellbeing network input from Hannah Miley focusing on Demystifying Menstruation
- Parent Newsletter update provided for parents about how and where to access resources



965 boxes of products have been delivered to schools since January 2023.



Culter Primary Partnership with Aberdeen Football Club

What problem were we trying to solve? Through attendance data, teacher observations and pupil comment we noted that a number of children were arriving at school with factors impacting on their readiness to learn and engage. Some children were complaining of not having breakfast or morning snacks resulting in their first nutrition of the day being school lunch. Additionally, a number of children were continually arriving significantly late or displaying poor attendance. Class teachers also identified a number of children with “high energy” appearing unsettled or restless first thing in the morning. Valuable learning time was being lost and additional staffing resources were being deployed to support the children struggling to engage

What did we do? Through our partnership with Aberdeen Football Club Community Trust (AFCCT) we began two free breakfasts clubs from 8-9am offering high energy games and fun football activities followed by a free varied, nutritious breakfast and access to morning snacks supplied by CFine. We opened up bookings to all pupils but prioritised our targeted identified/PEF pupils for places.

What happened? Pupils/Parents welcomed the breakfast club and it has become a regular fixture. This session, we have served over 450 free breakfasts and seen positive feedback/attendance from pupils and parents. Teachers report an improvement in high energy pupils seeming more settled and ready to learn following attendance at breakfast club. Some pupils have seen an improvement in punctuality and attendance on the days they are attending breakfast club. We are reassured that all pupils who attend have received a healthy nutritious breakfast and access to extra fruit/water for morning snack.

What next?

We plan to continue running two Breakfast Clubs next session offering priority for our PEF pupils and target families. We will continue to encourage engagement from our pupils displaying poor attendance/punctuality and look at ways to incentivise their attendance. We hope these strategies will ensure greater equity for all and minimise the impact of child poverty on our pupils learning, engagement and achievement.



Families welcomed the use of the Aberdeen Gift card

Aberdeen City Council was awarded £2.85M from the Local Authority Covid Economic Recovery Fund, administered by the Scottish Government. In July 2022 the City Growth and Resources Committee agreed that £1.9M of these funds would be allocated towards the Aberdeen Gift Card Scheme, to relieve hardship and to boost the local economy. This project was designed to support low-income households by circulating pre-paid gift cards to be spent at participating businesses within Aberdeen City (including local and national retailers, entertainment and leisure venues, cafes and restaurants), to provide immediate financial relief.

Households entitled to Council Tax Reduction (CTR) as of 21 June 2022, were identified as eligible to receive the Scotland Loves Local Aberdeen Gift Card. By December 2022 14,172 gift cards were issued to eligible households, with £125 of credit on each card. In mid-January 2023 further gift cards will be distributed to those households eligible for CTR since the initial extraction of the data in June to date.

The cards must be activated within 3 months of receipt and customers have 12 months from activation to spend their credit. A support line was implemented to assist customers, most calls relate to customers asking for help with activation or general digital literacy support and / or access to the internet. As at 9 January 2023, 8819 (62.2%) of gift cards had been activated by customers, with £606K spent locally.

The intention had been to provide the gift cards in time for them to be used over the Christmas period but due to Royal Mail strikes in December some cards or activation codes were not delivered in time. This was the only major issue encountered in the roll out of the project and its impact is low as the cards are valid for 12 months from activation.



Artist in Residency at Glashieburn School

What problem were we trying to solve? The impact on attendance, participation and engagement based on emotional resilience, self-confidence, anxiety/fear, general resilience, and ability to cope with change.

What did we do? We worked with Creative Learning to put an Artist in residence in place across 3 terms.

What happened? The recommendation from Creative Learning was that the children were involved at all stages, including the interview process, this allowed full ownership of the project. The children based those selected for interview on how interesting their art project was, how engaging they thought it would be for their peers- would it have a 'hook' and how would it support them in becoming more resilient. The children worked with school staff to create a set of questions for interview and sat in on these across a day. The children selected to interview had been part of the Resilience residency funded by Creative Learning last session as part of the return from Covid, so they had an understanding of what the project outcome needed to be.

Three Artists were selected to work across the 22/23 session- each with a different art approach but all with a focus on improving resilience, confidence and self-esteem. The children selected to work with each artist were based on data, including attainment, attendance data and SHINE survey data, as well as parental and teacher concerns. We also selected a whole class to work with an artist where we have a high level of need, looked after or care experienced children, low engagement with out of school activities, and three children who are finding it difficult to cope with returning to the classroom after periods of school closure.

The work our first artist allowed children to see the benefits of change and how to put strategies in place to deal with the negative emotions change brought about. As these groups were mixed, they also supported friendship and relationship building. One child benefitted from the residency in terms of communication and providing evidence in support of professional judgement of a level in Talking and Listening. The children involved spoke of the artist being calm, approachable and a good listener, and for one particular child the artwork allowed them a space to work anxiety free, where they felt no pressure for their work to be 'correct'.

The second residency was based with a class and used the outdoors with links to mindfulness and linking with nature. The children have commented on how calming these sessions have been, providing a clearer headspace and a level of freedom to explore, supporting confidence. The class teacher involved has commented on how being outdoors in nature has allowed them to see a different side to some of the more introverted children, commenting on a growth in confidence which some have transferred into the classroom.

Our third Residency has just started this week, and is providing opportunity for children with a range of additional support needs to cope with change and work as a team, developing tolerance and respect.

What next? Our plan is to work with Creative learning to analyse the reports from all 3 artists and consider pupil feedback and broader education data sets.

Food insecurity remains

CFINE, an Aberdeen based charity, is the delivery partner operating Fare Share Scotland regionally with 7 local authority areas across the north of Scotland supplying over 300 charity and community groups with surplus and donated food. The number of food parcels being distributed is steadily rising.

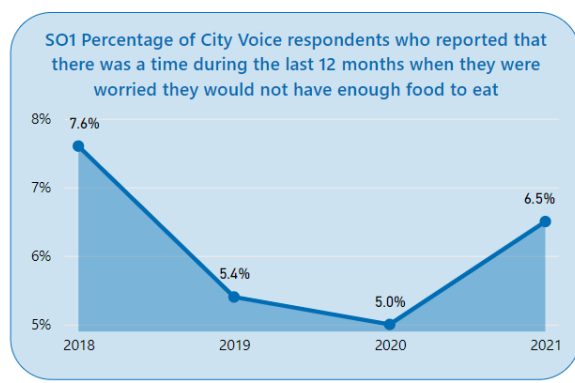


The Fairer Aberdeen Fund supported the distribution of 557 tonnes of free food (the equivalent of 1.6M meals), and 975 food bank users were referred to other support services. 3 Community Pantries were supported, with 232 members, as a more dignified and sustainable alternative to emergency food provision. 3032 people received money and income maximisation advice, with 1059 of them receiving a total financial gain of £5,941,710 the equivalent of £5,610 per person. 557 tonnes of free food distributed.

CFINE provides services to tackle food poverty, working with a range of organisations across the city, providing food and free sanitary products, as well as supporting beneficiaries to access financial support to improve their situation. They support community food outlets in priority areas and are developing pantries as a more sustainable and dignified response to food poverty.

The impact of the cost of living crisis on the provision and affordability of food is more acute than the impact of the COVID-19 pandemic. The chart below compares the period of recovery from the pandemic, and the impact of the subsequent cost-of-living crisis.

The number of food emergency food parcels being issued continues to cause concern and has led to the establishment of community pantries and community growing gardens. There is a need to better understand and mitigate the impact of food insecurity on child nutrition to do what we can to address the likely and long term impact on child wellbeing



Participatory Budgeting approach has been used to support local organisations to deliver support to local communities through the £1.6m Fairer Aberdeen Fund

The current cost of living crisis has escalated need which was already heightened following the COVID-19 pandemic, this is leading to increased demand across the whole system as resource is reducing. There is a need to think very carefully about our use of collective resource and continue to integrate and co-deliver to enable Community Planning Partners to effectively mitigate risk.

Community support

Community Flats are supported in Cummings Park, Tillydrone and Seaton, to support people with a range of issues. They support people with welfare reform issues and help to address isolation.

The Fairer Aberdeen Programme supported 495 parents and families with complex needs and 231 young people accessed 1,824 counselling sessions. 103 older people were supported to develop digital skills to help them keep in touch with their families and to access online services. 975 people saved with a credit union which provided £1.8m affordable loans, helping people avoid pay day loans and doorstep lenders. 581 disabled clients received financial support and money advice, resulting in a reported financial gain of £1.5m. 312 households of older people and people with disabilities were supported with income maximisation and sourcing charitable funding, achieving a financial gain of over £500,000 and 1112 households in priority areas received assistance with repairs, adaptations, and handyman services.



Increasing uptake of Early Learning and Childcare for eligible 2s

The service continues to work closely with colleagues in health to identify families eligible for ELC provision to increase uptake of ELC for eligible 2s. In 2022-23 the number of care experienced parents accessing an eligible 2's place for their children has increased by 50%.

The Scottish Government is in the final stages of rolling out a data sharing pipeline project. This will ensure that LA's are aware of who may be eligible and can contact families to support applications. Aberdeen City Council has signed the data sharing agreement and is awaiting the first cohort of contacts to enable us to send them eligible 2s information and encourage them to apply for a placement.



Orchard Brae School working to help families with the cost of living crisis

What problem were we trying to solve? Reduce the impact of cost of living on families with children with disabilities living in areas of deprivation. Focus on food, personal care items and clothing to increase pupil focus, engagement, and attendance.

What did we do? Clothing bank set up by a class with information sent out to all parents within this group. Request for donations for reusable school clothing asked from parents/carers/staff. Clothing, personal care items and food purchased. A meal of the fortnight launched for families – families could request a pack which included an easy read, easy make recipe card and basic ingredients to make a meal for four. Purchased supermarket vouchers to send to PEF families to support with everyday items and clothing.

What happened? Our evidence is somewhat anecdotal - increased attendance for overall group, slight increase in engagement levels. One of our best outcomes was the engagement from the parents as we had a 100% return/positive acknowledgement after receipt of the vouchers. This has had a positive impact on our ability to further develop the engagement. Some of this group of parents will now be involved in our family engagement leadership group to support all aspects of school life.

What next?

Continue with the clothing bank.

Re-launch meal of the fortnight to make more sustainable and varied

Vouchers to be purchased again to support with everyday items.

Explore possibilities of a family area to support families to charge phones, do washing, get a warm drink and access to support.

Increased access to childcare is positively impacting parents

The expansion of early learning and childcare has resulted in far greater uptake in places. The expansion focussed in part on making provision more accessible and the accessibility of services and broader range of delivery models have helped realise a significant rise in uptake.

Most parents and carers who responded to the last survey could identify clear improvements to their child's development as a result of the expansion. We asked parents and carers what impact the expansion of Early Learning and Childcare (from 600 hours to 1140 hours) has had on them and their family:

- 65.4% (nearly two-thirds of respondents) stated that they access an ELC setting to enable them to facilitate the working day.
- 10.3% required the service to support their further education or training.
- 51.2% of respondents stated that they had more time for other responsibilities as a result of the expansion of Early Learning and Childcare.
- 38.7% of respondents indicated that they had more money/disposable income as a positive impact on their family.
- 26.1% stated improved wellbeing /respite as a positive impact from the expansion of ELC, with 24.3% of respondents finding they now have more time to themselves.
- 28.5% are now considering a return to work or study.

As well as improving outcomes for children, the expansion of ELC aims to support parents into work, study or training by making it more affordable. Over one quarter of respondents said they were now considering a return to work or study and feedback from parents around the impact on families is positive.

"The extra hours have greatly improved our lifestyle and wellbeing as a family, I am able to contribute more financially as I have the option to work more during the week. A definite positive impact."

"Childcare is very expensive and at one point it was over £2,000 a month this is obviously not sustainable for long periods. The funding will give us breathing space to pay of mortgage etc."

"No disposable income but it will take a HUGE burden off me. Time to yourself/improved wellbeing/respite is only for non-working parents or parents with additional childcare such a family help etc. Most single parents do not have those privileges."

We will be consulting with parents and carers again between June and September 2023 and work will soon progress to better understand the long term impact of the expansion on families to help reshape the offer for maximum impact.



Walker Road addressing literacy gaps

What problem were we trying to solve? Improve Literacy attainment of selected pupils from across the school.

What did we do? A Principal Teacher (partly funded via PEF) was tasked with coordinating Reading Wise and Talk boost interventions for pupils who were below track for Literacy in line with national expectations. A part-time Pupil Support Assistant (also funded via PEF) worked with class teachers and other PSAs to ensure that targeted pupils accessed these resources consistently throughout the 2022/23 session. More recently, the Principal Teacher has worked in partnership with teacher colleagues to support improved teaching of writing and to coordinate bespoke writing support for targeted Primary 7 pupils.

What happened? Reading Wise and Talk boost data shows improved literacy of pupils who accessed these interventions. Most of these pupils made increased progress towards achievement of Curriculum for Excellence levels in Literacy. There is initial evidence of increased pupil progress in Writing.

What next? In the 2023/24 session, we will work towards class teachers and PSAs having more ownership of Reading Wise and Talk boost, so these become sustainable. The recent work on Writing will be enhanced through our participation in a Lochside ASG improvement priority focused on Writing and will be informed by current local and national Writing developments.

Fairer Aberdeen

The Fairer Aberdeen Programme funded 38 initiatives across community learning and development providers, tackling poverty and supporting 35,610 people.

Fairer Aberdeen projects help meet a range of needs including Pathways to get people back into work, shmuTRAIN to support young people into employment, education or training, CAB Outreach Service and CFINE SAFE TEAM to provide money advice, and the provision of affordable loans through St Machar Credit Union.

Home-Start improves the outcomes for families with complex needs, Mental Health Aberdeen provides counselling for young people, Choices delivers an early intervention programme to break the cycle of gender-based violence, and Befriend A Child provides accessible group activities for children.

The Fairer Aberdeen Programme supported 643 volunteers, providing 114,280 hours of volunteering time, with a value of £1.7m, and 5 Community Projects or Flats were funded in priority neighbourhoods to support community capacity building as well as providing a range of services and support.



Engagement with communities through Community Learning and Development

286 adult and young people took part in influencing and engagement activity through CLD including community planning, participatory budgeting, local and national consultations, and co-production and influencing service design. Through the Fairer Aberdeen Fund 149 young people were involved in producing youth media. Befriending youth groups and kinship carers were also supported.

Supporting those in need of our support

Community Learning and Development supported:

- 171 Community Groups
- 1064 adults and young people reached and engaged with one off promotional events/drop-ins/community events/engagements.
- Over 100 volunteers to help bring properties to standard to welcome refugees totaling upwards of 2000 volunteer hours.
- Increased levels of community volunteering
- Increased community management/ownership of green spaces and the development of food growing spaces and projects.

There are an increasing range of breakfast clubs/wrap around supports for families

We have a mixed model of Breakfast Provision in the city which can broadly be divided into the following three categories:

1. Registered provision – A Breakfast Club registered as childcare with Care Inspectorate and for which a fee is paid by parents / carers. (23 primary schools)
2. Unregistered provision – A free Breakfast service provided directly by the school. Often funded via Pupil Equity Funding (PEF) to give children and young people a nutritional start to the day. (7 primary schools & 2 secondary schools)
3. ACC Catering service – A Breakfast service provided directly by Aberdeen City Council Catering Service at no or low cost to families, again to ensure children and young people start the day with some breakfast. (7 primary & 7 secondary schools)

Nationally, there are planned developments to extend wrap around care for school age children and to deliver this free for low-income families. Breakfast Club provision will be considered as part of this programme. We await further guidance and look forward to working with partners across the city to deliver this. Meantime we have a good supply of Breakfast Provision to meet the different needs of families in the city.

Children have access to good provision of IT and community connectivity

There has been considerable investment in community connectivity over recent years alongside investment in Chromebooks. 500 data connections have been provided to families in need and over 14,000 Chromebooks have been purchased to support learning in school and at home. In addition, the Connecting Scotland programme provided a further 461 Chromebooks and iPads with mobile connectivity to vulnerable families in our communities. More recently, 200 Chromebooks with data connections have been provided, through Connecting Scotland, to support our Ukrainian families. This investment has ensured that almost all children and young people from P6 – S6 have access to a digital device now.

The Scottish Government commitment to a device for every child will help increase the number of children and young people who have access to a suitable device from the 41% of the school population to 100%.

86% of young people recently reported that they are supported to know how to feel safe online with 10% stating that they didn't know.



Understanding the acceptability of the Early Years Financial Inclusion Pathway

Research was undertaken by Robert Gordon University in 2022 to understand the acceptability of the Financial Inclusion Pathway for parents and for professionals (midwives, health visitors and family nurses). The intention was to promote good practice and positive experiences, and to understand barriers in order to overcome them. The [evaluation](#) can be read here.

Warm Spaces

Warm Spaces have been established across this city, with a mix of Council premises and community and third sector organisations providing support. Information can be found at <https://www.aberdeencity.gov.uk/services/people-and-communities/warm-spaces>. There are 48 venues across community centres, libraries, churches, and public spaces.

Support provided through Warm Spaces includes a range of activities and opportunities offered across the city, from offering a welcoming warm space, signposting to information, access to internet, a hot drink, hot meal, access to participate in centre programmes or specific lead warm space activities such as a reading newspapers, sustainable crafting, yoga, reading corners and board games.



Developments across the city October 22– March 23 include:

- City wide Warm Space Directory up and running.
- Branding for Warm Space introduced
- Volunteer remit created & training opportunities for volunteers created. 28 accessed training opportunities
- Staying Well & Warm Roadshow - 4 roadshows took place offering a range of supports and advice in response to the cost-of-living crisis. (Central library, Cummings Park, Tillydrone Community Campus & Kincorth Community Centre) A wide range of partner agencies attended – CFINE- safe team, Scarf, Home Energy Scotland, Financial Inclusion, Library service, Grampian Credit Union, Care & Repair, NHS vaccination team, Family & Adult Learning, Adult Learning, Social Security Scotland, Health Point, health Improvement team and Housing. Over 110 people were given advice & information.
- Funding enabled Community Development to purchase blankets, food, kitchen equipment, training, and resources for activities to support the initial pilot centres. As visits to other Warm Space community spaces happened, we were able to respond and build capacity in community venues by helping with kitchen equipment and food to respond to their community's needs.

From a community perspective each Warm Space developed its own unique offer. Examples of this have been free warm drinks, spaces to read paper, enjoy games or participate in the community centre programme. Overall, there has been an increase in the development of centres in providing community meals – soup 'n' sarnies, community breakfasts, community meals and hot lunches and increase in the use of community food pantries.

The Community Planning Partnership has worked hard to ensure that families have been provided with support around the cost of living. A wide range of activity has been put in place to maximise family finances. It would now be helpful to align data sets so that partners can better assess the complementary nature of interventions to ensure that we maximise collective impact.

Next steps in supporting young people and their families with the cost of living

The following work is being driven through the Children's Services Plan:

- Better understand how the needs of the 6 groups identified as most at risk differ in need so that we can respond proactively.
- Increase access to emergency first stage formula and food for infants.
- Continue to allocate food vouchers over holiday periods for those in receipt of free school meals on account of household income and better understand the low uptake of free school meals and address this
- Implement an extended out of school care offer in line with national policy and continue to promote uptake of ELC placements
- Increase awareness and take-up of the Best Start Foods Grant and disability benefits
- Continue working to ensure school clothing grants are automatically given to low-income families by linking to payment of their Housing Benefit/Universal Credit Social and leisure activities
- Increase awareness and take-up of concessionary travel for young people and of Discretionary Housing Payments and the Council Tax Reduction

As the LOIP is being refreshed, The Anti-Poverty Outcome Group is looking to:

- How to move away from emergency food aid towards more sustainable ways of preventing and reducing food insecurity.
- How to increase awareness and take-up of family and friends rail cards





5.3 Income from social security and benefits in kind

Long term interventions - Money Advisors in schools

The Council has attached Money Advisors to schools to help support families within their own communities through the use of £136,497.12 Education Recovery and then Scottish Attainment Challenge funding. As the Advisors have become established they have become more familiar with the scenarios facing families and as awareness of the service has grown the added value has increased. This has been a targeted approach by life stage.

Over the last year the 4 Money Advisors who are attached to the Financial Inclusion Services have helped families achieve:

- Financial Gains of £1,077,325.24
- Assisted/Assisting 194 households with debt issues.
- Helping with total debts of £1,129,447.58
- 381 households given full benefit checks.
- Assisted 57 households to claim benefits.
- Assisting 12 households to challenge being turned down for benefits.

Families who have accessed the Financial Inclusion Service independently of the school Money Advisors have been helped to achieve further:

- Financial Gains - £324,916.45
- Assisted/assisting 119 household with debt issues
- Helping with debts of £908,660.99
- 233 household given full benefit checks.
- Assisted 67 households to claim benefits.
- Assisted 23 household to challenge being turned down for benefits.

Data from the online benefits calculator shows that families have been assisted to help claim an additional £246,157.03** per week of new benefits

**This does not confirm if they went onto claim the benefit and has this anonymised this could be people doing several calculations.

Over the last year, 2,919 free school clothing grants have been approved. This equates to grants for 2,890 Primary pupils and 1,634 secondary pupils.

Despite the proactive approach taken, there is evidence that SIMD quintile still has a disproportionate impact on health and educational outcomes and promotion could continue to be targeted to each of the 6 groups most likely to be impacted and by life stage to maximise uptake.

Other Achievements over the reporting period

We continue to work on maximising the uptake of benefits.

There has been a proactive promotion of new benefit entitlements including promotion of the increased child payment through the universal services and through social media channels. We continue to monitor update to help determine the effectiveness of approaches. Targeted communications to those in priority groups have been tested over the last year.

Cost of Living support continues to support household costs with additional funding for Scottish Welfare Fund to support medium priority applications. This also includes provision of benefit and financial advice, as well as further support to ensure the provision of adequate emergency food. In addition, support is being provided through the Lone Parent support fund to help lone parents with the costs if transitioning to employment.

The development of an emergency access to infant formula pathway will ensure a supply of food for infants as well as mothers and families, as well as the provision of further benefits and financial advice.

There has been an increase in the number of discretionary housing payments awarded and effective systems are in place to allocate community care and crisis grants to those who need them.

Provision of free bus passes

The provision of free buses passes for children and young people has been promoted since the launch of the Under 22 Free Bus Travel Scheme. All 5-21 year olds resident in Scotland are eligible for Young Persons' Free Bus Travel, using a National Entitlement Card with the free bus travel product on it. The scheme has been promoted through multiple channels both locally and nationally and through schools to increase awareness of the benefits of free bus travel and to maximise uptake. As of January 2023, over 22,500 young people have applied for and obtained a National Entitlement Card with free bus travel and are benefiting from this service.

Bus fares in Aberdeen are relatively comparable to those in other Scottish Cities, with the following fares as of May 2023:

	Adult Single Fare	Child Single Fare	Adult Day Ticket	Child Day Ticket
Aberdeen (First Aberdeen)	£1.95 - £3.05	£1.50	£5.10	£3.00
Dundee (Xplore Dundee)	£2.20 - £2.75	£1.50	£4.40	£3.30
Edinburgh (Lothian Buses)	£2.00	£1.00	£4.80* / £5.00	£2.50
Glasgow (First Glasgow)	£1.95 - £2.85	£1.45	£5.40	£2.50

*Tap and cap using same contactless card

The most recent fare increases in Aberdeen (April 2023) saw fare increases of between 7-15% compared to 2022, and across other cities in Scotland, bus fares have increased by an average of 12%.



Scottish Child Payment Bridging Payments

Bridging Payments (previously known as the COVID Hardship Grants) were introduced ahead of the extension of the Scottish Child Payments to all eligible under 16s. Families with children in receipt of free school meals due to reasons of low income were eligible for the Scottish Child Payment Bridging Payment. The number of children eligible for this grant increased significantly since winter 2020. The final bridging payments have now been made and the extension to the Scottish Child Payments (administered by Social Security Scotland) has been implemented.

Season	Number awarded
Winter 2020	2872
Spring 2021	3633
Summer 2021	2882
Autumn 2021	4552
Winter 2021	4398
Spring 2022	4683
Summer 2022	4676
Autumn 2022	4548

We are now looking to provide more targeted information for groups to ensure that families are aware of all of the potential benefits that may be available to them as shown by targeted communication for those supporting children with a disability or caring responsibilities.

Family Wellbeing Fund

Family Wellbeing Fund provides support to families through the provision of advice and to develop a support plan linked to topics such as money advice, fuel payments and employability. As these households are identifiable, this provides an initial payment of £100 to the household, with a second payment of £150 as an incentive to engage with services to maximise their income. This will help support those that need further support but are just above the thresholds for mainstream help available. A review is being undertaken to look at expanding the criteria to reach out to more families.

Free school meal registrations have increased but uptake is too low

When looking at the number of children (including those who are now automatically entitled in P1-P5), the number of children registered for free school meals is 3617 based on low income and 9569 based on P1-5 entitlement. The increase in entitlement makes annual comparison difficult and entitlement will be extended to P6 and P7, expected in 2025/26. While there have been increases at schools in priority neighbourhoods, increases have been seen across schools in the city, including those in areas out with priority neighbourhoods.

Scottish Government have committed to completing the roll out of universal free school meals to all Primary School pupils within the current parliamentary term. Enabling works in school kitchens and dining spaces are required to ensure schools are suitably equipped to deliver the expected increase in meal numbers. Some capital funding has been allocated by Scottish Government in 2022/23 with further funding to follow in 2023/24. The funding that has been identified will be used to take forward the most pressing priority projects identified.

When looking at the number of children (including those who are now automatically entitled in P1-P5), the number of children registered for free school meals has increased from 4281 to 4678 over the year 2021/22, an increase of just over 9%. While there have been increases at schools in priority neighbourhoods, increases have been seen across schools in the city, including those in areas out with priority neighbourhoods.

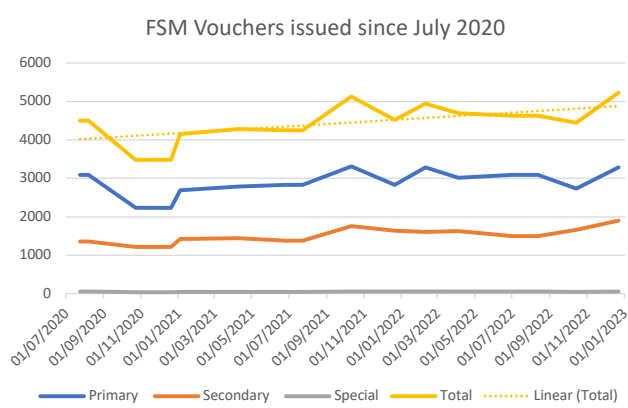
Improvement in registrations has been realised through changes to benefits awarding systems. Claimants of housing benefit and council tax reduction are now automatically awarded the free school meal benefit.

Uptake of free school meals varies considerably from school to school and the school catering service are working with local schools to better understand the factors guiding children and young people to not take up their entitlement. According to the most recent data from the Healthy Living Survey, the percentage uptake in Primary schools currently sits at 69.6% and only 47.7% in secondary schools.

Work is in progress to establish a food hub at St Machar Academy to test an alternative approach. The food hub will be out with the main school building and provide 'grab and go' food provision, allowing pupils to be out with school to meet their friends but still uptake their free school meal entitlement. Learning from this trial will be used to determine next steps.

Vouchers have been distributed to families who are eligible due to low income during holiday periods, and these continue to be welcomed by families.

Free school meal vouchers issued to families on low incomes during holiday periods



The Community Planning Partnership has worked hard to increase the uptake of social security and benefits in kind. There is a need to carefully track uptake so that corrective action can be taken if required. It would now be helpful to align data sets so that partners can better assess the complementary nature of interventions to ensure that we maximise collective impact.



Next steps in increasing income from social security and benefits in kind

The Children's Services Board are working to:

- Enhance formal financial inclusion and income maximization referral pathways in healthcare settings
- Develop and deliver poverty training to increase knowledge of referral pathways for all staff working with families and ensure that all professionals have easy access to a benefits calculator

As the LOIP is being refreshed, The Anti-Poverty Outcome group are working to:

- Increase uptake of benefits including the Best Start Grant and Scottish Child Payment
- Increase awareness and take-up of the Scottish Welfare Fund
- Harmonise the use of language used to describe financial services.



Appendix 1

Project Charters being taken forward by the Children's Services Board

Improvement project title: Access to emergency formula and nutritional support
Executive sponsor: Eleanor Sheppard, Chair of Children's Services Board
Project Lead: Emma Williams - Advanced Public Health Practitioner (NHS Grampian)
Aim Statement: 100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024.
Link to local outcome improvement plan: Stretch Outcome 4: 95% of all children will reach their expected developmental milestones by their 27–30-month review by 2026.
Link to locality plans: There are no community ideas from the locality plans aligned to this project.
Why is this important and issues with the current system: <p>In Aberdeen, around a third (34%) of families with a child under the age of 1 experience relative poverty compared to just less than a quarter (24%) of children overall. As of January 2023 the Family Nurse Partnership had 68 mothers under 25 enrolled in Aberdeen City with 33% requiring additional support for essential goods and equipment. UNICEF identified throughout the pandemic and in this current cost of living crisis, families that were struggling financially were lasting their infants longer between feeds or diluting feeds. In Grampian a pathway was tested for health professionals to use so that there can be timely assistance with emergency formula and further support to maximise the family income. It is unfair to expect foodbanks to rely on donations to help families in urgent need and there is a risk that the formula that is available from donations is unsuitable, e.g. second stage or hungry baby formula.</p> <p>From the UNICEF guidance Supporting families with infants in food insecurity - Baby Friendly Initiative (unicef.org.uk), NHS Grampian and Aberdeen City local authority have a duty of care to safe guard children who are at risk of food insecurity. Baby formula is only one aspect, in a recent study, care and concern to feed nutritious food to their children were also commonplace but with the admission that it was difficult to buy what they wished because healthy food cost too much to buy. The impact of the cost of living crisis on the provision and affordability of food is more acute than the impact of the COVID-19 pandemic. The number of food emergency food parcels being issued continues to cause concern and has led to the establishment of community pantries and community growing gardens. There is a need to better understand and mitigate the impact of food insecurity on child nutrition to do what we can to address the likely and long term impact on child wellbeing.</p> <p>The current issues that arise across Aberdeen City is that health professionals & emergency food providers do not have the ability, via an official pathway, to deliver a cash first approach to assist with urgent first stage formula & then support family to maximise income and have access to nutritional support. Provision of first stage infant formula rather than cash, creates a number of issues and potential waste and does not comply with the UNICEF guidance. Data on current provision and demand is not available, however a data system is being established.</p>

Measures:**Outcome measure**

- % Of urgent requests for first stage infant formula met (broken down by locality)
- % Of urgent requests for nutritional support for pre-school children met

Process measures

- Number of families being supported by the emergency pathway for first stage infant formula
- Number of families referred to the SAFE Team at CFINE
- £ income identified for families referred to SAFE Team
- Number of families being referred for nutritional support.
- % of relevant multi-agency staff reporting that they are aware of and confident to use the relevant pathways
- Frequency of the referrals for emergency formula for the same families.
- Feedback from health professionals and families that utilise and are supported by the pathway.

Balancing measure

- Increased breastfeeding due to extra conversations about infant feeding.

Change ideas:

- Adapt the “Pathways to Support” live document to include an infant feeding early years section where urgent first stage formula support, nutritional support and early years income maximisation can be added <https://sway.office.com/DBYRe6fKzyDxsFGq?ref=Link>
- Establish a pathway where health professionals & emergency food providers can access a cash first approach for urgent first stage formula for the baby, nutritional support for the whole family and income maximisation support
- Develop a reporting system that collates amount of referrals and repeat referrals for emergency first stage formula and nutritional support

Location/test group:

Families with children under 1 year with first stage infant formula and families with children under 5 years for nutritional support. Test the pathway with priority neighbourhoods’ health professionals and CFINE initially with the potential to expand throughout other charity food providers.

Resources:

Changes can be delivered within current resources.

Pathway for staff to use and keep for reference.

Pathways for support document

SAFE Team leaflet

Potential barriers:

Reluctance to engage with our staff for fear of escalation.
 Staff time at appointments/staff time if family phone for urgent help
 Opening times of CFINE

Project Team:

Emma Williams - Advanced Public Health Practitioner (NHS Grampian)
 Fiona Murray - Public Health Researcher (NHS Grampian)
 Paul Tytler - Locality Inclusion Manager - Central (Aberdeen City Council)
 Fiona Rae - Chief Executive - CFINE
 Graeme Robbie - Senior Development Manager- CFINE

Lisa Lawrie - Deputy Chief Nurse (Aberdeen HSCP)
 Nicola Dickie - Deputy Chief Nurse (Aberdeen HSCP)
 Sarah Boslem - Health Visitor/Team leader, South Pink Team
 Mhairi McFarlane - Family Nurse Supervisor (Grampian)
 Megan Bland - Senior Charge Midwife - Community Midwifery
 Versha Hurry - Social Security Scotland

Community/User representation/engagement:

Local research was undertaken last year; Midwives', health visitors', family nurse practitioners' and women's experiences of the NHS Grampian's Financial Inclusion Pathway in practice: A qualitative investigation of early implementation and impact. Results of this [study](#) have informed the change ideas.

The changes above will be tested with families and from the feedback received from families who are supported by the referral pathway the project will make any required adaptations before rolling the pathway out citywide. Families will co-design the "Pathways to Support" live document.

Community Ideas for Improvement Evaluation/Status

There are no community ideas for improvement in the Locality Plans aligned to this project

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Create a project group. Develop the charter. 	May 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Develop an Aberdeen specific pathway. Agree a standard operation procedure. Design further changes to be tested. Commence testing of changes. 	May to December 2023
Implementation (Project Score 7-10)	<ul style="list-style-type: none"> Project end report. Recommendations for permanent implementation of changes to sustain the gains. 	February 2024
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report. 	March 2024

Improvement project title: Early Years Financial Inclusion Pathway Aberdeen City
Executive sponsor: Eleanor Sheppard, Chair of Children's Services Board
Project Lead: Emma Williams, Advanced Public Health Practitioner (NHS Grampian)
Aim Statement: Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.
Link to local outcome improvement plan: Stretch Outcome 4: 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026
Link to locality plans: There are no community ideas for improvement in the 3 Locality Plans that are aligned to this project given timing, however the ideas aligned to LOIP 1.3 "Increase the uptake of unclaimed benefit across Aberdeen City by 2023" are also relevant to this project.
Why is this important and issues with the current system: <p>Nearly 13% of our children, young people across the city live in the most deprived data zones, with 21.8%, around 5500 children in the city identified as experiencing child poverty in 2021. Around 50% of households experiencing poverty have dependent children, driving children and young people to be a key consideration as we work to combat poverty. As at the end of 2022, 152 families with children under 5 have completed a benefit check. Maximising income for families, where possible, is vital and supports the early years of children and enables them to reach developmental milestones.</p> <p>The groups most likely to be impacted by poverty are:</p> <ul style="list-style-type: none"> • lone parent households • Minority Ethnic Families are less likely to be employed with the rate of employment on average being 63% in Families with a disabled adult or child • Families with a younger mother (under 25) <p>We also know that the levels of child poverty varies considerably from community to community, with the highest % in Tillydrone/Seaton/Old Aberdeen at 26.3%.</p> <p>Local research was undertaken last year with Midwives', health visitors', family nurse practitioners' to understand what was currently happening with families who require financial inclusion support, and identify any potential barriers with the referral process and suggestions for improvement. Staff identified the need for a feedback loop to know if the families they referred to the pathway have been supported. Some staff also identified that they did not have a pathway and used signposting instead. Income maximisation staff survey</p> <p>A recent local survey of Aberdeen City families identified that they would like simple and easy to understand information about benefits and income maximisation, their health visitor should be the main source for raising family awareness of potential benefits, among others. Family financial inclusion survey</p> <p>The main issue that the Early Years Income Maximisation Pathway is trying to resolve is to cease signposting to a service and the ability to refer direct into a service that can assist the family, with the least amount of barriers possible and for the staff referring into a service gain feedback that the family have been supported.</p> <p>There is a need to ensure that all staff that work with families of children under 5 have the confidence to have financial conversations with all families and must have the ability to refer direct, not just signpost, into a financial service that can assist the family to maximise their income and ensure that they are in receipt of all relevant benefits/payments. The families most at risk of children living in poverty can be supported by staff at each potential touchpoint that they may come into contact with by a referral system. It is important that all families in Aberdeen City are in receipt of the benefits/payments that they qualify to receive and be able to use them.</p> <p>The aim supports the actions in the Locality Plans – North, South and Central - Community Planning Aberdeen; Aberdeen City Local Child Poverty Action Plan 2022 – 2026 and the NHS Grampian Child Poverty Action plan 2023-24.</p>

Measures:**Outcome measure**

- No. of parents with children under five completing a benefits check (reported by citywide and by locality group) Baseline data- 152 Financial Inclusion Team)

Process Measures

- No. of families referred into either of the financial services (FIT or MTT) for support to complete benefit check (reported by citywide and by locality/group)
- No. of families supported the complete benefit check.
- Total amount of money secured for families.
- No. of families declining direct referral
- Staff and family feedback.

Balancing measure

- No. families requiring urgent help with money worries.

Change ideas:

1. Establish a new direct referral route with Health visitors/Family Nurses/Midwives to the Financial Inclusion Team
2. Establish new direct referral route with Allied HP, Childsmile, Breastfeeding Peer Support Volunteers, and Healthpoint staff into the Money Talk Team.
3. Develop and hold staff training sessions from the FIT/MTT & Social Security Scotland
4. Co-design and test new ways of promoting how to access support to families with children under 5 & pregnant women, such as social media promotion, via their health professionals and community groups.
5. Test a feedback loop from FIT/MMT and the staff that refer to the teams.

Location/test group:

Aberdeen City - Pregnant women & families with children under 5- initial testing in the priority neighbourhoods where we are testing a whole system approach for Maternal & Infant Nutrition (Sheddocksley, Summerhill & Mastrick)

Resources: changes can be developed within existing resources.

Worrying About Money Leaflets

Access to the referral forms for both FIT & MTT

Potential barriers

Families unwilling to discuss finances or to consenting to a referral for full benefit checks

Overwhelming the financial teams with referrals

NHS Grampian staff time during face to face engagements

Stigma for families identifying the need for help

Project Team:**Direct team members:**

Emma Williams - Advanced Public Health Practitioner (NHS Grampian)
 Fiona Murray - Public Health Researcher (NHS Grampian)
 Angela Kazmierczak Financial Inclusion Team Leader (Aberdeen City)
 Kristi Kelly - Bureau Manager CAB- Money Talk Team (Aberdeen City)
 Versha Hurry - Social Security Scotland
 Lisa Lawrie - Deputy Chief Nurse (Aberdeen HSCP)
 Nicola Dickie - Deputy Chief Nurse (Aberdeen HSCP)
 Mhairi McFarlane - Family Nurse Supervisor (Grampian)
 Lorraine Johnston - Interim Community Midwifery Team Manager

Other satellite members:

Breastfeeding Peer Support Volunteers (Aberdeen City)
 Pippa Robbie - Childsmile Coordinator (Aberdeen City)
 Allied health professionals (speech & language, dietetics, for example)
 Maternity Voices Partnership (Aberdeen City parents)
 Local mums within the city (Sheddoscksley Peer Support Group)
 Families will be involved in the design and testing of the changes.

Community/User representation/engagement

Survey was undertaken with health professionals and families with children under 5 years, feedback from which has developed the change ideas above. Summary below. Throughout the project engagement will be undertaken at key stages and families (from different localities) will be involved in the testing of the changes and from their feedback adaptations will be made, as required to ensure that it meets their needs. Families will co-design information to ensure it is provided in a user-friendly manner.

Feedback from survey of health professionals

Half of the Health professional's responses in the City currently use the Financial Inclusion Team others sign post to various other financial teams.

Most respondents would like a feedback loop to know the family have been supported.

Respondents identify limited time with client & time completing the referral are an issue.

Gaining consent to refer was also an issue and they would like a leaflet to hand out to families if consent not given.

Feedback from survey of Aberdeen Families with children under 5 years

Responders have a mix of knowledge of the benefits and payments they may be entitled to and how to apply.

They asked us to be clear about what payments are available. Do not complicate it.

None of the responders were in receipt of Best Start Foods for us to explore any issues with using the card. Further exploration is required. One responder asked for us to review the language we use around finances and being aware of our attitudes and comments.

Face to Face feedback in Central Aberdeen

Three mums from a local breastfeeding group when asked about Best Start Foods card, reported anecdotally, that they had issues with using a PIN and receiving a PIN for the card. This led to lots of money building up on the card that could not be used. There was also stigma from shop staff around splitting payment from Best Start Card and their own card.

Community Ideas for Improvement Evaluation/Status		
There are no community ideas for improvement in the 3 Locality Plans that are aligned to this project		
Outline Project Plan		
Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> • Create a project group. • Develop the charter. 	May 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> • Develop two EYFIP pathways. • Engagement and co-design with families. • Agree a standard operation procedure. • Design further changes to be tested. • Commence testing of changes with families and staff • Adapt changes on basis of feedback from testing 	May to December 2023
Implementation (Project Score 7-10)	<ul style="list-style-type: none"> • Draft project end report • Recommendations for permanent implementation of changes to sustain the gains 	March 2024
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> • Subject to recommendations of end report 	March 2024 onwards

Improvement Project Title

Increase the breadth of courses available to young people in the Senior Phase (S5/S6) of ACC schools

Executive Sponsor: Eleanor Sheppard, Chair of Children's Services Board

Project Lead:

Mark Jones, Quality Improvement Manager, Education & Children Services
majones@aberdeencity.gov.uk

Aim Statement:

Increase by 10% the rate of completion of NPA/FA/HNC courses available to young people across the city by June 2024.

Link to Local Outcome Improvement Plan:

Ninety-five percent of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026.

Link to Locality Plans:

There are no community ideas from the Locality Plans aligned to this project.

Why is this important and issues with the current system:

Attainment in National Qualifications (NQ) is and will continue to be a very important part of the way in which young people in Aberdeen City secondary schools demonstrate a culmination in their learning. However, NQs form just a part of the way in which young people can have their learning recognised through certification at school.

National Progression Awards (NPA), Foundation Apprenticeships (FA) and Higher National Certificates (HNC) form some of the wider qualifications that are also recognised through SCQF. For example, secondary schools in Aberdeen City contributed towards 114 out of the total national picture of 4430 Level 6 NPA awards in session 2021-22. More widely, improving the number of completed NPA, FA and HNC awards at Levels 4 to 7 will allow young people in the local authority to better demonstrate a complete picture of their success and this will also allow our secondary schools to demonstrate an improved attainment picture against virtual comparator data.

Chart 1

The selected year is 2022

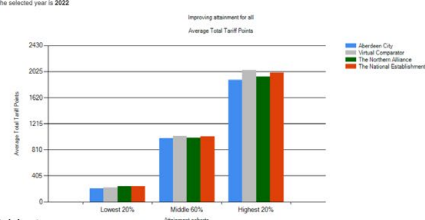


Table 1

	Year	Lowest 20%	Middle 60%	Highest 20%	Number in Cohort
Aberdeen City	2022	211	985	1897	1525
Virtual Comparator	2022	225	1028	2046	15250
The Northern Alliance	2022	241	993	1944	8270
The National Establishment	2022	237	1022	2010	48348

Table 2

2022	
No of L6 NPA Awards in Scotland	4430
No of L6 NPA Awards in ACC	114
No of ACC L6 NPA Awards as a percentage of National	2.57%
Percentage cohort population – ACC versus National	3.17%

Chart 1 (data from [INSIGHT](#)) shows the tariff points for S5/S6 leavers in 2022 in Aberdeen City by lowest 20%, middle 60% and highest 20%.

Table 1 (data from [INSIGHT](#)) shows the same data as in Chart 1 but in tabular form, demonstrating that in 2022, Aberdeen City figures for this measure were behind the virtual comparator by 14, 43 and 149 tariff points respectively.

Table 2 (data from [INSIGHT](#)) uses Level 6 National Progression Awards from 2022 as an example to demonstrate that the number of wider awards is not proportionate to the cohort.

<p>Measures:</p> <p>Outcome Measures</p> <ul style="list-style-type: none"> • Rate of completion of NPA/FA/HNC courses available to young people across the city by June 2024. • Baseline data 2022 Total Tariff Points for S5/S6 as shown in Table 1 above – L20 211, M60 985, H20 1897. <p>Process Measures</p> <ul style="list-style-type: none"> • % Of young people participating in ABZ Campus courses (as compared against City Campus in 2022-23). • No. of NPA/FA/HNC courses available to young people • % increase of young people completing non SQA courses via SEEMiS during session 2023-24 (note that this data will only be available upon release of INSIGHT data in September 2024). • % of staff participating in professional learning events during 2023-24 in curriculum development • Participation and feedback from the voluntary open events offered to ABZ Campus young people. • Withdrawal rates for young people engaged on Foundation Apprenticeship courses delivered by partners.
<p>Change Ideas:</p> <ul style="list-style-type: none"> • Introduce Phase 1 of ABZ Campus, increasing the number of collectively offered courses (including NPA, FA and HNC) compared to the City Campus offer in 2022-23 to young people in Aberdeen City. • Create a termly professional learning offer for staff in curriculum development to encourage a continuation in the broadening of pathway options for young people in Aberdeen City. • Develop and offer programme of support (informed by young people) (including induction) for young people taking ABZ Campus courses that will enhance their experience and reduce withdrawals.
<p>Location/Test Group:</p> <ul style="list-style-type: none"> • Young people in the Senior Phase in Aberdeen City secondary schools.
<p>Resources:</p> <p>Changes can be developed/tested within existing resources.</p>
<p>Potential risks and/or barriers to success & actions to address these:</p> <ul style="list-style-type: none"> • Risk of a lack of uptake by young people in applying for ABZ Campus courses will be addressed by; working closely with school and delivery partners, providing quality publicity to support choice and creating a bespoke application portal with a smooth process and access to quality data. • The risk of a lack of commitment or buy-in from school staff will be addressed by seeking support and commitment from Secondary HT's and ensuring that a quality professional learning product is on offer. • Risk of not providing the support that young people want will be addressed by the creation of a focus group and regular opportunity to gather feedback from young people.
<p>Project Team:</p> <p>Mark Jones (QIM), Dale McKinnon (Employability Lead), ABZ Campus Manager (TBC), Stuart Craig (QIO), ? Joanne Hesford ? (HT Oldmachar Academy), Matt Reid? (ESO), Robert Laird (NESCOL), Parent Rep, Young Person Rep.</p> <p>** Sitting underneath the Project Team will be engagement and collaboration with a range of delivery partners for specific courses ensuring project is multi-agency.</p>
<p>Community/User Representation/Engagement:</p> <p>Bi-annual feedback at a Parent Council Chairs meeting.</p> <p>Bi-annual focus group of young people. Young people will co-develop the programme of support</p>

Community Ideas for Improvement Evaluation/Status

There are no community ideas from the Locality Plans aligned to this project.

Outline Project Plan

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	<ul style="list-style-type: none"> Project team established. Development of Project Charter. 	April 2023 April 2023
Designing and Testing Changes (Project Score 4-7)	<ul style="list-style-type: none"> Design changes to be tested. Commence testing. 	April 2023
Implementation (Project Score 7-10)	<ul style="list-style-type: none"> Project end report. Recommendations for permanent implementation of changes to sustain the gains. 	September 2024
Spreading Changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report. 	TBC

Improvement Project Title Co-location and delivery model – Northfield Healthy Hub (provisional – setting name to be decided following consultation with young people)
Executive Sponsor: Eleanor Sheppard, Chair of Children’s Services Board
Project Lead: Name: Allison Horne Job Role and Organisation: Interim Quality Improvement Manager, ACC Email Address: AHorne@abrdeencity.gov.uk
Aim statement: Increase to 3 the delivery of co-located and delivered services by health and education by 2024.
Link to Local Outcome Improvement Plan: Stretch Outcome 7: 95% of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026. This project aims to empower the community of Northfield to determine the services provided by The Healthy Hub (name tbc) linking directly to Stretch Outcome 16. <i>‘Increase no. of community ideas identified within locality plans being tested by CPA and partners where communities are involved in the design process to at least 50% by 2024’.</i>
Link to Local Outcome Improvement Plan: There are no community ideas from the Locality Plans aligned to this project.

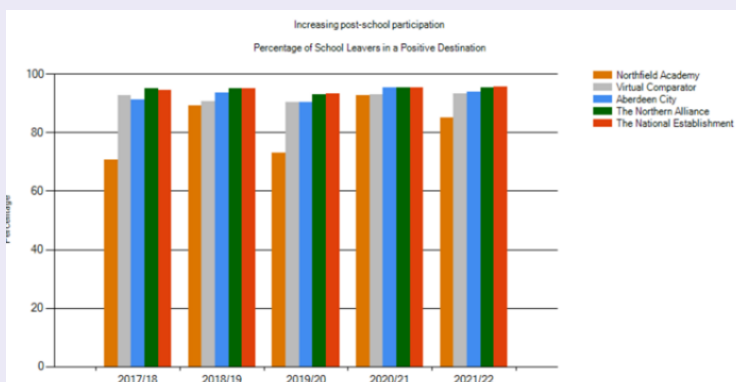
Why this is it important:

National and local research would identify that those living in areas of deprivation have been most impacted by the pandemic and their wellbeing has been most adversely affected. At present we have 1 co-located and delivered service at Links ELC. From review of this targeted partnership integration and delivery, it is evident that we now need to build on this positive start and co-designing and delivering more integrated services with partners, children and young people and their families in the heart of their community will be critical to supporting children and young people regardless of their circumstances to achieve the same health and education outcomes as their peers. Feedback from families to date reinforces the value of agencies being co-located delivering integrated services and support.

Northfield – Initial Test Area

90% of young people at Northfield Academy are categorised as being in SIMD quintiles 1 and 2.

Educational outcomes across Northfield are lower than their virtual comparator. In S4, 49% of learners achieve at least one SCQF Level 5 award compared to the city average of 80%. Only 13% of young people at Northfield achieve at least one Level 6 award in S5 compared to the 57% average across Aberdeen City.



Positive destinations at Northfield currently sit at 85% compared to the city average of 94%.

SHINE data confirms that only 59% of young people surveyed at Northfield Academy self-report positive health compared to 73% of secondary pupils across the city.

The uptake of the HPV vaccine in S3 girls is 74% in Northfield, lower than the city overall figure of 80%. There is a high proportion of younger mums (14% first time mums under 19) and older people in the community. Life expectancy at birth for Northfield is 78.9 for females and 74.8 for males compared to 81 for females and 76.9 for males citywide.

There is a need to look at how we can work with community planning partners to improve health and educational outcomes for young people and their families. Given above, the project will start testing changes at Northfield Academy and develop and test a co-delivery model to:

- promote healthy lifestyle choices to support physical and mental wellbeing
- help support young people through a (vocational) pathway (in hospitality or care for example) and into a positive and sustained destination.

Measures:**Outcome measures**

Number of co-located and delivered services by health and education (baseline 1: 2022)

Process measures

- Number of young people participating in the delivery of services in the Healthy Hub
- Number of young people accessing services in the Healthy Hub
- Number of partner/third sector/community groups participating in the delivery of services in the Healthy Hub
- % Of young people who begin to work towards a qualification as a result of their participation in the Healthy Hub (from August 2024)
- % of young people self-reporting positive health (Northfield initially) (baseline 59%: aim 66%)
- % of young people attaining at least one Level 6 award in S5 (Northfield initially) (baseline 13%: aim 25%)
- % of young people who utilise a Healthy Hub pathway to secure a positive destination (Northfield initially, session 2024/25) (aim 75%)

Change ideas:

- Co-design with young people and partners a Healthy Hub model to be located within Northfield Academy that could then be spread to other areas
- Work with young people to explore community data in order to help identify target groups and support required to be provided/available through the Healthy Hub and to produce modern child friendly communication plan to launch and to encourage young people to attend the Hub
- Co-design a programme of support for the target groups, which is supported by professionals but delivered in part by young people at Northfield Academy who are working on a vocational qualification.

Location/Test group:

Northfield: Groups will be identified in collaboration with NA learners

Resources:

Space identified in Northfield Academy to accommodate Hub which includes a kitchen area

Catering equipment

Literature and support materials re. health promotion

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

- Young people and their families may not engage with the Hub – young people and families to develop the supports and programme to ensure the services provided meet local need
- There may be stigma of attending the hub – young people to be at the heart of designing Hub programme and services; communication to their peers and delivery of the programme
- If demand exceeds capacity having to wait for support could see young people disengage – look for various partners to engage and support the delivery of services within the Hub

Project Team:

Allison Horne (Project Manager), ACC
 Shona Milne, ACC
 Fiona Mitchellhill, ACHSCP
 Lisa Lawrie, ACHSCP
 Stuart Craig, ACC
 Doug Watt/ SLT representative, ACC
 TBC, Skills Development Scotland
 TBC, NESCOL
 TBC, Community Member(s)
 TBC, Young people

Community/User Representation/Engagement:

Consultation with young people on the name of the “Healthy Hub”
 Consultation with young people and families on the range of offer from health/education in the Healthy Hub.

Outline Project Plan

Project Stage	Actions	Timescale
Getting started (Project Score 1-3)	<ul style="list-style-type: none"> Project team established. Development of project charter. Identification of suitable space at Northfield Academy. Consultation with young people on the name of the “Healthy Hub” Young people to be engaged on the target groups and support to be available at the “Healthy Hub” 	April 2023 May 2023 May 2023 June 2023 June 2023
Designing and testing changes (Project Score 4-7)	<ul style="list-style-type: none"> Design changes to be tested and look at who can support delivery of the programme for the groups. Identify and support young people to participate in the delivery of the programme. Identify how best to align to a qualification pathway for young people. Look at testing the co-delivery in another location. 	August 2023 October 2023 April 2024 April 2024
Implementing and sustaining changes that demonstrate improvement. (Project Score 7-10)	<ul style="list-style-type: none"> Project end report. Recommendations for permanent implementation of changes to sustain the gains. 	June 2024 September 2024
Spreading changes (Project Score 9-10)	<ul style="list-style-type: none"> Subject to recommendations of end report. 	November 2024

Project Charters being progressed under the LOIP

SO	Project Ref.	Project Aim and Link to Charter
1	1.1	Increase the number of people using community pantries by 20% by 2023.
1	1.2	Reduce by 50% the number of homes with an EPC rating of F&G by 2023, leading to 100% by 2026.
1	1.3	Ensure 100% of people presenting as homeless have a full financial assessment and access to all appropriate benefits by 2023.
1	1.4	Increase support for those who have been most disadvantaged through the pandemic by 2023.
1	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.
1	1.6	Increase the uptake of unclaimed benefits by 10% across Aberdeen City by 2023.
2	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.
2	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.
2	2.3	Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023.
2	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.
3	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
10	10.2	Increase to 30 in total, the number of individuals who are on a custodial sentence, on a Community Payback Order 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 2022
11	11.5	Reduce youth homelessness by 6% by 2023.
11	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.
12	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.
15	15.2	Increase community food growing in schools, communities, and workplaces by 12 2023.



Community Planning Aberdeen

Progress Report	Community Wealth Building
Lead Officer	Richard Sweetnam, Chief Officer – City Growth
Report Author	Tanita Addario, Project Officer
Date of Report	7 June 2023
Governance Group	CPA Board – 28 June 2023

Purpose of the Report

This report advises on Community Wealth Building as an approach to local economic development which promotes local ownership and control over resources, supports businesses and the local workforce and promotes equity and inclusion to build more sustainable economies. It seeks to recommend that a Community Wealth Building approach be implemented and integrated into the strategic plans across the Community Planning Partnership, such as in the upcoming refresh of Aberdeen City Local Outcome Improvement Plan, thereby maximising the local economic impact and outcomes.

Summary of Key Information

1 BACKGROUND

- 1.1 Community Wealth Building is an internationally recognised approach to local place based economic development, which considers the ways in which the public sector, in partnership with the private, third and community sectors, can ensure more wealth is generated, circulated, and retained in communities and localities.
- 1.2 By harnessing the leverage of local ‘anchor’ institutions, Community Wealth Building aims to create resilient, inclusive, and sustainable local economies. Anchor institutions are those rooted to an area with real purchasing powers such as local councils, NHS, universities, colleges, public bodies, housing associations and large local private sector employers. Collaboration between anchors and embedding the approach, is necessary to maximise the impact of Community Wealth Building across a local area.
- 1.3 Aberdeen City Council has a key role to play as an anchor institution and strategic partner of other anchors, many of whom are Community Planning partners. In this role, the Council seeks to influence and encourage other anchors to adopt a Community Wealth Building approach and implement the five pillars. It is possible that Community Planning partners have already incorporated Community Wealth Building into their strategic plans and ongoing activities. If this has occurred, it would be advantageous to engage in discussions regarding the approaches adopted by anchor institutions to foster collaboration and mutual learning.
- 1.4 Community Wealth Building centres on five interlinked pillars:

Spending – maximising community benefits through procurement and commissioning by anchor institutions, developing good enterprises, fair work and shorter supply chains;

Workforce – ensuring the employment practices by anchor institutions and their suppliers are fair; providing opportunities for disadvantaged workers and communities; committing to paying the real living wage and building progression routes for workers;

Land and Property – supporting equitable land development and the development of under-utilised anchor institution assets for community use and positive community outcomes.

Financial Power – seeks to increase flows of investment within local economies by harnessing the wealth that exists locally.

Inclusive Ownership – encouraging plural and democratic models of business ownership to build wealth that stays in local communities e.g., co-operatives, mutually owned businesses, municipally owned companies.

2. COMMUNITY WEALTH BUILDING IN SCOTLAND

- 2.1 The Scottish Government has adopted a Community Wealth Building approach to economic development as a key means to achieve its wellbeing economy objectives outlined in the National Strategy for Economic Transformation. The aspiration is for Scotland to become a world leader in Community Wealth Building.
- 2.2 To date, the Scottish Government has supported five Community Wealth Building pilot areas (Clackmannanshire, Fife, Glasgow City Region, South of Scotland and the Western Isles) and its Covid Recovery Strategy commits to supporting all Councils to develop their own Community Wealth Building action plans. Not all regions have taken forward all five pillars of Community Wealth Building at once, focusing on those pillars that they can advance in the short, medium, and long term. For example, Glasgow City Region has focused activity on two of the five pillars: spending and land and property pillars.
- 2.3 To build on this, the Programme for Government 2021-22 sets out a commitment to *“take forward a Community Wealth Building Bill in this Parliament, to enable more local communities and people to own, have a stake in, access and benefit from the wealth our economy generates.”*
- 2.4 The Scottish Government held a consultation (31st January 2023 – 9th of May 2023) to gather a diverse range of views on the changes required to grow local wealth and give communities a greater stake in the economy. The consultation aims to shape the proposed Community Wealth Building Bill and to ensure that progress on Community Wealth Building is cemented and accelerated across Scotland. Aberdeen City Council has collated a response to this consultation from across a wide range of service areas, which was submitted on the 5th of May.

3. COMMUNITY WEALTH BUILDING ABERDEEN

- 3.1 At the City Growth Finance and Resource Committee on 7th of December 2022, a Community Wealth Building Action Plan was approved, with short, medium, and long-term actions for implementation, which will embed a Community Wealth Building approach across council services.
- 3.2 These actions will support improvement in wider priority outcomes within the Council Delivery Plan and the Aberdeen City Local Outcome Improvement Plan which was developed with Community Planning Partners, many of whom are anchor institutions. Community Wealth Building is a key lens to understand how we work as a Council and with wider partners, communities, and businesses to deliver improved outcomes for people across the City.

3.3	<p>In the action plan, key activities that align to the Community Wealth Building pillars include:</p> <p>Spending - the Sustainable Procurement and Community Benefits Policy sets out how securing positive local outcomes can maximise social, economic and environmental benefits in public procurement, adding value that is good for the local area;</p> <p>Spending – Recruitment of a Procurement Development Officer to enhance capacity of local businesses to bid successfully for public sector contract;</p> <p>Workforce - provision of seed finance for people of employability programmes seeking to set up in business.</p> <p>Aberdeen Responsible Business – through Community Planning Aberdeen we are engaging with anchor businesses across the City to support better outcomes for communities through shared delivery of the Local Outcome Improvement Plan. From becoming a Real Living Wage employer, to providing employability opportunities for priority groups to becoming net zero to mitigate against climate change, businesses are taking forward a range of projects which add value to the City.</p> <p>Community Empowerment – through Community Planning Aberdeen we are working with anchor organisations and communities to improve outcomes by working together to maximise community assets to deliver shared priorities within the Community Empowerment Strategy, Local Outcome Improvement Plan and Locality Plans</p> <p>Land and Property – Promotion of the Community Asset Transfers process with communities.</p>
3.4	<p>One of the actions in the Community Wealth Building action plan is to present Community Wealth Building to the Community Planning Board and seek support for implementation of Community Wealth Building approach across anchor organisations. This will ensure that there is a collaborative approach to the delivery across the Community Planning Partnership. There is no one size fits all approach to how community wealth building is integrated and implemented and anchors are invited to examine which Community Wealth Building pillars and activity aligns and complements their existing work.</p>
3.5	<p>The aim is to establish a Northeast cross anchor working group, with workstreams across Community Wealth Building pillars, with governance of regional activity and collaborative delivery across the Northeast of Scotland, including funding bids. As Aberdeen City Council is in the process of implementing Community Wealth Building activity through delivery on the action plan, our role would be to assist and support other anchor organisations in the development and implementation of Community Wealth Building in their organisations.</p>
3.6	<p>It is important that community wealth building is a collaborative approach across anchors because it requires a coordinated effort to build a strong and resilient local economy that benefits everyone in the community. When anchors work together, we can leverage collective resources and support community wealth building initiatives.</p>
3.7	<p>The Scottish Government is expected to bring in legislation on Community Wealth Building as part of a broader effort to build a more sustainable and equitable economy that works for all. The proposed legislation aims to create a more participatory approach to economic development and promotes collaboration between anchors. The legislation may include a duty for public bodies to develop and then report on Community Wealth Building action plans and strategies. There is an opportunity to coordinate and work together across the Community Planning Partnership on action plans and strategies before this legislation comes to pass.</p>

Recommendations for Action

It is recommended that members of the CPA Board:

- i) Note the Community Wealth Building as an approach to local economic development and that actions within the Council's Community Wealth Building action plan support the achievement of stretch outcomes of the Local Outcome Improvement Plan; and
- ii) Recommend that Community Wealth Building be considered as part of the development of the Local Outcome Improvement Plan and anchor institutions strategic plans to ensure alignment and potential to maximise the local economic impact and outcomes and avoid duplication of any activity.

Opportunities and Risks

Scottish Government legislation on Community Wealth Building is in development. Through this legislation, public bodies may have a duty to develop and report on Community Wealth Building action plans and strategies. There is an opportunity to do the necessary groundwork, coordinating and work together across the Community Planning Partnership on collaborative action plans and strategies. By not implementing a Community Wealth Building approach, there may be a failure to be seen to deliver policies and activities that serve the local community and economy and work.

Consultation

Community Wealth Building Working Group: -
Jim Johnstone
Angela Taylor
Jen Lawie
Mel Mackenzie
Cate Armstrong
Graham Donald
Richard Sweetnam
CPA Management Group

Background Papers

Link below to Committee Report –

<https://committees.aberdeencity.gov.uk/documents/s138385/Community%20Wealth%20Building%20-%20FR%20December%202022.pdf>

Link below to Action Plan –

<https://committees.aberdeencity.gov.uk/documents/s138386/Community%20Wealth%20Building%20-%20Appendix%201%20-%20Actions%20to%20Support%20an%20Aberdeen%20CWB%20Approach.pdf>

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Community Planning Aberdeen

Progress Report	Aberdeen Health Determinants Research Collaborative Update
Lead Officer	Martin Murchie, Director of Aberdeen Health Determinants Research Collaborative
Report Author	Martin Murchie
Date of Report	3 May 2023
Governance Group	CPA Board – 28 June 2023

Summary of Key Information	
i. Engagement	
<p>The first few months of the AHDRC has seen stakeholder engagement at multiple meetings and events. The co-Directors have been represented at Community Planning Aberdeen (CPA) Board, Management Team as well as each of the CPA Outcome Improvement Groups, as well as many other groups and teams. Broadly, the purpose of this engagement has been initial awareness raising, discussion of how AHDRC can support decision making over the 5-year period, and to begin to formalise priorities with these key stakeholders. Follow-up conversations are ongoing to inform planning and the work programme for the AHDRC.</p> <p>The next phase of planning engagement activities is underway with a major city-wide event in May. This will introduce the AHDRC to the public in Aberdeen City.</p> <p>AHDRC have also been included in discussions with The James Hutton Institute to strengthen relationship and joint working. A dedicated session was held on 19th April with both the The James Hutton Institute and UoA to discuss collaboration on research, data and community engagement opportunities. Agreement has been reached to establish a regular forum to come together and develop collaboration.</p>	
ii. Research Priorities and Programme	
<p>Work has been progressed to establish research priorities for the Council and its partners. Recognising that this is likely to remain fluid, the initial prioritization is near complete which will allow the AHDRC to plan and provide appropriate support in each area.</p> <p>(See Appendix A) These priorities reflect areas identified during the bidding process which were agreed following co-applicant analysis of the LOIP. Additional priority areas have been added following the engagement referred to above.</p> <p>For example, the City's "Children's Services Plan" has been revised in the last period and AHDRC has worked with colleagues to identify those areas within the Plan where</p>	

additional research and evaluation would be of most benefit and these have been captured within the priorities. This includes plans to establish a longitudinal study of the impact of early learning and childcare.

With priorities identified, the next step is to consider how AHDRC can provide support in each area. This is likely to vary from issue to issue and may include evidence reviews; support for research funding bids; PhD topics; support from Masters (or other) students; support around data management and analysis; advice / mentoring; etc.

As part of our bid, both University of Aberdeen and Robert Gordon University agreed to provide 2 PhD studentships each to support the AHDRC. These will relate to the agreed AHDRC priority areas. The process for implementing these has started. Each supervisory team will include officers from ACC to ensure the research is applicable and provide opportunities for early findings to be fed back to practice / action in a timely manner. It is anticipated that these will start in Autumn 2023/Jan 2024, following a selection process that will take place this summer. A networking webinar took place in April with ACC colleagues and academics to “match” these and progress PhD proposals. Progress is being made, in particular, on Early Learning & Childcare and Social Prescribing.

To date we have also been taking the opportunity to become involved and support a number of projects related to our priority areas: These include:

- **Fuel poverty:** Work with Energy Systems Catapult (ESC), a not for profit organisation to pilot and evaluate a programme of ‘warm home prescriptions’. This project targeted ~500 homes in Aberdeen City in areas with high levels of social deprivation and occupants with respiratory illnesses susceptible to exacerbation with exposure to cold temperatures in the home. The intervention was delivered in partnership with NHS Grampian, ESC and SCARF a third sector organisation. Eligible participants were provided with a heating assessment and where possible, their heating bills were paid until the end of March. AHDRC are supporting the evaluation through the data safe haven to assess the impact on health service utilisation. AHDRC are also reviewing the evidence base to draw out the learning from other programmes that provided financial support for fuel poverty, focusing on which populations groups should be targeted, and lessons for implementation at scale. The intention is to use these findings to consider the feasibility of scaling up the warm home prescriptions programme as we plan for next winter. AHDRC are also engaged in a funded project with SSEN to explore uses of smart meter data, which may overlap with warm home prescribing as well as other opportunities.
- **Food security:** The evidence synthesis workstream have commenced scoping work for evidence reviews in relation to infant food security. A service mapping exercise has also been completed. This highlights some gaps and opportunities to provide wrap around care. These findings will be discussed with CPA teams to identify appropriate next steps. AHDRC is hosting 2 seminars in May to discuss food security.
- AHDRC is represented in the University of Aberdeen Just Transitions Lab which has published a rapid evidence review. The report is the first stage of a project which has clear synergies with the AHDRC and a number of options for further funding are being explored, including a further bid to the ScotGov Just Transitions Fund.

<p>A number of opportunities to bid for funding have been identified and partners are collaborating on how / whether bids can be submitted.</p>
<p>iii. Recruitment</p>
<p>The single biggest milestone will be the recruitment of dedicated resources. We have made, and continue to make, progress despite challenges of the high demand for the talent we are seeking.</p> <p>All initial phase posts (see below) have been advertised with recruitment made to a number. Interviews have been scheduled for the remaining posts in the next few weeks, including Senior Research Fellow; 2 x Research Fellows; Data Engineer; Promotion, Involvement and Engagement Co-ordinator.</p> <ul style="list-style-type: none"> - Director (appointed) - Centre Manager (appointed) - Senior Research Fellow (interviews set) - Research Fellows x 2 (interviews set) - Promotion, Involvement and Engagement Co-ordinator (appointed) - Data Engineer (1 round of recruitment completed without appointment) - Information Governance Officer (1 round of recruitment completed without appointment) - Data Analyst (to be advertised) - Data Co-ordinator (appointed) - Administrator (Interviews set)
<p>iv. Data Eco-System</p>
<p>A model for a “Virtual Data Office” setting out key roles and processes to support researchers access and use appropriate data has been agreed by the “Data Eco-System” workstream. This is co-led by Martin Murchie and Prof Corri Black. A table top exercise has been completed and actions identified to implement the necessary procedures.</p> <p>Actions have been agreed to begin work to establish a single approval process for research and data projects focusing on the AHDRRC, but by necessity straddling other multi-agency data requirements.</p> <p>The workstream is also working with Public Health Scotland and other national organisations to progress seeding of Council “client” records with the “Community Health Index number”. This is a longstanding issue nationally.</p> <p>Discovery work has also commenced on a funded project to utilize energy supplier data, which may support further development of the ‘warm home prescriptions’ described above.</p>
<p>v. Organisational Development and Cultural Change</p>
<p>AHDRRC has joined up with a number of English authorities and colleagues to design a bespoke “research skills, knowledge and culture” self-assessment, which will establish a baseline and allow prioritized actions to be agreed. A funding bid led by Liverpool John Moores University, supported by AHDRRC has been submitted to further develop this. A baselining survey for ACC staff has been created and is currently being tested and will be issued in May.</p>

vi. Community and Public Engagement and Involvement

PPIE storyboarding workshops relating to future engagement events have started. Local Empowerment Groups, Outcome Improvement Groups, Community Engagement Group are now included in the AHDRC planning process. Simulator software information in relation to community priorities is being analysed and used along with community representatives to inform AHDRC priorities. Relevant, partners, committees, and groups have the AHDRC as a standing item on their meeting agendas.

The recently approved Community Engagement Strategy includes AHDRC as a key component.

Dedicated AHDRC website (microsite integrated into ACCs internet platform) in development, planned completion April 2023.

vii. Governance

Initial Terms of Reference developed for all identified governance groups. These have all either met or first meetings are planned.

The co-Directors meet weekly and fortnightly meetings of the Executive Management Group have continued with leads for each of the 6 workstreams providing updates. Wider co-applicant meetings have been set.

A Partnership Collaboration Agreement has been prepared and is currently being reviewed for signature by all partners.

Recommendations for Action

It is recommended that the CPA Board:

Note the update

Aberdeen Health Determinants Research Collaborative

Draft Priority Areas

All proposals for research will inform the ambitions to:

- i. reduce harm to individuals and communities; and
- ii. reduce demand on public services.

Theme	Topic - ACC would support PhDs in these areas	Research Need – Potential research focus in these topics	Draft Research Proposal
Children and Young People	Whole Family	<ul style="list-style-type: none"> - Many of the above topics can be intersectional, so options for research covering multiple topics focusing on “whole family” 	<u>Options:</u> <ul style="list-style-type: none"> - Details of work at Northfield to follow. - Priority Families and People Service Effectiveness of local services. Evaluation of existing and planned services.
	Care experienced children	<ul style="list-style-type: none"> - The “edge of care” - factors and prevention 	Potential link to Northfield (see above)
	Early, Learning and Childcare	<ul style="list-style-type: none"> - Early years assessment of developmental needs - Parental employment 	<p>a) Literature review of impact</p> <p>Research Question: What is the known and projected impact of Scottish EL&C policy and practice for children and families in the city? How do these relate to maintaining human health and wellbeing?</p> <p>b) Longitudinal Study of Impact</p>

			<p>Proposal to “recruit” a rolling intake of families in receipt of ELC and track through quantitative and qualitative assessment of impact in specified areas e.g. parental employment; child development; etc.</p> <p>Research Question: What is the long term impact of EL&C of children and families in the city? How do these relate to maintaining human health and wellbeing?</p> <p>Key datasets:</p> <ul style="list-style-type: none"> - EL&C places - EL&C type and location - Child development milestones - CAMHS - Employment / worklessness - Access to and uptake of benefits
	Mental health & wellbeing	- Impact of lifestyle, relationships on mental wellbeing	<p>Recent surveys of Aberdeen C&YP highlighted issues including some C&YP not having a trusted adult to talk to; not feeling safe.</p> <p>Potential research topic on local social, community factors and their impact on C&YP mental health.</p>
		- Identifying and responding to neglect and harm	<p>Emphasis on how to identify and prevent harm upstream.</p>
	Additional Support Needs	- The growing numbers of C&YP with ASN;	<p>c. 12,000 C&YP with identified ASN in Aberdeen. Potential research on nature; causes; how ASNs are met; impacts on C&YP; impact on LAs.</p>

	Transitions	<ul style="list-style-type: none"> - Starting primary school - Starting secondary school - Positive destinations for children leaving school 	Anticipate different opportunities for research in each transition.
	Young people charged with an offence	<ul style="list-style-type: none"> - Prevention 	Emphasis on how to identify and prevent harm upstream.
Adults	Housing Condition	<ul style="list-style-type: none"> - Refurbishment of existing local social housing – imperatives and challenges re energy efficiency, climate and health impact - The impact of housing physical and social environment, including ASB, on mental health 	<p>The nature, scale and impact of housing (in)security and condition</p> <p>Monitoring and understanding the nature, scale and impact of housing insecurity, condition and its potential influence as a determinant of health is now critical. Housing affordability and quality, energy costs and increasing interest rates are all significant concerns. In Aberdeen, this is occurring in a city experiencing declining house prices, compounded by declining job security and, in a region with relatively low annual temperatures. Financial insecurity and debt (as evidenced through rent and Council Tax arrears) significantly increased during the Covid-19 pandemic. In a recent local initiative, 87% of City residents undertaking an assessment of entitlement to benefits were shown to have some element of unclaimed benefits.</p> <p>Research Question: How is housing insecurity and condition being experienced by residents in the city? How is this related to housing quality and availability? How do these relate to maintaining human health and wellbeing? How do they relate to a sense of place and social capital?</p>

			<p>This project will examine housing costs, debt and fuel poverty across all tenures and conditions of properties and seek to link this with data associated with inequality and human health. It will also inform ongoing work to support those not claiming benefits entitlement.</p> <p>Key datasets:</p> <ul style="list-style-type: none"> - Tenure type and location - Property prices - Fuel (Energy) poverty - Rent arrears and other debt - Access to and uptake of benefits - Housing conditions survey
	Homelessness	- Effectiveness of prevention and response	Emphasis on how to identify and prevent harm upstream.
	Alcohol consumption	- Effectiveness of prevention and response	Emphasis on how to identify and prevent harm upstream.
	Drug related deaths	- Effectiveness of prevention and response	<p>Early interventions to prevent Drug-Related Deaths</p> <p>Research Question: What demographic, social, economic, health and cultural factors are present and common in cases where deaths are recorded as drug related?</p> <p>This project will build on ongoing analysis in which Community Planning Aberdeen is collaborating with other local authorities and will (i) review and</p>

			<p>summarise the published literature on this topic, (ii) scope data sources, curate, assess, prepare and harmonise datasets and link to healthcare datasets, (iii) explore lived experiences through qualitative interviews and analyses and (iv) provide insights into interventions for supporting communities and at-risk groups.</p> <p>Key datasets:</p> <ul style="list-style-type: none"> - Drug related deaths – Police Scotland - Drug overdose incidents data from NHS Grampian, Police Scotland and Scottish Ambulance Service - Data from ACC social work, Police Scotland, Aberdeen City Health & Social Care Partnership, NHS Grampian, Scottish Prison Service, and voluntary sector organisations on all “touch points” of deceased with all service providers
	Criminal convictions & reconvictions	- Violence Against Women	Emphasis on how to identify and prevent harm upstream.
		- Antisocial behaviour	Emphasis on how to identify and prevent harm upstream.
	Healthy life expectancy	- Social Prescribing	<p>Building up an evidence base for Aberdeen City Council</p> <p>The project would involve the assembly, critique and synthesis of the existing published evidence on the effectiveness and cost-effectiveness of social</p>

			<p>prescribing (broadly defined as “primary care referral to a service or activity provided by a third sector or community-led organisation, that is designed to improve health and well-being”). In parallel, the project will analyse existing individual-level data held locally on the health-related quality of life impacts of social prescribing services.</p> <p>Research Question: What are the likely short-term and long-term impacts of social prescribing on i. health and well-being and ii. demand and costs for public services? How can the costs of social prescribing be accounted for?</p> <p>The project will (i) assess the size and robustness of the existing published UK effectiveness and cost-effectiveness evidence base on the topic, (ii) identify the existing research gaps in the evidence base, (iii) measure the health and well-being changes generated by receipt of social prescribing services (using existing locally held data for service users in Aberdeen, measured by the EQ-5D quality of life instrument, plus related measures), (iv) quantify the extent of any socio-economic differences in service receipt, (v) estimate the factors that predict who would benefit most from receipt of services, (vi) compare the characteristics of existing service users with the existing evidence base and local predictions of who would benefit most, to inform future service provision.</p> <p>Key datasets:</p>
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			<ul style="list-style-type: none"> - Aberdeen City Health & Social Care Partnership data on individual-level health-related quality of life (EQ-5D instrument), + measures of service receipt, satisfaction, and socio-demographic characteristics - Primary care data on primary care attendances
		- Active ageing	Potential tie in with Age Positive City. AHDR engaged in this.
	Food insecurity	- Household food insecurity	<p>How are the outcomes mediated/and or moderated by wider health determinants? What are the impacts on child health and well-being?</p> <p>Local maternal and infant food and nutrition security has emerged as a socially and economically determined public health issue that would benefit from further and more comprehensive research. A previous UoA led review commissioned by the UK Food Foundation via the NIHR Public Health Research Programme assessed the evidence on the extent, nature and consequences of food insecurity affecting children in the UK. We will conduct a brief update of this review to focus on further recent studies, to synthesise and estimate the longer-term association between levels of household food insecurity, wider health determinants, health-related quality of life and well-being. The second part will bring together data from health, local authorities and open data to understand the</p>

			<p>inequalities that impact on maternal and child health outcomes.</p> <p>Research Questions: How is household food insecurity mediated by food access? How do the wider determinants of health such as employment, financial security, social support, family, community and area level factors mediate and/or moderate the outcomes associated with food insecurity?</p> <p>The project will (i) seek to understand the relationship between food insecurity and food access/availability (local food desertification), (ii) seek to quantify the association between food insecurity and childhood outcomes such as school attendance, vaccination uptake, quality of life, mental health, A&E attendance, emergency hospital admissions, (iii) understand how other determinants such as employment, financial security, social support, family, community and area-level factors modify the association between food insecurity and childhood outcomes, (iv) explore lived experiences through qualitative interviews and analyses, and (vi) assess the conclusions that can be drawn for local service and policy development and inform what actions can be undertaken by Aberdeen City Council and partners.</p> <p>Key datasets:</p> <ul style="list-style-type: none"> - Scottish Health Survey
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			<ul style="list-style-type: none"> - Family Resources Survey - UK Household Longitudinal Study UK-HLS)- Understanding Society - School attendance - Food and nutrition survey data - Aberdeen City panel survey which includes food insecurity experience questions.
Economy	Poverty / Financial Inclusion	<ul style="list-style-type: none"> - Financial support - Disparity and needs of groups at higher risk of child poverty 	Potential to look at benefits uptake / access of financial support services
	Employment, employability & fair work	<ul style="list-style-type: none"> - Economic impact on parents and carers - Occupational change 	<p>Health and wellbeing impacts of occupational status change</p> <p>This project will go further than the binary categorisation of employment/unemployment to explore the health implications of downward mobility to lower status and less secure and well-remunerated employment e.g., as experienced by former oil industry and related employees. It will seek to understand the scale of impact, mediating and moderating factors to identify opportunities for early intervention and prevention/mitigation of negative impacts.</p> <p>Research Question: How does change in occupational security and status impact on health and wellbeing?</p>

			<p>This project will (i) consider the quantity and quality of published UK studies on the topic, (ii) scope data sources, curate, assess, prepare and harmonise datasets, (iii) undertake epidemiological analyses (v) explore lived experiences through qualitative interviews and analyses and (iv) provide insights into the impacts of change in employment status and potential areas for intervention to mitigate the negative impacts. This can lead to targeted tests of change, development and evaluation of interventions.</p> <p>Key datasets:</p> <ul style="list-style-type: none"> - Jobs market data - Housing and homelessness - Worklessness and benefits - Financial insecurity and debt
	Energy transition	Just transitions.	<p>The AHDRC is represented through the Just Transitions Lab, University of Aberdeen.</p> <p>An initial “Rapid Evidence Review” has been completed ahead of further research.</p>
Place	Active travel	tbc	Some initial engagement with “The James Hutton Institute” and we will confirm prioritise in due course.
	Land use	tbc	
	Climate change	tbc	
	Nature crisis / biodiversity	tbc	
	Place Planning	Blue / green open spaces	Our blue / green open spaces, both formal and informal, tend to be undervalued in comparison to other types of infrastructure. This is most often

			<p>because the variety of services they provide are not attributed into their value (raw materials, food sources, air quality, water management, play spaces, recreational spaces, educational resources, etc.). This places them at greater risk of negative decision making, i.e. opening them up as future hard development opportunities, as opposed to improving their value as open spaces for people, climate and nature.</p> <p>During the COVID pandemic people right across Aberdeen explored their blue / green open spaces in a way that had not been seen previously. Evidence through the use of core paths, active travel routes and visits to parks, often rose by hundreds of percentages. Anecdotally, through feedback from communities, visits to informal spaces also increased, with many communities finding new spaces that they were not aware of previously and valued them in ways they had not before, e.g. meeting and breathing spaces.</p> <p>This project will explore the role of blue / green open spaces in an urban and suburban context. It will seek to provide evidence to inform decision making to improve the health outcomes of our citizens and mitigate and adapt to climate change. It will explore the inequality's that exists in terms of access to natural spaces, identify the key deliverables that should be included in new or upgraded spaces to achieve the multi stream across health and climate change.</p>
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			<p>Research Question</p> <p>What are the roles and impacts of our current blue / green open spaces on the health and wellbeing outcomes for the citizens of Aberdeen and addressing climate change. Considering those findings, and coupled with climate mitigation ambitions and future climate predictions for the region, how should the types, qualities, quantities, connections between and distribution of these spaces evolve to maximise their health, wellbeing and environmental benefits in the future. These questions should be considered in light of the desire to ensure climate justice for our citizens and therefore focus on those most impacted now and in the future.</p> <p>Outcomes</p> <ol style="list-style-type: none"> I. It will identify the roles and values of our current suite of open spaces in terms of human health and climate change and considering things such as their: types, quantities, qualities, locations and uses II. It will offer recommendations for future decisions that seek to maximise benefits for tackling climate change, improving health outcomes, especially for those suffering greatest inequalities. III. It will identify what are the key deliverables in spaces to:- <ol style="list-style-type: none"> a. ...improve health outcomes in terms of opportunities for exercise, community participation, food growing, etc. b. ...mitigate the impacts of climate change in terms of carbon sequestration through
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			<p>appropriate planting, use and management regimes.</p> <p>c. ...adapt to climate change with a particular focus on urban drainage, biodiversity improvement and future threats such as heath island effects.</p> <p>IV. The high-level costs associated with altering open spaces with a view to minimising maintenance costs and maximising opportunities to empower communities to manage their spaces.</p> <p>V. Identify the future value of our open spaces to the city in terms of possible health and climate improvements.</p> <p>Key Resources</p> <ul style="list-style-type: none"> • Social Return on Investment for Urban Green Spaces - 2012 • ACC & NHS Health and Open Spaces study - 2015 • Open Space Audit - 2022/3 • Core Path Revenue - 2022/3 • Strategic Growth Agreement - 2023 • Aberdeen Local Development Plan - 2023 • Net Zero Aberdeen Routemap, 6 place-based strategies and background data - 2022 • Aberdeen Adapts and evidence review - 2022 • UK Climate Predictions, Climate Risk Assessments and Local Climate Impacts Profile
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	Place Planning	City Centre Masterplan	<p>Social and economic evaluation of the benefits of the Aberdeen City Centre Masterplan focussing on health determinants impacts.</p> <p>Research Question: What are the anticipated social and economic impacts of the Aberdeen City Centre Masterplan?</p> <p>This project will (i) scope the key economic and social outcome measures relevant to the plan and data sources, (ii) implement data engineering and curation processes to assess, prepare and harmonise data for analysis, (iii) use epidemiological and health economics analyses to quantify the impacts of the Aberdeen City Centre Masterplan on social and economic impacts across different population groups and (iv) provide an evidence base for understanding which elements of City planning are most likely to lead to social and economic benefits to inform planning decisions locally as well as in other Local Authorities with similar context.</p> <p>Key datasets:</p> <ul style="list-style-type: none"> - Business births, sustainability and employment - Active travel / public transport - Air quality - Footfall in targeted areas including open spaces, linked to the impact of blue spaces
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			<ul style="list-style-type: none"> - Qualitative and quantitative assessments related to life satisfaction, pride, fear.
PPIE	Engagement and Inclusion Proposal	Arts based	<p>This proposal is a part of the Community Engagement Strategy which aims to include as many people as possible in informing and contributing to the decision-making processes as we search for ways to support the creation of health.</p> <p>This has 4 main advantages which are in alignment with the Local Authority's ambitions:</p> <ul style="list-style-type: none"> (i) Improved decision-making processes (ii) Improved and increase citizen involvement (iii) Improve local democratic processes (iv) Health Creation <p>Engagement and inclusion are a fundamental moral and statutory obligation the Local Authority has toward its citizens. Engagement and inclusion must play a key role in the delivery of the Local Authority's Local Outcome Improvement Plan. Engagement and inclusion will be key to delivering and will cut across all AHDRC priorities.</p> <p>Historically, inclusive engagement has been difficult as recruitment onto established groups tend to be a non-representative demographic of the communities they are attempting to support. For example, low representation of Young People. How can new methods of engagement help recruit</p>

			<p>more representative groups so that ‘more and different voices contribute’?</p> <p>The proposal is to develop a sustainable local arts-based practice that enlists and amplifies resident voices in communities across Aberdeen City celebrating the heroic, the beautiful, and the joyous realities and potentials in everyone’s life.</p> <p>Through a series of engagement activities and events, citizens will be enabled to become more active in the democratic decision-making processes that influence the place and lives of the people themselves. The impact of well-being of communities is noted by driving community choice, an integral facet of well-being. Choice and control are key aspects of making people happier and improving the quality of people’s lives which is closely linked to young and adult mental health. Similar parallels can be drawn to relationship, challenge, belonging and sustainability.</p> <p>It is observed that there are communities and demographics of ‘unheard’ voices, including but not limited to; school children, young adults and adults. The project will also aim to promote engagement within this ‘unseen’ sphere, promoting the wider context of local government by engaging existing formal networks and by surfacing the hidden networks that tie communities together.</p> <p>Research Questions:</p>
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			<ul style="list-style-type: none"> • How can arts-based practices contribute to engaging citizens in the democratic decision-making processes relating to policy and priorities? • How can arts-based practices contribute to recruiting 'unheard' voices for local improvement groups and youth council. • How can we initiate projects that build sustainable endeavors for and with local members? • What are the hard metrics (e.g. numbers, spend) and the soft metrics (e.g. kindness/spontaneous creativity) that can be used in determining the benefit of arts-based practices? <p>The activities and events will engage with the community, and creative and production partners to create communal events. The art practice will work in the service of the community in which it is located and form a conversational piece of work. The work will bring people together, uplifting individuals and communities through arts-based practice toward community 'wealth' building. Building networks with a purpose will lead to enhancing democratic policy development and get more people involved in contributing to research and policy making.</p>
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