Community Planning Aberdeen Management Group

Meeting on WEDNESDAY, 24 MAY 2023 at 2.00 pm

** <u>Virtual - Remote Meeting, Aberdeen</u> **

B U S I N E S S

APOLOGIES

MINUTES

CPA IMPROVEMENT PROGRAMME

GENERAL BUSINESS

FORWARD BUSINESS PLANNER AND FUNDING TRACKER

Should you require any further information about this agenda, please email communityplanning@aberdeencity.gov.uk

COMMUNITY PLANNING ABERDEEN MANAGEMENT GROUP
22 MARCH 2023

Present:- Gale Beatie (Aberdeen City Council) (Chair), David Howieson (Police Scotland) (Vice Chair), Dave Black (GREC), Darren Bruce (Community Justice Group), Allison Carrington (Aberdeen Prospers), Heather Crabb (University of Aberdeen), Rab Dickson (Nestrans), Andy Hisplop (as a substitute for Andy Buchan (SFRS)), Nicola Graham (Skills Development Scotland), Sinclair Laing (as a substitute for Jillian Evans (Sustainable City Group)), Robert Laird (NESCOL), Alison MacLeod (Aberdeen City Health and Social Care Partnership and Resilient, Included and Supported Group), Lavina Massie (Civic Forum), Eleanor Sheppard (Children's Services Board) and Alison Watson (Robert Gordon University).

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

Apologies:- Jamie Bell (Scottish Enterprise), Andy Buchan (SFRS), Jillian Evans (Sustainable City and NHSG), and Maggie Hepburn (ACVO) and Simon Rayner (Alcohol and Drugs Partnership).

Topic	Discussion/Decision	Action By
Welcome	The Chair welcomed everyone to today's meeting.	
2. Minute of Previous Meeting of 18 January 2023	The Management Group had before it the minute of its meeting of 18 January 2023, for approval. **The Management Group resolved:** to agree the minute as a correct record, and to note that all the actions had been completed or were in progress and that an update on the actions at item 4 of the minute would be provided under item 3.1 of today's agenda (article 5 of this minute refers).	
3. Draft Minute of Meeting of the CPA Board of 15 February 2023	The Management Group had before it the draft minute of the CPA Board meeting of 15 February 2023, for information. Michelle Crombie advised that Councillor John Cooke will replace Luan Grugeon on the CPA Board as the Integrated Joint Board member. **The Management Group resolved:** to note the draft minute.	

Topic	Discussion/Decision	Action By
4. Draft Revised Children's Services Plan 2023-26	The Management Group had before it a report which outlined the progress made in developing the statutory Integrated Children's Services Plan and sought approval to (1) finalise, submit and then deliver against the Plan from April 2023 to March 2026; and (2) endorse the proposed amendment to the children and young people, Stretch Outcomes 4-9 of the Local Outcome Improvement Plan 2016-26. **The report recommended:-** that the Management Group (a) endorse the draft revised Children's Services Statutory Plan 2023-26 presented at **Appendix 1**and the Improvement Plan at **Appendix 2** for submission to the CPA Board on 19 April 2023, noting that further baseline data would be added in advance, and subject to approval by the Board agree that the Plan be submitted to the Scottish Government; (b) endorse the proposed amendment to the children and young people (Stretch Outcomes 4-9) section of the Local Outcome Improvement Plan 2016-26 as at **Appendix 5** and subject to approval by the Board 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 the Local Outcome Improvement Plan 2016-26; (d) endorse 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. **The Management Group resolved:** to approve the recommendations.	
5. CPA Improvement Programme Update and Appendices	The Management Group had before it a report which provided an update on the progress towards the Stretch Outcomes and improvement projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026 on the basis of the Improvement Programme 21-23 approved by the Board on 15 September 2021.	

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Topic	Discussion/Decision	Action By
Page 5	Appended to the report was the overview of progress against the CPA Improvement Programme. **The report recommended:-** that the Management Group (a) consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome; respective improvement projects as contained at Appendix 1; (b) discuss the status of the improvement aims to be achieved by 2022 and those aims with a red ragging status and where baseline data remains outstanding as detailed at section 5 and 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 project charters under Stretch Outcome 16 for submission to the CPA Board for initiation was on today's agenda; (d) note that 28 aims had now 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; (e) 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 (f) appoint a Chair for the Anti Poverty Group and the Community Justice Group. The Management Group noted there were 5 live aims (1.2, 1.5, 10.7, 11.7 and 13.2) with a red ragging status and discussed 10.7, 11.7 and 13.2, noting the following: • 10.7 – a meeting was being scheduled to gather and analyse the data to see the impact on both settings the project was testing in • 11.7 – project had been impacted by PM absence and recruitment of families to participate in the project has been challenging. A new communication plan had been developed to go out to Groups working with families. Shops have been registered to provide healthy food options at lower prices and data was awaited. • 13.2 – data on waste was showing a reduction, however this was being analysed and would be available for the next meeting along with clarity on	

Topic	Discussion/Decision	Action By
	changes being tested by the project. **The Management Group resolved:** (i) to approve the recommendations; (ii) to appoint Martin Murchie, Chief Officer Data and Insights, Aberdeen City Council, as Chair of the Anti Poverty Group; and (iii) to note that discussions were ongoing regarding the Chair of the Community Justice Group and that an appointment be made at the next meeting and meantime time the Vice Chair, Darren Bruce would act as Chair.	
6. Project End 2.3: Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023	The Management Group had before it a report which presented the outcomes of the LOIP improvement project aim 2.3 which aimed to support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group – (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this improvement project was brought to an end on the basis that 15 care experienced young people had secured employment and almost 100 were engaged in employability support activity; (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 prevents 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 could not only engage and sustain employability activity, but also to sustain a positive destination; (d) note that while the 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.	

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	The Management Group resolved: (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 3.1: Increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023	The Management Group had before it a report which presented the outcomes of improvement project 3.1 which aimed to increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this improvement project was brought to an end on the basis that the aim had been achieved and the project 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. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their Team for their achievements and commitment to the project.	

Topic	Discussion/Decision	Action By
8. 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.	The Management Group had before it a report which presented the outcomes of improvement project 3.2 which aimed to increase by 10% the number of people in Aberdeen who: have digital access; and feel comfortable using digital tools by December 2022 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this improvement project was brought to an 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 (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. **The Management Group resolved:** (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 4.1: Reduce the number of births affected by drugs by 0.6% by 2022	The Management Group had before it a report which presented the outcomes of improvement project 4.1 which aimed to reduce the number of births affected by drugs by 0.6% by 2022 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was 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	

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	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. **The Management Group resolved:** (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 4.3: Increase uptake of parenting and family support by 10% by 2022.	The Management Group had before it a report which presented the outcomes of improvement project 4.3 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. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that 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. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	

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11. Project End 4.4: Reduce the number of children starting P1 with an identified speech delay by 5% by 2023	The Management Group had before it a report which presented the outcomes of improvement project 4.4 which aimed to reduce the number of children starting P1 with an identified speech delay by 5% by 2023 and sought approval to end the project as the aim had now been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this Improvement Project was 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 was 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. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	
12. Project End 5.2: Increase by 80% the use of digital wellbeing resources for children and young people's mental health	The Management Group had before it a report which presented the outcomes of improvement project 5.2 which aimed to (1) increase by 80% the use of digital wellbeing 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 the project.	

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and wellbeing by 2022 and Increase by 40% the use of the wellbeing scenario on the Mind of my Own app by care experienced children and young people by 2022.	**The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April that this improvement project was 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 business as usual and where data had not been available this would now be available in the future; and (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 are 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 Services Plan 2023-26. **The Management Group resolved:** to approve the recommendations.	
13. Project End 6.1: Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022	The Management Group had before it a report which presented the outcomes of improvement project 6.1 which sought to increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022 and sought approval to end the project. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that the project was ended 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; (b) note as contained in the draft Children's Services Plan 2023-26 that the impact of the intensive Edge of Care Pilots at Lochside and Northfield Academies and the introduction of Pathways Associates on CEYP attainment, achievement and	

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	(c) positive destinations be evaluated by 2024 to inform next steps; 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. **The Management Group resolved:** to approve the recommendations.	
14. Project End 6.2: Increase to 43% by 2023 the proportion of children and young people who are supported to live in kinship care or are looked after at home by 2023 and increase by 20% the number of children and young people remaining in a placement looked after at home/kinship between 16-18 years old by 2023.	The Management Group had before it a report which presented the outcomes of Improvement Project 6.2 which sought 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 by 2023 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. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023, that testing concluded that this Improvement Project comes 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 (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) out with the city, and therefore the data would be monitored on an ongoing basis the Corporate Parenting Outcome Group and the Children's Services Board and reported on an annual basis to the CPA Board. **The Management Group resolved:** to approve the recommendations.	

Topic	Discussion/Decision	Action By
15. 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	The Management Group had before it a report which presented the outcomes of improvement project 7.3: which sought to 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 and sought approval to end the project as the aim had been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this Improvement Project was 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 (b) note that the dataset for the overall aim would continue to be reported via the Improvement Programme dashboard to ensure progress was monitored. <u>**The Management Group resolved:**</u> (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	
16. Project End 9.1: Reduce by 5% the number of 16/17 year olds with higher support needs offending by 2022 and Increase number of young people who need support in relation to trauma	The Management Group had before it a report which presented the outcomes of improvement project 9.1 which sought to (1) reduce by 5% the number of 16/17 year olds with higher support needs offending by 2022 and (2) increase 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 as the aims had been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023, that testing was concluded and that this Improvement Project was 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	

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and bereavement having access to such support by 50% by 2023	under reported and that we require to had a 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's 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. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	
14. Project End 9.2: Reduce by 10% both the number of offences of sexual or criminal exploitation and the number of 'digital' offences by Young People (Under 18) by 2022	The Management Group had before it a report which presented the outcomes of improvement project 9.2 which sought 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. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this Improvement Project was 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 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. **The Management Group resolved:** (i) to approve the recommendations; and	

Topic	Discussion/Decision	Action By
	(ii) to commend the Project Manager and their team for their achievements and commitment to the project.	
18. Project End 9.4: Reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	The Management Group had before it a report which presented the outcomes of improvement project 9.4 which sought to reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022. **The report recommended:-** that Management Group (a) acknowledge the positive outcomes achieved to date as a result of the improvement activity and to agree to recommend to the CPA Board on 19 April 2023 that youth anti-social behaviour remained a priority and that the project continue with a revised aim of "Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025." as proposed within the draft revised Children's Services Plan 2023-26; (b) note that the improvement activity described at 3.2 which had not yet been tested would be taken forward and reported under the revised aim should the proposal be approved; and (c) note the opportunities for scaling up and spread to other areas of the improvements tested to date. **The Management Group resolved:** to approve the recommendations.	
19. Project End 9.5: Increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023.	The Management Group had before it a report which presented the outcomes of improvement project 9.5 which sought to increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023 and sought approval to end the project as the aim had been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this improvement project was brought to an end on the basis	

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	that the aim had been surpassed and the opportunities to scale up were being progressed and the impact would be monitored through proposed multi-agency improvement aim "Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025." within the revised Children's Services Plan 2023-26; and (b) note that the dataset for the overall aim would continue to be reported via the Improvement Programme dashboard to ensure progress was monitored. **The Management Group resolved:** (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 10.3: Reduce the number of wilful fires by 10% by 2022	The Management Group had before it a report which presented the outcomes of improvement project 10.3 which sought to reduce the number of wilful fires by 10% by 2022 and sought approval to end the project as the aim had been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this improvement project was brought to an end, on the basis that the aim had been achieved and that the changes and lessons learned were integrated as part of each individual stakeholders' 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. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to commend the Project Manager and their team for their achievements and commitment to the project.	

Topic	Discussion/Decision	Action By
21. Project End 11.2: Increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023	The Management Group had before it a report which presented the outcomes of improvement project 11.2 which sought to increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023 and sought approval to end the project as the aim had been achieved. **The report recommended:-** that Management Group (a) agree to recommend to the CPA Board on 19 April 2023 that testing was concluded and that this improvement project was 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. **The Management Group resolved:** to approve the recommendations.	
22. Community Empowerment Update and Project Charters	The Management Group had before it a report which provided an update following the launch of the new Community Empowerment Strategy 2023-26 published by Community Planning Aberdeen in November 2022. It also presented the draft charters for the seven community empowerment improvement projects identified under new Stretch Outcome 16 within the strategy and provided an update on the communications plans to launch the strategy and developments taking place with locality planning. **The report recommended:-** that Management Group (a) approve the improvement project charters for submission to the CPA Board on 19 April 2023, subject to final amendments; (b) note the update on the communication plan to the 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.	

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Topic	Discussion/Decision	Action By
	The Management Group resolved: to approve the recommendations.	
23. CPA Budget Setting Report 2023/24	The Management Group had before it a report which set out the contributions from Community Planning Aberdeen partners to the Community Planning Budget 2023/24 and details proposals for how this money would be spent. Partners were also asked to consider options for investment in the Community Planning Aberdeen website. **The report recommended:-** that Management Group (a) agree to submit the proposed Community Planning Budget 2023/24 to the CPA Board on 24 April 2023 for approval; (b) agree to recommend 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. Partners discussed the options for the future of the Community Planning Aberdeen website for 2023/24 and beyond and the pros and cons of each. It was agreed that partners consider the options and whether they could contribute financially to this and respond to Michelle Crombie by 31 March 2023. **The Management Group resolved:** (i) to approve the recommendations (a) and (b); (ii) to agree that partners consider the options for the Community Planning Aberdeen website for 2023/24 and beyond and whether they could contribute and respond directly to Michelle Crombie by 31 March 2023; and (iii) to agree that Michelle Crombie (1) add in the staff costs associated with each of the 4 options and (2) explore whether local providers could support website development.	 All Partners Michelle Crombie, ACC
24. Fairer Aberdeen Fund Annual Report 2021-22	The Management Group had before it a report which presented the Fairer Aberdeen Fund Annual Report 2021-22, at Appendix 1, detailing progress and achievements over the year.	

Topic	Discussion/Decision	Action By
	The report recommended:- that Management Group (a) note the Annual Report for 2021-22 at Appendix 1 and advise the Fairer Aberdeen Board of any comments; and (b) agree that partners cascade the report widely within their respective organisations. Partners discussed the current PB model and how it was applied and agreed that development of the PB model be considered by the Community Empowerment Group. **The Management Group resolved:** (i) to approve the recommendations; and (ii) to agree that the Community Empowerment Group consider the development of the Participatory Budgeting model.	Michelle Crombie, ACC
25. CPA Forward Planner	The Management Group had before it the CPA Forward Planner. **The Management Group resolved:** to note the CPA Forward Planner.	
26. CPA Funding Tracker	The Management Group had before it the CPA Funding Tracker. **The Management Group resolved:** to note the CPA Funding Tracker.	
27. Health Foundation Scotland Inequalities "Leave No One Behind" report	The Management Group had before it the Health Foundation Scotland Inequalities "Leave No One Behind" report. **The Management Group resolved:** to note the report.	
28. Date of Next Meeting	The Management Group noted that its next meeting would be held on 24 May 2023 at 2pm.	

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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).

	Topic	Discussion/Decision	Action By
	Welcome	The Chair welcomed Board members to today's meeting. **The Board resolved:** - 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. **The Board resolved: -** 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. **The Board resolved:** - to note the draft minute.	
4.	CPA Board Forward	The Board had before it the Forward Business Planner. **The Board resolved**: - to agree the Forward Business Planner.	

	Topic	Discussion/Decision	Action By
5.	National Update - Scottish Government	The Board received a verbal update from Richard McCallum - Local Director (Scottish Government). The update covered the following areas: - (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. **The Board resolved:** - to note the update provided.	
	Children's Services Plan 2023-26	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. **The report recommended: -** that the Board: (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
		Eleanor Sheppard - Chair of the Children's Services Board (Aberdeen City Council), provided an overview of the report. The Board commended the report, and during discussion, Mrs Sheppard assured that information was made available to children and families in terms of accessibility. **The Board resolved: -** to approve the recommendations.	
7	CPA Improvement Programme Quarterly Update	The Board had before it a report which provided an update on the progress towards the Stretch Outcomes and improvement projects within the Local Outcome Improvement Plan 2016-26 which had started, or were due to start, to deliver the Partnership's 15 Stretch Outcomes by 2026 on the basis of the Improvement Programme 21-23 approved by the Board on 15 September 2021. **The report recommended: -** that the Board: (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. Allison Swanson – Improvement Programme Manager (Aberdeen City Council) provided an overview on the progress of the report. **The Board resolved: -** to approve the recommendations.	

	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	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. **The report recommended**: - that the Board: (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. 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. **The Board resolved**: - to approve the recommendations.	
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.	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. **The report recommended:** that the Board: (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.	

	Topic	Discussion/Decision	Action By
		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. 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. **The Board resolved:** - to approve the recommendations.	
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.	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. **The report recommended**: - that the Board: (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 (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. 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. **The Board resolved: -** to approve the recommendations	
11	Project End 4.1: Reduce the number of births affected by drugs by 0.6% by 2022	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.	

	Topic	Discussion/Decision	Action By
		The report recommended: - that the Board: (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. 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. **The Board resolved:** - (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	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. **The report recommended: -** that the Board: (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. Eleanor Sheppard – Chair of the Children's Services Board (Aberdeen City Council), provided an overview of the report.	

	Topic	Discussion/Decision	Action By
		The Board resolved: - 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.	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. **The report recommended:** - that the Board: (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. 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. **The Board resolved:** - to approve the recommendations.	
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.	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. **The report recommended:** - that the Board: (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	

	Topic	Discussion/Decision	Action By
		business as usual and where data had not been available this would now be available in the future; (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. Eleanor Sheppard - Chair of Children's Services Board provided an overview of the report. **The Board resolved:** - to approve the recommendations.	
15	Project End 6.1: Increase the number of care experienced young people accessing a positive and sustained destination by 25% by 2022.	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. **The report recommended: -** that the Board: (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; (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 (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. Eleanor Sheppard - Chair of Children's Services Board provided an overview of the report. **The Board resolved:** - to approve the recommendations.	
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	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.	

	Topic	Discussion/Decision	Action By
	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.	**The report recommended:** that the Board: (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 (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. 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. **The Board resolved:** - (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.	Graeme Simpson (ACC)
	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.	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. **The report recommended**: - that the Board: (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 (b) note that the dataset for the overall aim would continue to be reported via the Improvement programme dashboard to ensure progress was monitored. Eleanor Sheppard - Chair of Children's Services Board (Aberdeen City Council) provided a summary of the report. **The Board resolved:** - to approve the recommendations.	

	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.	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. **The report recommended**: - that the Board: (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. **The Board resolved: -** to approve the recommendations.	
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.	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. **The report recommended: -** that the Board: (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. **The Board resolved**: - to approve the recommendations.	

	Topic	Discussion/Decision	Action By
20	Project End 9.4: Reduce instances of public space youth and anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022.	The Board had before it a report which presented the results of the Improvement Project Aim 9.4 which sought to reduce instances of public space youth anti-social behaviour as a result of appropriate and effective interventions in targeted areas by 10% by 2022. **The report recommended**: - that the Board: (a) acknowledge the positive outcomes achieved to date as a result of the improvement activity and to agree that youth anti-social behaviour remained a priority and that the project continue with revised aim of 'Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025." as proposed within the draft revised Children's Services Plan 2023-26; (b) note that the improvement activity described at 3.2 which had not yet been tested would be taken forward and reported under the revised aim should the proposal be approved; and (c) note the opportunities for scaling up and spread to other areas of the improvement tested to date. **The Board resolved: -** to approve the recommendations.	
21	Project End 9.5: Increase by 50% the number of 10- to 16-year-old in target areas of the city who access youth community activity by 2023	The Board had before it a report which presented the results of Improvement Project Aim 9.5 which sought to increase by 50% the number of 10 to 16 year olds in target areas of the city who access youth community activity by 2023 and sought approval to end the project as the aim had been achieved. **The report recommended**: - that the Board: (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 the opportunities to scale up were being progressed and the impact would be monitored through proposed multi-agency improvement aim "Reduce by 15% the number instances of youth anti-social behaviour calls to Police Scotland by 2025", within the revised Children's Services Plan 2023-2026; and (b) note that the dataset for the overall aim would continue to be reported via the improvement programme dashboard to ensure progress was monitored. Partners welcomed the report and the improvements that had been made whilst agreeing that anti-social behaviour remained an area of focus. Partners discussed the current position and the importance of continuing with an early intervention and prevention approach and providing opportunities for children and young people across the city and how best to utilise resources and support our communities in taking this forward. During the discussion, Eleanor Sheppard - Director of Children's and Family Services (Aberdeen City Council) advised that there were	

	Topic	Discussion/Decision	Action By
		youth workers in schools and had agreed to discuss with Craig Singer - Youth Work and Wider Achievement Manger (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. The Chair reminded partners of the Anti-Social Behaviour visit on 11 May 2023 at 6pm and encouraged attendance. **The Board resolved:** to approve the recommendations.	Eleanor Sheppard / Craig Singer (ACC) All Partners
22	Project End 10.3: Reduce the number of wilful fires by 10% by 2022.	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. **The report recommended**: that the Board: (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. 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. **The Board resolved: -** to approve the recommendations.	

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	Topic	Discussion/Decision	Action By
23	Project End 11.2: Increase opportunities for people to increase their contribution to communities (Volunteering) by 10% by 2023.	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. **The report recommended:** - that the Board: (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. 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%. **The Board resolved: -** to approve the recommendations.	
24	Community Empowerment Updates and Project Charters.	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. **The report recommended:** - that the Board: (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. 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.	

	Topic	Discussion/Decision	Action By
		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. **The Board resolved:** (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	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. **The report recommended:** - that the Board: (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. 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. The options presented in the report and the costs associated were as follows:- Option 1 - to have a brand-new website developed, would cost £10,000, and additional £2,000 for maintenance yearly; 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; Option 3 – to not redesign the website but just to provide technical support would cost £5,040 per year; and Option 4 - to transfer the Community Planning website to the Council's website would incur no costs other than staff time.	

	Topic	Discussion/Decision	Action By
		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. 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. **The Board resolved:** - (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.	 Paul O'Connor Michelle Crombie, ACC
26	Fairer Aberdeen Fund Annual Report 2021-22	The Board had before it a report which presented the Fairer Aberdeen Fund Annual Report 2021-22which detailed the progress and achievements over the year. **The report recommended** that the Board: (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. **The Board resolved:** to approve the recommendations and to commend the outcomes achieved.	
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

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	28 February 2023
Governance Group	CPA Board – 19 April 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 89 improvement projects as of May 2023.

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

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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 Impvement Groups and Project Teams are reflecting on whether the project is on track, at risk, or off track and highlighting any issues/risks and proposed mitigation.

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 Overall 17 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 All 2022 aims have now submitted project end reports, with the final 3 project end reports on today's agenda (*1 to follow in advance of meeting).*

2

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 (1.2, 1.3, 11.7 and 13.2).

4.4 The Management Group is asked to consider the status of the projects and any issues impacting on these projects progressing.

5 NEW PROJECT CHARTERS STRETCH OUTCOMES 4-9

5.1 As per the schedule agreed by the CPA Board, a separate report is on today's agenda with the 10 new project charters for the improvement aims under Stretch Outcomes 4-9. 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 Management Group: i)   consider the overview of progress against the CPA Improvement Programme, as well as the overview for each Stretch Outcome; respective improvement projects as contained at Appendix 1; ii)   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; iii)   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; iv)   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.

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.

3

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

Contact details:

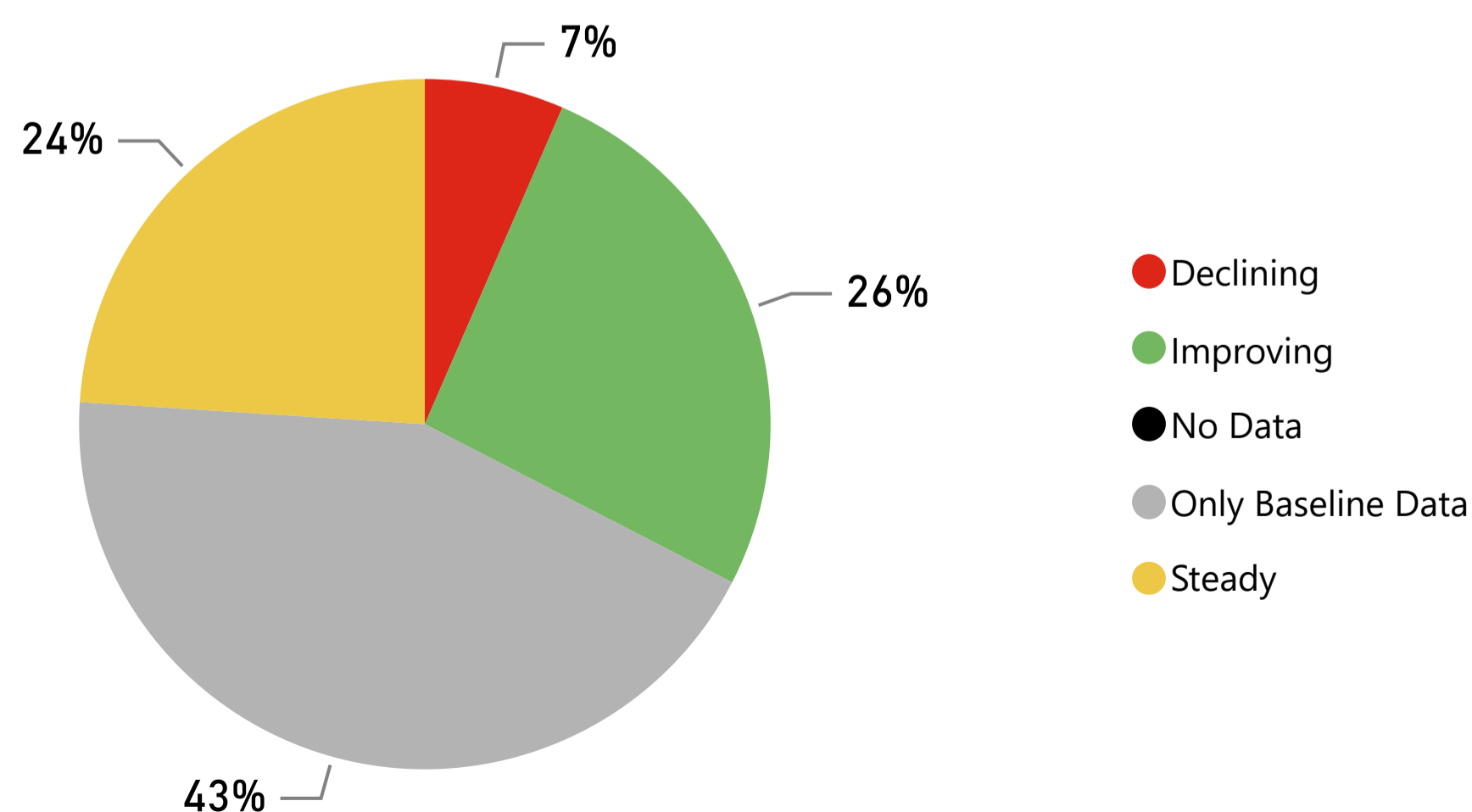| Name	Allison Swanson
Title	Improvement Programme Manager
Email Address	aswanson@aberdeencity.gov.uk

4

CPA Improvement Programme 2021-2023

Overview of Progress to Date

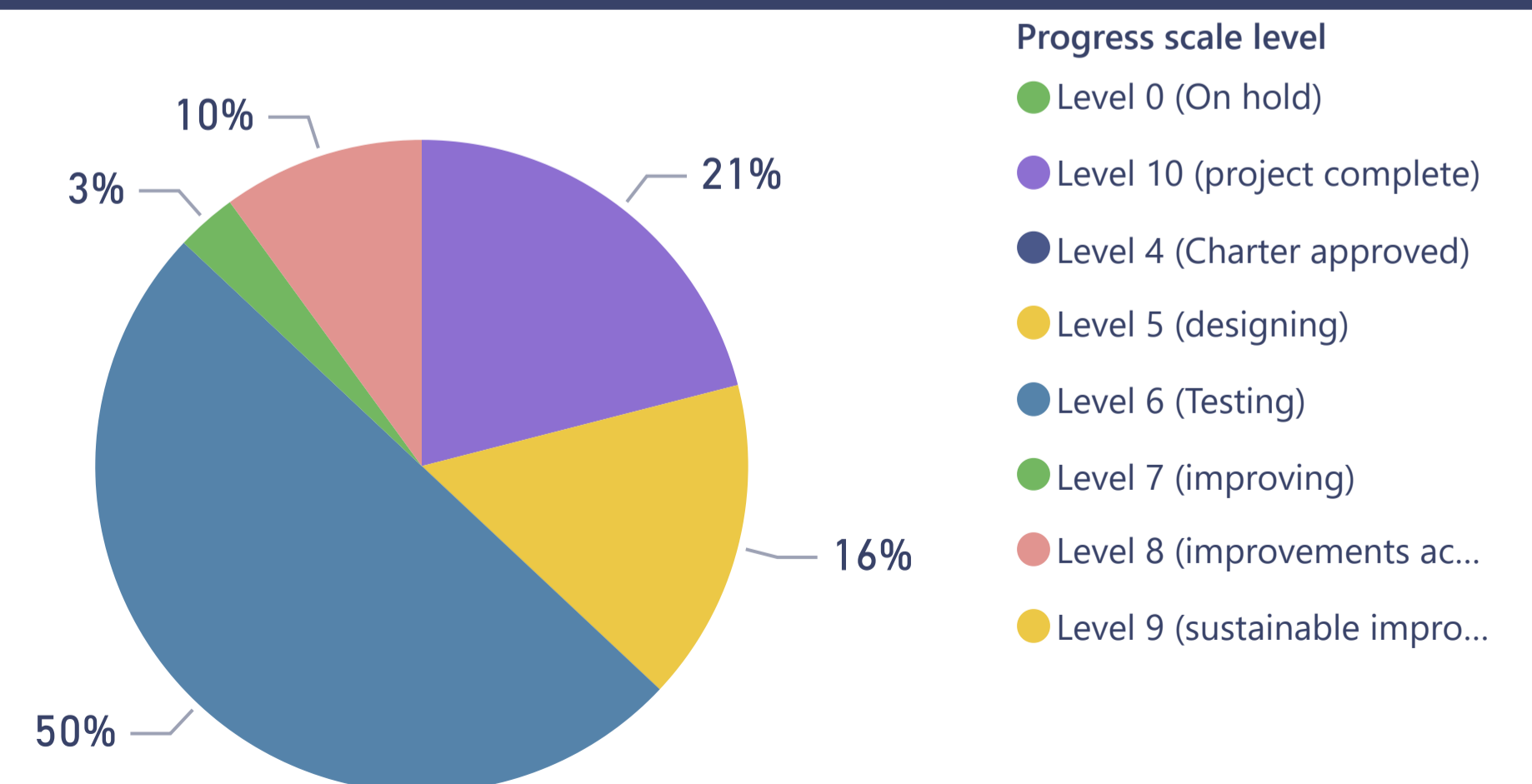| No. of Project Aims	No. of Live Project Aims	No. of Aims Achieved ▲	No. of Aims Ended	No. of New Charters Due	No. of New Charters Received	Months Since LOIP Published
89	46	17	12	10	10	22

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	4	0
5	Resilient, Included & Supported	8	7	1	2	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

- Declining — 7%
- Improving — 26%
- No Data
- Only Baseline Data — 43%
- Steady — 24%

Percentage of Projects by Progress Scale

Progress scale level
- Level 0 (On hold) — 3%
- Level 10 (project complete) — 21%
- Level 4 (Charter approved)
- Level 5 (designing) — 16%
- Level 6 (Testing) — 50%
- Level 7 (improving)
- Level 8 (improvements ac...) — 10%
- Level 9 (sustainable impro...)

Stretch Outcomes 1-8: Current Status

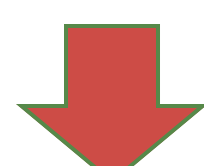**Overall Rag Key**   🟢 On track   🔴 Off track   🟠 At risk

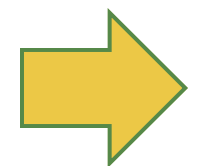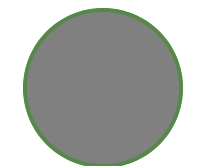| SO	Stretch Outcome	SO Trend	No of. Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	% of New Charters Due Submitted	Overall RAG	Summary and reason for Overall Status
1	No one will suffer due to poverty by 2026.	⬇ (red)	6	4	2	2	N/A	🟠	New Chair appointed. Projects 1.1 and 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.	⬆ (green)	4	3	2	1	N/A	🟢	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	⚪ (grey)	5	3	4	2	N/A	🟢	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	➡ (amber)	5	0	0	0	100	🟢	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.	⚪ (grey)	5	0	0	0	100	🟢	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.	➡ (amber)	6	1	0	0	100	🟢	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.	⬇ (red)	6	1	0	0	100	🟢	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.	⬆ (green)	5	1	0	0	100	🟢	One new charter due is on the agenda and the revised charter approved by the CSB in May 23.

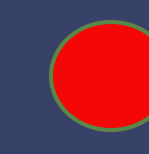**Trend**   ⬆ Improving   ⬇ Declining   ➡ Steady   ⚪ Baseline data only   SO Achieved

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	2	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	Rate of harmful levels of alcohol consumption reduced by 4% and Drug related deaths lower than Scotland	⬇️	9	9	1	0	N/A	🟢	Project end reports for 12.4, 12.5, 12.6 and 12.8 on today's agenda, 12.4, 12.5 & 12.6 have not achieved their aims. Progress of 12.9 required.
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 arranged to identify and progress further changes. 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 beign 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. Project update reporting to commence in June 2023.

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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
⬇ (red)	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	Increase the number of people using community pantries by 20% by 2023.	Cfine, Sam Leys	⬆ (green)	N/A - Project Ended - 6/7/22	N, S & C	10	⭐	Aim achieved - Project Ended.
1.2	Reduce by 50% the number of homes with an EPC rating of F&G by 2023, leading to 100% by 2026.	ACC, Mel Booth	⚪ (grey)	First meeting of 2024	S	6	🔴	Project struggling to make progress - no changes bring currently tested. New Chair of Anti Poverty Group met with the PM to discuss.
1.3	Ensure 100% of people presenting as homeless have a full financial assessment and access to all appropriate benefits by 2023.	ACC, Angela Kazmierzak	⬆ (green)	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	Increase support for those who have been most disadvantaged through the pandemic by 2023.	GREC, Dave Black	⚪ (grey)	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	Decrease the number of households in extreme fuel poverty in Aberdeen by 4% by 2023; and reduce the rate of socially rented households in fuel poverty in Aberdeen by 8% by 2023.	Scarf, Lawrence Johnston	⚪ (grey)	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	Increase the uptake of unclaimed benefits by 10% across Aberdeen City by 2023.	ACC, Angela Kazmierzak	⬆ (green)	N/A - Project Ended - 30/11/22	N, S & C	10	⭐	Aim achieved - Project Ended.

Key Outcomes/Activity

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	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.	⬆	Nov 2023	Scottish Enterprise, Martin Barry	N, S & C	8	🟢	84 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. 1679 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	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.	⬆	Nov 2023	Elevator, Roz Taylor/Kirsty McLaughlin	N, S & C	7	🟢	97 referrals of individuals in receipt of universal credits who are investigating starting a business since the start of the programme with 37 individuals starting a business which either takes them off universal credits or significantly reduces their universal credits.
2.3	Support 15 care experienced young people progress to employment through public sector funded employability programmes by 2023.	⬆	N/A - Project Ended 19/4/23	ACC, Angela Taylor	N	10		Aim achieved - Project End approved 19/4/23.
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.	⚪	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 - 84 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 – 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.
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 March 2023, 18,304 people in Aberdeen City were on Universal Credit – up from 18,023 in February.
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 March 2023 there were 5,090 Claimants in Aberdeen City – up from 4,990 in February 2023.
In March 2023 there were 2,380 Claimants in priority localities (IZs) – up from 2,380 in February 2023.

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	🟢

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	Increase the number of responsible businesses working with Community Planning Aberdeen (CPA) through Community Benefits and CSR activity by 200% by 2023	⬆	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	By December 2022, increase by 10% the number of people in Aberdeen who: • Have digital access; and • Feel comfortable using digital tools.	⬆	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	Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and above by 10% by 2023	⬆	End of 2023	RGU, John Issacs/Aberdeen City Council, Charlie Love	None	8	🟠	Update on progress required.
3.4	Increase the number of Modern and Graduate Apprenticeships by 5% by 2022.	⬆	June 2023	Nescol, Duncan Aberrnethy	N & C	8	🟢	Project end report on today's agenda.
3.5	80% of young people will successfully complete their Modern Apprenticeship programme by 2022.	⬇	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	🟢

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.	⚫	May 2023	NHSG, Emma Williams	3	🟢	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.	⚪	May 2023	NHSG, Emma Williams	3	🟢	Charter on today's agenda for consideration.
4		Increase by 40% the number of Peep programmes delivered by multi-agency partners by 2025.	⚪	Aug 2023	ACC, Natasha Martens	3	🟢	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.	⚪	Aug 2023	NHSG, Pippa Robbie	3	🟢	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 assessement 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.	⚪	Oct 2023	ACHSCP, Pamela Black	3	🟢	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

Key Issues/Risks

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%.

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, TBC	3	🟢	Project team and charter being developed.
5		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	🟢

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.	⚪	May 2023	ACC, Isabel McDonnell	6	🟢	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.	⚪	May 2023	NHSG, Caroline Reid	3	🟢	Charter on today's agenda for consideration.
6	6.3	Increase by 100% the number of partners supporting kinship carers by 2023.	⚪	May 2023	ACC, Nicola Clark	3	🟢	Charter on today's agenda for consideration.
6		Reduce by 5% the number of children entering the care system by 2024.	⚪	Aug 2023	ACC, Tam Walker	3	🟢	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.	⚪	Aug 2023	ACC, Amy Evans	3	🟢	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.	⚫	Oct 2023	NHSG - Fiona Mielle	3	🟢	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	🟢

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.	⚪	May 2023	ACC, Craig Singer	5	🟢	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.	⚪	May 2023	Police Scotland, Lisa Kerr	3	🟢	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.	⚪	Aug 2023	ACC, Andrea McGIll/Julia Milne	3	🟢	Project team and charter being developed.
8		Increase by 5% the no. of 16/17 year olds who are diverted from prosecution by 2025.	⚪	Aug 2023	ACC, Andrea McGIll/Julia Milne	3	🟢	Project team and charter being developed.
8		Reduce by 20% the number of care experienced young people charged with an offence by 2025.	⚪	Oct 2023	Police Scotland, Kim Wood	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 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	Carole Chambers, Barnardos	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	Anne Brockman , NHSG	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	ACC, Mhairi Shewan	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. Mmeeting 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 (time lived in good health) is five years longer by 2026

Overall Progress

SO Trend	No of. LOIP Project Aims	No. of Live Project Aims	No. of Aims Achieved	No. of Aims Ended	Overall RAG ▲
→	8	7	2	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	Reduce the rolling 3-year average number of suicides in Aberdeen to below 26 (2019) by 2023.	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	Increase opportunities for people to increase their contribution to communities (volunteering) by 10% by 2023.	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	Support 100 people to feel confident to promote wellbeing and good health choices by 2023.	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	Reduce tobacco smoking by 5% overall by 2023	AHSCP, Chris Smillie	↑	Aug 2023	N & C	6	🟢	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	Reduce youth homelessness by 6% by 2023.	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. Work has started to design better experience of temporary accommodation for 16/17 year olds, which in the long term may also see reduction in youth repeated youth homelessness. First host has been signed up for Community Hosting.
11.6	Increase the number of unpaid carers feeling supported by 10% by 2023.	Quarriers, Andrew Falconer	↑	By end of 2023	N & S	6	🟢	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. It can be found via this link Aberdeen City Carers Strategy-2023-2026.pdf The Action Plan is being delivered by the Carers Strategy Implementation Group.
11.7	To support 50 low income families in priority neighbourhood to improve eating behaviours and adopt positive lifestyle choices to help towards a healthy weight by 2023.	NHSG, Tracy Davis	⚪	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	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.	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 to begin in February. 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.

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Key Outcomes/Activity

11.1 180% increase in overall referrals to the Well Service (community, Police and custody) from 20 in July-Sept 2022 to 56 in Oct-Dec 2022.

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 for 22/23 to date is showing an increase in youth homelessness amongst young people.
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	🟢

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	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.	⬆	Nov 2023	ACC, Steve McConnachie	None	6	🟢	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	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	⚪	Nov 2023	ACC, Niki Paterson	None	6	🟢	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. Further data will be added after 23 May.
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.	⬆	Sept 2023	ACC, Lucy Simpson	N	6	🟢	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	Increase the number of alcohol brief interventions delivered by Primary Care providers and other professionals to above levels achieved in 17/18 by 2023	⬇	June 2023	NHS, John Mooney	None	6	🟠	Project end report on today's agenda.
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.	➡	June 2023	Fraser Hoggan, ADA	N & C	6	🟢	Project end report on today's agenda.
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.	⬇	Apr 2023 June 2023	ACHSCP, Simon Rayner	S	6	🟢	Project end report on today's agenda.
12.7	Increase opportunities for individuals who have been at risk of Blood Borne Viruses, being tested and accessing treatment by 2023.	⚪	Nov 2023	NHS, John Mooney	C	6	🟠	Baseline data has been established and is now been 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	Increase uptake of drug treatment and specifically within Locality Areas by 10% each year by 2023.	⬆	June 2023	Simon Pringle, ADA	N & C	8	🟢	Project end report on today's agenda.
12.9	Increase the number of people undertaking recovery from drug and alcohol issues who are being supported to maintain drug / alcohol free lives in their community by 2023.	➡	First meeting of 2024	ACHSCP, Simon Rayner	N & C	6	🟠	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

12.7 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

Query contains null value

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. Currently . 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 is scheduled for on 22 May 2023.
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	🟠	Uodate required

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

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 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.
All 7 project charters approved in April 2023 and projects progressing. Project update reporting to commence in June 2023.

Key Issues/Risks

Live Project Ref. ▲	Project Aim	Project Aim Trend	Lead Organisation, Project Manager	New/Revised Project Charter Due	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	April 2023	5	🟢	Charter approved on 19/4/23 - project progressing and reporting to commence from June 2023.
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	June 2023	5	🟢	Charter approved on 19/4/23 - project progressing and reporting to commence from June 2023.
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	April 2023	5	🟢	Charter approved on 19/4/23 - project progressing and reporting to commence from June 2023.
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	April 2023	5	🟢	Charter approved on 19/4/23 - project progressing and reporting to commence from June 2023.
16.5	70% of community led organisations feeling supported by partners to access funding for community led initiatives by 2025.	⚪	ACVO, Maggie Hepburn	June 2023	5	🟢	Charter approved on 19/4/23 - project progressing and reporting to commence from June 2023.
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	June 2023	5	🟢	Charter approved on 19/4/23 - project progressing and reporting to commence from June 2023.
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	June 2023	5	🟢	Charter approved on 19/4/23 - project progressing and reporting to commence from June 2023.

Improvement Project Key
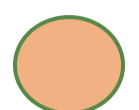
Overall Rag Key   🟢 **On track**   🔴 **Off Track**   🟠 **At Risk**   **Project Ended**
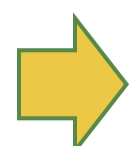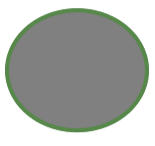
Trend Key: ⬆ **Improving**   ⬇ **Declining**   ➡ **Steady**   ⚫(grey) **Baseline data only**   ⚫ **No data**

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

Progress Report	Stretch Outcome 4-9 Draft Project Charters
Lead Officer	Gale Beattie, Chair of CPA Management Group
Report Author	Allison Swanson
Date of Report	2 May 2023
Governance Group	CPA Management Group – 24 May 2023

Purpose of the Report

This report presents 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.

Summary of Key Information

1. BACKGROUND

1.1 Part 3 (Children's Services Planning) of the Children and Young People (Scotland) Act 2014 requires every local authority and its relevant health board to jointly prepare a Children's Services Plan in respect of a three-year period.

1.2 Community Planning Aberdeen Board on 19 April 2023, approved the Children's Services Strategic Plan 2023-26. The Plan articulates the outcomes Community Planning Partners hope to realise for children, young people and families by working together over the lifetime of this Plan. The vision remains to make Aberdeen a place where all children and young people can grow up loved, safe and respected so that they can realise their full potential.

1.3 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.

2 STRETCH OUTCOMES 4-9 (CHILDREN AND YOUNG PEOPLE) IMPROVEMENT PROJECT AIMS

2.1 The Children's Services Board is responsible for leading the achievement of the 6 Stretch Outcomes through the delivery of the 34 multi-agency improvement project aims set out within the LOIP as updated in April 2023. This report

presents the draft charters for the 10 improvement project charters due as per the approved schedule. All charters due to this meeting have been submitted.

2.2   See Appendix 1 for draft project charters for these projects.

3   NEXT STEPS

3.1   Subject to approval, the charters will be submitted to the CPA Board for approval to initiate and thereafter will report progress via the overall CPA Improvement Programme Quarterly Update Report. The CPA Management Group is asked to note next steps.

Submission of charters to CPA Board for approval for initiation	May 2023
Progress reporting for live projects to commence	June 2023
Development and submission of remaining new charters as per the approved schedule.	April – Dec 2023

Recommendations for Action

It is recommended that the Management Group:

i)   Approve the improvement project charters for submission to the CPA Board on 28 June 2023, subject to final amendments.

Opportunities and Risks

The Children's Services Plan satisfies the duty placed upon the Council and Health under section 8 of the Children and Young People (Scotland) Act 2014. The needs of children and young people most often require a strong multi-agency response. This Plan supports the further integration and collaboration across services supporting children and families to help realise improved outcomes and details how Stretch Outcomes 4 – 9 will be realised over the next 3 years and will help to coordinate our work across the Community Planning Partnership. 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

Children's Services Board
Children's Services Board Sub Groups

Background Papers

The following papers were used in the preparation of this report.
Refreshed Local Outcome Improvement Plan 2026-26 (as updated in April 2023)
Children's Services Strategic Plan 2023-26

Contact details:

Name	Allison Swanson
Title	Improvement Programme Manager
Email Address	aswanson@aberdeencity.gov.uk

Appendix 1

STRETCH OUTCOME 4-9

Improvement Project Charters

Contents

Ref	Improvement Aim	Project Manager	Charter Status
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	Ready
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	

APPENDIX 1   Community Empowerment Project Charters QA

Reviewed By: Allison Swanson, 2 May 2023

QA Checklist	4.1	4.2	5.1	6.2	6.3	7.2	7.3	8.2	9.1	9.2
PM has undertaken MFI Bootcamp?	Yes	Yes	TBC	Yes	Yes	Yes	Yes	Yes	Booked for May 23	Yes
1. Is the project aim consistent with aim in the LOIP?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Is there a sound business case explaining why the project is important?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4. Is it likely that the changes being tested will achieve the aim?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5. Will the measures demonstrate whether a change is an improvement?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6. Is a location/Test Group identified?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7. Is there detail on community engagement both planned and undertaken?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8. Additional resources needed have been considered?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9. Is there a mix of partners involved in the project?	Yes	Yes	Yes - some names TBC	Yes – some names TBC	Yes – some names TBC	Yes	Yes	Yes - some names TBC	Yes - some names TBC	Yes
10. Clear outline project plan?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
11. Ready for submission to CPA Board?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

4

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- 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. 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. 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.
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 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)	• Create a project group • Develop the charter	May 2023
Designing and Testing Changes (Project Score 4-7)	• 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)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	February 2024
Spreading Changes (Project Score 9-10)	• 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.	
Why is this important and issues with the current system: 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. The groups most likely to be impacted by poverty are: • 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) 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%. 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 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 man source for raising family awareness of potential benefits, among others. Family financial inclusion survey 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. 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.	

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.

Measures
Outcome measure
- No. of parents with children under 5 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 to 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 news 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 look 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)	- Create a project group - Develop the charter	May 2023
Designing and Testing Changes (Project Score 4-7)	- 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)	- Draft project end report - Recommendations for permanent implementation of changes to sustain the gains	March 2024
Spreading Changes (Project Score 9-10)	Subject to recommendations of end report	March 2024 onwards

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5.1 Children leaving care mental health referrals (May 2023)

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	
"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". The impact of structural health inequalities as experienced by care leavers and those planning to leave care is pervasive and has a lifelong impact.	

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.

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.

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.

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

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.

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.

Measures
Outcome measures
    % 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%
    % of children leaving care with an assessed mental health need being referred to services outwith 4 weeks of the assessment being completed
Process measures
    % of CEYP engaging with and % declining mental health service support post referral
    No. of services accepting care leaver mental health referrals
    No. of Care leavers referred per service/tier
    % of care leavers wrongly referred to a specific service and requiring a higher tiered support service.
    Feedback from care leavers and mental health service staff
    % of children leaving care with an assessed mental health need reporting that they feel listened to all of the time.

- Balancing measures
    No. of care leavers disengaging as a result of referral beyond 4 week.
    No. of care leavers accessing mental health services independently

Change ideas
- 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

Location/Test Group
Care leavers allocated to the Youth Team and for those young people with planned transitions within local and external residential children's provision

Resources
Health specialist post co-located within the youth team base at 116 Westburn Rd

Potential risks and/or barriers to success & actions to address these
Time for the recruitment process to be completed for the health specialist post to be recruited to.

Project Team
Care Experienced Young People
Caroline Reid, NHSG,
Name TBC, Barnardos, Penumbra and SamH - Third sector mental health providers
Andrea McGill, ACC, CSW
Stacey McDougall, ACC, Youth Team
Amy Evans, Corporate Parenting Lead Officer, ACC
Jo Aitken, CAMHS
other partner organisations to be added

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)	• 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)	• 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)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	Oct 2024
Spreading Changes (Project Score 9-10)	• 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   *"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".* The impact of structural health inequalities as experienced by care leavers and those planning to leave care is pervasive and has a lifelong impact.   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.   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.   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.

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.

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.

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 *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*.

Measures
Outcome measures
  % of children and young people leaving care offered a health assessment – Baseline 2022 – 0%

Process measures
  % of CEYP completing and % declining health care assessment
  % of CEYP completing the assessment with health care gaps identified
  % of CEYP with health care gaps identified referred for specific support within 4 weeks of assessment

Change ideas
- 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.

Location/Test Group
Care leavers allocated to the Youth Team and for young people with planned transitions from one local children's provision.

Resources
Health specialist post co-located within the youth team base at 116 Westburn Rd, Aberdeen.

Potential risks and/or barriers to success & actions to address these
Time for the recruitment process to be completed for the health specialist post to be recruited to.

Project Team
Caroline Reid, NHSG,
Andrea McGill, ACC, CSW
Alison Williamson, Team Leader, Youth Service

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)	• 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)	• 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)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	Oct 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	Dec 2024

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Charter 6.3 Kinship Partnership Support (May 2023)

Improvement Project Title
Kinship Partnership Support
Executive Sponsor
Eleanor Shepherd
Project Lead
Name: Nicola Clark
Job Role & Organisation: Kinship Team Manager, Aberdeen City Council
Email Address: niclark@aberdeencity.gov.uk
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?
"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.

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.

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:

- 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
- 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 –
- 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 1st, 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)	• 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)	• Identify potential partners based on evaluation of survey responses.	March /April 2023

	• Initial reach out to potential partners.	March/ April 2023
	• Create & carry out Information Event.	March 2023
	• Evaluate Information Event.	March 2023
	• Create reporting information for Kinship Team to gather data.	April 2023
	• Develop best method of communicating partnership information to carers.	April /May 2023
	• Evaluate response from carers on communication.	April/May 2023
	• Explore relevance to kinship support and how partnership working can be implemented.	May 2023
	• Co-develop a matching process with relevant partners to support kinship carers.	May – August 2023
	• Co-design a directory of the support avenues available for our kinship carers.	May – October 2023
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	• Implement learning from event evaluation.	June 2023
	• Arrange next Information Event.	June – September 2023
	• Review partnership working.	April – October 2023
	• Review engagement with kinship carers and partners to ensure maximum reach.	
	• Implement learning from partnership working.	May - October 2023
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	December 2023

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7.2 Charter - Co-location and delivery model – Northfield Healthy Hub (May 2023)

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. *'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'.*
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
Name TBC, Skills Development Scotland
Name TBC, NESCOL
Name TBC, Community Member(s)
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)	• 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)	• 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)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	June 2024 September 2024
Spreading changes (Project Score 9-10)	• Subject to recommendations of end report	November 2024

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7.3 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.

Chart 1

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%

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

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.

Measures

Outcome Measures

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.

Process Measures

- % 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

1

- % 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.

Change Ideas

- 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

- 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

- 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 (NESCOL), Parent Rep, Young Person Rep.

** Sitting underneath the Project Team will be engagement and collaboration with a range of delivery partners for specific courses ensuring project is multi-agency.

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

Project Stage	Actions	Timescale
Getting Started (Project Score 1-3)	• Project team established • Development of Project Charter	April 2023 April 2023
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested • Commence testing	April 2023
Implementation (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	September 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	Post Sept 2024

2

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?	

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)

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.

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)

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.

Measures
Outcome measures
• Total number of CEYP missing Baseline 39 (2022)
Process measures
- 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

- Number of CEYP missing on repeat occasions
- Breakdown of reasons for going missing from the 'Return Home Welfare Discussions'.

Change ideas
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)	• Data collection and analysis to ensure full understanding of same.	April 2023
	• Develop project team	
	• Consult and survey CEYP now out with the care system who will provide insight to their	April/May 2023

	experience to improve agency support and response.	
	• Analyse Police 'Return Home Welfare Discussions' quarterly on a multiagency basis to identify risks and trends to inform preventative measures.	April/May 2023
	• Confirm definition of Care Experienced Young People in the context of the Charter.	April/May 2023
	• Draft and submit Charter.	
Designing and Testing Changes (Project Score 4-7)	• 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'	June – Dec 2023
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains.	March 2024
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report.	March 2024

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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?
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). 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. 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. 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.

Measures
Outcome measures
   • Number of registered young carers accessing support (broken down by group and locality) (Baseline Citywide 2022: 135)
Process measures
   • 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.

1

- 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 case, 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 cares 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.

2

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 Nescol 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)	• Forming the improvement team.	April/May 23
	• Gathering and analysing baseline data/young care engagement.	April/May 23
	• Developing the project charter.	April/May 23
Designing and Testing Changes (Project Score 4-7)	• Design changes to be tested	June 23
	• Commence testing	June/July 2023
Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	• Project end report • Recommendations for permanent implementation of changes to sustain the gains	January 2025
Spreading Changes (Project Score 9-10)	• Subject to recommendations of end report	From January 2025

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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** • % 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** • 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 • 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

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Change ideas
- 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.

To support the new model above we will also develop and test the following:
- 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.

Location/Test Group
Test setting – Woodside nursery, primary and St Machar's Academy and upstream to pre nursery via HV colleagues who support the Woodside Practice

Resources
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.

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

Project Team
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
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.

2

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 adaptions.

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)	• 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. • 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 programmes time to be able to participate in training and modelling and the reflection and support change idea • Draft process map in place for the referral and diagnosis process for the MDT • Measurement plan in place	November 22 ongoing to March 24

Implementing and sustaining changes that demonstrate improvement (Project Score 7-10)	• 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?	June 23 – to March 24
Spreading Changes (Project Score 9-10)	• 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	Dec 23 to March 24

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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 Management Group – 24 May 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.

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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.
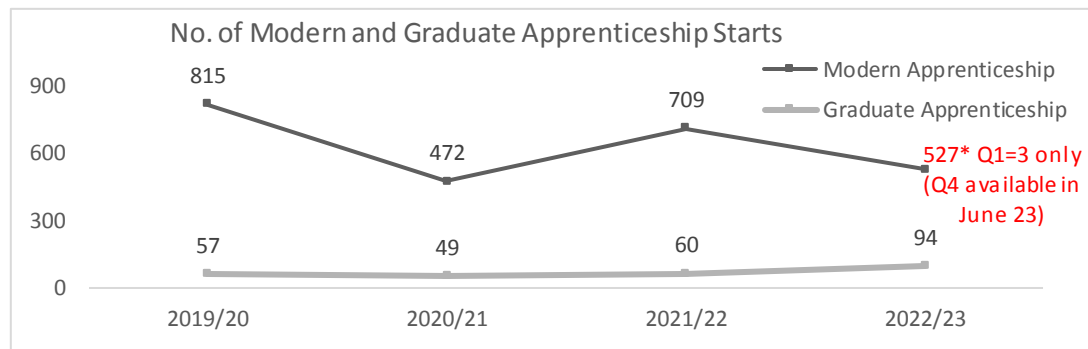
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3   WHAT CHANGES DID WE MAKE?

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   Yes, as evidenced below, the project has achieved the aim to increase Graduate Apprenticeships by 5% increase with a 68% increase. In relation to the aim of a 5% increase in Modern Apprenticeships we are still awaiting on validated data for Q4 from SDS (available in June 2023) however, on basis of data for Q1-3 with 527 MA starts as of Q3, there is optimism that 5% growth will be achieved, however this can't be confirmed until SDS data is cleansed and quality assured. This optimism is supported by NESCol data which can demonstrate that the interventions in this period has resulted in a 36% increase from 157 in 2019/20 to 214 in 2022/23. These figures are across both City and Shire and so final SDS figures will be required to verify the overall City position.

No. of Modern and Graduate Apprenticeship Starts

— Modern Apprenticeship
— Graduate Apprenticeship

815 (2019/20), 472 (2020/21), 709 (2021/22), 527* Q1=3 only (Q4 available in June 23)

57 (2019/20), 49 (2020/21), 60 (2021/22), 94 (2022/23)

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

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covid bounce, driven by engineering, but seen across all industry areas which have struggled to recruit the volume of resources required.

4.3   By end of Quarter 3 (1st April 2022 to 30th December 2022), there were 527 MA starts in Aberdeen City. Quarter 2 showed 324 starts, and Quarter 1, 113 starts.   Following this trend, we fully expect quarter 4 to reflect higher than 5% growth, however as above this data is not available until June 2023.

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

4.4   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.

4.5   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.

4.6   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.

4.7   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.

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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 Management Group:

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 (Final numbers to be verified by Skills Development Scotland by June 2023).

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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

Background Papers
The following papers were used in the preparation of this report. Charter 3.4

Contact details:
Duncan Abernethy
Director of Business Development, North East Scotland College
Email: dabernethy@nescol.ac.uk

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Community Planning
Aberdeen

Progress Report	Project End Report: 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 Management Group – 24 May 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim that 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%. 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 in other frameworks. Hairdressing was chosen as one which traditionally performs more poorly with regards to completion rates than other courses for a variety of reasons. In terms of success, 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.
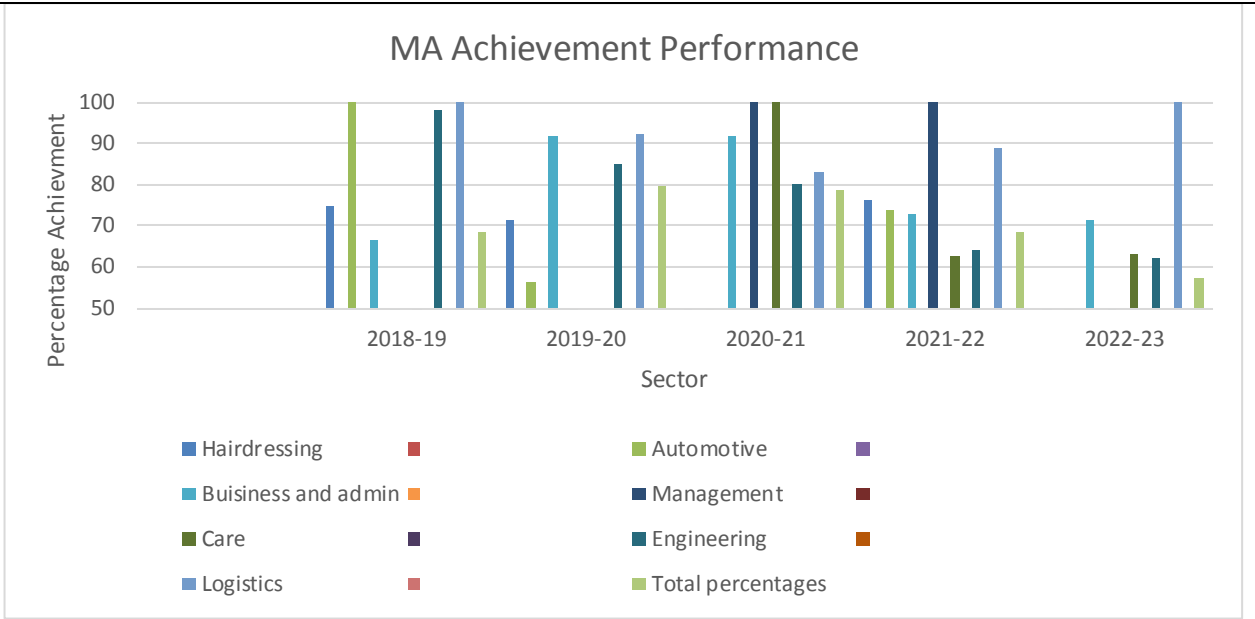
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5. Review of Core Skills - It became apparent from discussion with assessors, candidates and employers, that the SVQ (practical) units were not an issue for completion. Core Skills, which are delivered discretely, caused a major concern and led to 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 success 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 chart below.

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MA Achievement Performance

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	45.5
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.

4.3   We also see significant decline in success in hairdressing apprenticeships during AY2022-23. This 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. 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.

3

4.4   It is believed that 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, 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, promotion of MAs has been done in co-operation with DYW in secondary schools, with the view that increasing the number of students commencing an MA will support higher completion rates.

4.7   The project tested with hairdressing MAs, however the low number of learners 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 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 an increase in students seeking support. In terms of incentives, we worked with suppliers of hairdressing kit 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. .

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 has severely interfered with the resulting data for 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, in other

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occupational areas/frameworks. The feedback from staff has been positive with staff saying the incentives should encourage apprentices to complete the course. 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. However without the guarantee of increased funding and places, it would not be expected to see improvements even with the incentives in place, and maintaining the incentives becomes increasingly challenging with government cuts to further education and apprenticeships.

6.2   Should it be agreed that the project is ended, the data recorded will continue to be monitored and reported to Aberdeen Prospers, 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 Management Group:

   i)   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

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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
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Current MA employers

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

Progress Report	Project End Report: 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 Management Group – 24 May 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim that 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%. 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 in other frameworks. Hairdressing was chosen as one which traditionally performs more poorly with regards to completion rates than other courses for a variety of reasons. In terms of success, 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.

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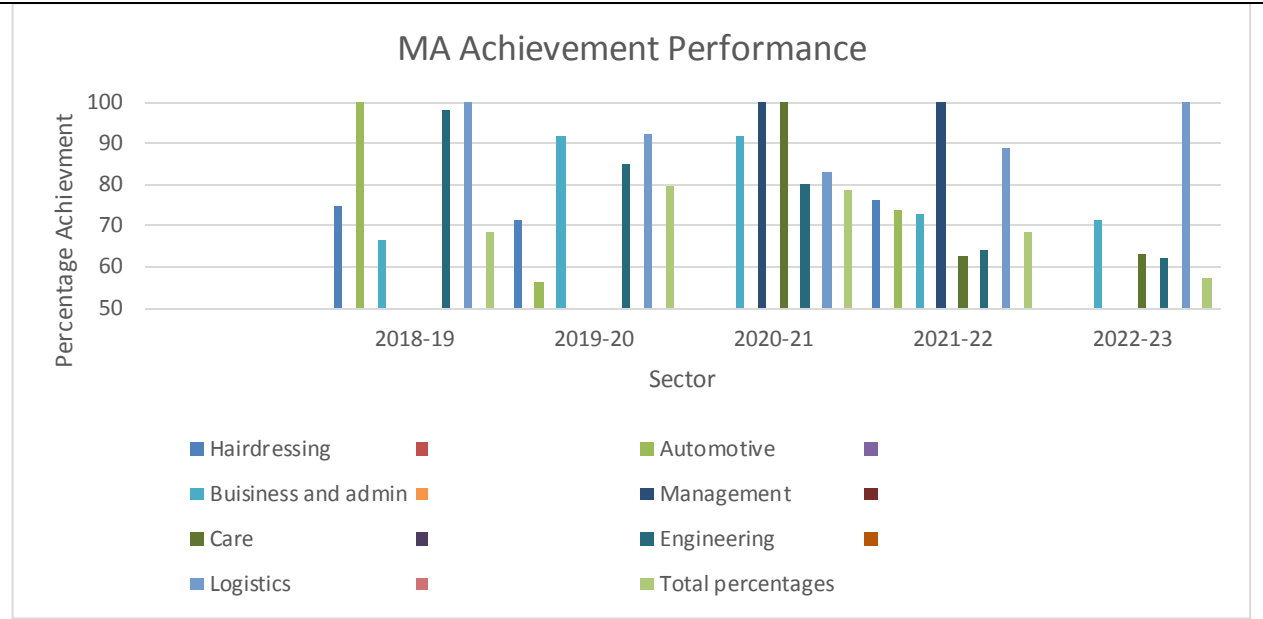
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Contact details:

Ian Runcie
North East Scotland College

6

Community Planning Aberdeen

Progress Report	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	2nd May 2023
Governance Group	CPA Management Group – 24 May 2023

Purpose of the Report

This report presents the results of the LOIP Improvement Project Aim 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.

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

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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

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- 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.

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Kittybrewster Custody Service

Individuals in HMP Grampian accessing support/treatment in relation to mental health (*excluding mental health nursing)
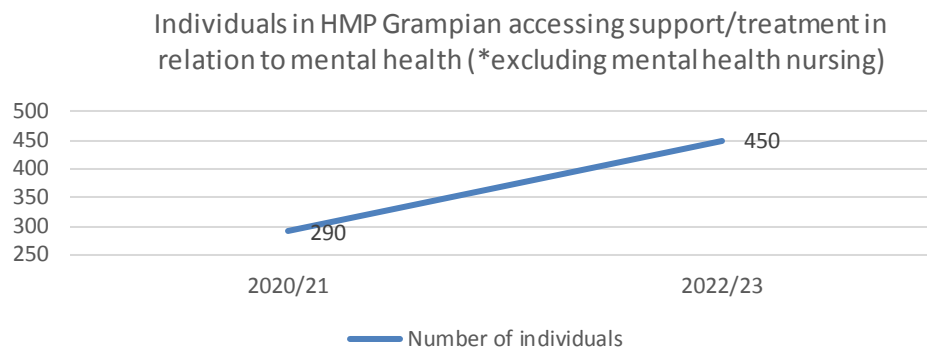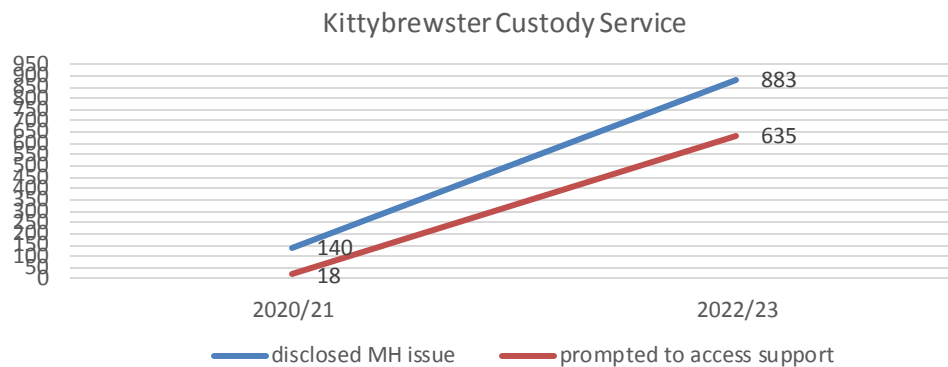
*The data above does not include mental health nursing figures as this was an obvious outlier, and considering only psychiatry and GP shows an average increase over baseline of 55%.

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 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 may and Nov 2022, 202 people were supported by the AP.

4.6 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

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attend, the prisoner feeling too unwell to attend, prison officers being unavailable to facilitate attendance.

Asst. Psychologist appointments HMP Grampian for 2022/23
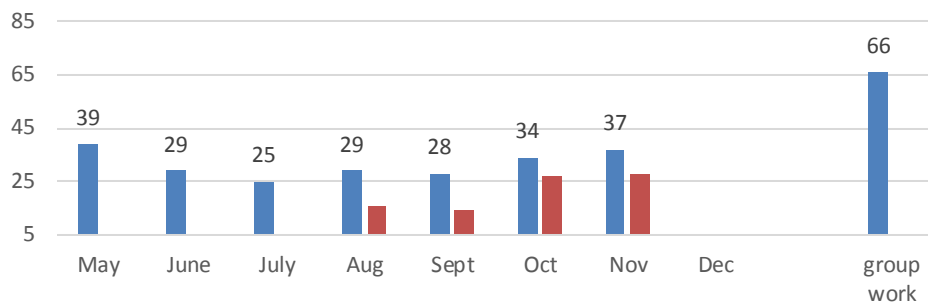
4.7   There has been less interim written feedback received back from the current groups, due to literacy difficulties in the target population.

4.8   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.

4.9   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.

4.10   Both group sessions and 1:1 work are now focused on the management of mental health difficulties in the context of patients' daily activities.

4.11   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.

4.12   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.

**Number of People in HMP Grampian Accessing Support/Treatment in Relation to Mental Health**

5
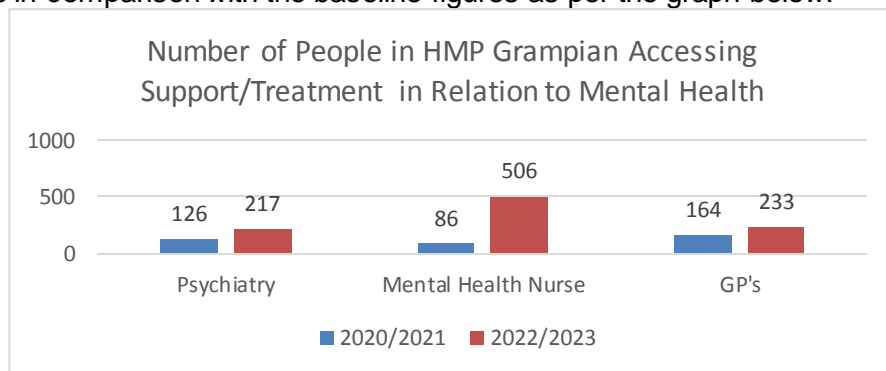
4.13 Analysis of the above graph illustrates an increase in all domains for the number of prisoners accessing support/treatment. There has been a 71% increase in relation to psychiatry, 42% for GP and a dramatic increase in the number of contacts for mental health nurse which may be due to a number of 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

4.14 Prior to the start of the project, custody staff discussed mental wellbeing 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.

4.15 This gave us a baseline start point of 12% of individuals being prompted to access support for their mental health issues.

Custody Service figures for 2022/23
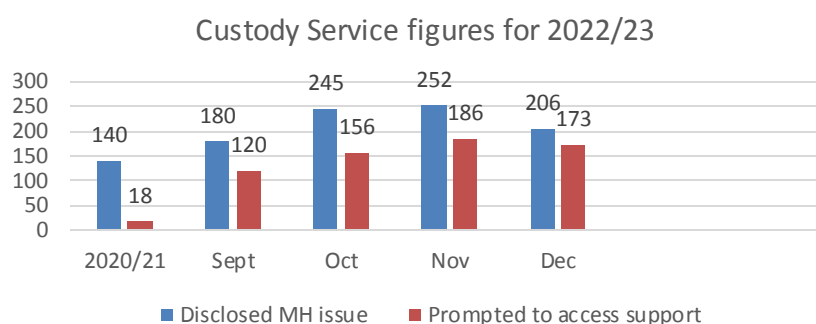
4.16 When the project commenced the approach taken by custody nurses changed to a dynamic and intentioned conversation led by the custody nurse with each and every individual in custody. This change in approach was an integral element of the testing process.

4.17 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.

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

4.19 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.

custody service referrals to WELL Aberdeen for 2022
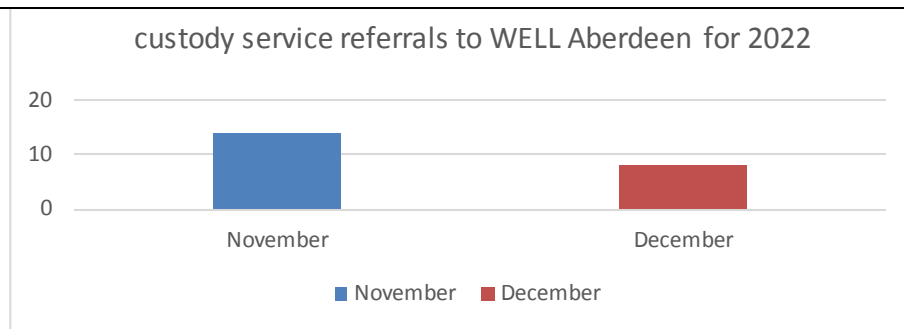
4.20   With a focus remaining on making positive change, using the new data sources, more accurate baselines were achieved.

4.21   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 the 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

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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 Management Group:

i)   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;

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 conservations 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

Background Papers

The following papers were used in the preparation of this report.
Charter 10.7

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Lead for Service Design and Governance, Community Mental Health, Learning Disabilities & Substance Misuse, Fulton Clinic (First Floor), Royal Cornhill Hospital

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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	25th April 2023
Governance Group	CPA Management Group – 24 May 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

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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, bust 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).

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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.*

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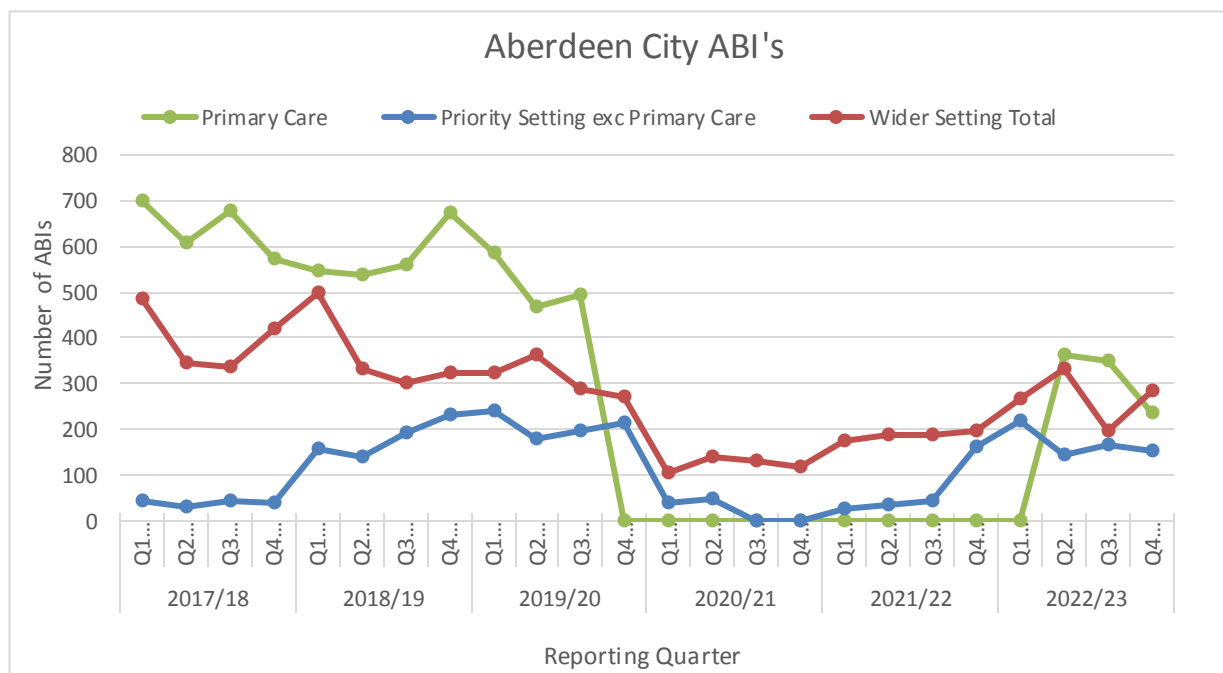
Notes	
•	***Primary Care*** *is ABI's carried out at GP practices*
•	***Priority Settings excluding Primary Care*** *includes A&E, Wards 101 and 103 ARI, Sexual Health and Maternity.*
•	***Wider Settings*** *include all settings other than GPs and other priority settings. This includes Alcohol Liaison 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   Kittybrewter 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):

4

Fast Tool Assessment (ABI) Positive/ Negative

Outcome Of ABI Assessment

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**

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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.

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6 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 Management Group:

i)   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

ii)   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

Background Papers

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

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Email: john.mooney3@nhs.scot

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APPENDIX I

<u>Update: Full 2022-23 – Including Quarter 4 and Wider Settings</u>

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
	Q1	0					49	248					297
	Q2	644	364	164	116		27	184					855
2022-23	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%

<u>Interpretation:</u>

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	Allison Swanson
Report Author	Fraser Hoggan
Date of Report	20th April 2023
Governance Group	CPA Management Group – 4th May 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

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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 we all 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).

2

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:

IAS - Active Clients and Referrals by Quarter

Referrals to IAS by postcode and quarter
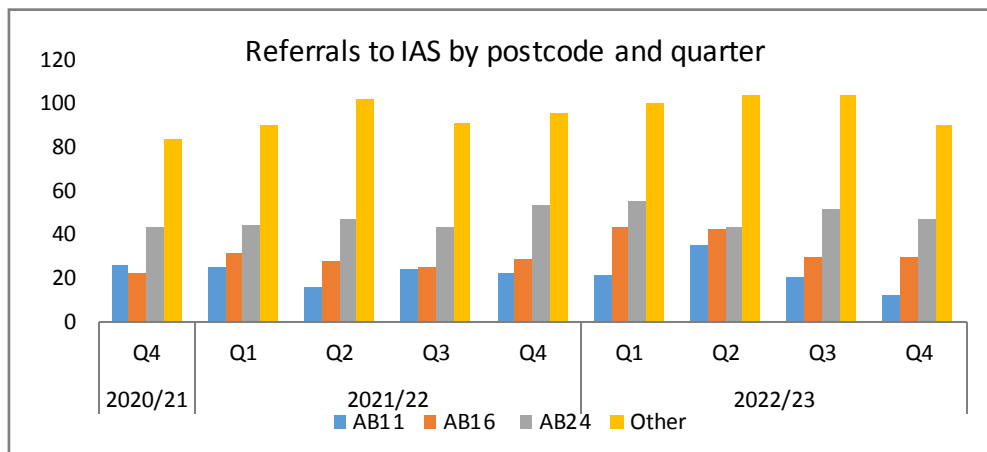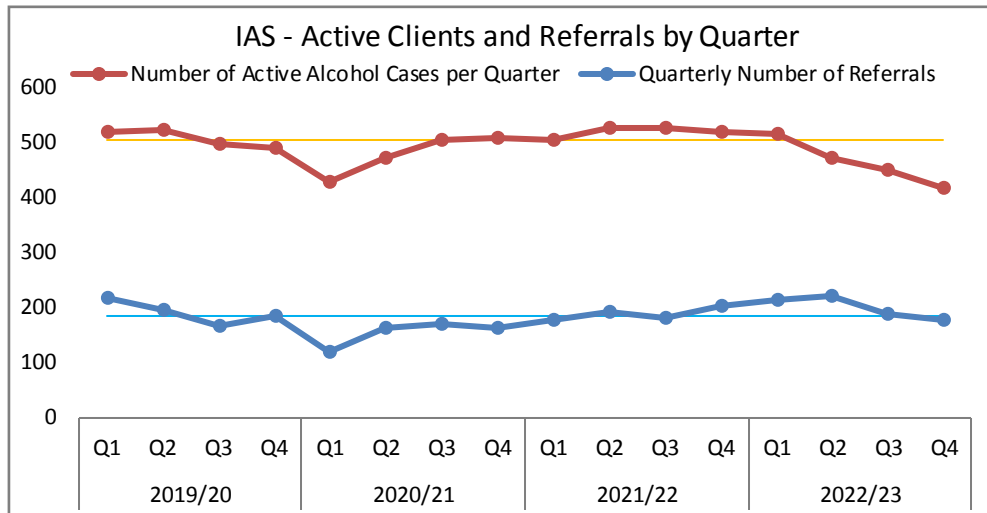
Notes
Active clients
>   This data shows the total number of active cases each month, therefore each case will be counted once against each month in which they were open, i.e., if someone was open from 14th Jan - 22nd March they would be counted once in Jan, once in Feb and once in March
>   Where a 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,

3

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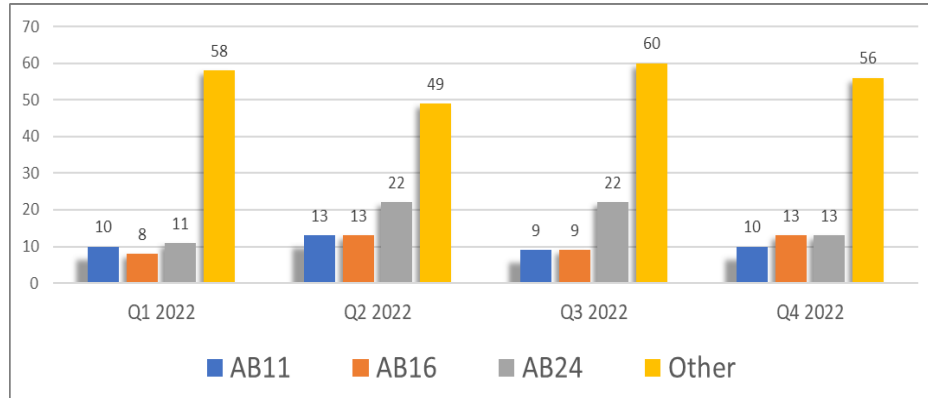
** Q1: Apr – June 2022,   Q2: Jly – Sep 2022, Q3: Oct – Dec 2022 Q4: Jan – Mar 2023

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/DACT / Self / KB increase.
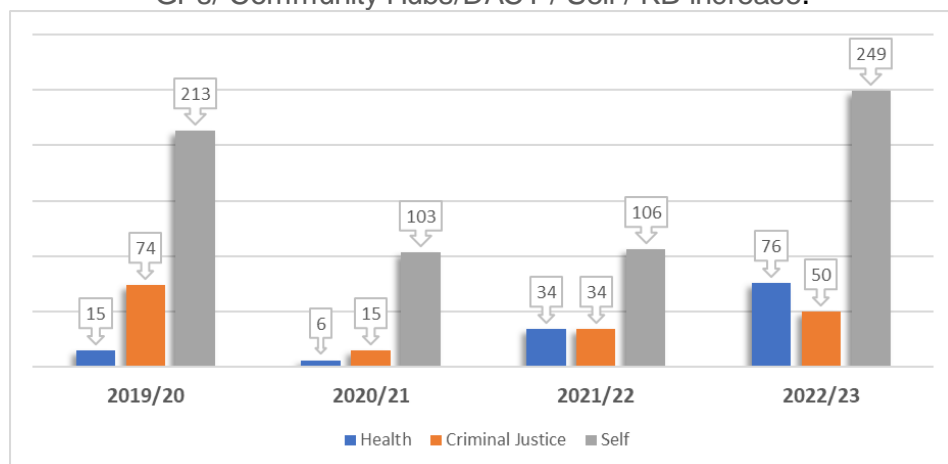
Baseline: Health (18). Criminal Justice (41). Self (141)

4

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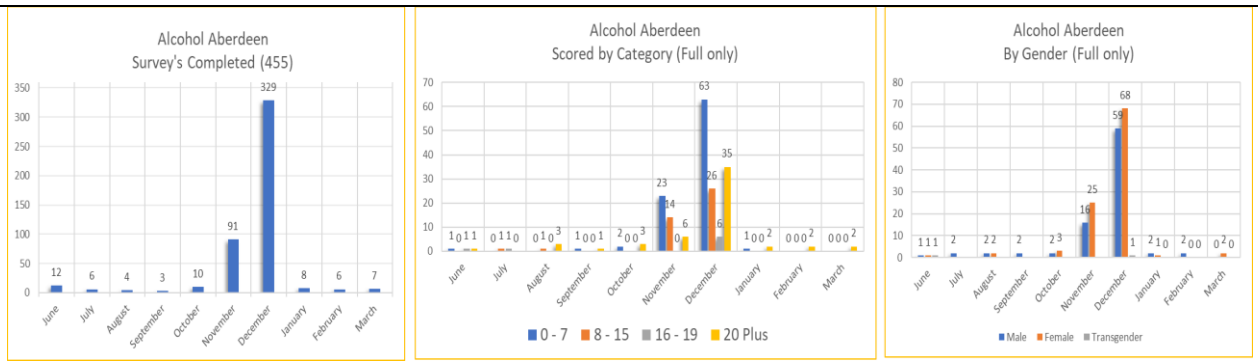

Referral Source (Monthly) March 2022 on

	Q1 2022	Q2 2022	Q3 2022	Q4 2022
Criminal Justice	9	9	17	15
Health	24	17	19	16
Self	54	70	64	61

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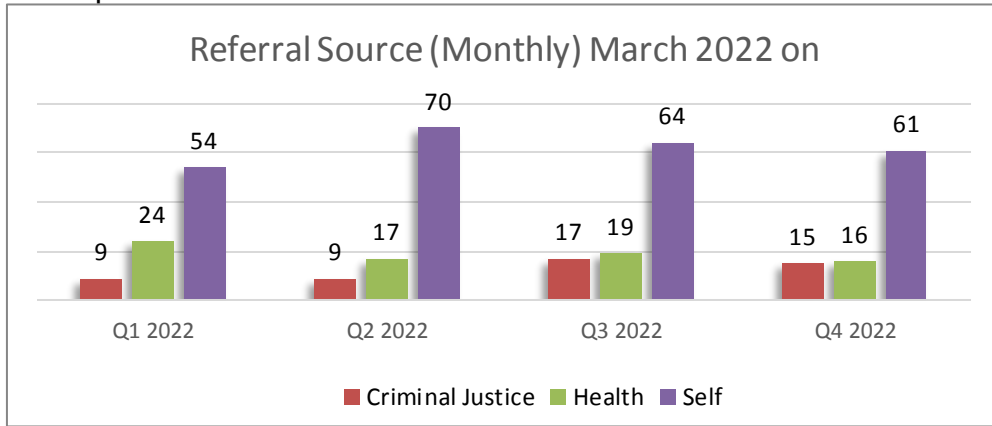
4.7 As well as the above referral routes, the new fast-track referral process from Police Scotland to ADA whilst in early stages has seen positive feedback.

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.

	2019/20	2020/21	2021/22	2022/23
Hazardous	46%	49%	17%	40%
Harmful	16%	15%	6%	8%
Dependent	38%	35%	78%	52%
Audits	545	229	36	105

Legend: ■ Hazardous ■ Harmful ■ Dependent ◆ Audits
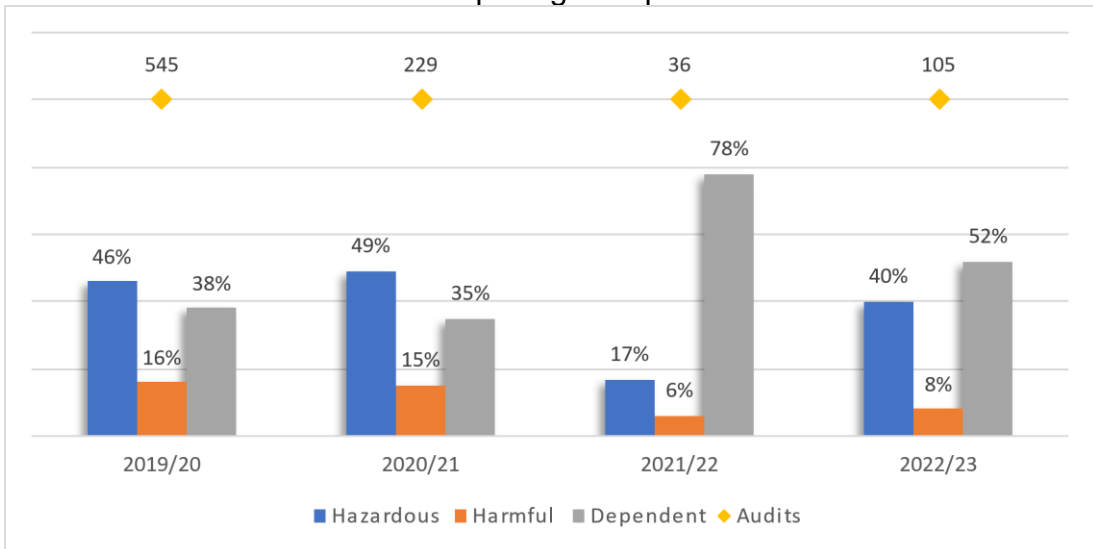
Baseline Annual: Hazardous (124). Harmful (41). Dependent (105)

MIND YOUR UNITS
THEY ALL ADD UP
Take our quiz ...

5

Alcohol Aberdeen — Survey's Completed (455) | Alcohol Aberdeen — Scored by Category (Full only) | Alcohol Aberdeen — By Gender (Full only)
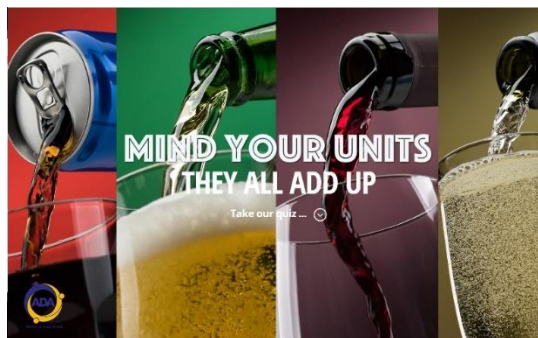
4.9　The large increase recorded over November and December 2022 was as direct result of the targeted social media campaign '*Foos Yer Booze*' engaging anyone consuming alcohol resident within Aberdeen City boundaries.

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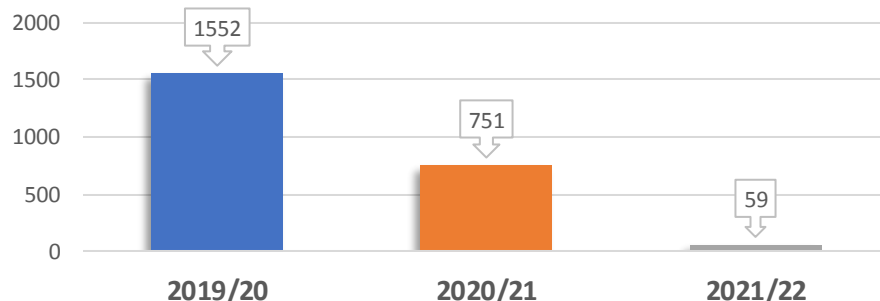
Baseline (Annual) of numbers of individual click through/landing on Website and accessing responsible drinking information: (787)

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 Management Group:

i)   Agree to recommend to the CPA Board 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 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.

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

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

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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 Management Group – 24 May 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.

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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 'Direct Access 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.

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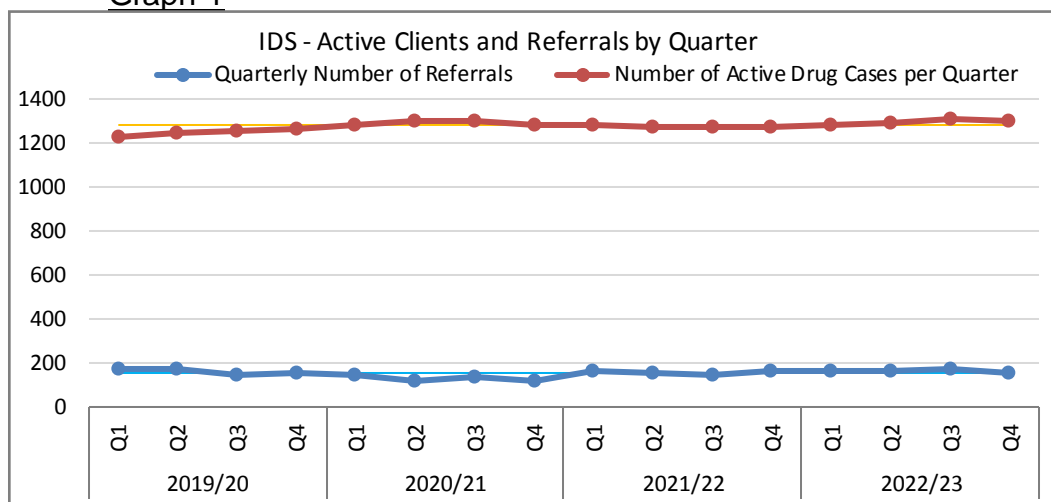
Active Clients - Baseline (2019/20): 1083 Aim: 1191 (10% increase)

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

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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).

       <u>Graph 2</u>

Active Clients at Integrated Drug Service by Postcode
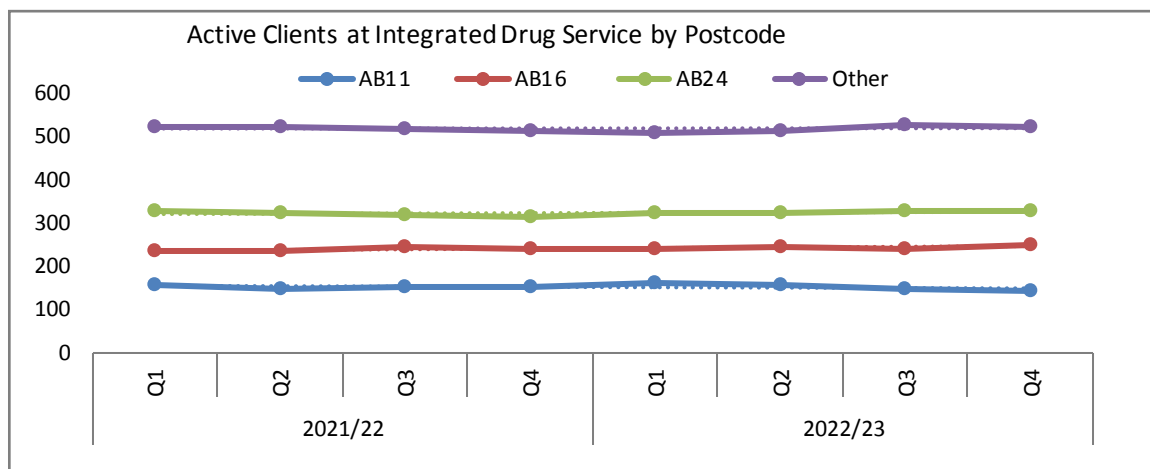
Baseline (2021/22): AB11 (151), AB16 (238), AB24 (320). Aim: AB11 (166), AB16 (262), AB24 (352)
(10% increase)

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 29/20-21/23 3 year average, as evidenced below.

4

Graph 3

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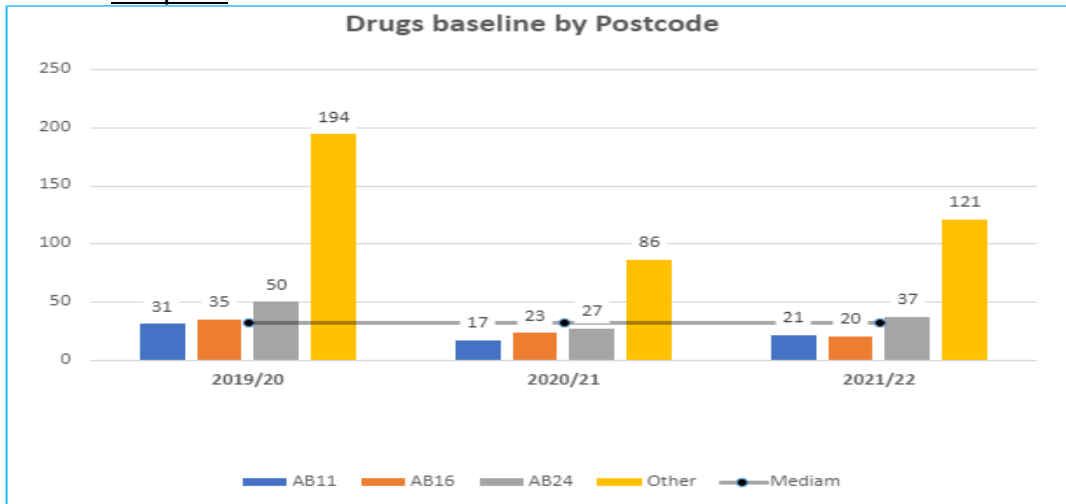
Baseline Averages: AB11 (23) AB16 (26) AB24 (38) Other (134) Aim: AB11 (25) AB16 (29) AB24 (42) Other (147) (10% increase)

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

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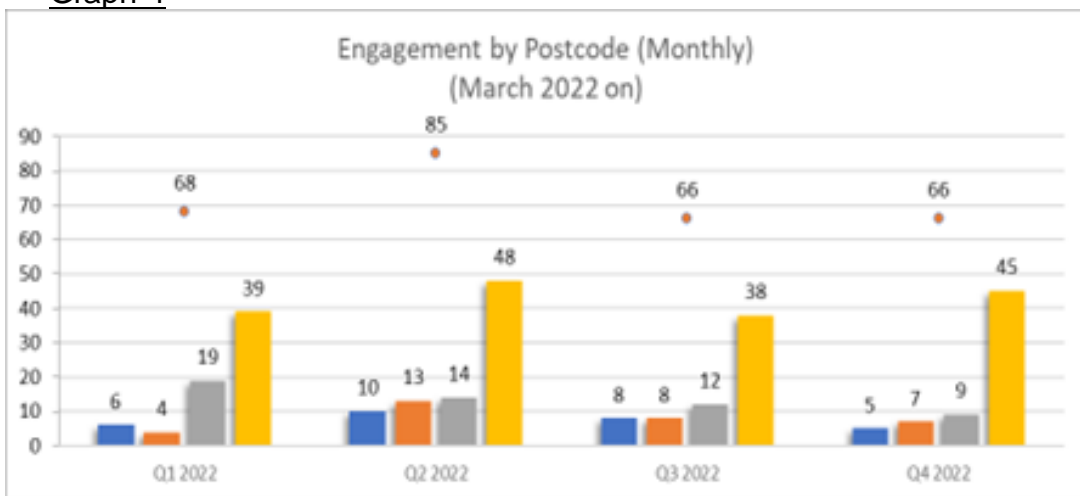
4.6   Graph 5 below shows the breakdown of monthly engagement for ADA duty service (where the individual presented for support around drug use). This shows a consistent level of engagement above the median, except for a couple of months across the last year. The increase in engagement seen in July to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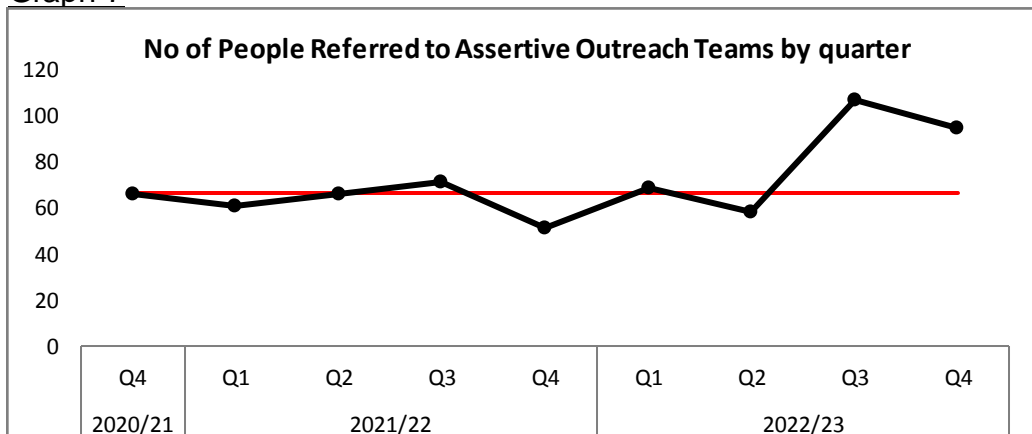
Graph 5

Engagement (Monthly)
(March 2022 on)
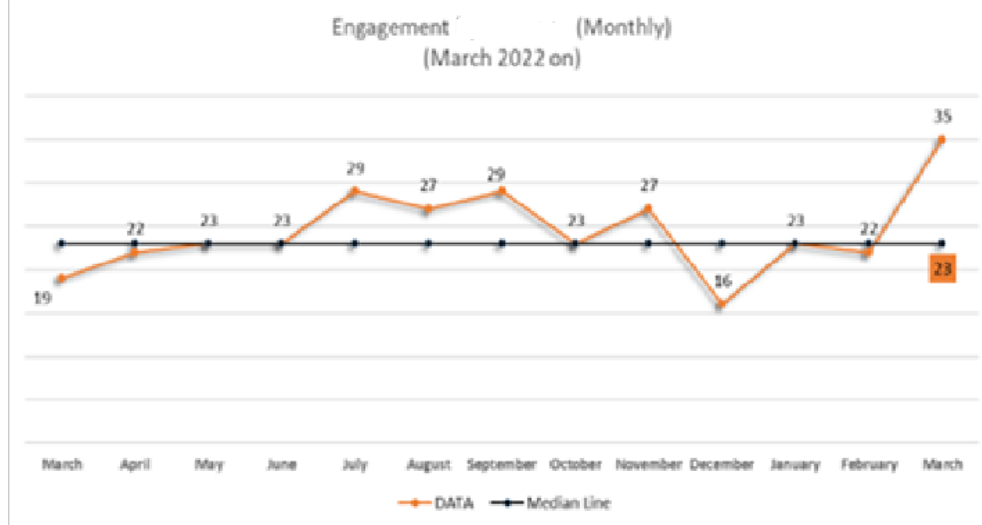
4.7   Graph 6 below shows the Quarterly Referrals to ADA which shows that self-referral via our duty drop in service continues to be the primary route into our support services.
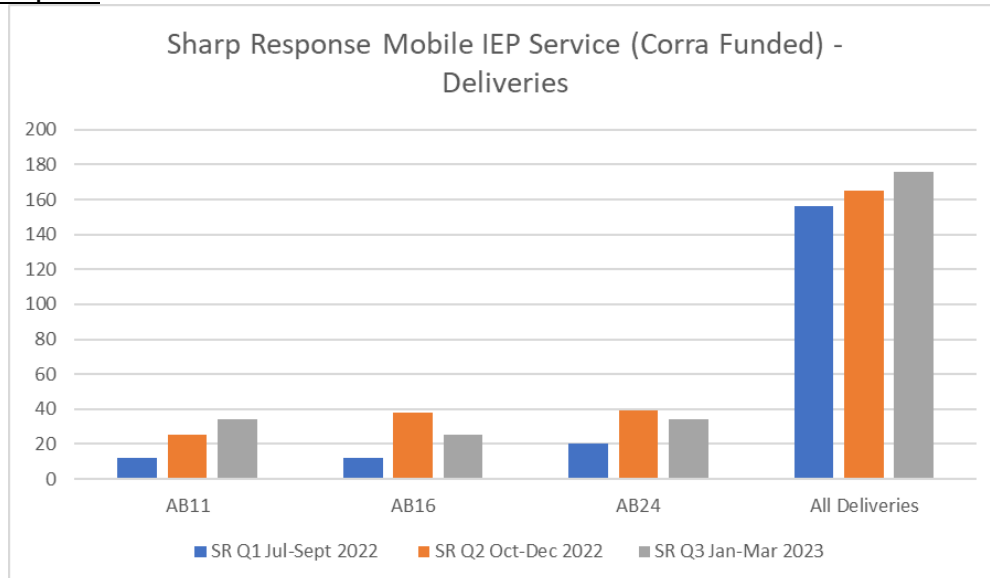
Graph 6

Referral Source (Monthly) March 2022 on
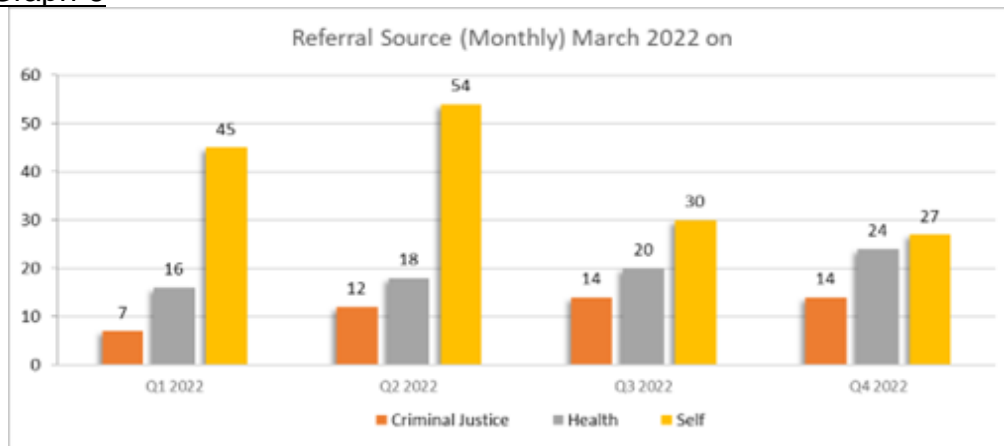
4.8   As well as the outcome measures above, the project measured the impact of the specific changes with the impact recorded as follows:

Graph 7

No of People Referred to Assertive Outreach Teams by quarter

6

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.
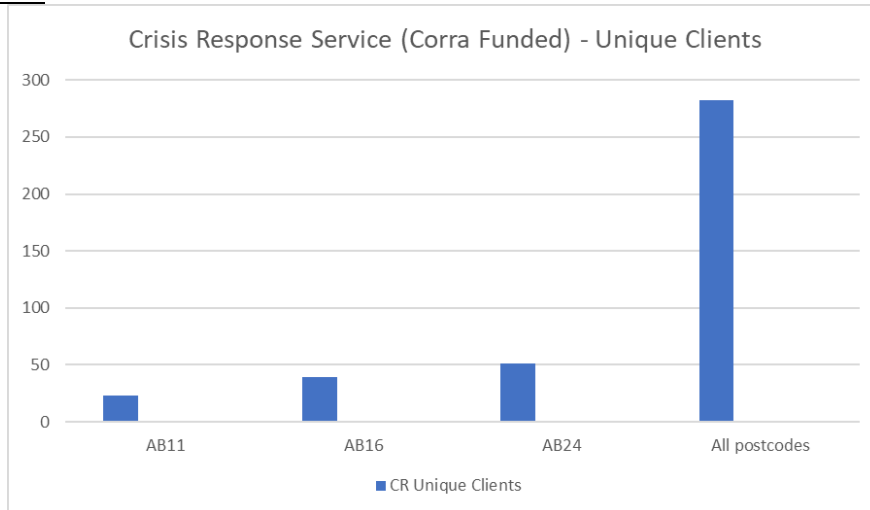
Graph 8

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 1st July 2022 has seen referrals of 226 unique individuals over the 2 components of the project (mobile needle exchange and crisis intervention/re-engagement service) with 65 unique individuals receiving a service through the mobile needle exchange and 282 through the Crisis Response service (outlined in 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

Crisis Response Service (Corra Funded) - Unique Clients

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

No. of Clients accessing the ADA Website Drugs Service page
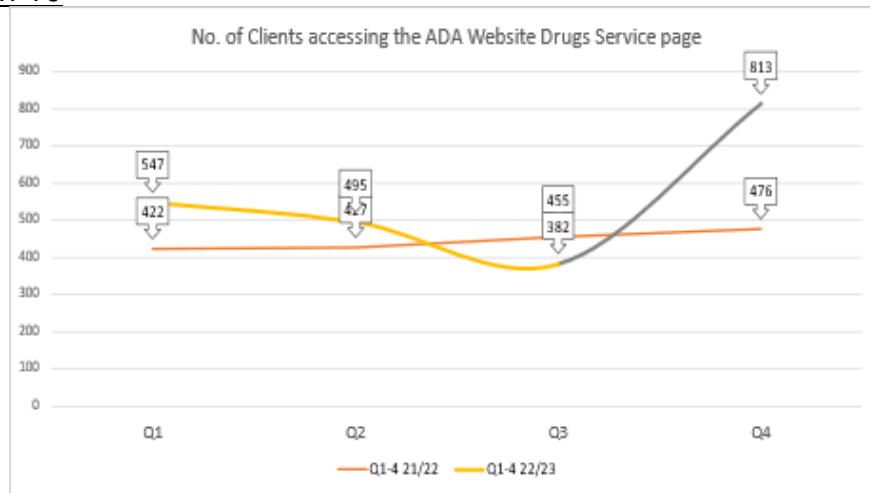
4.13   There has been a 35% increase in clients accessing the ADA website drugs service page between 21/22 (1701) and 22/23 (2310). Graph 11 shows the engagement rates here, with the increase partially attributable to social media campaigns ADA have operated in order to publicise support available or 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.

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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 Management Group:

i) 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
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

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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

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	Community Wealth Building
Lead Officer	Jim Johnstone, Service Manager, City Development
Report Author	Tanita Addario, Project Officer
Date of Report	2 May 2023
Governance Group	CPA Management Group – 24 May 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 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.

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' organisations, Community Wealth Building aims to create resilient, inclusive, and sustainable local economies. Anchor organisations 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 organisation and strategic partner of other anchor organisations, 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.

1.4 Community Wealth Building provides a framework around 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 (LOIP) which was developed with Community Planning Partners, many of whom are anchor organisations. 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   In the action plan, key activities that align to the Community Wealth Building pillars include:

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;

Spending – Recruitment of a Procurement Development Officer to enhance capacity of local businesses to bid successfully for public sector contract;

Workforce - provision of seed finance for people of employability programmes seeking to set up in business.

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 LOIP. 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.

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, LOIP and Locality Plans

Land and Property – Promotion of the Community Asset Transfers process with communities.

3.4   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 each anchor organisations are invited to examine which Community Wealth Building pillars and activity aligns and compliments their existing work.

3.5   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.

3.6 It is important that community wealth building is a collaborative approach across anchor organisations because it requires a coordinated effort to build a strong and resilient local economy, that benefits everyone in the community. When anchor organisations work together, we can leverage their collective resources and influence to support community wealth building initiatives.

3.7 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 anchor organisations. 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.

4   NEXT STEPS

4.1. Presenting Community Wealth Building to the Community Planning Board to seek support for implementation across their anchor organisations, aims to ensure that there is a collaborative approach to the delivery of Community Wealth Building across the Community Planning Partnership.

Recommendations for Action
It is recommended that members of the CPA Management: i)   Agree to recommend to the CPA Board that it agree to implement and integrate a Community Wealth Building approach into the strategic plans across the Community Planning Partnership, thereby maximising the local economic impact and outcomes.

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

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 2024
Governance Group	CPA Management Group – 24 May 2023

Summary of Key Information

i. Engagement

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.

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.

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.

ii. Research Priorities and Programme

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.
(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.

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

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 fedback 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.

A number of opportunities to bid for funding have been identified and partners are collaborating on how / whether bids can be submitted.

iii. Recruitment

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.

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.

- 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)

iv. Data Eco-System

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.

Actions have been agreed to begin work to establish a single approval process for research and data projects focusing on the AHDRC, but by necessity straddling other multi-agency data requirements.

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.

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.

v. Organisational Development and Cultural Change

AHDRC 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 AHDRC 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.

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 Management Group: 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	- Many of the above topics can be intersectional, so options for research covering multiple topics focusing on "whole family"	Options: - 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	- The "edge of care" - factors and prevention	Potential link to Northfield (see above)
	Early, Learning and Childcare	- Early years assessment of developmental needs - Parental employment	a) Literature review of impact **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? b) Longitudinal Study of Impact

			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. **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? **Key datasets:** - 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		Recent surveys of Aberdeen C&YP highlighted issues including some C&YP not having a trusted adult to talk to; not feeling safe. Potential research topic on local social, community factors and their impact on C&YP mental health.
	- Identifying and responding to neglect and harm		Emphasis on how to identify and prevent harm upstream.
Additional Support Needs	- The growing numbers of C&YP with ASN;		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.

			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. **Key datasets:** - 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	Early interventions to prevent Drug-Related Deaths **Research Question**: What demographic, social, economic, health and cultural factors are present and common in cases where deaths are recorded as drug related? This project will build on ongoing analysis in which Community Planning Aberdeen is collaborating with other local authorities and will (i) review and

			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. **Key datasets:** - 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	Building up an evidence base for Aberdeen City Council The project would involve the assembly, critique and synthesis of the existing published evidence on the effectiveness and cost-effectiveness of social

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.

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?

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.

Key datasets:

			- 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. AHDRC engaged in this.
	Food insecurity	- Household food insecurity	How are the outcomes mediated/and or moderated by wider health determinants? What are the impacts on child health and well-being? 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

inequalities that impact on maternal and child health outcomes.

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?

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.

Key datasets:

- Scottish Health Survey

			- 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	- 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	- Economic impact on parents and carers - Occupational change	Health and wellbeing impacts of occupational status change 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. **Research Question**: How does change in occupational security and status impact on health and wellbeing?

			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. **Key datasets:** - Jobs market data - Housing and homelessness - Worklessness and benefits - Financial insecurity and debt
	Energy transition	Just transitions.	The AHDRC is represented through the Just Transitions Lab, University of Aberdeen. An initial "Rapid Evidence Review" has been completed ahead of further research.
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

			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 are 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. 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. 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.

Research Question

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.

Outcomes

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:-

   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

| | | | appropriate planting, use and management regimes.
c. …adapt to climate change with a particular focus on urban drainage, biodiversity improvement and future threats such as heath island effects.
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.
V. Identify the future value of our open spaces to the city in terms of possible health and climate improvements.

Key Resources
• 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 |

| Place Planning | City Centre Masterplan | Social and economic evaluation of the benefits of the Aberdeen City Centre Masterplan focussing on health determinants impacts.

Research Question: What are the anticipated social and economic impacts of the Aberdeen City Centre Masterplan?

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.

Key datasets:

- 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 |
| --- | --- | --- |

			- Qualitative and quantitative assessments related to life satisfaction, pride, fear.
PPIE	Engagement and Inclusion Proposal	Arts based	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. This has 4 main advantages which are in alignment with the Local Authority's ambitions: (i) Improved decision-making processes (ii) Improved and increase citizen involvement (iii) Improve local democratic processes (iv) Health Creation 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. 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

more representative groups so that 'more and different voices contribute'?

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.

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.

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.

Research Questions:

- 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?

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.

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Community Planning Aberdeen

FORWARD PLANNER

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

Title of report	Contact Officer
CPA Management Group: 24 May 23/ CPA Board 28 June 23	
UoA/CPA Synergies Presentation *(Board only)*	Pete Edwards (UoA)
CPA Improvement Programme Quarterly Update	Allison Swanson (ACC)
Community Wealth Building	Jim Johnstone (ACC)
HDRC Update	Martin Murchie (HDRC)
Stretch Outcome 4-9 – new project charters	Eleanor Sheppard (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 12.6: 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)
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)
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)
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)

Title of report	Contact Officer
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)
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	
Regional Economic Strategy	Jamie Bell (SE)
Scottish Enterprise Business Plan	Jamie Bell (SE)

Title of report	Contact Officer
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

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

Title	Description	Amount	Deadline for applications	Relevant CPA Group
Economy				
Place Based Investment Fund – Round 3 – The Scottish Government **https://www.aberdeencity.gov.uk/place-based-investment-programme-fund**	The 2020-21 Programme for Scottish Government announced the creation of a Place Based Investment Programme Fund with £275million of capital funding to support community led regeneration, town centre revitalisation, community wealth building and 20-minute neighbourhoods. In 2021/22 ACC received an allocation of £975,000; for 2022/2023 £847,000	£590,000 allocation for 2023/24	Application can be submitted anytime.	Any non-for profit organisation.
UK Shared Prosperity Fund – The UK Government **https://www.aberdeencity.gov.uk/services/services-business/grant-funding-support/uk-shared-prosperity-communities-and-place-fund**	The UK Shared Prosperity Fund (UKSPF) is a central pillar of the UK Government's levelling up agenda and a significant component of its support for place across the UK. It will provide £2.6 billion of new funding for local investment by March 2025. There are three distinct priorities within the UK Shared Prosperity Fund: Communities and Place, Supporting Local Business, People and Skills as well as the Multiply element which is ringfenced for activity to enhance adult numeracy skills provision and proposals. At this time applications are being sought under the Communities and Place priority only. For Supporting Local Business and People and Skills we have an inhouse/procurement process. They are not currently open for external applications, but if that changes the web page will be updated.	ACC has been allocated £7.1m by Government over the next two and a half years (2022/2023, 2023/2024, 2024/2025).	Application can be submitted anytime.	Any non-for profit organisation
People				

Agenda Item 4.2

Corra Foundation – Boost Small Grants **https://www.corra.scot/grants/boost-small-grants/**	This fund aims to ensure accessible, supportive, community-led activities remain available to children and families despite the challenges the cost-of-living poses for charities and community groups. Grants can be used to fund a new project, help continue a pre-existing project, or support running costs (such as utilities, salaries, or transport).	Grants of between £500 and £3,000 are available.	Applications can be submitted at any time and will close when all monies are fully allocated.	Charities and grassroots organisations that support children and families in their local communities and have an annual income of up to £50,000 can apply.
Digital Pioneers Mental Health Fund 2023 **SCVO Fund**	This fund will support impactful digital inclusion to develop, test, and implement digital inclusion models in a mental health context that: Support people to have greater access to and awareness of digital services and resources that can support them to live well, self-manage, and positively impact their wider health and well-being. Support people who are digitally excluded and those working with them (eg staff, peer supporters, volunteers etc) to be digitally confident and develop essential digital skills. Support people to have access to opportunities online and connections to communities that are important to them for their health and well-being. Contribute learning to understand the scale and sustainability of models of digital inclusion in mental health.	Up to £50,000 Awards must be spent within 12 months of the award date. Funding can be used to cover: • Revenue costs such as salaries and other delivery costs. • Capital costs for the purchase of digital devices and connectivity.	**26/05/2023**	Charities. Voluntary groups. Social enterprises. Community organisations. Community interest companies

UK Youth – Cost of Living Fund **https://www.ukyouth.org/ukyouthfundpears/**	Grants are available to help to cover rising prices and increased core costs due to the cost-of-living crisis. Successful applicants will receive three grant payments, each a year apart, that must be used in within the year that they are received.	Discretionary	Applications can be submitted at any time.	Charitable and not-for-profit youth organisations
Triangle Trust 1949 Fund **https://www.triangletrust.org.uk/**	As of April 2023, the Trust focuses exclusively on young offenders and young people who are at risk of offending. There are two rounds per year: Spring - young people with criminal convictions. Autumn - young people who are at high risk of committing a first offence. The funding for the first round is for projects solely working with young people (11 to 25 years) with criminal convictions. Projects should utilise a Sport 4 Development approach. This means the intentional use of sport and physical activity to attain specific social development objectives, in this case reducing reoffending rates. The funders are particularly interested in proposals that: • Have specific outcomes and targets related to individual development, health and well-being, employability, education, and social cohesion. • Demonstrate that they understand the wide range of challenges and issues that will need to be addressed to help a young person succeed after being released from a Young Offenders Institution or prison.	Grants of up to £80,000 over two years are available.	**21/05/2023**	Registered charities, not-for-profit social enterprises and community interest companies.

	• Show existing work with young people who have been in the criminal justice system is already taking place and can evidence a track record of helping them to achieve positive outcomes. Proposals that demonstrate targeted support for the following groups will be given priority: Young people who are from Black or minoritised/racialised communities; Young women and girls; Young people who have experienced the care system.			
Shared Care Scotland - Creative Breaks Grants Programme **https://www.sharedcare scotland.org.uk/creativ ebreaks/**	Grants are available for third sector organisations to develop and deliver short breaks projects and services for carers of adults (aged 21 and over), carers of older people (aged 65 and over), young carers (caring for children or adults) and the people they care for. Examples of eligible costs include: • Contracted/permanent staff costs e.g. salaries, pension and NI contributions, staff travel and subsistence. This can include staff involved in the delivery, management, administration, and support of the project. • Sessional staff costs e.g. wages, pension and NI contributions, sessional staff travel and subsistence. • Volunteer costs e.g. travel expenses. • Training for staff or volunteers. • Transport costs. • Equipment required for the delivery of the project. • Office equipment or furniture required for the delivery of the project. • An appropriate and reasonable proportion of office costs directly associated with the	A total of approximately £1.1 million is available for the 2023-24 round: The maximum grant award is £35,000. The maximum grant for unincorporated organisations is £10,000.	**25/05/2023**	Registered charity, voluntary organisation

		project e.g. lighting, heating, rent, stationery, postage costs etc. • An appropriate and reasonable proportion of indirect costs/overheads			
Scottish Children's Lottery Trust **https://www.scottishchildrenslotterytrust.com/**	The funding is intended for projects and activities in Scotland that help to alleviate the impact of poverty, financial hardship, social exclusion, relative/multiple deprivations, and disability or illness among children, young people, and their families. Funding will support the delivery of projects and activities that will support children and young people through the cost-of-living crisis, including but not limited to purchasing basic necessities like food, clothing, bedding and heating for children and/or young people.	Up to £10,000	**19/05/2023**	Registered charities and charitable incorporated organisations
Place				
Nationwide Building Society Community Grants **https://www.nationwidecommunitygrants.co.uk/**	The funding is for local housing projects that will strengthen local communities to support the most vulnerable by: • Preventing people from losing their home. • Helping people into a home. • Supporting people to thrive within the home environment. The funding will support the following: • Core costs (up to 20% of the grant amount requested) including running and facility costs, office equipment, supplies, any travel and accommodation, printing. • Staff and volunteer costs for the project lead partner – including full-time staff, part-time staff, project delivery staff costs and other related expenses.	Grants of between £10,000 and £60,000 are available. The funding period is for either one or two years.	**26/05/2023**	Housing-focused charities across the UK can apply. Consortia and partnership are encouraged to apply as long as the lead partner is one of these types of organisations and they will manage the grant funds.

		• Small-scale capital costs – including one-off expenses for equipment, or fixed assets that may have use or benefit beyond the life of the grant (one financial year), such as computer hardware, or items required to deliver a project. • Activity costs – such as catering or insurance, costs that help deliver projects or activities but fall outside of capital, staffing and volunteering costs. • Development and capacity building costs – that support organisational sustainability, such as training staff and volunteers, and external consultancy fees. • Building works and refurbishment costs – where they are essential to the successful delivery of the project.		
	Learning through Landscapes – Local School Nature Grants **https://naturegrants.ltl.org.uk/**	The aim of this fund is to promote outdoor learning among young children by providing schools and early years providers with outdoor resources and training. Successful applicants will include children in their decision making, whilst incorporating local communities. Eligible equipment include: • Woodland activity kits. • Growing kits. • Seed packs. • Gardening equipment. • Pollinator kits. • Solar light kits. • Wildlife watching kits. • Fireboxes.	Grants provide an assortment of nature equipment up to the value of £500 and a two hour training session.	9 June 8 September 10 November	Nurseries and other early years providers. Pre-schools. Primary schools. Secondary schools. Priority will be given to applicants that include children in the decision-making process.

| **Hubbub - Community Fridge Food Hub Fund**

https://www.hubbub.org.uk/community-fridge-funding | The funding is intended to increase the social and environmental impact of community fridges by allowing them to deliver their own activities that will bring local people together and provide access to healthy, affordable and sustainable food.

Grants can be spent on:
• Materials relating to the Food hub activity (eg, cooking or food growing equipment).
• Utilities relating to the delivery of the project activity (eg, power or water).
• Staffing costs to cover the time spent planning and delivering the activity.
• Volunteer expenses.
• Display materials, signage and information.
• Training for the activity delivery team such as food hygiene and safeguarding. | Each successful applicant will receive a grant of £7,000.

This will be in the form of £5,000 towards costs of setting up the hub and then a further £2,000 one year after opening. | **31/05/2023** | Constituted voluntary, community and social enterprise groups |
| **People's Postcode Trust – Scotland**

https://www.postcodetrust.org.uk/ | The aim of People's Postcode Trust is to support good causes in Scotland to make a difference to the community for the benefit of people and planet. The funding is for projects in Scotland that have a clear alignment with one of the Trust's 2023 themes:
• Improving mental wellbeing
• Enabling participation in physical activity
• Enabling community participation in the arts
• Preventing or reducing the impact of poverty
• Supporting marginalised groups and tackling inequality
• Improving biodiversity and responding to the climate emergency
• Improving green spaces and increasing access to the outdoors. | Grants range from £500 to £25,000.

The funding should be spent within 18 months. | There will be three funding rounds in 2023.

Applications will open at:

10am on the 3 July for a minimum of 24 hours.
10am on the 2 October for a minimum of 24 hours. | Local charities and other not-for-profit organisations |

FCC Scottish Action Fund **https://fcccommunitiesfoundation.org.uk/funds/fcc-scottish-action-fund**	Grants are available to not-for-profit organisations for environmental and community-based projects that are within 10 miles of any landfill site or transfer station in Scotland and are for the benefit of the general public. Applications will be considered for all types of projects included in the following SLCF Objects: *Land Reclamation (Object A)*: The reclamation, remediation, restoration or other operation on land to facilitate economic, social or environmental use. *Community Recycling (Object B)*: Community-based recycling, re-use and waste prevention projects. *Public Amenities and Parks (Object C)*: Providing, maintaining or improving a public park or other public amenity which is in the vicinity of a landfill or transfer station. *Biodiversity (Object D)*: The conservation or promotion of biological diversity through the provision, conservation, restoration or enhancement of a natural habitat or the maintenance or recovery of a species in its natural habitat. Project must be in the vicinity of a landfill or transfer station. *Historic Buildings (Object E)*: The maintenance, repair or restoration of a building, other structure or a site of archaeological interest which is a place of religious worship, or a site of historic or architectural or archaeological interest and is open to the public. Project must be in the vicinity of a landfill or transfer station.	Grants of between £2,000 and £40,000 are available for projects with a total project cost of £250,000 (including VAT if relevant). The funding can be used for the following types of costs: • Contractors. • Materials. • Capital items. • Small items of equipment used by volunteers and staff to deliver the project.	There are 2 funding rounds for 2023: Round One - 22 March 2023 to 7 June 2023 for consideration at the September 2023 board meeting. Round Two - 20 September 2023 to 6 December 2023 for consideration at the March 2024 board meeting.	Charities, community councils, church or community organisations and voluntary groups
Cycling Friendly Residential Cycle Storage and Parking Fund **https://www.cycling.scot/what-we-do/cycling-**	Provided by Transport Scotland, local authorities can access support and funding, to install secure cycle storage for residents living in high-rise buildings, tenement flats and apartment blocks. Cycling Scotland works with partners at a national and local level, to make sure that everyone in	There is currently no cap on the amount that can be applied for.	Applications can be submitted at any time.	All local authorities in Scotland

friendly/cycle-storage-and-parking-fund	Scotland has a safe and appropriate place to store their bikes.			
Paths for All - Walking for Health Fund **https://www.pathsforall.org.uk/walking-for-health/wfh-grants/wfh-fund**	Grants are available to a range of organisations working in Scotland for projects and activities that significantly increase the number of people becoming active through walking. Fund can be used to: • Maintain a Health Walks programme in multiple locations and/or communities. • Expand a Health Walks programme in multiple locations and/or communities. • Support and develop a regional network of Health Walk programmes.	Grants of between £5,000 and £20,000 are available. Eligible costs include: Staff time/Volunteer expenses. Promotional materials and equipment. Training courses provided by Paths for All. Costs associated with the following activities: Working with Health and Social Care Professionals to raise local awareness of health walks. Strength and Balance exercises.	Applications can be submitted at any time.	Constituted group, registered charity, community interest company, public sector or statutory body, health and social care partnership, health board, private sector organisation, school, university or college.
Creative Funding Awards **https://www.aberdeencity.gov.uk/services/leisure-culture-and-parks/creative-funding-awards**	The Creative Funding programme offers the opportunity to apply for support to develop and/or deliver creative activity. This funding has previously been awarded to festivals, community groups, brand new arts organisations and has supported projects from emerging individual artists through to established organisations. A range of projects can be considered for funding such as performances, exhibitions, networking events or even something completely new and innovative; there are very few limitations on the type of creative project that can be supported.	Organisations with not for profit status can apply for awards of up to £8,000. Individuals who are Aberdeen City residents can apply for awards of up to £2,500. There are up to 8 awards allocated annually.	04/06/2023	Organisations with not-for-profit status, community groups, charities and individual artists

Technology				
Energy Redress Scheme - Main and Small Grants **https://energyredress.org.uk/**	This scheme is funded through payments from energy companies who may have breached rules. The Energy Saving Trust has been appointed by Ofgem to distribute the funding to charities. The priority is to support energy consumers in vulnerable situations and to diver benefits to the types of consumers that were negatively impacted by the specific issues that triggered the redress payment. Grants can be used for capital or revenue funding and can provide up to 100% of the project cost. Projects lasting up to two years can be funded.	Small Project Fund contains £500,000 and offers grants of between £20,000 and £49,999 for projects that will support energy consumers in vulnerable situations. Main Project Fund contains £3 million and offers grants of between £50,000 and £300,000 for projects that will support energy consumers in vulnerable situations.	**25/05/2023** All applicants are usually notified of the outcome of their application with 6 to 8 weeks following a funding round closing.	Registered charities
Energy Redress Scheme - Carbon Emissions Reduction and Innovation Funds **https://energyredress.org.uk/announcements**	Grants are available for projects that empower householders to reduce their carbon emissions and engage positively with the transition to net zero and for the development of innovative products and services related to energy. *The Carbon Emissions Reduction Fund* will support initiatives principally aimed at reducing the climate change impact associated with energy use, which relate to Ofgem's regulated areas of energy generation, distribution, supply and use. Projects need to demonstrate measurable and lasting reductions in the carbon intensity of energy use and accelerate the transition to net zero. Projects must also have a realistic prospect of delivering broadly replicable benefits to existing and future energy consumers. *The Innovation Fund* is aimed at projects that will develop innovative products or services to benefit households. Projects can benefit all domestic consumers, not just households in vulnerable situations.	Each fund has a pot of £750,000. Both funds offer grants of £20,000 to £200,000 for projects lasting up to two years.	**25/05/2023**	Registered charities, Community Interest Companies, Community Benefit Societies and Cooperative that are registered with the Energy Redress Scheme.

Digital Pioneers Housing Fund 2023 **SCVO Fund**	Funding is for projects that support impactful digital inclusion work which aims to develop, test, and implement digital inclusion models in the housing context and that: Support people to have greater access to and awareness of digital services and resources that can support them in their health and well-being. Support people who are digitally excluded and those working with them, eg staff, peer supporters, and volunteers, to be digitally confident and develop essential digital skills. Support people to have access to opportunities online and connections to communities that are important to them for their well-being. Contribute learning to support the development of a sustainable model of digital inclusion at scale in the housing context.	Up to £50,000 Awards must be spent within 12 months of the award date. Funding can be used to cover: • Revenue costs such as salaries and other delivery costs. • Capital costs for the purchase of digital devices and connectivity.	**26/05/2023**	Housing associations. Social enterprises. Local authorities. Community interest companies Charities.
The Access Foundation **https://theaccessgroupfoundation.com/**	Grants are available for projects that mitigate the digital divide by making computing facilities, support and/or learning available to disadvantaged and vulnerable people. The funding is for specific services, activities, initiatives or projects with clearly identified and measurable outcomes.	Grants of between £25,000 and £100,000 are generally available. The funding will normally support a project that completes within a 12-month period.	None specified.	Registered charities, CICs, educational establishments and CIOs
Innovate UK - Net Zero Living Digital Accelerator Round 1 Competition **https://apply-for-innovation-funding.service.gov.uk/competition/1543/overvi**	The aim of this competition is to support ambitious, early-stage digital focused businesses in developing and delivering net zero in relation to challenges based on place. This must be done through data driven digital applications and by collaborating with potential customers and product users. By accelerating their journey, IUK hopes to create high growth businesses that will drive forward	Up to £1.5 million has been allocated to fund industrial research projects. Each project's total grant funding request must be between £150,000 and £300,000. Projects can last between 9 and 12 months.	07/06/2023	This competition is open to collaborations only. To lead a project an organisation must be a UK registered micro or small

ew/536a0251-b755-4a7f-bcbd-741cbbb6bc43	digitalisation across the UK and globally in Net Zero sectors, creating jobs, growing a customer base and delivering customer value. Proposals must focus on two or more net zero challenges across: • Power • Heat • Mobility • Product manufacture and usage Digital products must be for domestic, commercial, industrial or local authority users, and must use a number of datasets relevant to place.			business, working with at least one UK registered business, academic institution, charity, not-for-profit, public sector organisation, or research and technology organisation (RTO).
Net Zero Hydrogen Fund IUK Competitions **https://apply-for-innovation-funding.service.gov.uk/competition/1541/overview/51b5d1d1-dc76-494c-9cb3-2b1dacf41199**	The Net Zero Hydrogen Fund (NZHF) is providing capital and development expenditure to support the commercial deployment of new low carbon hydrogen production projects during the 2020s. The aim is to ensure the UK has a diverse and secure decarbonised energy system, fit for meeting the ambition of 10GW low carbon hydrogen production by 2030, and the Government's commitment to reach net zero by 2050. *Strand 1 Development Expenditure (DEVEX)* This competition will support development expenditure (DEVEX) costs for front end engineering design (FEED) and post-FEED studies. The aim is to build the pipeline of hydrogen production projects and measurably move them closer to deployment. This competition supports multiple hydrogen production pathways. IUK will fund industrial research projects to support preparation for deployment. Projects must address low carbon hydrogen production opportunities and	For Strand 1 Development Expenditure Round 2, each project's total grant request must be between £80,000 and £10 million. For Strand 2 Capital Expenditure Round 2, each project's total grant request must be between £200,000 and £20 million	The deadline for applications for Strand 1 Development Expenditure Round 2 is **31 May 2023** (11:00 BST). The deadline for applications for Strand 2 Capital Expenditure Round 2 is 7 June 2023 (11:00 BST).	This competition is open to single applicants and collaborations, carrying out projects in the UK. To lead a project or work alone the organisation must be a UK registered business of any size. To collaborate with the lead, applicants must be a UK registered business of any size, academic institution, research and technology

| | | must focus on FEED studies, post-FEED studies or both.
Strand 2 Capital expenditure (CAPEX)
This competition will provide capital expenditure (CAPEX) to support low carbon projects to take a Final Investment Decision (FID) and begin deployment in the early 2020s. Projects must not require support from a hydrogen business model (these projects are covered in Strands 3 and 4 of the NZHF). This competition supports multiple hydrogen production pathways. IUK will fund capital projects which do not require support from a Hydrogen Business Model. Projects project must address low carbon hydrogen production opportunities and must focus on construction of new low carbon hydrogen production facilities. | | | organisation (RTO), charity, not for profit or public sector organisation. Academic institutions, research organisations and public sector organisations cannot lead or work alone. |

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