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Aberdeen City Health & Social Care Partnership
A caring partnership

To: Members of the Integration Joint Board

Town House,
ABERDEEN 2 July 2024

INTEGRATION JOINT BOARD

The Members of the **INTEGRATION JOINT BOARD** are requested to meet in **Rooms 4 & 5 - Health Village on TUESDAY, 9 JULY 2024 at 10.00 am.** This is a hybrid meeting and members may also attend remotely.

ALAN THOMSON
INTERIM CHIEF OFFICER - GOVERNANCE

BUSINESS

1.1 Welcome from the Chair

DECLARATIONS OF INTEREST

2.1 Declarations of Interest and Transparency Statements

Members are requested to intimate any Declarations of Interest or Transparency Statements

DETERMINATION OF EXEMPT BUSINESS

3.1 Exempt Business

Members are requested to determine that any exempt business be considered with the press and public excluded

STANDING ITEMS

4.1 New Service User Representative Members - HSCP.24.052 (Pages 5 - 10)

4.2 Video Presentation

- 4.3 Minute of Board Meeting of 7 May 2024 and Attendance Record (Pages 11 - 22)
- 4.4 Draft Minute of Risk, Audit and Performance Committee of 4 June 2024 (Pages 23 - 28)
- 4.5 Draft Minute of Clinical and Care Governance Committee of 18 June 2024 (Pages 29 - 32)
- 4.6 Business Planner (Pages 33 - 36)
- 4.7 JB Insights and Topic Specific Seminars Planner (Pages 37 - 38)
- 4.8 Chief Officer's Report - HSCP.24.046 (Pages 39 - 48)

GOVERNANCE

- 5.1 JB Annual Scheme of Governance Review - HSCP.24.048 (Pages 49 - 110)

STRATEGY

- 6.1 Refreshed LOIP and Locality Plans - HSCP.24.043 (Pages 111 - 210)
- 6.2 Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan - HSCP.23.049 (Pages 211 - 240)
- 6.3 Evaluation of Aberdeen City Vaccination & Wellbeing Hub - HSCP.24.047 (Pages 241 - 292)

Please note there is an Exempt Appendix in respect of this report at item 7.1 of the agenda.

ITEMS THE BOARD MAY WISH TO CONSIDER IN PRIVATE

- 7.1 Evaluation of the Aberdeen City Vaccination & Wellbeing Hub - HSCP.24.047 - Exempt Appendix (Pages 293 - 312)

DATES OF NEXT MEETINGS

- 8.1 Topic Specific Seminar - 3 September 2024

- Annual Performance Report
- Microsoft
- Strategic Risk Register

8.2 JB Insights Session - 17 September 2024

- Culture
- Development of new Strategic Plan
- Code of Conduct
- Carers Support Contract Renewal
- Budget Setting Protocol

8.3 Integration Joint Board - 24 September 2024

Website Address: <https://www.aberdeencityhscp.scot/>

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

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INTEGRATION JOINT BOARD

Date of Meeting	9 July 2024
Report Title	IJB Service User Representatives
Report Number	HSCP24.052
Lead Officer	<i>Alison MacLeod, Strategy and Transformation Lead</i>
Report Author Details	<i>Name: Grace Milne Job Title: Senior Project Manager, Strategy Email Address: gracemilne@aberdeencity.gov.uk</i>
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	N/A

1. Purpose of the Report

1.1. The purpose of this report is to update the Integration Joint Board (IJB) on the appointment of new Service User Representatives.

2. Recommendations

2.1. It is recommended that the IJB:

- a) Approves the appointment of three new Service User Representatives with immediate effect for a three-year term to July 2027.
- b) Formally notes their appreciation for the work undertaken by Alan Chalmers as previous IJB Service User Representative.



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3. Strategic Plan Context

- 3.1. The integration scheme sets out a framework and suggested groups to be included within the Integration Joint Boards, including “service users residing in the area of the local authority”. The recommendations from this report is linked to our Strategic Plan and its ambitions towards the key priority to Care Together by empowering our communities to be involved in planning and leading services locally. Our relationships enabler within the Strategic Plan also includes Aberdeen City Health and Social Care Partnership (ACHCSP) developing proactive communications to keep communities informed.

4. Summary of Key Information

- 4.1. At the turn of the year, after the resignation of Alan Chalmers, our previous IJB representative, we launched a recruitment campaign to encourage new IJB Service User representatives to come forward. This was promoted in a number of ways. Our Communication and Engagement Development Officer and our Wellbeing Coordinators participated in a special radio show on SHMUfm to help promote the campaign. Our colleagues at ACVO included the advert within their promotional newsletter and distributions. We also promoted the opportunity via social media which resulted in over 500 people reactions and engagements via facebook. This is not an approach we have taken before, but it has proved successful.
- 4.2. To support the number of enquiries we had, a short information pack was developed to give the key information for those interested in becoming an IJB Representative. Those interested were also asked to complete a short application statement to give us a little background knowledge and understanding on their reasons for wanting to become an IJB Service User representative.
- 4.3. We have to acknowledge the level of commitment we ask from our Service User and Carer representatives at the IJB. The information pack made clear the number of meetings, examples of Agenda packs and commitment expectations for being an IJB representative. Our previous representatives commented that this is something we needed to consider for future and this is why we made sure we were very explicit about it with this cohort.
- 4.4. Three people came forward with application statements, all with different backgrounds and experiences. Our three candidates were invited to meet the IJB Chair, Vice Chair, Chief Officer and Chief Operating Officer. This was an



INTEGRATION JOINT BOARD

informal introduction for the IJB representatives to get to know the candidates and for the candidates to learn a bit more about the IJB and how it operates..

- 4.5. The three candidates were invited to observe the IJB meeting on 7th May 2024. They reported positively on their experience and particularly liked the level of engagement between officers and IJB members, the openness of the discussion and the opportunity for questions. They also had some suggestions for improvements for future meetings.
- 4.6. Given the three candidates were all keen to participate and the fact that we are aware the role can be challenging and time consuming it has been agreed that all three will be appointed. This way the IJB Service User representatives can work the meetings between them, ensuring we have at least one representative at each meeting. The Service User representatives will have the opportunity to meet with the key contact (Senior Project Manager, Strategy) in advance of each IJB meeting to discuss and agree who will be attending.
- 4.7. Our three representatives are, Amanda Foster who already works closely with us through the Locality Empowerment Groups and Strategic Planning Group. Amanda's experience and knowledge of ACHSCP will stand her in good stead for her input to meetings as well as feedback to her community groups. Our second representative is Kenneth McAlpine, who has similar experience to Amanda in that he has been a regular attendee of the Strategic Planning Group. Our third representative is Temitope Oyegun also known as Debbie, who has a Public Health background, and would like to be involved more with ACHSCP and the IJB. She also has good connections with a vast number of community groups and will be able to represent a wide range of voices.
- 4.8. IJB are being asked to approve the three representatives to serve as Service User IJB Representatives for a 3 year term, July 2024 – July 2027. IJB are also being asked to note that it is thanks to the work that has gone into developing our relationships with our communities particularly through the Locality Empowerment Groups and representation on the Strategic Planning Group that has contributed to representatives feeling able to make the extra step to becoming an IJB representative.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality



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Having a Service User on the IJB aims to give equality of approach to decision making ensuring the voices of our service users are heard at the highest level of decision-making.

5.2. Financial

There are no additional financial implications arising from the recommendation in this report. Any expenses in relation to the role of IJB Service User Representative will continue to be met in line with the approved Expenses Policy from existing budgets.

5.3. Workforce

There are no Workforce implications arising from the recommendations in this report. Officers from Strategy and Transformation will continue to provide support to the Service User Representatives as happens currently.

5.4. Legal

By appointing Service User Representatives on the IJB we will continue to meet our obligations in the Integration Scheme by including service users residing in the area of the local authority.

5.5. Unpaid Carers

There are no specific implications for unpaid carers arising from the recommendation in this report. However learnings from this process will enable future planning for IJB Carers Representatives engagement.

5.6. Information Governance

IJB Representatives will be required to state any potential conflicts of interest to support open and transparency within discussions and decision making. As the same as any IJB member they will be bound to confidentiality rules for draft reports and publications.

5.7. Environmental Impacts



INTEGRATION JOINT BOARD

There are no direct environmental implications arising from the recommendations of this report.

5.8. Sustainability

There are no direct implications from the recommendations of this report.

5.9. Other

There are no other implications from the recommendations of this report.

6. Management of Risk

6.1. Identified risks(s)

6.1.2 If we do not appoint a new Service User Representative, there is a risk that service users residing in the area of the local authority will not be included in the decision making of the IJB and the IJB would be failing to meet its obligations under the Integration Scheme.

6.2. Link to risks on strategic or operational risk register:

This report links to Strategic Risk Number 6

Cause: Need to involve lived experience in service delivery and design as per Integration Principles.

Event: IJB fails to maximise the opportunities created for engaging with our communities.

Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims

This risk is currently sitting at Medium.

6.3. How might the content of this report impact or mitigate these risks:

By involving Service Users in the decision making of the IJB we are meeting the requirements as set out in the Integration Scheme and ensuring the voices of lived experience are heard in the design and delivery of health and social care services in Aberdeen.

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ABERDEEN, 7 May 2024. Minute of Meeting of the INTEGRATION JOINT BOARD.

Present:- Councillor John Cooke, Chair; Hussein Patwa, Vice Chair; and Professor Siladitya Bhatta, Councillor Jennifer Bonsell, June Brown, Mark Burrell, Councillor Martin Greig, Jim Currie, Jamie Donaldson, Jenny Gibb, Christine Hemming, Maggie Hepburn, Dr Caroline Howarth, Phil Mackie, Shona McFarlane, Paul Mitchell, Fiona Mitchelhill and Graeme Simpson (up to article 15).

Also in attendance:- Martin Allan, Fraser Bell, Andrinne Craig (Sport Aberdeen), Kimberley Craik (up to article 19), Kay Diack, John Forsyth, Michelle Grant, Catherine King, Emma King, Stuart Lamberton (up to article 12), Graham Lawther, Alison MacLeod, Judith McLenan (up to article 19), Grace Milne, Lynn Morrison, Shona Omand-Smith, Simon Rayner, Sandy Reid (from article 12), Angela Scott, , Neil Stephenson, Julie Warrender, Teresa Waugh and Claire Wilson.

Apologies:- Councillor Christian Allard.

The agenda and reports associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

WELCOME FROM THE CHAIR

1. The Chair extended a warm welcome to everyone and in particular to three potential new Integration Joint Board Service User representatives who were observing the meeting.

The Board resolved:-

to note the Chair's remarks.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements.

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7 May 2024

EXEMPT BUSINESS

3. Members were requested to determine that any exempt business be considered with the press and public excluded.

The Board resolved:-

to consider the exempt appendices during consideration of items 9.1 and 9.2 with the press and public excluded so as to avoid disclosure of exempt information of the class described in paragraphs 6 and 9 of Schedule 7A of the Act.

VIDEO PRESENTATION - TECHNOLOGY ENABLED CARE LIBRARY

4. The Board received a video presentation in respect of the Technology Enabled Care (TEC) Library which had been set up by Specialist Resource Solutions (SRS) in collaboration with Aberdeen Health and Social Care Partnership, at the company's offices in Blaikie's Quay, Aberdeen.

Members heard that a TEC Co-ordinator was able to provide advice and support to members of the public and staff about a range of digital equipment which could support health and social care needs. Equipment could be borrowed for trial, and if required information given about purchases.

The Board resolved:-

to note the video.

MINUTE OF BOARD MEETING OF 6 FEBRUARY 2024

5. The Board had before it the minute of its meeting of 6 February 2024.

The Board resolved:-

to approve the minute as a correct record.

MINUTE OF IJB BUDGET OF 26 MARCH 2024

6. The Board had before it the minute of its Budget meeting of 26 March 2024.

The Board resolved:-

to approve the minute as a correct record.

INTEGRATION JOINT BOARD

7 May 2024

DRAFT MINUTE OF RISK, AUDIT AND PERFORMANCE COMMITTEE OF 2 APRIL 2024

7. The Board had before it the draft minute of the Risk, Audit and Performance Committee of 2 April 2024.

The Board resolved:-

to note the minute.

DRAFT MINUTE OF CLINICAL AND CARE GOVERNANCE COMMITTEE OF 27 FEBRUARY 2024

8. The Board had before it the draft minute of the Clinical and Care Governance Committee of 27 February 2024.

The Board resolved:-

to note the minute.

BUSINESS PLANNER

9. The Board had before it the Business Planner which was presented by the Chief Operating Officer who advised Members of the updates to reporting intentions and that further items would be added to future reporting cycles.

The Board resolved:-

- (i) to agree to add the following reports to the Planner: (1) Draft Strategic Plan on 19 November 2024; and (2) Final Strategic Plan on 18 March 2025; and
- (ii) to otherwise agree the Planner.

IJB INSIGHTS AND TOPIC SPECIFIC SEMINARS PLANNER

10. The Board had before it the IJB Insights Sessions and Topic Specific Seminars Planners prepared by the Strategy and Transformation Manager.

The Board resolved:-

- (i) to agree to add a session on the National Care Service to the Topic Specific Seminars planner;
- (ii) to note the information provided; and
- (iii) to otherwise agree the Planners.

INTEGRATION JOINT BOARD

7 May 2024

CHIEF OFFICER'S REPORT - HSCP.24.023

11. The Board had before it the report from the Chief Officer, ACHSCP who presented an update on highlighted topics and responded to questions from members.

The report recommended:-

that the Board note the detail contained within the report.

The Board resolved:-

- (i) to agree to add updates regarding the National Care Service as a standing item in the Chief Officer's report;
- (ii) to instruct the People and Organisation Lead to provide a summary report following the NHS Event taking place on 10 June 2024 where the theme was Planning for the Future: Delivering Health and Care Services through Innovation and Collaboration; and
- (iii) to otherwise note the detail contained within the report.

EQUALITY OUTCOMES AND MAINSTREAMING FRAMEWORK, INTEGRATED IMPACT ASSESSMENTS AND PUBLIC ENGAGEMENT GUIDANCE UPDATES - HSCP.24.025

12. The Board had before it a progress report in relation to the Equality Outcomes and Mainstreaming Framework (EOMF) and information regarding updates to Assessing the Impact of Policies and Practices and Guidance for Community Engagement, Human Rights and Equalities.

The Transformation Programme Manager and Senior Project Manager spoke to the report and responded to questions from Members.

The report recommended:-

that the Board:

- (a) note the progress report in relation to the Equality Outcomes and Mainstreaming Framework at Appendix A of the report;
- (b) approve the revised 'Assessing the Impact of Policies and Practices' at Appendix B of the report; and
- (c) approve the revised 'Our Guidance for Community Engagement, Human Rights and Equalities' at Appendix C of the report.

The Board resolved:-

- (i) to instruct Officers, in relation to the Community Engagement Guidance, to consider the use of alternative formats of engagement to ensure wider accessibility and to list a range of options available to stakeholders within the Guidance; and

INTEGRATION JOINT BOARD

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- (ii) to otherwise agree the recommendations.

QUARTER 4 FINANCIAL MONITORING UPDATE REPORT - HSCP.24.041

13. The Board had before it the revenue budget performance report to 31 March 2024, prepared by the Chief Finance Officer for the services within the remit of the Integration Joint Board. The report advised on areas of risk and management mitigating action and sought approval of the budget virements.

The report recommended:-

that the Board:

- (a) note the report in relation to the IJB budget and the information on areas of risk and management action that were contained therein;
- (b) approve the budget virements indicated in Appendix D of the report;
- (c) approve the use of uncommitted reserves to balance the final year-end position as described at paragraph 3.4 of the report; and
- (d) instruct the Chief Officer to ensure that the scope of the planned internal audit on Budget Setting and Monitoring included the funding of the IJB and governance around how changes were made during the year, and how decisions were made regarding the use of IJB reserves and balances. Therefore to receive recommendations on what could be done to mitigate changes made to the year-end position for 2023/24 described in the report, happening again.

The Board resolved:-

to approve the recommendations.

ANNUAL RESILIENCE REPORT - HSCP.23.029

14. The Board had before it a report prepared by the Business and Resilience Manager presenting the annual assurance report on the Integration Joint Board's resilience arrangements in fulfilment of its duties as a Category 1 responder under the Civil Contingencies Act 2004.

The report recommended:-

that the Board note the progress made in further embedding the IJB's resilience arrangements during 2023/24.

The Board resolved:-

to approve the recommendation.

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OUTCOME OF CULTURE RESEARCH PROJECT - HSCP.24.024

15. The Board had before it a report prepared by the Lead for Strategy and Transformation in respect of a Culture Research project carried out by two masters students at Aberdeen University who were tasked with undertaking a research project to determine whether there was evidence that the focus on culture was positively impacting the IJB's strategic decision making and scrutiny.

The report recommended:-

that the Board:

- (a) note the Consolidated Report Summarised attached at Appendix A of the report and the analysis contained within paragraphs 4.9 and 4.10 of the report; and
- (b) approve the proposed actions to be taken as a result of the project findings, noted within the Culture Sounding Board Commitments and Progress document at Appendix B of the report.

The Board resolved:-

- (i) to instruct the Transformation and Strategy Lead to investigate recommissioning the Research Project in 12-18 months' time;
- (ii) to note that the Project report would be reviewed at the IJB Culture Sounding Board; and
- (iii) otherwise approve the recommendations.

MARYWELL AND TIMMERMARKET INTEGRATED SERVICE REVIEW - HSCP.24.027

16. The Board had before it a report prepared by the Primary Care Development Manager providing an update on the Marywell and Timmermarket Integrated Service Review progress.

The report recommended:-

that the Board:

- (a) note the overall advancements achieved over the past 18 months since the initial report was presented to the IJB on 29 November 2022;
- (b) note the specific advancements and advantages resulting from the two-year Alcohol and Drug Partnership (ADP) funding;
- (c) direct the Chief Officer to continue to mitigate health inequalities in Primary Care, in partnership with Aberdeen City Council, NHS Grampian Public Health, and Primary Care General Practice; and
- (d) instruct the Chief Officer to proceed with an options appraisal and report back to the meeting of the IJB scheduled for 4 February 2025, outlining the future trajectory of the Marywell Practice.

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The Board resolved:-

to agree the recommendations.

SUPPLEMENTARY WORK PLAN - CARE AT HOME - HSCP.24.026

17. The Board had before it a report prepared by the Strategic Procurement Manager, presenting a Supplementary Procurement Work Plan for 2024/25 for expenditure on social care services, together with the associated procurement Business Case.

The report recommended:-

that the Board:

- (a) approve a tender for a period of up to seven years and subsequent award of contract for Care and Support at Home Services, as detailed in Appendices A1 and C of the report; and
- (b) make the Direction, as attached at Appendix B of the report, and instruct the Chief Officer to issue the Direction to Aberdeen City Council.

The Board resolved:-

to agree the recommendations.

MORSE COMMUNITY ELECTRONIC PATIENT RECORD EVALUATION AND CONTRACT RENEWAL - HSCP.24.030

18. The Board had before it a report prepared by the Transformation Programme Manager seeking approval to renew the contract with Cambric to supply Morse as an Electronic Patient Record for a period of up to three years.

The report recommended:-

that the Board:

- (a) note the Morse Evaluation appended at Appendix B of the report;
- (b) approve a further three year contract with Cambric, running from October 2024, to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home, Macmillan Nursing, Health Visiting and School Nursing Services; and
- (c) make the direction attached at Appendix C of the report, and instruct the Chief Officer to issue the Direction to NHS Grampian.

The Board resolved:-

to agree the recommendations.

INTEGRATION JOINT BOARD

7 May 2024

GENERAL ADULT MENTAL HEALTH SECONDARY CARE PATHWAY REVIEW - HSCP.24.022

19. The Board had before it an update on the review of the General Adult Mental Health Secondary Care Pathway, providing an overview of the findings and recommendations.

The Lead for Mental Health & Learning Disability (MHL) Inpatient, Specialist Services and Child and Adolescent Mental Health Services (CAMHS) introduced the report and explained that it was being shared with the other two Integration Joint Boards within Grampian: Aberdeenshire Health and Social Care Partnership (AHSCP) and Health and Social Care Moray (HSCM).

The report recommended:-

that the Board:

- (a) note the update of the General Adult Mental Health Secondary Care Pathway Review, provided in the Summary Report attached at Appendix A of the report; and
- (b) note the findings and recommendations of the General Adult Mental Health Secondary Care Pathway review as outlined in Section 4 of the report.

The Board resolved:-

- (i) to note that the Vice Chair advised that he had a connection in relation to the item by virtue of being a Member of the Diverse Experiences Advisory Panel, however having applied the objective test, he did not consider that he had an interest and would not be withdrawing from the meeting; and
- (ii) to otherwise approve the recommendations.

GETACTIVE@NORTHFIELD HEALTH & WELLBEING HUB TEST OF CHANGE UPDATE REPORT - HSCP.24.031

20. The Board had before it a report on the progress of the test of change project to co-locate Health and Care services within a Community Room in the Sport Aberdeen facility at Northfield and share learnings and initial findings from the test of change.

The Senior Project Manager spoke to the report and introduced the Healthy Communities Manager, Sport Aberdeen, and both responded to questions from Members.

The report recommended:-

that the Board:

- (a) note the progress of the project;
- (b) approve the approach to further embed the learnings across other hubs; and

INTEGRATION JOINT BOARD

7 May 2024

- (c) agree to change the term of “Priority Intervention Hubs” to “Health and Wellbeing Hubs”.

The Board resolved:-

- (i) to note that the Chair advised that he had a connection in relation to the item by virtue of being an observer on the Board of Sport Aberdeen, however having applied the objective test, he did not consider that he had an interest and would not be withdrawing from the meeting; and
- (ii) to otherwise agree the recommendations.

In accordance with Article 3 of the minute, the following two items were considered with the press and public excluded.

21. SUPPLEMENTARY WORK PLAN - CARE AT HOME - HSCP.24.026

The Board had before it the exempt appendices in respect of the Supplementary Work Plan – Care at Home report.

The Board resolved:-

to note the recommendations approved at article 17 of this minute.

MORSE COMMUNITY ELECTRONIC PATIENT RECORD EVALUATION AND CONTRACT RENEWAL - HSCP.24.030

22. The Board had before it the exempt appendices in respect of the Morse Contract renewal report.

The Board resolved:-

- (i) to note the recommendations approved at article 18 of this minute; and
- (ii) to note the information contained within the exempt appendix.

IJB INSIGHTS SESSION - 11 JUNE 2024

23. The Board had before it the date of the next IJB Insights Session as 11 June 2024.

The Board resolved:-

to note the date of the IJB Insights Session.

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7 May 2024

TOPIC SPECIFIC SEMINAR - 25 JUNE 2024

24. The Board had before it the date of the next Topic Specific Seminar as 25 June 2024.

The Board resolved:-

to note the date of the Topic Specific Seminar.

INTEGRATION JOINT BOARD - 9 JULY 2024

25. The Board had before it the date of the Integration Joint Board meeting as 9 July 2024.

The Board resolved:-

to note the date of the next meeting.

- **COUNCILLOR JOHN COOKE, Chair.**

Integration Joint Board - Attendance Record 2024

		<table border="1" style="float: right; margin-left: auto;"> <tr><td>Present</td></tr> <tr><td>Substitute</td></tr> <tr><td>Apologies</td></tr> <tr><td>Absent</td></tr> </table>						Present	Substitute	Apologies	Absent
Present											
Substitute											
Apologies											
Absent											
Name	Organisation	06-Feb-24	26-Mar-24	07-May-24	09-Jul-24	24-Sep-24	19-Nov-24				
Cllr John Cooke – Chair	ACC voting member										
Hussein Patwa - Vice Chair	NHSG voting member										
Cllr Christian Allard	ACC voting member	Sub Cllr Fairfull		Sub Cllr Radley							
Professor Bhattu	NHSG voting member										
Cllr Jennifer Bonsell	ACC voting member										
June Brown	NHSG voting member										
Mark Burrell	NHSG voting member										
Cllr Lee Fairfull	ACC voting member	Last meeting									
Cllr Martin Greig	ACC voting member										
Jim Currie	ACC Union Representative										
Jamie Donaldson	NHSG Staff Representative										
Jenny Gibb	NHSG Nursing Representative										
Christine Hemming/Steven Close	Senior Leadership Team - Medicine and Unscheduled Care	CH		CH							
Maggie Hepburn (ACVO)	Third Sector Representative										
Dr Caroline Howarth	Clinical Director										
Phil Mackie	NHSG Depute Director of Health										
Sandra MacLeod	Chief Officer	Last Meeting									
Shona McFarlane	Carer Representative										
Paul Mitchell	Chief Finance Officer										
Fiona Mitchelhill	Chief Officer		First Meeting								
Alison Murray	Carer Representative	Last Meeting									
Graeme Simpson	ACC, Chief Social Work Officer										

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Risk, Audit and Performance Committee

Minute of Meeting

Tuesday, 4 June 2024

10.00 am Virtual - Remote Meeting

ABERDEEN, 4 June 2024. Minute of Meeting of the RISK, AUDIT AND PERFORMANCE COMMITTEE. Present:- Councillor Martin Greig Chairperson; and June Brown, Councillor John Cooke, Hussein Patwa, Jamie Dale, Anne MacDonald (Audit Scotland), Alison MacLeod, Paul Mitchell, Shona Omand-Smith and Claire Wilson.

Also in attendance: Jess Anderson, Graham Lawther, Calum Leask, Judith McLenan, Alison Penman and Steven Stark.

Apologies: Michael Oliphant (Audit Scotland).

The agenda and reports associated with this minute can be found [here](#).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

WELCOME

1. The Chair welcomed everyone to the meeting and advised that this would be the last RAPC meeting for Paul Mitchell, Chief Finance Officer, before he retired from ACHSCP. On behalf of the Committee, the Chair thanked him for his professionalism and wished him well for the future.

DECLARATIONS OF INTEREST OR TRANSPARENCY STATEMENTS

2. There were no Declarations of Interest or Transparency Statements.

EXEMPT BUSINESS

3. There was no exempt business.

MINUTE OF PREVIOUS MEETING OF 2 APRIL 2024

4. The Committee had before it the minute of its previous meeting of 2 April 2024, for approval.

RISK, AUDIT AND PERFORMANCE COMMITTEE

4 June 2024

The Committee resolved:-

to approve the minute as a correct record.

BUSINESS PLANNER

5. The Committee had before it the planner of committee business, as prepared by the Chief Finance Officer.

The Committee resolved:-

- (i) to note the reasons outlined for the deferral, transfer and removal of the reports at lines 12 (Review of Financial Governance), 13 (Local Update on the full Mental Welfare Commission report) and 14 (Quarter 4 (2023/24) Financial Monitoring Report) respectively; and
- (ii) to otherwise agree the Planner.

REVIEW OF DUTIES AND YEAR END REPORT - ANNUAL REVIEW OF RAPC - HSCP.24.038

6. The Committee had before it a review of reporting for 2023/24 and an early draft of the intended schedule of reporting for 2024/25, providing assurance that the Committee was fulfilling all the duties as set out in its terms of reference.

The Strategy and Transformation Lead introduced the report.

The report recommended:-

that the Committee note the content of Appendix A of the report – Risk, Audit and Performance Duties report.

The Committee resolved:-

to note the information provided.

DIRECTIONS TRACKER - HSCP.24.035

7. The Committee had before it a report prepared by the Strategy and Transformation Lead in respect of a six-monthly update on the status of Directions made by the IJB to Aberdeen City Council and NHS Grampian.

The report recommended:-

that the Committee note the detail and updates attached at Appendix A of the report.

The Committee resolved:-

RISK, AUDIT AND PERFORMANCE COMMITTEE

4 June 2024

- (i) to note that an end-of-project report in respect of the Navigator Project would be presented to the Committee on 10 September 2024; and
- (ii) to otherwise note the information provided.

APPROVAL OF UNAUDITED ACCOUNTS - HSCP.24.039

8. The Committee had before it the unaudited final accounts for 2023/24, prepared by the Chief Finance Officer.

The report recommended:-

that the Committee consider and comment on the Unaudited Final Accounts for 2023/24 at Appendix A of the report.

The Committee resolved:-

to note the Unaudited Final Accounts for 2023/24.

INTERNAL AUDIT UPDATE REPORT - HSCP.24.042

9. The Committee had before it an update report prepared by the Chief Internal Auditor on Internal Audit's work. Details were provided of the progress against the approved Internal Audit plans, audit recommendations follow up, and other relevant matters.

The report recommended:-

that the Committee:

- (a) note the content of the RAPC - Internal Audit Update Report June 2024 ("the Internal Audit Update Report"), as appended at Appendix A of the report, and the work of Internal Audit since the last update; and
- (b) note the progress against the approved 2023/24 Internal Audit Plan as detailed in the Internal Audit Update Report.

The Committee resolved:-

to note the information provided.

INTERNAL AUDIT ANNUAL REPORT - HSCP.24.032

10. The Committee had before it the Internal Audit Annual Report for 2023/24 prepared by the Chief Internal Auditor.

The report recommended:-

that the Committee:

RISK, AUDIT AND PERFORMANCE COMMITTEE

4 June 2024

- (a) note the Internal Audit (IA) Annual Report 2023/24 as detailed in Appendix A of the report;
- (b) note that the Chief Internal Auditor had confirmed the organisational independence of Internal Audit;
- (c) note that there had been no limitation to the scope of Internal Audit work during 2023/24; and
- (d) note the progress that management had made with implementing recommendations agreed in Internal Audit reports.

The Committee resolved:-

to note the information provided.

PRIMARY CARE IMPROVEMENT PLAN UPDATE - HSCP.24 036

11. The Committee had before it an update in respect of the progress implementing the Primary Care Improvement Plan (PCIP). The Primary Care Improvement Plan Programme Manager introduced the report and responded to questions from Members.

The report recommended:-

that the Committee

- (a) note the update presented on the PCIP, as outlined in the report; and
- (b) note that the annual PCIP Update report was presented to the meeting of the Integration Joint Board at its meeting on 28 November 2023.

The Committee resolved:-

to note the information provided.

QUARTERLY PERFORMANCE REPORTS AGAINST THE DELIVERY PLAN - HSCP.24.034

12. The Committee had before it a report providing assurance and updating on progress of the Delivery Plan as set out within the ACHSCP Strategy Plan for 2022-2025.

The Transformation Programme Manager spoke to the report and highlighted that updated metrics had been integrated into the Delivery Plan Dashboard in respect of Mental Health & Learning Disability Inpatient, Specialist Services and Child and Adolescent Mental Health Services in order to ensure effective oversight and to ensure inclusion of key performance targets for ACHSCP and pan-Grampian services.

RISK, AUDIT AND PERFORMANCE COMMITTEE

4 June 2024

The Programme Manager introduced the Lead for Mental Health & Learning Disability (MHLD) Inpatient, Specialist Services and Child and Adolescent Mental Health Services (CAMHS) who presented additional context in relation to the changes.

At this juncture, Hussein Patwa advised that he had a connection in relation to the item by virtue of being a Member of the Diverse Experiences Advisory Panel, however having applied the objective test, he did not consider that he had an interest and would not be withdrawing from the meeting.

The report recommended:-

that the Committee note the Delivery Plan Quarter 4 Summary, the Tracker and Dashboard as appended to the report.

The Committee resolved:-

- (i) to note the transparency statement from Hussein Patwa; and
- (ii) to otherwise agree the recommendation.

DATE OF NEXT MEETING - 10 SEPTEMBER 2024

13. The Committee had before it the date of the next meeting: Tuesday 10 September 2024 at 10am.

The Committee resolved:-

to note the date of the next meeting.

- **COUNCILLOR MARTIN GREIG, Chair.**

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CLINICAL AND CARE GOVERNANCE COMMITTEE

ABERDEEN, 18 June 2024. Minute of Meeting of the CLINICAL AND CARE GOVERNANCE COMMITTEE. Present:- Mark Burrell Chairperson; and Councillors Christian Allard and Jennifer Bonsell.

In attendance:- Caroline Howarth, Claire Wilson, Sophie Beier, Rachael Little, Jane Gibson, Julie Warrender and Mark Masson (Clerk).

Please note that if any changes are made to this minute at the point of approval, these will be outlined in the subsequent minute and this document will not be retrospectively altered.

WELCOME AND APOLOGIES

1. The Chairperson welcomed everyone to the meeting.

Apologies for absence were intimated on behalf of Professor Bhatti, Lynn Morrison, Shona Omand-Smith and Graeme Simpson.

The Chairperson advised that Professor Bhatti had resigned from NHS Grampian Board and had taken up a new role in University of Aberdeen, therefore he would be stepping down as an IJB member on the Committee.

DECLARATIONS OF INTEREST AND TRANSPARENCY STATEMENTS

2. There were no declarations of interest or transparency statements intimated.

MINUTE OF PREVIOUS MEETING OF 27 FEBRUARY 2024, FOR APPROVAL

3. The Committee had before it the minute of its previous meeting of 31 October 2023, for approval.

The Chairperson made reference to article 3 of the minute relating to Abortion Care For Patients in Moray, Aberdeen City and Aberdeenshire, and advised that he had still to receive a response from his counterpart in Moray IJB seeking assurance that a clear governance process would be established for abortion care services across Grampian.

Caroline Howarth indicated that she had contacted the Gynaecology Abortion Lead who had provided an update in this regard, advising that:-

- the majority of women were having early medical abortions at home, with 10-15% of women required to travel to the Health Village or Aberdeen Royal Infirmary (ARI) for in-patient medical terminations;

CLINICAL AND CARE GOVERNANCE COMMITTEE

18 June 2024

- patients were required to self refer to the Health Village, then they would receive a video/telephone consultation with one of the Sexual Health Doctors to determine the correct pathway;
- if patients required a scan, four radiology scan slots per week were available at Dr Gray's hospital;
- Dr Gray's Pharmacy had agreed to supply the home termination packs and that would go live in July 2024; and
- further discussions relating to in-patient medical terminations were being held with the new part-time Consultant Paediatrician who started in April 2024.

The Committee resolved:-

- (i) to approve the minute;
- (ii) to note the information provided in relation to Abortion Care Services in Moray; and
- (iii) to note that the Chairperson would prompt his counterpart in Moray IJB for a response to his letter.

BUSINESS PLANNER

4. The Committee had before it their Business Planner for consideration.

Caroline Howarth advised that discussions would be held at the Joint Clinical and Care Governance (Group/Committee) meeting this afternoon, regarding the risks which the partnership were facing, which may generate more detailed reports being submitted to the Committee in future.

The Committee resolved:-

to note the planner.

CCG GROUP MONITORING REPORT - UPDATE - HSCP24.044

5. The Committee had before it a report by Caroline Howarth and Sophie Beier which presented data and information to provide assurance that operational activities were being delivered and monitored effectively and that patients, staff and the public were being kept safe whilst receiving high quality service from Aberdeen City Health and Social Care Partnership (ACHSCP). The full sector reports were appended to the report.

The report recommended:-

that the Committee note the contents of the report and provide comments and observations on the information contained within the report and in appendices A and B.

CLINICAL AND CARE GOVERNANCE COMMITTEE

18 June 2024

Caroline Howarth provided an overview of the report, making reference to the new report format and a new sector report from the hosted in-patient mental health sector, which was a welcome addition.

Caroline advised:-

- that there was a 2.9% increase in adverse events, mainly due to people getting better at reporting them;
- that there was an increase in reporting abusive behaviour, particularly in frailty;
- that most of the risks identified in the Risk Register, which was also attached, were associated with financial constraints, recruitment difficulties and delays;
- that there was an ongoing issue relating to staff wellbeing and workload;
- that seven risks were downgraded; and
- that two risks had increased and related to the provision of the 24 hour/7 days a week complex care packages and provider fragility due to the Care Inspectorate grades and large scale investigations.

During discussion it was acknowledged that consistency was required in relation to the terminology around Primary Care GP 'Closed Lists', referring to these as 'informally managed lists' instead.

Caroline responded to questions relating to Pharmacy staffing levels and priorities regarding Pharmacy maternity/paternity leave.

In response to a question by the Chairperson relating to the issues surrounding duty of candour in the Care Home System, specifically the poor documentation and communication outlined within the report, Claire Wilson advised that a report would be submitted to this Committee regarding details pertaining to ongoing Large Scale Investigations and also details relating to an increase in Case Learning Reviews.

The Committee resolved:-

- (i) to note that a report on Learning Reviews would be submitted to the next meeting of the Committee in October 2024; and
- (ii) to otherwise note the report.

LONG COVID PROJECT IN NHS GRAMPIAN - HSCP24.045

6. With reference to article 6 of the minute of meeting of 18 April 2023, the Committee had before it a report by Carrie Stephen, Programmes Lead and Lynn Morrison, Lead for Allied Health Professions and Specialist Rehabilitation Services which provided an update on the status of the Long COVID Project in NHS Grampian.

The report recommended:-

that the Committee note the updates provided in the report.

CLINICAL AND CARE GOVERNANCE COMMITTEE

18 June 2024

The report (a) made reference to the temporary funding allocated to NHS Grampian by the Scottish Government to develop pathways of care to support those living with Long Covid; (b) advised that the level of funding available and the temporary nature of it impacted on what could be achieved in that time period and there was an expectation from the Scottish Government to have clear exit plans for sustainable pathways at the end of the three year funding commitment; (c) provided details on the Long Covid pathway for adults which went live in October 2023 indicating that 136 referrals had been received; (d) indicated that the children and young people's pathway went live in March 2024, although data was not yet available; (e) explained that local and national governance was being reviewed for 2024/25 to ensure transition to operational business was usual where appropriate; and (f) advised that priorities for 2024/25 were the data and evaluation workstream, and developing exit strategies given there was no funding confirmed beyond March 2025.

Carrie Stephen provided a summary of the report and responded to questions from members.

The Committee resolved:-

- (i) to note that Carrie Stephen would endeavour to circulate details relating to the average length of stay on the long covid pathway, the number of people discharged and whether there was capacity for taking new people; and
- (ii) to otherwise approve the recommendation contained within the report.

ITEMS WHERE ESCALATION TO IJB IS REQUIRED

7. The Committee considered whether any items required escalation to the IJB.

The Committee resolved:-

that no items be escalated to the IJB; and

- **MARK BURRELL, Chairperson**

A	B	C	D	E	F	G	H	I	J
INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2024 Meetings									
9 July 2024									
5	Standing Item	Video Presentation: TLC Aberdeen	To note the regular video presentation from a choice of partner organisations.						
6	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer.	HSCP.24.046	Roz Harper	Fiona Mitchelhill	ACHSCP		
7	07.05.2024	New Patient Representative members	To seek approval of the appointment of three new Service User Representatives for a three-year term from July 2024 to July 2027.	HSCP.24.052	Grace Milne	Alison MacLeod, Strategy and Transformation	ACHSCP		
8	04.11.2022	IJB Scheme of Governance Annual Review	To present the revised Scheme of Governance and seek approval of the revised Standing Orders and Terms of Reference. This is an annual review, previously presented on 7 June 2022 and 25 April 2023.	HSCP.24.048	Jess Anderson/John Forsyth/Vicki Johnstone	Jenni Lawson	ACHSCP		
9	05.04.2024	Refreshed LOIP and Locality Plans	To seek endorsement of the refreshed LOIP and Locality Plans.	HSCP.24.043	Iain Robertson	Alison MacLeod	ACHSCP		
10	25.04.2023	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan	To note the published national Suicide Prevention Strategy and Action Plan and to provide assurance on activities locally. This was last presented to the IJB on 25 April 2023, when Members instructed the Chief Officer to provide an update on progress annually.	HSCP.24.049	Kevin Dawson / Jennifer Campbell	Alison MacLeod and Kevin Dawson	ACHSCP		
11	03.04.2024	Evaluation of Aberdeen City Vaccination and Wellbeing Hub	To provide an evaluation of the first year of the Aberdeen City Vaccination and Wellbeing Hub and to seek approval for its ongoing provision.	HSCP.24.047	Caroline Anderson	Fiona Mitchelhill	ACHSCP		
12	04.01.2024	Market Position Statement 2024-2034 on Independent Living and Specialist Housing Provision	To seek approval of the document, outline accommodation requirements for the City and to provide strategic direction.	HSCP.24.050	James Maitland	Alison MacLeod, Strategy and Transformation	ACHSCP	D	This report will be presented to the September meeting of the IJB. This will enable further dialogue with partners to maximise alignment across partners' strategic plans.
24 September 2024									
14	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP		
15	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations						
16		ACHSCP Annual Report	To seek approval of the ACHSCP Annual Report		Alison MacLeod / Calum Leask	Alison MacLeod	ACHSCP		
17	07.09.23	Strategic Risk Register	To present an updated version of the Integrated Joint Board's (IJB) Strategic Risk register.		Martin Allan	Martin Allan	ACHSCP		
18	28.06.2024	ACHSCP Budget Protocol	To present the IJB Budget Protocol for approval		Sarah Gibbon	Alison MacLeod	ACHSCP		
19	10.10.23	Strategic Review of Neuro Rehabilitation Pathway - Phase 1 Evaluation	On 10 October 2023 IJB agreed to instruct the Chief Officer to report an evaluation of Phase 1 to the Integration Joint Board in August 2024 before Phase 2 commences.		Tracey MacMillan/ Lynn Morrison/ Jason Nicol	Lynn Morrison	ACHSCP		
20	22.08.2023	Memorandum of Understanding with Public Health Scotland	To instruct the Chief Officer to provide a progress report on the strategic partnership agreement at a meeting of the Integration Joint Board in 2024 (agreed on 22 August 2023).		Fraser Bell	Fiona Mitchelhill	ACHSCP		
21	27.05.2024	North East Population Alliance	At its meeting of 23 August 2023, the Council agreed that Aberdeen City Council be a signatory to the strategic partnership agreement and requested the Chief Executive to provide Council with an annual progress report on the strategic partnership agreement.		Martin Murchie	Data Insights	ACC Corporate Services		
19 November 2024									
23	Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP		
24	Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations						
25	16.08.22	Fast Track Cities	To provide an annual update on the actions against the action plan submitted to the Integration Joint Board (IJB) on 21 January 2020. This is an annual report. Presented to IJB on 30 August 2022 and 10 October 2023.		Daniela Brawley / Lisa Allerton	Sandy Reid			
26	23.09.21	Primary Care Improvement Plan Update	Annual update report. HSCP.23.070 reported to IJB on 10 October 2023.		Emma King / Alison Penman	Emma King	ACHSCP		
27		Health and Social Care Partnership Meeting Dates 2025-26	To seek approval of the Integration Joint Board (IJB), Risk Audit and Performance Committee (RAPC) and Clinical and Care Governance Committee (CCGC) meeting dates for 2025-26.		Emma Robertson	Jenni Lawson	ACC		

A	B	C	D	E	F	G	H	I	J
INTEGRATION JOINT BOARD BUSINESS PLANNER - The Business Planner details the reports which have been instructed by the Board as well as reports which the Functions expect to be submitting for the calendar year.									
Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
29.11.22	Climate Change Project and Reporting	To seek approval for the submission of the climate change report to the Scottish Government on 30 November 2024.		Sophie Beier	Alison MacLeod	ACHSCP			
01.11.2023	Chief Social Work Officer's Annual Report	To inform Members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on the delivery of statutory social work services and decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City. Last presented to IJB on 5 December 2023.		Graeme Simpson	Eleanor Sheppard	ACC			
Standing Item	Audited Accounts	To seek approval of the Audited Final Accounts for 2023/24.		Kenny Low	Chief Finance Officer	ACHSCP	Date TBC		
07.05.2024	Draft Strategic Plan	At the IJB on 7 May 2024, Members agreed to add the following reports to the Planner: (1) Draft Strategic Plan on 19 November 2024 and (2) Final Strategic Plan on 18 March 2025.		Alison MacLeod	Alison MacLeod	ACHSCP			
4 February 2025									
Standing Item	Chief Officer Report	To provide a regular update from the Chief Officer		Roz Harper	Fiona Mitchelhill	ACHSCP			
Standing Item	Video Presentation	To note the regular video presentation from a choice of partner organisations							
28.09.23	Aberdeen City Vaccination Centre - Priority Intervention Hub - extension of lease	On 5 December 2023 the IJB agreed to approve the extension of the current lease of the Aberdeen City Vaccination Centre at Unit 19 Bon Accord Aberdeen for a further year from 10 May 2024 until 9 May 2025.		Caroline Anderson	Sandy Reid	ACHSCP/ ACVC			
31.01.2023	Carers' Strategy	To provide an update and annual review of the strategy approved by IJB on 31 January 2023. Members agreed on 31.01.23 to instruct the Chief Officer of the IJB to report back on progress with the Carer Strategy and Action Plan annually. Reported to IJB on 6 February 2024.		Stuart Lambertson/ Grace Milne	Alison MacLeod	ACHSCP			
Standing Item	Annual Procurement Workplan 2025/202	To present the Annual Procurement Work Plan for 2025/26 for expenditure on social care services, together with the associated procurement Business Cases and Grant funding arrangements, for approval.		Neil Stephenson / Shona Omand-Smith	Fiona Mitchelhill	ACC			
26.03.2024	GP Vision Update	On 26 March 2024, the IJB resolved to instruct the Chief Officer to report back to the Integration Joint Board by end of March 2025 with a progress update on the implementation of the vision and objectives.		Alison Chapman/ Emma King	Fraser Bell	ACHSCP			
07.05.2024	Marywell and Timmermarket Integrated Service Review	At the IJB on 7 May 2024, members resolved to instruct the Chief Officer to proceed with an options appraisal and report back to the meeting of the IJB scheduled for 4 February 2025, outlining the future trajectory of the Marywell Practice.		Susie Downie / Emma King / Teresa Waugh / Clair Ross / Simon Rayner	Emma King and Kevin Dawson	ACHSCP			
18 March 2025 (Budget)									
Standing Item	IJB Budget - Medium Term Financial Framework	To approve the Budget.		Kenny Low	Chief Finance Officer	ACHSCP			
07.05.2024	Final Strategic Plan	At the IJB on 7 May 2024, Members agreed to add the following reports to the Planner: (1) Draft Strategic Plan on 19 November 2024 and (2) Final Strategic Plan on 18 March 2025.		Alison MacLeod	Alison MacLeod	ACHSCP			
2025 and dates TBC									
30.11.22	Biennial Progress report on delivery of our Equality Outcomes and Mainstreaming Framework	To approve publication and submission of the report to the Equality and Human Rights Commission This is a statutory obligation to report on progress every two years after approval; reported in May 2021 and April 2023 (HSCP.23.024)		Alison Macleod	Alison MacLeod	ACHSCP	Expected Spring 2025		
22.08.23	Rosewell House - Evaluation	On 22 August 2023 IJB agreed: (1) to approve an extension of the integrated facility at Rosewell House to 31 December 2025; and (2) Request a further report to be brought in Summer 2025 to determine the future direction of Rosewell House with consideration given to the next iteration of the Partnership's Strategic Plan.		Calum Leask / Fiona Mitchelhill	Alison MacLeod and Fiona Mitchelhill	ACHSCP	Summer 2025		
Standing Item	Annual Resilience report - Inclusion of Integration Joint Boards as Category 1 Responders under Civil Contingency Act 2004	To provide information of the inclusion of IJB's as Category 1 Responders, in terms of the Civil Contingencies Act 2004 and an outline of the requirements that this inclusion involves. Annual report, last considered at IJB on 7 May 2024		Martin Allan	Martin Allan	ACHSCP	May-25		
22 March 2024	Outcome of IJB Culture Research Project	Presented to the IJB on 7 May 2024 - suggestion to recommission in 12-18 months.		Alison MacLeod	Alison MacLeod	ACHSCP			

	A	B	C	D	E	F	G	H	I	J
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2	Date Created	Report Title	Minute Reference/Committee Decision or Purpose of Report	Report Number	Report Author	Lead Officer / Business Area	ORGANISATION ACHSCP/ACC/NHSG	Update/Status	Delayed/ Deferred or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
48	Standing Item	Progress on EOMF and Review of Equality Outcomes			Alison Macleod	Alison MacLeod	ACHSCP	May-25		
49	01.05.2024	Vaccine Uptake	Annual paper on Vaccine Uptake across all programmes and particularly the Childhood Immunisations Improvement Action Plan.		Caroline Anderson/ Jo Hall	Sandy Reid	ACHSCP/ ACVC	TBC April/May 2025		
50	07.05.2024	Morse Community Electronic Patient Record Evaluation and Contract Renewal	On 7 May 2024, Members agreed : (i) to note the Morse Evaluation appended at Appendix B of the report; and (ii) to approve a further three year contract with Cambric, running from October 2024, to supply Morse as an Electronic Patient Record for Community Nursing, Hospital at Home, Macmillan Nursing, Health Visiting and School Nursing Services		Michelle Grant	Alison MacLeod, Strategy and Transformation	ACHSCP	TBC May 2027		

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Topic Specific Seminars April 2024 – March 2025

(NB: all 1000-1200, online only)

Date	Topic	Lead Officer	Comments
23.04.24	MORSE (10-11) / Marywell (11-12)	Michelle Grant/Teresa Waugh	Item going to IJB 07.05.24
25.06.24	Budget Update on work on reducing Prescribing Spend (10-11) Health and Care Staffing Act (11-12)	Paul Mitchell Caroline Howarth Sandy Reid	Suggested by CO New Legislation – Service Update
03.09.24	Annual Performance Report Microsoft Strategic Risk Register	Alison MacLeod Fraser Bell Martin Allan	Item going to IJB 24.09.24 Item going to IJB 24.09.24 Item going to IJB 24.09.24
05.11.24	Strategic Plan for Public Consultation	Alison MacLeod	Item going to IJB 19.11.24
14.01.25	TBC	TBC	Item going to IJB 04.02.25
11.03.25	MTFF and Strategic Delivery Plan	Paul Mitchell/Alison MacLeod	Item going to IJB 18.03.25

IJB Insights April 2024 – March 2025

(NB: all 1000-1400, hybrid)

Date	Topics	Lead Officer	Comments
16.04.24	Culture	Alison MacLeod	Standing Agenda Item
	Primary Care	Emma King/Caroline Howarth	Requested Topic (NB: after 1130)
	Annual Performance Report (Timeline & Approach)	Alison MacLeod	
	Strategic Plan (Timeline & Approach)	Alison MacLeod	
	New Chief Officer	Fiona Mitchelhill	
11.06.24	Culture	Alison MacLeod	Standing Agenda Item
	Annual Performance Report	Alison MacLeod	
	Development of new Strategic Plan	Alison MacLeod	
	National Care Service	Fraser Bell	
	Climate Change	Alison MacLeod	Rescheduled from previously (query timing)
17.09.24	Culture	Alison MacLeod	Standing Agenda Item
	Development of new Strategic Plan	Alison MacLeod (Stuart)	
	Code of Conduct	Jess Anderson/Vicki Lawson	
	Carers Support Contract Renewal	Alison MacLeod (Grace)	
	Budget Setting Protocol	Kenny Low	
29.10.24	Culture	Alison MacLeod	Standing Agenda Item
	Health Improvement Fund	Alison MacLeod (Iain)	
	Social Care and Criminal Justice?	Claire Wilson	Requested Topic rescheduled from April
	Frailty?		One remaining request from Vice Chair's list
28.01.25	Culture	Alison MacLeod	Standing Agenda Item
	Climate Change?		
	Sport Aberdeen?		
18.02.25	Culture	Alison MacLeod	Standing Agenda Item



INTEGRATION JOINT BOARD

Date of Meeting	9 th July 2024
Report Title	Chief Officer's Report
Report Number	HSCP.24.046
Lead Officer	Fiona Mitchelhill
Report Author Details	Roz Harper Executive Assistant rosharper@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	None
Terms of Reference	5

1. Purpose of the Report

The purpose of the report is to provide the Integration Joint Board with an update from the Chief Officer.

2. Recommendations

2.1. It is recommended that the Integration Joint Board/Committee:

- a) Notes the detail contained within the report.



INTEGRATION JOINT BOARD

3. Strategic Plan Context

The Chief Officer's report highlights areas relevant to the overall delivery of the Strategic Plan.

4. Summary of Key Information

Local Updates

1. Rosewell House

Rosewell House is a 60-bedded care facility in Aberdeen. The main admission routes for Rosewell House were from the frailty pathway (40 beds) or from the Rehabilitation pathway (20 beds). 30 of the frailty beds were aligned to Aberdeen City and 10 frailty beds were commissioned by Aberdeenshire Health and Social Care Partnership (HSCP) until 31 March 2024. All 40 frailty beds are now aligned to Aberdeen City Health and Social Care Partnership (ACHSCP).

In February 2024, the IJB considered the Supplementary Procurement Workplan 2024/25 which outlined challenges in securing sustainable staffing and medical cover from October 2023 in respect of the 20 rehabilitation beds. Bon Accord Care (BAC) subsequently intimated their intention to withdraw from Rosewell House. The Supplementary Procurement Workplan included changes to the contract with Bon Accord Care having regard to their withdrawal of service provision within Rosewell House. The IJB approved the Supplementary Procurement Workplan and made new Directions. The completion date for BAC withdrawal from Rosewell House is 1st July 2024. It's important to note that there will be no adverse effect on delayed discharges, the 20 rehabilitation beds were not used in this capacity.

BAC and ACHSCP have worked closely to ensure a smooth transition and continuity of care over the remaining 40 beds aligned to the frailty pathway and to the transfer of staff from BAC to NHS Grampian into this pathway. Both BAC and ACHSCP continue to work together develop the rehabilitation service at Clashieknowe and other community settings in a manner that mitigates the impact of the closure of the 20 rehabilitation beds and to meet current and future need.

The change in use of beds at Rosewell House offers an opportunity to ACHSCP and partners to reconsider the use of the facility in the context of other assets in the city and the desire to seek best value for the residents of Aberdeen city. Over the course of the next 12 months, options associated with the use of Rosewell House will be considered and reported back to the IJB, as required with any recommendations.

2. Woodlands Care Home

The contract with Woodlands Care Home to provide emergency discharge beds ended on the 31st May 2024. There will continue to be 2 dedicated interim beds in Deeside Care Home until March 2025. Bon Accord Care will also continue to provide interim and respite beds to support the citizens of Aberdeen.



INTEGRATION JOINT BOARD

Given the emergency discharge beds will no longer be in place, there will be an impact on delayed discharge, to mitigate this, the team are working closely with acute leads and providers to ensure optimum flow out of hospital and increasing the use of tec enabled care to enable safe discharge. We are also working with Community Multi-Disciplinary Team colleagues to develop a more collaborative, Whole System Approach where Enhanced Community Support Huddles are utilised to discuss patients who may be suitable for home-based support rather than remaining in hospital for bed-based rehabilitation

3. Complex Care – Stoneywood

Works have now commenced onsite, with site set up enabling ground works. Roads statutory approvals are nearing conclusion and main utility connections are progressing. Over the next period, plot setting out works, foundation pouring and roads access into the site will move forward. The complex care facility will better meet the needs and outcomes of people with complex needs and aims to be operational by December 2025. The main driver behind this development is the reduction of out of area residential placements and inappropriate hospital stays. This will ensure that people are receiving the right care, in the right place, at the right time, simultaneously providing whole system savings, as bed days are released.

4. Contract Monitoring: Adult Social Care

The Social Care Contract Routine Annual Monitoring reports on residential and non-residential services were carried out in May 2024, with 102 contracts being monitored.

The purpose of contract monitoring is to ensure that the service is delivered as agreed, to appropriate quality standards and is providing value for money, and to allow a public body to manage any risks which may impact on a service provider's ability to deliver the service, or to deliver it to the required quality.

Overall, there are currently 154 Aberdeen City contracts across all services with the total contract value (TCV) being £599.14m. This includes the contracts held with Bon Accord Care and the Granite Care Consortium.

Of the 102 contracts that were monitored, 99 were deemed compliant with the requirements of the contract, which reflects value for money and delivery of a quality service in line with the terms and conditions of the agreed contract, 2 were non-compliant – both failed to meet Care Inspectorate grades, so enter non-compliance procedures and 1 provider is in “areas of concern” - failed to provide appropriate monitoring information. The results show compliance rising year-on-year.



INTEGRATION JOINT BOARD

5. Contract Monitoring: GP Practice Visits

The Primary Care team are in the process of completing the annual contract monitoring practice visits with all 27 GP practices across the city. The visits commenced on the 1st of May 2024 and will run until the 13th of August 2024. Once all the visits are completed, a report will be created with the main themes being fed into the appropriate Vision workstreams and communicated to the Grampian Vision Programme Board. An update will be provided in the September Chief Officer's report.

There will be a separate report for practice premises, attached as an appendix to the main report. The findings from the practice visits will be distributed across Grampian to primary care leads, to enable collaborative working on the actions where required. Once all parties have agreed, the findings will be shared with primary care representatives from the Scottish Government.

6. Forensic Mental Health Services - Specialist Mental Health & Learning Disability Services (Hosted MHLDS)

A report has been received from author Dr Daniel Bennett who provided a local response to the Scottish Government Independent Review of the Forensic Mental Health Services (Barron Report 2021). His report presents 19 recommendations to be addressed.

One of the main concerns is about the physical environment and infrastructure within the Blair Unit at Royal Cornhill Hospital. A Physical Environment and Improvement Board has now been convened and will take this forward. The Chief Executive Team and NHS Grampian Asset Management Group support immediate remedial backlog maintenance works, spend against an allocated £500k capital award, and endowment application.

7. Appointment of New Chief Finance Officer

The current Chief Finance Officer of Aberdeen City Health & Social Care Partnership (Paul Mitchell) retires on the 12th July. We wish Paul a long and happy retirement. Kenny Low has been appointed as the new Chief Finance Officer and joined Aberdeen City Health & Social Care Partnership on the 1st July 2024. Kenny previously worked as Finance Manager with NHS Grampian.

PUBLIC HEALTH: OUR SHIFT TO EARLIER INTERVENTION AND PREVENTION

8. Wellbeing Festival

The Wellbeing Festival has been a huge success across the city within excess of 150 activities hosted by more than 30 hosts. Those hosting have reported good footfall and interest in Aberdeen's latest festival and feel this paves the way for many more years of building on this year's success. We want to extend thanks to all hosts and delegates in supporting the festival. A summary of the impact and reach of the festival will follow in due course.



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9. Operational Leadership Team meetings (OLT) Meetings & Staff Wellbeing

OLT meetings continue on MS Teams three times per week. These meetings provide an opportunity for operational managers to escalate any service concerns, challenges and sharing of good practice. There is a short well-being session delivered weekly at these meetings for the managers to cascade to their teams, topics have included dealing with change, setting and reviewing personal goals as well as the promotion of the Well-being festival and this year's Gathering, which will be held on 28th September 2024.

Two very important topics, "stress & Burn out" and "Joy at Work" were discussed recently at one of our OLT meetings. The topics were highlighted by Professor Derek Feeley in his webinar with Alliance Scotland. It is highly recommended to invest an hour of your time in the webinar, as it emphasizes the significance of hope and joy in your professional life, ensuring that you provide the best possible care and support to your partners in care. You can access the webinar [here](#)

10. Learning Disabilities Week 2024 (LD Week)

The Partnership, Service Providers and supported individuals celebrated Learning Disability Awareness week from the 6th – 10 May 2024. The theme this year was "Digital Inclusion" and throughout the week there were a variety of showcasing examples shared, demonstrating how providers were enabling adults with Learning Disabilities to be digitally experienced and connected. Supported people spoke of their digital journeys and how they are enabled and empowered to live as independently and as safely as they can with support from a variety of technology enabled care devices/options.

The Vaccination Centre hosted the event, this worked well due to its accessibility, space and central location. With the development of Learning Disabilities health checks to be carried out in the hub in future, LD week was a great introduction to services users.

11. Obesity & Healthy Weight Management

At the last meeting of the IJB, the question of Aberdeen City Health & Social Care Partnership involvement on developing a Whole System Approach (WSA) to Obesity and Healthy Weight Management was noted. Aberdeen City Health & Social Care Partnership (ACHSCP) has been working alongside colleagues in Aberdeen City Council and NHS Grampian's Public Health Directorate to develop its existing work on promoting healthy weight management as part of its contribution to the Local Outcome Improvement Plan (LOIP), Stretch Outcome 3 (95% of all children (0-5 years) will reach their expected developmental milestones by the 27-30 month review by 2026).

Members of the Health Improvement Team have been working with colleagues in Education and the Health Determinants Research Collaborations (HDRC) in developing the Aberdeen City approach to delivering evidence informed actions within the Whole System Approach (WSA). A Short-Life Working Group to scope and lead the initial work on this is in development and an initial analysis of existing service contributions towards obesity and healthy weight management will take place after the summer break.



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Obesity and healthy weight management for adults is equally important, this is why it is also included in the Local Outcome Improvement Plan (LOIP), under Stretch Outcome 10 (Healthy life expectancy - time lived in good health) is five years longer by 2026. Aberdeen City Health & Social Care Partnership contributions towards Healthy Life Expectancy links closely to the broader prevention agenda which is being prioritised by ACHSCP. With the support of ACHSCP prevention lead (Phil Mackie), all service leads have started the process of understanding how city and hosted services can ensure that they are contributing towards healthier lives and healthier life expectancy. In addition, through the community planning partnership ACHSCP is seeking to actively contribute towards the broader shift towards preventative services to improve population health.

12. Aberdeen City Vaccination & Wellbeing Hub

Spring COVID Booster - The spring booster commenced on 1st April for the delivery of COVID Vaccines to over 75s and people aged 16-64 in the “at risk” category. This eligible co-hort totalled 22,522 people in Aberdeen. The programme was scheduled from 1st April – 30th June. As at end of May, 11,345 people had received their booster (50%). The programme has additional drop-in clinics in local communities planned during July to increase uptake within our priority neighbourhoods.

13. Childhood Vaccinations – Test of Change

Work is currently being developed around a test of change over the summer holidays to support increased uptake of childhood MMR and Booster Vaccines. A collaboration between Pre-school Immunisations, Health Visiting Service, Aberdeen City Council Children’s Services and various children’s voluntary organisations will see summer activity clinics held at the Aberdeen City Vaccination & Wellbeing Hub.

This model is based on a pilot carried out in Merseyside in 2013 to increase childhood immunisations against vaccine preventable disease. See link to further information [here](#)

The sessions will be co-produced and provide children’s activities plus additional support around cost of living, housing, social care, food and nutrition, health & wellbeing, to support children having the best start in life, focussing on early intervention and prevention.

Regional Updates

14. The Commissioning Academy

The Commissioning Academy had a great start with more than 150 people at the first session and 95 people at the second, where commissioning cycles and collaborative commissioning were the topics. The Commissioning Academy is a joint initiative across Grampian to help the social care sector understand and apply the themes of Ethical Commissioning. There are monthly sessions scheduled until March 2025, and we are learning and improving from each session, based on feedback.



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The concept of the commissioning academy came from Shona Omand-Smith, the Commissioning Lead for Aberdeen City HSCP. Shona has a background in nursing and social care, and she knows how difficult it is to keep up with the constant changes in policies, procedures and frameworks in the social care sector. To support the sector, Shona set up the Commissioning Academy, which follows a lunch and learn model. Delegates are invited to come along to the meetings, which happen on the last Tuesday of every month and focus on a different topic each time. An expert explains the topic in plain and easy language, without any jargon, followed by an opportunity for delegates to ask questions and talk about how they deal with the topic.

Shona hopes the Commissioning Academy will be a helpful network of people who work in health and social care and who want to learn and exchange ideas. Her vision is for it to become a source of ideas and innovations. The commissioning academy is open to anyone who wants to learn about relevant topics affecting social care, starting with the ethical commissioning principles, GIRFE (getting it right for everyone), and safer staffing legislation. Shona would like to see the Academy become a permanent feature.

15. GP Visioning Programme Update

The GP vision programme is moving into the implementation phase. During April and May we worked with colleagues from each Health & Social Care Partnership, Clinical Leads, NHS Grampian and Local Medical Committee to identify the resources necessary to progress each of the objectives. A Senior Responsible Officer, Deputy Senior Responsible Officer, Local Medical Committee / GP Sub Committee Representative, Project Lead and other key stakeholders for each of the objective workstreams have been identified.

Grampian-wide HSCP resource will deliver the first 5 objectives. These are: Data, Models of Contract, MDT (PCIP Review), Digital and Premises. The Implementation Programme board has been established, including Reporting Arrangements and Patient Participation. Regular meetings with the Scottish Government Primary Care representatives have been established to help deliver the models of contract objective. A Working group with leads from each work stream has also been established to provide space for addressing barriers and blockers and sharing of good practice across each objective.

National Updates

16. NHS Scotland Event 2024 – Planning for the Future: Delivering Health & Care Services through Innovation & Collaboration – 10th June 2024

A number of ACHSCP staff attended the above event in Glasgow to share some of the great work being undertaken in ACHSCP and learn more from others.



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Poster Presentations were provided by:

Craig Farquhar to promote Domestic Abuse Support Database – showcasing how TEC could play a role in supporting delivery of multi-agency services for people aged 18+ who experience domestic abuse within Aberdeen city.

Caroline Anderson & Stephen Main – to showcase the journey to “The Aberdeen City Vaccination & Wellbeing Hub” promoting the Integrated Priority Intervention Hub model.

Emma Dobson and Rachel Thompson to promote the Peep Healthier Families Programme – showcasing the approaches to support the tier 1 delivery of Child Height Weight programmes and healthier families peep toolkit.

There were further posters from NHS Grampian showcasing the Development of the Long COVID Service, Implementation of Treatment Escalation Plans (TEP) within NHS Grampian, Introducing the Palliative Oral Care Box in the Care Home Setting, NHS Grampian & Scottish Ambulance Service – Leading the Way Together & Experiences of AHP Consultants in the UK.

Two of our Staff, Caroline Anderson and Stephen Main also presented at a Parallel Session to over 80 delegates in the afternoon under the category of “Integrated Care – Working Innovatively and collaboratively to create health and social care communities”. The focus of the session was to:

- Showcase the Journey to the Aberdeen City Vaccination & Wellbeing Hub
- Raise awareness of how to create collaborative partnerships which enables people to access earlier support, self-management tools and social engagement to improve their health & wellbeing
- Increased awareness of “Making every Opportunity Count” to support early intervention & prevention with an audience of people attending the hub.

The session was very well received and subsequently 13 representatives from various NHS Boards, Health & Social Care Partnerships and voluntary organisations around Scotland have reached out for further information on the model or to arrange a visit to the hub. The event allowed ACHSCP to not only showcase it’s achievements but also informally influence national colleagues.

17. National Care Service (NCS) Update

The National Care Service (Scotland) Bill is currently at Stage 2 of the Scottish Parliament legislative process. At Stage 2, the government and MSPs can propose changes to the Bill (amendments). At the time of writing, it is understood that the Scottish Government intends to publish draft amendments to the NCS Bill in summer 2024. On publication of the draft amendments, the Aberdeen City National Care Service Board, chaired by the Chief Operating Officer, will scrutinise and engage with the process. The aim will be to ensure that any legislative change is developed in a manner that enables further improvement of local outcomes and does not cause unintended harm to progress made to date.



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18. Healthcare Improvement Scotland: Ageing and Frailty

Healthcare Improvement Scotland (HIS) have been consulting on their new [Ageing and Frailty standards](#). Phil Mackie (Public Health Consultant) and Shona Omand-Smith (Commissioning Lead) were on the steering group for development of these standards. A response has been submitted on behalf of Aberdeen City Health & Social Care Partnership (ACHSCP), with the overall response supporting what is outlined within the new standards, whilst acknowledging that support will be required to implement these in light of system and budget pressures.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

There are no direct implications arising from the recommendations of this report.

5.2. Financial

There are no direct financial implications arising from the recommendations of this report.

5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report.

5.5. Unpaid Carers

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

5.6. Information Governance

There are no direct information governance implications arising from the recommendations of this report.

5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.



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5.8. Sustainability

There are no direct sustainability implications arising from the recommendations of this report.

5.9. Other

There are no other direct implications arising from the recommendations of this report.

6. Management of Risk

The Chief Officer will monitor progress towards mitigating the areas of risk closely and will provide further detail to the IJB should she deem this necessary.

6.1. Identified risks(s)

There are no identified risks related to this report.



INTEGRATION JOINT BOARD

Date of Meeting	9 th July 2024
Report Title	Scheme of Governance Review 2024
Report Number	HSCP.24.048
Lead Officer	Fraser Bell, Chief Operating Officer
Report Author Details	Name: Jess Anderson Job Title: Team Leader, Regulatory and Compliance Team, Legal Services, Aberdeen City Council. Email Address: JeAnderson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	<ul style="list-style-type: none"> a. <i>Standing Orders</i> b. <i>Combined Terms of Reference (JB and RAPC only)</i> c. <i>Roles and Responsibilities Protocol</i> d. <i>Table of change to the Scheme of Governance</i> e. <i>IIA- Proportionality and Relevance Assessment.</i>
Terms of Reference	JB Terms of Reference

1. Purpose of the Report

1. The purpose of this report is to present the revised Scheme of Governance to the JB for comment and approval.



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2. Recommendations

2.1. It is recommended that the Integration Joint Board (IJB):

- a) Approves the revised Standing Orders for the IJB (as attached at Appendix A);
- b) Approves the revised Terms of Reference for the IJB and the Risk, Audit and Performance Committee (as attached at Appendix B);
- c) Notes that there will be a further review of the governance around Clinical and Care Governance and that this will be reported back to the IJB in November 2024;
- d) Approves the Roles and Responsibilities Protocol (as attached at Appendix C);
- e) Notes that the review of the IJB Carers and Service User Reps Expenses Policy will be completed once the new IJB reps are appointed and presented to the IJB for approval at the same time as the review referred to at c) above.
- f) Notes there are no changes to the Code of Conduct;
- g) Instructs the Chief Officer to upload the revised Scheme of Governance to the Aberdeen City Health and Social Care Partnership's (ACHSCP) website.

3. Strategic Plan Context

3.1. This report links to the Strategic Plan by setting out the governance framework in place for the IJB and its committees to monitor the implementation and progress of the Strategic Plan. This is achieved through clear Terms of Reference setting the remit of these decision making forums.

4. Summary of Key Information

The 'Scheme of Governance' is the name given to the suite of documents which set out how the IJB will operate and do business. The Scheme of Governance is comprised of the Standing Orders, Terms of Reference, Roles and Responsibilities Protocol, Carers Expenses Policy and Code of Conduct. The Scheme of Governance is reviewed on an annual basis, with any changes being



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presented to the IJB for approval. The IJB last approved changes to the Scheme of Governance in April 2023.

The proposed changes made to the Scheme of Governance and the rationale for these changes are set out in more detail below. Given the wide-ranging nature of these changes, there is also a summary document attached at Appendix D which lists the changes in an easy-to-read format.

Integration Scheme

The Integration Scheme (IS) is the legal document through which Aberdeen City Council and NHS Grampian (the Partner organisations) delegate functions to the IJB. The Public Bodies (Joint Working) (Scotland) Act 2014 makes it clear that the Integration Scheme is a document prepared and approved by the partner organisations, rather than by the IJB itself.

The IS was last reviewed by the Partner organisations in 2023 and was reported to the IJB in [April](#) 2023. It has not subject to a further review.

Standing Orders

The IJB's Standing Orders regulate the manner in which meetings of the IJB and its committees are managed. This includes the manner in which meetings are called, speaking at meetings and voting.

The IJB's Standing Orders have been amended to improve the clarity of the Standing Orders and to remove duplicate wording. These suggested changes are highlighted in the revised version at Appendix A. The most significant changes are:

- Altering the composition of the IJB voting members nominated by the NHS Board. Of the four health board members nominated by the NHS Board, at least two shall be non-executive directors (previously of the four members nominated by the NHS Board, three were non-executive directors and one an executive director).
- Changing the effective date of the revised Standing Orders to the day after they are approved at the IJB meeting.



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- Clarifying how a member of the IJB can resign their membership of the IJB (e.g. by giving the IJB's Chief Officer notice in writing).
- Insertion of Directors at the Council who have been added to circulation list for receiving draft reports for the IJB and IJB Committees
- Additional wording at Standing Order 13.2
- Additional wording at Standing Order 16.1
- Deletion of superfluous wording at Standing Order 18.6.

Terms of Reference

The Terms of Reference set out the remit and responsibilities of the IJB and its committees. The current Scheme of Governance sets out the terms of reference for the IJB, the Risk, Audit and Performance Committee (RAPC) and the Clinical Care and Governance Committee (CCGC) in one document, titled 'Terms of Reference'.

The Terms of Reference for the IJB and RAPC have been amended to provide clarity and direction to the IJB and the Committee on its function and remit. The main changes relate to the inclusion of a general power of the IJB to consider any matter delegated to it and expanding the terms of reference for RAPC by including more focussed direction to the Committee around Finance and Audit controls.

The Terms of Reference for the Clinical Care Governance Committee will be considered by the IJB at its meeting on 19th November 2024 to take into account the recent Internal Audit report on Hosted Services ([HSCP.24.020 Internal Audit Report - IJB Hosted Services.pdf \(aberdeencity.gov.uk\)](https://www.aberdeencity.gov.uk/HSCP.24.020%20Internal%20Audit%20Report%20-%20IJB%20Hosted%20Services.pdf)). That report noted that "Governance arrangements must be proportionate, but also provide the IJB with assurance that financial, strategic, operational, reputational, and other risks are adequately mitigated so that hosted services perform well and provide value for money". Further, the Care Inspectorate have launched a thematic review on the governance of social work in Scotland. It is hoped that any observations from that review feed into the further review of clinical care governance reporting. The output of the IJB governance review aims to map out existing assurances, identify improvements (where appropriate) and provide clarity around onward reporting for services delegated to the IJB under the IS including hosted services.

Roles and responsibilities Protocol



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The Roles and Responsibilities Protocol sets out the high-level duties and responsibilities of senior IJB officers – the Chief Officer, Chief Finance Officer, Chief Operating Officer and Medical Lead.

The document has been reviewed in consultation with these senior officers. There has been a minor change to the section for the Chief Operating Officer. Otherwise, the Roles and Responsibilities Protocol remains unchanged.

Code of Conduct

The IJB's Code of Conduct sets out the standards of conduct and behaviour expected from all IJB Members. The Code of Conduct was produced by the IJB and subsequently approved by the Scottish Ministers. It is based on the Model Code of Conduct issued by the Scottish Ministers.

The IJB's Code of Conduct has been reviewed by officers and no changes have been identified. The IJB's Code of Conduct remains appropriate and in line with Scottish Government guidance and the Model Code of Conduct. The Code of Conduct can be accessed [here](#).

Carers Expenses

The review of the IJB Carers and Service User Reps Expenses Policy has been delayed because the IJB is currently in the process of appointing new IJB Service User and Carer representatives and it is important that these new members are involved in this review. The review of the IJB Carers and Service User Reps Expenses Policy will be carried out once all the new members are in post in order to meaningfully engage with carer/service user reps and get their feedback for the review. A report on the review of the IJB Carers and Service User Reps Expenses Policy will be brought to the IJB once the review has been completed.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

The outcome of the test of proportionality and relevance is that the Scheme of Governance has a neutral to indirect positive impact on equalities. Please see the assessment attached at Appendix E for



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information. The Scheme of Governance is not setting policy, having an impact on service change or delivery but instead provides a framework against how the IJB operates and its decisions are made. As such a full impact assessment as it is not required.

5.2. Financial

There are no financial implications arising from the recommendations of this report.

5.3. Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4. Legal

The Terms of Reference set out the remit and responsibilities of the IJB and its committees. This is required under the IJB's Standing Orders. The Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014 sets out the requirements on the IJB in respect of its' Standing Orders. The existing (and revised) Scheme of Governance complies with this Order.

5.5. Unpaid Carers

There are no direct impacts on Unpaid Carers arising from this report. As note above, the Carers Expenses Policy shall be brought before the IJB at a later date, once all Service User and Carers Representatives have been recruited to the IJB, to allow for those representatives to be part of that review.

5.6. Information Governance

There are no direct information governance implications arising from the recommendations within this report.

5.7 Environmental Impacts



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There are no direct environmental implications arising from the recommendations of this report.

5.8 Sustainability

There are no impacts on sustainable development arising from this report.

6. Management of Risk

Risk Appetite Statement

6.1. Identified risks(s)

Regulatory Compliance Risk. The IJB has agreed that it will accept no, or low risk in relation to breaches of regulatory and statutory compliance;

- *The likelihood of occurrence of this type of risk is low.*
- *This is because the Scheme of Governance provides clarity around the governance of the IJB and how it conducts its business and makes decisions. Compliance with the Scheme is monitored by Aberdeen City Council's Legal Services, which in turn mitigates and reduces the risk around IJB governance specifically.*

To this end, the risk score provided against this risk is consistent with the Risk Appetite Statement.

Link to risks on strategic or operational risk register:

Risk Summary 4:

Cause: Performance standards/outcomes are set by national and regulatory bodies and those locally-determined performance standards are set by the board itself.

Event: There is a risk that the IJB, and the services that it directs and has operational oversight of, fails to meet the national, regulatory and local standards.

Consequence: This may result in harm or risk of harm to people.

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Aberdeen City Health & Social Care Partnership
A caring partnership

SCHEME OF GOVERNANCE

**Approved by the Aberdeen City Integration Joint Board, 9
July 2024**

ABERDEEN CITY INTEGRATION JOINT BOARD, SCHEME OF GOVERNANCE

1. Purpose and Interpretation

1.1 The Aberdeen City Integration Joint Board (“the IJB”) is the Integration Authority for Aberdeen City. It was delegated functions from NHS Grampian (NHSG) and Aberdeen City Council (“the Council”) in 2016 and is a separate legal entity. The delegated functions are set out in the IJB’s Integration Scheme. The IJB is responsible for the strategic planning of functions which have been delegated to it, and as such, issues Directions to both NHSG and the Council to deliver health and social care services to the people of Aberdeen.

1.2 This Scheme of Governance contains key governance documents which facilitate the way in which the IJB operates. It is one of the primary sources of assurance required to demonstrate the effectiveness of the IJB’s internal controls. It governs how the IJB makes decisions, business will be determined, meetings are conducted, the membership of the IJB, behaviours and conduct of IJB members and sets out the roles and responsibilities of key personnel around the IJB.

1.4 The Scheme of Governance comprises the following:

Document	Purpose
Aberdeen City Integration Scheme	Sets out the arrangements between the Council and the NHSG to delegate functions to the IJB in respect of adult social care and health care services.
Aberdeen City Integration Joint Board Standing Orders	Rules of procedure for meetings of the IJB and its committees.
Aberdeen City Integration Joint Board- Roles and Responsibilities	Explanation of the key roles within the Aberdeen City Health and Social Care Partnership (ACHSCP).
Aberdeen City Integration Joint Board- Code of Conduct	Rules governing conduct of IJB members.
Aberdeen City Integration Joint Board- Combined Terms of Reference for the IJB and its Committees	Powers reserved to the IJB and the decision making authority delegated by the IJB to its committees.



Aberdeen City Integration Joint Board Standing Orders

Date Created:	November 2022	
Version:	V 3.0	
Location:	Governance	
Author (s) of Document:	Jessica Anderson, ACC Legal Services	
Approval Authority	IJB	
Scheduled Review:	July 2025	
Effective Date:	10 July 2024	
Changes:	March 2023	July 2024

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1. Introduction

- 1.1 The Aberdeen City Integration Joint Board (“the IJB”) comprises voting representatives of Aberdeen City Council (“the Council”) and the Grampian NHS Board (“the NHS Board”) (“the constituent authorities”) and non-voting advisory representatives.
- 1.2 These Standing Orders are made under The Public Bodies (Joint Working) (Scotland) Act 2014 and the subordinate legislation¹ and any provision, regulation or direction issued by Scottish Ministers shall have precedence over anything written here in the event of any conflict.
- 1.3 These Standing Orders regulate the conduct and proceedings of the IJB and its committees.
- 1.4 All meetings of the IJB and its committees shall be regulated by these Standing Orders, which the IJB may amend as it so determines, except that all requirements of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 in relation to Standing Orders shall be met.
- 1.5 Any amendments to these Standing Orders shall be effective from the day following the day on which the changes were agreed.
- 1.6 Except where prohibited by statute, it shall be competent for any member at any time during a meeting to move the suspension of the whole or any specified part of these Standing Orders. Such a motion shall, if seconded, be put to the vote immediately without discussion.
- 1.7 A two thirds majority of voting members in attendance shall be required to suspend Standing Orders. For the avoidance of doubt, if the figure is not a whole number it shall be rounded up.
- 1.8 Standing Orders shall be reviewed by the IJB on an annual basis.
- 1.9 Non-material amendments can be made to Standing Orders by the Chief Officer, following consultation with the Chair and Vice Chair of the IJB, without the requirement to report to the IJB. Members shall be notified once such amendments have been completed.

2. Membership

- 2.1 The IJB shall include the following voting members:-
 - a. Four councillors nominated by the Council; and
 - b. Four health board members nominated by the NHS Board, of whom at least two shall be non-executive directors.

¹ The Public Bodies (Joint Working) (Integration Joint Boards) Scotland Order 2014/285

- 2.2 The IJB shall include the following non-voting members, with those at (d), (e) and (f) to be appointed by the NHS Board:-
- a. The Council's Chief Social Work Officer;
 - b. The IJB Chief Officer;
 - c. The IJB Chief Finance Officer appointed under S95 of the Local Government (Scotland) Act 1973;
 - d. A registered medical practitioner on the list of primary medical services performers prepared by the NHS Board;
 - e. A registered nurse employed by the NHS Board or by a person or body with which the NHS Board has a contract; and
 - f. A registered medical practitioner employed by the NHS Board and not providing primary medical services;
- 2.3 The IJB must appoint, in addition, at least one member, whom shall be non-voting, from each of the following groups:-
- a. Staff of the constituent authorities providing services under integration functions, of whom one shall be a trade union representative and one a partnership representative;
 - b. Third sector bodies carrying out activities related to health or social care in the Council area;
 - c. Service users living in the Council area; and
 - d. People providing unpaid care in the Council area.
- 2.4 The IJB shall appoint a Public Health Consultant employed by the NHS Board who shall be a non-voting member.
- 2.5 The IJB may appoint such additional (non- voting) members as it sees fit, but such members shall not be councillors or non-executive NHS Board members.

3. Appointment of the Chair and Vice Chair of the IJB

- 3.1 The Chair shall be appointed by one of the constituent authorities for an appointing period not exceeding two years.
- 3.2 The constituent authority which does not appoint the Chair must appoint the Vice Chair for that appointing period.
- 3.3 The Chair and the Vice Chair appointments referred to in 3.1 and 3.2 shall alternate automatically in each successive appointing period.
- 3.4 A constituent authority may change the person appointed by that authority as Chair or Vice Chair during the appointing period for the remaining period.
- 3.5 The constituent authorities may only appoint a Chair and Vice-Chair from their membership set out under Standing Order 2 (2.1) above.

4. Term of Office

- 4.1 The term of office of an IJB member shall be such period as the IJB shall determine which shall not exceed three years.
- 4.2 A member appointed under Standing Order 2 (2.2) (a) - (c) above shall remain a member for as long as they hold the office in respect of which they are appointed.
- 4.3 At the end of a term of office set out under Standing Order 4.1 (1) above, a member may be reappointed for a further term of office.
- 4.4 This paragraph is subject to Standing Order 6 (resignation of members) and 7 (removal of members) below.
- 4.5 In the event that a voting member ceases to become an IJB member in the circumstances set out in Standing Orders 5, 6 or 7, the constituent body will require to appoint an IJB member in accordance with Standing Order 2.1 and where necessary, Standing Order 3.

5. Disqualification

- 5.1 A person is disqualified from being a member of the IJB where:
 - a. A person who has within the period of five (5) years immediately preceding the date of appointment been convicted of any criminal offence in respect of which the person has received a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine);
 - b. a person who has been removed or dismissed for disciplinary reasons from any paid employment or office with a Health Board or local authority;
 - c. a person who is insolvent;
 - d. a person who has been removed from a register maintained by a regulatory body, other than where the removal was voluntary; and
 - e. a person who has been subject to a sanction under section 19(1)(b) to (e) of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

6. Resignation of Members

- 6.1 A member may resign their membership of the IJB at any time by giving the IJB notice in writing (e.g. by giving the IJB's Chief Officer notice in writing).

- 6.2 Where a voting member of the IJB resigns, the IJB must inform the constituent authority which nominated them.
- 6.3 This section does not apply to the non-voting members listed in Standing Order 2 (2.2) (a) to (f).
- 6.4 Other non-voting members of the IJB shall hold office during each three-year period until they are replaced by the appropriate nominating body.

7. Removal of Members (Voting and Non- Voting)

- 7.1 If a member has not attended three consecutive meetings of the IJB and/or its committees, and such absence is not due to illness or other reasonable cause as the IJB may determine, the IJB may remove that member from office by providing them with one month's notice in writing.
- 7.2 If a member acts in a way which brings the IJB into disrepute or in a way which is inconsistent with the proper performance of the IJB's functions or its Code of Conduct for Members, that conduct will be addressed in line with the IJB's Code of Conduct for Members.
- 7.3 If a member is disqualified during a term of office for a reason referred to in Standing Order 5 (5.1) above, they are to be removed from office immediately.
- 7.4 Where a Council or NHS Board member ceases for any reason to be a Councillor or an NHS Board member during the term of office, they are to be removed from office with effect from the day on which they cease to be a Councillor or an NHS Board member.
- 7.5 Subject to the above paragraphs, a constituent authority may remove a member which it nominated by providing one month's notice in writing to the member and to the IJB.

8. Substitutes

- 8.1 A voting member who is unable to attend a meeting of the IJB or its committees shall, insofar as possible, arrange for a suitably experienced substitute, who is a member of the appropriate constituent authority, to attend in their place with voting rights.
- 8.2 A non-voting member who is unable to attend a meeting of the IJB may arrange for a suitable substitute to attend the meeting in their place.
- 8.3 Where the Chair or Vice Chair is unable to attend a meeting of the IJB, any substitute attending in their place shall not preside over the meeting.

9. Temporary Vacancies in Voting Membership

- 9.1 Where there is a temporary vacancy in the voting membership of the IJB, the vote which would otherwise have been cast by the member appointed to that vacancy may be cast by the other members nominated by the appropriate constituent authority.
- 8.4 Where, because of temporary vacancies, the number of members nominated by a constituent authority is one or zero and that constituent authority is to appoint the Chair, the Chair must be appointed temporarily by the other constituent authority.
- 8.5 Where a temporary vacancy, or the temporary appointment of the Chair in the circumstances set out in the paragraph above, persists for more than six months, the Chair of the IJB must notify the Scottish Ministers in writing of the reasons why the vacancy remains unfilled.
- 9.4 The Chief Officer shall determine an item of urgent business in consultation with the Chair/Vice Chair of the IJB and the Chief Executives of the Council and NHS Board during the period between the date of a Local Government Election and the appointment of voting members by the Council only in the situation where the IJB does not have a quorum of members - on the basis that any such action shall be reported to the next meeting of the IJB as an item on the agenda.

10. Effect of Vacancy in Membership

- 10.1 A vacancy in the membership of the IJB will not invalidate anything done by or any decision of the IJB.

11. Calling meetings

- 11.1 The Chair may call a meeting of the IJB at such times as they see fit.
- 11.2 A request for a special meeting of the IJB to be called may be made by a requisition signed by at least five of the voting members, which shall specify the business proposed to be transacted and which shall be presented to the Chair. Email confirmation of the request for a special meeting will discharge the requirement for the notice to be signed.
- 11.3 If the Chair refuses to call a meeting requisitioned under the above paragraph or does not call a meeting within seven days after the making of the request, the members who signed the requisition may call the meeting.

- 11.4 The business to be transacted at any requisitioned meeting shall be limited to the business specified in the requisition.
- 11.5 The IJB's annual calendar of meetings shall run from 1 April to 31 March of the following calendar year. A schedule of meetings shall be approved by the IJB prior to 1 April of the new meeting year.

12. Notice of Meetings

- 12.1 Prior to each meeting of the IJB or one of its committees, a notice of the meeting specifying the time, place and business to be transacted shall be sent electronically to every member or sent to the usual place of residence of every member, so as to be available to them at least 7 calendar days before the meeting. Email confirmation of the notice of the meeting by the Chair, or a member authorised to act on the Chair's behalf, will discharge the requirement for the notice to be signed by the Chair.
- 12.2 A failure to serve notice of a meeting on a member in accordance with the paragraph above shall not affect the validity of anything done at the meeting.
- 12.3 In the case of a meeting of the IJB called by members in accordance with Standing Order 11, email confirmation from those members requisitioning the meeting shall discharge the requirement in Standing Order 12.1 for the notice to be signed by the members who requisitioned the meeting.
- 12.5 In the event that an item of business has to be considered on an urgent basis, a meeting of the Board may be called at 48 hours' notice by the Chair following consultation with the Vice Chair and Chief Officer. The Urgent Business meeting would retain all the IJB's functions and powers, and these Standing Orders would apply.
- 12.6 If the office of Chair is vacant or the Chair is unable to act for any reason, the Vice Chair may at any time call an Urgent Business meeting in terms of Standing Order 12.5 following consultation with the Chief Officer.

13. Access to meetings

- 13.1 Members of the public and representatives of the media shall be admitted to meetings of the IJB to observe the proceedings, unless IJB adopt a resolution to exclude the public and media on grounds that publicity for any item under discussion would be prejudicial to the public interest due to the confidential nature of the business to be transacted or for other reason specified in Appendix B. However, members of the public and representatives of the media shall not be admitted to meetings of the IJB committees.

- 13.2 Other than the live webcasting or recording of IJB meetings, any video or sound recordings or broadcasting of meetings by any other means, or the taking of any photographs/use of cameras, will be at the Chair's discretion.
- 13.3 Members of the public may at the Chair's sole discretion be permitted to address the IJB for an agreed period but shall not generally be permitted to participate in discussion at a meeting.
- 13.4 Nothing in these Standing Orders shall preclude the Chair from requiring the removal from a meeting of any person or persons who persistently disrupts the meeting.

14. Remote attendance

- 14.1 A member who is unable to be present for a meeting of the IJB or any of its committees at the venue identified in the notice calling the meeting shall notify the Clerk and the Chair at least 3 days (or, if this is not possible, as soon as practicable) in advance of the meeting. Any member unable to be present at a meeting shall be able to take part remotely in any way which reasonably allows the Members participation. For the avoidance of any doubt, such participation includes voting. A member remotely participating in this way is referred to in this Standing Order as a "Remote Member". A Remote Member is encouraged to activate their video camera (if possible) for the duration of the meeting.
- 14.2 Where the Chair is participating remotely, the Vice Chair will take the Chair, except in respect of Standing Order 14.7 where the Chair will take the Chair.
 - a. The Member chairing the meeting must be physically present at the meeting venue, therefore where both the Chair and Vice Chair are participating remotely or have sent apologies, Members present at the meeting venue will appoint a Chair to chair the meeting from amongst their number.
 - b. In the event that no agreement is reached between those Members present, the decision will be taken by means of a procedural motion.
- 14.3 Remote Members will be counted for the purposes of determining whether there is a quorum.
- 14.4 A Remote Member will cast their vote as if participating in a roll call vote.
- 14.5 Any Remote Member who has declared an interest in an item and withdrawn must pause/exit the video/communication link whilst the item is being considered. The Clerk will inform/re-invite the Remote Member (whether by email or otherwise) when to re-start the link and resume their participation.

- 14.6 Any Remote Member must confirm that they are in a secure private location, and that no-one else is able to hear or view the proceedings from the device being used by that Remote Member, before they can participate in the Committee's consideration of any confidential and/or exempt item of business.
- 14.7 The Chair (whom failing, the Vice Chair) may direct that a meeting shall be conducted solely by means of the participation of Remote Members. Such a direction may be made during a meeting or otherwise.
- 14.8 The Guidance for attending remote meetings via Microsoft Teams is found in Appendix A below.

15. Business

- 15.1 The notice of a meeting shall include an agenda of items of business which shall be considered in the order in which they are listed except where the Chair, at his or her discretion, may determine otherwise.
- 15.2 Acceptance of late items of business is at the Chair's discretion having regard to any special circumstances which requires it to be considered as a matter of emergency.

16. Reports by Officers

- 16.1 Reports must be produced in draft and sent to the following officers for consultation in accordance with the published timetable prior to being accepted onto the IJB final agenda:-
- a. Chair of the IJB;
 - b. Vice Chair of the IJB;
 - c. Chief Officer, ACHSCP;
 - d. Chief Finance Officer, ACHSCP;
 - e. Chief Social Work Officer, the Council
 - f. Chief Operating Officer, ACHSCP;
 - g. Chief Executive, the Council;
 - h. Chief Executive, NHSG;
 - i. Chief Officer – Finance, the Council;
 - j. Director of Finance, NHSG;
 - k. Chief Officer – Governance, the Council
 - l. IJB Data Protection Officer;
 - m. Nursing and Medical Directors;
 - n. Public Health Consultant; and
 - o. Clerk to the IJB.

- p. Director of Corporate Services, the Council
- q. Director of Children, Families and Communities, the Council
- r. Director of City Regeneration and Environment, the Council

16.2 The Council's Leader(s) and Convener of the Finance and Resources Committee shall be consulted on draft reports relating to the IJB Budget in line with the requirements of the IJB Budget Protocol.

16.3 Where the report is for an IJB Committee, the draft reports must be sent to the following officers for consultation;

- a. the Chair of that Committee
- b. Lead Officer for the Committee
- c. Chief Officer, ACHSCP
- d. Chief Finance Officer, ACHSCP
- e. Chief Operating Officer, ACHSCP
- f. Chief Executive, the Council
- g. Chief Executive, NHSG
- h. Chief Social Work Officer,
- i. Chief Officer- Finance, the Council
- j. Director of Finance, NHSG,
- k. Legal Services, the Council
- l. Director of Commissioning, the Council
- m. IJB Data Protection Officer, NHSG;
- n. Nursing and Medical Directors;
- o. Public Health Consultant;
- p. Committee Clerk, the Council
- q. Director of Corporate Services, the Council
- r. Director of Children, Families and Communities, the Council
- s. Director of City Regeneration and Environment, the Council

17. Quorum

17.1 No business is to be transacted at a meeting of the IJB or its committees unless at least one half of the voting members is present. For meetings of the IJB, this shall mean that two voting members of each constituent authority shall be present and for a meeting of an IJB Committee, one voting member of each constituent authority shall be present.

18. Conduct of Meetings

18.1 At each meeting of the IJB, or one of its committees, the Chair of the IJB or Committee, if present, shall preside.

18.2 If the Chair is absent from a meeting of the IJB, the Vice Chair shall preside.

- 18.3 If the Chair and Vice Chair are both absent from a meeting of the IJB, a voting member chosen at the meeting by the other voting members attending the meeting, shall preside at the meeting. For the avoidance of doubt, this shall not be the substitute for the Chair or Vice Chair as is specified in Standing Order 8.3.
- 18.4 No Vice Chairs shall be appointed to IJB committees. In the event that the Chair of a committee is absent, a voting member chosen at the meeting by other voting members attending the meeting shall preside.
- 18.5 If it is necessary or expedient to do so, the Chair or, whom failing the Vice Chair, may adjourn a meeting of the IJB, or a committee to another date, time or place.
- 18.6 Following the introduction of an item of business by the Chair, all members shall be entitled to ask questions of the Report Author, through the Chair, and discuss the item as openly as possible.
- 18.7 When, in the opinion of the Chair, members have had a reasonable opportunity to consider the item of business, the Chair shall move to a determination of the matter.
- 18.8 Every effort shall be made by members to ensure that as many decisions as possible are made by consensus. Where the IJB or an IJB Committee has been unable to reach a decision by consensus following the procedure in this paragraph, the Chair shall invite the IJB to move to a vote. The process followed at paragraph 23 shall apply.
- 18.9 The IJB shall schedule a dedicated budget meeting to consider and agree the IJB budget and adhere to the provisions set out in the IJB Budget Protocol.
- 18.10 Clerking support to the IJB and its committees shall be provided by the Council.

19. Power and Duties of Chair

- 19.1 It shall be the duty of the Chair:-
 - a. To preserve order and ensure that any member wishing to speak is given due opportunity to do so and to a fair hearing;
 - b. To call members to speak according to the order in which they caught the Chair's eye;
 - c. To decide on all matters of order, competency and relevancy;
 - d. To ensure that the sense of the meeting is duly determined; and,
 - e. If requested by any member, to ask the mover of a recommendation (motion) or amendment to state its terms.
- 19.2 The Chair shall have authority to determine all procedural matters during IJB meetings following consultation with the Clerk, excepting the suspension of Standing Orders as outlined in paragraph 1.6.

- 19.3 The ruling of the Chair on all matters in these Standing Orders shall be final.
- 19.4 Deference shall, at all times, be paid to the authority of the Chair. The Chair shall be heard without interruption and all members shall address the Chair when speaking.

20. Declarations of Interest and Transparency Statements -

- 20.1 Members must adopt the 3- stage approach (Connection – Interest-Participation) set out in section 5 of the (Declarations of Interests) of the IJB Code of Conduct.
- 20.2 A member will declare their interest as early as possible in meetings. Where they have declared an interest, they must withdraw from the meeting room (including from any public gallery). They must not participate in any way in those parts of meetings where they have declared an interest. If the meeting is being held online, or the member is participating remotely, the member must retire to a separate breakout room or leave and re-join after the discussion on the matter has concluded. It is not sufficient for them to turn off their camera and/or microphone for the duration of the matter.
- 20.3 When making a declaration, a member should provide enough information for those at the meeting to understand why they are making a declaration.
- 20.4 Members should consider whether it is appropriate for transparency reasons for them to state publicly in the meeting where they have a connection, which they do not consider amounts to an interest. Such a statement is referred to in these Standing Orders as a “Transparency Statement”.

21. Minutes

- 21.1 A record must be kept of the names of the members attending every meeting of the IJB or of one of its committees.
- 21.2 Minutes of the proceedings of each meeting of the IJB or its committee, including any decision made at that meeting, are to be drawn up and submitted to the subsequent meeting of the IJB or the committee for agreement after which they must be agreed by the IJB as an accurate record of the meeting.
- 21.3 Draft Minutes from the IJB’s committees will be presented to the IJB for noting.

22. Alteration or Revocation of Previous Decision

- 22.1 No decision of the IJB shall be altered or revoked within six months of it having been taken unless a recommendation to that effect is approved by the IJB.

23. Voting

- 23.1 In the event that the IJB has been unable to reach a decision after following the procedure outlined in Standing Order 18, and a vote is required, the provisions of this Standing Order shall apply.
- 23.2 Where the recommendation (motion) or amendments are proposed prior to a meeting, members should provide a copy of the proposed wording to the Clerk as soon as is reasonably practicable and, if possible, before the meeting commences.
- 23.3 Each recommendation (motion) put to a meeting of the IJB shall be decided by a majority of the votes of those members attending and entitled to vote.
- 23.4 The Chair will have the prior right to the recommendation in the report (the motion), except where the Chair waives that right.
- 23.5 A recommendation and any amendments thereto, shall be moved and seconded. Movers shall be entitled to speak for ten minutes and all other members, including movers when summing up at the conclusion of debate, shall be entitled to speak for five minutes. No member shall speak in support of a recommendation (motion) until it has been seconded. Any member who has moved or seconded a recommendation (motion) shall not be entitled to enter the debate. A member shall not be entitled to speak more than once in debate, except the mover when summing up. A member shall be entitled, however, to ask a question.
- 23.6 All recommendations (motions) and amendments must relate to the item of business on the agenda and all amendments must differ from the recommendation substantially.
- 23.7 The Chair shall determine whether a recommendation (motion) or an amendment is competent and relevant and may seek advice from officers in this regard.
- 23.8 A recommendation (motion) or amendment is incompetent if it would require the incurring of expenditure and the source of the funding is not identified.
- 23.9 A recommendation (motion) or amendment moved, but not seconded, or which is ruled incompetent by the Chair, will not be put to the vote but will be recorded in the minute.

- 23.10 If a recommendation (motion) or an amendment is withdrawn, the mover or seconder can move or second and speak in support of a further recommendation (motion) or amendment.
- 23.11 A member can make minor alterations to their recommendation (motion) or amendment with consent of the Chair.
- 23.12 Votes shall be taken by roll call except where an electronic voting system is available, in which case it shall be used in preference to any other method.
- 23.13 Where there is a tied vote, there shall be no casting vote afforded to the Chair or to any other member or group of members and in that event:-
- (i) The Chair shall, call on the Chief Officer to outline the consequences of each potential outcome, to provide such clarification that may be appropriate or requested and to set out the ramifications to the IJB of withdrawing the matter and maintaining the status quo and, thereafter, to make a recommendation.
 - (ii) The Chair shall then immediately without further discussion call for a roll call on the recommendation (motion) that is before the meeting.
 - (iii) If the result remains a tie, the Chair may:
 - a. call a recess of the meeting for such period as the Chair thinks fit to allow members to further consider matters and once the meeting is reconvened defer to (ii) above; or,
 - b. suspend further discussion on the issue of contention and defer the matter to the next meeting of the IJB; or
 - c. where the Chair is of the view that a special meeting of the IJB requires to be convened in accordance with Standing Order 11.2, suspend further discussion on the issue of contention and defer the matter to that special meeting.
 - (iv) Where, in the event that following the recess in terms of Standing Order 23.13 (iii) (a) there is still a tied vote, the Chair shall, at the Chair's discretion, either; call a further recess in terms of the said Standing Order 23.13 (iii) or chose to proceed with either option in terms of Standing Order 23.13(iii) (b) or Standing Order 23.13 (iii) (c).
 - (v) Once the meeting is reconvened in accordance with (iv) above and the matter has been discussed in terms of Standing Order 18, the Chair shall call for a roll call in terms of Standing Order 23.13(ii). In the event of a tied vote the Chair shall determine whether the matters should be deferred in terms of Standing Order 23.13(iii) (b) or Standing Order (iii) (c). Where this is the case, the Chair shall direct the Chief Officer to provide such clarification that may be appropriate or requested and to set out the ramifications to the IJB of withdrawing the matter and maintaining the status quo and bring that back to a future meeting.

- (vi) At a future meeting of the IJB in accordance with Standing Order 23.13(iii)(b) and (c), the matter shall be discussed in terms of the procedure set out in Standing Order 18 and the Chair shall invite members to vote in accordance with 23.13 (ii) above.
 - a. If there remains a tied vote the Chair shall direct the Chief Officer to provide such clarification that may be appropriate or requested together with the options available to the IJB, including an outline of the ramifications of remaining with the status quo and invoking the dispute procedure under the Integration Scheme.
 - b. The Chair shall invite members to consider and discuss these options in terms of Standing Order 18 and vote in accordance with Standing Order 23.13 above on the issue.
 - c. In the event of a further tied vote, a vote will be put to members on whether to withdraw the matter or have the status quo apply.

24. Expenses

- 24.1 The IJB may pay the reasonable travel and other expenses of unpaid carer representatives and other unpaid representatives who are appointed as member of the IJB in accordance with the policy at Appendix C².

25. Committees

- 25.1 The IJB may establish such committees as it may determine for the undertaking of its functions.
- 25.2 The IJB must appoint the Chair of each committee it establishes for an appointing period not exceeding three years.
- 25.3 The IJB may change the person appointed as Chair during the appointing period for the remainder of that period.
- 25.4 The IJB Chair/Vice Chair shall not chair an IJB Committee.
- 25.5 The IJB shall appoint two voting members from each constituent authority to serve on each committee to ensure equal representation.
- 25.6 Any decision of a committee must be agreed by a majority of the votes cast by the voting members of that committee.
- 25.7 The Committee shall meet four times each financial year. The Chair may, at any time, convene additional meetings of the Committee.

² Approved by the IJB on 11 August 2020

- 25.8 The IJB will review and alter the Terms of Reference of any of its committees annually, as part of its annual review of the Scheme of Governance. Before the annual review date of the Scheme of Governance, the IJB may alter the Terms of Reference at any time where it considers it necessary to do so.
- 25.9 All IJB members shall be entitled to receive committee papers and an open invitation shall be extended to members to attend Committee meetings.
- 25.10 The level of participation for non-committee members in these proceedings shall be at the discretion of the committee Chair, though non-committee members may not propose or second a recommendation (motion) or amendment, or vote.
- 25.11 Committee meetings shall be conducted in accordance with these Standing Orders.
- 25.12 A Committee will formally provide a copy of its minutes to the IJB for inclusion on the agenda of subsequent meeting.
- 25.13 Following agreement from a majority of members, a committee may refer or escalate an item of business to the next IJB meeting for consideration. The Clerk of the committee shall make the necessary arrangements.

26. General Powers of IJB

- 26.1 The IJB may enter into a contract with any other person for the provision of goods and services for the purpose of undertaking the functions conferred on it by the Act, including but not limited to administrative support, accounting or legal services.

27. Register of Interests and Code of Conduct

- 27.1 The IJB Standards Officer shall keep and maintain a Register of Interests, which shall be published on the Internet, in which all members shall record their interests and hospitality offered by virtue of their membership of the IJB. The Standards Officer shall be the officer so designated by the Standards Commission, following a nomination by the IJB. All members are required to complete a register of interests in a standard format to comply with their obligations under the IJB Code of Conduct, within a month of appointment and when any changes occur. A form to register interests will be sent to all members on appointment and members must submit an updated form when there are any changes.
- 27.2 All members shall be bound by the terms of the Code of Conduct for members of Aberdeen City Health and Social Care Partnership Integration Joint Board

Public Bodies, provided for under the Ethical Standards in Public Life etc (Scotland) Act 2000.

28. Deputations

- 28.1 The competency of a deputation (in respect of Standing Orders 28 (6) (a) - (d)) will be determined by Chair. If the Chair deems a deputation to be incompetent it will not be heard at the meeting.
- 28.2 Every request for a deputation must be in writing and submitted to the Clerk of the IJB at least two working days before the meeting to which it relates.
- a. For example, for a meeting on a Thursday, requests must be received by the end of the Monday; and for a meeting on a Tuesday, requests must be received by the end of the previous Thursday.
- 28.3 In the event that a report has not been published to enable a deputation request to comply with the deadline set out in [Standing Order 12](#), deputation requests may still be submitted and put on to the agenda. In such instances, [Standing Order 12](#) would require to be suspended at the meeting for the deputation to be heard.
- 28.4 The request must state the report on which the deputation wants to be heard and the action (if any) the deputation would like the IJB to take in relation to the report.
- 28.5 A competent deputation request will be placed on the agenda for the relevant meeting of the IJB.
- 28.6 The following deputation requests are not competent:
- a. Deputations which fail to comply with Standing Order 28.2;
 - b. Deputations which relate to reports containing confidential information;
 - c. Deputations which relate to the annual budget; and
 - d. Deputations which do not relate to a report on an agenda.
- 28.7 Deputations cannot consist of more than three people.
- 28.8 Deputations should not last for more than 10 mins, irrespective of the number of speakers.
- 28.9 No individual may form part of more than one deputation on the same matter.
- 28.10 Following the conclusion of the deputation, IJB members will be given the opportunity to ask questions of the deputation for a maximum of ten minutes.

Appendix A –Remote Attendance Guidance

This short guide is intended to assist you to participate in a remote meeting and is not a replacement for fuller Teams instruction provided by your constituent authorities.

You will have received an invitation from the Clerk in either Outlook (email) or Teams to participate in a Teams Meeting. You can join the meeting via your laptop/tablet or from a standard telephone.

In advance of the meeting

Members should:-

- Ensure that they have downloaded the agenda papers and saved these on their desktop for easy access.
- Inform the Clerk if they are unable to attend or may be late.
- Inform the Clerk if they have any query, or potential amendment to the minute to allow this to be considered and investigated in advance. (This should then be raised in the normal manner during the meeting).

On the day of the meeting

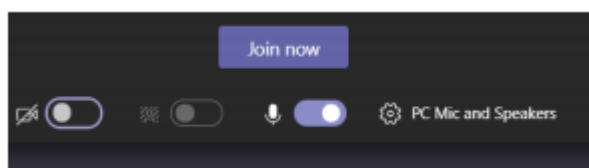
Members should:-

- Ensure they are located as close to their broadband router as possible or connect their computer direct to the router by cable.
- Join the Teams meeting 5 minutes before the start time.
- Ensure that their microphone remains at mute unless they have been invited to speak by the Chair.
- Activate their video camera (if possible).
- Ensure that any personal items on display in the background cannot be picked up on video camera.

Access the meeting remotely

Laptop/Tablet Device

Open your agenda for the meeting. Then open your invitation within Outlook email or Teams. Select Join and your screen will default to the Meeting. Select 'Join Now' and you have remotely joined the meeting.



Telephone - Joining a Meeting

Call the telephone number in the Outlook appointment which has been sent to you and use the conference code provided in that invitation as set out below. You will be guided by the voice message.

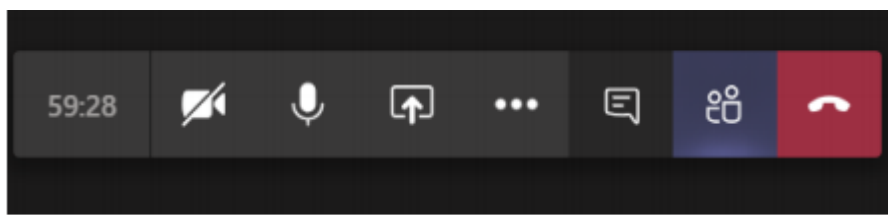
Join Microsoft Teams Meeting

+44 20 3443 9692 United Kingdom, London (Toll)

Conference ID: *****#

Joined the Meeting

If you have joined the meeting via Teams you will then see the *Options Bar* as per the image below (shows 8 options) – this should appear at the centre of the Teams screen. Thereafter you will see the *Options Bar*



From the right

- Hang Up / Terminate – Participants can terminate the call via the red handset which allows them to leave the meeting and re-join if they select the “join” button from the invitation.
- Show Participants (2nd from right) – Displays a list of all remote participant.
- Show Conversation (3rd from right) – This allows you to ‘chat’ with all other participants in the meeting. NB - this is NOT Private Chat but Meeting Chat. Private chat remains available via the Chat icon on the top left of the side.
- Ellipsis (more options) button (4th from right) provides a further 8 options as advised.
- Share (5th from right) provides sharing options.
- Microphone (6th from right), you can mute/unmute the microphone.
- Camera (7th from right), you can select camera on/ off.
- Timer (furthest left) shows the duration of the meeting.

How to participate

You should use the ‘hands’ facility or Teams Chat facility (3rd from right on the options bar) to alert the Chair if you wish to participate. The Clerk will alert the Chair and the Chair will call your name.

Viewing Agenda whilst in Remote Meeting

You should already have your agenda open and can access this from Teams via the toolbar at the bottom of your screen. This will allow you to switch between Teams and your agenda.

Declaring an Interest

If you have declared an interest in a report and intend to leave the meeting during discussion at the appropriate time, you should hang up (using the telephone symbol on the Options Bar) in order to remove yourself from the meeting and the Clerk will reinvite you when that business is concluded.

You should NOT re-join the meeting until you receive an invitation from the Clerk. This invitation will pop up on your screen, and you should select ‘video call’ from the two options given.

Appendix B- Exempt and Confidential Information

In accordance with Standing Order 13, the IJB may pass a resolution to meet in private in order to consider certain items of business, and may decide to do so for the following reasons;

- a) The IJB is still in the process of developing proposals or its position on certain matters, and needs time for private deliberation.
- b) The business relates to the commercial interests, contractual terms (whether proposed or to be proposed), financial or business affairs of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
- c) The business necessarily involves reference to personal information and requires to be discussed in private in order to uphold the Data Protection Principles.
- d) The business relates to a particular office holder, or member of the IJB.
- e) The business relates to any particular applicant or recipient or former recipient of any financial assistance provided by the IJB.
- f) The business relates to legal advice given or received or information obtained or action to be taken (whether or not in connection with any proceedings).

Appendix C – IJB Carers and Service User Representatives Expenses Policy

Why does this expenses policy exist?

This policy ensures that any unpaid carer or other representatives who are members of the IJB and associated groups or committees **are not out of pocket** as a result of carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014).

Who is the expenses policy for?

This policy is for unpaid carer and service users representatives who are appointed as a member of the Aberdeen City Health and Social Care Partnership (ACHSCP) Integration Joint Board (IJB) as per the Standing Orders 2.3 c) and d) and any associated groups or committees.

When does this expenses policy apply?

This expenses policy applies to enable unpaid carer and service user representatives to undertake the work required in their capacity as IJB members. This includes preparatory work for, and attendance at:

- IJB meetings (including Development Sessions and Seminars)
- Strategic Planning Groups
- Locality Groups
- Other associated groups or committees
- IJB related duties and events (e.g. meeting a community group to explain the Strategic Commissioning Plan)

What are the principles of the policy?

Recognising diversity and minimising barriers to full participation

We recognise there is a diversity of needs and will work with each carer and service user representative individually to provide any reasonable adjustments/extra support they may require to fully participate in the IJB.

Good stewardship and management of public funds

We promote consideration of cost effectiveness, value for money, and respect for the environment. It may be more cost effective for travel and accommodation to be booked through the IJB as opposed to booking this personally and being reimbursed. The cost of the use of eBikes would fall within the scope of this policy. We encourage IJB members to be paper free as far as possible, but will support the cost of printing when required. Where possible, dated, official receipts will be required for any reimbursement in line with Aberdeen City Council (ACC) Travel and Subsistence Allowance Guidance (see Appendix A).

Collaboration and continuous improvement

Our IJB Carers and Service Users have a nominated point of contact within ACHSCP who is the main link in relation to this policy. Regular meetings take place and a Standing Agenda item at these will be a review of expenses claims, how the process is working, and what improvements could be fed into the annual review of the policy. It is a shared responsibility between the representatives and the nominated point of contact to enable the smooth implementation of this policy allowing the representatives to fulfil their role whilst not being out of pocket.

What expenses are included in this policy?

The following are examples of costs which can be reimbursed under this policy. The list is not exhaustive and the overarching aim of the policy i.e. that representatives should not be out of pocket, has primacy.

- **Travel costs**
 - public transport (excludes first class travel)
 - mileage (45p/mile)
 - parking
 - taxi costs - where public transport arrangements are not suitable
 - ferries and other forms of transport as required in island communities

- **Subsistence (where no meals or refreshments are provided)**
 - Reimbursement of reasonable lunch expenses as per current Local Council guidelines
 - Reimbursement of reasonable dinner expenses as per current Local Council guidelines
 - Overnight accommodation and reimbursement of reasonable expenses for overnight stays, if and when required, as per current Local Council guidelines

See Appendix A for current Local Council guidelines and rates.

- **Preparatory work and administration to carry out duties**
 - Printing and paper costs.
 - IT / communication costs (e.g. phone / iPad / laptop) although a Council owned laptop will normally be loaned for the period of tenure NB: there will be a requirement to agree to abide by the relevant policies in relation to use of IT equipment, data protection etc.

- **Replacement care / care cover**
 - for attendance at IJB meetings
 - for attendance at other meetings/events relating to role
 - for travel times to meetings

- for preparation time
- **Loss of income to attend meetings**
 - Where appropriate, loss of earnings income to attend IJB meetings will be considered (to be discussed and agreed in advance – [NIHR Guidelines](#) for public involvement in health and social care research could help inform these discussions).
 - Any potential impact on social security benefits to be considered and discussed.

What is the process for claiming expenses?

- Smaller items of expenditure (e.g. mileage within Aberdeen, parking and administrative expenses for local meetings) will be reimbursed on receipt of a correctly completed claim form and appropriate, dated receipts. Replacement care, reimbursement of lost income, and travel and subsistence for meetings out with Aberdeen, must be agreed in advance with the IJB's Chief Finance Officer.
- The nominated point of contact is the Senior Project Manager (Strategy), who will support communication with the representatives and will assist with completion and submission of expenses claims.
- A copy of the Travel and subsistence claim form is attached at Appendix B and representatives will be provided with a template for their own use.
- In line with ACC policy, claims should be made within 3 months of the date the expense was incurred however claims received out with this timescale will still be processed but must be accompanied by a note of explanation from the Chief Finance Officer.
- Claim Forms should be completed and submitted via the nominated point of contact along with relevant receipts and/or confirmation of approval by Chief Finance officer if appropriate.
- All expenses will be paid within 30 days of the receipt of a properly completed, valid, expenses claim form, however, to ensure equity of involvement and engagement, if required, immediate payments may be made.
- Payments will be made via BACS transfer where possible. Bank details will require to be provided to enable payment. Representative will be set up on the BACS system in advance of claims being made. Where BACS payment is unsuitable alternative payment arrangements (such as cheque/cash) can be arranged.

Reviewing this policy

This policy will be reviewed annually with relevant stakeholders and by the Integration joint Board as part of its Scheme of Governance review. The Appendices will be updated appropriately in line with any changes made by ACC. Any proposed changes to this policy will be discussed with those covered by the policy before implementation.

Appendix A

Aberdeen City Council Travel and Subsistence Allowance (June 2023)

Car and Motor Cycle Allowances

Essential Users

You are an Essential Car User if you are in a post whose duties are of such a nature that it is essential for you to have a car at your disposal whenever required.

Where a post is designated as requiring an Essential Car User Allowance the following annual allowance will be paid, Business Mileage is based on the previous financial year.

Actual Annual Business Mileage	Annual ECU Allowance
Under 1200 miles	£120
1200 – 5000 miles	£250
5001 – 7,500 miles	£500
Over 7,501 miles	£800

A lump sum is payable in 12 monthly instalments to all essential users.

In addition, a payment in respect of miles run on official business, within the City, is made as undernoted:

Essential mileage

0 – 10,000 miles	0.45p
Over 10,000 miles	0.25p

Those carrying a fellow employee as a passenger will receive an additional 5 pence per passenger per mile.

Casual Users

You are a Casual User if you are in a post for where it is merely desirable that a car should be available when required. No lump sum is payable, but a payment in respect of miles run on official business in any financial year within the City of Aberdeen is made as undernoted:

Casual mileage rate

0 – 10,000 miles	0.45p
Over 10,000 miles	0.25p

In addition those carrying a fellow employee as a passenger will receive an additional 5 pence per passenger per mile.

Motor Cycle Allowances

Officers using a motor cycle are entitled to the following rates:

0 – 10,000 miles	0.24p
Over 10,000 Miles	0.24p

Push Bike Allowances

The current rate is 20p per mile in respect of miles run on official business.

Travel Outwith the City of Aberdeen

All mileage will be reimbursed at casual/ essential rates of 45p per mile with passenger allowance if applicable.

Workplace Change Allowance

Mileage paid at the Essential/ Casual Allowances Rate up to a maximum value of a First Bus monthly pass.

Bus Passes/ Fares are reimbursed on receipted expenditure up to a maximum of a First Bus monthly pass.

Subsistence Allowances

Subsistence allowances will be payable to officers who are prevented by their official duties from taking a meal at their home, administrative centre or establishment where they normally take their meals, and thereby incur additional expenditure. The allowance shall not be paid where a suitable meal is provided or the officer has been previously reimbursed.

The maximum allowances are as follows:

- Breakfast: £8.00
- Lunch: £12.00
- Evening Meal: £25.00

Services should request receipts to verify that expenditure has been incurred.

ABERDEEN CITY COUNCIL

TRAVEL AND SUBSISTENCE CLAIM

MONTH

20

ALL RELEVANT DETAILS MUST BE COMPLETED: INCOMPLETE FORMS WILL BE RETURNED.

Name Payroll No. (7 digit per payslip) Job Title.....
 Service

Normal Place of Work.....

GUIDANCE NOTES AVAILABLE ON PeopleAnytime	
Once completed and approved this form should please be sent to BusinessSupportTeam4@aberdeencity.gov.uk	Other Expenses/ Subsistence
	£ p

Date of Registration	Details of each journey with locations, purpose and where passenger miles are claimed, include the passenger name(s) (the form will be returned if passenger name(s) are not completed).	Participant in ACC Tuskor Leased Car Scheme (Y/N) (delete as appropriate)	Mileage	Passenger Miles	Workplace Change Allowance / ACC Leased Car Mileage	Bus Fares	Hours of Absence (only complete if subs. claimed)	Other Expenses/ Subsistence	£	p	Cost Centre
User Type: Essential /Casual /MotorBike /Bicycle											
The total column must be completed:											

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Declaration by Claimant

I declare that all claims entered by me on this form, including mileage, result from expenses actually and necessarily incurred by me in the course of my duties and that any subsistence payments claimed in consequence of such expenses do not exceed the allowances approved by the City Council. **I declare that the above vehicle is roadworthy and is insured for business purposes.**

Signature.....
Date.....

(AUTHORISER TO BE COMPLETED IN BLOCK LETTERS)

Signature..... Date.....
Authoriser.....
Job title.....

Who is the expenses policy for?

This policy is for unpaid carer representatives who are appointed as a member of the Aberdeen City Health and Social Care Partnership Integration Joint Board (IJB) as per the Standing Orders 3b), c) and d) and any associated groups or committees. It can also be used for other unpaid representatives on IJBs, such as service users.

Why does this expenses policy exist?

This policy ensures that any unpaid carer or other representatives who are members of the IJB and associated groups or committees are not out of pocket as a result of carrying out their duties (as defined in the Public Bodies (Joint Working) (Scotland) Act 2014).

When does this expenses policy apply?

This expenses policy applies to enable unpaid carer and other representatives to undertake the work required in their capacity as IJB members. This includes preparatory work for, and attendance at:

- IJB meetings (including Workshop and Development Sessions)
- Strategic Planning Groups
- Locality Groups
- Other associated groups or committees
- IJB related duties and events (e.g. meeting a community group to explain the Strategic Commissioning Plan)

What expenses are included in this policy?

The following are included but prior approval must be sought before any expense is incurred

- **Travel costs**
 - public transport (excludes first class travel - receipts to be provided)
 - mileage (45p/mile)
 - parking (receipts to be provided)
 - taxi costs - where public transport arrangements are not suitable (receipts to be provided)
- **Subsistence (where no meals or refreshments are provided)**
 - Reimbursement of reasonable lunch expenses as per current Local Council guidelines (receipts to be provided)
 - Reimbursement of reasonable dinner expenses as per current Local Council guidelines (receipts to be provided)
 - Overnight accommodation and reimbursement of reasonable expenses for overnight stays, if and when required, as per current

Local Council guidelines (receipts to be provided)

- **Preparatory work and administration to carry out duties**
 - IT / communication costs (e.g. phone / iPad / laptop) although a Council owned laptop will normally be loaned for the period of tenure NB: there will be a requirement to agree to abide by the relevant policies in relation to use of IT equipment, data protection etc.
- **Replacement care / care cover**
 - for attendance at IJB meetings
 - for attendance at other meetings/events relating to role
 - for travel times to meetings
 - for preparation time (if and when required – to be discussed and agreed in advance)
- **Loss of income to attend meetings**
 - Where appropriate, loss of earnings income to attend IJB meetings will be considered (to be discussed and agreed in advance – [NIHR Guidelines](#) for public involvement in health and social care research could help inform these discussions).
 - Any potential impact on social security benefits to be considered and discussed.

Example: one HSCP has allocated resources to their local carers centre to enable carers to support other carers around strategic planning. This allows carers to be recompensed on a sessional basis to support engagement.

What is the process for claiming expenses?

- A named contact person will be identified to support communication, completion and agreement of all expenses claims.
- Expenses forms will be provided in electronic or paper format before or at each meeting / event to claim travel and subsistence expenses (receipts to be provided).
- For preparatory and administrative costs, reimbursement of costs as spent.
- For replacement care and loss of income reimbursement, discussion and agreement with named contact person in advance.
- All expenses will be paid in accordance with normal expenses processing deadlines following receipt of a properly completed expenses claim form. However, to ensure equity of involvement and engagement, if required immediate payments may be made. A payment schedule with dates of reimbursement will be provided.
- Payments will be made via BACS transfer where possible. Bank details will require to be provided to enable payment. Where BACS payment is unsuitable alternative payment arrangements (such as cheque/cash) can only be agreed by the Chief Finance Officer.

Reviewing this policy

This policy will be reviewed annually with the relevant recipients. Any proposed changes to this policy will be discussed with those covered by the policy before implementation.



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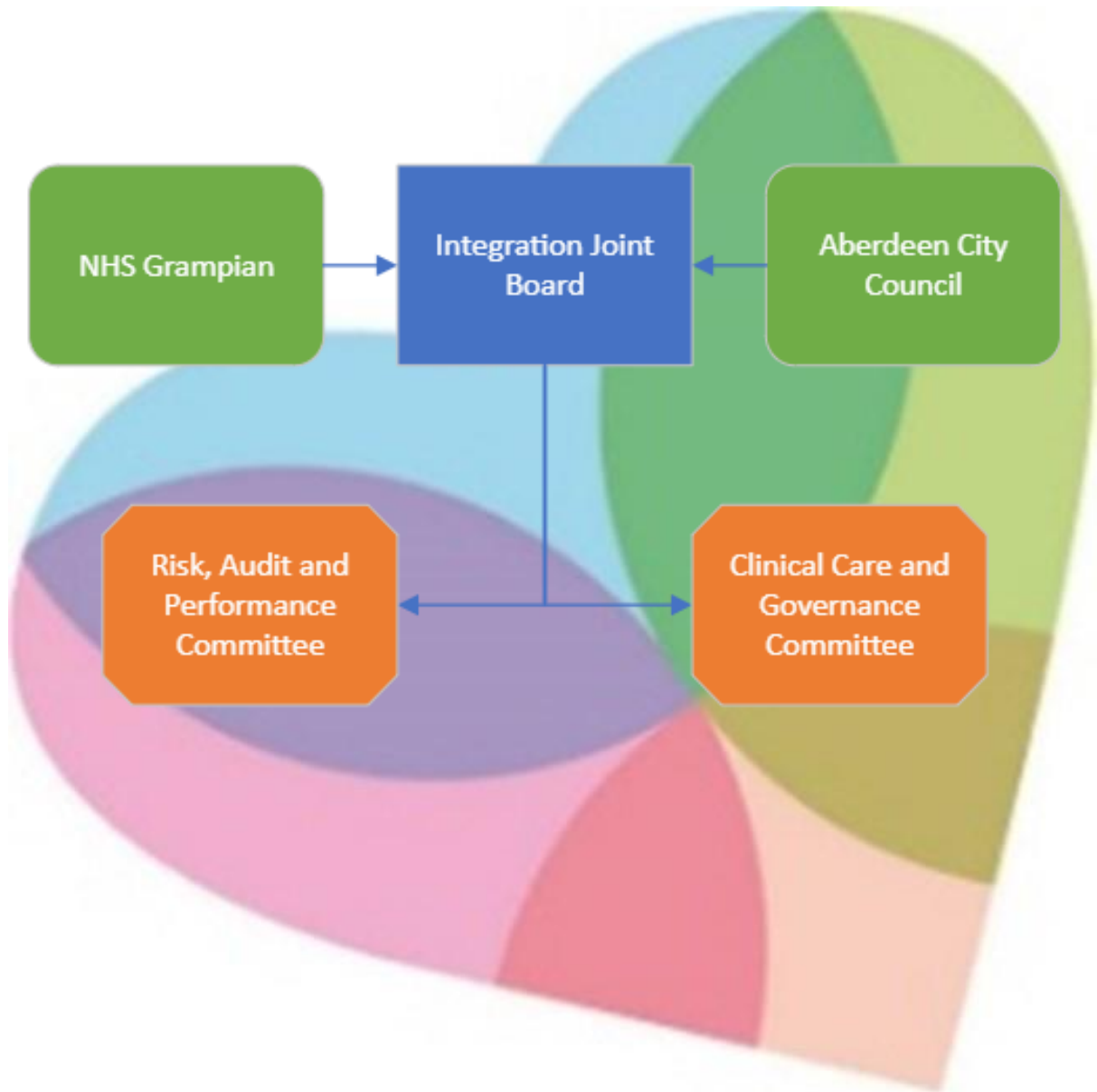


Aberdeen City Integration Joint Board

Terms of Reference

Date Created:	November 2022	
Version:	V 3.0	
Location:	Governance	
Author (s) of Document:	Jess Anderson, ACC Legal Services	
Approval Authority	IJB	
Scheduled Review:	April 2025	
Effective Date:	9 July 2024	
Changes:	March 2023 June 2024	

IJB Structure Chart



Introduction

1. The Integration Joint Board (IJB) ultimately derives its authority from the Public Bodies (Joint Working) (Scotland) Act 2014. It was created by Aberdeen City Council (the Council) and NHS Grampian (NHSG). Both of these partner organisations delegated functions to the IJB, which are detailed in the Integration Scheme.
2. The IJB is permitted by clause 17 of The Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 to form committees for the purpose of carrying out such of its functions as it determines.
3. The IJB has formed two committees: the Risk, Audit and Performance Committee and the Clinical Care and Governance Committee.
4. Any decision taken by a committee is deemed to be a decision of the IJB as a whole.
5. The IJB may determine a matter which would ordinarily fall within the remit of a committee.
6. The IJB sets the Terms of Reference for its committees annually when reviewing the Scheme of Governance. As part of this process, the Chief Officer will ensure that officers will review the Terms of Reference.
7. Non-material amendments to the Terms of Reference may be made by the Chief Officer, following consultation with the Chair and Vice-Chair of the IJB and the Chairs and Vice-Chairs of the Committees. Any such amendments do not need to be approved otherwise by the IJB.
8. Any non-material amendments will be notified to the Members of the IJB when completed.

1. Aberdeen City Integration Joint Board (IJB)

Title	Aberdeen City Integration Joint Board (IJB)		
Lead	Chief Officer		
Date	July 2024	Version	3.0

Quorum

Four voting Members, with at least two Members from each constituent authority

Matters Reserved to the IJB

- 1).The IJB shall consider the following;
 - a) Matters which are reserved by law;
 - b) Those matters which the IJB has chosen to reserve under paragraphs 2 to 10 below, and;
 - c) Any other matter that the Chief Officer determines appropriate to report to the IJB.
- 2). Any function or remit delegated under the Aberdeen City Integration Scheme, which is bound to be undertaken by the IJB itself;
- 3) Establishing such committees as may be considered appropriate to conduct business and to appoint and remove Chairs, Vice Chairs, members of the IJB, its committees and outside bodies in accordance with the IJB's Standing Orders;
- 4) The approval of the Medium-Term Financial Framework.
- 5) The approval or amendment of the Scheme of Governance;
- 6) Contracts, in so far as it relates to business services, the engagement of consultants, or external advisors for specialist advice, such as administrative, accounting or legal support, where this requires authority from the IJB in respect of the Partners' own procurement rules and Schemes of Delegation;
- 7) A decision to co-operate or combine with other Integration Joint Boards in the provision of services other than by way of collaborative agreement;
- 8) The approval or amendment of the Strategic Plan and on-going monitoring of its delivery through the Annual Performance Report;
- 9) Issuing Directions to the Partners under sections 26 and 27 of the Public Bodies (Joint Working) (Scotland) 2014 Act, in line with the Aberdeen City Integration Scheme and legislative framework;
- 10) The approval of the Clinical Care Governance Framework.

2. Risk, Audit and Performance Committee

Title	Risk, Audit and Performance Committee		
Executive Lead	Chief Operating Officer		
Date	July 2024	Version	2.0

Purpose
<p>To ensure that the IJB has robust arrangements for:</p> <ul style="list-style-type: none"> • risk management; • financial management; • service performance; and • governance. <p>This includes services hosted by Aberdeen City's IJB on behalf of other integration authorities.</p>

Quorum
Two voting Members, one representative each from the Council and NHSG.

Remit and Responsibilities
<p>Investigation</p> <ol style="list-style-type: none"> 1. Instruct further investigation on any matters which fall within its remit, reporting the findings of such an investigation to the IJB. <p>Audit</p> <ol style="list-style-type: none"> 1. Ensure there is an effective Internal Audit Function that meets the Public Sector Internal Audit Standards and that it provides appropriate independent assurance to the Committee, Chief Officer and IJB. 2. Scrutinise, review and approve the annual audit plans (internal and external) on behalf of the IJB, receiving reports, overseeing and reviewing actions taken on audit recommendations and escalating to the IJB as appropriate. 3. Be aware of, scrutinise, receive assurance and monitor any relevant improvement activity arising from audit findings, inspections and regulatory advice from assurance providers (such as the Care Inspectorate, Audit Scotland, Healthcare Improvement Scotland and the Mental Welfare Commission), to ensure the integrity of Aberdeen City Health and Social Care Partnership (ACHSCP) control systems and processes.

Performance

4. Approve, monitor and review a performance framework for the IJB in respect of its policy objectives and priorities in relation to all delegated functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against IJB budgets, the National Health and Wellbeing outcomes, the associated core suite of key performance indicators and other appropriate local objectives and priorities.
5. Receive and scrutinise performance reports and receive assurance that actions in respect of emerging trends are proportionate to the IJB's Risk Appetite Statement.
6. Instruct Performance Reviews and related processes.
7. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by Partners are working effectively and efficiently.
8. Monitor the IJB's work and performance as a Category One Responder under the Civil Contingencies Act 2004.

Risk and Governance

9. Approve the Board Assurance Framework for the IJB.
10. Monitor the risk appetite and/or tolerance established by the Board Assurance Framework to ensure effective oversight and governance of the ACHSCP activities.
11. Scrutinise and ensure the existence of, and compliance with, an appropriate risk management strategy including: reviewing risk management arrangements; receiving biannual Strategic Risk Management updates and undertaking in-depth review of a set of risks and annually review the IJB's risk appetite document with recommendations being brought to the IJB.
12. Approve the sources of assurance used in the Annual Governance Statement consider whether it properly reflects the risk environment and supporting assurances, taking into account Internal Audit's opinion on the overall adequacy and effectiveness of the IJB's Scheme of Governance, Risk Management and Control
13. Review the overall Internal Control arrangements of the IJB and make recommendations to the IJB regarding signing of the Governance Statement, having received assurance from all relevant Committees.
14. Review non material changes to any of the policies of the IJB for ensuring continued compliance with relevant regulatory and legislative requirements, legal and any related reporting.

Financial

15. Ensure that the systems for financial reporting to the IJB, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided;
16. Ensure the integrity of the Annual Report and Financial Statements of the IJB before submission to the IJB, and any other formal announcements relating to its financial

performance, reviewing significant reporting issues and judgements that they contain, and including the meaning and significance of the figures, notes and significant changes; accounting policies and practices followed, and significant changes; explanation of estimates or provisions having material effect; the schedule of losses and special payments and any reservations and disagreements between internal and external auditors, and the Chief Officer which are not resolved;

17. Scrutinise, Consider and approve the annual financial accounts and related matters;

18. Receive and review regular financial monitoring reports, financial statements, significant financial returns to regulators and any financial information contained in other official documents, including the Annual Governance Statement.

19. Review the methods used to account for significant or unusual transactions where different approaches are possible (including unadjusted mis-statements in the financial statements) and approve budget virements

Members and Principal Advisors

The Executive Lead to the Committees is the Chief Operating Officer.

Voting Members:

Councillor Martin Greig (ACC)
Councillor John Cooke (ACC)
June Brown (NHSG)
Hussein Patwa (NHSG)

Other professional advisors and senior officers may be required to attend meetings of the Committee. These persons include, but are not limited to:

1. External Audit
2. IJB Lead for Strategy and Transformation Manager
3. IJB Transformation Programme Manager (where it relates to their area)
4. IJB Business Manager
5. IJB Lead Commissioner

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Aberdeen City Integration Joint Board

Roles and Responsibilities

Date Created:	November 2022	
Version:	V 2.0	
Location:	Governance	
Author (s) of Document:	Jessica Anderson, ACC Legal Services	
Approval Authority	IJB	
Scheduled Review:	April 2025	
Effective Date:	1 May 2023	
Changes:	March 2023 July 2024	

Title	Roles and Responsibilities of Aberdeen City Integration Joint Board		
Date	July 2024	Version	3

1 INTRODUCTION

1.1 The Roles and Responsibilities of the Aberdeen City Integration Joint Board (hereinafter referred to as the “Protocol”) was approved by Aberdeen City Integration Joint Board (hereinafter referred to as the “IJB”) on 27 March 2018. Its purpose is to explain the remit of the statutory officers within the IJB, namely, the Chief Officer and the Chief Finance Officer and other key personnel within the Aberdeen City Health and Social Care Partnership (ACHSCP).

2 OPERATIONAL PROTOCOL

2.1 Chief Officer

2.1.1 Aberdeen City Council and NHS Grampian (hereinafter referred to as “the Partners”) have delegated functions to the IJB under the Integration Scheme. The IJB is responsible for setting strategic direction and setting appropriate policies. Applying the delegated authority provided to them by the Partners, the Chief Officer is responsible for implementing approved strategy and policy and for the operational management of the workforce. The IJB is required by law to appoint a Chief Officer¹. The Chief Officer is responsible for ensuring compliance with all relevant statutory provisions in respect of the delegated functions; shall direct and ensure that coordinated and appropriate arrangements are in place to discharge the requirements and duties of the IJB as a Category 1 Responder under the Civil Contingencies Act 2004 and other relevant legislation; and shall comply with the roles and responsibilities of the Chief Officer as detailed in the IJB’s Financial Regulations.

2.2 Chief Finance Officer

2.2.1 The Chief Finance Officer has overall responsibility for Finance including Audit and Financial Management. The IJB is required to appoint the Chief Finance Officer² who shall discharge their duties in accordance with the powers as delegated to them by the Partners under their respective approved Schemes of Delegation. In discharging their duties and in making any recommendation to the IJB, the Chief Finance Officer will account for the policies and procedures of the Partners as appropriate.

¹ Section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014

² Under section 3 of the Public Bodies (Joint Working) (Integration Joint Board) (Scotland) Order 2014/285

2.2.2 The Chief Finance Officer shall:-

- a) act as the Proper Officer responsible for the administration of the financial affairs of the IJB in terms of section 95 of the Local Government (Scotland) Act 1973;
- b) adhere to IJB and the Partners Financial Regulations and relevant Codes of Practice of the Board for the control of all expenditure and income;
- c) comply with the roles and responsibilities of the Chief Finance Officer as detailed in the IJB's Financial Regulations;
- d) monitor the IJB's revenue budget during the course of each financial year and report thereon to the IJB;
- e) determine all accounting procedures and financial record keeping of the IJB, to ensure the IJB is fully compliant with the CIPFA Statement of Recommended Practice;
- f) have financial oversight of any procurement for the engagement of consultants, external advisors for specialist advice entered into directly by the IJB (but not procurement carried out on behalf of the IJB);
- g) be the primary point of contact with both internal and external audit and provide information as appropriate; and
- h) develop the IJB's Medium Term Financial Framework.

2.3 Medical Lead

2.3.1 The Medical Lead shall be the Clinical Lead of the IJB and the Clinical and Care Governance Committee and a member of the Senior Leadership Team within ACHSCP. The roles and responsibilities of the Medical Director may be shared between more than one person.

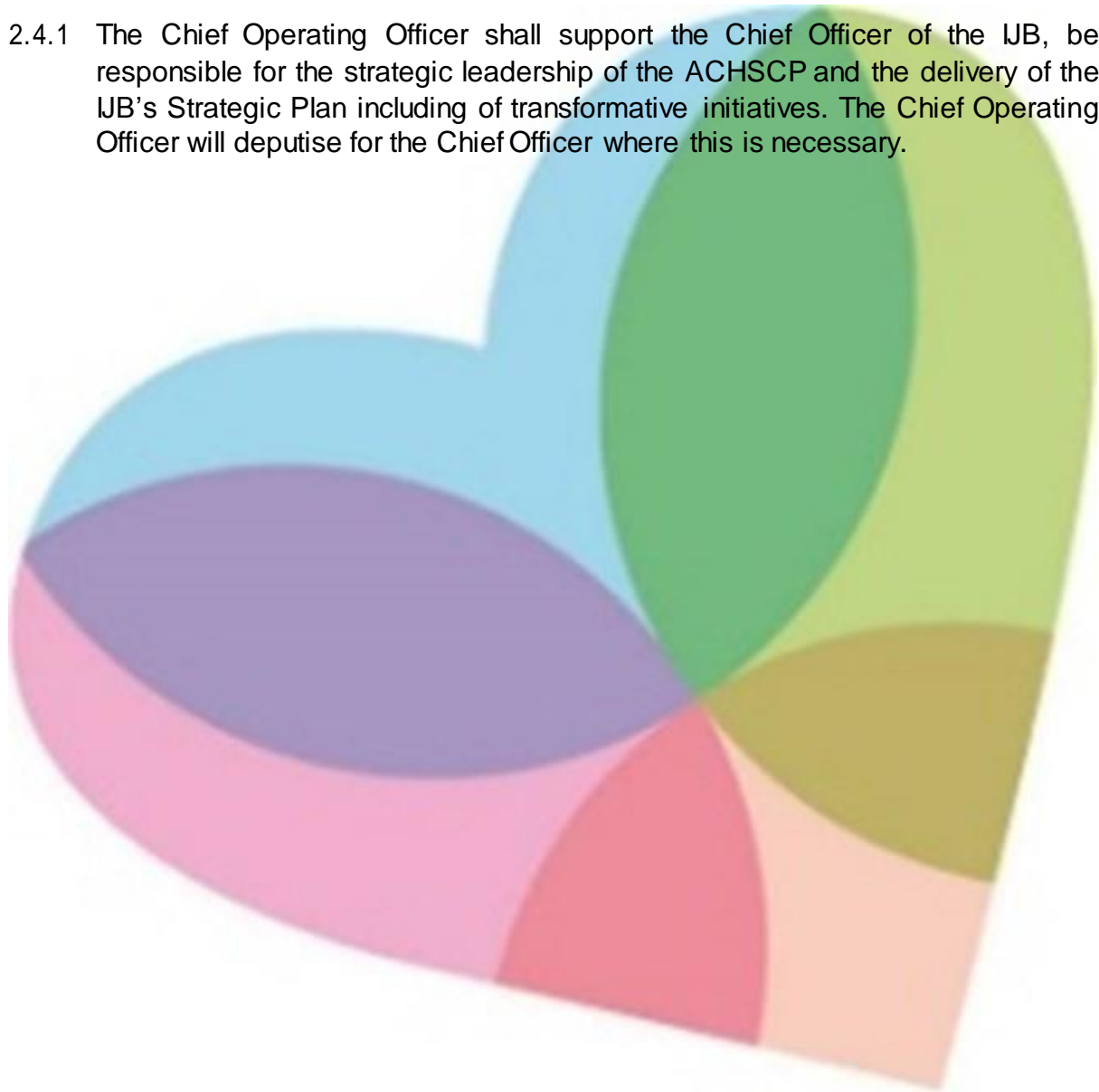
2.3.2 The Medical Lead will be expected to provide leadership, advice, and support to:

- a) the ACHSCP Senior Leadership Team;
- b) staff working within ACHSCP services, and particularly medical practitioners and those working across primary and community care and within services hosted by or on behalf of the ACHSCP; NHS Grampian Medical Director and Medical Directorate colleagues and clinicians; in relation to clinical and care safety;

- c) GPs and other NHS external contractors working within Aberdeen City and in partnership with those across all 3 Grampian Health and Social Care Partnerships as required; and
- d) the IJB as a formal advisor to the IJB on clinical and care matters.

2.4 Chief Operating Officer

- 2.4.1 The Chief Operating Officer shall support the Chief Officer of the IJB, be responsible for the strategic leadership of the ACHSCP and the delivery of the IJB's Strategic Plan including of transformative initiatives. The Chief Operating Officer will deputise for the Chief Officer where this is necessary.



IJB Scheme of Governance, 2024
Table of Changes

Document	Page	Proposed Change	Rationale
Terms of Reference - IJB		Amendment to section	Added in a general power of the IJB to consider any matter delegated to it, as often the will request reports back about an area not on the agenda but a matter delegated to the IJB. Additional wording to highlight the power of the IJB contract for specialist services but that these are restricted to ACC and NHSG procurement rules and relevant Schemes of Delegation.
Terms of Reference - RAPC		Amendment to Audit Section. New para 1 and 3	Inclusion of powers to review and consider inspection or regulatory reports where these relate to RAPC function
		Amendment to Membership and Adviser Section	Inclusion of Job titles for officers of the Committee and quorum.
		Amendment to Risk Section – para 10, 11 and new clause 13. s	The review of IJB policies sits with the Governance function of RAPC. The Committee will have that oversight of the review process so that it has assurance that the policies are being complied with and remain fit for purpose.
		Amendment of Finance Section- new para 13, 14. Revision of para 15, 16 and 17	Power to scrutinise and interrogate financial reporting to the IJB by reviewing and challenging information provided, budgetary control, the Annual report and Governance Statement. Additionally reviewing the methods and reasoning behind virements Addition of clauses around finance to provide clarity and direction to the Committee around its role

IJB Scheme of Governance, 2024
Table of Changes

Standing Orders	1, 2, 3, 21	Amended wording	Minor changes from 'Integrated Joint Board' to 'Integration Joint Board'
	1-3	Updating dates and version of Standing Orders document	Minor updating to references to dates etc of schedule review, effective date, date approved by IJB etc.
	6 (Standing Order 1.5)	Amended wording	To reflect the fact that the Standing Orders shall be effective from the day following day on which the changes were agreed as opposed to becoming effective at the next meeting.
	6 (Standing Order 2.1. b.)	Amended wording – <i>“Four health board members nominated by the NHS Board, of whom at least two shall be non-executive directors”</i> replacing <i>“Four members nominated by the NHS Board, of whom three shall be non-executive directors and one an executive director”</i> .	To allow NHS Grampian to have more flexibility in their appointments regarding IJB voting members.
	9 (Standing Order 6.1)	Insertion of additional wording	To clarify that a member may resign their membership of the IJB by giving the IJB’s Chief officer notice in writing.
	12 (Standing Order 13.2)	Insertion of additional wording	To clarify that use of cameras will be at the Chair’s discretion.
	14 (Standing Orders 6.1 and 16.3)	Insertion of Directors at the Council who have been added to the circulation list for receiving draft reports for the IJB and IJB Committees	To reflect that the Council’s Director of Corporate Services, Director of Children, Families and Communities and Director of City Regeneration and Environment have all been added to the circulation list of reports for the IJB and IJB Committees.
	15 (Standing Order 18.6)	Deletion of Standing Order	Duplication – Standing Order 13.2 covers this point.

IJB Scheme of Governance, 2024
Table of Changes

Roles and Responsibilities	1 & 2	Amended wording	Minor changes from 'Integrated Joint Board' to 'Integration Joint Board'
	4 (Chief Operating Officer)	Removal of wording	To reflect up-to-date arrangements for Medicine and Unscheduled Care.

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ACHSCP Impact Assessment – Stage 1 – Proportionality and Relevance

Name of Policy or Practice being developed	IJB Scheme of Governance
Name of Officer completing Proportionality and Relevance Questionnaire	Jess Anderson
Date of Completion	06/06/24
What is the aim to be achieved by the policy or practice and is it legitimate?	The Scheme of Governance sets out the mechanisms by which the IJB makes decisions, conducts its meetings and its remit and that of its committees.
What are the means to be used to achieve the aim and are they appropriate and necessary?	It is a legal requirement that the IJB has standing orders governing its decision making. Further, the suite of documents within the Scheme of Governance demonstrate openness and transparency of the roles and responsibilities of the IJB and its members. As such, it is necessary to have Standing Orders and proportionate to ensure that the remaining suite of documents which form the Scheme are available to the public and are transparent.
If the policy or practice has a neutral or positive impact please describe it here.	The Scheme has a positive to neutral impact because the Scheme of Governance by ensuring that decisions taken at IJB (the business) are taken in accordance with the law. Also, the Standing Orders provide that meetings of the IJB are open to the public and these are available to access via Aberdeen City Council's website or in person at the venue of the IJB meeting.
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	No

<p>Rationale for Decision NB: consider: -</p> <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person's rights being restricted? • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>The Scheme applies to the IJB and its committees. It is there to ensure that the meetings of the IJB are conducted in a manner that is compliant with the law. The Scheme itself does not impact individuals necessarily, rather the decisions coming from the IJB may do- particularly if they relate to policy or strategic plans.</p> <p>There's very much an indirect impact in that correct and appropriate decision making means that the IJB is complying with the duties it is bound by, such as the Equality Duty, Fairer Scotland Duty, when reports are being consulted on and thereafter decided upon.</p>
<p>Decision of Reviewer</p>	<p>Agreed that no IIA is required for this paper for the reasons provided above.</p>
<p>Name of Reviewer</p>	<p>John Forsyth</p>
<p>Date</p>	<p>7 June 2024</p>



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Date of Meeting	9 July 2024
Report Title	Refreshed Local Outcome Improvement Plan and Locality Plans
Report Number	HSCP24.043
Lead Officer	Alison McLeod, Strategy and Transformation Lead
Report Author Details	Name: Iain Robertson Job Title: Transformation Programme Manager - Communities Email Address: lairbertson@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	<ul style="list-style-type: none"> a. Refreshed Local Outcome Improvement Plan (LOIP) 2016-26 b. Refreshed North Locality Plan 2024-26 c. Refreshed Central Locality Plan 2024-26 d. Refreshed South Locality Plan 2024-26
Terms of Reference	4. Approve, monitor and review a performance framework for the IJB in respect of its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated



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	core suite of indicators and other appropriate local objectives and priorities
--	--------------------------------------------------------------------------------

1. Purpose of the Report

- 1.1 To present the refreshed LOIP and Locality Plans for Integration Joint Board (IJB) endorsement.

2. Recommendations

- 2.1. It is recommended that the Board:

- a) Endorse the refreshed Local Outcome Improvement Plan (LOIP) 2016-26 at **Appendix A**;
- b) Endorse the three Locality Plans at **Appendices B,C and D**;
- c) Note the Locality Plans will be owned and monitored by the Locality Empowerment Groups and Priority Neighbourhood Partnerships; and
- d) Instruct the Strategy and Transformation Lead to present Locality Planning annual performance reports to the Risk, Audit, and Performance Committee beginning in June 2025.

3. Strategic Plan Context

- 3.1. The IJB has a statutory duty to put in place locality planning arrangements as per The Public Bodies (Joint Working) Scotland Act 2014. Locality Planning is a key part of our Strategic Plan and accompanying Delivery Plan.

4. Summary of Key Information

- 4.1 Community Planning Aberdeen is a partnership of public, private, third sector, and community partners working together to deliver our shared vision of Aberdeen as “A place where all people can prosper”. Aberdeen City Health and Social Care Partnership is a founding member of Community Planning Aberdeen. The Local Outcome Improvement Plan (LOIP) and Locality Plans are how we work towards achieving our shared vision. Community Planning Aberdeen has undertaken a review of the Local Outcome Improvement Plan (LOIP) to ensure it remains relevant and focussed on priority outcomes. This is the third refresh of the LOIP since it was first published in 2016.



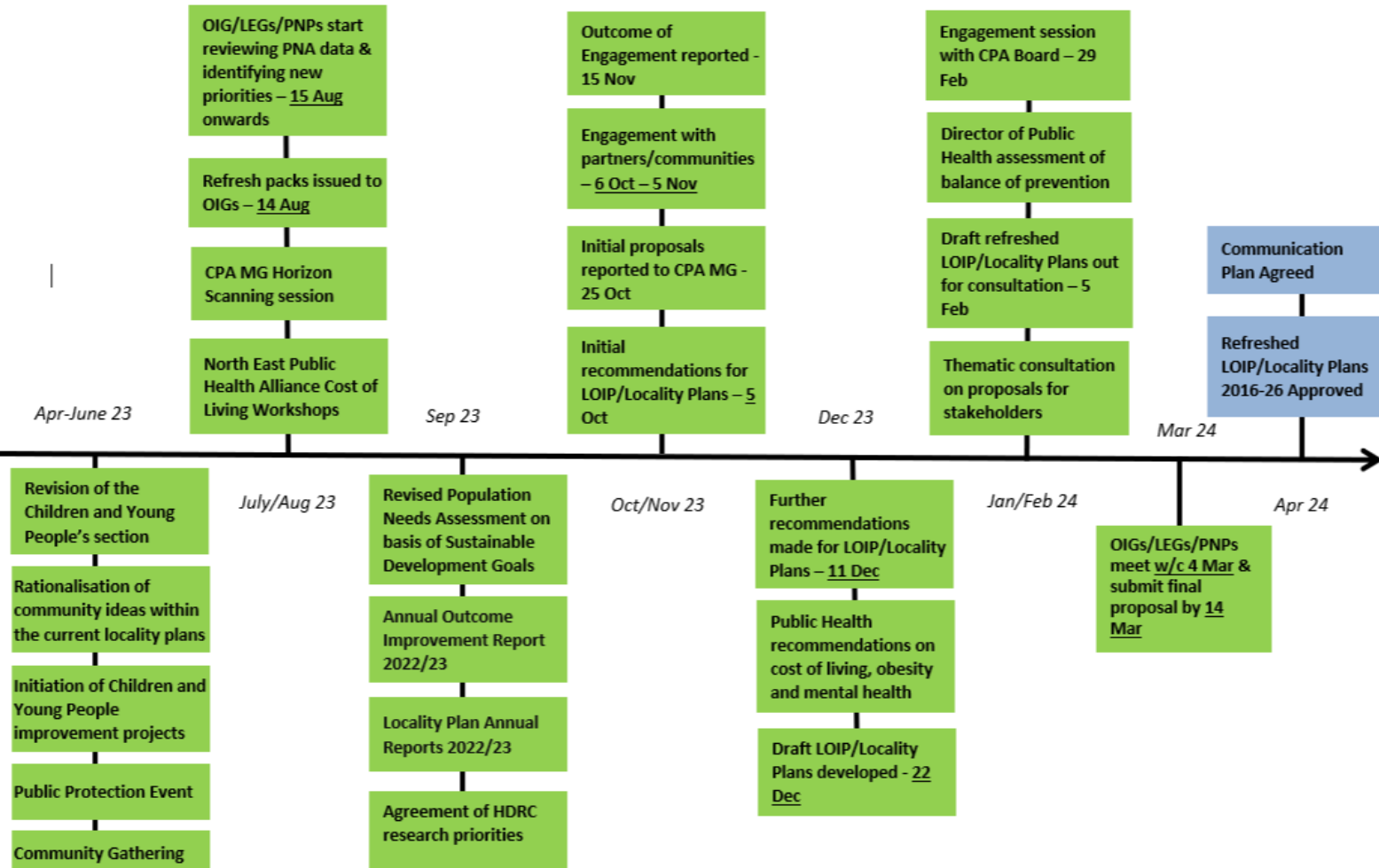
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- 4.2** Between 2016-2020 Aberdeen City Health and Social Care Partnership (ACHSCP) and Aberdeen City Council had separate locality planning arrangements in place. Both the Partnership and the Council have statutory duties to have locality planning arrangements resulting from the Public Bodies (Joint Working) Scotland Act 2014 and the Community Empowerment (Scotland) Act 2015 respectively.
- 4.3** Since 2021, Aberdeen City Council and Aberdeen City Health and Social Care Partnership have been working together to facilitate and deliver an integrated locality planning model on behalf of Community Planning Aberdeen. The approach ensures Community Planning partners are meeting their respective statutory duties. This joint approach enables more efficient and effective working between partner staff and communities to secure better outcomes for the economy, people and place.
- 4.4** In July 2021, Community Planning Aberdeen and ACHSCP published Locality Plans for the North, South and Central Localities of the City. This approach ensured every neighbourhood in Aberdeen was covered by a Locality Plan. The plans incorporated improvement activity for the whole locality, with additional focus on Aberdeen's priority neighbourhoods. Priority neighbourhoods are those areas which experience poorer outcomes as a result of their socio-economic status, as identified by Scottish Index of Multiple Deprivation (SIMD) data. These include: for the **North**: Heathryfold, Middlefield, Northfield, Cummings Park and Mastrick; for the **South**: Torry and Kincorth; and for **Central**: Tillydrone, Seaton, Woodside, Ashgrove, Stockethill and George Street.
- 4.5** In 2023, Community Planning Aberdeen began refreshing the Local Outcome Improvement Plan and underpinning Locality Plans. An asset based approach was adopted through collaboration with community based Locality Empowerment Groups (LEGs) and Priority Neighbourhood Partnerships (PNPs). These groups brought together individuals, community groups and organisations with a shared passion for making things better for their area. This helped connect community assets, knowledge, skills and ideas for improvement to the work of the Health and Social Care Partnership and Community Planning Partnership. Over the last year, Locality Empowerment Groups and Priority Neighbourhood Partnerships have agreed local priorities for making better use of local people's skills and assets to help improve



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outcomes for people. The full development and consultation schedule is set out below:



4.6 This Local Outcome Improvement Plan will be the last refresh before 2026, which will see the end of the current ten year plan. A new ten year plan will be developed to replace this for 2026-2036 in order to meet the requirements of the Community Empowerment (Scotland) Act 2015.



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Refreshed Local Outcome Improvement Plan and Locality Plans

4.7 The LOIP presented in **Appendix A** was approved by the Community Planning Aberdeen Board on 29 April 2024. A summary of key changes is detailed below:

- The Local Outcome Improvement Plan now includes 16 Stretch Outcomes
- Former Stretch Outcomes relating to employability and skills development are now merged into one
- New Stretch Outcome 12 introduced to reduce homelessness and ensure a multi-agency response to the new Housing Bill published on 27 March 2024. This stretch outcome is subject to change as a result of further work taking place with the Royal Foundation as part of the Homewards Aberdeen Coalition
- New section on community empowerment, incorporating Stretch Outcome 16 approved in 2022 as part of the Community Empowerment Strategy
- All other stretch outcomes have been renewed and refreshed on the basis of place standard community engagement and ambitions for improvement by 2026
- Inclusion of an intervention tier for each improvement aim to demonstrate the balance between the three tiers of prevention and early intervention

ACHSCP Involvement in the delivery of the LOIP and alignment to the IJB Strategic Plan

4.8 ACHSCP chairs three Outcome Improvement Groups (Stretch Outcome 9: Community Justice); Stretch Outcome 10: Resilient, Included, and Supported; and Stretch Outcome 11: Alcohol and Drugs Partnership. An Outcome Improvement Group is a community planning group which has a remit to deliver one of the LOIP's 16 stretch outcomes and its membership is made up of representatives from core and wider community planning partners, including project managers who will be responsible for delivering improvement aims. ACHSCP is the lead partner for 12 improvement projects making the Partnership the third biggest contributor to the LOIP after Aberdeen City Council and NHS Grampian.

4.9 Each Outcome Improvement Group leads and is responsible for ensuring progress against the stretch outcome(s) and improvement aims set for the



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outcome area they lead on. All improvement projects must be opened and closed through reporting to the Community Planning Aberdeen Management Group. ACHSCP are represented on the Management Group by the Chief Officer. This dedication of resource demonstrates our commitment to collaborative, system-wide working, with a clear focus on prevention and early intervention to deliver beneficial outcomes for the people of Aberdeen. ACHSCP is the lead partner for the following improvement projects in the refreshed LOIP:

Prosperous People (Children and Young People) Theme

1. Reduce by 5% the number 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.

Prosperous People (Adults) Theme

2. 80% of individuals in the Justice system that identify to have concerns with their substance use are offered or accessing support by 2026
3. Increase to 80% the number of community justice clients completing exit questionnaires with 90% of those showing an improvement by 2026
4. Reduce the 5 year rolling average number of suicides in Aberdeen by at least 5% by 2026.
5. Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025.
6. Decrease the number of women who are drinking during pregnancy in the 40% most deprived SIMD areas by 5% by 2026.
7. Decrease the number of women who are smoking during pregnancy in the 40% most deprived SIMD by 5% by 2026
8. To support 50 low-income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026.
9. Reduce by 20% the number of drug related deaths in our priority neighbourhoods by increasing the distribution of naloxone by 25% year on year by 2026.
10. 80% of people closed from Assertive Outreach as no longer considered at risk by 2026.



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11. Increase by 10% the number of people in active recovery from drug and alcohol by 2025.

Community Empowerment Theme

12. Increase the number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2025.

Refreshed Locality Plans for North, Central and South Localities 2021-26

- 4.10** The Refreshed Locality Plans for North, South and Central presented in **Appendices B, C and D** were also approved by the Community Planning Aberdeen Board on 29 April 2024.
- 4.11** The Integrated Locality Planning Team have overall responsibility for delivery of our three Locality Plans. The Transformation Programme Manager – Communities, ACHSCP co-leads this team with Community Planning’s Community Learning and Development Manager. ACHSCP also contributes three Public Health Co-ordinators to work alongside four CLD officers.
- 4.12** Through the Locality Empowerment Groups and Priority Neighbourhood Partnerships we have heard from communities what is important to them and what their priorities for improvement are. In all cases, there is a link between the aspirations of communities to the stretch outcomes and improvement aims within the Aberdeen City Local Outcome Improvement Plan (LOIP) and strategic aims within the Partnership’s Strategic Plan. This is essential to ensure professionals and communities are listening to each other, taking on board each other’s ideas, and are working together to test and implement change.
- 4.13** Locality Plans will help the IJB to deliver key priorities within its Strategic Plan such as:
 - Improving community health and mental wellbeing, particularly through preventative approaches
 - Reducing poverty and health inequalities
 - Tackling social isolation
 - Reducing nicotine use and substance use



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- Suicide prevention
- Promoting healthy weight management through measures such as active travel
- Increasing opportunities for participation and community empowerment

4.14 Locality Plans help facilitate and encourage a two-way dialogue between partners on the city wide Outcome Improvement Groups delivering the refreshed LOIP and members of the Locality Empowerment Groups and Priority Neighbourhood Partnerships delivering the Locality Plans. They cement a joint and coordinated approach between professionals and local communities to improve outcomes city wide and at a locality level.

4.15 The Locality Plans make the link between the ideas for improvement which have been identified by communities to the improvement projects within the LOIP, where relevant. Across the three localities there was no instance where a community idea for improvement did not link in some way to a LOIP stretch outcome and improvement project aim.

Evolution of Locality Plans

4.16 The current Locality Plans are a starting point for unifying and strengthening community collaboration in improving outcomes. They will continue to evolve over time as the Locality Empowerment Groups and Priority Neighbourhood Partnerships develop and mature and communities become more confident to drive the development process themselves.

4.17 Part of the evolution of the Locality Plans will be developing the place themes within the plans to incorporate Local Place Plans. The Scottish Government's regulations on Local Place Plans make clear the opportunity to link Local Place Plans with our current Locality Plans. It recognises how this would create efficiencies, reduce duplication and prioritise resources to areas where there could be particularly significant benefits for communities and inclusive growth. These are the same benefits Community Planning Aberdeen and the IJB are aiming to achieve through locality planning. Collaboration between the Community Planning Team, Locality Planning Team, and Place Planning Team will continue to ensure congruence between the LOIP, Locality Plans and emerging Local Place Plans.



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5 Implications for IJB

5.1 Equalities, Fairer Scotland and Health Inequality

As part of the LOIP and Locality Plan refresh process, Community Planning Aberdeen undertook an Integrated Impact Assessment which has been published and can be accessed by following this link [Refreshed Local Outcome Improvement Plan 2016-26 and Locality Plans for North, South and Central.pdf \(aberdeencity.gov.uk\)](#)

A test of proportionality and relevance has been undertaken and there is no need to do an additional Integrated Impact Assessment for this report.

5.2 Financial

There are no direct financial implications arising from the recommendations of this report.

5.3 Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4 Legal

The IJB has a statutory duty to deliver locality planning arrangements as per the Public Bodies (Joint Working) Scotland Act 2014, and locality plans for each of the City's three locality areas help the IJB to fulfil this duty.

5.5 Unpaid Carers

The refreshed LOIP has an improvement aim to increase the number of unpaid carers identified by 20% by 2025 under Stretch Outcome 10.

5.6 Information Governance

There are no direct information governance implications arising from the recommendations.

5.7 Environmental Impacts

The refreshed LOIP identifies three stretch outcomes which will demonstrate positive environmental implications. All three Locality Plans



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will have a positive impact on the environment and prioritise quality of the natural environment and biodiversity.

5.8 Sustainability

There are no direct implications arising from this report.

5.9 Other

None.



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6 Management of Risk

6.1 Identified risks(s)

Risk	Likelihood	Impact	Controls	Evaluation
Regulatory Compliance Risk	Low	Medium	<p>Integrated Locality Planning Team meets every two weeks to monitor delivery of Locality Plans and plan community engagement activity.</p> <p>Ownership of Locality Plans by LEGs and PNPs.</p> <p>Regular reporting to Strategic Planning Group and Community Empowerment Group.</p> <p>LOIP Improvement Project 16.3 aims to increase participation and diversity in locality planning. Project Group meets every two months.</p> <p>Locality Planning Annual Performance Reports presented to Risk Audit and Performance Committee and Community Planning Board.</p>	<p>JB is fulfilling its statutory duty under Public Bodies (Joint Working) Scotland Act 2014 by reviewing and endorsing locality planning arrangements in Aberdeen City</p>

6.2 Link to risks on strategic or operational risk register:

This report links to **Strategic Risk 6** on the Strategic Risk Register: -

Cause: Need to involve lived experience in service delivery and design as per Integration Principles

Event: JB fails to maximise the opportunities created for engaging with our communities



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Consequences: Services are not tailored to individual needs; reputational damage; and IJB does not meet strategic aims

6.3 How might the content of this report impact or mitigate these risks:

The report and its appendices help to mitigate the risk by providing assurance the IJB has put in place and maintains a locality planning system which meets our statutory duty under the Public Bodies (Joint Working) Scotland Act 2014.

Furthermore, by taking an asset based approach towards the refreshed Locality Plans, local communities and those with lived experience of health and social care services have been involved in the development and endorsement of the plans. LEGs and PNPs own and monitor Locality Plans which maximises participation opportunities and helps the IJB to meet its strategic aims.



Local Outcome Improvement Plan



Community Planning
Aberdeen

2016-26

Refresh April 2024

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FOREWORD



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



Susan Webb, Director of Public Health, NHS Grampian, Vice Chair of Community Planning Aberdeen

A place where all people can prosper – that remains our collective vision for Aberdeen. Regardless of our background or circumstance, everyone in our great city should enjoy the same opportunities to flourish. The Local Outcome Improvement Plan (LOIP) sets out the means for achieving this. Launched in 2016, the 10-year Plan is led by Community Planning Aberdeen, the local partnership of public, private and third sector organisations and communities all working together to improve people’s lives across Aberdeen.

A huge amount of work had already been done across the partnership to take forward LOIP projects, and this positioned us well for the final two years of our ten year plan. On behalf of the CPA Board, we want to thank you for your ongoing commitment and support to delivering the LOIP and to achieving our collective vision for Aberdeen.

We know it has been a challenging period for people, and as we continue our recovery from the Covid-19 pandemic, people, families, businesses, communities have also had to deal with the rising cost-of-living. Like all areas of Scotland, public services in Aberdeen are facing increasing demand with reducing resources.

With people having to make difficult decisions between heat and food, evidence shows that general physical and mental health have been affected, with our most deprived communities most impacted. The scale of the challenge is understood and we are committed to taking forward actions that aim to increase access to food, fuel, homes and financial support. In addition, we will continue to look at how we best support, engage with and provide services to people living in our priority neighbourhoods to reduce inequalities. Whilst taking a targeted approach to support our most vulnerable communities, we are keen to ensure our universal services create a culture in which healthy behaviours are the norm for everyone; starting in the early years and consistent throughout our lives.

We are proud of our achievements and progress to date from supporting people and families across the City with 696 households helped with fuel bills to achieve £134,464.52 in fuel bill savings; increasing household income by helping 7677 people to access £1,185,861.93 per week of unclaimed benefits; supporting 53 unemployed people to start a business and 228 people into sustained, good quality employment; helping 595 people to upskill and reskill to access employment opportunities; an 98% increase in Real Living Wage employers, with 103 employers seeing over 1,800 workers receive an increase in wages since the establishment of the real Living Wage movement in the city.

These achievements highlight the benefits of Community Planning working effectively together across all areas that impact the place we live; from mitigating the acute impact of the cost of living crisis, the transition to a low-carbon economy, and the need to tackle poverty, reduce inequalities and empower communities. Notwithstanding the work already undertaken across the partnership to take forward LOIP projects, we know from our engagement with the communities that we have more to do collectively. We are not complacent. Let us consider the challenges and our response.

Aberdeen's progress in reducing homelessness stalled with a 25% increase in homelessness applications in 2022/23 caused by post-pandemic movements, rising rents, and economic uncertainty. As a Partnership we are committed to reducing homelessness and last year we were delighted when Aberdeen was successful in its bid to join the Homeward programme, led by The Royal Foundation of The Prince and Princess of Wales. The programme aims to end homelessness, making it rare, brief, and unrepeated and through the addition of a new Stretch Outcome "Reduce homelessness by 10% and youth homelessness by 6% by 2026, ensuring it is rare, brief and non-recurring with a longer term ambition to end homelessness in Aberdeen City" shows our determination to reduce homelessness in the city.

We know that the effects of harmful drinking and substance use on individuals, their families and communities are wide-ranging, and we strive to sustain the positive outcomes shown in latest data available at the end of 2022 and our commitment to take forward a range of interventions in our communities to achieve this is evident in the plan.

We believe that by enabling individuals and communities to take control of their lives and their local environment, we can build a stronger, more resilient city for the people who live here. We have seen a 7.3% reduction in the number of people reporting that they feel they have influence and sense of control. That is why we are adding Stretch Outcome 16 "50% of people report they feel able to participate in decisions that help change things for the better by 2026" from the Community Empowerment Strategy into the LOIP. Our ambition is to work in partnership with all communities, valuing their vital role in improving outcomes for our city.

The Covid-19 pandemic has had a profound impact on our children, young people, and their families. It has affected the economy, opportunities, mental health and wellbeing, and highlighted the needs of our most vulnerable young people and the inequalities they face. We have six stretch outcomes within the LOIP focused on children and young people, which show our commitment to addressing these challenges and our ambition to support every child, irrespective of their circumstances; to grow, develop and reach their full potential.

The ‘natural’ and ‘built’ environment can have a significant role in determining the quality of life for the people who live here and is vital to improving health and reducing inequality. We know that we need to do more to mitigate the risk from climate change and to support our communities to be resilient in taking independent action towards understanding the risks presented by climate change and adapting to them. We are focusing on reducing carbon emissions, increasing sustainable travel, protecting our natural environment and ensuring that our spaces and buildings are well cared for.

In line with the Sustainable Development Goals, we recognise that ending poverty and other deprivations must go hand-in-hand with strategies that improve health and education, reduce inequality and support economic growth which doesn’t compromise the climate and nature – issues at the core of our Local Outcome Improvement Plan. We have shown the alignment of our projects across each of our four strategic themes with the United Nations Sustainable Development Goals. Through delivery of our projects, we are determined to create a more equitable, sustainable and robust future for all.

The refreshed Local Outcome Improvement Plan and our updated Locality Plans, allow us to reach out to our people, communities and businesses, and by continuing to work collectively and successfully we can help to make life better for everyone, leaving no one behind, in this great city that we call home.

Community Planning Aberdeen Board Members

Angela Scott Chief Executive Aberdeen City Council	Graeme Mackie Chief Superintendent Police Scotland	Adam Coldwells Chief Executive NHS Grampian	Susan Webb Director of Public Health NHS Grampian	Andy Wright Local Senior Officer Scottish Fire and Rescue Service	Susan Elston Regional Chair North East Scotland College	Sarah Chew ACVO	Duncan Cockburn Vice Principal for Strategy and Planning Robert Gordon University
Councillor John Cooke Chair of Integrated Joint Board	Councillor Christian Allard Aberdeen City Council	Councillor Kate Blake Aberdeen City Council	Councillor Martin Greig Aberdeen City Council	Councillor Miranda Radley Aberdeen City Council	Yvonne Boyd Head of Operations North East Skills Development Scotland	Pete Edwards Vice Principal University of Aberdeen	Matt Lockley Head of Innovation & Place, Scottish Enterprise



THE ABERDEEN CONTEXT



Like all areas of Scotland, public services in Aberdeen are facing increasing demand with reducing resources. In order to understand how best to prioritise our shared resources, we need clarity on the current and future needs of local people in Aberdeen. Our approach to [Population Needs Assessment](#) ensures we systematically analyse data across a broad range of indicators to identify the major issues facing the City. The following paragraphs provide a summary of findings from the most recent data available as of August 2023.

Our Economy

While the gap between the wealth of the North East region and Scotland has been progressively narrowing since 2015, Aberdeen remains a competitive and productive city with GVA (Gross Value Added) per head in Aberdeen City and Aberdeenshire being 23.7% higher than the Scottish average in 2021. However there have been challenges. Between 2019 and 2022 the number of growth sector enterprises decreased by 830 and the number of people employed in these enterprises has fallen from 60,890 to 52,630. Similarly direct employment in the Oil and Gas sector has decline from its peak of 30,600 in 2015 to 21,000 in 2021. Nevertheless, the oil and gas sector continues to be a significant employer, directly and indirectly (i.e. within the wider supply chain) supporting around 60,000 jobs in the North East. The region is now embracing an economic diversification strategy, transitioning to new forms of renewable energy and supporting the growth of high-value jobs in non-energy sectors.

In the year from April 2022-March 2022, 76% of Aberdeen's working age population was economically active and 71.9% were in employment – lower than the respective rates for Scotland (77.4% and 74.4% respectively). Following a drop in average weekly wage (median gross) in 2020, the weekly wage for people living in Aberdeen City has increased

and at £637.90 in 2022 was similar to the rate for Scotland of £640.30. The proportion of people earning less than the living wage has decreased from 11.9% in 2020 to 6.7% in 2022 and is lower than the rate for Scotland of 9.0%.

Data from SIMD 2020 suggests that overall Aberdeen remains a relatively affluent city - based on SIMD 2016, 40% of Aberdeen's data zones are in the 20% least deprived areas of Scotland. However, there remain areas of deprivation, with 8% of Aberdeen's data zones being classified as being in the 20% most deprived areas of Scotland. More recent data suggests that in 2021/22, 20.5% of children in Aberdeen were living in poverty – up from 18.3% in 2020/21. While there is limited data on the effect of the cost of living crisis, it is likely to have an impact on many households with particular groups of people being more likely to feel the effects. These include: lone parent families; households where someone is disabled; families with three or more children, minority ethnic families; families with a child under one year old and families where the mother is under 25 years. Results from the City Voice show an increase in the proportion of respondents who worried they would not be able to afford to heat their home or have enough food to eat and data from food banks shows an increase in uptake with almost 62,000 emergency food parcels being distributed in 2022/23. In the year 2022-23, there were 1,762 applications under the Homeless Persons legislation in Aberdeen City Council. This is up from 1,404 in 2021-22 – an increase of 25%.

Our People (Children and Young People)

In 2021 there were 35,860 children (0-15 years) in Aberdeen City – this equates to 15.8% of the City's total population which is slightly lower than the Scottish figure of 16.6%. In 2022 there were 14,573 primary school pupils and 10,430 secondary school pupils in Aberdeen City. There were also 140 pupils enrolled in Special Schools.

In July 2022 there were 480 Looked After Children and young people in Aberdeen City – equivalent to 1.2% of the 0-17 years population (same as Scotland). Foster care is the most common setting for Looked After Children in Aberdeen City. At 38.5%, the proportion of children in kinship care (at home with parents or with friends/relatives) is lower in Aberdeen City than in Scotland. While improved, as in Scotland the attainment outcomes for CECYP are still lower than those for all pupils. In 2021/22 in Aberdeen City 76.1% of Looked After Children left school with 1 or more qualification at SCQF (Scottish Credit and Qualifications Framework) level 4 (78.3% for Scotland). Similarly, 67.4% were in a positive destination at follow-up compared to 90.8% for all pupils and 70.4% for Scotland. The percentage of school leavers (all pupils) in a positive follow-up destination varied by deprivation (based on SIMD) with 85% of school leavers in the most deprived quintile having a positive destination compared to 95.3% of those in the least deprived quintile. The number of children on the Child Protection Register increased from 83 in 2021 to 115 in 2022.

In the 12 months to March 2023, there were 4,144 referrals received to Child and Adolescent Mental Health Services (CAMHS) in Grampian of which 3,135 (75.6%) were accepted. Data from the Mental Health and Wellbeing Survey suggests that those in the low family affluence group and those who did not disclose their gender were more likely to report a range of negative outcomes and feelings across nearly all measures.

Our People (Adults)

Based on Census data, at March 2022 Aberdeen City had a population of 224,000. This equates to 4.1% of Scotland's population. Between 2011 and 2022, the population in Aberdeen City grew by 0.5% (from 222,793) compared to an increase of 2.7% for Scotland as a whole. Compared to Scotland, Aberdeen city has a higher proportion of people aged 16-64 years (68.2% compared to 64.6%) and a lower proportion of people age 65+ years (17.1% compared to 20.1%) and under 15 year-olds (14.7% compared to 15.3%).

Aberdeen City has a relatively diverse population. The most recent available figures (year ending June 2021) show an estimated 22.5% of the City's population was born outside of the UK compared to 9.7% for Scotland.

Estimated life expectancy at birth in Aberdeen is broadly in line with Scottish averages at 80.7 years for females and 76.9 years for males (80.7 years 76.5 years respectively for Scotland). However, as in Scotland, life expectancy is strongly associated with deprivation, with those in the most deprived areas having a lower life expectancy than those in the least deprived areas with a difference between those in most and least deprived areas of 10 years for males and 8.1 years for females. Healthy life expectancy measures years lived in good health. While life expectancy has remained broadly stable, healthy life expectancy has decreased for both males and females from 66.3 years in 2014-16 to 61.4 years in 2019-21 for females and 62.8 years to 60.2 years for males.

There is a mixed picture in relation to health behaviours. Positive signs are lower than average rates of smoking and smoking during pregnancy, and higher than average rates of active travel. At 25%, the rate of adults drinking above the guideline recommendations of 14 units per week has also decreased but is still slightly higher than the rate for Scotland of 24%. There has been a drop in the number of drug-related deaths with 42 drug-related deaths in 2022 in Aberdeen City – down from 62 deaths in 2021. Five year age-standardised rate for 2018-2022 was 22.0 per 100,000 population which is lower than the rate for Scotland of 23.4.

In 2020/21, 16.3% of people in Aberdeen City were prescribed drugs for anxiety, depression or psychosis. While lower than the national rate (19.3%), consistent with trends in Scotland the proportion of people receiving prescriptions for these conditions has been increasing in recent years, from (13% in 2010/11). In 2022, there were 28 probable suicides in Aberdeen City (22 males and 6 females) – up slightly from 27 in 2021.

In general, where data is available, it shows a strong relationship between deprivation and health and health behaviours, with those in the most deprived areas having worse outcomes than those in the least deprived areas.

Our Place

Aberdeen has the 8th largest local authority population in Scotland. The city is made up of 37 neighbourhoods, 13 of which are recognised as deprived based on Scottish Index of Deprivation (SIMD).

The importance of Community Empowerment has been recognised in the Community Empowerment Strategy. In June 2023, most respondents (71.8%) to the City Voice agreed that efforts to address community issues are worthwhile and that they would like to be involved in decisions that affect their community (70.5%). However only 31.8% said they knew how to get involved in decisions and 22.1% that they were currently involved. There are currently over 80,600 volunteers in Aberdeen City, contributing 6.2 million hours of help every year in Aberdeen.

In 2022/23 the most common crimes and offences recorded in Aberdeen City were Crimes of Dishonesty (5,449), Road Traffic Offences (4,162) and Non-sexual Crimes of Violence (3,608). In 2021/22 there were 2,579 recorded incidents of domestic abuse in Aberdeen City – down slightly from 2,610 in 2020/21. The rate of accidental dwelling fires is slightly higher in Aberdeen (163 per 100,000 dwellings) than in Scotland (157). The number of people injured in road traffic accidents increased from 64 in 2021 to 82 in 2022.

There is a national and local commitment to meet the target of Net Zero Emissions by 2045. Since 2005, CO₂ emissions in Aberdeen have fallen by 40.4% since 2005 to 1,130 kt in 2021. In 2021, per capita levels were slightly lower in Aberdeen (4.97 tCO₂e) compared to Scotland (5.1 tCO₂e). While the amount of household waste generated increased in 2020 and 2021 compared to the preceding years, the amount going to landfill has decreased – falling from 58,021 tonnes in 2016 to 9,376 tonnes in 2021.

The carbon impact of household waste has fallen from 253,016 tonnes CO₂e in 2016 to 224,544 tonnes CO₂e in 2019 (although again there were increases in 2020 and 2021 compared to the immediately preceding years). Active travel can also play a part in reducing emissions. In 2021, an estimated 24% of people in Aberdeen City used active travel (walking or cycling) to get to work or education. This is an increase from 21.4% in 2018/19. However, climate change is being experienced now across Aberdeen with changes to local rainfall patterns and weather events putting increasing numbers of people and property at risk. In December 2022, almost 60% of City Voice respondents reported being worried about their home and community being vulnerable to severe weather events – double the response in 2020. The most recent Flood Risk Management Strategy produced by SEPA for the North East Local Plan District (2022-2028) identifies 4 areas in Aberdeen City that are potentially vulnerable to flooding – Aberdeen City North (Bridge Of Don, Dyce, Kingswells-north), Aberdeen City – South (Central), Peterculter, Cove and Nigg Bay (Cove Bay and Nigg Bay). The total number of people at risk from flooding for the North-East Local area is 51,000. The number of people at risk of flooding for Aberdeen City is 32,510. This means that 63.75% of the number of people at risk from flooding in the North-East are within Aberdeen City.

Greenspace is important for a range of reasons, including health and well-being, economic benefit and environmental protection. Our greenspaces also play a crucial role in mitigating the negative impacts of climate change. While Aberdeen has a diverse mix of greenspaces for people and wildlife, the types, quantities, quality and accessibility of these are not evenly distributed across the City. Areas of social deprivation tend to have lower diversity and quality spaces which in turn can impact on the health outcomes for those communities. In December 2022, 69.9% of City Voice respondents reported that they were satisfied with their local greenspace – up from 65% in March 2020.

The Partnership's response to these challenges is set out in this Local Outcome Improvement Plan which details the improvement activity the Partnership will prioritise and resource to effect change.

Place Standard Engagement

Between 6 October and 5 November 2023, Community Planning Aberdeen carried out an engagement exercise, based on the national Place Standard tool, to discover what things people of Aberdeen think are good now and improvements they think would make our city and our communities better in the future. 470 people participated (309 through the online engagement; 55 through the locality events and 106 through the children and young people’s version).

Participants were asked to score 14 themes on a scale of 1-7, where 1 meant there was a lot of room for improvement (very bad) and 7 meant there was very little room for improvement (excellent). The themes covered both physical (for example its buildings, spaces, and transport links) and social (for example whether people feel they have a say in decision making) aspects of our City and all aligned to our current priorities (Stretch Outcomes). To help identify potential areas for improvement participants were also asked:

- What are top 3 things that are good now?
- What are the top 3 things we could make it better in the future?

The data and comments gathered by the simulator have been considered alongside the population needs Assessment in making decisions about which improvement projects should be within the Local Outcome Improvement Plan. Our improvement projects will test change ideas gathered from stakeholders and communities to support achievement of our Stretch Outcomes.

The five highest ranking themes were:

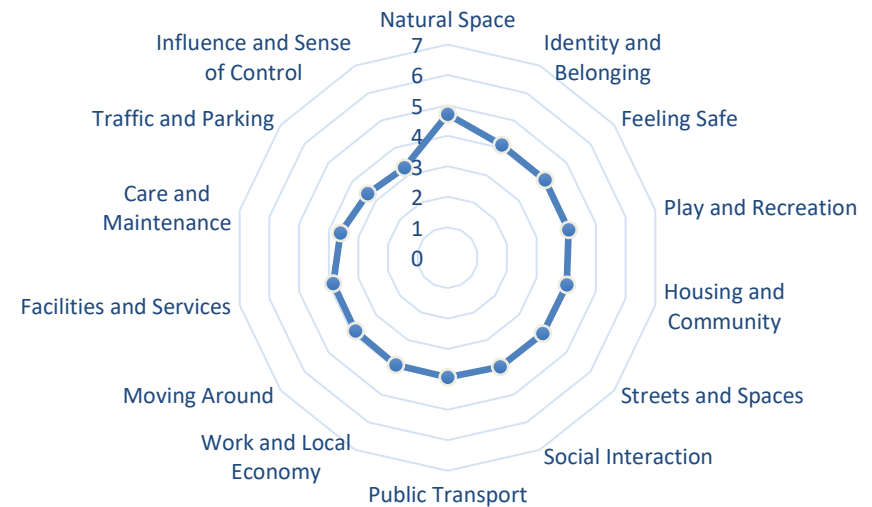
1. Natural space (4.7)
2. Identity and belonging (4.1)
3. Feeling safe (4.1)
4. Play and recreation (4.1)
5. Housing and community (4.0)

A total of 11,394 comments were received across each of the 14 themes, combining all ‘good’ now comments, and all ‘improve’ comments by respondents.

The top 5 themes for ‘good’ comments were:

1. Moving around
2. Public Transport
3. Streets & Space
4. Natural space and
5. Play and recreation.

Mean scores - all participants



OUR VISION FOR ABERDEEN CITY



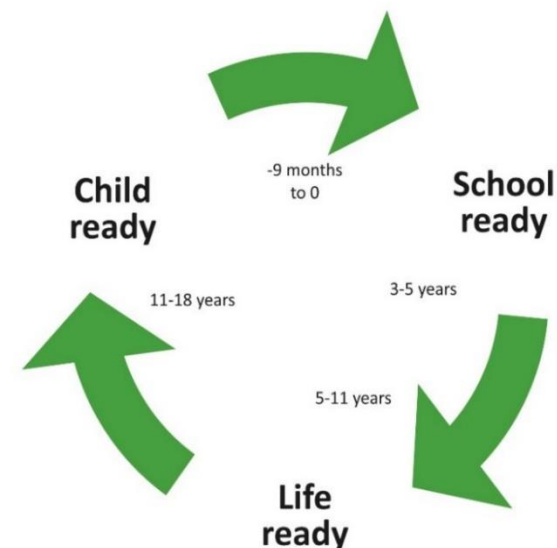
'A place where all people can prosper'

Our vision for 2026 is Aberdeen as a place where all people can prosper. This means all people being able to access the opportunities available in our great City, regardless of their background or circumstances. This reflects our desire to help all people, families, businesses and communities to do well, succeed and flourish in every aspect. To achieve this vision we are committed to tackling the issues that exist in our society which prevent equal opportunity for all to lead a happy and fulfilling life.

Despite the relative prosperity that Aberdeen has enjoyed compared to other areas of Scotland, there are problems faced by our City which have endured for decades and have been stubbornly resistant to improvement. Our evidence confirms what we already know; that inequalities in health, education and employment opportunities continue to exist in some communities and that this is most acute for those families living under the grip of poverty.

Through early intervention and prevention, we aim to create the conditions for prosperity and support future generations to be prepared and made **ready for school, for work, for adulthood** and for life itself – see diagram 1. This calls for attention to be paid to care experienced children, young offenders, children of offenders and those living in poverty - because their levels of risk are very much higher than those of other children and young people of their age.

Diagram 1 – Whole life approach



No single sector or profession can improve outcomes for people and place alone. Collaborative efforts across the Community Planning Partnership are key to achieving our ambitions for the City of Aberdeen.

We understand that real transformation will come from acting beyond the walls of our public service organisations and infrastructures and thinking about Aberdeen as a **'City of Learning'**.

Becoming a **City of Learning** means capitalising on the vast opportunities, resources and potential for enabling people to learn and develop themselves in ways that meet their needs, interests and ambitions. In this way they can participate more fully in their own lives and in the life of the City to help their families and communities prosper. This approach builds on the pioneering work of the Learning Cities in the USA and the UNESCO Global Network of Learning Cities movement. It recognises the lifelong opportunity that exists for people to learn to address gaps in their opportunity, achievement and/or skills – see diagram 2.

Diagram 2 – Lifelong learning approach



How will we know we are making a difference?

Setting out a vision for how we want things to be in the future is the easy part. Believing that it is possible and making it happen is entirely different.

This plan sets out the improvement projects we will take forward to achieve our vision as **a place where all people can prosper**.

Our ultimate measures of success in achieving this vision will be that **by 2026:**

We still have the **highest** GVA (Gross Value Added) per head in Scotland

Fewer than 10% of our children are living in poverty

We are living in good health for at least **five years longer**

Our carbon emissions are **61% lower**

How will we make it happen?

Our 16 Stretch Outcomes break down our overall vision into four themes of People, Place, Economy and Community Empowerment and into manageable thematic programmes of work. The Stretch Outcomes are the overarching aims we are working towards achieving through our improvement projects. Whilst we don't have overall control of the Stretch Outcomes we are ambitious to use our multi-agency influence to make changes that we hope will have an impact. In taking a structured approach to improvement we are very clear about what it is we are trying to accomplish, how we will know whether a change is an improvement and what changes we will make to secure this improvement. These stretch outcomes tackle poverty as they manifest at every stage of a person's life journey. The following chapters in this document include the detailed improvement projects we will take forward to influence the achievement of these stretch outcomes.

OUR 16 STRETCH OUTCOMES

ECONOMY	PEOPLE (Children & young people)	PEOPLE (Adults)	PLACE
<ol style="list-style-type: none"> 20% reduction in the percentage of people who report they have been worried they would not have enough food to eat and/ or not be able to heat their home by 2026. 74% employment rate for Aberdeen City by 2026. 	<ol style="list-style-type: none"> 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026 90% of children and young people report they feel listened to all of the time by 2026. By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026. 95% of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026. 83.5% fewer young people (under 18) charged with an offence by 2026. 100% of our children with Additional Support Needs/disabilities will experience a positive destination. 	<ol style="list-style-type: none"> 10% fewer adults (over 18) charged with more than one offence by 2026 Healthy life expectancy (time lived in good health) is five years longer by 2026. Reduce the rate of both alcohol related deaths and drug related deaths by 10% by 2026. Reduce homelessness by 10% and youth homelessness by 6% by 2026, ensuring it is rare, brief and non-recurring with a longer term ambition to end homelessness in Aberdeen City. 	<ol style="list-style-type: none"> Addressing climate change by reducing Aberdeen's carbon emissions by at least 61% by 2026 and adapting to the impacts of our changing climate. Increase sustainable travel: 38% of people walking; 5% of people cycling and wheeling as main mode of travel and a 5% reduction in car miles by 2026. 26% of Aberdeen's area will be protected and/or managed for nature and 60% of people report they feel that spaces and buildings are well cared for by 2026.
COMMUNITY EMPOWERMENT			
16. 50% of people report they feel able to participate in decisions that help change things for the better by 2026.			

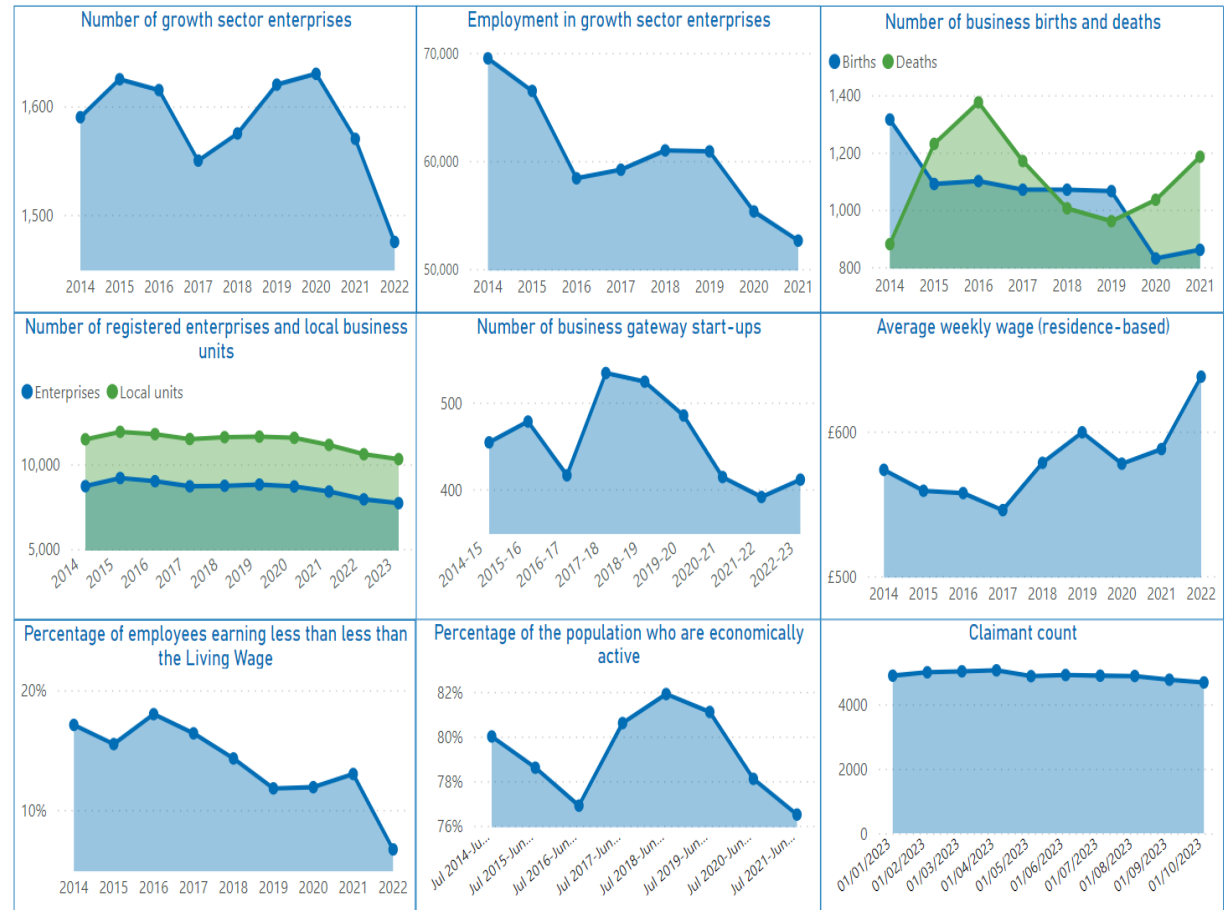
PROSPEROUS ECONOMY



A healthy economy supports a healthy population. People who are economically secure, have better health and wellbeing. We want everyone in Aberdeen to benefit from a healthy economy and to have equal opportunities to be economically active. However, Aberdeen continues to experience the impact of the economic change that has arisen from the Covid-19 pandemic, and the cost of living with increased inflation, food and energy prices. Our employment in the city is at its lowest level since 2016, with roughly 1 in 4 of the working age population economically inactive. This is impacting on people across the city, but we know that people living in our priority neighbourhoods, women, children, people with a disability, minority ethnic communities and on a low income are more likely to be affected.

The cost of living crisis, combined with existing inequalities, increase the risk of acute poverty and reduce wellbeing. We are committed to working in partnership, with our communities, to develop and provide targeted, locally based solutions to mitigate against the cost of living and support the long term financial security of all households. For example, we have projects supporting people access affordable and healthy food, as well as being able to live in homes suitable to their needs and which can be kept warm and dry.

POPULATION NEEDS ASSESSMENT DATA:



Linked to a rise in poverty is growing financial insecurity. A primary focus will be supporting people access the financial support they are entitled to, whilst enabling their financial resilience in the longer term by increasing the opportunities for unemployed residents to gain good quality work opportunities, where they are able to. Accessing support and the type and range of employment opportunities were key themes from our public engagement. Our plans are focused on providing targeted support for people who need help in removing the barriers to accessing employment opportunities; and creating and giving people greater opportunities to develop and gain new skills at all points in their life. Business creation continues to be key to both developing new employment opportunities and to diversifying the economy. Aberdeen Prospers is committed to improvement activity around providing the correct support for those wishing to start or expand their own business, including social enterprises.

A common theme from our public engagement was the cost of public transport and the challenges this caused for people accessing services and job opportunities. To mitigate against this we are aiming to reduce transport poverty and support people to access the opportunities that are available, connect in their communities and engage with services.

We know that people in work are also experiencing poverty. Employers paying the real living wage can mean the difference between surviving and thriving. Over the past two years we have been working in partnership to increase the number of employers paying the real living wage and 100 employers are now living wage accredited. We are committed to sustaining and expanding this with our goal to achieve real living wage city accreditation by 2026.

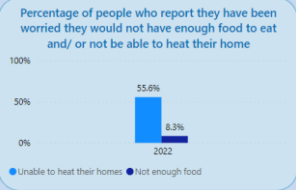
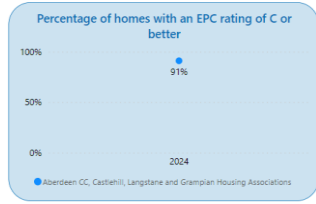
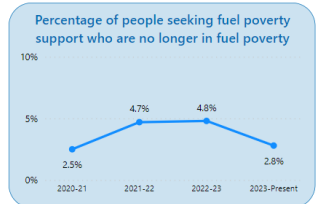
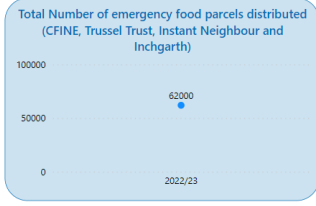
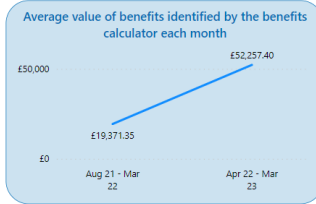
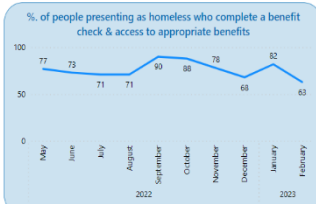
STRETCH OUTCOMES

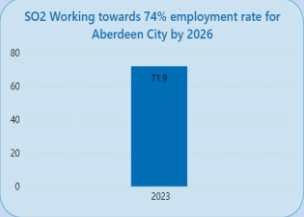


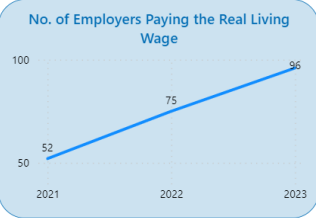
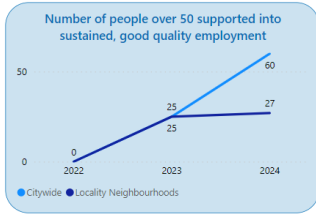
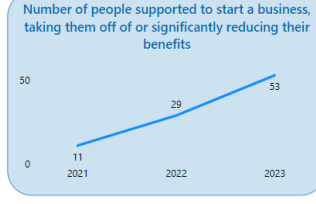
1. 20% reduction in the percentage of people who report they have been worried they would not have enough food to eat and/ or not be able to heat their home by 2026.
2. 74% employment rate for Aberdeen City by 2026

LEAD PARTNERS:

- Aberdeen City Council
- Aberdeen Council of Voluntary Organisations (ACVO)
- Business Gateway
- Culture Aberdeen
- Grampian Regional Equality Council (GREC)
- North East Scotland College (NESCol)
- NHS Grampian
- SCARF
- Scottish Enterprise
- Skills Development Scotland



Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>1. 20% reduction in the percentage of people who report they have been worried they would not have enough food to eat and/or not be able to heat their home by 2026.</p>  <p>Responsible Outcome Improvement Group: Anti-Poverty Group</p>	<p>Mitigating the causes of poverty and supporting those experiencing poverty.</p>	<p>1.1 Increase to 92% the number of homes that meet an EPC rating of C or better by 2026.</p>		<p>Social housing; City Wide; Early Intervention</p>	<p>Aberdeen City Council</p>
		<p>1.2 10% of people seeking fuel poverty support are no longer in fuel poverty by 2026.</p>		<p>City wide; people living in social housing Early Intervention</p>	<p>SCARF</p>
		<p>1.3 Increase the number of people referred from food banks to cash first initiatives by 10% by 2026.</p>		<p>City Wide; Early Intervention</p>	<p>Cash First Partnership</p>
		<p>1.4 Increase the uptake of unclaimed benefits across Aberdeen City by 10% by 2025.</p>		<p>City Wide; Early Intervention</p>	<p>Aberdeen City Council</p>
		<p>1.5 Ensure 100% of those assessed as homeless are offered a financial assessment to check they are accessing all appropriate benefits by 2025.</p>		<p>City Wide; people presenting as homeless; Response</p>	<p>Aberdeen City Council</p>

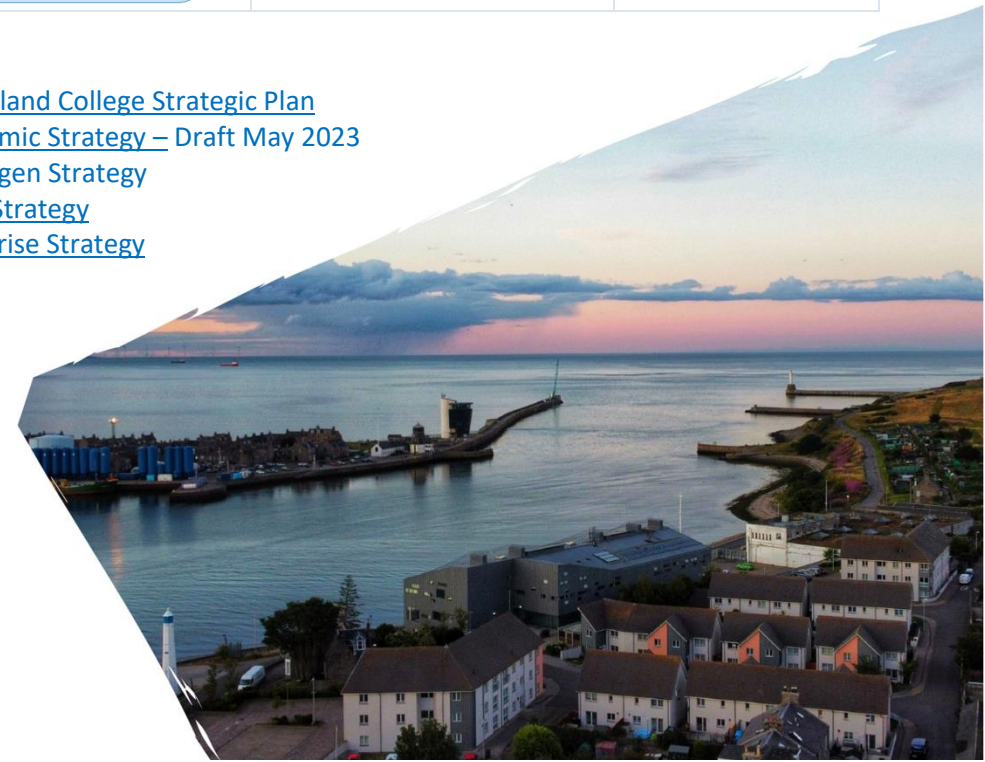
Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>2. 74% employment rate for Aberdeen City by 2026</p>  <p>SO2 Working towards 74% employment rate for Aberdeen City by 2026</p> <p>Responsible Outcome Improvement Group: Aberdeen Prospers</p>	<p>Supporting labour market to recover from impact of Covid-19 on employment.</p>	<p>2.1 Support 25 people from ethnic minorities into sustained, good quality employment by 2026.</p>		<p>City Wide; Ethnic minorities; Early Intervention</p>	<p>Aberdeen Council of Voluntary Organisations (ACVO) / Grampian Regional Equality Council (GREC)</p>
		<p>2.2 Support 25 people into good quality jobs within Health and Social Care by 2026.</p>		<p>City Wide; Long term health conditions and/or disabilities; Early Intervention</p>	<p>NHSG</p>
	<p>Increasing the number of people in Aberdeen in sustained, fair work.</p>	<p>2.3 Increase employer sign up to the Real Living Wage by 5% year on year to 2026 to achieve Real Living Wage City Status by 2026.</p>		<p>City Wide; Employers Early Intervention</p>	<p>Scottish Enterprise</p>
		<p>2.4 Support 100 people into sustained, good quality employment by 2026, with a particular focus on those from priority neighbourhoods and people over 50.</p>		<p>Priority neighbourhoods and people over 50; Early Intervention</p>	<p>Skills Development Scotland</p>
		<p>2.5 Supporting 100 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 2026.</p>		<p>City wide; benefits claimants; Early Intervention</p>	<p>Business Gateway</p>

Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner				
	Fewer employers reporting skills gaps	2.6 Support 40 young parents into training and / or employability provision by 2026.	<p>Number of young parents supported into training and / or employability provision</p> <table border="1"> <tr><th>Year</th><th>Count</th></tr> <tr><td>2023</td><td>0</td></tr> </table>	Year	Count	2023	0	City wide; Young parents (mothers and fathers) aged 16 to 25 Early Intervention	Aberdeen City Council
		Year	Count						
		2023	0						
2.7 Upskill 50 individuals who are experiencing digital barriers to apply for employment opportunities by 2026.	<p>Number of individuals experiencing digital barriers supported to apply for jobs</p> <table border="1"> <tr><th>Year</th><th>Count</th></tr> <tr><td>2023</td><td>0</td></tr> </table>	Year	Count	2023	0	City Wide; People experiencing digital barriers; Early Intervention	Aberdeen City Council		
Year	Count								
2023	0								
2.8 Support 25 individuals to gain employability skills through volunteering opportunities by 2026.	<p>Number of individuals who have gained employment through volunteer opportunities</p> <table border="1"> <tr><th>Year</th><th>Count</th></tr> <tr><td>2024</td><td>0</td></tr> </table>	Year	Count	2024	0	City Wide; People experiencing barriers to employment; Early Intervention	Culture Aberdeen		
Year	Count								
2024	0								

LOCAL SUPPORTING STRATEGIES

- [City Region Deal 2021-2025](#)
- [City Centre Masterplan](#)
- [Council Delivery Plan](#)
- [Cultural Strategy for Aberdeen](#)
- [Destination Tourism Strategy 2022-2030](#)
- [Granite City Growing; a food growing strategy for Aberdeen 2019-24](#)
- [Granite City Good Food Plan - Plan of the Sustainable Food City Partnership](#)
- [Net Zero Aberdeen Building and Heating Strategy](#)
- [Net Zero Aberdeen Energy Supply Strategy](#)

- [North East Scotland College Strategic Plan](#)
- [Regional Economic Strategy – Draft May 2023](#)
- [Regional Hydrogen Strategy](#)
- [Regional Skills Strategy](#)
- [Scottish Enterprise Strategy](#)



PROSPEROUS PEOPLE (CHILDREN & YOUNG PEOPLE)



Our ambition is 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. The Stretch Outcomes outlined below and the improvement aims aligned to them reflect these aspirations and support the delivery of the Children Services Plan.

Over the next few years we will work with families and young children to ensure they have the best possible start in life by helping them reach their developmental milestones. We continue to have a focus on improving mental health and wellbeing and increasing the attainment of our children and young people. Our improvement projects also provide focussed interventions for those who require the most support such as: those from our priority neighbourhoods; those experiencing poverty; those who are Care Experienced; at risk of entering the Justice system; or who have additional Support Needs/disabilities ensuring they have the same opportunities to thrive as their peers.

POPULATION NEEDS ASSESSMENT DATA:



Co-location and co-delivery are increasingly evident across the universal services and our multi-agency Fit Like Hubs provide a model for targeted partnership integration and delivery. We now need to build on this positive start to ensure services at universal, targeted and specialist levels of our Tiered Intervention Framework provide effective early and preventative Family Support. We recognise that co-designing more integrated services with service users and their families will be critical to the delivery of the Stretch Outcomes for Children and Young People.

There is also a need to improve the alignment of children's services with adult services in order to take a whole family approach and address issues that can arise at transition points. In developing our stretch outcome outcomes, we have listened to the priorities of our children and young people, their families and those who support them through opportunities to engage with the data informing our planning and monitoring and from survey data held across the Community Planning Partnership. We undertake a yearly review of the data as part of our statutory reporting on progress and use the insight gleaned to validate or help reset our Plans.

Meaningful and effective participation will be central to the delivery of our LOIP Improvement aims and we will monitor and report on how our children and young people have directly influenced service delivery through Community Planning Aberdeen.


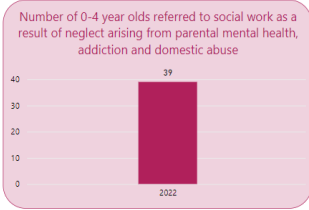
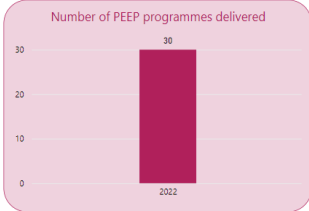
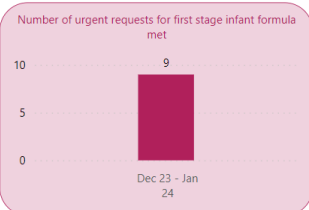
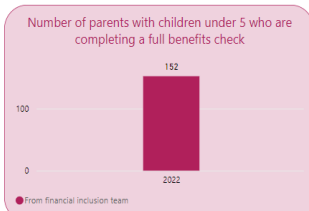
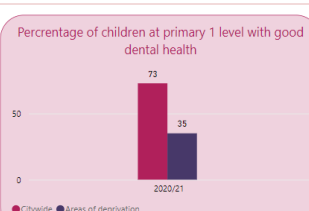
STRETCH OUTCOMES

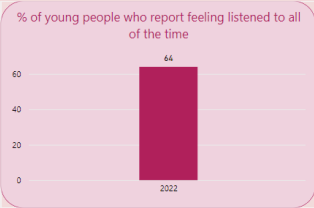

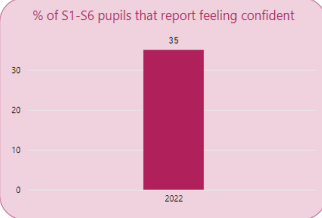
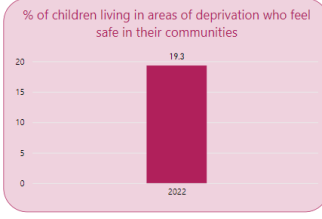
3. 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026.
4. 90% of children and young people report they feel listened to all of the time by 2026.
5. By meeting the health and emotional wellbeing needs of our care experienced children and young people they will have the same levels of attainment in education and positive destinations as their peers by 2026.
6. 95% of children living in our priority neighbourhoods (Quintiles 1 & 2) will sustain a positive destination upon leaving school by 2026.
7. 83.5% fewer young people (under 18) charged with an offence by 2026.
8. 100% of our children with Additional Support Needs/disabilities will experience a positive destination.

LEAD PARTNERS:

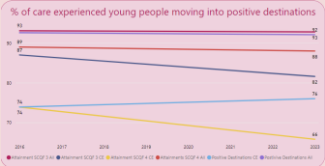
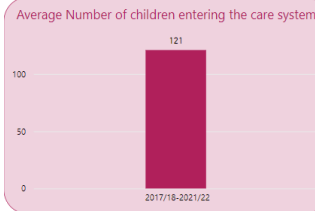
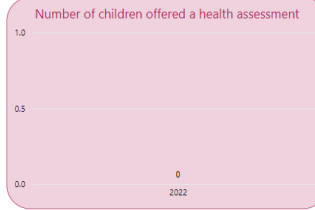
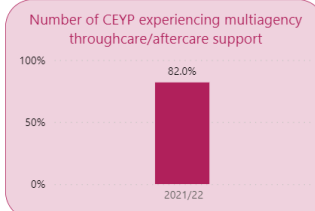

- Aberdeen City Council
- Aberdeen City Health & Social Care Partnership
- ACVO
- NHS Grampian
- North East Scotland College
- Police Scotland
- Scottish Children's Reporter Administration

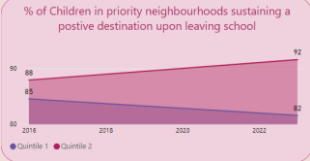


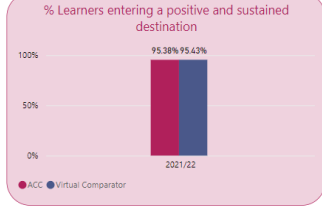
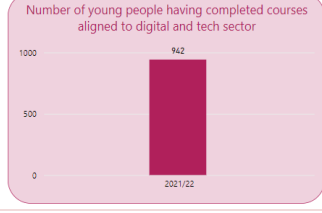
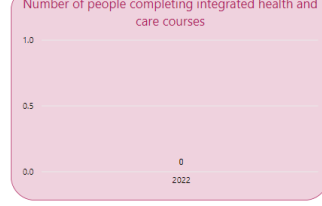




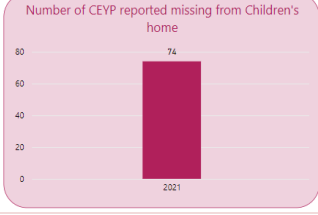
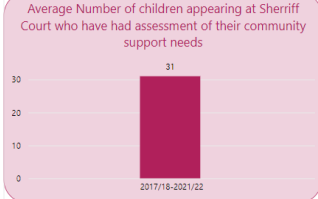

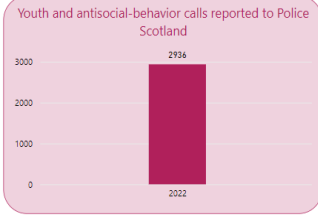
Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>3. 95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026</p>  <p>Responsible Outcome Improvement Group: Children's Services Board</p>	Ensuring that families receive the parenting and family support they need.	3.1 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.		City Wide; children aged 0-4; Early Intervention	ACHSCP
		3.2 Increase by 40% the number of Peep programmes delivered by multi-agency partners by 2025.		Priority Neighbourhoods; Early Intervention	Aberdeen City Council
	Improving health and reducing child poverty inequalities.	3.3 100% of urgent requests for first stage infant formula and nutritional support for pre-school children are met by 2024.		City Wide; Early Intervention	NHSG
		3.4 Increase by 10% the no. of parents with children under 5 who are completing a full benefits check by 2024.		City Wide; All new Parents and Parents of Pre-school Children; Prevention	NHSG
		3.5 Improve dental health at primary 1 to the national average by reducing the levels of dental health decay in areas of deprivation to 50% by 2025.		Priority Neighbourhoods; Children pre primary 1; Early Intervention	NHSG


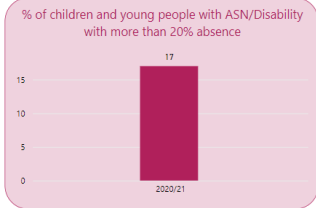
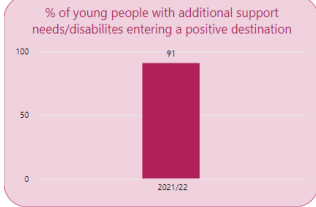
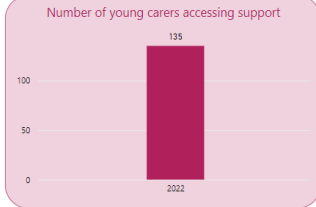
Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>4. 90% of children and young people report they feel listened to all of the time by 2026.</p> 	Improving timely access to support.	4.1 Reduce demand on Tier 3 services by 5% by 2026.		City wide; Early Intervention	NHSG, CAMHS
		4.2 Reduce waiting time for interventions starting, by each tier 2/3 service by 5% by 2026.	Baseline to be established as part of the project.	City wide; children and young people requesting Tier 2 and 3 mental health assistance; Prevention	NHSG, CAMHS
		4.3 100% 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.	Baseline to be established as part of the project.	City wide; Looked After Children leaving care; Early Intervention	NHSG
	Increasing children’s knowledge and understanding of their own physical and mental wellbeing and take an early intervention and prevention approach.	4.4 Increase by 5% the number of S1-S6 pupils who report that they feel confident by 2025.		City wide; S1-S6 pupils; Prevention	Aberdeen City Council (Education)
		4.5 Increase by 10% the % of children living in areas of deprivation who feel safe in their communities by 2025.		Priority Neighbourhoods; Children; Prevention	Aberdeen City Council (Community Safety)

Responsible Outcome Improvement Group:
Children’s Services Board

Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>5. 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</p>  <p>Responsible Outcome Improvement Group: Children's Services Board</p>	<p>Improving education and health outcomes for care experienced children and young people.</p>	<p>5.1 Reduce by 5% the number of children entering the care system by 2024.</p>		<p>City wide; Children and young people at risk and entering care; Early Intervention</p>	<p>Aberdeen City Council</p>
		<p>5.2 100% of children and young people leaving care are offered a health assessment to identify gaps in their health provision and needs by 2024.</p>		<p>City wide; Looked After Children and young people leaving care; Response</p>	<p>NHSG</p>
		<p>5.3 Increase the number of care experienced young people by 10% receiving multiagency throughcare/aftercare support by 2024.</p>		<p>City wide; Care experienced children and young people; Response</p>	<p>Aberdeen City Council</p>
	<p>Supporting attainment of balance of care where children are able to remain more often at home and or with kin.</p>	<p>5.4 80% of care experienced parents will report that they believed they were sufficiently prepared for parenthood by 2026.</p>	<p>Baseline to be established as part of the project.</p>	<p>City wide; Care experienced parents; Response</p>	<p>NHSG</p>
	<p>Supporting children and young people to understand and access multiagency throughcare and aftercare services.</p>	<p>5.5 80% of the identified multi-agency workforce successfully complete Corporate Parenting training aligned to the Promise by 2025.</p>		<p>City wide; Multi-agency staff; Early Intervention</p>	<p>Aberdeen City Council</p>

Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>6. 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</p>  <p>Responsible Outcome Improvement Group: Children’s Services Board</p>	<p>Improving pathways to education, employment and training for all our children</p>	<p>6.1 75% of identified multi-agency staff reporting confidence in identifying and taking action on harm by 2026.</p>	<p>Baseline to be established as part of the project.</p>	<p>City wide; Multi-agency staff; Prevention</p>	<p>Aberdeen City Council</p>
		<p>6.2 Increase to 3 the delivery of co-located and delivered services by health and education by 2024.</p>		<p>City wide; Young people in school; Early Intervention</p>	<p>Aberdeen City Council</p>
		<p>6.3 Increase by 10% the rate of completion of NPA/FA/HNC courses available to young people across the city by June 2024.</p>		<p>City wide; Young people; Prevention</p>	<p>Aberdeen City Council</p>
		<p>6.4 Increase the % of learners entering a positive and sustained destination to be ahead of the Virtual Comparator for all groups by 2025.</p>		<p>Each SIMD quintile; Young people; Early Intervention</p>	<p>Aberdeen City Council</p>
		<p>6.5 Increase by 20% the number of young people completing courses aligned to support the digital and tech sector by 2026.</p>		<p>City wide; Young people; Prevention</p>	<p>Aberdeen City Council</p>
		<p>6.6 Increase to 50 the no. of people completing more integrated health and care courses by 2025.</p>		<p>City wide; Children and young people; Prevention</p>	<p>NESCOL</p>

Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>7. 83.5% fewer young people (under 18) charged with an offence by 2026.</p>  <p>Responsible Outcome Improvement Group: Children's Services Board</p>	<p>Young people receive the right help at the right time to improve outcomes for young people at risk of becoming involved in the Justice System.</p>	<p>7.1 Reduce by 20% the number of care experienced young people charged with an offence by 2025.</p>		<p>City wide; Care Experienced Young People; City wide; Early Intervention</p>	<p>Police Scotland</p>
	<p>More people appropriately diverted from Justice System to effective interventions aimed at reducing the likelihood of reoffending, where appropriate.</p>	<p>7.2 Reduce by 15% the number of care experienced young people reported missing from Children's homes to Police Scotland by 2024.</p>		<p>City wide; Care experienced young people in Children's homes; Early Intervention</p>	<p>Police Scotland</p>
	<p>Tackling antisocial behaviour in problem areas with appropriate and effective interventions.</p>	<p>7.3 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.</p>		<p>City wide; 16 and 17 year olds appearing at Sherriff Court; Response</p>	<p>Aberdeen City Council (Children's Social Work)</p>
		<p>7.4 Increase by 5% the no. of 16/17 year olds who are diverted from prosecution by 2025.</p>		<p>City wide; 16 and 17 year olds in conflict with the law; Early Intervention</p>	<p>Aberdeen City Council (Children's Social Work)</p>
		<p>7.5 Reduce by 15% the number of instances of youth anti-social behaviour calls to Police Scotland by 2025.</p>		<p>City wide; Under 18s; Early Intervention</p>	<p>Police Scotland</p>

Stretch Outcome	Key Drivers	Improvement Project Aim and Reference	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>8. 100% of our children with Additional Support Needs/ Disabilities will experience a positive destination by 2026.</p>  <p>Responsible Outcome Improvement Group: Children’s Services Board</p>	<p>Improving pathways to education, employment and training for our children with ASN/disabilities.</p>	<p>8.1 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.</p>		<p>City wide; YP with additional support needs/disability; Early Intervention</p>	<p>Aberdeen City Council</p>
	<p>Ensuring young carers receive the support they need.</p>	<p>8.2 Increase by 5%, the percentage of young people with additional support needs/disability entering a positive destination by 2025.</p>		<p>City wide; Young people with additional support needs/disability; Early Intervention</p>	<p>Aberdeen City Council</p>
	<p>Ensuring our children with ASN/disabilities and their families receive the support they need</p>	<p>8.3 Increase by 20% the number of registered young carers accessing support from the Young Carers service by 2025.</p>		<p>City wide; Young carers; Early Intervention</p>	<p>Barnardos</p>
	<p>Improving timely access to support.</p>	<p>8.4 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.</p>	<p>Baseline to be established as part of the project.</p>	<p>City wide; Families with children with an additional support need/disability; Early Intervention</p>	<p>NHSG</p>
	<p>Improving timely access to support.</p>	<p>8.5 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.</p>	<p>Baseline to be established as part of the project.</p>	<p>City wide; Multi-agency staff working with children and young people with disabilities; Early Intervention</p>	<p>NHSG</p>
	<p>Improving timely access to support.</p>	<p>8.6 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.</p>	<p>Baseline to be established as part of the project.</p>	<p>City wide; Families of children with autism or awaiting diagnosis; Early Intervention</p>	<p>NHSG</p>

Local Supporting Strategies

[Aberdeen City National Improvement Framework Action Plan](#)

[Aberdeen Playing Pitch Strategy](#)

[Aberdeen Aquatics Strategy](#)

[Aberdeen Sports Facilities Strategy](#)

[AHSCP Strategic Plan High Level Plan 2022-26](#)

[Children's Services Plan](#)

[Child Poverty Plan](#)

Local [Autism](#) and [Carers](#) Strategies

[Strategy for Active Aberdeen](#)

[Corporate Parenting Plan](#)

[Child Protection Improvement Plan](#)

[Community Learning & Development Plan](#)

[Children's Rights Report](#)

Early Learning & Childcare [Delivery](#) and [Accessibility](#) Plan

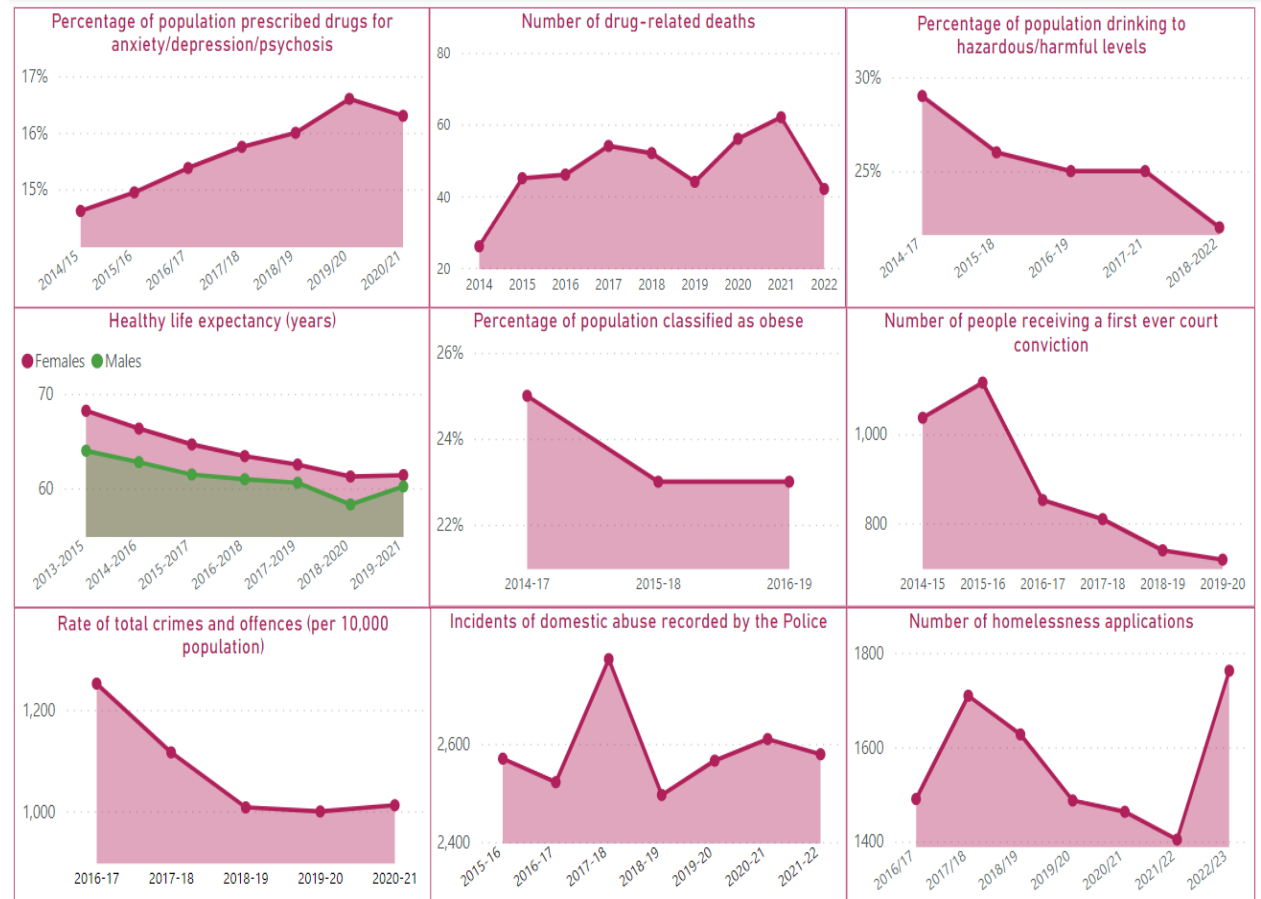
PROSPEROUS PEOPLE (ADULTS)



We want Aberdeen to be a place where everyone can live long and healthy lives. The rising cost of living is a key risk to population health and is likely to increase the existing inequalities in healthy life expectancy, with people from areas with higher deprivation having shorter lives and being more likely to live with poorer health for longer. With people making difficult decisions between heat and food, evidence shows that general physical and mental health will be affected.

There will be long term consequences of the cost of living crisis, many of which are preventable. Mitigating the impacts on people, communities, as well as the inequalities currently experienced, can only be achieved by us working together in partnership and through targeting improvement activity for vulnerable and disadvantaged people, families, and groups. Food, water, clothing, sleep and shelter are the basic human needs for survival but for our most vulnerable people, each day consists of trying to meet these needs. Our improvement activity is focused on supporting the people most vulnerable to harm due to poverty, homelessness, mental health and drugs and alcohol in the short term as well as making changes to our systems to prevent these harms in the future.

POPULATION NEEDS ASSESSMENT DATA:



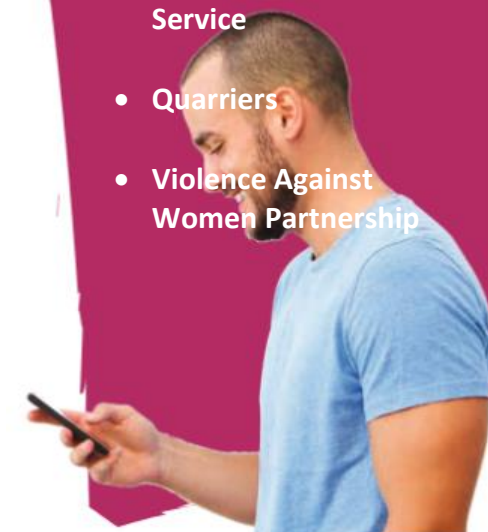
As part of the city's ongoing efforts to enact change and reduce homelessness locally, Aberdeen is delighted to be one of the six flagship locations of Homewards, a five year locally led programme launched by Prince William and The Royal Foundation of the Prince and Princess of Wales. Through Homewards, Aberdeen is being supported over the next five years to create a coalition of committed people and organisations from private, public and voluntary sectors who will work together to create and deliver an action plan, as well as an Innovative Housing Project that aims to unlock homes at scale. The Homewards Aberdeen coalition will work in collaboration with existing programmes and working groups, and will enhance ongoing work rather than duplicate it. It will also be given the space, tools and expertise to focus on preventing homelessness in all its forms, and put Aberdeen on a trajectory to ending it, making it rare, brief and unrepeatable.

Whilst taking a targeted approach to support our most vulnerable communities, we are also ensuring our universal services create a culture in which healthy behaviours are the norm starting with the early years and persisting throughout our lives. We are taking a whole family approach to providing all individuals and communities with the social resources needed to make informed decisions about health and lifestyle. We recognise that information alone is not enough and we need to ensure the right environment is available to facilitate and support people to make the right behavioural choices. Our projects focus on access to affordable healthy food, reducing tobacco smoking and vaping. Evidence shows that there are factors that increase the likelihood of some people using alcohol and drugs and the harm caused to them and their family. Through our improvement activity, we are increasing access to alcohol and drug support for the whole family within their community, including early identification of children requiring preventative support to mitigate the risk of future harm in relation to drug and alcohol use. Each individual's recovery will be unique and their, and their families' voice will be critical to the success of our improvement activity and will be a key part of the shaping of the projects and ensuring a whole system approach.

Through our engagement, our communities have expressed the importance of access to improvements to community health services and support services, as well availability of activities within their communities to stay connected. We need to ensure that people have access, when needed, to the health and support services, at the earliest opportunity and in the setting that enables them to engage. To support this, we have projects focused on increasing uptake of cancer screening of people in our priority neighbourhoods, support for chronic pain management, as well as access to drug and alcohol education and support across a range of settings. We are committed to providing and raising awareness of accessible opportunities to stay well and connected in your community through a range of activities and access to interventions to identify, at an early point, when behaviours could turn to harm.

LEAD PARTNERS:

- Aberdeen City Council
- Aberdeen City Health & Social Care Partnership
- Aberdeen Council of Voluntary Organisations (ACVO)
- Alcohol and Drugs Action
- NHS Grampian
- Police Scotland
- Homewards Aberdeen Coalition
- Sport Aberdeen
- Scottish Fire & Rescue Service
- Quarriers
- Violence Against Women Partnership

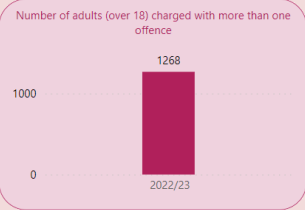

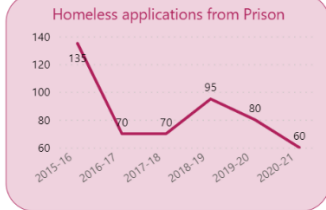




All people in Aberdeen are entitled to live within our community in a manner in which they feel empowered, resilient and safe. People sometimes need others to support their achievement of a full, active, safe citizenship. Through our partnership working, we are seeing increases in diversion out of the justice system, and we are committed to continue to reduce the number of people and communities affected or harmed by crime through an early intervention approach to offending through preventative aims. We recognise that we need to support people who have offended, to turn their behaviour around and become contributors to society. Research shows that maintaining and building upon protective factors such as access to housing, healthcare, employability, financial stability and professional support, such as intervention and access to drug and alcohol support, assists in reducing repeat offending and a return to custody, with all of the associated financial and human costs. We are focussed on identifying all need and developing a whole system approach enabling people to access the support they require at the earliest opportunity and creating opportunities for engagement on the issues which are contributing to reoffending behaviour. Our plans take targeted interventions to reduce the impact of crime on communities, such as hate crimes through improving awareness and expanding Third-Party Reporting Centres. We are taking a whole population approach to changing attitudes and recognising domestic abuse, because we are acutely aware of the unseen and unreported abuse and we are committed to working with partners and communities in making all people feel safe.

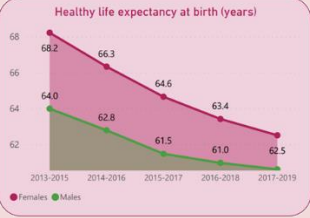
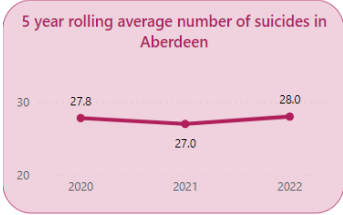
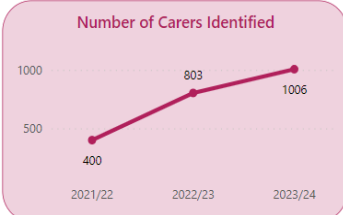
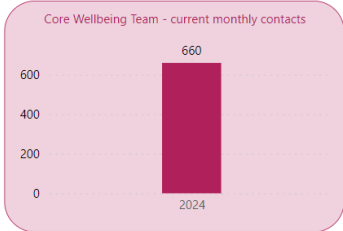

STRETCH OUTCOMES



9. 10% fewer adults (over 18) charged with more than one offence by 2026
10. Healthy life expectancy (time lived in good health) is five years longer by 2026
11. Reduce the rate of both alcohol related deaths and drug related deaths by 10% by 2026
12. Reduce homelessness by 10% and youth homelessness by 6% by 2026, ensuring it is rare, brief and non-recurring with a longer term ambition to end homelessness in Aberdeen City.

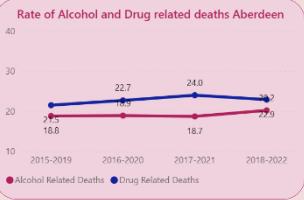
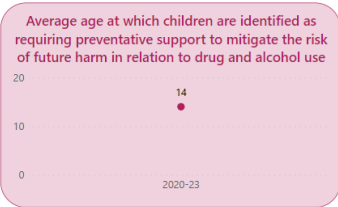
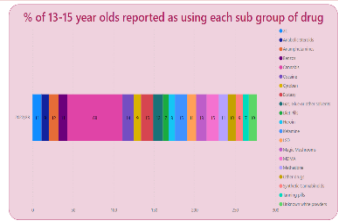

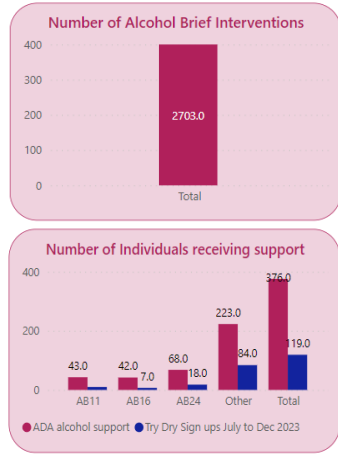


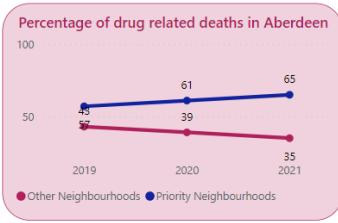
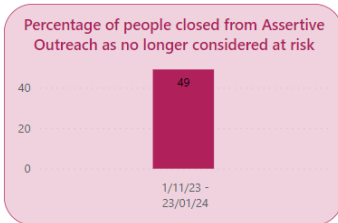
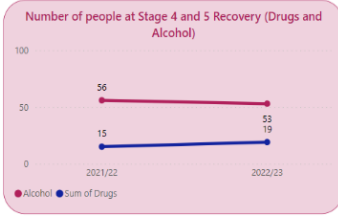
Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>9. 10% fewer adults (over 18) charged with more than one offence by 2026</p>  <p>Responsible Outcome Improvement Group: Community Justice Group</p>	<p>Those who are convicted are supported to engage with relevant services and reduce re-offending.</p>	<p>9.1 Increase by 50% number of work able people on orders and leaving prison engaging with employability support by 2026.</p>		<p>City Wide; people on orders and leaving prison; Prevention</p>	<p>Aberdeen City Council /Scottish Prison Service</p>
		<p>9.2 Reduce by 90% the number of people released from prison in to Aberdeen City without suitable accommodation by 2026.</p>		<p>City Wide; people released from prison; Early Intervention</p>	<p>Aberdeen City Council (Housing)</p>
		<p>9.3 Reduce by 10% the number of people entering police custody with additional support needs by 2026.</p>		<p>Kittybrewster Custody Suite; people in police custody; Early Intervention</p>	<p>Police Scotland</p>
		<p>9.4 Increase to 80% the number of community justice clients completing exit questionnaires with 90% of those showing an improvement by 2026.</p>		<p>City Wide; Community Justice clients Prevention</p>	<p>ACHSCP, Justice Social Work</p>
		<p>9.5 80% of individuals in the Justice system that identify to have concerns with their substance use are offered or accessing support by 2026.</p>	<p>To be established as part of the project.</p>	<p>City Wide; people in the justice system requiring substance use support; Response</p>	<p>ACHSCP, Justice Social Work</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner									
	Taking targeted interventions to reduce the impact of crime on communities.	9.6 80% of multi-agency staff report awareness and understanding of the links between gender equality and gender based violence by 2026.	<p>% of multi-agency staff report awareness and understanding of the links between gender equality and gender based violence</p> <table border="1"> <tr><th>Year</th><th>Value</th></tr> <tr><td>2023</td><td>0</td></tr> </table>	Year	Value	2023	0	City Wide; multi-agency staff Prevention	Aberdeen City Council / Violence Against Women Partnership (VAWP)					
		Year	Value											
		2023	0											
		9.7 85% of people report they have confidence in Community Justice by 2025.	To be established as part of the project.	City Wide; Prevention	Aberdeen Council of Voluntary Organisations (ACVO)									
	9.8 Increase by 10% community confidence to report hate crimes by 2026.	<p>Hate crimes reported to police</p> <table border="1"> <tr><th>Year</th><th>Value</th></tr> <tr><td>2018/19</td><td>231</td></tr> <tr><td>2019/20</td><td>305</td></tr> <tr><td>2021/22</td><td>336</td></tr> <tr><td>2022/23</td><td>344</td></tr> </table>	Year	Value	2018/19	231	2019/20	305	2021/22	336	2022/23	344	City Wide; Early Intervention	GREC
Year	Value													
2018/19	231													
2019/20	305													
2021/22	336													
2022/23	344													
9.9 Reduce by 10% the number of adult anti social behaviour calls to Police Scotland by 2026.	<p>Number of adult anti social behaviour calls to Police Scotland</p> <table border="1"> <tr><th>Year</th><th>Value</th></tr> <tr><td>2023</td><td>11809</td></tr> </table>	Year	Value	2023	11809	City Wide; Early Intervention	Police Scotland							
Year	Value													
2023	11809													
Changing attitudes about domestic abuse in all its forms and ensuring victims receive access to the right support.	9.10 Increase by 15% the reports of domestic abuse to Police Scotland by 2026.	<p>Reports of domestic abuse to Police Scotland</p> <table border="1"> <tr><th>Year</th><th>Value</th></tr> <tr><td>2018/19</td><td>2499</td></tr> <tr><td>2019/20</td><td>2566</td></tr> <tr><td>2020/21</td><td>2610</td></tr> <tr><td>2021/22</td><td>2597</td></tr> </table>	Year	Value	2018/19	2499	2019/20	2566	2020/21	2610	2021/22	2597	City Wide; Early Intervention	Aberdeen City Council / Violence Against Women Partnership (VAWP)
Year	Value													
2018/19	2499													
2019/20	2566													
2020/21	2610													
2021/22	2597													

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>10. Healthy life expectancy (time lived in good health) is five years longer by 2026</p>  <p>Responsible Outcome Improvement Group: Resilient, Included & Supported Group</p>	<p>Supporting vulnerable and disadvantaged people, families and groups.</p>	<p>10.1 Reduce the 5 year rolling average number of suicides in Aberdeen by at least 5% by 2026.</p>		<p>City Wide; Adults; Prevention</p>	<p>ACHSCP</p>
		<p>10.2 Increase the number of carers identified by 20% by 2025.</p>		<p>City Wide; Unpaid carers; Early Intervention</p>	<p>Quarriers</p>
	<p>Provide individuals and communities with the social resources needed to reduce feelings of loneliness and social isolation.</p>	<p>10.3 Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025.</p>		<p>City Wide; Over 45s; Prevention</p>	<p>ACHSCP</p>
	<p>Encouraging adoption of healthier lifestyles through a whole family approach.</p>	<p>10.4 To support 50 low-income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026.</p>		<p>Priority neighbourhoods; Low income families; Prevention</p>	<p>ACHSCP</p>
		<p>10.5 Increase by 5% the number of people living in identified priority neighbourhoods who accept the invitation of cancer screening on the basis of informed consent by 2026.</p>	<p>To be established as part of the project.</p>	<p>Priority neighbourhoods; Prevention</p>	<p>NHSG</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner				
		10.6 Decrease the number of women who are smoking in pregnancy in the 40% most deprived SIMD by 5% by 2026.	 <p>Number of women who are smoking in pregnancy in the 40% most deprived SIMD</p> <table border="1"> <tr> <th>Year</th> <th>Percentage</th> </tr> <tr> <td>2019/20 - 2021/22</td> <td>23.9%</td> </tr> </table>	Year	Percentage	2019/20 - 2021/22	23.9%	SIMD1; Women in pregnancy; Early Intervention	NHSG
		Year	Percentage						
		2019/20 - 2021/22	23.9%						
10.7 Increase by 20% the number of individuals living with Chronic Pain into self-management and other pathways initiatives to support their conditions by 2026.	To be established as part of the project.	City Wide; People living with chronic pain; Early Intervention	Sport Aberdeen						
10.8 Reduce to 4% the number of 13-18 year olds in regular use of Vaping products by 2026.	 <p>Number of 13-18 year olds in regular use of Vaping products</p> <table border="1"> <tr> <th>Year</th> <th>Percentage</th> </tr> <tr> <td>2022/23</td> <td>5.6%</td> </tr> <tr> <td>2023/24</td> <td>5.6%</td> </tr> </table>	Year	Percentage	2022/23	5.6%	2023/24	5.6%	City Wide; 13-18 year olds; Early Intervention	Aberdeen City Council (Education)
Year	Percentage								
2022/23	5.6%								
2023/24	5.6%								

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>11. Reduce the rate of both alcohol related deaths and drug related deaths by 10% by 2026.</p>  <p>Responsible Outcome Improvement Group: Alcohol and Drugs Partnership/ Children Services</p>	<p>Whole family approach to prevention of young people developing alcohol and drug problems</p>	<p>11.1 Reduce the average age from 14 to 12 at which children are identified as requiring preventative support to mitigate the risk of future harm in relation to drug and alcohol use by 2026.</p>		<p>City Wide; Children at risk of future harm in relation to drug and alcohol use; Prevention</p>	<p>Aberdeen City Council (Social Work)</p>
	<p>Reducing harm, morbidity and mortality caused by alcohol and drugs.</p>	<p>11.2 Reduce the % of 13-15 year olds reported as using each sub group of drug by 50% and cannabis by 20% by 2026.</p>		<p>City Wide; 13-15 year olds; Prevention</p>	<p>Aberdeen City Council (Education)</p>
		<p>11.3 Decrease the number of women who are drinking in pregnancy in the 40% most deprived SIMD areas by 5% by 2026.</p>		<p>Priority neighbourhoods; Women in pregnancy; Early Intervention</p>	<p>NHSG</p>
		<p>11.4 Increase by 10% the number of individuals who are screened for alcohol consumption and by 10%, year on year, the number of individuals in our priority neighbourhoods receiving alcohol support by 2026.</p>		<p>Priority neighbourhoods; Moderate to hazardous drinkers; Early Intervention</p>	<p>Alcohol and Drugs Action</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner												
		11.5 Reduce by 20% the number of drug related deaths in our priority neighbourhoods by increasing the distribution of naloxone by 25% year on year by 2026.	 <p>Percentage of drug related deaths in Aberdeen</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Other Neighbourhoods</th> <th>Priority Neighbourhoods</th> </tr> </thead> <tbody> <tr> <td>2019</td> <td>47</td> <td>45</td> </tr> <tr> <td>2020</td> <td>39</td> <td>61</td> </tr> <tr> <td>2021</td> <td>35</td> <td>65</td> </tr> </tbody> </table>	Year	Other Neighbourhoods	Priority Neighbourhoods	2019	47	45	2020	39	61	2021	35	65	Priority neighbourhoods and people at risk of drug overdose that are not in treatment; Response	ACHSCP
		Year	Other Neighbourhoods	Priority Neighbourhoods													
		2019	47	45													
2020	39	61															
2021	35	65															
11.6 80% of people closed from Assertive Outreach as no longer considered at risk by 2026.	 <p>Percentage of people closed from Assertive Outreach as no longer considered at risk</p> <table border="1"> <thead> <tr> <th>Period</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>1/11/23 - 23/01/24</td> <td>49</td> </tr> </tbody> </table>	Period	Percentage	1/11/23 - 23/01/24	49	City Wide; People with multiple complex needs; Response	ACHSCP										
Period	Percentage																
1/11/23 - 23/01/24	49																
Supporting Recovery from alcohol and drug issues.	11.7 Increase by 10% the number of people in active recovery from drug and alcohol by 2025.	 <p>Number of people at Stage 4 and 5 Recovery (Drugs and Alcohol)</p> <table border="1"> <thead> <tr> <th>Year</th> <th>Alcohol</th> <th>Sum of Drugs</th> </tr> </thead> <tbody> <tr> <td>2021/22</td> <td>56</td> <td>15</td> </tr> <tr> <td>2022/23</td> <td>53</td> <td>19</td> </tr> </tbody> </table>	Year	Alcohol	Sum of Drugs	2021/22	56	15	2022/23	53	19	Priority neighbourhoods; Early Intervention	ACHSCP				
Year	Alcohol	Sum of Drugs															
2021/22	56	15															
2022/23	53	19															

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner	
<p>12. Reduce homelessness by 10% and youth homelessness by 6% by 2026, ensuring it is rare, brief and non-recurring with a longer term ambition to end homelessness in Aberdeen City.</p> <p>Responsible Outcome Improvement Group: Homelessness Outcome Improvement Group</p>	Reframing perceptions of homelessness.	12.1 Increase % of people who feel more informed about preventing homelessness and % of people who feel able to 'ask and act'.	To be established as part of the project	City Wide Prevention	Homewards Aberdeen Coalition	
		12.2 Improve the effectiveness of an increased number of public, private, third and faith sector organisations contributing to preventing homelessness in Aberdeen.	15 partners (Ending Homelessness Group)	City Wide Prevention	Homewards Aberdeen Coalition	
		12.3 Increase % of decisions which impact on preventing homelessness are informed by and co-produced by people with lived experience.	To be established as part of the project	People with lived experienced of homeless Prevention	Homewards Aberdeen Coalition	
	Universal prevention of homelessness and addressing root-causes	12.4 Integrate housing, employment, employability and mental health support pathways for young people to support prevention of homelessness.	To be established as part of the project	Young people at risk of homelessness Early Intervention	Homewards Aberdeen Coalition	
		12.5 Increase % of housing option assessments undertaken using an integrated, multi-agency, person centred approach.	To be established as part of the project	City Wide Prevention	Homewards Aberdeen Coalition	
		12.6 Reduce the no. of evictions and increase % of people supported to sustain their tenancy across private and social landlords.	To be established as part of the project	Social and private tenants Prevention	Homewards Aberdeen Coalition	
		12.7 Increase no. of families accessing mediation support	To be established as part of the project	Families at risk Early Intervention	Homewards Aberdeen Coalition	
		12.8 Increase education and skills relating to tenancy management and housing rights for young people	To be established as part of the project	Young people Prevention	Homewards Aberdeen Coalition	
		Ensuring adequate supply of housing across all tenures and homes are the right size, type and location	12.9 Increase accessibility to a wider range of housing options to people at risk of homelessness	To be established as part of the project	Social and private tenants Early Intervention	Homewards Aberdeen Coalition

Note: This stretch outcome is subject to amendment as a result of further work taking place with the Royal Foundation as part of the Homewards Aberdeen Coalition.

LOCAL SUPPORTING STRATEGIES

[Aberdeen Alcohol and Drugs Partnership Drugs Strategy](#)

[Aberdeen Playing Pitch Strategy](#)

[Aberdeen Aquatics Strategy](#)

[Aberdeen Sports Facilities Strategy](#)

[AHSCP Strategic Plan High Level Plan 2022-26](#)

[Community Learning & Development Plan](#)

[Children's Services Plan](#)

Local [Autism](#) and [Carers](#) Strategies

[Aberdeen City Local Policing Plan 2023-26](#)

[Local Fire and Rescue Plan 2022-23- Aberdeen City](#)

[Local Housing Strategy](#)

[Strategy for Active Aberdeen](#)

[NHS Grampian's Strategy 2022-2028](#)



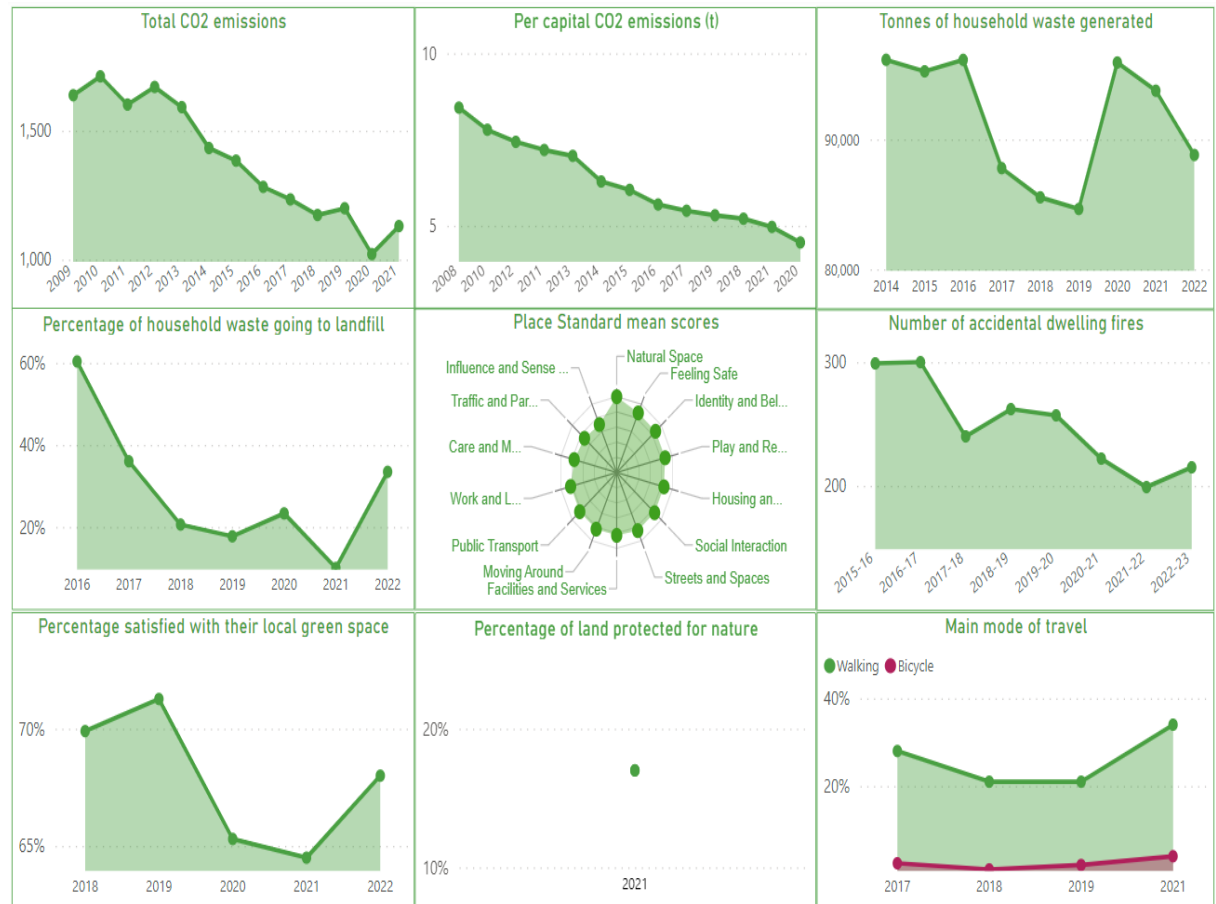
PROSPEROUS PLACE



The pandemic led to an increased appreciation of nature and the important role it plays in supporting individuals and communities to live in healthy, sustainable ways. The place where we live, both the natural and built environment, plays an integral role in determining the quality of life of people and is vital to improving health; reducing inequality and enabling all people to prosper regardless of where they live in the city. Therefore, while framing our response to these challenges, we continue to have three overarching areas of focus, reducing carbon emissions, increasing sustainable travel and protecting our natural environment.

Research shows that people can benefit from spending time outdoor and the appearance and maintenance of neighbourhoods is a key theme from our public engagement. We are committed to sustaining the increased appreciation for nature and supporting our communities live and have access to sustainable, good quality green and blue space, as well as a well maintained built environment. Our projects are focused on empowering our communities and ensuring good quality natural and built spaces are accessible for all. Through our social prescribing project, where appropriate, people will be prescribed outdoor activities to alleviate their

POPULATION NEEDS ASSESSMENT DATA:



symptoms. This also supports increased use of community spaces, social contact and community cohesion, all of which were key themes arising from our public engagement.

We have made progress with organisations and individuals already committed to the Climate and Nature Pledge launched in 2022, however we know we need to go further and we will continue to work in partnership with all landowners to achieve a balance of more nature friendly and natural spaces with green space that is safe and accessible for people to enjoy. Our communities and businesses must be engaged and empowered to co-design and deliver the innovative changes required to enable people to lead healthy lives and achieving our national and local environmental targets, such as Net Zero Emissions by 2045.

To reduce carbon emissions and increase climate resilience, our projects will focus on testing innovative ways to adapt and mitigate the effects of climate change. Whilst we have a focus on reducing emissions from our public sector buildings, we recognise the importance of our communities, and the impact that our personal decisions can have on the environment. Therefore, we are committed to empowering our communities to take forward and test initiatives unique to their setting across all our projects. We have supported community resilience, from development of resilience plans through to volunteering opportunities, but we know that there is more to be done.

Increasing sustainable travel continues to be a key priority. Active travel is increasing with nearly 1 in 4 people using bicycle or walking to work or school, and we are committed to sustaining the increase in walking and wheeling. Through our engagement, our communities have expressed the challenges faced with the cost and availability of public transport, in response we have added a new project focused on looking at ways to support people to reduce their use of a car.

STRETCH OUTCOMES

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.

14. Increase sustainable travel: 38% of people walking and 5% of people cycling and wheeling as main mode of travel and a 5% reduction in car miles by 2026.

15. 26% of Aberdeen's area will be protected and/or managed for nature and 60% of people report they feel that spaces and buildings are well cared for by 2026.

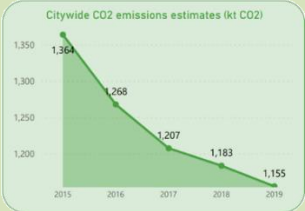
LEAD PARTNERS:

- Aberdeen City Council
- CFINE
- NESCAN
- NESTRANS
- NHS Grampian
- Scottish Fire and Rescue Service

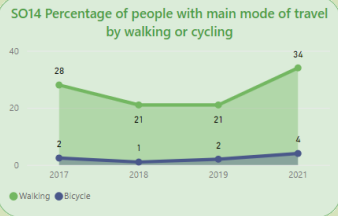
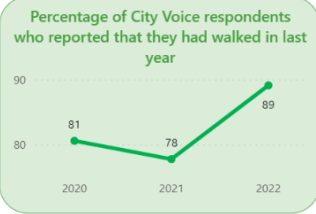
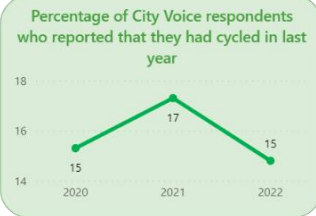
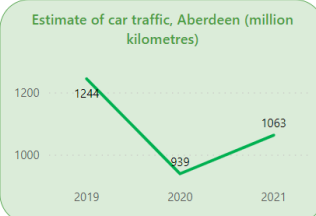


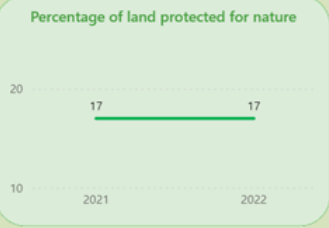



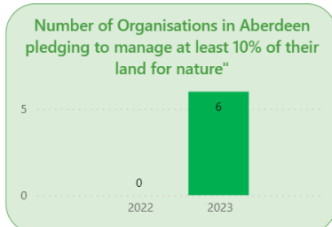
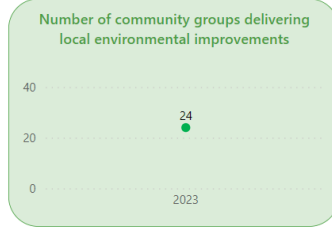
Responsible Outcome Improvement Group: Sustainable City Group

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



Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>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</p>	<p>Reducing emissions across the city through delivery of Aberdeen's Net Zero Vision & Route-map.</p>	<p>13.1 Reduce public sector carbon emissions by at least 7% by 2026.</p>		<p>Public Sector; City Wide; Response</p>	<p>Aberdeen City Council</p>
		<p>13.2 Reduce the generation of waste in Aberdeen by 8% by 2026.</p>		<p>City Wide; Response</p>	<p>NHSG/CFine</p>
	<p>Contributing to the delivery of Aberdeen Adapts by developing a bottom up approach to community resilience to encourage greater ownership and independent action towards understanding communities' risks from climate change and adapting to them.</p>	<p>13.3 To have Community led resilience plans in place for the most vulnerable areas (6) in the City by 2025 and increase by 10% the % of people who know where to find information and resources to help prepare for severe weather events by 2025.</p>		<p>Areas vulnerable to flooding (Deeside – Culter; Bridge of Don and Denmore; Grandhome; The Green and Merchant Quarter; Riverside Drive and Holburn Street and FootDee); Early Intervention</p>	<p>Aberdeen City Council</p>
			<p>13.4 Increase by 20 the number of teams and/or volunteers ready to mobilise in icy weather by 2025.</p>		

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>14. Increase sustainable travel: 38% of people walking; 5% of people cycling and wheeling as main mode of travel and a 5% reduction in car miles by 2026.</p>  <p>Responsible Outcome Improvement Group: Sustainable City Group</p>	<p>Supporting different ways for active travel in everyday journeys, using partners and volunteers to address safety, infrastructure, fitness, well-being and confidence.</p>	<p>14.1 Increase % of people who walk and wheel as one mode of travel by 5% by 2026.</p>		<p>City Wide; Prevention</p>	<p>NHSG</p>
		<p>14.2 Increase % of people who cycle and wheel as one mode of travel by 2% by 2026.</p>		<p>City Wide; Prevention</p>	<p>Nestrans</p>
		<p>14.3 Reduce car kms by 5% by 2026</p>		<p>City Wide; Response</p>	<p>Nestrans</p>

Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner
<p>15. 26% of Aberdeen’s area will be protected and/or managed for nature and 60% of people report they feel that spaces and buildings are well cared for by 2026.</p>   <p>Responsible Outcome Improvement Group: Sustainable City Group</p>	<p>Increasing the diversity, quality and use of the Aberdeen’s green spaces by facilitating community participation in them to restore nature and increase people’s satisfaction, health, and wellbeing.</p>	<p>15.1 Increase to 65% the proportion of people who feel they can regularly experience good quality natural space by 2026.</p>		<p>Priority neighbourhoods; Prevention</p>	<p>Aberdeen City Council</p>
		<p>15.2 100 people to be socially prescribed nature by 2026 to support positive outcomes in relation to their health and wellbeing.</p>		<p>Priority neighbourhoods; Early Intervention</p>	<p>NHSG</p>
		<p>15.3 25% of people report that they understand the importance of nature on both their neighbourhood and individual wellbeing by 2026.</p>	<p>To be established as part of the project.</p>	<p>City Wide; Prevention</p>	<p>Aberdeen City Council</p>
	<p>Increasing the area of public, private and community land managed for nature, in recognition of the nature crisis and in alignment with global and national ambitions to protect 30% of land and 30% of water by 2030 (30-30-30).</p>	<p>15.4 At least 23 organisations across all sectors in Aberdeen pledging to manage at least 10% of their land for nature by 2024 and at least 26% by 2026.</p>		<p>City wide organisations; Prevention</p>	<p>Aberdeen City Council</p>
	<p>Supporting and empowering communities to care for their neighbourhoods to make all feel positive and secure and support their wellbeing.</p>	<p>15.5 Increase by 50% the number of community groups delivering local environmental improvements in their neighbourhoods by 2026.</p>		<p>City Wide; Prevention</p>	<p>NESCAN</p>

LOCAL SUPPORTING STRATEGIES

[Aberdeen City Waste Strategy 2014-25](#)

[Aberdeen Local Development Plan 2022](#)

[A Climate-Positive City at the Heart of the Global Energy Transition](#)

[Aberdeen Adapts – Aberdeen’s Climate Adaptation Framework](#)

[Core Paths Plan](#)

[Destination Tourism Strategy 2022-2030](#)

[Granite City Growing; a food growing strategy for Aberdeen 2019-24](#)

[Granite City Good Food Plan - Plan of the Sustainable Food City Partnership](#)

[Nestrans Regional Transport Strategy 2013-35](#)

[Net Zero Aberdeen Building and Heating Strategy](#)

[Net Zero Aberdeen Circular Economy Strategy](#)

[Net Zero Aberdeen Energy Supply Strategy](#)

[Local Transport Strategy 2023-30](#)

[Net Zero Aberdeen Mobility Strategy](#)

[Net Zero Aberdeen Natural Environment Strategy](#)

[Net Zero Routemap for the City](#)

[North East Flood Risk Management Strategy](#)

[Open Space Strategy](#)

[Regional Hydrogen Strategy](#)

[Regional Spatial Strategy](#)

[Tree and Woodland Strategy](#)



COMMUNITY EMPOWERMENT



Community empowerment places a focus on enabling and building strong personal and community resilience, where people have as much control over their lives as possible. It creates the conditions for individuals to come together and work together as a local community to influence and action improvements to their local environment.

Our ambition is for all communities to become equal community planning partners. As a partnership we appreciate, understand and value the vital role that communities must play in improving outcomes for Aberdeen and we want to build on our existing community relationships and to engage all people and community groups.

We know that power inequalities have and continue to exist. Historically, some groups have faced discrimination and disadvantage, and this continues to have an impact today. We want to encourage all individuals, regardless of their background and circumstances, who have available time, resources and capacity to be active in their community. To ensure that all people can participate, and are treated equally, we must consider and address these inequalities.

POPULATION NEEDS ASSESSMENT DATA:



There is a common belief that the current way of planning and delivering public services is too top down, with not enough control and power sitting with communities. Our aim is to build the capacity of communities and staff to come together and work together to make changes for the better. Communities have expressed that they want more opportunities to get involved in decision making and they want to be consulted more. How and when we are engaging our communities, as well as the outcome of the engagements were also raised as key areas for improvement.

We are committed to addressing the issues raised by increasing awareness of the opportunities that there are for participating in local planning and decision making and through creating the conditions for individuals to come together and work together as a local community to influence and action improvements to their local environment. By increasing our people’s ability and freedom to choose to participate in decisions that help change things for the better, as well as increasing their empowerment and supporting better decision making, it benefits the individual and the community because it creates strong social relationships and builds collective power.

The metaphor of a ladder is used to represent the interactions between Community Planning partners and all people. The top rung of the ladder represents self determination, where activities and decisions are made independently by people in their communities. The further down the ladder, the less influence the community has over decisions. Whilst the aim is to climb the ladder, it is important to recognise that all rungs can be appropriate depending on the context. The ladder rungs represent levels of engagement, not steps.

STRETCH OUTCOME


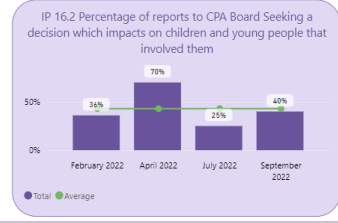
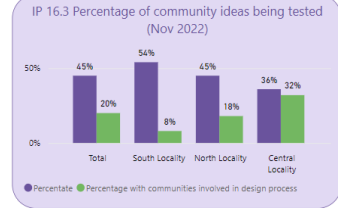


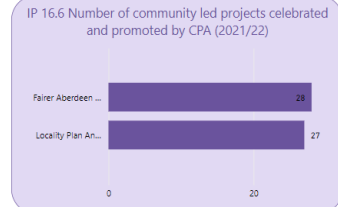
50% of people report they feel able to participate in decisions that help change things for the better by 2026.



LEAD PARTNERS:

- Aberdeen City Council
- Aberdeen City Health & Social Care Partnership
- Aberdeen Council of Voluntary Organisations (ACVO)
- NHS Grampian
- Station House Media Unit (SHMU)
- Grampian Regional Equality Council
- Aberdeen Health Determinants Research Collaborative



Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner																		
<p>16. 50% of people report they feel able to participate in decisions that help change things for the better by 2026</p>  <p>Percentage of respondents who scored 5 and above to feeling able to participate in decisions that help change things for the better</p> <p>2021: 24%</p>	<p>Conditions for collaboration enable delivery of shared objectives and a focus on action rather than hierarchy</p>	<p>16.1 100% of decisions which impact on children and young people are informed by them by 2026.</p>	<p>IP 16.2 Percentage of reports to CPA Board Seeking a decision which impacts on children and young people that involved them</p>  <table border="1"> <caption>IP 16.2 Data</caption> <thead> <tr> <th>Month</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>February 2022</td> <td>34%</td> </tr> <tr> <td>April 2022</td> <td>70%</td> </tr> <tr> <td>July 2022</td> <td>25%</td> </tr> <tr> <td>September 2022</td> <td>40%</td> </tr> </tbody> </table>	Month	Percentage	February 2022	34%	April 2022	70%	July 2022	25%	September 2022	40%	<p>Children and Young People; Prevention</p>	<p>Aberdeen City Council</p>								
		Month	Percentage																				
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September 2022	40%																						
<p>16.2 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 2026.</p>	<p>IP 16.3 Percentage of community ideas being tested (Nov 2022)</p>  <table border="1"> <caption>IP 16.3 Data</caption> <thead> <tr> <th>Category</th> <th>Percentage</th> <th>Percentage with communities involved in design process</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>45%</td> <td>20%</td> </tr> <tr> <td>South Locality</td> <td>54%</td> <td>8%</td> </tr> <tr> <td>North Locality</td> <td>45%</td> <td>18%</td> </tr> <tr> <td>Central Locality</td> <td>36%</td> <td>32%</td> </tr> </tbody> </table>	Category	Percentage	Percentage with communities involved in design process	Total	45%	20%	South Locality	54%	8%	North Locality	45%	18%	Central Locality	36%	32%	<p>City Wide; Prevention</p>	<p>Aberdeen City Council</p>					
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<p>16.3 Increase the number and diversity of community members participating in community planning at a meaningful level (Rung 5 and above) by 100% by 2025.</p>	<p>IP 16.4 Number of community members participating in Community Planning (Nov 2022)</p>  <table border="1"> <caption>IP 16.4 Data</caption> <thead> <tr> <th>Program</th> <th>Number of Members</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>3812</td> </tr> <tr> <td>Citizens Simulator</td> <td>2642</td> </tr> <tr> <td>City Voice Panelist</td> <td>765</td> </tr> <tr> <td>Community Empowerment</td> <td>44</td> </tr> <tr> <td>Locality Empowerment</td> <td>59</td> </tr> <tr> <td>Fairer Aberdeen Panelist</td> <td>28</td> </tr> <tr> <td>Community Connect</td> <td>26</td> </tr> <tr> <td>Inequality Neighbourhood</td> <td>19</td> </tr> <tr> <td>Fairer Aberdeen Board</td> <td>9</td> </tr> </tbody> </table>	Program	Number of Members	Total	3812	Citizens Simulator	2642	City Voice Panelist	765	Community Empowerment	44	Locality Empowerment	59	Fairer Aberdeen Panelist	28	Community Connect	26	Inequality Neighbourhood	19	Fairer Aberdeen Board	9	<p>City Wide; Prevention</p>	<p>Aberdeen City Council / Aberdeen City Health and Social Care Partnership</p>
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<p>Social connections and networks working together is supported and encouraged.</p>	<p>16.4 10% increase in amount of funding distributed by local funders across Aberdeen City using non-traditional methods by 2026.</p>	<p>IP 16.5 Number of community led projects supported to access CPA funding (2021/22)</p>  <table border="1"> <caption>IP 16.5 Data</caption> <thead> <tr> <th>Category</th> <th>Number of Projects</th> </tr> </thead> <tbody> <tr> <td>Total</td> <td>81</td> </tr> <tr> <td>Communities M...</td> <td>30</td> </tr> <tr> <td>Fairer Aberdeen ...</td> <td>24</td> </tr> <tr> <td>Health Improve...</td> <td>23</td> </tr> <tr> <td>Community Sup...</td> <td>4</td> </tr> </tbody> </table>	Category	Number of Projects	Total	81	Communities M...	30	Fairer Aberdeen ...	24	Health Improve...	23	Community Sup...	4	<p>City Wide; Prevention</p>	<p>Aberdeen Council of Voluntary Organisations (ACVO)</p>							
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Stretch Outcome	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner								
	Capacity building to support people and communities to work together.	16.6 Increase the number of people (staff and communities) who state that they have the skills, tools and support they need to work together to make improvements in the community to 50% by 2025.	<p>IP 16.7 Percentage of respondents to locality planning survey agreeing that an empowerment toolkit should be co-produced with communities (Nov 2020)</p> <table border="1"> <caption>Survey Results: Empowerment Toolkit</caption> <thead> <tr> <th>Response</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>84%</td> </tr> <tr> <td>Don't know</td> <td>9%</td> </tr> <tr> <td>No</td> <td>9%</td> </tr> </tbody> </table>	Response	Percentage	Yes	84%	Don't know	9%	No	9%	City Wide; Prevention	NHS Grampian/ Grampian Engagement Network
Response	Percentage												
Yes	84%												
Don't know	9%												
No	9%												

LOCAL SUPPORTING STRATEGIES

- [Community Empowerment Strategy 2023-26](#)
- [Net Zero Aberdeen Empowerment Strategy](#)
- [North Locality Plan 2021-26](#)
- [South Locality Plan 2021-26](#)
- [Central Locality Plan 2021-26](#)



HOW WE WILL ACHIEVE OUR OUTCOMES?



By Working Together

Demand for our services are increasing throughout the city, this continues to stretch the public sector, meaning that much provision is diverted to crisis response. It is difficult therefore as individual organisation to provide **early intervention and prevention**.

This is an issue that we all share and the LOIP represents an opportunity for greater joint effort, in order to work towards **early intervention and prevention**; working in partnership we can better help each other to improve outcomes for people. For example, we can develop shared, whole and targeted population campaigns on issues within the LOIP to bolster our improvement efforts. This **whole systems** and **whole family approach** to our **shared leadership** and increasingly closer delivery means that we can capitalise on the knowledge, skills and tools used across the workforce and communities to meet the needs of changing circumstances.

We already have a shared approach to Quality Improvement which is being used by our multi-agency Outcome Improvement Groups to take forward the LOIP improvement projects. We will encourage further **learning and working together** to continue to build a shared approach to delivering real improvement.

We will work across the CPA, with the Health Research Determinants Collaborative to build on our shared intelligence and research, bringing together our understanding of the needs and data across partners. This will involve sharing our data, understanding the full picture of our population, analysing and understanding demand more fully. Through regular review and scrutiny we will be able to quickly determine and adapt our services and solutions as we progress to meet changing need.

It is essential to the future of the city that our workforce and people have the skills to thrive, can **exploit digital technologies** and can interact using modern tools and platforms in order to ensure that we can more effectively redirect our resources. Our data will become an enabler, supporting and driving the re-design of customer focused services responding to evolving needs and the growing opportunities of digital technologies.

Achieving the ambition of our LOIP is going to require a movement to embed the LOIP across all partners. This will mean the LOIP running through individual partners planning and into individual team and staff objectives. This will be the judgement of real time and skills being deployed to deliver our shared strategy.

Community Planning Aberdeen is the only strategic forum where partners in Aberdeen are able to jointly plan how to deploy **collective resources** to achieve the agreed priorities set out in the Local Outcome Improvement Plan (LOIP). CPA continues to develop its approach to joint resourcing to ensure the LOIP is the focal point for the planning and deployment of resources

To fulfil the LOIP ambition we are going to need to marshal our forces and work together to focus on the right improvement projects. This is going to require a different approach to resource management and a greater sharing of **capability and capacity**.

By Working With Our Communities

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

We are committed to becoming a **City of Learning** means capitalising on the vast opportunities, resources and potential for enabling people to learn and develop themselves in ways that meet their needs, interests and ambitions. In this way they can participate more fully in their own lives and in the life of the City to help their families and communities prosper.

It is by focussing on geographies and communities of interest most in need to build **community resilience** that we will achieve better outcomes across our whole city. Our improvement work will be targeted to support these communities initially so we can learn what works for our most vulnerable people before we scale up and spread across the City.

We already have made significant progress through our three priority neighbourhoods. The focus on these areas will continue to be vital because of their levels of need as demonstrated in our **Population Needs Assessment**. What will be different is the way we wrap services around these areas and build even stronger and more resilient communities.

People can also face barriers because of their race, gender, age, disability, sexual orientation, religion or belief. In delivering this plan, the Partnership will seek to tackle inequality in the city and within individual communities in whatever form it manifests itself, through clear and coordinated approaches. This includes **tackling stigma** in all its forms by working in partnership to take forward behavioural campaigns and explore other ways of promoting positive change in people's attitudes. We need to do this in partnership with local media outlets.

By Working With the Private Sector

Greater opportunities for **Private Sector involvement** in the Local Outcome Improvement Plan will allow perspectives and experiences from this sector to be more widely utilised than they have perhaps previously. Whatever methods used to involve the private sector, the objectives for their involvement in Community Planning Partnerships should be mutually supporting - to ensure that businesses fully contribute to the well-being of local communities and, in turn, that the conditions exist for business to thrive and develop in that community thus benefiting the whole community.

OUR GOLDEN PYRAMID



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

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

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

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



ACCOUNTABILITY STRUCTURE



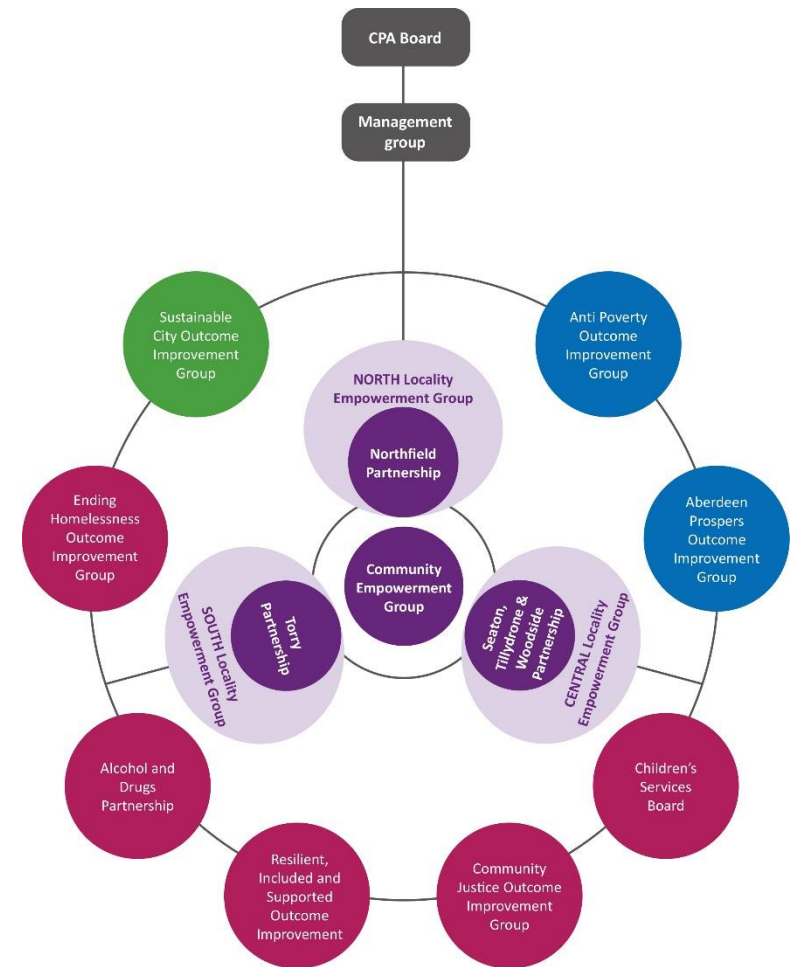
Community Planning Aberdeen Accountability Structure

The CPA Board provides strategic leadership and direction for Community Planning across Aberdeen. It will scrutinise overall delivery of progress against this Local Outcome Improvement Plan (LOIP) and the underpinning Locality Plans to ensure improved outcomes across all areas of Aberdeen.

The CPA Management Group is accountable to the CPA Board and oversees the delivery of progress by our seven themed Outcome Improvement Groups (OIG). The Anti-Poverty Group is a new addition to the structure, ensuring that the Partnership takes action to alleviate the consequences of poverty in the short term as well as prevent future poverty through the work of all of the OIGs together.

The Outcome Improvement Groups facilitate effective joint working across Community Planning partners and with communities to ensure delivery of the LOIP and locality plans remain on track, and to advise the CPA Board of any additional action required to overcome barriers.

The Community Empowerment Group works with the Locality Empowerment Groups and Priority Neighbourhood Partnerships oversee the delivery of Locality Plans with communities to ensure equality of outcomes being achieved across the City.

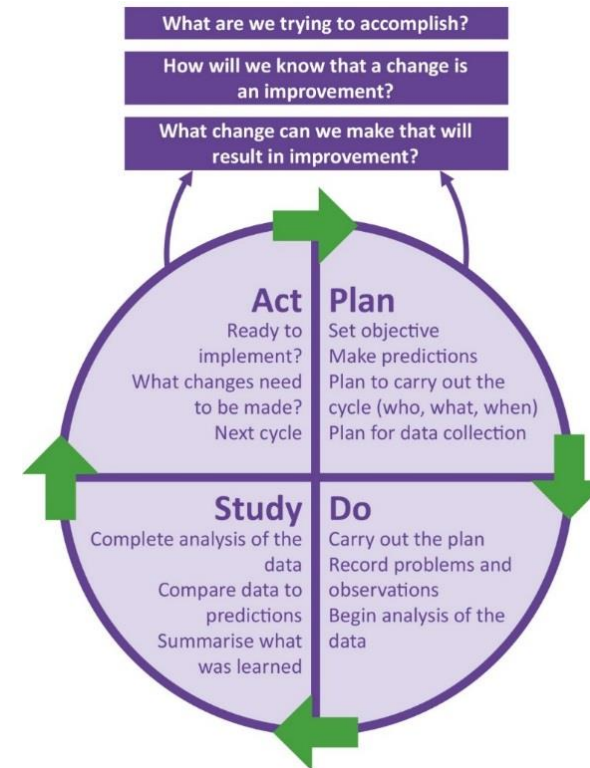


Improvement and Innovation

CPA will use Quality Improvement (QI) and the Model for Improvement framework for driving improvement activity across the Partnership. This provides us with a systematic approach to improvement which focuses on doing things better at the system level. It can be used for any area of business and is designed to break down change into manageable chunks. Each change idea is tested to make sure that actions taken are leading to improvement. Designed by the Institute of Health Improvement (IHI), this approach is used widely across Scotland as part of the [3 Step Improvement Framework for Scotland's Public Services](#).

In line with the methodology, initiation of every improvement project listed in this LOIP commences on approval of a project charter. The project charter sets out specifically what we are trying to achieve, by how much and by when. It includes the business case for undertaking the improvement project, drawing on national research to evidence how it supports prevention and early intervention to maximise the use of future resources. Using data is an essential component of the methodology and charters outline the range of process, output and outcome indicators which will be used to assess performance improvement.

To support staff to use the improvement methodology we have developed a comprehensive 'Innovate and Improve' programme to build capacity and capability in QI and the Model for Improvement across our Partnership and Communities. The programme is led by an Improvement Faculty consisting of members from across the Partnership who are committed to sharing their knowledge and expertise in Quality Improvement.



Evaluation and performance management

Ultimately, improving outcomes will be the test of our success. We have included a carefully chosen list of improvement measures and aims within this document. However, in some areas, for example the early years work, the results may take up to five years to demonstrate success in achieving longer term significant outcomes. It is therefore critical that we use evidence based self-evaluation to ensure we are measuring the impact and outcomes we are having in taking forward this plan. As part of our performance management arrangements we will produce an annual performance report detailing progress against this plan.

CHANGE LOG



This change log provides record of all approved changes made to the Local Outcome Improvement Plan following approval of the original document by the Community Planning Aberdeen Board on 22 August 2016. Significant changes to the LOIP require approval by the CPA Board prior to incorporating into the document. The latest versions of the LOIP is available online at <https://communityplanningaberdeen.org.uk/aberdeen-city-local-outcome-improvement-plan-2016-26/>.

Version	Changes	Page Number	Approved By	Date
1	Local Outcome Improvement Plan.	1-34 and 42-61	CPA Board	22 August 2016
2	People are resilient, included and supported when in need section added.	35-41	CPA Board	12 December 2016
	Updated governance and accountability structure following approval of the Final Report for the Review of CPA Infrastructure.	59	CPA Board	12 December 2016
3	Priority community justice drivers incorporated into People are resilient, included and supported when in need section.	35-41	CPA Board	24 April 2017
4	Amendments as proposed in 2016/17 Annual Outcome Improvement Report pages 81-82.	16-59	CPA Board	4 December 2017
5	Refresh of Local Outcome Improvement Plan 2016-26 following revised Population Needs Assessment 2018. The refresh introduces 15 new Stretch Outcomes which clearly quantify the scale of Partnership's ambition to address key issues. The refresh also includes the specific improvement project aims that Outcome Improvement Groups will be working towards in an effort to achieve our stretch outcomes. The Board was asked to approve these projects based on their confidence that these are the projects that will yield improved outcomes and scalable results.	1-55	CPA Board	26 February 2019
6	Removal of Improvement Project Aim 'Increase the number of 27-30 month reviews completed for eligible children by 5.2% by 2021' further to the decision of the CPA Board that this is a single system improvement project.	20	CPA Board	2 December 2019
	Improvement Project Aim 'Increase the number of people with autism who are supported to be in education, employment or training by 2021' amended to 'Increase the number of autistic people aged 16 to 25 who are supported into employment by 2021.'	38	CPA Board	2 December 2019
7	Improvement Project Aim 'Increase the number of Digital and ICT SVQ level 4 qualifications achieved by 10% by 2021.' amended to 'Increase the number of people within Aberdeen City qualified with ICT and Digital skills at SCQF Levels 7 and 8 by 10% by 2024.'	15	CPA Board	26 February 2020
	Improvement Project Aim 'Increase the number of distress brief intervention opportunities for people with mental health issues by 10% by 2021' amended to 'Increase the number of Distress Brief	38	CPA Board	26 February 2020

Version	Changes	Page Number	Approved By	Date
	Interventions opportunities for people presenting to frontline services in distress by 10% by 2021.'			
8	Removal of Improvement Project Aim "Increase in the MMR vaccine uptake for children at 24 months by 3.9% by 2020. "	19	CPA Board	16 September 2020
9	Refresh of Local Outcome Improvement Plan 2016-26 following revised Population Needs Assessment 2021 . The refresh takes place within the context of the Covid-19 pandemic. Key changes include: an increased focus on poverty through new Stretch Outcome 1, new stretch outcome 15 to enhance the natural environment, contraction of improvement projects from 120 to 75 to sharpen focus and inclusion of lead partner, baseline data and target population.	1-49	CPA Board	7 July 2021
10	Improvement Project Aim 'Improve the overall impact of partnership wide community benefits by increasing the number of projects which involve community co-design activities from 0 to 5 by December 2023.' Amended to 'Increase the number of responsible businesses working with Community Planning Aberdeen through Community Benefits and CSR activity by 200% by 2023.'	15	CPA Board	15 September 2021
11	Removal of Improvement Project Aim "The number of children and young people with an eating disorder who are identified within 3 months of onset is increased by 50% by 2023."	20	CPA Board	15 February 2023
12	Replacement of Stretch Outcome 4-9 with Stretch outcome 4-9 as contained in the revised Children's Services Strategic Plan 2023-26 approved by the CPA Board on 19 April 2023	18-25	CPA Board	19 April 2023



ENDORSEMENTS



This document is endorsed by the following Community Planning Partners:

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Aberdeen City Health & Social Care Partnership
A caring partnership



Scottish Enterprise



SCOTTISH
FIRE AND RESCUE SERVICE
Working together for a safer Scotland



Skills
Development
Scotland



FOR FURTHER INFORMATION CONTACT:

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 @CPAberdeen



Community Planning
Aberdeen

North Locality Plan

2021-2026

(Updated April 2024)



North Locality Neighbourhoods:

Dyce, Danestone, Oldmachar, Denmore, Balgownie & Donmouth, Bucksburn, Heathryfold, Middlefield, Kingswells, Northfield, Cummings Park, Sheddocksley, Mastrick, Summerhill



Community Planning
Aberdeen

Welcome



Welcome to the North Locality Plan which sets out the priority outcomes we want to achieve by 2026. We will work together with people living and working in the North Locality to deliver the plan. The plan was first published in July 2021 and has been refreshed in 2024 to ensure it remains relevant and focussed on North Locality priorities. Moving out of the pandemic, some priorities have changed but many remain the same. As part of the refresh process, we considered feedback gathered through our ‘what matters to you’ community engagement exercise and considered local level data, including progress we have made and areas for improvement reported as part of the North Locality Annual Report 2022-23. Most importantly, we listened to people living and working across the North Locality to hear what they think and understand what would make the greatest difference to them. The refreshed plan has been developed by Community Planning Aberdeen, working with members of the North Locality Empowerment Group and North Priority Neighbourhood Partnership. The plan supports delivery of the citywide Local Outcome Improvement Plan (LOIP).



Vision and Priorities

Our collective vision is to ensure that Aberdeen is a place where all can prosper. To achieve this in the North Locality, we have identified six priorities to be achieved under the four key themes of Economy, People, Place and Community.

ECONOMY	PEOPLE	PLACE	COMMUNITY
1.Reduce the number of people living in poverty (Page 3)	2.Improve the physical health and wellbeing of people (Page 5)	5.Maximise use of disused outdoor space (Page 8)	6. Increase the number of people and groups involved in making improvements and decisions in their community (Page 9)
	3. Support local volunteering (Page 6)		
	4.Early intervention approach (Page 7)		







These priorities are relevant to all neighbourhoods within the locality, but we recognise that some neighbourhoods will need more support to achieve improved outcomes. Priority neighbourhoods which experience disadvantage have been identified using the Scottish Index of Multiple Deprivation (SIMD). These neighbourhoods may need additional support to benefit from the same opportunities to thrive and succeed as other neighbourhoods within the locality.

Our priority neighbourhoods within the North Locality include Northfield, Mastrick, Cummings Park, Middlefield and Heathryfold.

Our Economy



What we know now

 <p>*8.3% of people in the North Locality worried they would not have enough to eat compared to 29.4% of people living priority neighbourhoods.</p>	 <p>*4.2% of households in the North Locality have experienced times when they felt *hungry but did not eat compared to 6.3% of households in priority neighbourhoods.</p>	 <p>*33.6% of people in the North Locality worried they would not be able to heat their home compared to 62.5% of people living in priority neighbourhoods.</p>
 <p>*2.8% of households in the North Locality have had to seek support for paying for heating, compared to 12.5% of households in priority neighbourhoods.</p>	 <p>People on universal credit has increased in the North Locality since 2020. 43% of UC claimants live in Priority Neighbourhoods.</p>	 <p>Child poverty has increased in the North Locality since 2019. 51% of children in low income families live in Priority Neighbourhoods.</p>

* Note of caution. The source of this data is [City Voice](#) , Aberdeen’s Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 1:

Reduce the number of people living in poverty through the creation of local employment, training and apprenticeship opportunities, and create solutions to tackle food poverty


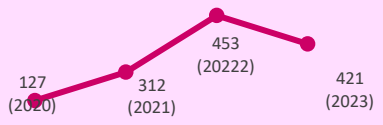



Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Create opportunities for fair work				
<ul style="list-style-type: none"> Encourage employers in the area to sign up to the Real Living Wage. Strengthen relationships with local businesses. Support development of social enterprises and small businesses Support and develop employment opportunities and routes to employment for young people. More access to apprenticeships and training 	Locality Wide Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	SHMU Business Gateway	No. of people supported to start up a social enterprise/ business (IP 2.5) No. of young parents supported into training or employment (IP 2.6) No. of people supported with	Stretch Outcome 2: Employability. All improvement projects. In particular, 2.4-2.7 Stretch Outcome 6: Positive Destinations. Improvement projects 6.3-6.6 Stretch Outcome 9: Community Justice.

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
<ul style="list-style-type: none"> • Develop a dedicated Northfield job fair • Develop locally available employability support. • Make childcare affordable and accessible to increase parental employment. 			digital skills to apply for employment (IP2.7) No. of people supported into good quality employment (IP 2.1)	Improvement project 9.1
Support our most vulnerable families				
<ul style="list-style-type: none"> • Support communities with benefit uptake and affordable heating • Sustain and develop community food provision • Insulation and retrofitting of housing • Buying debt/ debt management • Support families with English as a second language to access services 	Locality Wide Heathryfold, Middlefield, Northfield & Mastrick	CFINE Middlefield Community project Cummings Park Community Association Northfield Community Centre NESCAN Mastrick Community Centre	No. people accessing foodbanks referred to cash first initiatives (IP1.3) Uptake in unclaimed benefits (IP1.4) No. of socially rented households in fuel poverty (IP 1.2)	Stretch Outcome 1: Anti-Poverty All Improvement projects Stretch Outcome 2: Employability Improvement projects 2.1 and 2.7

Our People



What we know now

 <p>92.6% of school leavers from North Locality schools achieved an initial positive destination in 2022-23. This is compared to 89.6% for schools in priority neighbourhoods. The Aberdeen City average is 93.6%.</p>	 <p>No. of referrals each month to NHSG's children and adolescent mental health services increasing. <i>(Data only available at city wide level)</i></p>	 <p>The rates of death from suicide in the North Locality is 12.6 per 100,000, this is above the citywide average of 11.1 per 100,000 of the population. <i>(Data not available at neighbourhood level)</i></p>										
 <p>*25.4% of people in the North Locality said they didn't know how many units are in the alcoholic drinks they consume. 47.3% of people living in the North said they didn't think about units at all. Compared to 18.2% and 66.7% in priority neighbourhoods.</p>	 <p>The rate of drug related hospital stays for the North Locality in 2022 was 175.2 per 100,000. This has improved from 193 per 100,000 of the population in 2021. <i>(Data not available at neighbourhood level)</i></p>	<table border="1"> <tr> <td>F</td> <td>80.9</td> <td>81.1</td> <td>80.9</td> <td>80.8</td> </tr> <tr> <td>M</td> <td>77.2</td> <td>77.2</td> <td>77.3</td> <td>77.3</td> </tr> </table> <p>Life expectancy has stayed stable in the North Locality but is lower in priority neighbourhoods at 78.3 (F) and 75.4 (M)</p>	F	80.9	81.1	80.9	80.8	M	77.2	77.2	77.3	77.3
F	80.9	81.1	80.9	80.8								
M	77.2	77.2	77.3	77.3								

* Note of caution. The source of this data is [City Voice](#), Aberdeen's Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 2:

Improve the physical health and wellbeing of people

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Upskill knowledge and understanding to improve health and wellbeing				
<ul style="list-style-type: none"> Support Community groups to know about Health and Wellbeing and Health and Social Care Services in the Community Use of noticeboards and social media to inform. Creating opportunities for those who identify as socially isolated or vulnerable to take part in activities. Upskilling communities and partners knowledge of 	Locality Wide Middlefield Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	Northfield Community Centre, Fit Like Hub, SHMU, Middlefield Community Project, Mastrick Community Centre, Cummings Park	% the number of people engaged with Stay Well Stay Connected initiatives (IP 10.3) % of citizens who feel they can regularly experience good quality natural space (IP15.1)	Stretch Outcome 10: Healthy Life Expectancy Improvement project 10.1, 10.2, 10.3 and 10.4 Stretch Outcome 15: Open Space and Built Environment Improvement project 15.1, 15.2, 15.4 and 15.5

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Suicide Prevention, services and training. <ul style="list-style-type: none"> • Improve physical place to encourage people to use outdoor space 		Community Association, Cummings Park Flat	No. of community groups making environmental improvements (IP15.4)	
Encourage healthy outdoor activities				
<ul style="list-style-type: none"> • Promote and improve accessible, active travel, including more and safer walking and cycling routes • Develop programmes to encourage outdoor activity 	Locality Wide	Middlefield Community Project Sport Aberdeen Cummings Park Flat	% of people cycling and walking (IP14.1&2) No. of organised physical/wellbeing activity opportunities in the area	Stretch Outcome 14: Sustainable Travel All improvement projects

Priority 3:

Support local volunteering opportunities

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support local volunteering				
<ul style="list-style-type: none"> • Increase volunteering opportunities in the area and the communication of them • Develop opportunities for 'micro volunteering' such as one-off litter picks • Develop package of support for volunteers • Create community heritage centres to celebrate local identity 	Locality Wide	SHMU Middlefield Community Project Northfield Community Centre Cummings Park Community Association Cummings Park Flat Sport Aberdeen	No. of volunteering opportunities available	All Stretch Outcomes and Community Learning & Development Plan

Priority 4:

Early intervention approach targeted at those who are involved in, or at risk in offending

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Provide activities for children and young people				
<ul style="list-style-type: none"> • More activities/spaces for children and young people to participate in/be together • Diversionary Activities for young people • Develop a pump track in the Northfield Area • Develop and promote community safety initiatives. 	Locality Wide Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	AMPED Sport Aberdeen Mastrick Community Centre	% of S1-S6 pupils who report they feel confident (IP 4.4) % of children who feel safe in their community (IP4.5) Develop a pump track in the Northfield Area instances of youth anti-social behaviour calls to Police Scotland (IP7.5)	Stretch Outcome 4: Children's Mental Wellbeing Improvement projects 4.4 and 4.5 Stretch Outcome 7: Youth Justice Improvement project 7.5
Support those affected by alcohol and substance use				
<ul style="list-style-type: none"> • Encourage alcohol free social options. • Development of activities to promote recovery • Raise awareness of Substance use service and provision 	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick	Alcohol and Drugs Action Aberdeen in Recovery Cummings Park Community Association DSM Foundation	No. of women drinking in pregnancy (IP11.3) No. of people in priority neighbourhoods receiving alcohol support (IP11.4) No. of people at stage 5 recovery from drug and alcohol (IP11.7)	Stretch Outcome 11: Alcohol and Drugs Improvement projects 11.3-11.5 and 11.7



What we know now

 <p>*66.5% of North Locality respondents to the City Voice survey reported being satisfied or fairly satisfied with the overall quality of green/open spaces, compared to 64.7% of people living in priority neighbourhoods.</p>	 <p>*11.8% of people in the North Locality cycled in the last year compared to 5.9% of people living in priority neighbourhoods. 87.5% of people in the North Locality walked in the last year compared to 82.4% of people living in priority neighbourhoods</p>	 <p>59.1% of people in the North Locality are worried about their home and community being vulnerable to severe weather compared to 80% of people living in priority neighbourhoods. 5% of people in the North Locality agreed that the community has taken steps to prepare against this compared to 6.7% in priority neighbourhoods.</p>
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* Note of caution. The source of this data is [City Voice](#), Aberdeen's Citizens Panel and the sample size is smaller for priority neighbourhoods

Priority 5:







Maximise use of disused outdoor space to increase food growing opportunities

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support greenspace use and development of area				
<ul style="list-style-type: none"> Encourage community growing spaces, such as Council allotments Encourage the use of green spaces for healthy benefits. Encourage responsible dog ownership Support outdoor activities by having benches placed in specific locations Grow more wildflowers Improve traffic management Develop opportunities/spaces for more physical activity in the area 	Heathryfold, Middlefield, Northfield, Cummings Park & Mastrick Locality wide	Danestone Community Centre, Dyce Community Garden and Orchard, Sport Aberdeen, Cummings Park Community Association, Cummings Park Flat,	No. of people experiencing good quality natural space (IP15.1) No. of people reporting positive outcomes in relation to their health and wellbeing (IP15.2) No of community groups delivering environmental improvements in their area (IP15.4)	Stretch Outcome: Sustainable Travel Improvement projects 14.1 Stretch Outcome 15: Open Space and Built Environment Improvement projects 15.1, 15.2, 15.4
Develop Local Resilience Plans				
<ul style="list-style-type: none"> Community led resilience plans in place, particularly for areas most vulnerable to flooding. 	Bridge of Don, Denmore and Grandholm	Community Councils in the North Locality	No. of resilience plans in place across the locality (13.3)	Stretch Outcome 13: Climate Change Improvement project 13.3

Our Community



What we know now

 <p>*37.9% of people in the North Locality scored highly* for overall identity and belonging compared to 20% of people in north priority neighbourhoods and 38.5% city wide.</p>	 <p>*43.7% of people in the North Locality scored highly* for how welcoming the place is compared to 33.4% of people in priority neighbourhoods and 46.6% city wide.</p>	 <p>*9.2% of people in the North Locality scored highly* for overall influence and sense of control compared to 6.7% of people in priority neighbourhoods and 16.7% city wide.</p>
 <p>*37.5% of people in the North Locality feel part of the community compared to only 26.7% in priority neighbourhoods and 46% city wide.</p>	 <p>*18.3% of people in the North Locality belong to community groups compared to 6.7% in priority neighbourhoods and 24.9% city wide.</p>	 <p>*In the North Locality, 17.5% are aware of Locality Plans, 5.8% are aware of Locality Empowerment Groups and 5% of Priority Neighbourhood Partnerships.</p>

*Scored 5 and above out of a possible 7

* Note of caution. The source of this data is [City Voice](#) , Aberdeen’s Citizens Panel and the sample size is smaller for priority neighbourhoods

Priority 6:


Increase the number of people and groups involved in making improvements and decisions in their community


Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support people to get involved				
<ul style="list-style-type: none"> • Increase no. and diversity of community members participating in community planning • Support community led organisations to access funding for community led initiatives • Celebrate and increase awareness of community led projects • Explore how community assets can be used as community resources 	Locality Wide	All community groups and organisations	No of community ideas being tested (IP16.2) No. of people participating in community planning (IP16.3) No. of community led initiatives being supported to access funding (IP16.4)	Stretch Outcome 16: Community Empowerment All improvement projects


How to get involved


The [North Locality Empowerment Group](#) and the [Cummings Park, Heathryfold, Northfield, Mastrick and Middlefield Priority Neighbourhood Partnership](#) are two of the main ways we connect with our local communities in the North Locality. As a member of a LEG and a Priority Neighbourhood Partnership you will be able to provide a voice on behalf of the people and communities across your neighbourhood.

What's in it for you?

 Influence what happens in your community

 Help make a brighter future for all

 Connect with others

 Participation can lead to credits for the Saltire Award (young people, age 12-25)

Following a recent training session provided by SCDC in partnership with ACC/AHSCP, the community had this to say about community engagement:

"Talk to us and talk to us early. Don't make decisions and then get it approved by us. Communities have knowledge and skills to know what's best for us. We're the local experts about our places"

"Community Engagement is where people grow"

If you are interested in getting involved in helping achieve these aims in your local community, follow this link to find out more: [Our Communities - Community Planning Aberdeen](#) or email localityplanning@aberdeencity.gov.uk.



Meet your Locality Planning Team

We understand the importance of working with communities to build a thriving environment for everyone. By engaging with local communities through our dedicated locality planning team, we aim to become more receptive, supportive and action oriented. Community input is extremely valuable to this work.

The Locality Planning Team includes staff from Aberdeen City Council and the Aberdeen City Health and Social Care partnership working together to support improved outcome across all our localities and neighbourhoods. In the North Locality your locality planning contacts are Iain, Jade, Katie, and Kev.



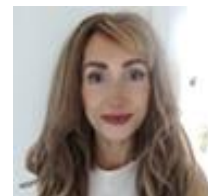
Iain Robertson,
Transformation Programme
Manager, Aberdeen City
Health and Social Care
Partnership



Jade Leyden,
Community Development
Manager, Aberdeen City
Council



Kev Donald, Community
Development Officer,
Aberdeen City Council



Katie Cunningham,
Public Health Coordinator,
ACHSCP

Please take a moment to complete this [survey](#) and let us know how we can enhance our service delivery and collaboration with you. Together we can make a positive impact and create a place where all people can prosper.

Central Locality Plan

2021-2026
(Updated April 2024)



Central Locality Neighbourhoods:

Ashgrove, City Centre, Froghall, George St, Hanover, Hilton, Midstocket, Old Aberdeen, Powis, Rosemount, Tillydrone, Seaton, Stockethill, Sunnybank, West End and Woodside



Community Planning
Aberdeen

Welcome



Welcome to the Central Locality Plan which sets out the priority outcomes we want to achieve by 2026. We will work together with people living and working in the Central Locality to deliver the plan. The plan was first published in July 2021 and has been refreshed in 2024 to ensure it remains relevant and focussed on Central Locality priorities. Moving out of the pandemic, some priorities have changed but many remain the same. As part of the refresh process, we considered feedback gathered through our 'what matters to you' community engagement exercise and considered local level data, including progress we have made and areas for improvement reported as part of the Central Locality Annual Report 2022-23. Most importantly, we listened to people living and working across the Central Locality to hear what they think and understand what would make the greatest difference to them. The refreshed plan has been developed by Community Planning Aberdeen, working with members of the Central Locality Empowerment Group and Central Priority Neighbourhood Partnership. The plan supports delivery of the citywide Local Outcome Improvement Plan (LOIP).



Vision and Priorities

Our collective vision is to ensure that Aberdeen is a place where all can prosper. To achieve this in the Central Locality, we have identified six priorities to be achieved under the four key themes of Economy, People, Place and Community.

ECONOMY	PEOPLE	PLACE	COMMUNITY
1. Reduce the number of People living in poverty (Page 3)	2. Improve Mental Health and Wellbeing of the population. (Page 5)	5. Maximise use of spaces in communities to create opportunities for people to connect and increase physical activity (Page 8)	6. Increase the number of people and groups involved in making improvements and decisions in their community (Page 10)
	3. Ensure people can access services timely through a person-centred approach (Page 6)		
	4. Create Safe and resilient communities (Page 7)		





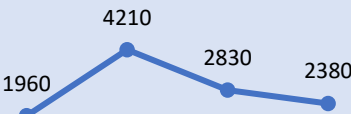
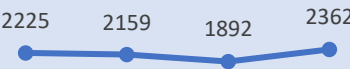
These priorities are relevant to all neighbourhoods within the locality, but we recognise that some neighbourhoods will need more support to achieve improved outcomes. Priority neighbourhoods which experience disadvantage have been identified using the Scottish Index of Multiple Deprivation (SIMD). These neighbourhoods may need additional support to benefit from the same opportunities to thrive and succeed as other neighbourhoods within the locality.

Our priority neighbourhoods within the Central Locality include Tillydrone, Woodside, Seaton, George Street, Stockethill and Ashgrove.

Our Economy



What we know now

 <p>*9.7% of people in the Central Locality worried they would not have enough to eat compared to 18% of people living priority neighbourhoods.</p>	 <p>*7.9% of households in the Central Locality have experienced times when they felt hungry but did not eat compared to 12.5% of households in priority neighbourhoods.</p>	 <p>*34.8% of people in the Central Locality worried they would not be able to heat their home compared to 43.1% of people living in priority neighbourhoods</p>
 <p>*5.4% of households in the Central Locality have had to seek support for paying for heating, compared to 8.3% of households in priority neighbourhoods</p>	 <p>People on Universal Credit has decreased after a spike in 2021. 49% of claimants live in central locality priority neighbourhoods</p>	 <p>Child poverty has increased in the central locality since 2019. 54% of children in low income families live in priority neighbourhoods</p>

* Note of caution. The source of this data is [City Voice](#) , Aberdeen’s Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 1:

Reduce the number of people living in poverty through the creation of opportunities for employment and skills and create solutions to tackle food and fuel poverty.


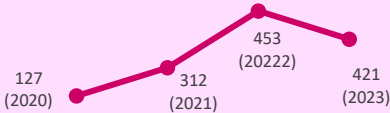



Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support our communities who experience poverty				
<ul style="list-style-type: none"> • Sustain and develop community food provision including food pantries. • Support communities with financial inclusion. • Support English as Second Language (ESOL) families to access services. • Insulation and retrofitting of housing to reduce fuel bills 	<p>Tillydrone, Seaton, Woodside, Ashgrove, Stockethill & George Street</p> <p>Locality Wide</p>	<p>CFINE, Fersands and Sandilands SCIO, Seaton Management Committee, NESCAN, STAR Flat, The Lighthouse, Fresh Community Wellness SCIO, Aberdeen Lads Club</p>	<p>No. people accessing foodbanks referred to cash first initiatives (IP1.3)</p> <p>Uptake in unclaimed benefits (IP1.4)</p> <p>No. of socially rented households in fuel poverty (IP 1.2)</p>	<p>Stretch Outcome 1: Poverty Improvement projects 1.1-1.4</p>

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Strengthen opportunities for Business Growth				
<ul style="list-style-type: none"> • Support development of Social Enterprises and small businesses. • Utilise empty premises to encourage new businesses. • Grow the number of job opportunities in the locality • Strengthen relationships with local businesses. • Visually improve the area to encourage use/business 	Tillydrone, Seaton, Woodside, Ashgrove, Stockethill & George Street	SHMU Business Gateway Aberdeen Lads Club	No. of people supported to start up a social enterprise/ business (IP 2.5)	Stretch Outcome 2: Employability Improvement projects 2.3, 2.4 and 2.5 Stretch Outcome 15: Open Space and Built Environment Improvement project 15.5
Support development of employment opportunities.				
<ul style="list-style-type: none"> • Making childcare more affordable and accessible to increase parental employment • Support and develop employment opportunities for adults and young people. • Encourage employers in the locality to sign up to the Real Living Wage. • More access to apprenticeships and training • Support with digital skills for work (not just beginners) 	Tillydrone, Seaton, Woodside, Ashgrove, Stockethill & George Street Locality Wide	Pathways STAR Flat SHMU Printfield Project Fersands and Sandilands SCIO Tilly Flat Aberdeen Lads Club	No. of young parents supported into training or employment (IP 2.6) No. of people supported with digital skills to apply for employment (IP2.7) No. of people supported into good quality employment (IP 2.1)	Stretch Outcome 2: Employability. All improvement projects. Stretch Outcome 6: Positive Destinations. Improvement projects 6.3-6.6 Stretch Outcome 9: Community Justice. Improvement project 9.1

Our People



What we know now

 <p>94.3% of school leavers from Central Locality schools achieved an initial positive destination in 2022-23. This is compared to 89.6% for schools in priority neighbourhoods. The Aberdeen City average is 93.6%.</p>	 <p>No. of referrals each month to NHSG's children and adolescent mental health services increasing. <i>(Data only available at city wide level)</i></p>	 <p>The rate of death from suicide in the Central Locality is 10.5 per 100,000, this is below the citywide average of 11.1 per 100,000 of the population. <i>(Data not available at neighbourhood level)</i></p>															
 <p>*31.5% of people in the Central Locality said they didn't know how many units are in the alcoholic drinks they consume. 43.2% of people living in the Central Locality said they didn't think about units at all. Compared to 45.2% and 37.5% in priority neighbourhoods.</p>	 <p>The rate of drug related hospital stays for the Central Locality in 2022 was 249.6 per 100,000. This is a slight increase from 244.3 per 100,000 of the population in 2021. <i>(Data not available at neighbourhood level)</i></p>	<table border="1" data-bbox="1085 784 1436 884"> <tr> <td></td> <td>80.2</td> <td>80.3</td> <td>80.1</td> <td>80.0</td> </tr> <tr> <td>F</td> <td>75.1</td> <td>75.5</td> <td>75.5</td> <td>75.5</td> </tr> <tr> <td>M</td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>Life Expectancy has stayed stable in the Central Locality since 2018 for males and females. But it is lower in priority neighbourhoods at 78.1 (F) and 72.8 (M)</p>		80.2	80.3	80.1	80.0	F	75.1	75.5	75.5	75.5	M				
	80.2	80.3	80.1	80.0													
F	75.1	75.5	75.5	75.5													
M																	

* Note of caution. The source of this data is [City Voice](#) , Aberdeen's Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 2: Improve Mental Wellbeing of the Population

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Create opportunities to upskill knowledge and understanding				
<ul style="list-style-type: none"> Use digital tools to support Mental Health and Wellbeing for young people. Upskilling communities and partners knowledge of Suicide Prevention. Support Community groups to understand community Health and Wellbeing. Creating opportunities for those who identify as isolated to take part in activities. 	Locality Wide	Sport Aberdeen, STAR FLAT, Fersands and Sandilands SCIO, Aberdeen FC Community Trust, Fresh Community Wellness SCIO, Aberdeen Lads Club	<p>% of S1-S6 pupils who report they feel confident (IP 4.4)</p> <p>No. of people engaged in Stay Well, Stay Connected initiatives (IP10.3)</p>	<p>Stretch Outcome 4: Children's Mental Wellbeing Improvement projects 4.4 & 4.5</p> <p>Stretch Outcome 10: Healthy Life Expectancy Improvement project 10.1 & 10.3</p>

Priority 3:

Ensure People can access services timely through a person-centred approach where the needs of the whole population are considered.

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Increase knowledge and understanding of health provision in locality				
<ul style="list-style-type: none"> Awareness of services and signposting. Upskilling communities and partners knowledge of Healthy Weight Management. Develop programmes of activities to informally support mental wellbeing 	Locality wide	Fersands and Fountain SCIO Printfield Project STAR Flat Tilly Flat The Lighthouse Fresh Community Wellness SCIO Aberdeen Lads Club	% the number of people engaged with Stay Well Stay Connected initiatives (IP 10.3) No. of low-income families supported with healthy eating behaviours and maintaining weight (IP 10.4)	Stretch Outcome 10: Healthy Life Expectancy Improvement project 10.3 & 10.4
Innovative approaches to addressing health issues				
<ul style="list-style-type: none"> Test use of nicotine training Developing assets and activities to encourage outdoor activity Improve physical place to encourage people to use outdoor space Identify and promote opportunities to communities to volunteer 	Locality wide	Sport Aberdeen STAR Flat Fersands and Sandilands SCIO Aberdeen Lads Club	%. of women smoking in pregnancy (IP10.6) % of young people regularly vaping (IP10.8) % of people cycling and walking (IP14) % of citizens who feel they can regularly experience good quality natural space (IP15.1) No. of community groups making environmental improvements (IP15.1)	Stretch Outcome 10: Healthy Life Expectancy Improvement Projects 10.6 and 10.8 Stretch Outcome 14: Walking and Cycling Improvement Projects 14.1 & 14.2 Stretch Outcome 15: Open Space and Built Environment Improvement project 15.1 and 15.2, 15.5 and 15.6




Priority 4:

Create safe and resilient communities

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Create local safe spaces to support outside activities				
<ul style="list-style-type: none"> Develop and promote community safety initiatives. Create indoor and outdoor opportunities for activities (young people). Encourage the use of green spaces for healthy activities. Road Safety 	Locality wide Woodside - Tillydrone, Seaton, Woodside, Ashgrove, Stockethill & George Street	Fersands and Sandilands SCIO SHMU Sport Aberdeen Off the Rails Community Garden (Woodside) The Lighthouse Fresh Community Wellness SCIO Aberdeen Lads Club	% of children who feel safe in their community (IP4.5) No. of community activities available for young people No. of youth and adult anti-social behaviour calls to Police Scotland (IP7.5/9.9) % of people who feel safe using various modes of travel at night (City Voice)	Stretch Outcome 4: Children's Mental Wellbeing Improvement project 4.5 Stretch Outcome 7 and 9: Youth and Community Justice Improvement projects 7.5 & 9.9 Stretch Outcome 15: Open and Built Environment Improvement project 15.1 & 15.2 Stretch Outcome 14: Sustainable Travel; All Projects
Support those affected by alcohol and substance use				
<ul style="list-style-type: none"> Development of activities to promote recovery. Raise awareness of substance use service and provision. 	Locality Wide Tillydrone, Seaton, Woodside, Ashgrove, Stockethill & George Street	Aberdeen in Recovery Alcohol and Drugs Action Woodside Network The Bridge DSM Foundation The Lighthouse Aberdeen Lads Club	No. of women drinking in pregnancy (IP 11.3) No. of people in priority neighbourhoods receiving alcohol support (IP11.4) No. of people at stage 5 recovery from drug and alcohol (IP11.7)	Stretch Outcome 11: Alcohol and Drugs Improvement projects 11.3-11.5 and 11.7



What we know now

 <p>*66.5% of Central Locality respondents to the City Voice survey reported being satisfied or fairly satisfied with the overall quality of green/open spaces, compared to 70.2% of people living in priority neighbourhoods.</p>	 <p>*16.8% of people in the Central Locality cycled in the last year compared to 13.7% of people living in priority neighbourhoods. 91.6% of people in the Central Locality walked in the last year compared to 96.1% of people living in priority neighbourhoods.</p>	 <p>*62.5% of people in the Central Locality are worried about their home and community being vulnerable to severe weather compared to 68.4% of people living in priority neighbourhoods. 6.1% of people in the Central Locality agreed that the community has taken steps to prepare against this compared to 6.4% in priority neighbourhoods.</p>
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Priority 5

Maximise the spaces in communities to create opportunities for people and nature to connect and increase physical activity.






Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Tackle waste in our communities				
<ul style="list-style-type: none"> Increase uptake of recycling options and reduce fly tipping. Increase community litter picks Encourage responsible dog ownership 	Tillydrone, Seaton, Woodside, Ashgrove, Stockethill & George Street Locality Wide	Sport Aberdeen Fresh Community Wellness SCIO Aberdeen Lads Club	Reduce generation of household waste (IP 13.2) No of community groups delivering environmental improvements in their area (IP15.4)	Stretch Outcome 13: Climate Change Improvement Project 13.2 Stretch Outcome 15: Open Space and Built Environment Improvement project 15.4
Develop resilience plans				
<ul style="list-style-type: none"> Develop flood and community resilience plans. 	The Green, Merchant Quarter, Holburn Street, Footdee	Community Councils in the Central Locality	No. of resilience plans in place across the locality (13.3)	Stretch Outcome 13: Climate Change Improvement project 13.3

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support Greenspace Development				
<ul style="list-style-type: none"> • Encourage walking and cycling • Grow more wildflowers • Create space for community growing space and allotments • Create food growing initiatives 	Locality Wide	Sport Aberdeen NESCOAN, Earth and Worms, Fersands and Sandilands SCIO STAR Flat Fresh Community Wellness SCIO Aberdeen Lads Club	No. of people who walk/cycle as one mode of travel (IP 14.1 & 14.2) No. of people experiencing good quality natural space (IP15.1) No of community groups delivering environmental improvements in their area (IP15.4)	Stretch Outcome: Sustainable Travel Improvement projects 14.1-14.2 Stretch Outcome 15: Open Space and Built Environment Improvement project 15.1, 15.3, 15.4 and 15.5

Our Community



What we know now

 <p>*32% of people in the Central Locality scored highly* for overall identity and belonging compared to 21.6% of people in central priority neighbourhoods and 38.5% city wide.</p>	 <p>*45.8% of people in the Central Locality scored highly* for how welcoming the place is compared to 29.7% of people in priority neighbourhoods and 46.6% city wide.</p>	 <p>*16.9% of people in the Central Locality scored highly* for overall influence and sense of control compared to 16.7% of people in priority neighbourhoods and 16.7% city wide.</p>
 <p>*43.8% of people in the Central Locality feel part of the community compared to only 54% in priority neighbourhoods and 46% city wide</p>	 <p>*27.6% of people in the Central Locality belong to community groups compared to 32.4% in priority neighbourhoods and 24.9% city wide</p>	 <p>*In the Central Locality, 11.4% are aware of Locality Plans, 7.6% are aware of Locality Empowerment Groups and 7.6% of Priority Neighbourhood Partnerships.</p>

*Scored 5 and above out of a possible 7

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Priority 6:

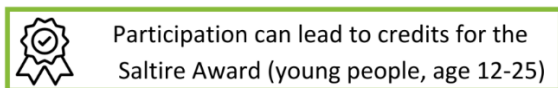
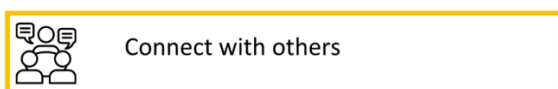
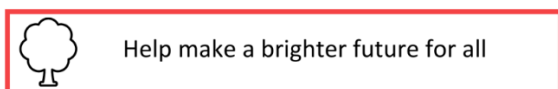
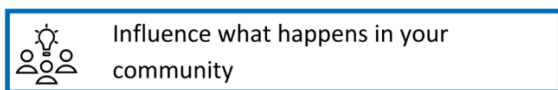
Increase the number of people and groups involved in making improvements and decisions in their community

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support people to get involved				
<ul style="list-style-type: none"> • Increase no. and diversity of community members participating in community planning • Support community led organisations to access funding for community led initiatives • Celebrate and increase awareness of community led projects • Ensure information, meetings and events are accessible and easy to understand 	Locality Wide	All community groups and organisations	<p>No of community ideas being tested (IP16.2)</p> <p>No. of people participating in community planning (IP16.3)</p> <p>No. of community led initiatives being supported to access funding (IP16.4)</p> <p>No. of people who feel they can access meetings and events</p>	Stretch Outcome 16: Community Empowerment All improvement projects

How to get involved

The [Central Locality Empowerment Group](#) and the [Woodside, Tillydrone and Seaton Priority Neighbourhood Partnership](#) are two of the main ways we connect with our local communities in the Central Locality. As a member of a LEG and Priority Neighbourhood Partnership you will be able to provide a voice on behalf of the people and communities across your neighbourhood.

What's in it for you?



Following a recent training session provided by SCDC in partnership with ACC/AHSCP, the community had this to say about community engagement:

"Talk to us and talk to us early. Don't make decisions and then get it approved by us. Communities have knowledge and skills to know what's best for us. We're the local experts about our places"

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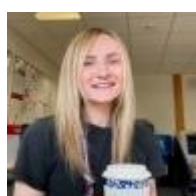
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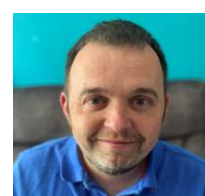
Iain Robertson,
Transformation
Programme Manager,
Aberdeen City Health and
Social Care Partnership



Jade Leyden,
Community Development
Manager, Aberdeen City
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South Locality Plan

2021-2026
(Updated April 2024)



South Locality Neighbourhoods:

Culter; Cults, Bieldside, Milltimber & Countesswells; Hazlehead; Braeside, Mannofield, Broomhill, Seafield; Garthdee; Ferryhill; Torry; Cove; Kincorth, Leggart & Nigg



Community Planning
Aberdeen

Welcome



Welcome to the South Locality Plan which sets out the priority outcomes we want to achieve by 2026. We will work together with people living and working in the South Locality to deliver the plan. The plan was first published in July 2021 and has been refreshed in 2024 to ensure it remains relevant and focussed on South Locality priorities. Moving out of the pandemic, some priorities have changed but many remain the same. As part of the refresh process, we considered feedback gathered through our ‘what matters to you’ community engagement exercise and considered local level data, including progress we have made and areas for improvement reported as part of the South Locality Annual Report 2022-23. Most importantly, we listened to people living and working across the South Locality to hear what they think and understand what would make the greatest difference to them. The refreshed plan has been developed by Community Planning Aberdeen, working with members of the South Locality Empowerment Group and South Priority Neighbourhood Partnership. The plan supports delivery of the citywide Local Outcome Improvement Plan (LOIP).



Vision and Priorities

Our collective vision is to ensure that Aberdeen is a place where all can prosper. To achieve this in the South Locality, we have identified six priorities to be achieved under the four key themes of Economy, People, Place and Community.

ECONOMY	PEOPLE	PLACE	COMMUNITY
1.Reduce number of people living in poverty. (Page 3)	3.Support children and young people (Page 5)	5. Identify and maximise use of green space (Page 7)	6. Increase the number of people and groups involved in making improvements and decisions in their community (Page 9)
2.Improve and create employment opportunities (Page 4)	4. Focus on early intervention, prevention, and re-enablement actions (Page 6)		






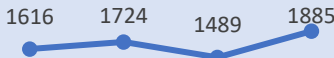
These priorities are relevant to all neighbourhoods within the locality, but we recognise that some neighbourhoods will need more support to achieve improved outcomes. Priority neighbourhoods which experience disadvantage have been identified using the Scottish Index of Multiple Deprivation (SIMD). These neighbourhoods may need additional support to benefit from the same opportunities to thrive and succeed as other neighbourhoods within the locality.

Our priority neighbourhoods within the South Locality include Torry and Kincorth.

Our Economy



What we know now

 <p>*7.2% of people in the South Locality worried they would not have enough to eat compared to 19.4% of people living in priority neighbourhoods.</p>	 <p>*5.6% of households in the South Locality have experienced times when they felt hungry but did not eat compared to 10% of households in priority neighbourhoods.</p>	 <p>*28.3% of people in the South Locality worried they would not be able to heat their home compared to 55.6% of people living in priority neighbourhoods.</p>
 <p>*5.6% of households in the South Locality have had to seek support for paying for heating, compared to 11.1% of households in priority neighbourhoods.</p>	 <p>People on universal credit has increased in the South Locality since 2020. 50% of UC claimants live in priority neighbourhoods.</p>	 <p>Child poverty has increased in the South Locality since 2019. 55% of children in low income families live in priority neighbourhoods.</p>

* Note of caution. The source of this data is [City Voice](#), Aberdeen's Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 1:

Reduce number of people living in poverty. Address food and fuel poverty by identifying and using local assets (for example community cafés and community kitchens).

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support our most vulnerable families				
<ul style="list-style-type: none"> Sustain and develop community food provision including food pantries Support communities with financial inclusion such as benefit uptake and affordable heating Insulation and retrofitting of housing to reduce fuel bills Improve affordability and accessibility of public transport Create a local trusted tradesperson scheme to ensure fairness and best value 	<p>Torry & Kincorth</p> <p>Locality Wide</p>	<p>CFINE</p> <p>Torry People's Assembly</p> <p>NESCAN</p>	<p>No. people accessing foodbanks referred to cash first initiatives (IP1.3)</p> <p>Uptake in unclaimed benefits (IP1.4)</p> <p>No. of socially rented households in fuel poverty (IP 1.2)</p>	<p>Stretch Outcome 1: Anti-Poverty All Improvement projects</p> <p>Stretch Outcome 14: Sustainable Travel 14.3</p>

Priority 2:


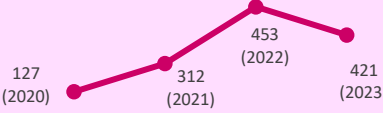



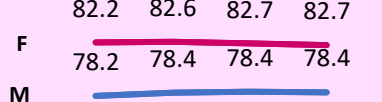
Improve and create employment opportunities; Develop skills, training and support for young people and businesses

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support businesses and young people into employment				
<ul style="list-style-type: none"> • Support development of Social Enterprises and small business start-ups – fill empty shops • Grow the number of local job opportunities • Strengthen relationships with local businesses as part of their Corporate Social Responsibility • Explore alternative routes to apprenticeships • Develop locally available employability support and training 	<p>Torry & Kincorth</p> <p>Locality Wide</p>	<p>Business Gateway</p> <p>SHMU</p>	<p>No. of people supported to start up a social enterprise/ business (IP 2.5)</p> <p>No. of people supported into good quality employment (IP 2.1)</p>	<p>Stretch Outcome 2: Employability. All improvement projects.</p> <p>Stretch Outcome 6: Positive Destinations. Improvement projects 6.3-6.6.</p> <p>Stretch Outcome 9: Community Justice. Improvement project 9.1</p>

Our People



What we know now

 <p>94.2% of school leavers from South Locality schools achieved an initial positive destination in 2022-23. This is compared to 89.6% for schools in priority neighbourhoods. The Aberdeen City average is 93.6%.</p>	 <p>No. of referrals each month to NHSG's children and adolescent mental health services increasing. <i>(Data only available at city wide level)</i></p>	 <p>The rate of death from suicide in the South Locality is 10.4 per 100,000, this is below the citywide average of 11.1 per 100,000 of the population. <i>(Data not available at neighbourhood level)</i></p>
 <p>*31.5% of people in the South Locality said they did not know how many units are in the alcoholic drinks they consume, 46% of people living in the South said they did not think about units at all. Compared to 45% and 65% in priority neighbourhoods.</p>	 <p>The rate of drug related hospital stays for the South Locality was 135.7 per 100,000 of the population. This was an improvement from 147.2 per 100,000 in 2021. <i>(Data not available at neighbourhood level)</i></p>	 <p>Life expectancy has stayed stable in the South Locality since 2018 for males and females. But it is lower in priority neighbourhoods at 79.6 (F) and 73.9 (M)</p>

* Note of caution. The source of this data is [City Voice](#) , Aberdeen's Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 3:

Support children and young people to achieve their maximum potential

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Provide activities and support for Children and Young people				
<ul style="list-style-type: none"> • More freely available/low-cost facilities for children and young people, including sports facilities • Develop a pump track in Torry • Identify and develop actions to address the mental wellbeing of young people • Increase the number of care experienced young people going onto positive destinations 	<p>Torry and Kincorth</p> <p>Locality Wide</p>	<p>Streetsport, Balnagask Community Centre, Torry Dancers, VicTorry, Jesus House, Sport Aberdeen, The Bridge, Friends of St Fittick's Park Big Noise Torry</p>	<p>% of S1-S6 pupils who report they feel confident (IP 4.4)</p> <p>% of children who feel safe in their community (IP4.5)</p> <p>Develop pump track in Torry</p> <p>instances of youth anti-social behaviour calls to Police Scotland (IP7.5)</p>	<p>Stretch Outcome 4: Children's Mental Wellbeing Improvement projects 4.4 and 4.5</p> <p>Stretch Outcome 5 and 6: Positive Destination All Improvement projects</p> <p>Stretch Outcome 7: Improvement project 7.5</p>




Priority 4:

Focus on early intervention, prevention, and re-enablement actions to reduce inequalities and improve physical and mental wellbeing outcomes.

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support people to make healthy choices				
<ul style="list-style-type: none"> Upskilling communities and partners' knowledge of health and wellbeing, weight management, services, and training. Awareness of services and signposting such as use of community noticeboards and accessible social media Upskilling communities and partners knowledge of suicide prevention services and training Raise awareness of substance service provision 	<p>Locality Wide</p> <p>Torry and Kincorth</p>	<p>Aberdeen in Recovery</p> <p>Alcohol and Drugs Action</p> <p>Friends of St Fittick's Park</p> <p>The Bridge</p> <p>DSM Foundation</p>	<p>% the number of people engaged with Stay Well Stay Connected initiatives (IP 10.3)</p> <p>No. of low-income families supported with healthy eating behaviours and maintaining weight (IP 10.4)</p> <p>No. of people in priority neighbourhoods receiving alcohol support (IP11.4)</p> <p>No. of people at stage 5 recovery from drug and alcohol (IP11.7)</p>	<p>Stretch Outcome 10: Healthy Life Expectancy Improvement project 10.1, 10.3 and 10.4</p> <p>Stretch Outcome 11: Alcohol and Drugs Improvement projects 11.1 and 11.2</p>



What we know now

 <p>*71.6% of South Locality respondents to the City Voice survey reported being satisfied or fairly satisfied with the overall quality of green/open spaces, compared to 50.1% of people living in priority neighbourhoods.</p>	 <p>*15.6% of people in the South Locality cycled in the last year compared to 6.3% of people living in priority neighbourhoods. 88.3% of people in the South Locality walked in the last year compared to 87.5% of people living in priority neighbourhoods.</p>	 <p>*58.4% of people in the South Locality are worried about their home and community being vulnerable to severe weather compared to 83.3% of people living in priority neighbourhoods. 7.7% of people living in the South Locality agreed that the community has taken steps to prepare against this, whilst there were no positive responses to this question in priority neighbourhoods.</p>
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* Note of caution. The source of this data is [City Voice](#) , Aberdeen’s Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 5:

Identify and maximise use of green space: community food growing and community garden access (inter-generational community gardens)







Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support people to make healthy choices				
<ul style="list-style-type: none"> Encourage community growing spaces Encourage the use of green spaces for healthy benefits Increase and improve cycle and walking routes, particularly in Torry Remove high speed cyclists from Deeside line Develop opportunities/spaces for more physical activity in the area- Torry 10k. 	<p>Locality Wide</p> <p>Torry & Kincorth</p>	<p>Tullos Wildlife Garden</p> <p>Friends of St Fittick’s Park</p> <p>Sport Aberdeen</p>	<p>No. of people who walk/cycle as one mode of travel (IP 14.1 & 14.2)</p> <p>No. of people reporting positive outcomes in relation to their health and wellbeing (IP15.2)</p> <p>No of community groups delivering environmental improvements in their area (IP15.4)</p>	<p>Stretch Outcome 14: Sustainable Travel All Improvement projects</p> <p>Stretch Outcome 15: Open Space and Built Environment Improvement projects 15.1, 15.2, and 15.4</p>

Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Safe and welcoming environment				
<ul style="list-style-type: none"> • Increase litter bins • Encourage responsible dog ownership • promote use of greenspace and improve access to greenspace • Improved traffic management 	Locality Wide	South Locality Empowerment Group and South Priority Neighbourhood Partnership	No of community groups delivering environmental improvements in their area (IP15.4)	Stretch Outcome 13: Climate Change Improvement Project 13.2 Stretch Outcome 15: Open Space and Built Environment Improvement projects 15.1, 15.3 and 15.4

Our Community



What we know now

 <p>*44.5% of people in the South Locality scored highly* for overall identity and belonging compared to 30.4% of people in south priority neighbourhoods and 38.5% city wide.</p>	 <p>*49.7% of people in the South Locality scored highly* for how welcoming the place is compared to 40.9% of people in south priority neighbourhoods and 46.6% city wide.</p>	 <p>*22.5% of people in the South Locality scored highly* for overall influence and sense of control compared to 22.7% of people in south priority neighbourhoods and 16.7% city wide.</p>
 <p>*54.7% of people in the South Locality feel part of the community compared to only 34.8% in south priority neighbourhoods and 46% city wide.</p>	 <p>*27.9% of people in the South Locality belong to community groups compared to 26.1% in south priority neighbourhoods and 24.9% city wide.</p>	 <p>*In the South Locality, 17.7% are aware of Locality Plans, 8.8% are aware of Locality Empowerment Group and 4.7% of Priority Neighbourhood Partnerships.</p>

*Scored 4 and above out of a possible 7

* Note of caution. The source of this data is [City Voice](#) , Aberdeen’s Citizens Panel and the sample size is smaller for priority neighbourhoods.

Priority 6:


Increase the number of people and groups involved in making improvements and decisions in their community


Our ideas about how we will achieve this together	Where we will test our ideas	Community Partners we will work with	Data that will tell us if we are improving	Link to city wide Local Outcome Improvement Plan
Support people to get involved				
<ul style="list-style-type: none"> • Increase no. and diversity of community members participating in community planning • Support community led organisations to access funding for community led initiatives • Celebrate and increase awareness of community led projects • More public consultations on a regular basis 	Locality Wide	All community groups and organisations	No of community ideas being tested (IP16.2) No. of people participating in community planning (IP16.3) No. of community led initiatives being supported to access funding (IP16.4)	Stretch Outcome 16: Community Empowerment All improvement projects


How to get involved


The [South Locality Empowerment Group](#) and the [Torry Partnership](#) are two of the main ways we connect with our local communities in the South Locality. As a member of a LEG and Torry Partnership you will be able to provide a voice on behalf of the people and communities across your neighbourhood.

What is in it for you?

 Influence what happens in your community

 Help make a brighter future for all

 Connect with others

 Participation can lead to credits for the Saltire Award (young people, age 12-25)

Following a recent training session provided by SCDC in partnership with ACC/AHSCP, the community had this to say about community engagement:

“Talk to us and talk to us early. Don’t make decisions and then get it approved by us. Communities have knowledge and skills to know what is best for us. We’re the local experts about our places”

“Community Engagement is where people grow”

If you are interested in getting involved in helping achieve these aims in your local community, follow this link to find out more: [Our Communities - Community Planning Aberdeen](#) or email localityplanning@aberdeencity.gov.uk.

Meet your Locality Planning Team

We understand the importance of working with communities to build a thriving environment for everyone. By engaging with local communities through our dedicated locality planning team, we aim to become more receptive, supportive, and action orientated. Community input is extremely valuable to this work.

The Locality Planning Team includes staff from Aberdeen City Council and the Aberdeen City Health and Social Care Partnership working together to support improved outcome across all our localities and neighbourhoods. In the South Locality your locality planning contacts are Iain, Jade, and Teresa.



Iain Robertson,
Transformation Programme
Manager, Aberdeen City Health
and Social Care Partnership



Jade Leyden,
Community Development
Manager,
Aberdeen City Council



Teresa Dufficy, Community
Development Officer,
Aberdeen City Council

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INTEGRATION JOINT BOARD

Date of Meeting	9 th July 2024
Report Title	Creating Hope Together: Scotland's Suicide Prevention Strategy and Action Plan.
Report Number	HSCP24.049
Lead Officer	Kevin Dawson, Lead for Community Mental Health, Learning Disabilities and Drug and Alcohol Services.
Report Author Details	Name: Jenni Campbell, Job Title: Project Manager, Email: jenncampbell@aberdeencity.gov.uk
Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	<ul style="list-style-type: none"> a. Draft Inequalities Impact Assessment b. Community Planning Partnership Local Outcome Improvement Plan c. Aberdeen City Suicide Prevention Delivery Group Action Plan 2024 d. SAMH annual reporting 2023/2024
Terms of Reference	<p>Aberdeen City Integration Joint Board Terms of reference.</p> <p>https://www.aberdeencityhscp.scot/globalassets/terms-of-reference2.pdf</p>

1. Purpose of the Report

- 1.1. To note the published national Suicide Prevention Strategy & Action Plan and to provide assurance on activities locally.

2. Recommendations

- 2.1. It is recommended that the Integration Joint Board:



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- a) Notes progress on delivery of the national Suicide Prevention Strategy, Action Plan and local implementation.
- b) Instructs the Chief Officer to provide an update on progress annually to the Integration Joint Board.

3. Strategic Plan Context

3.1

The national Suicide Prevention Strategy 'Creating Hope Together' was published in September 2022, jointly produced by the Scottish Government and COSLA. Full document is available here: [Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 \(www.gov.scot\)](https://www.gov.scot/publications/creating-hope-together-scotland-suicide-prevention-strategy-2022-2032/pages/1-100.aspx)

The national 10-year strategy, and an associated 3-year action plan, replace the current Suicide Prevention Action Plan 'Every Life Matters' which was published in 2018.

This is linked to the Aberdeen City's Health and Social Care Partnership's Delivery Plan initially in year 2 and now in year 3. The Project Description is to "Develop and implement approaches to support Suicide Prevention and alignment to national Suicide Prevention Strategy". The recommendations in this report complement the strategic priorities outlined in the Partnership's Strategic Plan.

Suicide Prevention is referenced and aligned to the Grampian-wide Mental Health and Learning Disabilities Portfolio. This work aims to strengthen the supports available to support suicide prevention and support people to find meaning, connection and support within their local community.

Additionally, there is also a crossover with a range of local and national strategic approaches such as the Mental Health & Wellbeing Strategy, Self-Harm Strategy, Trauma Informed Practice, Local Outcome Improvement Plan, and strategies and plans developed by key sectors and organisations, such as Police Scotland and the Scottish Ambulance Service.

The vision is to reduce the number of suicide deaths in Scotland, whilst tackling the inequalities which contribute to suicide. To achieve this, all sectors must come together in partnership, and support our communities, to become safe, compassionate, inclusive, and free of stigma. The aim is for any child, young person or adult who has thoughts of taking their own life, or are affected by suicide, to get the help they need and feel a sense of hope. This vision has been adopted within the North-East including Aberdeen City.



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Highlights of progress made in previous 12 months.

A procurement exercise took place on behalf of the Grampian Suicide Prevention Oversight Group partners in early 2023, which sought a strategic partner within the Third and Independent sector to assist in the local implementation of 'Creating Hope Together' in addition to supporting the wider delivery of aims of the Grampian Suicide Prevention Oversight Group. The Scottish Action for Mental Health (SAMH) was awarded this contract. They commenced in May 2023 until March 2025. SAMH have information sharing agreements in place with key partners such as Police Scotland which supports the understanding of local trends (there is no data provided by NHS Grampian/ACC to SAMH).

A strategic working group in Grampian called the North-East Suicide Prevention Leadership Group (NESPLG), continues to meet quarterly to discuss the strategic aims, outcomes and delivery of the actions in the Suicide Prevention Strategy. Police Scotland convey data from Aberdeen City, Aberdeenshire and Moray to give a Grampian wide overview. Training updates are provided by SAMH and campaigns, workshops and initiatives are discussed. The NESPLG reports into the Grampian Suicide Prevention Oversight Group mentioned above.

Aberdeen City Suicide Prevention Delivery group was established in January 2024 with multi-agency representatives, including children services, education, adult services, Public Health Scotland, housing and third sector organisations. This sub-group has a remit to review Aberdeen City suicide related data and work with Police Scotland and SAMH to identify trends and associated improvement actions. Closely working with Health Intelligence and Public Health will support the use of key quantitative and qualitative data to benchmark and evidence improvements and trends.

Further details of progress of the last 12 months are outlined in the SAMH additional information, (appendix d).

Planned activity during next 12 months.

The Aberdeen City Suicide Prevention Delivery group has compiled an action plan with key generic outcomes Grampian wide and Aberdeen City specific themes/aims for 2024/2024. (see appendix c, action plan).

We will continue to work closely with the Aberdeen City Local Outcome Improvement Plan (LOIP). In terms of Stretch outcomes 10.1 "Reduce the 5-



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year rolling average number of suicides in Aberdeen by at least 5% by 2026” (appendix b).

HSCP’s in the North-East are currently looking into piloting a new death review system with Public Health Scotland called QES (name of company). The QES Suicide Surveillance system, initially developed in partnership with Thrive LDN and South Yorkshire, enables multi-agency collaboration to understand, derive lessons from, and take action to reduce suicides. This will be first in Scotland. The range of information inputted into the system by multi-agency partners at a local level (i.e. police, ambulance, mental health services) facilitates the tying together of a series of small details to provide one comprehensive view of circumstances surrounding a suspected or attempted suicide. This collection of real-time information from partners is essential in the ability to learn from, and react to, emerging patterns and trends in suicide. This ultimately delivers the integral and unique opportunity to identify risk factors and prevent further tragedies on a local, regional and national level.

We are working in collaboration with SAMH to identify targeted groups doing specific prevention work such as; women and older people as our local information has indicated a potential increased risk of suicide for females across Grampian; this is something that has not yet been reflected in national data.

4. Summary of Key Information

4.1. There are a range of guiding principles, outcomes and priority areas for consideration and implementation locally.

There are 4 national main long-term outcomes:

- The environment we live in promotes conditions which protect against suicide risk – this includes our psychological, social, cultural, economic and physical environment.
- Our communities have a clear understanding of suicide, risk factors and its prevention – so that people and organisations are more able to respond in helpful and informed ways when they, or others, need support.
- Everyone affected by suicide is able to access high quality, compassionate, appropriate and timely support – which promotes wellbeing and recovery. This applies to all children, young people and adults who experience suicidal thoughts and behaviour, anyone who cares for them, and anyone affected by suicide in other ways.



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- Our approach to suicide prevention is well planned and delivered, through close collaboration between national, local and sectoral partners. Our work is designed with lived experience insight, practice, data, research and intelligence. We improve our approach through regular monitoring, evaluation and review.

4.2. No relevant previous decisions made by IJB.

4.3. The 'Creating Hope Together' action plan details the actions for the next three years, which, implements the first stage of the Scottish Government and COSLA's 10-year suicide prevention strategy. Full document available here: [Creating Hope Together: suicide prevention action plan 2022 to 2025 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/creating-hope-together-suicide-prevention-action-plan-2022-to-2025/pages/1-10.aspx)

The actions in this plan are designed to support delivery of the four long term outcomes and are built around six action areas as set out below:

- Action area 1: Whole of Government and society approach
- Action area 2: Access to means
- Action area 3: Media reporting
- Action area 4: Learning and building capacity
- Action area 5: Supporting compassionate responses
- Action area 6: Data, evidence and planning

4.4. Aberdeen City Health and Social Care Partnership (ACHSCP), NHS Grampian and Aberdeen City Council (ACC), are already working jointly with Aberdeenshire and Moray partners (Health and Social Care Partnerships, via NHS Grampian and Local Authorities) within the Grampian Suicide Prevention Oversight Group. This group forms a pan-Grampian strategic collaborative approach to suicide prevention. This approach will meet the objectives and requirements of 'Creating Hope Together', in addition to ensuring robust links in and between organisational leadership and national forums such as the Scottish Delivery Collective.

This approach will support innovative partnership working and have flexibility to ensure local solutions. Importantly this will promote a strategic approach to Suicide Prevention work and projects across the North-East of Scotland.

Of key consideration is continued and improved engagement with those who have lived and living experience. The Mental Health and Learning Disability (MHLDD) Public Empowerment Group (PEG) is a forum for engagement on



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local implementation actions. Wider public engagement will also be a key focus of the role held by SAMH as the strategic partner.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

A draft Inequalities Impact assessment (IAA) is currently in place (Appendix a); however, it will need to be updated within the new framework by the Suicide Prevention Delivery Group.

The recommendations of this report seek to improve a range of supports for those in distress, experience of non-completed suicide attempt or sadly lived experience cause by bereavement to suicide.

From the national strategy it is known that:

- Just under three quarters of all suicides in Scotland are male
- Almost half (46%) were aged 35-54
- Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area
- 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.

5.2. Financial

Within the Grampian Suicide Prevention Oversight Group, it was agreed a 2-year non-recurring funding (£250k per annum) from the Scottish Government. They also indicated that additional funding would be made available over next 3 years with an anticipated Grampian allocation of approximately £47k per year for the next three years. This has not been received to date.

There may be financial implications if the anticipated monies from Scottish Government are not received or received at a reduced allocation. The NESPLG will monitor this and may require reviewing plans in accordance with budget availability.



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5.3. Workforce

There are no known direct workforce implications arising from the recommendations of this report.

5.4. Legal

There are no direct legal implications arising from the recommendations of this report. Ongoing engagement relating to data implications will be undertaken.

5.5. Unpaid Carers

There are no direct unpaid carers implications arising from the recommendations of this report.

However, it is important to note that support to unpaid carers who care for people at risk of suicide should be considered by promoting learning resources and awareness-raising on suicide prevention. [creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025.pdf](https://www.gov.scot/publications/creating-hope-together-scotlands-suicide-prevention-action-plan-2022-2025/pdf/pages/pages.asp?docId=38422) (www.gov.scot) (pg. 37) and improving support and increasing services for people bereaved by suicide.

5.6. Information Governance

In relation to the new QES death review system, to ensure current Information Sharing Agreements (ISA's) are still relevant with partners, Police Scotland, Aberdeen City Council, NHS Grampian and any third-party organisations.

5.7. Environmental Impacts

There are no direct environmental implications arising from the recommendations of this report.

5.8. Sustainability

There are no sustainability impacts to consider relating to this report.

5.9. Other



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6. Management of Risk

6.1. Identified risks(s)

- Failure to implement the Strategy and Action Plan.

This risk is minimal due to the ongoing engagement with partners. Failure to implement the Strategy and Action Plan could lead to reputational damage, to mitigate this there is an established oversight and working group structure which will report to the Integrated Joint Board annually.

- Failure to receive necessary budget allocation for March 2025.

This risk will be mitigated through monitoring and, if necessary, a review of the implementation approach.

The content of this report seeks to mitigate the known risks by taking an approach which is collaborative, recognises areas of challenge and seeks to place lived and living experience at the core of service design and delivery. There are risks that the local implementation actions may be compromised should financial allocations be reduced or withdrawn. This risk will be further mitigated in the remits of both the Grampian Suicide Prevention Oversight Group and the NESPLG.

6.2. Link to risks on strategic or operational risk register:

- (1) The commissioning of services from third sector and independent providers (e.g. General Practice and other primary care services) requires all stakeholders to work collaboratively to meet the needs of local people.
- (5) Demographic & financial pressures requiring IJB to deliver transformational system change which helps to meet its strategic priorities.
- (6) Need to involve lived experience in service delivery and design as per Integration Principles.



Areas for Consideration of Impact

Protected Characteristics

Age: older people; middle years; early years; children and young people.
Disability: physical impairments; learning disability; sensory impairment; mental health conditions; long-term medical conditions.
Gender Reassignment: people undergoing gender reassignment
Marriage & Civil Partnership: people who are married, unmarried or in a civil partnership.
Pregnancy and Maternity: women before and after childbirth; breastfeeding.
Race and ethnicity: minority ethnic people; non-English speakers; gypsies/travellers; migrant workers.
Religion and belief: people with different religions or beliefs, or none.
Sex: men; women; experience of gender-based violence.
Sexual orientation: lesbian; gay; bisexual; heterosexual.

Fairer Scotland Duty

Low income – those who cannot afford regular bills, food, clothing payments
Low Wealth – those who can meet basic living costs but have no savings for unexpected spend or provision for the future.
Material Deprivation – those who cannot access basic goods and services, unable to repair/replace broken electrical goods, heat their homes or access to leisure or hobbies
Area of Deprivation/Communities of Place - consider where people live and where they work (accessibility and cost of transport)
Socio-Economic Background - social class, parents' education, employment, income.

Health Inequality (those not already covered in the Fairer Scotland Duty)

Low literacy / Health Literacy includes poor understanding of health and health services (health literacy) as well as poor written language skills.
Discrimination/stigma – negative attitudes or treatment based on stereotyping. Discrimination can be direct or indirect and includes harassment and victimisation.
Health and Social Care Service Provision - availability, and quality/affordability and the ability to navigate accessing these.
Physical environment and local opportunities - availability and accessibility of housing, transport, healthy food, leisure activities, green spaces, air quality and housing/living conditions, exposure to pollutants, safety of neighbourhoods, exposure to crime, transmission of infection, tobacco, alcohol and substance use.

<p>Education and learning - availability and accessibility to quality education, affordability of further education, Early Years development, readiness for school, literacy and numeracy levels, qualifications.</p>

Other

Looked after (incl. accommodated) children and young people
Carers: paid/unpaid, family members.
Homelessness: people on the street; staying temporarily with friends/family; in hostels, B&Bs.
Involvement in the criminal justice system: offenders in prison/on probation, ex-offenders.
Addictions and substance misuse
Refugees and asylum seekers
Staff: full/part time; voluntary; delivering/accessing services.

Human Rights (note only the relevant ones are included below)

<p>Article 2 – The right to no discrimination – not to be treated in a different way compared with someone else in a similar situation. Indirect discrimination happens when someone is treated in the same way as others that does not take into account that person's different situation. An action or decision will only be considered discriminatory if the distinction in treatment cannot be reasonably and objectively justified.</p>
<p>Article 3 - The right to life (absolute right) – everyone has the right to life, liberty and security of person which includes access to basic necessities and protection from risks to their life from self or others.</p>
<p>Article 5 - The right not to be tortured or treated in an inhuman or degrading way (absolute right) which includes anything that causes fear, humiliation intense physical or mental suffering or anguish.</p>
<p>Article 9 - The right to liberty (limited right) – and not to be deprived of that liberty in an arbitrary fashion.</p>
<p>Article 10 - The right to a fair trial (limited right) – including the right to be heard and offered effective participation in any proceedings.</p>
<p>Article 12 - The right to respect for private and family life, home and correspondence (qualified right) – including the right to personal choice, accessible information and communication, and participation in decision-making (taking into account the legal capacity for decision-making).</p>
<p>Article 18 - The right to freedom of thought, belief and religion (qualified right) including conduct central to beliefs (such as worship, appropriate diet, dress etc.)</p>
<p>Article 19 - The right to freedom of expression (qualified right) – to hold and express opinions, received/impart information and ideas without interference</p>

UNCRC

Article 2 non-discrimination	Article 15 freedom of association	Article 30 children from minority or indigenous groups
Article 3 best interests of the child	Article 16 right to privacy	Article 31 leisure, play and culture
Article 4 implementation of the convention	Article 17 access to information from the media	Article 32 child labour
Article 5 parental guidance and a child's evolving capacities	Article 18 parental responsibilities and state assistance	Article 33 drug abuse
Article 6 life, survival and development	Article 19 protection from violence, abuse and neglect	Article 34 sexual exploitation
Article 7 Birth, registration, name, nationality, care	Article 20 children unable to live with their family	Article 35 abduction, sale and trafficking
Article 8 protection and preservation of identity	Article 22 refugee children	Article 36 other forms of exploitation
Article 9 separation from parents	Article 23 children with a disability	Article 37 inhumane treatment and detention
Article 10 family reunification	Article 24 health and health services	Article 38 war and armed conflicts
Article 11 abduction and non-return of children	Article 25 review of treatment in care	Article 39 recovery from trauma and reintegration
Article 12 respect for the views of the child	Article 26 Benefit from social security	Article 40 juvenile justice
Article 13 freedom of expression	Article 27 adequate standard of living	Article 42 knowledge of rights
Article 14 freedom of thought, belief and religion	Article 28 right to education	

ACHSCP Impact Assessment – Proportionality and Relevance

Name of Policy or Practice being developed	“Creating Hope Together”: Scotland’s Suicide Prevention Strategy and Action Plan.
Name of Officer completing Proportionality and Relevance Questionnaire	Jenni Campbell, Project Manager
Date of Completion	27/06/24
What is the aim to be achieved by the policy or practice and is it legitimate?	<ul style="list-style-type: none"> • Note progress on delivery of the national Suicide Prevention Strategy, Action Plan and local implementation. • Note that progress will be provided annually to the Integration Joint Board
What are the means to be used to achieve the aim and are they appropriate and necessary?	This report is an overview of where we are now and as such does not propose any actions that will have an immediate impact on people with protected characteristics, however, those involved in taking this forward are fully aware of the need to impact assess once local actions are in development and recognise this is a whole life strategy approach affecting everyone in society.
If the policy or practice has a neutral or positive impact please describe it here.	<p>From the national strategy it is known that:</p> <ul style="list-style-type: none"> • Just under three quarters of all suicides in Scotland are male, • Almost half (46%) were aged 35-54, • Death by suicide is approximately three times more likely among those living in the most socio-economically deprived areas than among those living in the least deprived area, • 88% of people that die by suicide are of working age with two-thirds of these in employment at the time of their death.
Is an Integrated Impact Assessment required for this policy or decision (Yes/No)	No
Rationale for Decision NB: consider: - <ul style="list-style-type: none"> • How many people is the proposal likely to affect? • Have any obvious negative impacts been identified? • How significant are these impacts? • Do they relate to an area where there are known inequalities? • Why are a person’s rights being restricted? 	<p>This national strategy and action plan is directed to improve and support our Suicide Prevention Agenda. The actions that the NESPLG North-East Suicide Prevention Leadership Group, will be undertaken pilot projects to improve our prevention agenda. Work will also be undertaken on understanding suicide attempts, and what impact this is having on those specifically with protected characteristics.</p> <p>As noted above, we are aware that there are impact specifically with the Male population within national data. Locally we have noted increases in Suicides with Female population too.</p>

<ul style="list-style-type: none"> • What is the problem being addressed and will the restriction lead to a reduction in the problem? • Does the restriction involve a blanket policy, or does it allow for different cases to be treated differently? • Are there existing safeguards that mitigate the restriction? 	<p>Project and Actions will be undertaken to address Suicide prevention within the socio-economically deprived areas of Aberdeen and there are a number of projects aligned the ACHSCP Strategic Plan as well as the Local Outcome Improvement Plan. Each project will be requested to undertake its own IIA.</p>
Decision of Reviewer	Agreed
Name of Reviewer	Kevin Dawson
Date	July 2024

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

Scottish Action for Mental Health (SAMH) are the commissioned service for Suicide Prevention until March 2025 covering a Grampian wide approach.

ACHSCP Impact Assessment – The Integrated Impact Assessment

Description of Policy or Practice being developed including intended aim.	
Is this a new or existing policy or practice?	
Name of Officer Completing Impact Assessment	
Date Impact Assessment Started	
Name of Lead Officer	
Date Impact Assessment approved	

Summary of Key Information

Groups or rights impacted.	
Feedback from consultation and engagement and how this informed development of the policy or practice	
Performance Measures identified, where these will be reported and how impact will be monitored.	

Review

Date the Impact will be reviewed	
Rationale for Date	

Having considered all of the groups, duties, and rights in the guidance on Impact Assessment could this policy or practice have a negative impact on any of the following. Please answer Yes or No. If you answer Yes, please specify precisely which particular group, duty or right will be impacted and how and also what (if any) current evidence you have.

	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Other Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions

Scottish Specific Public Sector Duties (SSPSED)

Procured, Tendered or Commissioned Services

Is any part of this policy/service to be carried out wholly or partly by contactors and if so, how will equality, human rights including children's rights and the Fairer Scotland duties be addressed?

ACHSCP Impact Assessment – The Review

Name of Impact Assessment being reviewed	
Name of Officer completing review	
Date Review Commenced	
Reason for Review (scheduled or accelerated)	
Reason for Accelerated Review	
Name of Lead Officer	
Date Review Completed	

Summary of Key Information

What amendments have been identified to the original Impact Assessment?	
What evidence do you have for these amendments?	
What actions have you taken to review the policy or practice in light of the review?	


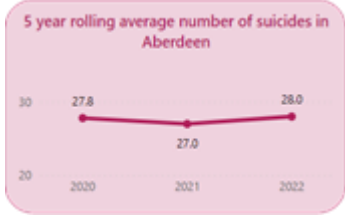



Having considered all of the groups, duties, and rights in the guidance on Impact Assessment has the impact of this policy or practice changed from the original assessment? Please answer Yes or No. If you answer Yes, please specify precisely what change has occurred and which particular group, duty or right it affects and how and also what (if any) current evidence you have.



	Yes/No	Details	Evidence
Protected Characteristics			
Fairer Scotland Duty			
Health Inequality			
Other Groups			
Human Rights			
UNCRC			

Will there be any cumulative impacts between this policy or decision and others	Yes	No
Describe what this cumulative impact will be and include evidence mitigations in the sections below		

Please list below the groups of stakeholders to be engaged with or consulted, what feedback has been received and how this has influenced development of the policy or practice and what (if any) mitigating actions have been put in place in light of the changes identified above.

Stakeholder Groups	Feedback Received	Influence on Policy or Practice/Mitigating Actions

Stretch Outcome APRIL 2024	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner/ Project Manager	Meeting Charter will be submitted to
<p>10. Healthy life expectancy (time lived in good health) is five years longer by 2026</p>  <p>Responsible Outcome Improvement Group: Resilient, Included & Supported Group (RIS)</p>	<p>Supporting vulnerable and disadvantaged people, families and groups.</p>	<p>10.1 Reduce the 5 year rolling average number of suicides in Aberdeen by at least 5% by 2026. CONTINUING</p>		<p>City Wide; Adults; Prevention</p>	<p>ACHSCP Steven Stark Jenni Campbell</p>	
		<p>10.2 Increase the number of carers identified by 20% by 2025. CONTINUING</p>		<p>City Wide; Unpaid carers; Early Intervention</p>	<p>Quarriers Andrew Falconer</p>	
	<p>Provide individuals and communities with the social resources needed to reduce feelings of loneliness and social isolation.</p>	<p>10.3 Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025. NEW</p>		<p>City Wide; Over 45s; Prevention</p>	<p>ACHSCP</p>	
	<p>Encouraging adoption of healthier lifestyles through a whole family approach.</p>	<p>10.4 To support 50 low-income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026. CONTINUING</p>		<p>Priority neighbourhoods; Low income families; Prevention</p>	<p>ACHSCP Iain Robertson</p>	
		<p>10.5 Increase by 5% the number of people living in identified priority neighbourhoods who accept the invitation of cancer screening on the basis of informed consent by 2026. NEW</p>	<p>To be confirmed.</p>	<p>Priority neighbourhoods; Prevention</p>	<p>NHSG Elaine McConnachie</p>	

Stretch Outcome APRIL 2024	Key Drivers	Improvement Project Aim	Baseline Trend Data	Target Population/ Intervention Tier	Lead Partner/Project Manager	Meeting Charter will be submitted to				
Page 230		10.6 Decrease the number of women who are smoking in pregnancy in the 40% most deprived SIMD by 5% by 2026. NEW	 <p>Number of women who are smoking in pregnancy in the 40% most deprived SIMD</p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2019/20 - 2021/22</td><td>23.9%</td></tr> </table>	Year	Percentage	2019/20 - 2021/22	23.9%	SIMD1; Women in pregnancy; Early Intervention	NHSG Chris Smillie	
		Year	Percentage							
		2019/20 - 2021/22	23.9%							
10.7 Increase by 20% the number of individuals living with Chronic Pain into self-management and other pathways initiatives to support their conditions by 2026. NEW	To be confirmed.	City Wide; People living with chronic pain; Early Intervention	Sport Aberdeen Andrinne Craig							
10.8 Reduce to 4% the number of 13-18 year olds in regular use of Vaping products by 2026. NEW	 <p>Number of 13-18 year olds in regular use of Vaping products</p> <table border="1"> <tr><th>Year</th><th>Percentage</th></tr> <tr><td>2022/23</td><td>5.6%</td></tr> <tr><td>2023/24</td><td>5.6%</td></tr> </table>	Year	Percentage	2022/23	5.6%	2023/24	5.6%	City Wide; 11-16 year olds; Early Intervention	Aberdeen City Council (Education) Niki Paterson	
Year	Percentage									
2022/23	5.6%									
2023/24	5.6%									

RIS Group rationale for prioritisation:



DRAFT Aberdeen City Suicide Prevention Action Plan to March 2025

Aberdeen City Health and Social Care Partnership have produced this action plan with the intention to meet the outcomes outlined in the new national suicide prevention 10 year strategy, 'Creating Hope Together' and the national 3 year action plan. [Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032 \(www.gov.scot\)](#). This is a whole lifespan strategy.

We have outlined our aims which we will carry out until March 2025. These tasks have been developed with a wide range of stakeholders such as Police Scotland, Public Health Scotland, Housing and Third Sector providers. One key priority this year is the development of years 2 funding and beyond to further progress this action plan. This will be done using a co-production approach alongside our commissioned suicide prevention partners, SAMH (Scottish Action for Mental Health).

This plan should be considered as a live document which will continue to be reviewed and where appropriate modified in consultation with the Monitoring and Delivery Groups including further definition of milestones against each action/task. All updates and progress will be reported back to the relevant governance bodies. We will take direction and use national strategies, and the data and evidence which it gives to monitor the impact of our local change.

Further national and local performance measures may be added to this action plan as they are developed and become available. Opportunities to compare our actions with the other areas will be sought. As such collaborative work will help development of measurable outcomes.

The Key themes are Building Community Capacity, Data Analysis and Risk Reduction in Aberdeen City, Local Outcome Improvement Plan (LOIP) and future funding. These will be explained in detail below.



Key Theme 1, Building Community Capacity Aims: Build capacity within Aberdeen City communities for suicide prevention by reducing stigma around suicide, raising awareness and educating/training different groups around the City.

Task	Goal	Responsibility	Timescale	Measurable/Progress
1.1 SAMH sub-groups; Building Communities and Capacity, Bereavement, Lived Experience, Children and Young People and Data Analysis and Reduction of Risk.	Ensure representation of SAMH 5 sub-groups involving community members from throughout Aberdeen City.	SAMH, Aberdeen City Suicide Prevention Delivery Group and NESPLG.	Ongoing	Identify any gaps within these groups and seek appropriate members.
1.2 Attendance and promotion of suicide prevention at local campaigns/initiatives/events	To raise awareness of Suicide Prevention City wide and ensure the community has access to resources.	SAMH, Aberdeen City Suicide Prevention Delivery Group and NESPLG.	Ongoing as various events held throughout the year.	To monitor and promote the events planner, literature, share experiences of events with the group.
1.3 Training delivered by SAMH (ASIST, Introduction to Suicide)	To ensure SAMH training opportunities are widely distributed and accessible in Aberdeen City.	SAMH, Aberdeen City Suicide Prevention Delivery Group and NESPLG.	Ongoing	To monitor the numbers in terms of Aberdeen City community members.
1.4 To have a digital presence available for those who use social media platforms/apps.	To promote and share information on existing platforms such as Facebook and Instagram. To	SAMH, Communications teams, Aberdeen City Suicide Prevention Delivery Group and NESPLG.	Ongoing	To monitor the number of interactions with posts, clicks, views etc on a Grampian wide basis.



	encourage people to use the Grampian wide Suicide Prevention App.			
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Key theme 2, Data Monitoring Aims: Police Scotland to provide data on deaths by suicide detailing locality, method, ages and potential triggers.

Task	Goal	Responsibility	Timescale	Measurable/Progress
2.1 Police Scotland to feedback current data in relation to suicides in Aberdeen City.	To identify trends or groups of people locally and put in adequate resources to these people.	Police Scotland, SAMH, Aberdeen City Suicide Prevention Delivery Group.	Monthly	If specific target groups are identified to plan interventions and feed back to the group.
2.2 To potentially pilot a new system called QES for death reviewing.	This will be a multi-agency collaboration to understand, derive lessons from, and take action to reduce suicides. This will be first in Scotland	Public Health Scotland, Police Scotland, SAMH, Aberdeen City Suicide Prevention Delivery Group and NESPLG.	Ongoing	To be decided. To ensure current Information Sharing Agreements (ISA's) are still current with partners and Information Governance.

Key theme 3, Local Outcome Improvement Plan (LOIP) Aims: We will continue to work closely with the Aberdeen City LOIP. In terms of Stretch outcomes 10.1 "Reduce the 5-year rolling average number of suicides in Aberdeen by at least 5% by 2026".

Task	Goal	Responsibility	Timescale	Measurable/Progress
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<p>3.1 Work closely with Community Planning Partnership (CPP) in the LOIP's new aim.</p>	<p>Monitor and review the Stretch outcome 10.1 "Reduce the 5-year rolling average number of suicides in Aberdeen by at least 5% by 2026"</p>	<p>RIS group and Aberdeen City Suicide Prevention Delivery Group</p>	<p>LOIP is for 2 years until 2026.</p>	<p>Use of local police data (as outlined above), health intelligence and national data. Project charter and regular updates to LOIP.</p>
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Key theme 4, Aim: Ensure funding is available to continue provide local action on Suicide Prevention in Northeast and in particular Aberdeen City.

Task	Goal	Responsibility	Timescale	Measurable/Progress
<p>4.1 Work closely with Scottish Government and multi-agency partners to ensure funds are available post March 2025.</p>	<p>Monitor and review the funding agreements. Be involved in contracts monitoring and procurement exercises should further funding become available.</p>	<p>Scottish Government, Grampian Suicide Prevention Oversight Group, Commissioning teams, SAMH, Aberdeen City Suicide Prevention Delivery Group and NESPLG.</p>	<p>March 2025</p>	<p>Ensure regular attendance to quarterly contracts monitoring meetings.</p>

Status Key	
On-Track to Deliver by Year End	10
Slightly Delayed – Deliverable with adjustments / resources	4
Delayed - Unlikely to deliver within timescales	0
Not in Scope / Additional funding dependant	2

F/C – Forecast

Act – Actual

NESP Oversight Reporting Year 1 update

Priority / Area of Focus: OVERALL REPORT

Reporting Period: Year 1 – May 2023 – April 2024

Summary:

This is the first year reporting detailing our progress between May 2023 and April 2024. More specific detail can be found in the quarterly reporting. Year one saw a period of recruitment with five new staff joining the suicide prevention team: four Community Engagement Officers covering the Grampian area, following the success of the role piloted in Aberdeenshire in 2022-23, and a Bereavement Link Worker to support and coordinate bereavement work.

Year 1 Priority:	Red	Amber	Green	Total Active	NIS / Add fund
1. Building Community Capacity		0	4	4	
2. Lived Experience			1	1	
3. Data, Analysis and Reduction of Risk		3	2	5	
4. Children and Young People			2	2	
5. Bereavement		1	1	2	2
Total		5	9	14	2

Final Report:

	Year 1 Outcome	Y1 ACT	Progress Achieved / Activity Last Year	Year 2 Q1 objectives
1	Building Community Capacity			
1.1.1	Identifying & engaging network of Community Champions representing communities throughout Aberdeen City, Aberdeenshire & Moray		<ul style="list-style-type: none"> Development of eight suicide prevention sub groups involving community members from throughout Aberdeen City, Aberdeenshire & Moray Recruitment of four Community Engagement Officers based throughout Grampian Events planned and delivered with input from local communities – 36 events in total including agricultural shows, freshers fairs and community gatherings. 26 information stalls provided at work places or high traffic areas – supermarkets, Pittodrie. Distribution of over 100,000 pieces of literature to communities through Grampian – literature in bars and restaurants as well as police stations & health facilities. Training delivered to 1483 people (Value £99,600 if delivered off contract by SAMH) - included targeted training to farming community, 	<ul style="list-style-type: none"> Planning for lived experience event to bring community champions together. Continued delivery of training and presence at community events. Suicide Prevention stalls booked at three agricultural summer shows – Banchory, Turriff and Keith

	Year 1 Outcome	Y1 ACT	Progress Achieved / Activity Last Year	Year 2 Q1 objectives
			<p>conversations occupations (taxi drivers, tattoo artists, hairdressers, pub and bar staff)</p> <ul style="list-style-type: none"> App usage increased from 123,097 users to 146,221 in the last year – an increase of 23,124 users. A new Instagram page has been set up and the Facebook page has seen numbers grow from just over 2,000 to over 4,300. Over 200,000 impressions on social media. A number of printed press articles throughout year. 	
1.2.1	Establish base line and shared understanding of measures of 'suicide safer community' and identify key partners in building suicide safer communities		<ul style="list-style-type: none"> Development of eight suicide prevention sub groups involving community members Active input from communities into suicide prevention work Multi agency partnerships developed in all five priority areas and all three geographical areas Development of cluster guidance Piloting of workplace input with pre and post evaluation to gauge long term impact of suicide prevention input. Shell chosen as preferred workplace. Also being piloted with physical health support organisation. Eight organisations have expressed interest in involvement. 	<ul style="list-style-type: none"> Choose preferred organisation for physical health pilot Explore options to evaluate impact of localised input
1.3.1	<p>Increase the number of Suicide Prevention trainers in Grampian.</p> <p>Identify needs of education institutions, staff and students throughout Grampian.</p>		<ul style="list-style-type: none"> SAMH sponsored Applied Suicide Intervention Training (ASIST) Trainer for trainers – Local ASIST trainer numbers grown from six to thirteen Introduction to Suicide Prevention (ISP) & Introduction to Young People Suicide Prevention (IYSP) trainer numbers grown from three to seven (SAMH product – 100% of team now delivering) Initial engagement with all high schools, colleges and universities to understand needs and develop and pilot training programmes and lecture material for delivery. 	<ul style="list-style-type: none"> Support new ASIST trainers to get comfortable with delivery of ASIST programme. Expand delivery of training into wider school network – up to 20 schools have shown interest.
1.3.2	<p>Forging links with existing Changing Rooms projects and understand room for rural expansion.</p> <p>Proposition to local clubs.</p> <p>Identify potential for additional funding.</p>		<ul style="list-style-type: none"> Expansion and establishment of Changing Room project at Elgin Football Club (FC) Funded in partnership via SAMH and Elgin City FC Proposition of Changing Room project with Huntly FC and Cove Rangers FC "Movember" funding due to end in September. SAMH actively looking at additional and new funding options. Application to Nuffield Foundation submitted for agricultural peer support group. Bid was unsuccessful but SAMH have since introduced NFU to a local group to fund and develop a support group for rural workers which went live in March 2024. 	<ul style="list-style-type: none"> Continue Changing Room projects at both Aberdeen and Elgin Football Clubs Explore funding opportunities for expansion – Cove and Huntly.

	Year 1 Outcome	Y1 ACT	Progress Achieved / Activity Last Year	Year 2 Q1 objectives
2	Lived Experience			
2.1.1	<p>Scoping models at different levels of engagement and resources.</p> <p>Engage with lived experience voices in the development of the Grampian action plan to co-develop a North East Suicide Prevention Forum.</p>		<ul style="list-style-type: none"> • Development of Lived Experience sub group • Planning for Lived Experience Forum in September 2024 • Engagement with Scottish Recovery Network (SRN) to roll out peer support training modules to lived experience groups • Lived Experience voices developing and reviewing app content – (e.g. development of bereavement landing page) • Engagement with National Lived experience Panel through work of SAMH and representation from North East on national group. • International Women’s Day Conference held, 5 local speakers with differing lived experiences. 64 attendees. 	<ul style="list-style-type: none"> • Work with SRN to provide training and support to local peer support and lived experience groups. • Planning of Lived Experience event – (held in September 2024)
3	Data, Analysis & Reduction of Risk			
3.1.1	<p>Formalise the current arrangement developed in partnership between Police Scotland and SAMH and incorporate learning from the NSPLG death review pilot and other death reviews – adverse death reviews, drug and alcohol deaths etc.</p>		<ul style="list-style-type: none"> • Strong working relationship with Police Scotland and suicide review process developed with over 200 historic and recent deaths reviewed • Restructuring of Police Scotland resourcing has reduced the size of the data set provided and extent of the in-house analysis <ul style="list-style-type: none"> • Engagement with Public Health Scotland to pilot use of QES (name of business) review system. <ul style="list-style-type: none"> • Currently used in England and allows capture of data from multiple sources including health 	<ul style="list-style-type: none"> • Exploring options to add SAMH to data sharing agreements • Take a decision whether to progress with QES system
3.1.2	<p>Adapt the Grampian Statistic Review Group to conduct an annual review including reviewing incidents and deaths in addition to establishing the most effective way of real time data monitoring.</p>		<ul style="list-style-type: none"> • The data group continue to meet quarterly • Police Scotland providing annual review (calendar year) on deaths by suicide detailing locality, method, ages and potential triggers. • Additional overview of the information gathered from the SAMH/Police Scotland death review process has been produced by SAMH • Proactive reaction to spikes in data 	<ul style="list-style-type: none"> • Work with Tayside Multi agency Suicide Prevention Review Group to adapt annual report on deaths by suicide.
3.2.1	<p>Understand how Grampian data on method and means varies from the Scottish data, identify those susceptible to intervention.</p> <p>Action plan for reducing access to methods and means produced and tested.</p>		<ul style="list-style-type: none"> • Data on method and means used in suicide deaths continues to be addressed as part of the data review group and work of the SAMH Engagement Officers as they respond to patterns and spikes in data. • Increased focus on groups where we do see change or increased risk including women, asylum seekers and refugees, older people and rural workers • Training offered to groups working with these communities. 	<ul style="list-style-type: none"> • Training offered and events held within communities with higher risk factors identified by data • Establishment of North Scotland SP lead group to share across region information and findings.

	Year 1 Outcome	Y1 ACT	Progress Achieved / Activity Last Year	Year 2 Q1 objectives
3.2.2	Engagement with sudden death group to learn best practices in death reviews. Shared learning.		<ul style="list-style-type: none"> Links have been made with the Grampian Drug Related Death and Adverse Event Review Groups by the Police Scotland Suicide Prevention Officer and work is continuing to build connections between these review groups and the NESP team. 	<ul style="list-style-type: none"> Improve data sharing agreements to collate shared knowledge
3.3.1	Identify the at-risk groups relevant to the Grampian region and their associated audiences. Establish best practices for engaging with those audiences to inform the development of an engagement plan.		<ul style="list-style-type: none"> Targeted work undertaken with communities identified through data analysis, such as women in Aberdeenshire, young people in Northfield and farmers across rural North-East areas Providing staff capacity and resources to a cluster response in the Banff and Buchan area Evaluation of engagement is ongoing to establish best practice. 	<ul style="list-style-type: none"> Explore ways to engage with at risk groups.
4	Children & Young People			
4.1.1	All schools, FE, and HE to be aware of the SP partnership and work. Partnership to understand the current needs, levels of knowledge in schools, and levels of engagement with Mentally Healthy Schools.		<ul style="list-style-type: none"> All high schools aware of Suicide Prevention work and SAMH NESP team High schools prioritised due to age appropriate training products Ongoing meetings with SLT and guidance teams within schools to further understand needs and wants Training delivered to teachers including seminar for 90 teachers and school staff at Peterhead Academy. Delivery started of training to college and university staff Pilot started of joint self-harm and suicide prevention training to school pupils and staff in partnership with Penumbra at Harlaw Academy, interest from bridge of Don, Bucksburn and Northfield Academies. Development of lectures and workshops for university students – in partnership with Robert Gordon University (RGU). To be started year 2 quarter 2. Working with University of Aberdeen to establish suicide prevention strategy. Delivery of ASK (Assessing Suicide in kids) training to primary school staff 	<ul style="list-style-type: none"> Continued roll out of training to schools across region. Evaluate success of ASK and look at options for further roll out. Final drafts of RGU training materials to be signed off ahead of Q2 delivery.
4.1.2	Partners schools identified and a development model coproduced with them. Work in partnership with all those involved with Grampian schools in relation to issues carrying an increased suicide risk.		<ul style="list-style-type: none"> Working with SAMH Children and Young people (CYP) Teams to deliver input to schools across Grampian. Co-production and joint delivery of self-harm and suicide prevention sessions with Penumbra and piloted in schools across region Development of close links with other areas and PHS national initiatives. 	<ul style="list-style-type: none"> Work with other areas in Scotland to understand CYP successes and offerings.

	Year 1 Outcome	Y1 ACT	Progress Achieved / Activity Last Year	Year 2 Q1 objectives
	Learnings from other areas – Perth & Kinross ran suicide prevention survey with schools			
5	Bereavement			
5.1.1	Evaluate, involving key partners, the NSPLG Suicide Bereavement Support Service pilot in Highland and Ayrshire for suitability for implementation in Grampian. (Additional Funding Dependant)		<ul style="list-style-type: none"> • Evaluation of Bereavement Pilot now available • SAMH developing Bereavement in Place offering 	
5.1.2	Evaluate, involving key partners, the Amparo/SAMH model for suicide bereavement support for suitability for implementation in Grampian. (Additional Funding Dependant)			
5.1.3	Place-based response to provide to one or more test sites in Grampian.		<ul style="list-style-type: none"> • Recruitment of Bereavement Link Worker • SAMH developing Bereavement in Place offering to support those in work places and other 'non immediate family' groups or settings • Development and roll out of cluster guidance • Work with Peterhead Academy following pupil bereavement – teacher training, literature and ongoing support and training for staff. 90 staff attended suicide prevention training • Local Area cluster response developed for Aberdeenshire – Aberdeen City and Moray versions still to complete • Cruse Counselling supporting a number of workplaces throughout region and referral pathways to workplace support service developed • Awaiting national roll out of Wave after Wave training for delivery across NE. 	<ul style="list-style-type: none"> • Explore barriers to those seeking bereavement support.
5.1.4	Develop an approach for integrating placed based support with the bereavement support model adopted by Grampian.		<ul style="list-style-type: none"> • SAMH developing Bereavement in Place offering to support those in work places and other 'non immediate family' groups or settings • SAMH partnership working with Suicide Behaviour Research Lab • Preparatory work for Bereavement Webinar to be delivered in May 2024. • Initial engagement with UK Survivors of Bereavement by Suicide (SOBS) to offer expanded community based SOBS groups • Support those already offering bereavement type support – training, funding avenues, facilities. 	<ul style="list-style-type: none"> • Identify and explore suitability of specific rural communities for SOBs groups. • Host bereavement webinar

	Year 1 Outcome	Y1 ACT	Progress Achieved / Activity Last Year	Year 2 Q1 objectives

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INTEGRATION JOINT BOARD

Date of Meeting	9 July 2024
Report Title	Evaluation of the Aberdeen City Vaccination & Wellbeing Hub & future location.
Report Number	HSCP.24.047
Lead Officer	Sandy Reid, Lead for People & Organisation
Report Author Details	<p>Name: Caroline Anderson Job Title: Programme Manager Email: caroline.anderson2@nhs.scot Tel: 07920280212</p> <p>Name: Stephen Main Job Title: Lead Nurse – Immunisations & CTAC Email: Stephen.main@nhs.scot Tel: 07772601823</p> <p>Name: Sandy Reid Job Title: Lead for People & Organisation Email: Sandy.reid1@nhs.scot Tel: 07876535060</p>
Consultation Checklist Completed	Yes
Directions Required	Yes
Exempt	Partial exemption - Appendix 5 contains exempt information. The business relates to the commercial interests, contractual terms (whether proposed or to be proposed), financial or business affairs of any person and confidentiality is required, e.g. when there is an ongoing tendering process or contract negotiation.
Appendices	<p>Appendix 1 - Direction Appendix 2 – Updated Links to Strategic Delivery Plan Appendix 3 – Updated Links to LOIP Stretch Outcomes Appendix 4 – Evaluation of Aberdeen City Vaccination & Wellbeing Hub Appendix 5 – Exempt Paper</p>
Terms of Reference	



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1. Purpose of the Report

This report provides the Integration Joint Board (IJB) with an evaluation on the first year of the Aberdeen City Vaccination & Wellbeing Hub and seeks a decision on its ongoing provision

Recommendations

It is recommended that the IJB:

- a) Notes the evaluation of the Aberdeen City Vaccination & Wellbeing Hub as set out in appendix 4 of this report;
- b) Agree to implement Option 1 as set out in Appendix 5 for the ongoing provision of the Vaccination & Wellbeing Hub.
- c) Makes the Direction attached (Appendix 1) to NHS Grampian
- d) Instructs the Chief Officer of the IJB to issue the Direction to NHS Grampian; and
- e) Instructs the Chief Officer of the IJB to make and implement any reasonable and necessary arrangements in furtherance of (c) and (cd above).

3.0 Strategic Plan Context

3.1 The Aberdeen City Vaccination & Wellbeing Hub (the Hub) aims to support the delivery of the Strategic Plan as set out in appendix 2 and the Local Outcome Improvement Plan as set out in Appendix 3 of this report. This report along with the evaluation report and assessment of the impact of the options set out in Appendix 5 demonstrates the continuing delivery of, and commitment to key actions under the caring together, prevention, keeping people safe at home and achieving fulfilling healthy lives.

4.0 Summary of Key Information

4.1 Vaccination Transformation Programme (VTP)

As set out in the report to the IJB at its meeting on 5th December 2023, the Scottish Government and the Scottish General Practitioners Committee (SGPC) agreed vaccinations would move away from a model based on General Practice (GP) delivery to one based on NHS Board/Health and Social Care Partnership (HSCP) delivery through dedicated teams. The VTP began on 1st April 2018 and was expected to be transitioned within a 4 year period by April 2022. Midway through this transition period in December 2020, a dedicated team was recruited for the delivery of the COVID-19 Vaccinations to be delivered as a Mass Vaccination Programme in response to the COVID-19 Pandemic. This programme was delivered from the Mass Vaccination Centre at P&J Live Aberdeen. The roll-out of the VTP was temporarily put on hold during this period.



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4.2 Immunisation Blueprint Refresh

In 24th August 2021 the Immunisation Blueprint refresh was presented to the IJB with a direction to agree the implementation of the new service delivery model for Vaccination Services as per the VTP. IJB approved the recommendations and directed NHS Grampian to deliver the vaccination blueprint as outlined therein.

4.3 Relocation of the Aberdeen Vaccination Team

In September 2021, the Aberdeen City Vaccination Team moved from the Mass COVID Vaccination Centre at P&J Live to the former John Lewis building. This location allowed the service to continue to deliver COVID and flu vaccinations, whilst re-engaging the full roll-out the VTP which was achieved by the April 2022 deadline. In January 2023, a report, recommending a relocation was presented and agreed to end arrangements at John Lewis in favour of the unit at Bon Accord. NHS Grampian signed a lease with at Unit 19, Bon Accord Aberdeen for an Initial 1 year period to May 2024.

4.4 Aberdeen City Vaccination & Wellbeing Hub

The NHS Grampian lease commenced on 10th May 2023, with a short period set aside for maintenance works to ensure the unit was ready to open its doors to the public on the 19th June 2023. Start-up costs were in the region of £110K. The centre layout was designed to create sufficient space to deliver the yearly programme of vaccinations as part of the VTP. In December 2023, a report noting the adoption of a community based preventative model as set out in the Strategic Plan CT07 was presented to the IJB and the IJB approved the agreed approach of expanding from a Vaccination Centre to a Priority Intervention Hub (health & wellbeing hub) to ensure best use of resources and to mirror the hub model within other areas of Aberdeen City. Approval was also given to re-name the Centre the “Aberdeen City Vaccination & Wellbeing Hub. Approval was provided to extend the lease for a further year to May 2025. This report is now being presented to IJB having due regard to timeframes required for any re-negotiations of a lease at Bon Accord Centre or negotiations for a lease at an alternative venue, and to inform future financial planning assumptions.

4.5 Links to Organisational Priorities

4.5.1 Anchor Organisation

As an Anchor Organisation our services can be rooted within our communities, using buildings and spaces to support communities and ensuring these are easily accessible. The Partnership has signalled a committed to working more closely with our local partners to learn from others and share ideas. We aim to reduce the environmental impact and widening access to quality work. This is one of the major strengths and benefits of the current city centre location which supports people to access the hub from one bus coming into the City Centre from most Aberdeen City residential areas, access to parking and close to rail network. The hub provides the space for over 70 clinical, social and third sector services to work collaboratively within a “one stop shop” model as well as opening up to be used as a community space to make best use of resources.



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4.6.2 Aberdeen City Health & Social Care Partnership (ACHSCP)

The Hub supports the delivery of the Strategic Delivery Plan ⁽¹⁾ within 28% of the 83 project aims set out in Year 3 of the delivery plan. These cover communities, frailty, home pathways, Mental Health & Learning Disabilities, prevention, primary care, resilience, social care pathway, strategy and workforce. See Appendix 2 of this paper for full details of actions undertaken within 22 project aims.

4.6.3 NHS Grampian

The Strategic Plan “Plan for the future – Healthier together” ⁽²⁾ focusses on a sustainable health & care responding to illness and enabling wellbeing. The hub will focus on:

- **People** – Feedback from citizens with multiple engagement mechanisms. Include those with lived experience, including seldom heard voices as an integral part of service improvements, provide protected time for learning and support colleagues to be included, supported and empowered to make their best contribution.
- **Places** – As an anchor organisation, open up building and facilities for communities to use. Provides greater multipurpose usage of facility and infrastructure, listen to what is important to people, bring together health, social care and third sector to support communities. Community engagement and improved wellbeing.
- **Pathways** – Care being delivered in the right place by the right people. Support seamless transitions between organisations, empower individuals to manage their own conditions and by making every opportunity count to support people to stay well and recover faster.
- **Anchor Organisation** – working more closely with our partners, reducing its environmental impact, using buildings and spaces to support communities, purchasing more locally and for social benefit, widening access to quality work.

4.6.4 Community Planning / Local Outcome Improvement Plan (LOIP)

The Hub not only benefits people who access services, it also has a system-wide benefit – a healthier population that delays access to health and social care services that will create savings for Primary Care, Police, NHS, Council, welfare systems, and keep people in employment with better wellbeing. The Hub particularly provides support and contribute towards 23% of the 97 improvement aims within the Local Outcome Improvement Plan ⁽³⁾ as set out in Appendix 3 of this report below. These cover prevention & early intervention, supporting those experiencing poverty, employability, reducing inequalities, healthy life expectancy, recovery from drugs and Alcohol, promoting sustainable travel & promoting green space and nature to support health & wellbeing. See full details in appendix 3.



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4.6.5 **Public Health Scotland – A Scotland where everybody thrives (Public Health Scotland’s three year Plan 2022-25)**

The hub also supports with the Public Health Scotland Vision of “A Scotland where everybody thrives” (4) which includes:

- **Preventing Disease** – through vaccination and preventing the spread of infectious diseases for:
 - The number of people, especially in our most deprived communities getting vaccine preventable diseases.
 - The number of people losing health to infectious diseases
 - Scotland’s readiness for future pandemics
- **Promote Health & Wellbeing** – by strengthening the building blocks of health for:
 - The number of children living in poverty
 - The proportion of people describing their neighbourhoods as a “very good” place to live.
 - Mental Wellbeing
 - Income inequalities
- **Prolonging healthy life**– improving access to and quality of treatment for:
 - The number of people dying from drug, alcohol and tobacco use.
 - The number of people dying from cancer
 - Satisfaction with the quality of public services
 - The proportion of people over 55 say their health is “good or very good”.

4.6.6 **Scottish Government – Developing a future for Community Treatment and Care (CTAC) Services**

The Hub also supports the Public Health Scotland Vision of “Developing the future for Community Treatment and Care (CTAC) Services” which promotes:

- CTACs further developed into locally integrated one stop shop health and care hubs recognising that health & wellbeing comes from just more than medicine.
- Move to a preventative and non-medicalised model – shifting to helping people before, rather than after, significant life events.
- Bringing services to co-locate and co-produce around local populations or localities we can offer joined up services across an extending working day/week.
- An opportunity for access to information from a wide range of statutory and voluntary resources – including a community space to support wellbeing, re-use of high street properties and increased availability for local employment.
- Reduced carbon footprint and time saved for people and those caring for them by attending one stop shop.



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- A workforce enabled with skills orientated towards prevention, co-production and population health management.

4.6.7 North East Population Health Alliance (NEPHA)

The North East of Scotland Network (NEPHA) participated in a series of engagement events exploring the cost of living to understand current activity, what is working well and any barriers faced by organisation and communities. Following the consultation, a workshop took place on 25th October 2023. The workshop brought together leaders from across the North East where the output of the engagement work was shared to enable shared learning, building on existing knowledge of what works well and identify areas for potential focus. The principles that the hub adheres to in terms of design and delivery align closely to those identified by the Alliance as fundamental facilitators to delivering more effective services.

For example:

- **Accessible**
 - Accessible location, one stop shop, Information Sharing
- **Collaborative Working**
 - Partnerships, Community Engagement & Increasing reach
- **Addressing Need**
 - Tailored support, Upskilling public, No referral required (Drop In)
- **Shared Knowledge**
 - Linking with others. Inter-agency referrals, Learning
- **Sustainability**
 - Evaluation, funding, Use of Language, capturing info to identify gaps in provision

5.0 EVALUATION

An evaluation has been undertaken for the Aberdeen City Vaccination & Wellbeing Hub. The full evaluation can be found in appendix 4. The evaluation aims, key points and conclusion are noted below.

4.1 What did the Service want to achieve?

This Hub was a test of change to create a city centre accessible Priority Intervention Hub through preventative action, support and advice. The model for the Hub was to work collaboratively with health, social care, and voluntary and third sector organisations to provide more upstream support to proactively promote and manage good health in a way that matters to the people of Aberdeen. The hub would do this by focussing on prevention and early intervention in a way that meets local needs, addresses the widening inequalities gap and



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recognising the multiple impacts of long-term ill health on people's physical health, mental health and social wellbeing.

The Public Health Scotland Strategic Plan 2022-2025 (4), highlights the importance of Vaccine-preventable disease and lives saved due to vaccine. It notes that people in our poorest neighbourhoods die younger than people living elsewhere and differences in health linked to ethnicity. It is vital that everyone enjoys the benefits of vaccines, no matter where they live or their ethnicity.

Immunisation provides protection against a range of infections, often on a life-long basis, enabling people to live longer, healthier lives, reducing health inequalities and reducing the need for health and social care services. It is important to remember that it not only protects the individuals being immunised, but it also helps to protect those people around them by reducing the potential for passing on infections to others. The ACHSCP provide vaccine clinics in Bridge of Don (North) and Airyhall (South) which complement the Aberdeen City Vaccination Hub as the largest of the 3 situated in the City Centre. The vaccinations delivered within the Service are in line with the Scottish national average uptake, but there is always room for improvement. It is therefore essential to ensure an accessible location for all.

The Scottish Government's Social Isolation & Loneliness (SIAL): Recovering our Connections 2023 – 26 Strategy (5) published in March 2023 highlighted the need to focus efforts to support people's mental health & wellbeing during challenges during the COVID19 pandemic recovery with the cost of living crisis and the impact it was having on people's ability to make and maintain connections. The report highlighted that the World Health Organisation (WHO) research carried out in 2021) (6) on the effect of social isolation & loneliness on older people notes "there is strong evidence that social isolation and loneliness increase the risk of older adults for physical health conditions such as cardiovascular disease, stroke, mental health conditions such as cognitive decline, dementia, depression anxiety, suicidal ideation and suicide."

At a recent "Inspiring Change" Scottish Public Health Conference on the 1st May, the Faculty of Public Health President stated "Prioritising good Public Health with proper investment and effective system-wide policy will enable us to reverse the declining health and wellbeing we are seeing in Scotland and build a solid foundation for sustainable productivity. We know that investing in prevention is one of the most cost effective interventions that the NHS and wider system can make in improving population health and reducing inequalities, with an estimated £14 returned for every £1 invested in prevention measures including vaccination programmes, reducing smoking and encouraging healthy diet."

At the same event, Chief Executive of Public Health for Scotland said "We are at a pivotal moment in public health where the focus is shifting significantly towards the need to prevent ill-health and promote wellbeing. In essence, preventions about keeping people healthy and avoiding the rise of poor health, illness, injury and early death. By 2043, the burden on disease in Scotland is forecast to increase by 21%. Two thirds of this increase will be due to increases in cancers, cardiovascular disease, and neurological conditions. Much of this increase is



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preventable, and it is essential we work together to avoid more serious problems in the future that will impact on the sustainability of our health services.

4.2 Evaluation Aims

The aims of the evaluation were:

- 4.2.1 **Prevention & early Intervention** - The Hub will focus on prevention & early intervention as per the National Strategy which will see a shift to helping people before, rather than after, significant life events. This will include making every opportunity and focus on wellbeing & tackling social isolation & loneliness by creating a safe accessible community space for people to come together.
- 4.2.2 **Effective** - To enhance collaborative working to create a more effective model of delivery with better access to health, social care, voluntary and third sector organisation support. Aiming to increase the number of people who would not have been otherwise engaged with services by 20% in turn reducing demand on primary and secondary care.
- 4.2.3 **Inclusive**: The vaccination service will engage with people to develop an Inclusive Hub to create safe spaces, promoting diverse representation and encouraging open dialogue to ensure that everyone has access to the same services and support which is free at the point of contact.
- 4.2.4 **Addressing Need** – The service will evaluate, obtain feedback, listen and respond to local need providing drop in services to reduce barriers to access support.

4.3 Key Points

The following are key messages from the Evaluation which is demonstrated further within Appendix 4.

- 4.3.1 **Footfall** – Average of 6,000 footfall within the Hub per month during 2023/24 – projecting an increase to an average of 8,000 per month during 2024/25 to take account of new vaccine programmes being implemented during 2024/25 and a reflection of figures for a fully year impact of services who commenced mid-year during 2023/24. See Section.
- 4.3.2 **Access** - The Hub is open 6 days per week within a shopping mall environment to increase access outwith working hours and engage with passers-by for opportunistic support.
- 4.3.3 **Co-location & Co-production** - 6 Clinical Services and over 60 Social Care, Voluntary & third Sector community partners providing health & wellbeing support under one roof. A one stop shop means that service users will more likely get their questions/requests answered by one of the team due to the sheer number of services there, rather than being forced to go around the houses.
- 4.3.4 **Making Every Opportunity Count** – The Hub is a great location to raise awareness of difficult health and wellbeing conversations due to the central location that people may avoid otherwise or have stigma around i.e. HIV,



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poverty, dementia, men's health and wellbeing, menopause, period poverty etc. The Hub promotes making every opportunity count to support health & wellbeing and promote self-management tools

- 4.3.5 **Effective** - 98% of people reported they were satisfied with services at the Hub and 98% of people state the venue location is accessible.
- 4.3.6 **Outreach** - Service providers highlight that around 54% of people they have reached and engaged with at Hub, would not have otherwise contacted their service.
- 4.3.7 **Cost Efficiency** - The service is working within existing revenue budget and project same position for 2024/25 within a reduced financial envelope.
- 4.3.8 **Inclusive** – The Hub offers an accessible space to ensure everyone has access to the services and support provided.
- 4.3.9 **Connecting People** – The World Health Organisation (WHO) declared loneliness to be a global epidemic in 2023 following the COVID pandemic. The Hub helps to combat this, provides a warm, social space for groups who don't usually access health and social care services therefore helps us meet NHS Grampian health inequalities plan. In addition to connecting people within the Hub, people are signposted to link into activities in their local communities to help people around social isolation, wellbeing and building a sense of community.
- 4.3.10 **Service Pressures** – Primary Care, Social care, Hospitals are under severe pressure and the population is getting older and sicker, we need to be more proactive and community based to intervene earlier and the Vaccination & Wellbeing Hub offers an accessible location to do this.
- 4.3.11 **Employability** – The Hub has provided a location where prospective school children, students and candidates can wander in and see what the day job looks like. It has provided volunteering opportunities as a first step for people to gain some basic healthcare knowledge and experience of making every opportunity count. Schools and colleges can attend to support with work experience.
- 4.3.12 **Community Meetings / Consultation** – The Hub has hosted community meetings of community planning, locality planning, ACHSCP etc – this allows people to see when attending meetings what is available at the hub and has encouraged them to book appointments when they might otherwise not have done so (health by stealth).
- 4.3.13 **Free Services** – All services at the Hub are free of charge at the point of access ensuring that everyone has equal access.
- 4.3.14 **Public Health Promotion** – The hub offers a central location to support people attending or passing by a place for publicising emerging public health issues like social isolation, vaping in children and young people, obesity, child oral health, mental health and brain health.



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4.4 Lessons Learned

Appendix 4, page 23 highlights the full list of Lessons Learned and what could have gone better, the highlights are as follows:

Lessons Learned & What could we have done better	Actions Taken to mitigate negative impact
Infection, Prevention & Control (IP&C) standards restricts full range of clinical services.	Robust Risk Assessments followed by IP&C assurance visits carried out prior to any new service provision. Focussed on non evasive and low risk procedures mixed with non clinical support.
Noise levels within an open plan environment.	Noise reducing soundboards in place and consideration when booking types of activities.
Some resistance to change or non engagement due to pace of change – moving from a solely clinical service to a collaborative priority intervention hub.	Staff engagement – face to face presentations & feedback sessions at staff training & development days to promote aims of Partnership's Strategic Deliver Plan. Regular communication via MS Teams Staff daily news. Verbal updates at weekly touchpoint meetings & daily safety huddles. Verbal communication with Clinical and non clinical managers to promote engagement and support.
Services initially interested in working within the hub has not materialised due to staff capacity within their service.	Discussions ongoing with services to discuss how services can jointly work together to support around capacity and multi-skilled workforce.
Car parking charges for patients attending their loading doses for Vitamin B 12 (6 appointments over 2 weeks) led to negative verbal feedback during appointments.	Exploring opportunities within CTAC Clinics to undertake initial loading doses before moving across to hub for 12 week reviews to reduce financial burden.
Although open plan environment has successfully facilitated integrated work, some services have felt unable to engage as they require a closed room for conversations.	Ongoing review of spaces within the hub and promoting the environment has worked well for other services who undertake confidential conversations
Ensuring sufficient support in place to provide the day to day running of the hub taking account of admin support, public health promotion campaigns, communications & social media, volunteers etc	Volunteer recruitment ongoing. Working Group set up to support health promotion co-ordination and promotion of campaigns. Admin & logistic support identified. Ongoing review of tasks and support.
Some concerns around anonymity for people attending hub.	Hub layout changed to provide a less clinical entrance and community area with screening. Advertising a large range of services and support for drop in for the use of community space to enhance the sense that people can be attending for any reason – helping to reduce stigma and provide sense of anonymity.
<ul style="list-style-type: none"> Menopause Walk & Talk – Non engagement with pilot sessions. 	Pilot changed to a Lunch and Chat session, now well attended by Aberdeen in Recovery Woman's group at Hub Staff.

4.5 Conclusion

This evaluation has highlighted that the hub has focussed on prevention & early Intervention, health & wellbeing and supporting activities to tackle social isolation & loneliness by creating a safe accessible community space for people to come together.



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The project has demonstrated a collaborative and integrated model of working with health, social care, voluntary and third sector organisations towards meeting the needs of the population ensuring that support is available as early as possible to support prevention & early intervention. These collaborations have allowed services to co-produce events and support in a way that addresses the widening inequalities gap and supports people's physical health, mental health and social wellbeing.

By making these collaborations and co-locating with multiple services has enhanced the team's knowledge & understanding of the variety of voluntary service provision and self-management supports to assist with MEOC conversations & signposting. This is likely to reduce demand on primary and secondary care.

The project has demonstrated that the Hub offers an accessible space to ensure everyone has access to the services and support provided in a safe environment by meeting diverse needs. The Learning Disability Week 2024, highlighted the positive impact with increased engagement with service users, enhancing the connections they made with staff and their feeling of the hub being a safe space to visit.

The service has demonstrated that they obtain continuous public, staff and service provider feedback to learn and improve service provision to meet local need. The hub continues to respond to feedback and are currently exploring the development of a Chest Heart Stroke Scotland (CHSS) Health Defence Team to undertake free health checks without the need for a referral.

By fostering a collaborative and inclusive environment, the Hub effectively meets the needs of the community, ensuring that support is available early for all. This success highlights the value of integrated care and community centred approaches in creating a healthier and more resilient population.

4.6 Recommendations

The Integrated Health & Wellbeing Hub Model is a key service for collaborative working with community partners to support reversing the declining health & wellbeing of the people of Aberdeen City & Grampian

There is scope for the service to continue to forge closer working relationships and share knowledge with colleagues in Grampian and the rest of Scotland to share good learning and practice.

We recommend that the IJB agree Option 1 as set out in Appendix 5 for the ongoing provision of the Vaccination & Wellbeing Hub.



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5.0 Implications for IJB

5.1 Equalities, Fairer Scotland and Health Inequality

See Appendix 5 – Equality Impact Assessments to support decision making of the options set out therein.

5.2 Financial

During 2023/24, all costs associated with operating the vaccination and wellbeing hub were met within the existing revenue budget. It is anticipated that the current budget allocations will meet the costs of the hub for 2024/25 notwithstanding significant increased footfall anticipated in 2024/25 compared to 2023/24

5.3 Workforce

There are no direct workforce implications arising from the recommendations of this report.

5.4 Legal

NHSG have a lease with Bon Accord Centre for a period of 12 months to 9th May 2025. The service require to provide 6 months written notice to exit the lease, i.e 9th November. Re-negotiation of existing lease would require to commence by end of June 2024. Notice to quite would require to be provided by November 2024 at the latest.

5.5 Unpaid Carers

There are no direct Unpaid Carers implications arising from this report, however unpaid carers are one of the groups considered in terms of the impact assessment.

5.6 Information Governance

There are no direct information governance implications arising from this report.

5.6 Environmental Impacts

The service deliver care and support to the population of Aberdeen City including vulnerable people from priority neighbourhoods. Whilst travel by car or public transport to provide care and support will have a negative impact on the environment, it is necessary for the services to carry out their statutory duties and support early intervention & prevention. As an anchor organisation, the hub supports making best use of resources by having 6 clinical services and over 70 non clinical, voluntary and third sector organisations delivering support and signposting under one roof, reducing the number of trips to different locations.

5.7 Sustainability

Scottish Government confirmation of funding allocation is anticipated shortly and the service are scenario planning on how it delivers within a reduced window. The service continue to hold vacancies until allocations have been confirmed. It is anticipated that the planned



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savings for 2024/25 will continue to see the service come within existing revenue budget.

5.8 other Implications

There are no other implications arising from this report.

6. Management of Risk

6.1 Identified risks(s)

6.1.1 Changes to Vaccination Transformation Programme

The COVID 19 Vaccination has seen a decline in the number of eligible co-horts since its roll-out in December 2020. A spring & winter booster has continued in 2024 now focussing on those in at risk categories and ages 75 and above. Staff numbers have fallen in line with the reduced programmes. Although these number have reduced, additional programmes are coming on line, with confirmation that these require to be delivered within existing resources. These include:

- **Pre-school Chickenpox (Childhood Varicella)** – Universal Chickenpox vaccination programme to be introduced as part of the routine childhood schedule. This is a 2 dose programme offering vaccination at 12 and 18 months using a combined MMRV vaccine. Considerations are currently being explored for children up to 5 years (and potential for children up to 6 to 11 years).
- **Pre-school additional dose of Hib-C** to be given at 18 months and a **second dose of MMR** Vaccine to be brought forward from 3 years 4 months to 18 months. This will result in an additional visit for children to receive their Hib C and MMR 2nd dose at the same visit.
- **Respiratory Syncytial virus (RSV) Immunisation** for Infants and Older Adults yearly programme to be introduced from August 2025 for all Over 75s and anti or post-natal.
- **Meningococcal B vaccination for the prevention of gonorrhoea** (JCVI Advice Published 10th November 2023) – to be confirmed.
- **School Teenage Booster DTP/MenACWY** to be brought forward from S3 to S2 resulting in a double vaccination programme in 2025/26 school year.

6.1.2 Accommodating the Wider Team

The team also consist of admin, management, vaccine supply team, data & digital for scheduling, logistics team, workforce and school admin teams along with a Vaccine Store which can hold up to 13,000 vaccines which would need to be accommodated. Having the team in one central location allows for good team working and is particularly supportive for programme planning,



INTEGRATION JOINT BOARD

scheduling and staffing the various programmes that require to be delivered throughout the year. The central hub allows for all vaccine and consumables to be held for the delivery of programmes out with the centre including Housebound, Care Homes, Sheltered Housing Complexes and Schools. The hub also holds consumables for CTAC & Vitamin B12 Clinics, Health Visitor, Community Respiratory Team and School Consent forms which require considerable storage capacity.

6.2 Link to risks on strategic or operational risk register:

Risk Register	Description of risk	Impact	Mitigation	RAG Status
Delivery of Services	Relocation of Vaccination & Wellbeing Hub	<ul style="list-style-type: none"> Impact on delivery of VTP – smaller locations with requirement for larger temporary leased property during winter programme. Priority Intervention Hub would cease in its current form – reputational damage. Reduced hub for CTAC, Community Respiratory Team, Health Visitors etc. Reputational risk from public. Potential reduction footfall to city centre. 	<p>Funding for Hub to be met within existing budget revenue for 2024/25.</p> <p>Input to premises review</p> <p>NHS Grampian Property Asset & Management Team property search.</p>	High

Approvals	
	Fiona Mitchellhill (Chief Officer)
	Paul Mitchell (Chief Finance Officer)



INTEGRATION JOINT BOARD

DIRECTION –

ISSUED UNDER S26-28 OF THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

The **NHS GRAMPIAN** is hereby directed to deliver for the Board, the services noted below in pursuance of the functions noted below and within the associated budget noted below.

Services will be provided in line with the Board’s Strategic Plan and existing operational arrangements pending future directions from the Board.

Related Report Number:- *HSCP24.047*

Approval from IJB received on:- 9th July 2024

Description of services/functions:-

- a) Continue to deliver community based services for a further 3 years as described in Appendix 4 and Appendix 5 of this report; and
- b) Deliver community based services from the Start date from a priority intervention hub as detailed in Option 1 in Appendix 5 of this report

Reference to the integration scheme:-

Annex 1, Part 2

- **Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital**
- **Services provided by health professionals that aim to promote public health.**

Annex 1, Part 3

- **All services provided by Allied Health Professionals, as defined in Part 2A of Annex 1, in an outpatient department, clinic, or outwith a hospital**

Link to strategic priorities (with reference to strategic plan and commissioning plan):-

Prevention: The delivery of our vaccination programme directly seeks to address the preventable causes of ill health in our population.

Personalisation: The vision of our immunisations service seeks to “providing services at the right time in the right place to meet patient needs.”

Connections: The continuity of a shift in immunisation delivery into community hubs will help us to develop meaningful community connections with local people which will seek to improve immunisation uptake levels.



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Timescales involved:-

Start date:- 10th May 2025 End date:- 9th May 2028.

Associated Budget: -

As described in appendix 4 and 5 of this report HSCP24.047, the budget forms Scottish Government allocation for the delivery of the Vaccination Transformation Programme. Costs associated with the Lease are funded via the Scottish Government allocated funding which is allocated to the Aberdeen City Health & Social Care Partnership each year. Any reduction in costs would go back to NHS Grampian Vaccination Programme.



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Appendix 2 – Links to Strategic Plan – Year 3 (Update as per Year 3 Plan)

Aim	Project Name	Delivery Plan Action	Hub Activities to meet Aim
Communities	Priority Intervention Hubs	<ul style="list-style-type: none"> Develop cross sector, easily accessible, community hubs where a range of services coalesce, all responding to local need – feeding into a wider initiative on Priority Intervention Hubs. 	<ul style="list-style-type: none"> Health, Social Care, Education, Voluntary & third sector organisations working together in one place (one stop shop) to support people’s health & Wellbeing.
	Public Engagement	<ul style="list-style-type: none"> Public Engagement – Provide community based services co-designed and co-delivered with our communities. 	<ul style="list-style-type: none"> Public Engagement Sessions held during 2023 include Aberdeen City Libraries, Community Planning LOIP refresh, GIRFE, Carers Forum.
	Care Opinion Promotion	<ul style="list-style-type: none"> Promote use of Care Opinion to encourage patients, clients, carers and service users to share experiences of service, further informing choice. 	<ul style="list-style-type: none"> Promotion of Care Opinion and other forms of feedback. Promote Daisy Award - ... Staff members nominated for Daisy Award in May 2024.
	Community Intervention	<ul style="list-style-type: none"> Deliver various events such as Age Friendly Aberdeen, The Gathering and Wellbeing Festival to support people to live well and independently as part of their communities. 	<ul style="list-style-type: none"> Participated in the Gathering – Stay Well Stay connected to promote support available within hub. Programme of events at the hub as part of the May Wellbeing Festival.
Frailty	Community, prevention and Primary care approaches to Frailty	<ul style="list-style-type: none"> Develop Community Prevention and Primary Care Approaches to the HIS Frailty Standards including those relation to falls and along with existing prevention workstream utilising the FIRFE approach where relevant 	<ul style="list-style-type: none"> Supporting falls prevention in the Community. Co-produced sessions from Community Adult Assessment and Rehab Service and Sport Aberdeen to deliver falls prevention & safety mobility session at the hub during vaccination programmes.
Home Pathways	Suitable Homes	<ul style="list-style-type: none"> Help people to ensure their current homes meet their needs including enabling adaptations. 	<ul style="list-style-type: none"> Bon Accord Care, Care & Repair & Community Adult Assessment and Rehab Services (CAARS) attend hub regularly to promote home adaptations and digital solutions to support independent living. Scottish Fire & Rescue attend to promote home safety.



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Aim	Project Name	Delivery Plan Action	Hub Activities to meet Aim
MH&LD	Mental Health & LD Transformation	<ul style="list-style-type: none"> Progress the Grampian wide MHLTD Transformation Programme 	<ul style="list-style-type: none"> Immunisation Team commencing Learning Disabilities Health Checks from June 2024 – commencing Pilots in Len Ironside Centre and Aberdeen Vaccination & Wellbeing Hub. Mental Health Support provided at the hub with a weekly drop in service by Penumbra Mental Health 1st Response Team. Men in Mind – attending hub and Bon Accord Centre to promote peer support group. Mental Health Support Leaflets in Community Information Point.
	LD Autism & Neurodevelopmental Assessment	<ul style="list-style-type: none"> Review strategy and arrangements for LD / Autism and Neurodevelopmental needs. To be informed by new legislation. 	<ul style="list-style-type: none"> Adult Autism Assessment Team (AAAT) to attend hub in August and September 2024 to undertake drop in sessions as an opportunity for those on the waiting list for an autism assessment to ask questions about the assessment process, resources and autism in general.
	Suicide Prevention	<ul style="list-style-type: none"> Develop and implement approaches to support suicide prevention and alignment to National suicide Prevention Strategy 	<ul style="list-style-type: none"> Suicide Awareness Sessions for Public by SAMH held at hub. Suicide Awareness Staff Training Sessions by SAMH held at hub.
Prevention	Alcohol & Drugs Reduction	<ul style="list-style-type: none"> Reduce the use of harm from alcohol and other drugs including through drugs related deaths Rapid Response plan 	<ul style="list-style-type: none"> Aberdeen in Recovery attend hub weekly to provide peer to peer recovery support & Naloxone training.
	HIS Sexual Health Standards	<ul style="list-style-type: none"> Deliver actions to meet HIS Sexual Health Standards 	<ul style="list-style-type: none"> Sexual Health Leaflets in Community Health Information Point. Condom Distribution Point (distributed 940 during 2023/24) Blood Borne Virus Testing Home Kits now available for collection at Hub.
	Childhood Immunisations	<ul style="list-style-type: none"> Increase uptake in Childhood Immunisations 	<ul style="list-style-type: none"> Drop in Clinic on Tuesdays and Thursday at Hub (aimed at people new to area, without a GP or looking to discuss child's immunisation schedule. Health Visitor 8 Month review clinics at Hub – opportunistic vaccines. Test of Change – Summer Holiday Vaccine Clinics – co-produced Sessions with ACC Children's' Services, PEEP, Home Start, Childsmile & vol orgs.



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Aim	Project Name	Delivery Plan Action	Hub Activities to meet Aim
Prevention	Addressing Obesity	<ul style="list-style-type: none"> Contribute towards addressing the obesity epidemic through promotion of healthy food and nutrition, active travel and place planning. 	<ul style="list-style-type: none"> Healthy Eating Health Promotion Campaigns Healthy Eating leaflets & guides in Community Information Point. Healthy eating a focus of MEOC conversations with staff.
	Nicotine Cessation	<ul style="list-style-type: none"> Contribute towards nicotine cessation agenda in Aberdeen City including Vaping Awareness work across all localities in the city. 	<ul style="list-style-type: none"> Nicotine Cessation Health Promotion Campaign Nicotine Cessation leaflets & guides in Community Information Point. Nicotine Cessation a focus of MEOC Conversations with staff. Staff member – special interest delivered awareness sessions for staff to support MEOC signposting.
	SWSC Social Isolation	<ul style="list-style-type: none"> Continue to deliver our Stay Well Stay connected programme to keep people healthy and in good wellbeing and avoid the risk of social isolation, poor health, illness, injury and early death. 	<ul style="list-style-type: none"> Wellbeing Co-ordinator Awareness Session to promote activities in local communities. Wellbeing Walls in hub promoting activities in local communities. Close working links with community centres to promote activities. Grow your own food indoors workshops & stories through songs workshop at Hub (via CFINE) Aberdeen Football Club Community Trust Knit and Natter weekly group. Fortnightly Menopause Peer Support Group – Wellbeing Co-ordinators. Community Café to support social isolation & loneliness.
	Contribute to Transport	<ul style="list-style-type: none"> Contribute to the health Transport Action Plan and the Aberdeen Local Transport 	<ul style="list-style-type: none"> Health promotion encouraging active travel.
	Tackling Health Inequalities	<ul style="list-style-type: none"> Contribute towards tackling health inequalities in Aberdeen City and wider collaboration with Community Planning Partners 	<ul style="list-style-type: none"> Linking with Community Partners for the provision of an accessible health & wellbeing hub collaborating with health, social care, voluntary and third sector to ensure services and support accessible by all.
	Deliver PCIP	<ul style="list-style-type: none"> Deliver the Strategic Intent for the Primary Care Improvement Plan 	<ul style="list-style-type: none"> Fully implemented PCIP Vaccination programme. Vaccinations currently being delivered in line with Scottish National average uptakes. Vaccination Team also supporting CTAC with delivery of Vitamin B12 Injections.



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Aim	Project Name	Delivery Plan Action	Hub Activities to meet Aim
Social Care Pathways	Expanded use of TEC	<ul style="list-style-type: none"> Seek to expand the use of technology enabled Care (TEC) throughout Aberdeen 	<ul style="list-style-type: none"> LD Awareness Week – Digital Inclusion – 10 Voluntary Organisations promoting use of Digital Technology for independent living. Bon Accord Care, Silver City Surfers and Digital Support Hub attending for regular sessions to promote use of technology & support for independent living.
Strategy	Deliver EOM Framework	<ul style="list-style-type: none"> Deliver on our Equality Outcomes and Mainstreaming Framework report on our progress in advance of 2025 deadline. 	<ul style="list-style-type: none"> Regular reporting outcomes for Equalities Outcome 3 – All Residents of Aberdeen have equal access to health and care Services – Ensure all sections of the population have access to vaccinations.
	Early Years and School	<ul style="list-style-type: none"> Revisit ACHSCP contribution to early years and school health & wellbeing. 	<ul style="list-style-type: none"> Delivery of School Vaccination Programme with catch-up vaccines offered outwith school hours and weekends at the hub. Working with Schools to promote and educate staff, parents and children around benefits of vaccine uptake.
Workforce	Staff Health & Wellbeing	<ul style="list-style-type: none"> Continue to support initiatives supporting staff health & wellbeing. 	<ul style="list-style-type: none"> Training Days & dedicated time to train. Promoting health & wellbeing activities available within Partnership.



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Appendix 3 – Links to LOIP Stretch Outcomes

Stretch Outcome	Current / Proposed Outcome	Improvement Project Aim	Hub Links
1	20% reduction in the percentage of people who report they have been worried they would not have enough food to eat and or not be able to heat their home by 2026.	1.1 – Increase by 92% the number of homes that meet an EPC rating of C or better by 2026 (Social housing / Early Intervention). 1.2 10% of people seeking fuel poverty support are no longer in fuel poverty. 1.3 Increase the number of people referred from food banks to cash first initiatives by 10% by 2025 1.4 Increase the uptake of unclaimed benefits across Aberdeen City by 10% by 2024.	<ul style="list-style-type: none"> Home Energy Scotland and SCARF attending the hub fortnightly to provide people with home energy savings advice and access to free home energy upgrades for those eligible CFINE Safe Team attending Hub to support people around food poverty and financial support. CFINE Community Food Outlet fruit and Veg Sale at Hub. Social Security Scotland attending fortnightly to promote access to benefits. CFINE Safe Team attending to undertake Free Benefit Checks.
2	74% employment rate for Aberdeen City by 2025	2.1 Support 24 people from ethnic minorities into sustained, good quality employment by 2026. 2.2 Support 25 people into good quality jobs within Health & Social Care by 2026 2.4 Support 100 people into sustained, good quality employment by 2026, with a particular focus on those from priority neighbourhoods and people over 50. 2.6 Support 40 young parents into training and / or employability provision by 2026.	<ul style="list-style-type: none"> Afghan and New Scots Skills Workshops undertaken at the Hub twice weekly. Pathways Employment Keyworker attending the hub weekly for drop in sessions for 1:1 support. SHMU Development worker providing employability support on an adhoc basis.



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Stretch Outcome	Current / Proposed Outcome	Improvement Project Aim	Hub Links
2	74% of employment rate for Aberdeen City by 2026	2.8 Support 25 individuals to gain employability skills through volunteering opportunities by 2026	<ul style="list-style-type: none"> Wellbeing Hub advertising for volunteers to support community area – supporting with building confidence in conversations with Public through MEOC conversations. Offering opportunities to individuals looking for employability skills to start them on their recruitment journey.
3	95% of all children will reach their expected developmental milestones by their 27-30 month review by 2026	3.1 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.	<ul style="list-style-type: none"> Aberdeen in Recover Peer Support team attending weekly. Aberdeen in Recovery Woman's Group attending the hub fortnightly. Pathways promotion of Domestic Abuse support.
		3.4 Increase by 10% the no of parents with children who are completing a full benefits check by 2024.	<ul style="list-style-type: none"> As per 1.4 above.
6	95% of our children, including those living in our priority neighbourhoods will sustain a positive destination upon leaving school by 2025	6.2 Increase to 3 the delivery of co-located and delivered services by health and education by 2024.	<ul style="list-style-type: none"> Joint working with education around promotion and education on the benefits of vaccine.
		6.6 Increase to 50 the no of people completing more integrated health and care courses by 2025.	<ul style="list-style-type: none"> Jointly working with Secondary Schools Exellarate programmes to support with work experience and projects for Health Care and customer services courses.
10	Healthy life expectancy(time lived in good health) is five years longer by 2026	10.1 Increase the number of carers identified by 20% by 2025	<ul style="list-style-type: none"> Quarriers Wee Blether Conversation Café – unpaid carers meet with Wellbeing Officers, Care Management Team and Carer Support Aberdeen.



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Stretch Outcome	Current / Proposed Outcome	Improvement Project Aim	Hub Links
10	Healthy life expectancy (time lived in good health) is five years longer by 2026	10.3 Increase by 50% the number of people engaged with Stay Well Stay Connected initiatives by 2025.	<ul style="list-style-type: none"> Promoting Stay Well Stay Connected events and activities in local communities via Wellbeing co-ordinators and wellbeing walls at the hub. Workshops at Hub to support people to stay connected (e.g. Knit and Natter group)
		10.4 To support 50 low income families in priority neighbourhoods to improve healthy eating behaviours and adopt good life choices to support healthy weight by 2026	<ul style="list-style-type: none"> Healthy Eating Health Promotion Campaigns Healthy Eating leaflets & guides in Community Information Point. Healthy eating a focus of MEOC conversations with staff.
		10.5 Increase by 5 [^] the number of people living in identified priority neighbourhoods who accept the invitation of cancer screening on the basis of informed consent by 2025	<ul style="list-style-type: none"> Health promotion campaigns to promote bowel screening, prostate cancer checks, testicular cancer checks, breast cancer screening held regularly and form part of MEOC conversations.
		10.6 Decrease the number of woman smoking in pregnancy in the 40% most deprived SIMD by 5 [^] by 2026.	<ul style="list-style-type: none"> Smoking cessation public health campaigns, leaflets and staff support during MEOC conversations & signposting.
		10.7 Increase by 20% the number of individuals living with Chronic Pain into self-management and other pathways initiatives to support their conditions by 2026.	<ul style="list-style-type: none"> Signposting to Sport Aberdeen Pain Clinics and public health leaflets on pain management distributed as part of MEOC conversations.
11	Reduce the rate of both alcohol related deaths and drug related deaths by 10% by 2026.	11.7 Increase by 10% the number of people in active recovery from drug and alcohol by 2025	<ul style="list-style-type: none"> Health promotion Campaigns – Dry January & leaflets in Community Information Point. Aberdeen in Recovery attending weekly to provide peer support and naloxone training.



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Stretch Outcome	Current / Proposed Outcome	Improvement Project Aim	Hub Links
14	Increase sustainable travel – 38% of people cycling and wheeling as a main mode of travel	14.2 Increase % of people who cycle and wheel as one mode of travel by 2% by 2026	<ul style="list-style-type: none"> Provision of cycle storage for staff to encourage sustainable travel.
15	Increasing the diversity, quality and use of Aberdeen’s green spaces by facilitating community participation in them to restore nature and increase people’s satisfaction, health & wellbeing.	15.2 100 people to be socially prescribed nature by 2026 to support positive outcomes in relation to health and wellbeing.	<ul style="list-style-type: none"> CFINE – Grow your own food indoors workshops. (5 Week free courses) CFINE – How to get involved in community gardens – promotion sessions.



Aberdeen City
Health & Social Care
Partnership
A caring partnership



Aberdeen City Vaccination & Wellbeing Hub



Evaluation Report 19th June 2023 – 30th May 2024



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Our Mission

Create a Priority Intervention Hub which delivers an easily accessible location where a range of health, social care and third sector voluntary organisations work together responding to local need and putting health inequalities at the heart of all we do.

If we get it right, we can prevent illness and/or further deterioration of someone's health through early intervention - in turn reducing demand on GP Services or Acute Services in Hospital.

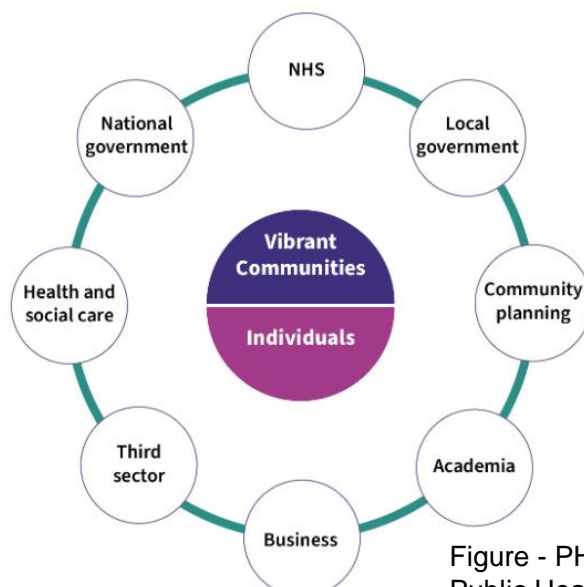


Figure - PHS Strategic Plan 2022-2025 - Public Health System Serving Communities & People

Key Points

The following are key messages from this Evaluation which this report will further demonstrate:

Footfall

Average of 6,000 footfall per month during 2023/24. Projecting an increase to an average of 8,000 per month during 2024/25.

Free Services

All services provided at the Hub are free at the point of contact, therefore accessible to everyone no matter their financial circumstances.

Service Pressures

Primary Care, Social Care, & Hospitals are under severe pressure. Hub provides a proactive and community based location to intervene earlier.

Inclusive

The hub is inclusive making it accessible to everyone to feel safe and receive support.

Outreach

Service providers highlight that around 54% of people they have reached and engaged with at Hub, would not have otherwise contacted their service.

Making Every Opportunity Count

The hub provides a location to raise awareness of difficult health & wellbeing conversations i.e. food poverty, HIV, addictions, dementia, men's health and wellbeing, menopause, period poverty etc.

Connecting People

The Hub provides a warm social space for groups who don't usually access health & social care services..

Co-location & Co-production

6 Clinical Services and over 70 health, social care, voluntary & third sector community partners providing support under one roof.

Access

The hub is open 6 days per week within a shopping mall environment to increase access outwith working hours and engage with passers by for opportunistic support.

Cost Efficiency

The service is working within existing revenue budget and project same position for 2024/25.

Employability

Prospective students and candidates can wander in to see what the day job looks like. Volunteering and work experience available to promote health & social care roles.

Effective

98% of people satisfied with services at the Hub and 98% of people state the venue is accessible.

Public Health Promotion

Space to publicise emerging public health issues like social isolation, vaping in children & young people, obesity, child oral health, mental health and brain health

Links to Strategic Plans

The Hub supports the delivery of the Aberdeen City Health & Social Care Partnership Strategic Plan (1), NHS Grampian “Plan for the Future – Healthier Together”(2), the Community Planning Aberdeen Local Outcome Improvement Plan (3) and Public Health Scotland Strategic Plan – A Scotland where everybody Thrives 2022 – 2025 (4) Scottish Government – Social Isolation & Loneliness: Recovering our Connections 2023 – 2026 (6) focussing on:

Keeping People Safe at Home



Caring Together



Preventing Ill Health



Achieving fulfilling healthy lives



Promotes Independent Living



Prevention & Recovery – Drugs and Alcohol



Promoting connections to Stay Well in Communities



Reducing Inequalities



Cross Sector Community Hub



Community Empowerment



Make Every Opportunity Count (MEOC)



Mental Health & Wellbeing Support



Access to Employability Support



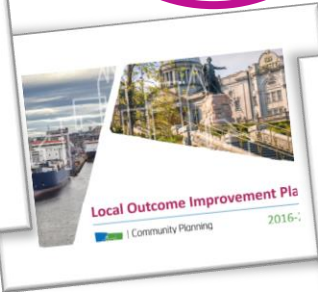
Promotes sustainable Travel



Early Intervention for Children & Young People



Community Growing for Wellbeing

Inspiring Change



Chief Executive of Public Health for Scotland Paul Johnston said

“We are at a pivotal moment in public health where the focus is shifting significantly towards the need to prevent ill-health and promote wellbeing. In essence, prevention is about keeping people healthy and avoiding the rise of poor health, illness, injury and early death” (5)

Faculty of Public Health President Professor Kevin Fenton CBE stated (5)

“Prioritising good Public Health with proper investment and effective system-wide policy will enable us to reverse the declining health and wellbeing we are seeing in Scotland and build a solid foundation for sustainable productivity. We know that investing in prevention is one of the most cost effective interventions that the NHS and wider system can make in improving population health and reducing inequalities, with an estimated £14 returned for every £1 invested in prevention measures including vaccination programmes, reducing smoking and encouraging healthy diet.”



Anchor Organisation

As an Anchor Organisations, our services should be rooted within our communities, using buildings and spaces to support communities and ensuring these are easily accessible.

The Partnership has signalled a committed to working more closely with our local partners to learn from others and share ideas. Services should be reducing their environmental impact and widening access to quality work.

We will use our role as an anchor organisation and our reach an influence to make a real difference in Grampian.

Recovering our Connections 2023-2026

A Plan to take forward the delivery of A Connected Scotland - our strategy for tackling social isolation and loneliness and building stronger social connections

February 2023



The Scottish Government's Social Isolation & Loneliness (SIAL): Recovering our Connections 2023 – 26 Strategy (6) published in February 2023 highlights the need to focus efforts to support people's mental health & wellbeing during challenges following the COVID 19 pandemic and the cost of living crisis and its impact it was having on people's ability to make and maintain connections.

The report highlights that the World Health Organisation (WHO) research 2021) (7) on the effect of social isolation & loneliness on older people notes “there is strong evidence that social isolation and loneliness increase the risk of older adults for physical health conditions such as cardiovascular disease, stroke, mental health conditions such as cognitive decline, dementia, depression anxiety, suicidal ideation and suicide.”

Evaluation Aims

This evaluation will be monitored against the following aims:



The hub will focus on prevention & early intervention as per the National Strategy which will see a shift to helping people before, rather than after, significant life events. This will include making every opportunity count and focus on wellbeing & tackling social isolation & loneliness by creating a safe accessible community space for people to come together.



To enhance collaborative working to create a more effective model of delivery with better access to health, social care, voluntary and third sector organisation support. Aiming to increase the number of people who would not have been otherwise engaged with services by 20% in turn reducing demand on primary and secondary care.



The service will engage with people to develop an Inclusive Hub to create safe spaces, promoting diverse representation and encouraging open dialogue to ensure that everyone has access to the same services and support which is free at the point of contact.



The service will evaluate, obtain feedback, listen and respond to local need providing drop in services to reduce barriers to access support.



What did We Do?

1. **Reviewed Local & National Policies, guidance and Strategic Plans** to identify key priorities.
2. **Created a Public Questionnaire** to gather needs and identify gaps to inform actions.
3. **Staff Training** in Making Every Opportunity Count (MEOC).
4. **Made connections** with health & social care services, voluntary and third sector organisations to look at collaborative working. Focus on prevention, early intervention and wellbeing based on public needs assessment from questionnaire.
5. **Environment** – Designed the space to ensure it was inclusive and flexible to provide community spaces to support social isolation & loneliness activities.
6. **Communication & Social Media** – Monthly newsletter⁽⁸⁾ of events widely distributed. Increased social media and events promoted via local community radio.
7. **Data Gathered** over the course of the year - clinical and non clinical activity, footfall, MEOC conversations, signposting and resources handed out.
8. **Feedback Questionnaires** developed for public and service providers to gather feedback on accessibility and effectiveness of the hub.
9. **Staff Training Days** – Kept staff informed through daily MS Teams news chat and presentations during Staff Training days to gather ideas and feedback. Invited voluntary and third sector organisations to training days to promote their services to staff to support MEOC signposting.





Hub Data

Between 19th June 2023 – 30th May 2024

6

Clinical Services

1. Vaccinations
2. Community Treatment & Care (CTAC) – Blood Tests, Chronic Disease Management & Vitamin B12 Injections
3. Health Visitor – 8 Month Reviews
4. Community Respiratory Team - CHSS
5. Spina Bifida Adult Assessment
6. LD Health Assessments

52,281

Clinical appointments attended



71,197

Overall Footfall
73% - Clinical Appointments
27% Non Clinical Support

Collaborative Working with over

70

Community Partners



613

Community Partners sessions held totalling

2400

hours support



Open 6 days per Week (Mon – Sat)



50

weeks of Health & Wellbeing Campaigns promoted



Over

400

Volunteer Hours

37,680 Telephone Calls



Over 2,500 AGILE Booklets Distributed

Distributed

2000

Leaflets

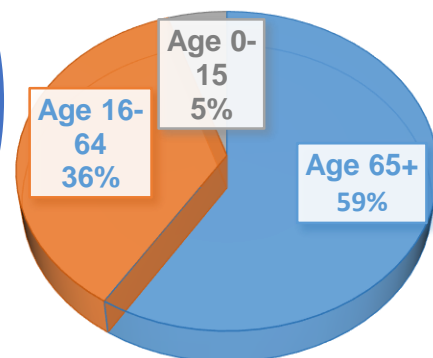
1960

Period Products

940

Condoms

AGE DEMOGRAPHIC



Yearly Footfall Projections*

71197

June 23 - May 24

95583

June 24 - May 25

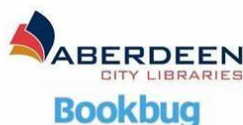
*Footfall projections: Several Clinical Services commenced Mid year 2023/24 (i.e. CTAC in October 23 and additional clinic opened In June 2024, Vitamin B12 Injection in February 24 and LD Health Assessments commenced July 2024), therefore footfall is due to increase during 2024/25 to take account of the full year effect of these additional clinics.

Children & Young People

Children Aged 6m – 15 Years

Around 5% of people attending the hub are aged aged between 6 months and 15 years either attending for a Vaccination, pre-school immunisation drop in clinic. Health Visitor appointment or attending with a parent or Carer.

The service have made collaborations with services and voluntary organisations to attend during these sessions to make every opportunity count. For example Childsmile, Aberdeen City Libraries, CFINE, Social Security Scotland etc attended during the 2023 Winter Flu Vaccine Programme and Health Visitor Clinic days in 2024.



In July 2024, a test of change “Children’s Health & Wellbeing Day” will take place at the hub in conjunction with the pre-school immunisations team, Health Visitors, Aberdeen City Council Children’s Services, PEEP, Home Start and various other children’s voluntary and third sector organisations following a model of delivery piloted in Merseyside in 2013 (9) to increase childhood immunisations against vaccine preventable disease.

This event will include collaboration with various voluntary organisations to provide children’s entertainment, free refreshments and manned stalls providing support with cost of living, income, housing, healthy eating, oral health etc to support children having the best start in life and reducing child poverty.

FREE FAMILY HEALTH & WELLBEING DAY Wednesday 24th July 10.30 - 3.30pm

Free refreshments, facepainting & tattoos, Bookbug Taster Sessions, Character meet & stalls of health & wellbeing information

Aberdeen City Vaccination & Wellbeing Hub, Bon Accord Centre

Adults at 16-64

Adults aged 16-64 (including those identified as “At Risk”)

Around 36% of people attending the hub are aged between 16 – 64 attending for a Vaccination appointment due to falling within an “at risk” category for flu or COVID due to a health condition or receiving treatment making them immunocompromised.

Connections have been made with various organisations & peer support groups to make every opportunity count and engage with people identified as being “at Risk” to support their health & wellbeing. These range from conditions such as Mental Health, Substance Misuse, Learning Disabilities, Parkinson's, Epilepsy, Asthma, Cancer, Stroke, Long COVID and other respiratory conditions. Services have attended the hub to engage with people after their appointment to raise awareness of the services and support they offer.



Links have also been made with organisations to support people during the cost of living crisis with energy savings support, access to food, employability support and financial support to ensure they are claiming what they are entitled to.

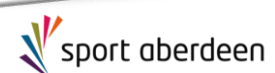


Older Adults aged 65+

Older Adults aged 65 and over

Around 59% of people attending the hub are aged 65 and over attending for a vaccination appointment for routine Shingles, Pneumococcal, Flu & COVID, or attending for CTAC appointments or Community Respiratory Team appointments.

Connections have been made with various organisation to support older adults. The Community Adult Assessment and Rehab Service (CAARS) from Woodend Hospital attend regularly in conjunction with Sport Aberdeen falls champions to promote safer mobility and falls prevention. Allied Health Professionals (AHP) have attended to promote Podiatry Service and AHP Dementia Information Day. Various organisations attend to promote independent living around telecare and digital inclusion. Alzheimer's Scotland attend regularly to promote their Brain Health Resource Centre and services to support people living with dementia. Scottish Fire & Rescue attend to promote staying safe at home along with organisations attending to promote Home Care Services and companionship. In addition there have been several promotional events to support people around Power of Attorney and Carers Support Forum.





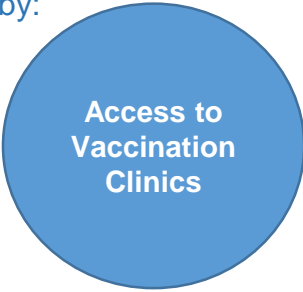
Key Findings Of Evaluations





Aim: The hub will focus on prevention & early intervention as per the National Strategy which will see a shift to helping people before, rather than after, significant life events. This will include making every opportunity count and focus on wellbeing & tackling social isolation & loneliness by creating a safe community space for people to come together.

Outcome - The Vaccination & Wellbeing Hub evidenced it's focus on prevention & early Intervention by:



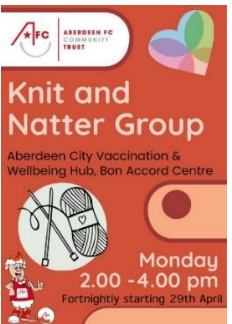
Immunisation provides protection against a range of infections, often on a life-long basis, enabling people to live longer, healthier lives, reducing health inequalities and reducing the need for health and social care services. It is important to remember that it not only protects the individuals being immunised, but it also helps to protect those people around them by reducing the potential for passing on infections to others. The partnership provide vaccine clinics in Bridge of Don (North) and Airyhall (South) which compliment the Aberdeen City Vaccination Hub as the largest of the 3 situated in the City Centre. The vaccinations delivered within the service are in line with the Scottish national average uptake, but there is always room for improvement.



The World Health Organisation (WHO) declared loneliness to be a global epidemic in 2023 following the COVID pandemic. The Hub helps to combat this, provides a warm, social space for groups who don't usually access health and social care services therefore helps to meet NHS Grampian health inequalities plan. In addition to connecting people within the hub, people are signposted to activities in their local communities to help people around social isolation, wellbeing and building a sense of community. The community café also provides a warm space for people to have a cuppa and conversation whilst engaging with organisations promoting their services and support Carers Support Services also provide a weekly "Wee Blether" Café for unpaid carers.



Providing a Community Health Information Point Monday to Saturday with drop in access to information leaflets, QR codes, free period products, free condoms, blood borne virus testing home kits & hearing aid batteries. Staff use this information to support with MEOC & signposting.



Making Every Opportunity Count (MEOC)



MEOC is a brief intervention which aims to take a preventative approach whereby, staff can make the best of every appropriate opportunity to raise the issues of a healthy lifestyle and promote health and wellbeing messages. These conversations allows opportunities to engage with people at an earlier stage and signposting. The hub allows a location to raise awareness of difficult health and wellbeing conversations due to the central location that people may avoid otherwise or have stigma around i.e. HIV, addictions, food poverty, dementia, men's health and wellbeing , menopause, period poverty etc.

Increased opportunity to Make Every Opportunity Count

With a large volume of information being readily available on the internet, the potential for MEOC to become a self-management and peer-support tool is greatly enhanced. Health improvement officers provided training to all staff prior to commencing MEOC conversations and have undertaken an evaluation of this training on page 26 (10)

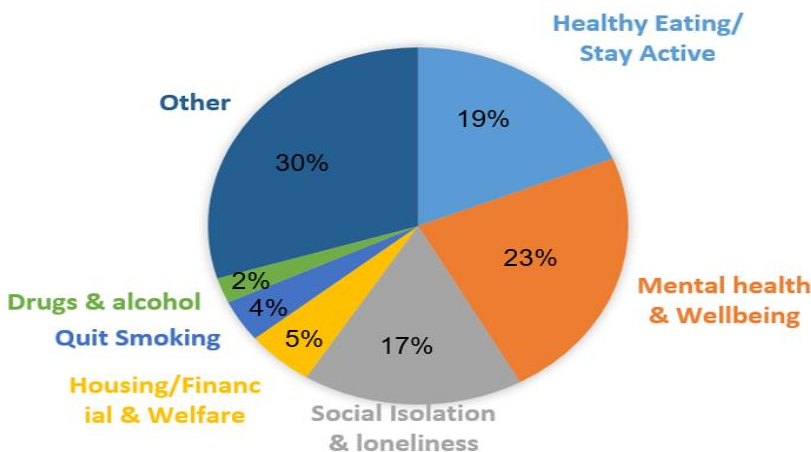
1517 MEOC Conversations

During a 6 week period the following conversations were recorded at the hub:

40% (593) provided with Literature

16% (244) signposted to Services

MEOC CONVESATIONS



Outcomes

MH & Wellbeing - Linked with Penumbra Mental Health 1 st Response to provide drop Service every Friday.	MH & Wellbeing - Linked with SAMH to provide for Suicide Awareness Sessions & links with Men In Mind to promote peer support.	SIAL - Wellbeing Co-ordinators promoting activities in local communities.
SIAL – links with Aberdeen Football Club Community Trust & CFINE for provision of workshops & groups to support Social Isolation & Loneliness	Smoking Cessation - Focus on Public Health Campaigns on Smoking Cessation & Healthy Eating & access to resources. Staff trained in Smoking Cessation.	Drugs & Alcohol Links with ADA and Aberdeen in Recovery to promote peer to peer support for recovery & Naloxone Training. Drug Overdose Awareness days.
Financial & Welfare - Linked with CFINE Safe Team, Social Security Scotland, Home Energy Scotland & SCARF to provide cost of living support.	Other - Access to specific health condition support - Aberdeen Carers Support, Grampian Stroke Club, Parkinson's UK, Prostate Cancer UK, Epilepsy Scotland. Alzheimer's Scotland, Age Scotland, Long COVID Practitioner, Asthma & Allergy UK etc	



Prevention



Two Way Signposting

The hub has demonstrated that the close proximity and working relationships forged between health, social care and voluntary organisations has enhanced the knowledge of what support is available to provide better signposting and aids self-management of conditions. These relationships have also allowed better understanding of support for people living in poverty with access to cost of living & benefit support and access to food banks. There are rare occasions when a member of the public requires to be signposted to their GP. Staff are acutely aware of the pressures within Primary Care and will try where safe and practical to encourage self-management and support via voluntary organisations if appropriate.

Likewise, services attending the hub have been signposting people towards the Vaccination & Wellbeing Hub as a warm space, and a place to have a cuppa and conversation and a place to find support. For example Aberdeen in Recovery have signposted their woman’s group to attend the Menopause Lunch & Chat sessions and signposted their members to come and speak to some of the services providing support at the hub. The Aberdeen Links Practitioners signpost people they are supporting who are homeless to come in to take up their vaccine and liaise with other voluntary organisations providing support. Learning Disabilities services have signposted their service users to the hub as a safe space if they find themselves anxious whilst in town.

AGILE



The Aberdeen City Health & Social Care Partnership and our partners want to ensure that people, their families and friends have the information needed about living independently at home and can find support from a whole range of services to support you to stay safe, stay well, stay connected and stay Informed.

Copies are handed out to all visitors of the hub or digitally by QR Code.

One of our Health Care Support Workers commented “AGILE has been the most popular resource with around 60 – 80 copies handed out each week at the hub. Other popular leaflets are Know your own prostate, Get up and Go and Up and About – Age Scotland” She went onto say “My experience of Making Every Opportunity Count (MEOC) has been very positive. Service users have been keen to interact with myself and other staff and have opened up to discuss factors that affect their daily lives. Loneliness is a common theme and getting information about what is going on in the local Aberdeen City area received thanks and smiles.





AIM: To enhance collaborative working to create a more effective model of delivery with better access to health, social care, voluntary and third sector organisation support. Aiming to increase the number of people who would not have been otherwise engaged with services by 20% in turn reducing demand on primary and secondary care.

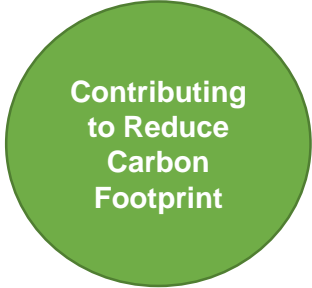
Outcome - The Vaccination & Wellbeing Hub evidenced it is effective as follows:



659 people completed a Service User Feedback form. 98% of people reported that they were satisfied with the service they received within the Vaccination & Wellbeing hub. Similarly 98% of people who completed the form also stated they felt the venue was accessible.



During 2023/24, all costs associated with the Hub were met within existing revenue budget. It is anticipated that the service will continue to meet the costs within a reduced allocation during 2024/25.



The hub supports contributing towards reducing the carbon footprint by offering more than one service and support under one roof. For example – service users have fed back that they attended their Community Respiratory appointment or Vitamin B12 appointment and were able to book in for their vaccine at the same time saving them another journey in the car.



The service provide a multi-skilled workforce that support cost efficiency of staff able to work across various services. The vaccination team are trained to deliver Vaccinations, Vitamin B12 Injections, CTAC blood tests/chronic disease management. This workforce are able to provide cross cover within other locations. Further training for the delivery of Learning Disability Health Assessments and Atrial Fibrillation (AF) Health Checks will commence in June/July 2024. By using existing workforce to deliver more than just vaccinations has ensured staff have diverse and fulfilling roles, are working to capacity, making best use of resources and as a result are supporting general practice to release capacity.





The hub has contributed a footfall of just over 71,000 people many of whom would not have otherwise visited the city centre that day had it not been for their appointment or attending with their family member/person they care for.

Public Feedback

Pleased to see it is a Wellbeing Hub – Men like me are more likely to come in and have a chat.

Plenty opportunities for asking questions – as we age our needs need to be anticipated as signs of future need can be spotted quite early.

Love the fact there is different professionals on hand to help with issues

Coming into town on the bus got me out of the house. Was easy to get to.

Nice and easy to talk to staff in the café area about my mobility problems. She provided lots of information about other services and also gave me a copy of the Agile Booklet.



Service Provider Feedback

The hub allows an opportunity for networking with other organisations to enhance our knowledge, joint working opportunities and better signposting for people looking for support.

One visitor expressed their thanks for information to help support their family member who was starting to struggle at home. They now had a greater understanding of how to help prevent falls and encourage safer mobility.

The hub has given us a central location to meet with people who may be vulnerable that wouldn't have reached out otherwise.

The hub has given us the ability to reach a wider audience – providing us with an increased visibility enhancing our impact.

Being located in the hub has given us good access to older adults that we often struggle to engage with.



Service Providers reported that an average of 54% of people that they engaged with at the Hub would not have contacted their service otherwise.

Feedback from Public Health Scotland Visit – 24th May 2024 - Vaccination & immunisation Division (VAID)
“The visit to your hub was up-lifting; and to see how integrated, not only public health, but health and wellbeing in its wider sense is delivered by committed multi-disciplinary professionals from different organisations as one team was exemplary. You should all be proud of this achievement. All the staff we met at the wellbeing hub showed dedication, commitment and professionalism which reflects your honest, transparent and collaborative public health approach and leadership”

Feedback from Aberdeen City GP Practice Manager
“We are delighted that we have been able to move our B12 injections across from the practice and increase the treatment nurse capacity for other procedures.

Many practices have been eagerly awaiting a solution to this. Thank you for the work of your team”



Inclusive

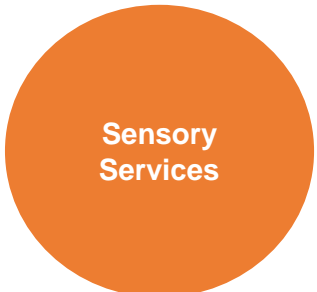
AIM: The service will engage with people to develop an Inclusive Hub to create safe spaces, promoting diverse representation and encouraging open dialogue to ensure that everyone has access to the same services and support which is free at the point of access.

Outcome - The Vaccination & Wellbeing Hub evidenced it continues to work towards being an inclusive hub as follows:



Accessible

The hub has access to over 50 blue badge parking bays within the car park, which is in close proximity to lifts. There are electronic opening doors from the car park to the lifts removing any barriers to access. The lifts take people directly to the Vaccination & Wellbeing hub. The hub is based on the ground floor level, is all on one floor and is fully accessible for wheelchairs, mobility scooters and for people with waling aids.



Sensory Services

The hub has mobile hearing loops to support people with hearing impairments and work closely with North East Sensory Services (NESS) for the provision of BSL assistance vaccination clinics. Further collaboration has taken place to further develop wayfinding markers, and reduce barriers to further enhance the hub. NESS have provided awareness sessions for Deaf Awareness week and deaf /blind awareness weeks and provide training and information to staff.

north east sensory services
achieving independence for blind & deaf people



Language Barrier

The hub has access to Language Line (telephone interpretation service) and google translate to support people where English is not their first language. Leaflets are available in different languages via a QR code in each vaccination pod.



Minority Groups & Transient Population

The service work closely with local religious venues to promote vaccines and arrange pop up clinics and promote use of the hub for minority groups. The Grampian Regional Equality Council (GRED) run regular skills workshops at the hub for Afghan and New Scots and the Team are working closely to promote opportunistic vaccinations and services provided with the hub to support their health & wellbeing. The Team work closely with Public Health & the Care Navigation Team to support people seeking asylum and with Universities and colleges for students travelling to the UK for study.



Homeless

Staff have a close working relationship with the Link Practitioners & Homeless GP Practice to promote services to the homeless community within Aberdeen – encouraging them to access the hub for vaccinations, services and community café as a warm space.



Learning Disabilities Week 2024



Inclusive



Learning Disabilities Week – Digital Inclusion

LD Health Assessments

Feedback

Learning Disabilities (LD) Week 2024 was hosted at the Vaccination & Wellbeing Hub from the 6th – 10th May 2024. LD Week was a good example of collaborating to create a welcoming environment where service users felt safe and confident and supported the development of relationships and trust with the staff onsite. Over 100 LD Service users and their carers attended during the week.

With the development of LD Health checks being carried out in the venue in future, LD week was a good introduction to allow services users feel safe to return. Visual explanations, descriptors and cues are really important for many people who have a learning disability so a directional video has been produced by SHMU in collaboration with a service user. The video has been shared with local providers so staff can show it to supported people attending in future.

Service Manager for Adult Learning Disabilities Services commented, “ Thank you for making people attending the event feel welcomed. Some of our supported people have commented on how they feel safe and if they are in town and feel a bit anxious, they know that they can come in here, see a friendly face and be safe. During the week we also had members of the general public stop and listen to peoples stories and some commented on the very happy joyful noise that was coming from the area in which we were based. Comments like – “ this is great, very interesting, did not know there was so many services in Aberdeen supporting Adults who have a learning disability to live as independently as they can” is some of the feedback we have collated over the week.”





Aim: The service will evaluate, obtain feedback, listen and respond to local need providing drop in service to access support.

Outcome - The Vaccination & Wellbeing Hub evidenced its commitment to meeting people's needs as follows:

Reducing Barriers to Access

The hub provides access by way of drop ins to reduce barriers to access support. The hub is also open on a Saturday to support those who are unable to attend during work or school hours. Anyone can drop into the hub to collect health and wellbeing information, use the community area or link with voluntary organisations promoting their support. All clinical support is by way of appointments.

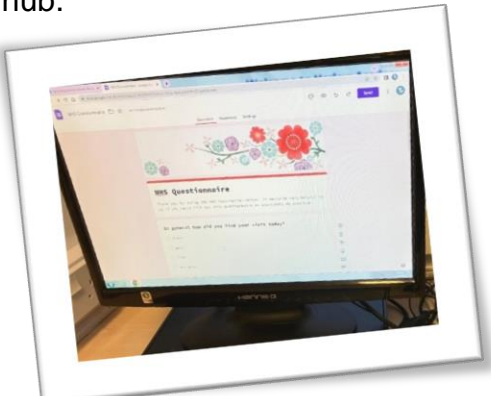
Tailoring Needs to Connect People

The service identified the importance of tailoring the needs of people and connecting them within their own local communities to support with social isolation, wellbeing and building a sense of community. Through close links with the Aberdeen City Wellbeing Officers, Churches, Community Centres and Football club community trusts, the service have gained a vast range of information of what voluntary groups provide in local communities. These have been displayed on "Wellbeing Walls" within the hub and digital folders for staff to use to signpost people to make local connections. These include walking groups, exercise groups, boogie in the bar, community café's, mother & toddler groups etc.



Feedback

The service worked with Harlaw Academy Students as part of their excellerate programme to develop a feedback questionnaire to allow the service to listen and respond to local need. 659 forms were completed over a period of 6 weeks. The service used this information to identify need and action as highlighted in "You Said, We Did" section. The service also promote Care Opinion with access to QR Codes in the community area of the hub.





Meets Need





The following actions were taken as a result of feedback received from members of the public visiting the hub.



You Said	We Did
Provide Mental Health Support	Wide Range of Mental Health peer support & service support Leaflets. Penumbra Mental Health 1 st Response Drop In Service available every Friday 10:00 – 15:00. SAMH Aberdeen Links Service (Face to Face contacts for GP Referrals). May 2024 – Hub Promoting Mental Health Awareness Month. Men in Mind promoting peer to peer support during Mental Health Awareness week.
Provide CTAC Services	CTAC Services providing Bloods and Chronic Disease Management commenced in November 2023.
Provide Vitamin B12	Vitamin B12 Injections commenced at the hub from February 2024.
Provide Information on Physical Activity	Wide Range of healthy eating and physical activity resources available at the Hub. May 2024 – Hub Promoting Healthy Walking Month. Wellbeing Festival – range of Wellbeing activities at the Hub during 2024.
Adult Oral Health	Adult Oral Health Sessions by Public Health Team during May 2024.
Provide Menopause Guide and Assistance	Menopause Resources available at Hub, plus fortnightly Menopause “Bring your own Lunch and Chat” sessions – Mondays 12:30 – 13:30 (Drop In)
Provide Information Leaflets for Carers	Aberdeen Carers Support Leaflets available at Hub. Wee Blether Carers Conversation Café every Friday 11:00 – 13:00. Podiatry Foot care Information Sessions for Unpaid Carers during April 2024.
Long COVID Advice	Long COVID Practitioner attending hub during May 2024 to provide drop in sessions as part of Wellbeing festival. Further sessions to be organised. Information & support leaflets now in place.
Recruiting for NHS or Charity Volunteers	Recruitment of NHS Volunteers to support Hub ongoing. ACVO – Volunteers Week & The Big Help Out planned at Hub 7 th & 8 th June 2024.
Drop In Alzheimer’s Service	Monthly Alzheimer’s Scotland Information Sessions & Promotion of Brain Health Service on King Street.
More Music & Creativity Sessions at the Hub.	CFINE Stories through songs workshop ran during Feb/March. CFINE Grow your own Food Indoors workshops continue ongoing in April and May. AFCCT Knit and Natter Group commenced end of April.
Access to WIFI for accessing QR Codes and feedback	WIFI now available for Public Use throughout the hub.

Public Feedback also identified “Free Health Checks” high on the list of things people would like to see within the Hub that can be booked or walk into without a referral. Work is ongoing around this area of development.

Lessons Learned

Lesson Learned	Action taken to mitigate negative impact
Infection, Prevention & Control (IP&C) standards restricts full range of clinical services.	Robust Risk Assessments followed by IP&C assurance visits carried out prior to any new service provision. Focussed on non evasive and low risk procedures mixed with non clinical support.
Noise levels within an open plan environment.	Noise reducing soundboards in place and consideration when booking types of activities.
Some resistance to change or non engagement due to pace of change – moving from a solely clinical service to a collaborative priority intervention hub. 	Staff engagement – presentations & feedback at staff training & development days. Regular communication via MS Teams Staff daily news. Verbal updates at weekly touchpoint meetings & daily safety huddles.
Data sharing agreements put in place during COVID pandemic to support cross working arrangement now reverting back. Ongoing lack of data sharing between health, social care, voluntary and third sector organisations does not lend itself to collaborative integrated working.	New data sharing arrangements in place for call centre. Continue to promote requirements for data sharing across partner agencies.
Services initially interested in working within the hub has not materialised due to staff capacity within their service.	Discussions ongoing with services to discuss how services can jointly work together to support around capacity and multi-skilled workforce.
Car parking charges for patients attending their loading doses for Vitamin B 12 (6 appointments over 2 weeks) led to negative verbal feedback during appointments.	Exploring opportunities within CTAC Clinics to undertake initial loading doses before moving across to hub for 12 week reviews to reduce financial burden.
Although open plan environment has successfully facilitated integrated work, some services have felt unable to engage as they require a closed room for conversations.	Ongoing review of spaces within the hub and promoting the environment has worked well for other services who undertake confidential conversations
Ensuring sufficient support in place to provide the day to day running of the hub taking account of admin support, public health promotion campaigns, communications & social media, volunteers etc	Volunteer recruitment ongoing. Working Group set up to support health promotion co-ordination and promotion of campaigns. Admin & logistic support identified. Ongoing review of tasks and support.
Reducing stigma & providing anonymity for people attending hub. 	Less clinical layout with community area. Advertising a large range of services and support for drop in for the use of community space to enhance the sense that people can be attending for any reason. Openly promoting support in all areas including Mental Health, addictions recovery, sexual health etc
Menopause Walk & Talk – Non engagement with pilot sessions.	Pilot changed to a Lunch and Chat session, now well attended by Aberdeen in Recovery Woman's group at Hub Staff.
City Centre shopping mall provides opportunities to engage with  for support. 	Good working relationship with Bon Accord operational team to work jointly on projects around wellbeing & access to stands in main thoroughfare to support opportunistic engagement with shoppers.

Stories from the Hub

Immediate Access to Support

- "I had an instance where someone has come in for their vaccine and during discussion it has become apparent that they have very little support networks or access to food and are presenting socially isolated. Working alongside organisations has helped me to access immediate support for them by way of a food parcel from CFINE and signposting them to other organisations for support. An adult support & protection form has also been completed to ensure they get additional support. It makes a big difference knowing that I can do something to help."

Staff Knowledge - During Staff Training Days, the service has arranged for voluntary and third sector organisations to attend to help promote their services to support our staff to stay up to speed with what help is available for their MEOC Conversations and signposting for self-management.

Social Isolation: "There are now a few people who come into the hub every day for a cuppa and conversation. I always take the time to chat, offer them a cuppa and spend time chatting about their day. I keep them updated on what we have going on in the hub, and have also provided some advice and guidance on where they can go in their local area to find similar warm spaces that provide food and activities to help them meet other people in their local community"

Prostate Cancer - A member of staff with a special interest around prostate cancer has made it his mission to take the time to speak to all men within the Community Café to promote Prostate Cancer UK. He hands out the website details and takes them through the "Check your risk in 30 Seconds" guidance. If they are concerned or wish further information, he provides them with the pocket sized support leaflet from Prostate Cancer UK and shares his experience and knowledge.

Social Isolation - A Gentleman who lost his wife had been feeling cut off from life and social activities, he didn't really know where to start. I told him about things in his area and asked what he was interested in. Music and dancing had been their passions, so he was keen on the Boogies but a bit worried about being on his own and maybe didn't want to dance. I explained that not everyone who comes dances, that for some it is a chance to just meet up, tap your feet, eat lunch together and have a good blether. I am so happy to say he came along to The Abbot boogie and met a friend he used to work with. **Wellbeing Co-ordinator**

Connecting to Communities

A lady at today's session spoke about her husband that had not long been diagnosed with Parkinson's. He has been going to a few things and getting some professional help. She was looking for things they could do together that didn't just focus on Parkinson's. When I showed her the Wellbeing table and all the flyers of things going on in Aberdeen, she was amazed. She said "I had no idea there were so many things going on in the city. I am so glad I met you today"

Smoking Cessation - The Hub have several members of staff who have a keen interest in Smoking Cessation and have undertaken various Turas and National training courses to support their MEOC conversations.

One of the Vaccinators held a "Smoking Cessation" session for all Staff during a recent training day to support their MEOC Conversations.

Health Coaching - A member of staff who undertakes Health Coaching in her spare time offered to provide some free sessions during the May Wellbeing Festival to support the public with topics such as Nutrition, Movement, Relaxation & Sleep.



Conclusion

Primary Care, Social Care and hospitals are under severe pressure. People are getting older and sicker and services need to be more proactive and community based to intervene earlier. This evaluation has highlighted that the hub has focussed on prevention & early Intervention focussing on health & wellbeing and supporting activities to tackle social isolation & loneliness by creating a safe accessible community space for people to come together.

The project has demonstrated a truly collaborative and integrated model of working with health, social care, voluntary and third sector organisations towards meeting the needs of the population ensuring that support is available as early as possible to support prevention & early intervention. These collaborations have allowed services to co-produce events and support in a way that addresses the widening inequalities gap and supports people's physical health, mental health and social wellbeing.

By making these collaborations and co-locating with multiple services has enhanced the team's knowledge & understanding of a variety of voluntary service provision and self management supports to assist with MEOC conversations & signposting. This is likely to reduce demand on primary and secondary care.

The project has demonstrated that the hub offers an inclusive space ensuring everyone can access the support they need in a safe environment by meeting diverse needs. The Learning Disability Week 2024, highlighted the positive impact within increased engagement with service users, enhancing the connections they made with staff and their feeling of the hub being a safe space to visit.

The service has demonstrated that they obtain continuous public, staff and service provider feedback to learn and improve service provision to meet local need.

By fostering a collaborative and inclusive environment, the hub effectively meets the needs of the community, ensuring that support is available early for all. This success highlights the value of integrated care and community centred approaches in creating a healthier and more resilient population.

June 2024



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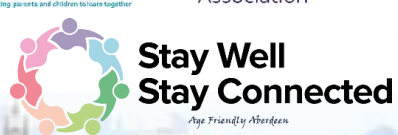
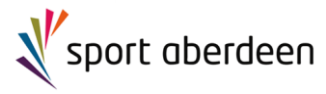


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Our Community Partners



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