Community Planning Board

Thursday, 29 February 2024

NOTICE IS HEREBY GIVEN that a Meeting of the **Community Planning Board** is to be held at **Meeting room, Elgin Fire Station**, on **Thursday, 29 February 2024** at **09:30.**

BUSINESS

1. **Sederunt**

2. **Resolution**
    Consider, and if so decide, adopt the following resolution:
    "That under Section 50A (4) and (5) of the Local Government (Scotland) Act 1973, as amended, the public and media representatives be excluded from the meeting for Item 11 of business on the grounds that it involves the likely disclosure of exempt information of the class described in the relevant Paragraphs of Part 1 of Schedule 7A of the Act."

10.   **AOCB**

      Item(s) which the Committee may wish to consider with the Press

      and Public excluded

11.   **Moray Growth Deal Full Business Cases - Business Enterprise**

      Hub and Housing Mix Delivery [Para 6, 8 & 9]

      •   6. Information relating to the financial or business affairs of any
          particular person(s);
      •   8 & 9. Information on proposed terms and/or expenditure to be
          incurred by the Authority;

**Any person attending the meeting who requires access assistance should
contact customer services on 01343 563217 in advance of the meeting.**

THE MORAY COUNCIL

Community Planning Board

<u>SEDERUNT</u>

Mr Adam Coldwells (Chair)
Councillor Kathleen Robertson (Depute Chair)

Mr George Burgess (Member)
Mr Murray Ferguson (Member)
Chief Superintendent Graeme Mackie (Member)
Mr Grant Moir (Member)
Mr David Reid (Member)
Mr Anthony Standing (Member)
Mrs Susan Webb (Member)
Ms Caroline Webster (Member)
Councillor John Divers (Member)
Councillor Juli Harris (Member)
Councillor Graham Leadbitter (Member)
Councillor Bridget Mustard (Member)
Mr Andrew Anderson (Member)
Mr Roddy Burns (Member)
Councillor Tracy Colyer (Outside Body Appointee)
Councillor Amber Dunbar (Outside Body Appointee)
Mr David Hendry (Outside Body Appointee)

Clerk Name:	Lindsey Robinson
Clerk Telephone:	07966 120593
Clerk Email:	committee.services@moray.gov.uk

Minute of Meeting of the Community Planning Board

Wednesday, 08 November 2023

Council Chambers, Council Office, High Street, Elgin, IV30 1BX

<u>**PRESENT**</u>

Mr Andrew Anderson, Mr George Burgess, Mr Roddy Burns, Mr Adam Coldwells, Councillor Tracy Colyer, Councillor John Divers, Councillor Amber Dunbar, Councillor Graham Leadbitter, Councillor Bridget Mustard, Councillor Kathleen Robertson, Mrs Susan Webb

<u>**SUBSTITUTES**</u>

Councillor Sonya Warren (for Councillor Juli Harris)
Chief Inspector Simon Reid (for Chief Superintendent Graeme Mackie)

<u>**APOLOGIES**</u>

Mr Murray Ferguson, Councillor Juli Harris, Mr David Hendry, Chief Superintendent Graeme Mackie, Mr Grant Moir, Mr David Reid, Mr Anthony Standing, Ms Caroline Webster

<u>**IN ATTENDANCE**</u>

The Depute Chief Executive (Economy, Environment and Finance); Depute Chief Executive (Education, Communities and Organisational Development); Head of Economic Growth and Development; Elizabeth Robinson, Consultant in Public Health; and Lindsey Robinson, Committee Services Officer.

1. Chair

Mr Adam Coldwells, as Chair of the Community Planning Board, chaired the meeting.

2. Minutes of the meeting held 20 September 2023

The minute of the meeting of 20 September 2023 was submitted and approved as an accurate record of the meeting.

With reference to those in attendance, Mrs Webb advised that Elizabeth Robinson had also been in attendance at the meeting. With reference to item 5 "North East Alliance Cost of Living Engagement" she further advised that the name should be "North East Population Health Alliance". The clerk advised she would update the minute.

Councillor Mustard sought clarification as to why there was no reference to the development day or a report back.

In response the Chief Executive advised that the information has been captured and will be brought back to the Board. He further advised that the time between

meetings has been spent with the Community Planning Officer Group (CPOG) and there has been a lot of activity by officers.

3. Proposed Schedule of Meetings to November 2024

The meeting had before it a report by the Depute Chief Executive (Education, Communities and Organisational Development) inviting the Board to agree the schedule of meetings for the period to November 2024.

During consideration, Councillor Robertson sought clarification as to why the proposed February meeting date was a Friday.

In response the Chair advised that he would check his diary and a new date for February would be circulated. He also advised that dates for development days would be looked at and circulated to members.

Following consideration the Board agreed the undernoted meeting dates for the next 12 months.

23 May 2024
21 August 2024
27 November 2024
The February date will be circulated after the meeting.

After the meeting 29 February was agreed upon as the date for the meeting for that quarter.

4. Town Centre Improvement Plans Update and Funding Opportunities

The meeting had before it a report by the Depute Chief Executive (Economy, Environment and Finance) informing the Board of the contents of the report submitted to the Planning and Regulatory Services Committee on 24 October 2023. During consideration the Chair sought clarification on how momentum could be generated by partners.

In response the Head of Economic Growth and Development advised that communities and partners are involved in the structure.

The Chair was of the opinion that this is something that should be taken to the development days.

Mrs Webb was of the opinion that this was a fantastic opportunity for partners to work together. She was further of the opinion that when reports come to the Board it would be good for partners to identify the central person within their organisation who would be involved.

The Depute Chief Executive (Economy, Environment and Finance) advised that when partner outcomes align with the LOIP they will be reported but when it is less clear it is left to the partners to report to the Board.

Councillor Mustard was of the opinion that this report should have included a covering paper to show the relevance to the Board.

Following consideration the Board unanimously agreed to note the contents of the report.

5. UK Government Our Long Term Plan for Towns

The meeting had before it a report by the Depute Chief Executive (Economy, Environment and Finance) informing the Board of a report submitted to a special meeting of Moray Council on 25 October 2023.

During consideration Councillor Warren raised concerns that representatives from throughout Moray and not just those local to Elgin might not be involved.

In response the Head of Economic Growth and Development advised that the creation of a Town Board is yet to happen as awaiting guidelines from the UK Government in terms of expectations and who should be included. At the moment a small group will be established to allow the process to begin and once confirmation on the make up of the Board is received, it will allow wider participation.

Following consideration the Board unanimously agreed to note the contents of the report.

6. Local Employability Partnership

The meeting had before it a report by the Chair of the Moray Pathways Local Employability Partnership informing the Board of the quarterly update report presented to the Moray Economic Partnership (MEP) in September 2023.

During consideration Mrs Webb sought clarification as to what was happening with childcare.

In response the Head of Economic Development and Growth advised that a case study was being undertaken into the possibility of private childcare providers using council premises outside of working hours.

Following consideration the Board unanimously agree to note the contents of the report.

7. Budget Update from meeting of Special Full Council held 25 October 2023

The Chief Executive (Moray Council) gave a verbal update on the Budget following the special meeting of Moray Council on 25 October 2023.

He advised that all partners should be prepared to come back to the Board with budget information to allow the Board to have an overview.

The Chair advised that this should go through CPOG first and then come to the Board,

The Chief Executive (Moray Council) responded that it did not need to be a full budget but should show a reasonable account of where savings can be made.

8. AOCB

The Board noted that there were no additional points raised.

Your Moray

REPORT TO: COMMUNITY PLANNING BOARD (CPB) COMMITTEE ON 29 FEBRUARY 2024

SUBJECT: JOINT INSPECTION OF SERVICES FOR CHILDREN AND YOUNG PEOPLE AT RISK OF HARM IN MORAY

BY: HEAD OF SERVICE / CHIEF SOCIAL WORK OFFICER

1.   **REASON FOR REPORT**

1.1   To provide the Community Planning Board members with an overview of the findings from the joint inspection of Childrens Services by the Care Inspectorate report that was published on 23 January 2024 (**Appendix 1**).

2.   **RECOMMENDATION**

2.1   **It is recommended that the Community Planning Board note:**

   i)   the overview of the findings from the joint inspection of Children's Services by the Care Inspectorate.

   ii)   the Childrens Services partnership are developing an improvement plan in respect of the findings

3.   **BACKGROUND**

3.1   Conducted at the request of Scottish Ministers, joint inspections consider the effectiveness of services for children and young people at risk of harm. Children at risk of harm means children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. Included in this term are children who need urgent support due to being a significant risk to themselves and/or others or are at significant risk in the community.

3.2   The inspection team is led by the Care Inspectorate's strategic scrutiny children's team and their scrutiny partners: Education Scotland; Healthcare Improvement Scotland (HIS) and His Majesty's Inspectorate of Constabulary in Scotland (HMICS). The inspection team looks at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

3.3 Moray received notification of inspection on 10 July 2023. The inspection was conucted in 3 phases, beginning from the point of notification and ending with the final partnership discussion meeting held on 29 November 2023.

3.4 Inspectors use a six-point scale to provide a formal evaluation of just one quality indicator, 2.1 - impact on children and young people. This indicator focuses solely on the experience and feelings of children and young people at risk of harm. It relates to the differences services are making to their lives and their life chances in the future. It includes the impact of services in optimising the wellbeing of individual children and young people across the wellbeing indicators.

3.5 Central to the inspection methodology is the participation of children, young people and parents and carers. Through face to face meetings, telephone or video calls and survey responses, Inspectors listened to the views and experiences of 113 children and young people and 94 parents and carers in total. This aspect of the inspection required significant co-ordination with input and support from frontline practitioners across all services. In addition, inspectors conducted a partnership wide staff survey, with a total of 404 frontline practitioners completed the survey which was a strong engagement response for the partnership with 88% uptake.

3.6 In September inspectors reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm. Preparation of these records took place over a three week period, based on a randomised selection by inspectors with a defined list of documents required from files held by social work, education, health, police and children's reporter. In total 4329 documents were collated and made available to reviewers during the week long record reading activity.

3.7 During October, 98 children and young people and 64 parents and carers were supported to complete online surveys. The partnership also submitted a position statement outlining current performance, practice and leadership across the partnership. The position statement was accompanied by 85 documents as supporting evidence. An engagement week was then held in November, with inspectors meeting members of staff, including senior leaders and those who work directly with children, young people and families. They also met with five elected members, 15 children and young people and 30 parents and carers.

4 **SUMMARY OF IMPLICATIONS**

4.1 Inspectors evaluated the impact of services on the lives of children and young people as **adequate**. This meant that strengths just outweighed weaknesses. Although many strengths were identified as having a positive impact, the likelihood of achieving positive experiences and outcomes was reduced significantly because of key performance areas which needed to improve.

4.2 Inspectors found strengths in areas where our partnership working and joint improvement efforts were well established. Due to the fact that many of the areas for improvement identified were already reflected in our partnership plans, inspectors are confident that the partnership in Moray has the capacity to make changes in the areas that require improvement.

4.3 **Identified Strengths**

4.3.1 Children and young people were safer as a result of our approach to identification and initial response to risk. The quality of local Interagency Referral Discussion partnership working has been highlighted as a good practice example which is a significant achievement.

4.3.2 The introduction of a solution orientated approach to child protection planning meetings was beginning to improve the participation and quality of meetings for children, young people and their families.

4.3.3 Staff were confident in their knowledge, skills and ability to recognise, report and respond to child abuse and neglect and harm from parental behaviour or circumstances.

4.3.4 When children and young people received support from universal and specialist services this made a positive difference to their lives. Where available, specialist services were helping children and young people recover from abuse and neglect.

4.3.5 Most children and young people reported that they felt safe where they live all or most of the time. When children and young people were identified as being at risk of neglect or abuse, the support provided had helped the majority of children and young people to become safer.

4.3.6 When children and young people had supportive and trusting relationships with staff, this was making a positive difference to their lives.

4.4 **Areas for improvement**

4.4.1 Young people at risk of harm from themselves or to others, or from risk in the community did not always receive the help they needed to make a positive difference in their lives.

4.4.2 Not all children and young people felt that their worker spent time with them or gave them the help they needed. This was linked to a lack of consistency of staff members and some families experienced frequent changes in staff.

4.4.3 The quality of chronologies, assessments and plans was variable.

4.4.4 Children and young people at risk of harm had not consistently benefited from independent advocacy, and had limited opportunities to influence service planning and delivery.

4.4.5 The child protection committee had not yet fully developed the mechanisms necessary to understand and communicate the difference that services were making to the lives of children and young people at risk of harm.

4.4.6 The partnership's agenda for improvement and change was not yet underpinned by a cohesive approach to service review and self-evaluation.

5. **SUMMARY OF IMPLICATIONS**

5.1. The Care Inspectorate have requested a joint action plan that clearly details how the partnership will make improvements in the key areas identified by inspectors. This is to be submitted by 5 March 2024. A partnership discussion session with inspectors was held on 7 February 2024 which supported the development of key areas within the improvement plan.

5.2. A timeline for developing the improvement plan has been established to include consultation with key stakeholders and governance groups across the partnership. In keeping with the approach taken by most authority areas, the timeline outlines approval stages via the Child Protection Committee and Public Protection Chief Officers Group prior to final submission.

6. **CONCLUSION**

6.1. The joint inspection of Moray's Childrens services has concluded and the findings were published by the Care Inspectorate on 23 January 2024.

6.2. A partnership communication plan has been developed to ensure co-ordinated dissemination of key messages internally and externally, including a proactive media release on publication date.

6.3. The partnership has six weeks, from publication, to develop an improvement plan in response to the inspection, for submission to inspectors by 5 March 2024.

Author of Report: Tracy Stephen, Chief Social Work Officer/Head of Service
Background Papers: Moray Joint Inspection Children at Risk of Harm
Ref: Appendix 1

Report of a joint inspection of services for children and young people at risk of harm in Moray community planning partnership

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and His Majesty's Inspectorate of Constabulary in Scotland

23 January 2024

Contents

Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm.

The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate the following.

1. Children and young people are safer because risks have been identified early and responded to effectively.

2. Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.

3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement.

4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves or others or are at significant risk in the community.

- When we say **young people**, we mean children aged 13-17 to distinguish between this age group and younger children.

- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day-to-day care of the child (including kinship carers and foster carers).

- When we say **partners**, we mean leaders of services who contribute to community planning. This includes representatives.

- When we say **staff**, we mean any combination of people employed to work with children, young people and families in Moray.

Appendix 2 contains definitions of some other key terms that we use

Key facts

Total population: 96,410 people on 30 June 2021

This was an increase of 0.7% from 2020. Over the same period, the population of Scotland increased by 0.3%.

NRS Scotland

In 2021 16.5 % of the population were under the age of 16, similar to the national average of 16.6%.

NRS Scotland

In 2021/22, Moray had a rate of 3.1 for the number of children on the child protection register (per 1,000 of the 0 −15yr population), higher than the Scottish average of 2.2.

The rate of child protection investigations (per 1,000 of the 0 −15yr population) was 22.5, this was higher than the Scottish average of 12.2.

Childrens social work statistics 2021/22

4 (3.17%) of Moray's data zones are in the 20% most deprived in Scotland. In Moray 2,582 children (16.1%) age 0-16 were living in relative low income families in 2021.

SIMD

UK Govt children in low income families

Moray had 91 incidents per 10,000 population, of domestic violence recorded by Police Scotland in 2021/22. This was lower than the national average of 118.

Domestic abuse recorded by Police Scotland 2021/22

Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, His Majesty's Inspectorate of Constabulary in Scotland and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](). Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements. We use a six-point scale (see appendix 1) to provide a formal evaluation of quality indicator 2.1: impact on children and young people.

How we conducted this inspection

The joint inspection of services for children at risk of harm in the Moray community planning partnership area took place between 10 July and 29 November 2023. It covered the range of partners in the area that have a role in meeting the needs of children and young people at risk of harm and their families.

- We listened to the views and experiences of 113 children and young people and 94 parents and carers. This included face-to-face meetings, telephone or video calls and survey responses.

- We reviewed practice by reading a sample of records held by a range of services for 60 children and young people at risk of harm.

- We reviewed a wide range of documents and a position statement provided by the partnership.

- We carried out a staff survey and received 404 responses from staff working in a range of services.

- We met with members of staff, including senior leaders and those who work directly with children, young people and families.

- We met with five elected members.

We are very grateful to everyone who talked to us as part of this inspection.

As the findings in this joint inspection are based on a sample of children and young people, we cannot assure the quality of service received by every single child and young person in Moray who may be at risk of harm.

Background

In 2016, we carried out a joint inspection of services for children and young people in the Moray community planning partnership area. At that time, we were not confident that joint planning of children's services was resulting in improved wellbeing for children and young people. We identified six priorities for improvement and reported again in December 2017 and March 2019 on the progress the partnership had made.

While this joint inspection had a different scope with the focus on children and young people at risk of harm, brief comment is made in this report where findings relate to improvement since our last joint inspection.

Key messages

- The partnership's approach to identification and initial response to risk was helping to keep children and young people safe.

- The majority of children and young people were benefitting from caring and trusting relationships with key staff, but not all felt that staff spent the time with them that they needed.

- Where available, specialist services were helping children and young people recover from abuse and neglect.

- Young people at risk of harm from themselves or to others, or from risk in the community did not always receive the help they needed to make a positive difference in their lives.

- Children and young people and parents and carers were contributing to decisions about their lives, though not all had access yet to independent advocacy.

- Children and young people at risk of harm were not yet routinely influencing service planning and delivery.

- The child protection committee had not yet fully developed the mechanisms necessary to understand and communicate the difference that services were making to the lives of children and young people at risk of harm.

Statement 1: Children and young people are safer because risks have been identified early and responded to effectively

Key messages

- Early help and preventative approaches were making a difference to the wellbeing and safety of some children and their families.

- Children and young people were safer due to the partnership's effective initial response to protective concerns.

- The introduction of a solution orientated approach to child protection planning meetings was beginning to improve the participation and quality of meetings for children, young people and their families.

- Staff were confident in their knowledge, skills and ability to recognise, report and respond to child abuse and neglect and harm from parental behaviour or circumstances.

- Responses to young people at risk of harm was variable. A multi-agency co-ordinated approach to risk was not yet in place for young people at risk of harm from themselves, to others or from risk in the community.

Preventative approaches

The percentage of children living in relative low income families in Moray has increased over the last few years. The relatively remote and rural landscape presents particular challenges in relation to poverty and the ability to access services locally. Partners had introduced a number of helpful initiatives to maximise income and reduce the impact of poverty on whole family wellbeing. Examples included the use of a 'money worries' toolkit by staff, implementation of guidance on the cost of the school day and free or subsidised leisure and school holiday provision for some children and young people. Efforts had also been made to increase the uptake of free bus travel for all children and young people.

A range of targeted prevention activity was taking place across Moray in response to anti-social behaviour, violence reduction, substance abuse, online safety and risk from children and young people going missing from home. Strong collaborative working arrangements were helping to prevent risks escalating and improve the wellbeing and safety of children and young people at risk of abuse and neglect. While the partnership had more to do to evaluate approaches, the majority of staff who completed our survey were confident that effective intervention was in place to prevent or reduce incidences of accumulating signs of abuse and neglect.

The partnership had established a locality network approach, led by third sector partners, which brought together staff working in local areas to help identify concerns

and plan a local response. We heard examples of how this work had helped address issues at an early stage and prevent the need for more targeted interventions. Initiatives included the development of the Aberlour YP Zone, which provided support to young people to reduce harm from drug and alcohol use and a fire safety project in Forres to reduce the incidence and harm from fire raising. An external evaluation had confirmed that locality networks were helping to identify emerging needs and were able to quickly and effectively deliver support.

The partnership had improved its approach to learning reviews in line with the 2021 national guidance for child protection committees undertaking learning reviews. Learning from recent reviews helped partners identify and respond to the need to strengthen practice in relation to unborn and very young children. A new pathway for multi-agency support in pregnancy provided a clearer process with appropriate timescales. A revised training programme had also strengthened practitioner guidance on safe sleeping. The practice reflection improvement short module (PRISM) methodology was helping to engage frontline staff in the implementation of improvement actions. While too early to measure impact, the changes in practice were promoting early, multi-agency and needs-led intervention to ensure timely and proportionate care was received by vulnerable women, children and their families.

Staff confidence

Almost all staff were confident in their knowledge, skills and ability to recognise, report and respond to child abuse and neglect and harm from parental behaviour or circumstances. Almost all staff agreed that learning and development opportunities were increasing their confidence and skills in working with children and young people at risk of harm. A training needs analysis was helpfully undertaken by the child protection committee as part of the partnership's approach to learning and development.

The partnership had sought to strengthen practice in relation to domestic abuse and neglect, two of the most common concerns linked to child protection registration in Moray. Working alongside Women's Aid, multi-agency staff training was supporting the introduction of the Safe and Together approach to addressing domestic abuse. The implementation of the Graded Care Profile 2 was intended to support staff to better identify and respond to neglect. While the roll out of these programmes had been comprehensive, it was too early to tell the impact of this work.

Partners were in the early stages of developing a trauma informed workforce. Resource had been agreed to provide a development worker post, though this had not yet been recruited to. The partnership had identified this as an area for further development.

Initial response and follow up to concerns

Children and young people were safer as a result of the effective initial response and follow up to concerns. Most children and young people who completed our survey felt safe where they lived all or most of the time. The majority of parents who

responded to our survey told us that workers responded quickly when concerns were first identified.

Collaborative multi-agency approaches had helped staff identify and respond to concerns. We evaluated the quality of the initial response to concerns as good or better in most of the records we read. Staff from all agencies were helpfully communicating with each other and sharing relevant information to help determine the need for an initial referral discussion (IRD). All concerns were shared with police and social work without delay. However, in a few instances, cumulative concerns were not identified early enough.

Practice example: the quality of the partnership's local working on initial referral discussions (IRDs)

Social work, police, health and education (including early years) were all routinely contributing to IRD information sharing and decision making as equal partners. While the introduction of virtual meetings had made the process more timely, partners reported that it was the commitment across all agencies that had improved the quality of the meetings. To achieve this, education partners had strengthened their support arrangements to improve staff confidence in participating in child protection planning processes. They had also put in place a rota of senior officers, including the chief education officer, to provide education support for IRDs during school holidays. The contribution of health had been extended so that consultant paediatricians were contributing directly to discussions when necessary. Feedback from staff indicated that the enhanced participation had improved the quality of information sharing, reduced delays in decision making, and it was helping to avoid unnecessary medical examinations for children and young people. Health staff reported that this was also helping to manage pressures on acute health services.

Moray is part of the pan-Grampian IRD model. Partners had successfully sustained and built on the improvements to their IRD process that we last reported on in 2019. We evaluated the follow up of concerns as good or better in most of the records we read. Staff were successfully working together using the IRD process to respond to and make decisions about protection concerns. In line with the 2021 national guidance for child protection, IRD practice included all children from pre-birth to 18 years in relation to both familial and non-familial harm. In almost all cases, IRDs were carried out within expected timescales and clear decisions were made about next steps. Where necessary, safety planning and IRDs were started outside normal office hours. This was supported by police and social work staff until a full multi-agency IRD could take place on the next working day.

The partnership had appropriate arrangements in place for chairing, recording and sharing the outcome of the meetings. Guidance was supporting staff to ensure that risk and harm were fully explored. The need for medical examinations, legal measures and joint investigative interviews was routinely considered.

A multi-agency IRD quality assurance process was supporting ongoing improvement. Regular audit practice had highlighted as an issue the consideration of non-familial harm, and action was taken to strengthen this. An escalation process was introduced to support joint working and decision making. Partners recognised that their quality assurance approach could be further developed to provide multi-agency review of decision making when concerns did not progress to IRD.

Investigations

Police, health, social work and staff of the Grampian-wide Scottish child interview model (SCIM) pilot were co-located within the joint child protection unit. This helped provide a co-ordinated child protection response for children and young people. An interview suite with a separate entryway was part of the facility, with appropriate space for families to spend time together during breaks from interviews.

The SCIM was used for almost all investigations and was helping to improve the quality of the investigative process for children and young people at risk of harm. The multi-disciplinary team comprised of four posts shared across police and the children's social work service. As the SCIM is a pan-Grampian approach, some additional capacity was provided from other SCIM teams when necessary.

SCIM staff attended IRDs where a joint interview was likely to be required. Staff told us that this helped with planning of investigations and reduced delays. In almost all the records we read, investigations were carried out within expected timescales. We found that the views of children and young people and parents and carers had been considered and immediate and interim safety planning had taken place.

The SCIM approach was subject to multi-agency quality assurance that had more recently been extended to include feedback from children, young people and their families. Families who had completed SCIM questionnaires had been positive about their experiences.

When medical investigations were necessary, consultant paediatricians based at Dr Gray's hospital in Elgin supported triage and assessment. Staff reported that this was helping to reduce the need for children and young people to travel to the children's hospital in Aberdeen.

Information collated as part of the preparation for a SCIM investigation was routinely shared with lead professionals, alongside the outcome of any investigation. Staff reported that this supported ongoing intervention.

Initial child protection planning meetings

Initial child protection planning meetings were effectively supporting planning for children and young people at risk of harm. In our record reading sample, we evaluated most as good or very good for the overall quality. One record was evaluated as excellent. Strengths included timeliness of meetings and clarity of decision-making.

A solution-orientated approach to child protection planning meetings was introduced across the child protection planning process in January 2023 for all children and young people from pre-birth to 18 years. The aim was to reduce stigma, enhance family participation, avoid revisiting traumatic incidents and build on family strengths. Initial feedback was sought from families and staff about their experiences of meetings to inform future quality assurance and improvement. Although the partnership had more to do to demonstrate what difference the changes were making to outcomes for children and young people, early indications were positive in relation to supporting participation and decision making.

Young people at risk of harm from themselves or to others, or from risk in the community

When young people posed risks to themselves, or to others or were at risk in the community, the response was too variable. While initial referral discussions (IRDs) helpfully provided initial co-ordination and support, follow-on child protection planning processes were not routinely supporting older young people. Care and risk management (CARM) processes or equivalent pathways for vulnerable young people had not yet been introduced to support planning. The inconsistency in approach impacted on quality. In the records we read, there was an overall reduction in the quality of the response where concerns stemmed from behaviour or community, with initial meetings less likely to take place for this group of young people.

Work had been undertaken to raise awareness and train staff in relation to identifying exploitation and signs of harm in young people. We heard from some staff that there had been improved recognition of risks affecting young people. However, partners understood the need for further work to ensure that there was a multi-agency co-ordinated response to young people at risk from themselves, or to others or from risk in the community.

Statement 2: Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm

Key messages:

- Multi-agency assessment, planning and review was being undertaken routinely for children and young people at risk of harm. While the majority of reviews contributed effectively to the lives of children and young people, the quality of chronologies, assessments and plans was variable.

- Children and young peoples' experience of nurturing relationships with key staff was mixed. Some children and young people benefited from compassionate and caring relationships but not all felt that their worker spent time with them or gave them the help they needed.

- Where available, specialist services were helping children and young people recover from abuse and neglect and mitigate risk.

- Planning and support for young people at risk of harm from themselves, to others, or at risk in the community, was less effective than support for children and young people at risk of abuse and neglect.

Assessment and planning to reduce risk

Chronologies, assessments of risk and need, and child's plans were being completed routinely for children and young people at risk of harm. Effective joint working across agencies, within a GIRFEC approach, helped to support a shared understanding of risk and collaborative decision making. When necessary, contributions from adults' services working with parents enhanced the quality of the child's planning process. A refreshed approach to solution-focused planning supported staff and families to identify, and work towards, goals together. The majority of reviews were taking place within timescales and were of good or better quality. Some families told us that strengths in planning arrangements had helped to keep their child safer.

In the records we read, the quality of chronologies, assessments and plans was variable. While there were chronologies of good or better quality, we evaluated the majority as adequate and a few as weak. Although we evaluated the majority of assessment and plans to be good or better, there was significant variation with some evaluated as weak and in one instance, unsatisfactory. We heard from staff that too many assessment tools had made it challenging to make improvements.

Partners recognised that they had more to do to improve the consistency of the quality of assessment and planning. Senior leaders told us about the roll out of a

revised single assessment framework within children's social work. The Scottish Children's Reporter's Administration was helpfully providing feedback about the quality of assessments it received. While some single-agency audit activity had taken place, the partnership had not yet developed a comprehensive multi-agency approach to quality assurance to support improvement.

Nurturing relationships with key professionals

The majority of children and young people told us they had a trusted adult they could talk to about things important to them and that staff listened to their opinions.

Children, young people and families' experience of nurturing relationships with key professionals was mixed. When children and young people experienced caring and supportive relationships with staff, this was helping them to overcome their difficulties. Some families we spoke to told us about compassionate and caring staff who had taken the time to build relationships with children and young people and parents and carers. However, not all children and young people benefited from supportive and nurturing relationships with key professionals.

Some staff we spoke to told us that capacity had impacted on their ability to provide support. Just under half of the children and young people who completed our survey reported their worker spent time with them and gave them the help they needed only some, or none of the time. We heard from a few families who felt let down by professionals when they didn't follow through on agreed actions. Some children and young people experienced changes in key professionals, making it difficult to sustain relationships.

Support for children and young people

The majority of staff felt that the GIRFEC approach was having a positive impact on the lives of children and young people. Support within universal services was helping to meet the needs of children, young people and their families. Nurturing provision and pupil support bases within schools provided a safe space. These addressed social and emotional needs through positive relationships in a supportive environment. Early years provision helped to mitigate difficulties, supporting early childhood development and providing a protective environment. Exchange counselling services provided opportunities for 10–17-year-olds to talk and optimise mental health. The Pinefield service provided support for young people from the age of 14 years who could not be sustained in mainstream education, including those who were at risk of harm from themselves or to others. The service helped young people in their transition into post school opportunities by supporting social skills and work experience.

Where available, specialist services were helping children and young people recover from abuse and neglect. Examples of family-focused support included the Children 1st Families Together project, which provided practical and emotional support to children and their parents/carers who were experiencing difficult times. Aberlour children's charity was providing preventative community supports, including individual support for families. Quarriers' Arrows service worked alongside families

who were impacted by adult problematic drug and alcohol use. Children and young people were benefitting from group and individual time with a trusted adult through these family-focused services.

Some young people were benefitting from supports in the community. Aberlour's Youth Point service provided extra help for young people who struggled with their emotions, behaviour and wellbeing. This included young people who were at risk of exclusion from school or who experienced a chaotic home life. Youth workers and mentors provided support in a safe environment away from home and school. The service also worked with parents and carers to improve relationships within the home. Young people were helped to develop a variety of employability skills in advance of leaving education. The service had supported care experienced young people through the Family Firm initiative.

An Action for Children Functional Family Therapy service had recently been introduced to support relationships and help keep families together. Rape Crisis was providing individual recovery support for young people, which had helped to improve safety and wellbeing. School nurses were providing Let's Introduce Anxiety Management (LIAM) to help children and young people better manage feelings of anxiety. Children and young people requiring specialist mental health support benefited from quicker access to child and adolescent mental health services (CAMHS). Since May 2022, overall waiting times had reduced and most children and young people received specialist mental health treatment through CAMHS within 18 weeks of referral.

Availability and impact of support

The majority of staff who responded to our survey agreed that children and young people who had experienced abuse and neglect were being supported to recover. However, we heard from some staff that pressures on capacity had impacted on their ability to provide timely and consistent support. Some children and young people did not have access to the right services when they needed them to stop difficulties getting worse. Staff felt wellbeing concerns around neglect were exacerbated while families were waiting on support. Staff and families were not always clear about what services were available.

We found a mixed picture in relation to the effectiveness of intervention. While the work to reduce risks from abuse and neglect and from parents and carers circumstances was evaluated as good or better in the majority of records we read, not all children and young people experienced improved outcomes. In a third of the records we read, the effectiveness of work carried out to reduce risks of abuse and neglect and risks arising from parents and carers circumstances was evaluated as adequate. Some were evaluated as weak and a few were unsatisfactory. Just under half of the parents and carers who completed our survey disagreed or were not sure that their children were safer because of the help and support they received from workers. A small number of parents and carers we spoke to told us that intervention had not made life better for their family.

The outcomes for young people at risk of harm from themselves or to others, or from risk in the community, was most variable. The effectiveness of the work carried out to reduce risks from the child harming themselves or others and to reduce risks to the child arising from circumstances within the community was found to be adequate or less in the majority of records we read. The partnership was aware that it had more to do to ensure support was effective for all young people at risk of harm and had identified this as an area for development.

While the partnership monitored some key processes, performance was not yet sufficiently analysed to support consistently high standards of service delivery and improved outcomes.

Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery, and improvement

Key messages:

- The views of children and young people and parents and carers were considered during decision making and most contributed to meetings about their lives.

- Children and young people at risk of harm and their families were not always aware of or supported to access independent advocacy. The partnership had recently introduced a rights-based approach to advocacy to address this.

- Children and young people at risk of harm had limited opportunities to influence service planning and delivery.

- The partnership's approach to ensuring that the voice of children, young people and families regularly contributed to strategic planning and improvement was at an early stage of development. There was not yet a clear strategy in place to prioritise, co-ordinate and evaluate activity.

The involvement of children, young people and their families in decisions about their lives

Most children and young people who completed our survey told us that their worker listened to them. Their rights had been explained to them and they had someone who could help them express their views. In almost all records we read, the views of children and young people and in most instances the views of parents and carers were considered during investigations. Most children and young people and their parents and carers had contributed to meetings about their lives.

In the records we read, the impact of involvement for children and young people was variable. While one record was excellent for the effectiveness of how well the child was listened to, heard and included, we evaluated just under half of the records as adequate or lower. Parents and carers were more effectively involved than children and young people. Half of the parents and carers who completed our survey agreed that communication had been good and just over half felt that their views had been taken seriously. Some of the families we spoke to felt that their views had not been listened to and that they had not been included. In some instances, staff vacancies had affected the capacity to meaningfully involve children, young people and their families.

The partnership had already identified that they needed to improve how they listened to and included children and young people and their families. UNCRC rights-respecting schools activity had taken place across the partnership area. We heard

examples of reviewing officers and panel members who had met with children, young people and their families before and after meetings. Staff also told us about how they were taking advantage of training and developing their skills to help younger children to share their views.

Access to independent advocacy

Where children, young people, parents and carers had access to independent advocacy this had helped to ensure that their voice was heard. However, some families had experienced delays in accessing independent advocacy and not all were aware of the availability of this support. The way in which independent advocacy provision had developed in the area meant that there had been several different providers for children and young people. Accessibility was dependent on which process the service had been commissioned for. The commissioning terms were different in each contract and none had provided the impact data that the partnership required.

Partners had recognised the need to improve their advocacy provision and better understand the difference this support made to the lives of children and young people. They had very recently replaced all previous arrangements with one independent advocacy service for all children and young people. Delivered by Quarriers, the new service focused on rights-based advocacy, supporting children and young people to be their own best advocate. The commission for the service had been informed by the views of care experienced young people and had a greater emphasis on evidencing outcomes. Although it was too early to determine impact, there were indications of a strengthened approach to rights and participation.

Influencing service planning, delivery and improvement

Children and young people at risk of harm had limited opportunities to contribute to service planning and delivery. Information about children and young people's experience of services was not routinely sought, analysed and used to inform service planning. A new child-friendly complaints process had recently been launched in the children's social work service but it was too soon to evaluate what impact this had on service delivery.

As part of its strategic GIRFEC arrangements, the partnership had in place a children's rights, participation and engagement group. Partners had established a Promise team, comprising a project lead and engagement lead. The team co-ordinated service-based Promise champions who had been established across the partnership. They had re-established a champions board for care experienced young people aged 16 years and older, and the Little Fix group for care experienced young people aged under 16 years. As part of this work, young people were supported to contribute to the commission for the new Quarriers rights-based advocacy service. These strategic arrangements were helping partners develop opportunities for children and young people's voices to influence service planning and delivery.

There were a few examples of how children, young people and parents and carers' voices had influenced strategic planning and improvement more widely. Partners had engaged with groups of children and young people, including care experienced and those with additional support needs, as part of a joint strategic needs assessment that informed the partnership's new children's services plan. Through locality network arrangements, surveys were used to seek the views of children and young people, which contributed to the development of the Aberlour YP Zone to reduce harm from drug and alcohol use. In partnership with Who Cares? Scotland, the Scottish Children's Reporter's Administration and Children's Hearings Scotland, the children's social work service worked with some care experienced and a few children and young people at risk of harm to redesign hearing rooms and develop the Better Meetings participation guidance. Partners had commissioned Children 1st to seek the views of parents whose children had been removed from their care, with a view to influencing service improvement.

In the majority of examples, it was too early to determine what difference participation had made to the lives of children and young people. Partners recognised that they were at an early stage of developing their approach, particularly in relation to the participation of children and young people at risk of harm. They were planning to strengthen the links between the child protection committee and the work of the children's rights, participation and engagement group. However, there was not yet a clear strategy in place to prioritise, co-ordinate, and evaluate participation activity.

Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery

Key messages

- Senior leaders had a shared vision which had been clearly communicated and understood by staff.

- Collaborative strategic leadership had helped maintain the improvements made in 2019 to strengthen governance arrangements between chief officers and the child protection committee.

- The child protection committee had not yet fully developed the mechanisms necessary to understand and communicate the difference that services were making to the lives of children and young people at risk of harm.

- The partnership's agenda for improvement and change was not yet underpinned by a cohesive approach to service review and self-evaluation.

Strategic vision

Moray partnership had a shared vision for all children to "grow up loved, safe, respected and equal because our services and workforce put people first and support families with the right help at the right time". This was joined by a vision developed by a group of Moray young people that they "live in communities where our voice is heard, and we are built up to be all we can be". Partners had streamlined strategic children's planning and produced one overarching children's services plan aligned to the partnership's two vision statements. The plan represented all key areas of activity including child protection and poverty and was helpfully structured around the five foundations of the Promise.

Across services, leaders were visible and had communicated a clear vision to staff. All partners demonstrated commitment to the support and protection of children and young people at risk of harm. The majority of staff who completed our survey felt that leaders knew the quality of work they were able to deliver at the front line and communicated regularly with staff at all levels.

Strategic governance and oversight of child protection

The partnership had in place comprehensive arrangements for strategic governance and accountability. In our 2019 progress review, we identified that governance arrangements between chief officers and the child protection committee had been strengthened considerably. In our inspection, we found that progress had been maintained, supported by collaborative strategic leadership.

Elected members felt informed about the effectiveness of services for children and young people at risk of harm. They received performance information at appropriate intervals and had opportunity to scrutinise reports and presentations. To strengthen oversight, joint reporting to the council's education, children's and leisure services committee and integration joint board (IJB) was established following the transfer of children's social work services to the IJB in April 2023.

The chief officers group maintained a strategic overview of all public protection activity in Moray. This helpfully provided strong links between child and adult protection strategic priorities, for example violence against women and adult support and protection. Written terms of reference and clear reporting arrangements supported chief officers to provide appropriate levels of support and challenge to the chair of the child protection committee, who reported directly to the chief officers group. Chief officers had built in opportunities for development sessions within their regular meetings schedule to better understand key issues. Use of a risk register was helping ensure that chief officers maintained a line of sight to current and emerging risk. An example of response to strategic risk was the agreement from the chief officers group to share new resource from the Moray alcohol and drugs partnership to strengthen the child protection committee's approach to data analysis.

Written terms of reference and clear subgroup reporting structures underpinned the work of the child protection committee. Appropriate committee membership was in place, including third sector representation. A new joint independent chair, with a strong background in care and protection, had been appointed to chair both the child protection committee and the adult support and protection committee. We heard from partners how the new chair was providing helpful support and challenge during meetings. Although there were a number of subgroups, leaders had been careful to align child protection with the wider children's services planning. A core shared membership and collaborative subgroup arrangements reduced duplication and provided strong links between the child protection committee and GIRFEC leadership group.

Members of the child protection committee were appropriately informed of the key protection priorities linked to the overall visions within the children's services plan. Most staff who had completed our survey expressed a confidence in local child protection arrangements. However, a training needs analysis undertaken by the partnership had identified that not all staff understood the role and the contribution of the child protection committee. To address this, the chair had begun a programme of engagement with the multi-agency workforce, starting with social work staff, though this had not yet been rolled out across the partnership. More recently, direct reporting between the community-based locality networks and the GIRFEC leadership group was beginning to help bridge the strategic and operational landscapes.

Leadership of strategy and direction

A gap analysis and the establishment of a child protection committee subgroup for implementation of the national guidance for child protection had supported partners to align local training, policy and procedure with the national guidance published by

Scottish Government in 2021. Good progress had been made in relation to strengthened approaches to initial referral discussion and child protection planning meetings, and the introduction of the Scottish child interview model (SCIM). The strategic approach to the quality of assessment and planning had not progressed as well. The refresh of GIRFEC guidance remained a work in progress, though a few schools were piloting a revised child planning format. The partnership had identified their approach to assessment and planning as an area for development. This was appropriately reflected in the risk register maintained by senior leaders.

Leadership of people and partnerships

Across agencies, staff told us that they valued the support provided by their peers and through line management arrangements. The partnership had in place shared policies and procedures which were helping staff in their work with children and young people and their families. Specific trauma support was available for staff undertaking SCIM work. Across all services, staff members knew what was expected of them and felt supported to be professionally curious with the aim of keeping children and young people safe. Almost all staff who completed our survey felt they received appropriate support and challenge.

Staff who responded to our survey agreed that learning and development opportunities were increasing their confidence and skills in working with children and young people at risk of harm. The majority felt that participation in multi-agency training and development had strengthened their contribution to joint working. In a few instances, communication of intended learning outcomes was not effective. A few staff we spoke with were not clear how some training opportunities improved their support of children and young people at risk of harm.

While staff were making a positive contribution to the lives of some children and young people at risk of harm, senior leaders recognised they had more to do to ensure that there was sufficient support and capacity to consistently achieve high standards of practice.

Data and quality assurance

Partners were developing their approach to multi-agency quality assurance. While the new children's services plan was informed by a joint strategic needs assessment, partners had not yet fully developed the measures necessary under the plan to help them understand what difference they were making to the lives of children and young people at risk of harm.

There were some helpful examples of single-agency activity. A new policy, development and commissioning team established in the children's social work service was strengthening the role of reviewing officers in contributing to quality assurance. However, with the exception of initial referral discussion and SCIM, partners were not routinely undertaking quality assurance on a multi-agency basis to inform service improvement. Wider quality assurance arrangements implemented following previous inspection activity had not been sustained.

The national minimum data set had been adopted by the child protection committee and a data subgroup had been established to support analysis. We heard from child protection committee members how these arrangements had improved the collation, quality and presentation of data. Minutes and reports confirmed that regular scrutiny of data was taking place at child protection committee meetings. The existing data subgroup of the child protection committee was reconfigured to bring together data and audit activity and better develop a multi-agency approach. There were limited examples of the views of staff, children, young people, parents and carers contributing to quality assurance.

While there was better interrogation of data, senior leaders recognised that more needed to be done to develop a greater understanding and articulation of the experiences of children and young people. As noted above, chief officers had agreed the sharing of new resource from the Moray alcohol and drugs partnership to support this work.

Management of resources and workforce planning

The partnership had experienced significant budgetary pressures and challenges in recruiting and retaining staff. While services were working hard to meet needs, demand at times exceeded capacity and impacted negatively on staff's ability to sustain relationships and provide support to children and young people at risk of harm. There was a lack of certainty among staff about the partnership's capacity to meet the needs of children and young people at risk of harm. Of the staff who completed our survey, only half were confident that leaders had ensured the necessary capacity to meet the needs of children and young people at risk of harm. There was some recognition among partners of the reliance at times on the creativity and dedication of the workforce to address gaps. Concerns about capacity were not limited to frontline arrangements. On a few occasions, we heard from staff who had been left feeling frustrated because the time taken for senior managers' decision making about resources had contributed to delays in planning for children and young people.

Senior leaders were working together to try and address service pressures. Chief officers had agreed additional resource for a key social work post and had adopted a pan-Grampian approach to determine where further collaboration could reduce internal pressures. Individual services and agencies had undertaken a number of different initiatives to try and support recruitment and retention and maximise capacity. The council and the integration joint board had medium-term financial plans in place, though were cognisant of the increasingly difficult budgetary position and the continued national challenges of recruitment and retention. Elected members had established cross-party working to support effective decision making. In the face of further pressures, they recognised the need for discussion with partner agencies to consider the wider impact of current and future financial decision making.

Leadership of improvement and change

While some improvements had been achieved and maintained in response to findings of our previous inspection, some momentum had been lost. Partners considered that this was due in part to meeting the additional demands of the Covid-19 pandemic. They recognised that they had more work to do to consistently improve the experiences and outcomes for children and young people at risk of harm.

In seeking to re-establish its agenda to improve the safety of children and young people, the partnership had set out priorities for change within a relatively ambitious children's services plan. While this had resulted in a number of improvement activities taking place in a short space of time, leaders were aware of the need to maintain stability in the system.

Partners recognised the need for strengthening relational practice, though the pressures on the capacity of services was making this more difficult to achieve. They had invested in a number of new relational service initiatives and approaches, many of these in partnership with third sector providers. Examples included Functional Family Therapy, Children 1st Families Together service and the Safe and Together model. New commissioning arrangements were helpfully placing a greater emphasis on outcomes. In addition to external investment, changes had also been made to strategic governance and core areas of service delivery. This was particularly evident in relation to the children's social work service which had experienced both a change in strategic governance and a new senior management team.

With the exception of a few key areas, the majority of improvement activity was very recent and it was not yet clear what impact the changes had on the lives of children and young people. As many initiatives were new, the partnership was yet to understand what difference their investment had made. Evaluation and improvement was not always visible or understood by staff. Not all staff who completed our survey were confident that changes had led to improved outcomes for children and young people. While senior leaders recognised that they needed to do more, management of improvement and change was not yet underpinned by a cohesive approach to service review and self-evaluation.

Evaluation of the impact on children and young people - quality indicator 2.1

For these inspections, we are providing one evaluation. This is for quality indicator 2.1 as it applies to children at risk of harm. This quality indicator, with reference to children at risk of harm, considers the extent to which children and young people:

- feel valued, loved, fulfilled and secure
- feel listened to, understood and respected
- experience sincere human contact and enduring relationships
- get the best start in life.

Evaluation of quality indicator 2.1: Adequate

We evaluated the impact of services on the lives of children and young people as **adequate**. This meant that strengths just outweighed weaknesses. We found strengths that were having a positive impact. Nonetheless, the likelihood of achieving positive experiences and outcomes was reduced significantly because there were key areas of performance that needed to improve.

Important strengths that had positive impacts on children and young people

- Most children and young people told us that they felt safe where they live all or most of the time. When children and young people were identified as being at risk of neglect or abuse, the support provided had helped the majority of children and young people to become safer.

- When children and young people had supportive and trusting relationships with staff, this was making a positive difference to their lives.

- When children and young people received support from universal and specialist services, this made a positive difference to their lives. Examples of this included support in nurturing bases and pupil support bases in schools, provision of counselling services and support from resources such as Children 1st, Quarriers, Aberlour, and Rape Crisis.

Aspects of practice that were working well for some children and young people but not others

- While we heard individual reports of particular staff members and services making a positive difference in the lives of children and young people, some families told us they struggled to access the right support. We also heard a few examples, particularly from parents, of services negatively impacting children and young people.

- While most children, young people and parents and carers benefited from positive relationships with staff, some parents and children told us they had not benefited from positive relationships with staff. This was linked to a lack

of consistency of staff members and some families experienced frequent changes in staff.

- There was mixed evidence from our record reading, children and young people's surveys and during engagement about how effectively children and young people had been listened to, heard and included.

Areas for improvement

- When young people were at risk of harm from themselves or to others, or from risk in the community, they did not consistently receive the right help and support they needed to improve their lives.

- Children and young people at risk of harm were not routinely and meaningfully influencing service planning and improvement.

- Children and young people at risk of harm had not consistently benefited from independent advocacy.

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Conclusion

The Care Inspectorate and its scrutiny partners are confident that the partnership in Moray does have the capacity to make changes in the areas that require improvement.

This is based on the following.

- Although consistency across protection work needed to improve, the partnership had in place an effective initial response to risk for children and young people at risk of harm.

- Many of the practice areas identified in this inspection as requiring improvement were already reflected in partnership planning. While some momentum had previously been lost, partners had recommenced implementing the changes necessary to improve outcomes for children and young people.

- Although more needed to be done to understand impact, there was evidence of effective joint working across the partnership having led to improvement in key processes including inter-agency referral discussions and child protection planning meetings.

- Leaders, including elected members, recognised the need for change, had in place appropriate risk management arrangements and, in their collaborative working and investment in new approaches and services, had demonstrated commitment to driving forward their improvement agenda.

What happens next?

The Care Inspectorate will request a joint action plan that clearly details how the partnership will make improvements in the key areas identified by inspectors. We will continue to offer support for improvement and monitor progress through our linking arrangements.

Appendix 1: The quality indicator framework and the six-point evaluation scale

Our inspections used the following scale for evaluations made by inspectors, which is outlined in the quality framework for children and young people in need of care and protection. Published in August 2019, it outlines our quality framework and contains the following scale for evaluations:

- **6 Excellent** - Outstanding or sector leading
- **5 Very Good** - Major strengths
- **4 Good** - Important strengths, with some areas for improvement
- **3 Adequate** - Strengths just outweigh weaknesses
- **2 Weak** - Important weaknesses – priority action required
- **1 Unsatisfactory** - Major weaknesses – urgent remedial action required

An evaluation of **excellent** describes performance which is sector leading and supports experiences and outcomes for people which are of outstandingly high quality. There is a demonstrable track record of innovative, effective practice and/or very high-quality performance across a wide range of its activities and from which others could learn. We can be confident that excellent performance is sustainable and that it will be maintained.

An evaluation of **very good** will apply to performance that demonstrates major strengths in supporting positive outcomes for people. There are very few areas for improvement. Those that do exist will have minimal adverse impact on people's experiences and outcomes. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

An evaluation of **good** applies to performance where there is a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths will have a significant positive impact on people's experiences and outcomes. However, improvements are required to maximise wellbeing and ensure that people consistently have experiences and outcomes that are as positive as possible.

An evaluation of **adequate** applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve. Performance that is evaluated as adequate may be tolerable in particular circumstances, such as where a service or partnership is not yet fully established, or in the midst of major transition. However, continued performance at adequate level is not acceptable. Improvements must be made by building on strengths while addressing those elements that are not contributing to positive experiences and outcomes for people.

An evaluation of **weak** will apply to performance in which strengths can be identified but these are outweighed or compromised by significant weaknesses. The

weaknesses, either individually or when added together, substantially affect peoples' experiences or outcomes. Without improvement as a matter of priority, the welfare or safety of people may be compromised, or their critical needs not met. Weak performance requires action in the form of structured and planned improvement by the provider or partnership with a mechanism to demonstrate clearly that sustainable improvements have been made.

An evaluation of **unsatisfactory** will apply when there are major weaknesses in critical aspects of performance that require immediate remedial action to improve experiences and outcomes for people. It is likely that people's welfare or safety will be compromised by risks that cannot be tolerated. Those accountable for carrying out the necessary actions for improvement must do so as a matter of urgency, to ensure that people are protected, and their wellbeing improves without delay.

Appendix 2: Key terms

Note: more key terms that we use are available in The Guide to our inspections.

Alcohol and drugs partnership is a locally-based, inter-agency strategic partnership responsible for commissioning and developing local strategies for tackling problem alcohol and drug use and promoting recovery.

Care and risk management (CARM) are processes that are applied when a child between the ages of 12 and 17 has been involved in behaviours that could cause serious harm to others. This includes sexual or violent behaviour that may cause serious harm. CARM processes are also applicable when an escalation of behaviours suggests that an incident of a seriously harmful nature may be imminent.

Champions boards allow young people to have direct influence within their local area and hold their corporate parents to account. They also ensure that services are tailored and responsive to the needs of care experienced young people and are sensitive to the kinds of vulnerabilities they may have as a result of their experiences before, during and after care. Young peoples' views, opinions and aspirations are at the forefront in this forum and are paramount to its success. Champions boards build the capacity of young people to influence change, empower them by showing confidence in their abilities and potential, and give them the platform to flourish and grow.

Child and adolescent mental health services (CAMHS) are multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems. They also provide training, consultation, advice and support to professionals working with children, young people and their families.

Chief officers group is the collective expression for the local police commander and the chief executives of the local authority and NHS board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

Children's services plan is for services that work with children and young people. It sets out the priorities for achieving the vision for all children and young people and what services need to do together to achieve them.

Child protection committee is a locally-based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

Contextual safeguarding is an approach that recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family.

Family Firm is a concept recognised by the Scottish Government to promote skills and employment opportunities for care experienced young people.

Functional Family Therapy is a short-term, specialist family support programme for children and young people aged 11-18 years and their families where there is a risk of family breakdown.

Getting it Right for Every Child (GIRFEC) is a national policy designed to make sure that all children and young people get the help that they need when they need it.

Graded Care Profile 2 helps professionals measure the quality of care provided by a parent or carer in meeting their child's needs, particularly where there are concerns about neglect. Using the GCP2 assessment tool, professionals score aspects of family life on a scale of one to five. This assessment helps them identify areas where the level of care children receive could be significantly improved.

Independent advocacy is when the person providing advocacy is not involved in providing the services to the individual, or in any decision-making processes regarding their care.

Integration joint board (IJB) plans and commissions integrated health and social care services in their areas. Integration joint boards are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. They are responsible for overseeing the local health and social care partnership and managing social care and health services in their area.

Inter-agency referral discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to brothers and sisters, or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk. They may also be known as initial referral discussions, or initial referral tripartite discussions.

Joint strategic needs assessment is the means by which local leaders work together to understand and agree the needs of all local people, in order to deliver a strategy which sets priorities for collective action.

Learning review brings together agencies, individuals and families in a collective endeavour to learn from what has happened in order to improve and develop systems and practice in the future and thus better protect children and young people. The process is underpinned by the rights of children and young people as set out in the United Nations Convention on the Rights of the Child (UNCRC). Until the updated national guidance for child protection was published in 2021, the term 'significant case review' was more commonly used.

Let's Introduce Anxiety Management (LIAM) is intended to develop cognitive behaviour therapy informed skills and approaches to treat children and young people with mild to moderate anxiety symptoms.

National minimum dataset for child protection committees in Scotland is a set of agreed measurements, criteria or categories required to create a robust understanding of information about a service. The data populated through these

measures provide a baseline and then a progress measurement for the planning and development of services delivered.

Practice reflection improvement short module (PRISM) is an open learning event where the local child protection committee's evaluation of local practice is shared and discussed with a multi-agency group of practitioners. Small group reflection is then supported and ways to improve local practice is considered.

Safe and Together is a suite of tools and interventions designed to help staff improve their awareness and understanding of domestic abuse. It is based on three key principles: keeping children safe and together with their non-abusive parent ensuring safety, healing from trauma, stability and nurture; partnering with the non-abusive parent as a default position ensuring efficient, effective and child-centred practice; and intervening with the perpetrator to reduce the risk and harm to the child through engagement, accountability and criminal justice.

Scottish child interview model (SCIM) is a new approach to joint investigative interviewing that is trauma-informed. It maintains the focus on the needs of the child in the interview, minimises the risk of further traumatisation and aims to achieve best evidence through improved planning and interview techniques.

Scottish Children's Reporter Administration is an executive non-departmental public body of the Scottish Government with responsibility for protecting children at risk.

Trauma-informed workforce is able to recognise when someone may be affected by trauma. It collaborates and adjusts how it works to take this into account and responds in a way that supports recovery, does no harm and recognises and supports people's resilience.

The Promise Scotland was established to take forward the work of the Independent Care Review. In 2021, it published its plan for 2021-2024, outlining key outcomes that aim to ensure that Scotland's children and young people grow up loved, safe and respected, so they can realise their full potential.

United Nations Convention on the Rights of the Child (UNCRC) is a widely-ratified international statement of children's rights.

Universal services are those services used by the whole population of children and young people, mainly in health and education, including schools and nurseries, GPs and health visiting.

@careinspect   careinspectorate

Your Moray

REPORT TO: **COMMUNITY PLANNING BOARD ON 29 FEBRUARY 2024**

SUBJECT: **MORAY GROWTH DEAL FULL BUSINESS CASE: MANUFACTURING INNOVATION CENTRE FOR MORAY**

BY: **DEPUTE CHIEF EXECUTIVE (ECONOMY, ENVIRONMENT AND FINANCE)**

1. **REASON FOR REPORT**

1.1. At key programme and project milestones, the Moray Growth Deal seeks assurance approval to proceed from a number of boards including the Moray Economic Partnership, Moray Council and the Community Planning Board.

1.2. The Community Planning Board is asked to consider and approve the full business case associated with the Manufacturing Innovation Centre for Moray (MICM) project.

2. **RECOMMENDATION**

2.1. **It is recommended that the Community Planning Board:**

   (i) **Considers and approves the Full Business Case (FBC) in appendix 1.**

   (ii) **Delegates authority to the Depute Chief Executive (Economy, Environment and Finance) to make any final changes as required following completion of the Government review process, with a view to agreeing final version of the FBC to progress to implementation**

3. **BACKGROUND**

3.1. The Moray Growth Deal is a 10 year, £100m economic development programme that aims to realise positive social, educational and economical improvements for the region.

3.2. Consisting of 8 projects, 2 are currently in delivery (Digital Health and Bus Revolution) and the Programme Management Office (PMO) is working to secure approval of a further 3 project business cases by the end of Q4 23/24. This paper relates to the Manufacturing Innovation Centre for Moray (MICM) project. The remaining 3 Growth Deal projects are expected to enter delivery Q2 24/25.

3.3.   Todate, the FBC has been through an extensive assurance process that is outlined below.

Project	Project Board approval	MGD Programme Board approval		Other approvals	Moray Economic Partnership [1]	Moray Council [1]
		First approval to trigger Government review	Second review following Government feedback [1]			
MICM	3 Aug 2023	25 Aug 2023	12 Dec 2023	31 Oct 2023: HIE Board [2]	14 Dec 2023	24 Jan 2024

[1] Approval secured from each of these boards to delegate authority to the Depute Chief Executive (Economy, Environment and Finance). This involves making any final changes as required following the completion of the Government review process, with a view to agreeing the final version that will enable the project to enter delivery.

[2] Condition approval has been granted by the HIE Board, which allows the project to commence activity relating to the preparation of the facility. A final version of the FBC is due to be submitted to the April Board meeting for final approval.

3.4   The process to obtain clearance from the Scottish and UK Governments has commenced, is at an advanced stage (with no material changes to the FBC expected) and is expected to conclude mid to late Q4 23/24. This, coupled with approval from the Community Planning Board will enable the projects to enter delivery during March 2024.

4.   **OVERVIEW OF THE MICM FBC v2 (APPENDIX 1)**

Summary of the project

4.1.   Manufacturing accounts for 19% of jobs in Moray, but 67% of the businesses employ 9 people or less. This, coupled with a low level of R&D spend, has given rise to a need for this sector to be supported to innovate, helping to improve resilience, size and turnover.

4.2.   MICM will see the construction of a Manufacturing Innovation Centre at the Forres Enterprise Park that will be delivered through a combination of repurposing existing buildings and new-build construction. The facility aims to develop an innovation ecosystem which will help manufacturing businesses in Moray to become world-class. It will achieve this through a central hub along with incubator and grow on space for businesses to rent.

4.3.   The project will receive capital and revenue funding to both deliver the facility and ensure the operational viability of services as activity scales up.

   - *Capital*: The facility will cost £5.6m and this will be funded by the Scottish Government, UK Government and Highlands and Islands Enterprise.
   - *Revenue:* The Scottish Government is providing £1.25m to support any deficit in the facilty's operating costs during the first 10 years.

Investment objectives to be realised

1	To increase BERD (Business Enterprise, Research and Development) in Moray's indigenous manufacturing companies
2	To increase growth, productivity, and efficiency in Moray's indigenous manufacturing companies
3	To increase the number of manufacturing start-ups in Moray
4	To support the attraction of manufacturing inward investment to Moray
5	To accelerate the transition to net zero in Moray's indigenous manufacturing companies

What will the project mean for Moray?

4.4. Services to be delivered include:

- Supporting product and process innovation projects in businesses
- Facilitation of networking, peer-to-peer learning, and collaboration
- Effectively co-ordinating service delivery guiding/steering businesses to the best solution for them and the most suitable providers.
- Playing an active role in cluster management (advanced manufacturing, multi-sector)
- Developing a detailed assessment and baseline of productivity and net zero performance, needs and opportunities for each manufacturing business

4.5. The facility will be supported by a range of public agencies who are positioned to support manufacturing businesses. These will include the National Manufacturing Institute Scotland (NMIS) and the Scottish Manufacturing Advisory Service (SMAS).

4.6. The project has modelled key economic data for Moray over 10, 15 and 25 year horizons, all of which are expected to generate strong outcomes for the region.

	Time horizon for economic analysis		
	10 years	**15 years**	**25 years**
Benefit cost ratio	4.5	6.4	9
Net additional benefit for Moray economy	£27.4m	£40.1m	£57.7m
Net additional jobs for Moray	600	700	800

4.7. The service offering is expected to be operational in autumn 2024, with work on development of the grow on space expected to start in 2026.

5. SUMMARY OF IMPLICATIONS

5.1. **Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP))**: MGD projects contribute to the Corporate Plan priority of promoting economic development and growth, whilst meeting the LOIP vision of raising aspirations, reducing inequalities in educational attainment, providing access to employment, expanding choices for residents, and improving livelihood and well-being.

5.2. **Property:** Approval of this FBC will see the construction of a facility on the Forres Enterprise Park.

5.3. **Equalities/Socio Economic Impact:** Equalities and socio impact assessments have been considered as the project has worked to develop their FBC with information included in appendix 9.

5.4. **Climate Change and Biodiversity Impacts:** As part of their review process with the Governments, Growth Deal projects need to take account of carbon and environmental considerations, with net zero aspirations being integrated into design briefs for new properties.

5.5. **Consultations:** As set out in section 3.3, the FBC has been subjected to significant consultation. More specifically, this has included engagement with a number of key Council Officers including the Depute Chief Executive (Economy, Environment and Finance), Head of Economic Growth and Development and the Chief Financial Officer.

6. CONCLUSION

6.1. **This paper introduces a nearly final draft of an FBC for the Moray Growth Deal's Manufacturing Innovation Centre for Moray projects. The CPB is asked to consider and approve this.**

6.2. **Although the FBC presented has already been the subject of significant review, given its role in the governance process, the CPB is asked to delegate authority for the Depute Chief Executive and Moray Growth Deal Senior Responsible Officer to approval final iterations following comments from the Governments.**

Author of Report: Michael Kelly, Moray Growth Deal Programme Manager

Background Papers:

Ref:

Your Moray
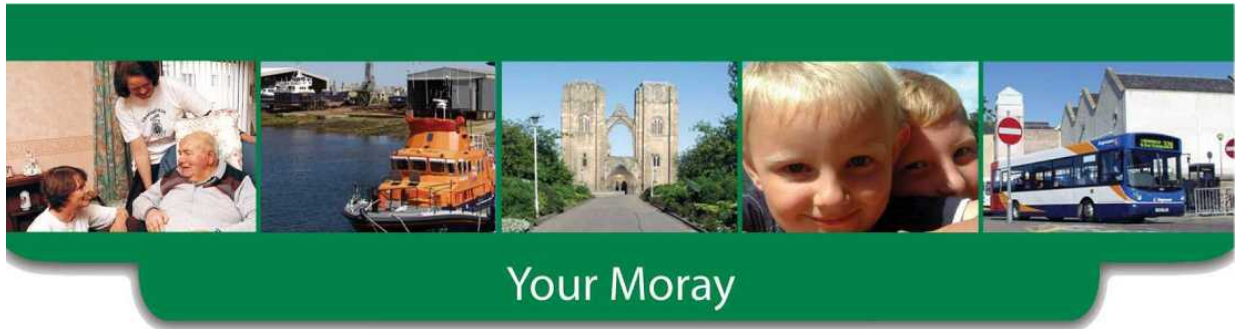
REPORT TO: COMMUNITY PLANNING BOARD ON 29 FEBRUARY 2024

SUBJECT: SYSTEMS BASED APPROACH TO PHYSICAL ACTIVITY IN MORAY

BY: DEPUTE CHIEF EXECUTIVE (EDUCATION, COMMUNITIES AND ORGANISATIONAL DEVELOPMENT), MORAY COUNCIL

1.   REASON FOR REPORT

1.1   To provide the Community Planning Board with information on a Systems Based Approach model for physical activity in Moray and request partnership support for this approach from the CPP Board.

2.   RECOMMENDATION

2.1   **It is recommended that the Board –**

    (i)   recognise the centrality, importance and contribution that physical activity provides towards the achievement of the Local Outcome Improvement Plan and Community Planning priorities;

    (ii)   note the initial discussions undertaken with partner organisations in preparation for this approach in Moray;

    (iii)   endorse and agree to support work required to deliver this approach in Moray; and

    (iv)   agree to receive 6 monthly updates to the Community Planning Board on progress and to champion and challenge this work accordingly.

3.   BACKGROUND

3.1   The Sport & Leisure Strategic Business Plan for Moray 2020-2023 was approved at the Education, Communities and Organisational Development Committee on 18 November 2020.

3.2   Due to the Covid pandemic this plan was largely centred around Council priorities however there were a number of objectives that stemmed from partnership priorities and thus the need for wider collaboration. A strategic group was set up of public, private and third sector representatives connected to sport/leisure to oversee the implementation of this plan. Despite all the challenges faced over the past 3years there has been a degree of successful implementation of this plan such as rebuilding the sport, leisure and physical infrastructure following the pandemic, developing prehabilitation and rehabilitation programmes for individuals requiring surgery or treatment for long term medical conditions and working with partners to develop projects that benefit our local communities (example Active Recovery in Moray https://www.youtube.com/watch?v=4G_YPl-ygnQ&ab_channel=sportscotland). Throughout 2023 the group have been reviewing the plan and determining next steps for 2024 and beyond.

3.3   In November 2022, Public Health Scotland published a framework for a systems-based approach to physical activity in Scotland, providing a framework for national and local action. A short video on the systems-based approach being applied in Scotland can be viewed via this link https://vimeo.com/768501730/652a4c132a . This approach recognises the complexity of the interacting components that contribute to people being physically active or not.

3.4   The full report can be accessed via the following link https://www.publichealthscotland.scot/media/16184/a-systems-based-approach-to-physical-activity-in-scotland.pdf .

3.5   The Moray Sport and Leisure Strategic Group, and other partners have been working with SportScotland and Public Health Scotland to consider how this approach could be adopted and delivered in Moray. The information gathered to date is contained in **Appendix I**.

3.6   This approach clearly aligns with the principles of the Christie Commission – integrating service provision, preventing negative outcomes and being more efficient through sharing services wherever possible.

3.7   A system-wide approach to physical activity would contribute to achievement of the Moray 10-year Local Outcome Improvement Plan priorities;

        1. Developing a diverse, inclusive and sustainable economy;

        2. Building a better future for our children and young people in Moray;

        3. Empowering and connecting communities;

        4. Improving wellbeing of our population

Increasing physical activity across a population has social, environmental and economic benefits for communities and wider society. These come primarily from physical activities undertaken in a community setting, such as walking, cycling, active recreation, sport and play.

The image below illustrates the individual and societal health benefits of physical activity.
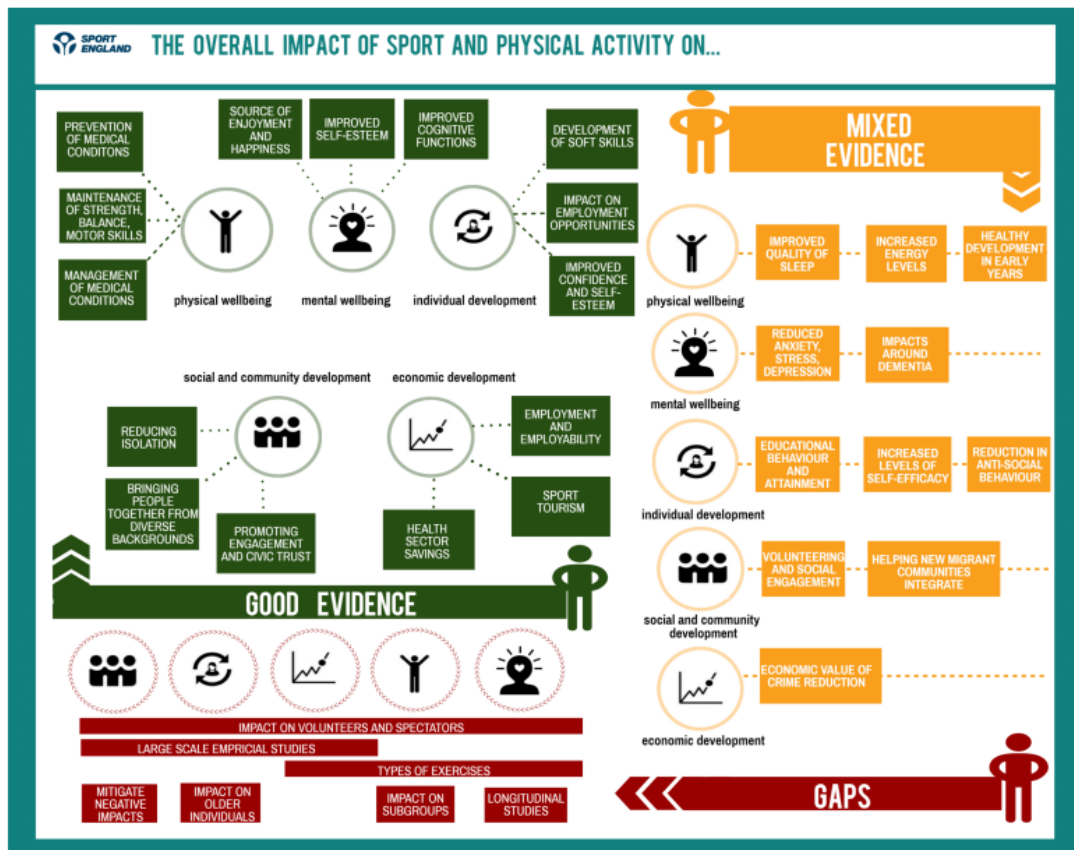
There is also strong or moderate evidence that physical activity promotes good health and functioning and can have immediate impact on, for example, reducing falls and frailty in older adults.

In the United Kingdom, physical inactivity is estimated to cost £8.2 billion: £1.7 billion to the national health care system, £5.4 billion due to work absence and £1 billion to early mortality.

The most common causes of sickness absence in Scotland are back pain, musculoskeletal disorders and mental health problems including depression, anxiety and stress, all of which can be reduced via physical activity. Promoting physical activity in the workplace (healthyworkinglives.scot)

3.8 The 8 strategic delivery outcomes of the systems-based approach are stated below alongside potential actions for Moray;

- **Enabling the physical activity system** – developing joint/shared data intelligence systems for evidence and evaluation purposes, develop research opportunities, integrate local and national plans, leadership and accountability

- **Active Places of Learning** – accessible activities for all learning environments and workforce training

- **Active Travel** – enhancing the walking, wheeling and cycling infrastructure, engaging communities in transport planning and road safety.

- **Active Places & Spaces** – develop guidance for National Planning Framework 4 and the Local Development Plan, access to indoor and outdoor amenities and improve and develop the existing infrastructure

- **Health and Social Care** – workforce training for health professionals, integrate physical activity into clinical pathways and strengthen partnerships

- **Communications & Public Education** – improved marketing, central resource and recognise and share successes

- **Sport & Active Recreation for All** – targeted work on the least active and most vulnerable, continue to strengthen community provision, training for the sport and recreation workforce (including volunteers) and utilise the changing lives approach

- **Active Workplace**- - support workplace policies and opportunities and embed national standards

Many of these actions are already underway, but the significant impact that a concerted effort from all partners can deliver has not yet been seen.

3.9 It is recognised that the financial situation of public and voluntary sector organisations across Moray is challenging, and that commitment to this agenda will require working differently and implementing solutions collectively within the financial resources available.

3.10 Public Health Scotland have advised that they will work with Local Authorities (and partners) to co-facilitate this approach and they have identified Moray as a potential early adopter. Highland is also progressing with this approach as an early adopter and are slightly ahead of the Moray timeline.

3.11 The intention is to re-establish a Strategic Group in Moray to drive the delivery of this approach ensuring commitment and accountability from all organisations involved.

4. **SUMMARY OF IMPLICATIONS**

4.1. A Systems Based Approach for Physical Activity is endorsed by the CPP and work to progress this approach is undertaken alongside partners and that the CPP seek regular updates to challenge and champion this work.

4.2.   If the decision is taken not to support this approach in Moray, then the default will be that all organisations involved in sport, leisure and physical activity promotion and provision will create their own strategies and plans for the future.

5.   CONCLUSION

5.1.   The Board is asked to endorse and agree to support work required to implement a Systems Based Approach for Physical Activity in Moray and agree to receive 6 monthly updates on progress and to champion and challenge this work accordingly.

Author of Report: Kim Slater, Sport & Culture Service Manager

Background Papers:

Ref:

Systems Based Approach to Physical Activity in Moray

Who are the core organisations in Moray that have a role in the physical activity system?

Moray Council (Sport & Culture, Early Years, Planning, Education, Developer Obligations, Active Travel, Transportation, CLD, Social Work)
Moray Leisure Centre
Moray Sports Centre
Moray College/UHI
Land and Forestry Scotland
TSI Moray
NHS Grampian
Digital Health & Care Innovation Centre
Sportscotland
Health & Social Care Moray
Integrated Joint Board
Community Planning Partnership
Outfit Moray
National Governing Bodies of Sport (SRU, SFA etc)
Charitable Trusts/Organisations – Friendly Access, Elgin Sports & Community Trust
Voluntary Community Sports Clubs
CIMPSA – Governing Body of Fitness
Glasgow School of Art

What policies reflect or relate to physical activity in Moray? (*please note a number of below inclusions are strategies not solely policy*)

National
Climate Change
Health Improvement
Community Empowerment
Physical Activity & Sport
My World Outdoors (Care Inspectorate) – Early Years
My Active World (Care Inspectorate) – Early Years
Curriculum for Excellence – Education
NPF4 – 20 minute neighbourhoods
Scotland's Walking Strategy
XPlay Scotland

National Improvement Framework (NIF) – key priority on 'Improving Children & Young People Health & Wellbeing'

Active Scotland Outcomes Framework

Sportscotland - Sport for Life

<u>Local</u>

Volunteer Policy – Moray Council

Policies within Local Development Plan

What are the existing core areas of work for physical activity in Moray (services, projects or initiatives)

Sport & Leisure Capital Investment Plan

Active Schools

Community Sports Hubs

Fit Life Membership

Physical Activity for Health programme (exercise referral)

Social Prescribing

Walk Moray

Active Travel

Leisure Facility Provision & Activities

Poverty

Additional Support Needs

Digital Health & Innovation

Mental Wellbeing

Third Sector Provision

Scottish Government Play Renewal – funding allocated to renew/improve play facilities across Scotland over 5yrs

Participatory Budgeting Exercise – gather needs and support both play renewal and any other secondary projects which emerge

Strategic Planning & Development – Open Space strategy, Play Sufficiency Assessment, Forestry & Woodland strategy, generally work on Local Development Plan

Moray Growth Deal synergies

UHI Research opportunities connected with Health & Wellbeing

Collating relevant data evidence that can contribute towards physical activity – example Forres Area Community Trust

Integration of connected themes – food, childcare

Building the Will - Do you see the approach discussed today aligning with how your organisation would like to work with partners to improve physical activity opportunities in Moray?

Alexandrea MacLeod & John O Kane – Moray Leisure Centre **Yes –** 'operational' already there. Focus on the gaps. Use scalable models	Scottish Disability Sport – Josef Tautscher, **Yes.** This is the best approach to bring everyone onboard	**Yes**, Scott Open Spaces, Moray Council	**Yes** - Health & Social Care, Moray Council	Rowena MacDougall, Moray Council Strategic Planning & Development - **Yes**
Yes - NHS Grampian	**Yes**, Active Schools Coach, Student Representative	Roy McPherson, Active Schools & Community Sport Manager, **Yes**, strategic direction/leadership required for all the good operational work already happening – mapping exercise required for partner projects	Moray Council – Open Spaces **Yes**, there is a will, working collaboratively is the only way to make meaningful change in challenging circumstances, the systems-based approach is a good one. Would require a spearhead	**Yes**, Health Improvement Team, NHSG
Yes, Katrina – Planning & Development, Moray Council	**Yes** - Scottish Rugby Union/National Governing Bodies of Sport	Moray Council, **Yes** need good links between departments & understanding of what other departments & organisations are doing	**Yes** – Tony, Outfit Moray. Requires a collaborative approach with a lead agency – Moray Council. Wide representation to ensure alignment	**Yes**, Education NIF; Improvement in Children & Young People Health & Wellbeing
YES! Susan J, NHS/MHSCP	Education – Hazel Sly, **Yes –** Capacity may be a challenge Head Of Education requires consulting	DHI – **Yes**	**Yes** – Moray Sports Forums & Hubs (inc. sportMoray)	**Yes** – Elgin Sports & Community Trust
Yes – Moray College/UHI	Real opportunity with: Moray Growth Deal Locality Plans Moray future strategy			

	National drivers for early education on lifestyle choices			

Organisational Contribution – What key areas of the system would you see your organisation aligning and contributing to most?

Active Systems	Active Travel	Active Places of Learning	Active Workplaces	Sport & Active Recreation	Communications & Public Education	Places & Spaces	Active Health & Social Care
Outfit Moray	Outfit Moray		Outfit Moray	Outfit Moray	Outfit Moray		
Moray Leisure Centre	Moray Leisure Centre	Moray Leisure Centre	Moray Leisure Centre	Moray Leisure Centre	Moray Leisure Centre	Moray Leisure Centre	Moray Leisure Centre *priority
Scottish Disability Sport	Scottish Disability Sport	Scottish Disability Sport	Scottish Disability Sport	Scottish Disability Sport	Scottish Disability Sport	Scottish Disability Sport	Scottish Disability Sport
Moray Council – Open Space	Moray Council – Open Space	Moray Council – Open Space	Moray Council – Open Space	Moray Council – Open Space	Moray Council – Open Space	Moray Council – Open Space	Moray Council – Open Space
	Active Schools & Community Sport Hubs	Active Schools & Community Sport Hubs		Active Schools & Community Sport Hubs	Active Schools & Community Sport Hubs	Active Schools & Community Sport Hubs	Active Schools & Community Sport Hubs
	Moray Growth Deal					Moray Growth Deal	
				Scottish Rugby Union			
	Moray Council – Planning					Moray Council – Planning	
		Moray Council – Education	Moray Council – Education			Moray Council – Education	
					Health & Social Care Moray	Health & Social Care Moray	Health & Social Care Moray
					DHI		DHI

						NHS Grampian	NHS Grampian	NHS Grampian
NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team	NHS Grampian – Health Improvement Team
Moray Council	Moray Council	Moray Council	Moray Council	Moray Council	Moray Council	Moray Council	Moray Council	Moray Council
Moray College /UHI		Moray College /UHI	Moray College /UHI	Moray College /UHI	Moray College /UHI	Moray College /UHI	Moray College /UHI	Moray College /UHI
	Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust
Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)

Partner Contribution - How would you see your organisation/department contributing to the delivery of the strategy going forward?

Collaborate	Involve	Consult	Inform
Strategic Planning Active Places & Spaces Collaborative – On-going work on Open Space Strategy	Moray Council, Strategic Planning & Development, Rebecca Morrison, Katrina Martin	Moray Council, Strategic Planning & Development, Rebecca Morrison, Katrina Martin	
Education – Hazel Sly, see the benefits of collaborating. Would need 'buy in' from Head of Education to ensure where it fits		Early Learning Centre (ELC)/ELC Settings, Hazel Sly	
Moray Council, Open Space, Scott	Moray Council, Open Space, Scott	Moray Council, Open Space, Sarah Campbell	Moray Council, Open Space, Sarah Campbell
DHI, Collaborate, fits with work being developed now, significant opportunity. Mairi Simpson			
Moray Leisure Centre, John O Kane *priority	Moray Leisure Centre, Alexandrea MacLeod	Moray Leisure Centre, John O Kane & Alexandrea MacLeod	Moray Leisure Centre, John O Kane
HSCM, Iain MacDonald, NHS Grampian/Public Health NHS Grampian Health Improvement Team, Lisa T/Susan J	NHS/MHSCP, Susan J NHS Grampian Health Improvement Team, Lisa T	NHSG Public Health, Elizabeth Robinson, Public Health Consultant	

|	Scottish Rugby Union, John Mann/ National Governing Bodies of Sport		
Active Schools Student Rep, Fiona			
Active Schools & Community Sport, Roy M	Active Schools & Community Sport, Roy M	Active Schools & Community Sport, Roy M	Active Schools & Community Sport, Roy M
Scottish Disability Sport, Josef Tautscher			
Outfit Moray, Tony	Outfit Moray, Tony	Outfit Moray, Tony	Outfit Moray, Tony
Moray College/UHI	Moray College/UHI	Moray College/UHI	Moray College/UHI
Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust	Elgin Sports & Community Trust
Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)	Moray wide Sports Forums & Hubs (inc sportMoray)

Identifying the Issues – What are the key issues relating to the on-going provision and development of physical activity opportunities in Moray?

Strategic alignment and timing	Connecting key themes i.e., Attainment – Physical Activity	Lack of other organisations buy in – Stakeholder engagement	Governing Body of sport coverage in Moray is poor
Lack of strategic direction	Shared understanding of positive impact of physical activity on attainment	Still experiencing silo working	Need for staff to drive forward targeted projects i.e. 39% Additional Support Needs pupils within schools
High level strategic 'buy-in' – great work occurring at operational level	Lack of awareness of the current offer around physical activity	Staff & Resource pressures	Public perception
Government policy driving resource	Lack of education for general public	Conflicts between public and private interests	Education/Professional qualifications for those working in 'physical activity' is it working does it need to change
Influencing high level policy areas	Lack of Public Engagement	Lack of Public willingness to change	Lack of inclusive opportunities in rural areas

Physical Activity should be statutory	Creating a core working group to lead and pull together operational projects/partners	Linking with Health & Care agendas	Sharing of data
Timing – Local Development Plan 2027 new place-based plan already in progress with evidence report due in March	Capacity for co-design	Members of the community support unit, missing from discussions (To assist with gathering public/charitable organisations views/experiences and feed into the process @ early stage)	Different data platforms storing rich data that are incompatible
Transport / Rurality	Community Capacity	Funding	Communication
Sustainability	Revenue to maintain infrastructure	Lack of funding to maintain/develop capital assets	
Pressure on organisations/services to contribute to the system as may only be one aspect of role (resource capacity)	Communication within organisations and outwith – so much going on it's so difficult to be aware of all developments	Funding pressures on third sector organisations – no reserves to fall back on	Significant saving requirements – Moray Council
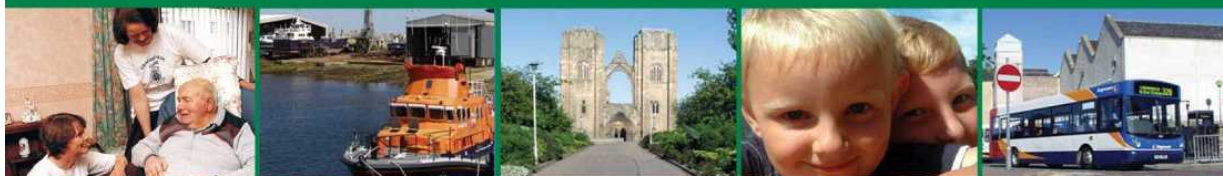
Your Moray

REPORT TO: **COMMUNITY PLANNING BOARD ON 29 FEBRUARY 2024**

SUBJECT: **HEALTH AND TRANSPORT PARTNERSHIP ANNUAL REPORT 2022-2023**

BY: **HTAP PROGRAMME MANAGER**

1. **REASON FOR REPORT**

1.1. The purpose of this report is to update Board members regarding the review of the Health & Transport Action Plan (HTAP), and to seek approval of the HTAP Annual Report 2022-23.

2. **RECOMMENDATION**

2.1. **It is recommended that the Board:**

   i) **note the contents of this report and the HTAP Annual Report 2022-23; and**

   ii) **request that the report be forwarded to each of the Community Planning Partnerships.**

3. **BACKGROUND**

3.1. The issues of health and transport are frequently interdependent but have historically been considered professionally and politically as separate issues. This has changed since the launch of the new National Transport Strategy. The Covid pandemic also significantly increased awareness of the dependencies that health services have on transport systems and public health more generally.

3.2. "The transport system facilitates access to jobs, education, shops, leisure, and other essential services for example health services. As well as having a key role in the wider economy, access to these daily essentials is of central importance to an individual's socio-economic status and levels of neighbourhood social inclusion and exclusion. Therefore, availability of accessible, affordable transport may also, in itself, be regarded as a determinant of health."

3.3. "Different modes of transport may also affect health through a range of other determinants. Individual travel choices can have health impacts not just on that individual but on the wider community through externalities including pollution, risk of injury to others and community severance. But equally, individuals' travel choices are often determined by the availability, affordability, and practicality of different transport modes in their communities." (2)

3.4. These interconnected issues have effects on population health, but also the practicalities of ensuring access to health and social care and the running of health and social care services.

3.5. In turn as the largest employer in the country the NHS is a major generator of trips and contributor to transport issues.

3.6. In Grampian region there has been an established partnership between health and transport partners since 2008. The purpose of HTAP is "to enable providers of transport, health and social care services to work together in a more co-ordinated manner in order to improve outcomes and efficiency of service delivery, both in reducing the adverse impacts of transport choices on public health and in improving access to health and social care."

3.7. The work of HTAP is overseen by a governance structure comprising of a Steering Group, and two sub-groups. The Steering Group provides strategic oversight of the progress made towards the aims of the HTAP. The membership includes senior representatives of NHS Grampian, Nestrans, Scottish Ambulance Service, Aberdeen City Council, Aberdeenshire Council, Moray Council, Community Transport Association (Scotland), along with agreed representation from the third sector bodies, Health & Social Care Partnerships, a member of the Mobility & Access Committee for Scotland (MACS), Scottish Government Health Directorate and a Public Representative. The programme is supported by a Programme Manager, jointly funded by Nestrans and NHS Grampian and hosted by Aberdeenshire Council.

3.8. The work of partners in Grampian and the HTAP has been recognised by the Mobility & Access Committee for Scotland, Community Transport Association, Disability Equality Scotland, Public Health Scotland and COSLA as leading practice. NHS Grampian is the only health board in Scotland to have such a partnership with the transport sector.

4. REVIEW OF HEALTH AND TRANSPORT ACTION PLAN

4.1. The Regional Transport Strategy identifies the need for more detailed sub-strategies, one of which is in relation to Health & Transport. The existing version of the Health & Transport Action Plan was agreed by the Nestrans Board in 2014 and is available on the Nestrans' website at: http://www.nestrans.org.uk/db_docs/HTAP_refresh_final.pdf

4.2. Since the time of the review in 2014 there have been a number of significant challenges and changes. These changes necessitated the need to undertake a review of the HTAP and the priorities for Grampian partners.

- Creation of Helath & Social Care Partnerships
- COVID pandemic recovery
- Decline in life expectancy since 2012
- Acceleration in using online appointments
- Transport Act (S) 2019 giving health boards a duty to work with community transport bodies in providing non-emergency patient transport services in its area
- Climate Emeergency declared
- NHS Scotland climate emergency and sustainability strategy: 2022-2026
- Creation of Public Health Scotland
- New National and Regional Transport Strategies
- Global energy and cost of living crisis.

4.3. Throughout 2023 the Programme Manager has been leading a review of the HTAP, supported by a group of partners providing advice. Extensive stakeholder engagement, evidence review, and consultation has taken place. Particular effort has been made to seek alignment with existing and emerging strategies across organisations.

4.4. An option validation workshop has been scheduled for stakeholders on 30 of November. Outcomes of this workshop will enable preparation of the draft revised Action Plan, and subsequent Elected Member engagement. It is anticipated that the draft revised Action Plan will be submitted to the HTAP Steering Group at its first meeting of 2024, allowing for finalisation prior to the end of March 2023

5.   ANNUAL REPORT 2022-2023

5.1. The Programme Manager has produced a Draft Annual Report which is attached as Appendix A to this report.

5.2. The report sets out short updates on the activities undertaken by partners. The report updates the Board on the Sustrans NHS Workplace Engagement Project, the completion of walking and cycling improvements made possible by ensuring that NHS Grampian secured £256K Spaces for People funding, supported progressing NHS Grampian site specific travel plans, facilitating Health Impact Assessment of the developing Aberdeen Local Transport Strategy, facilitating and supporting awareness of transport consultations and corridor studies, innovating work with vulnerable people to access active travel in Moray and collaborating to reduce winter falls.

5.3. The report also updates on projects partners maintain, such as THInC and THInC in the City, the Grampian Volunteer Transport Awards held for the fifth time in 2022, and promoting recruitment of volunteer drivers.

5.4. The report gives updates on issues where those involved with the Programme have contributed to partnerships previously not involved. For example, NHS Grampian helping maximise the value and reach of campaigns, such as

GetAbout and Clean Air Day. Also, enabling Public Health input to groups working on Road Safety and the Aberdeen Low Emission Zone.

5.5.   The annual report also gives updates on work done in relation to influence, linking with national partners such as Public Health Scotland, Scottish Government Health Directorate, Transport Scotland.

5.6.   The report concludes with a short overview of the HTAP Review process. It is expected that the draft HTAP3 will be put to the first HTAP Steering Group scheduled for 2024. Subject to approvals the new HTAP will be finalized by the end of the financial year and launched.

5.7.   Board members are asked to approve the report, request that it be presented to each of the three Community Planning Partnerships in the Grampian area.

Author of Report: Andrew Stewart, HTAP Programme Manager
Background Papers:
Ref:

GRAMPIAN
HEALTH & TRANSPORT ACTION PLAN

Annual Report 2022-23

Message from the Chair of the HTAP Steering Group

The work of partners on the Health & Transport Action Plan (HTAP) Steering Group and the two sub-groups continues to show that collaboration provides benefit to our collective aims around access to health and social care, promoting population health, reducing inequalities, and the sustainability agenda.

Partner organisations all face challenges as we collectively recover from the Covid pandemic. However, many issues facing communities do not respect organisational boundaries and there is growing recognition of the need for even more collaboration to maximise the benefits to patients throughout the Grampian area.

The Health & Transport Action Plan (HTAP) was last reviewed in 2013. This year we have initiated a review of the HTAP and the objectives and actions required of the partnership to refocus the agenda following some significant changes in the intervening period. We are delighted that many stakeholders have already participated in the process. As that review works through with partners what our future priorities should be I am confident we can build further on our excellent history of communication, collaboration and joint co-ordination to benefit the population we serve.

On behalf of all involved in HTAP I would like to thank all those who have contributed to the work of HTAP, support our aims and look forward to building on those relationships and creating new relationships.

Gerry Donald,
HTAP Steering Group Chair,
NHS Grampian

Introduction

This annual report captures the work of the many partner organisations and stakeholders who are engaged in delivering the Health and Transport Action Plan (HTAP) across Grampian region. The report is also provided to national partners and supporters who are interested in the progress of this partnership. The report covers the financial year period April 2022 to end of March 2023.

Message from the Vice Chair of the HTAP Steering Group

With both a new National Transport Strategy and Regional Transport Strategy in place there is a focus around the four pillars of Equalities, Climate Change, Prosperity, and Wellbeing. Working to make progress around these themes involves working in partnership with a range of organisations. The partnership around the Health & Transport Action Plan is an important group in helping add value to the work of partner organisations working towards shared aims.

Helping promote access to health and social care, promoting population health and transport provision are interconnected. Within HTAP we have a range of colleagues engaged representing a diverse group of partner organisations. Bringing together the expertise of health and transport we have identified gaps and taken steps to address them. Whether that be joint funding of THInC (Travel to Health & Social Care Information Centre) or joint funding of an NHS Sustrans Workplace Engagement Officer to promote active travel.

Going forward it is important that partners continue to input to the HTAP review and help shape the focus of our partnership over the coming years.

Rab Dickson,
HTAP Steering Group Vice Chair,
Nestrans

Governance Structure

The work of HTAP is overseen by a governance structure comprising of a Steering Group, and two sub-groups.

The Steering Group provides strategic oversight of the progress made towards the aims of the HTAP. The membership includes senior representatives of NHS Grampian, Nestrans, Scottish Ambulance Service (SAS), Aberdeen City Council, Aberdeenshire Council, Moray Council, Community Transport Association (Scotland)(CTA), along with agreed representation from the third sector, Health & Social Care Partnerships, a member of the Mobility & Access Committee for Scotland (MACS), Scottish Government Health Directorate and a Public Representative.

The Steering Group oversees two themed sub-groups.

1. Transport & Public Health Sub-Group
2. Access to Health & Social Care Sub-Group

Both sub-groups report to the Steering Group quarterly providing updates on the work plan produced by each sub-group. Membership of the group is drawn from a variety of appropriate partner organisations across public sector, third sector, academia, transport operators and others.

The programme is supported by the Programme Manager. The post of Programme Manager is jointly funded by NHSG and Nestrans and hosted by Aberdeenshire Council.

Each year the HTAP Annual Report is submitted to the three Grampian Community Planning Partnerships and made available to all partner organisations wishing to submit to Committee or Board level, depending on the nature of organisation. A copy is also submitted to the Mobility & Access Committee for Scotland (MACS), Transport Scotland, Public Health Scotland, and the General Health & Social Care Directorate of the Scottish Government.

Alignment with Community Planning Partnerships

The two visions set out by partners within the Health & Transport Action Plan can be linked to the priorities set by the three Community Planning Partnerships (CPPs) within the NHS Grampian area.

Aberdeen City Community Planning Partnership Priorities

- Aberdeen prospers
- Children are our future
- People are resilient, included and supported when in need
- Empowered, resilient and sustainable communities

Aberdeenshire Community Planning Partnership Priorities

- Reducing Child Poverty in Aberdeenshire
- Connected and Cohesive Communities
- Health and Wellbeing

Moray Community Planning Partnership Priorities

The corporate vision of Community Planning in Moray is: "to increase the quality of life and develop the well-being of everyone in Moray."

The strategic priorities, which have been identified to deliver the vision, have been sub-divided under the following seven themes:
- Achieving a healthy and caring community
- Achieving a safer community
- Building stronger communities
- Improving travel facilities, choices, and safety
- Investing in children and young people
- Protecting and enhancing the environment
- Working for increased prosperity

What We Said We Would Do

This section summarises the work of the two HTAP Sub-Groups. Each sub-group has a chair who is a member of the HTAP Steering Group.

Transport & Public Health Sub-Group Update

The vision for transport and public health is:

- For people in Grampian to choose to travel by active modes such as walking and cycling whenever appropriate and to have the ability to do so conveniently and safely, in order to improve activity levels and public health;

- For everyone in the region to live without unacceptable risk to their health caused by the transport network or its use.

Objective T&PH1

For partners to use their collective influence and resources within and between their own organisations and at a national level to further increase provision of high-quality infrastructure for active travel, and to promote, inspire and enable more people to walk and cycle as part of their everyday lives.

Sub-Groups

Quarterly Sub-Group Meetings, information sharing and opportunity identification. The group is chaired by a Public Health Practitioner Advanced from the Public Health Directorate. The membership includes representatives from NHS Grampian, Aberdeenshire Health & Social Care Partnership, Robert Gordon University, Cycling UK (Scotland), Nestrans, Aberdeen City Council, Aberdeenshire Council and Moray Council.

Sustrans NHS Workplace Engagement Project

Having been established under the HTAP and made possible through part funding from NHS Grampian and Nestrans the project funded a full time Project Officer to be embedded within the health board promoting active travel. A huge amount of staff engagement, promotion and infrastructure improvement was delivered. However, unfortunately due to national funding decisions the project will not continue into the anticipated third year.

Spaces for People

Having highlighted the funding available for Spaces for People

funding as part of the Scottish Government programme for managing physical distancing during the pandemic NHS Grampian secured £256K. NHS Grampian seconded a member of staff to be Project Manager for the Spaces for People Project. Full details are highlighted within this report.

NHS Grampian Travel Planning

Up to March 2023, we progressed work on an NHS Grampian Active Travel Framework in conjuction with TravelKnowHow, and with Phil Mackie, Consultant in Public Health. The Foresterhill Action Plan was also developed through this process, and is now with NHSG's Transport Overview Group for consideration. Active Travel is also part of the Health improvement Plan within Public Health.

NHS Grampian Transport Overview Group (TOG)

HTAP Programme Manager attends NHSG TOG (Transport Overview Group) to promote links between the network of HTAP stakeholders and keep informed car parking, road layouts, Fleet, shuttle bus, public transport, and active travel issues within the NHSG estate and to ensure the group is aware of wider developments, strategies, and opportunities.

Linking with national partners

Establishing links with Public Health Scotland (PHS) and emerging national linkages on the transport and public health agenda. This has included partners attending and contributing to the national Public Health and Sustainable Travel Network.

Maximising coverage of campaigns

Because of the network created between health, social care, and transport partners it has been possible to widen promotion of campaigns, including Getabout, promoting active travel, road safety and air quality issues.

Facilitating links to transport studies and infrastructure projects

Throughout the year the HTAP partners have facilitated circulation and responses to consultations on transport corridors and specific projects, such as the Sustrans project looking to improve active travel routes along Ashgrove Road next to the Foresterhill Hospital campus in Aberdeen. Ashgrove Connects has now been awarded funding for the Design Stages, from the Sustrans/ Transport Scotland Places for Everyone programme.

Raising awareness of Grampian's HTAP

The Programme Manager prepared and presented a paper at the STAR conference held in Glasgow on the 2nd of November 2022. The paper set out the background, creation, and development of the HTAP and the partnership around it. The document has been of use as a briefing tool to engage local and national stakeholders. The Scottish Transport Applications and Research (STAR) Conference is the leading annual event disseminating and debating innovation in Scottish Transport. The aims of the STAR are, "to encourage researchers and practitioners with an interest in Scottish transport to present and debate recent transport research and applications."

Innovating Inclusive Active Travel with Vulnerable Groups

Moray Council have been delivering the Moray Bothy project in Cooper Park, Elgin since March 2023. The project is funded by Paths for All, Smarter Choices Smarter Places. In line with the Health & Transport Action Plan aims around ensuring everyone can benefit from active travel and reducing health inequalities the project has worked with groups such as Women's Aid, Spinal Injury Scotland, Criminal Justice, Moray MS and Artiquins amongst others. In total the project has engaged with over 500 people so far. Feedback from participants have shown that the project has had a positive impact on health and wellbeing, as initial data from those engaged with the project shows that over 67% state it has helped to increase the amount of exercise they now do. Initial survey data also suggests that cycling frequency has increased with 8% of respondents reporting that they cycled regularly (i.e., fortnightly, or more) prior to taking part in the project, and since engagement this has increased to 67%. Below is feedback received from a participant who had been supported by the hub since its opening.

"'On and off for the past few years, I had been thinking about taking up cycling again. I used to cycle to work daily and at weekends – even a road trip from Dublin to Scotland. I haven't cycled for at least 30 years, so with that and a couple of hip ops, it was a struggle that I didn't expect! I couldn't manage the pedals starting off, I experienced some difficulty getting on/off some. I even tried an electric bike, but I felt it ran away with me. Over the last 6 months, I have had incredible support from the Cooper Park Active Travel Hub delivered by Cycling UK. Iain has been very helpful with researching different bikes for me to try out and FINALLY this month Ian found me a bicycle which really "fit" me and I have for the first time in a long time I cycled around Cooper Park, and I was sooooo chuffed!!! Thanks, Iain, for your support and perseverance, I really appreciate it."

Of particular interest to other HTAP partners are how Moray Council were able to engage organisations working with vulnerable groups and, especially those using health services. Moray Council explained the process of doing this as reaching out to local community groups and organisations to work in partnership and offer services and through promoting accessible and inclusive cycling and walking opportunities, supporting residents first and foremost. Having a centrally located hub within a safe cycling network has also added many logistical benefits to the project.

Across the region HTAP partners will need to develop closer working relationships with organisations working with vulnerable groups and the lessons from this project are of importance more widely within Grampian and beyond.

More strategically, the Moray Council Bike Bothy project highlights the need for HTAP partners to progress engagement with Health & Social Care Partnerships in each of the three local authority areas and ensure that area Public Health teams are connected to decision making and project delivery across active travel and transport widely. This is where the region wide approach of HTAP can add strategic value.

Innovating new ways of working together to reduce Falls

Health Intelligence analysis of falls attendances at ARI and RACH emergency departments during the two cold snaps this past winter, identified two Aberdeen City postcode areas (AB15/16) which experienced very high numbers of falls. Further analysis (by residence) identified Hilton, Stockethill, Cults and Bieldside as having the highest incidence within those postcodes.

The council's footway gritters operate in these areas but clearly are not sufficient to prevent falls in high numbers. A self-help one tonne salt bag scheme has operated across the city for several years (200 bags per year), but it is not proactive, co-ordinated or intelligence led, and how the bags are used is not monitored.

Through engagement with the community councils, and in collaboration with the roads department, agreement was made that all three areas each create volunteer 'Winter resilience

rapid response task forces.' The task forces will receive and take responsibility for several one tonne salt bags, shovels, and hand push salt spreaders. On receipt of meteorological alerts from Aberdeen City Council (ACC), and with project support from Grampian Public Health, the task forces will grit high risk pavements in their areas. Health Intelligence analysis of falls attendances will be used to monitor impact and direct future actions. Senior Public Health Practitioner time was allocated to this, and a Consultant in Public Health supported this initially.

Funding was secured by Public Health and transferred across to ACC where it will be used by the roads department to purchase the equipment needed which will be passed onto the Community Councils involved.

Trials will be run using the alert system with a view to things being operational for the upcoming winter.

The overall aim is to reduce the number of people falling in the high-risk areas identified by our own heath intelligence analysis, thereby reducing attendances at the Emergency Departments at Aberdeen Royal Infirmary (ARI) and Royal Aberdeen Cornhill Hospital (RACH) and reducing the pressure on these services.

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01467 536111
travel@thinc-hub.org

Made possible through HTAPs partnership the Sustrans NHS Workplace Engagement Programme at NHS Grampian completed its second year in July. The programme aims to increase active and sustainable travel journeys made by staff through focusing on commuting, business trips and improving overall physical activity levels of employees. We raise the profile of active travel by engaging staff through positive messaging and delivering a range of activities and events. The programme also works to ensure that active travel is embedded in every level of the organisation by creating travel plans, improving staff benefits and bringing active travel to the forefront of discussions in organisational working groups.

In year 2, we continued to raise awareness of the benefits of active travel through positive messaging via internal communication channels, our Facebook and Twitter pages and the project's monthly newsletters which now go out to over 700 staff. We delivered lots of events to engage staff with active travel including Dr Bike sessions, cycle repair workshops, bike roadshows and cycle training for beginners. Most of these were held at Foresterhill with a couple of events held at Dr Gray's, Woodend, and Cornhill. The feedback from our cycle training sessions found that attendees gained confidence and would not have learnt to cycle in another way if these free sessions were not available at their workplace.

NHS Grampian have taken part in several Love to Ride challenges, which focus on getting people riding and encouraging one another. We have won two workplace challenges and now have over 300 staff on the platform including 56 new riders. Our 2023 Staff Step count Challenge was the biggest yet with over 1800 staff taking part, which is >10% of our staff base. Many staff reported having a better mood and improved mental wellbeing as a result of taking part and continued to make more active travel journeys three months on from the challenge.

This year, NHS Grampian achieved a Scottish Walking Award which is an initiative run by Scottish Ramblers, Paths for All and Living Streets. Our success in winning this award was due to our efforts improving workplace walking at Cornhill Hospital and our huge success in delivering the Staff Step count Challenge. In addition to this, Cornhill also achieved a Walk at Work Award accreditation.

During year 2, we brought in £45,000 capital spend to improve active travel infrastructure around NHS Grampian sites. This was used to install secure cycle storage and a repair stand at Dr Gray's Hospital, secure cycle storage at Woodend Hospital and a bike shelter at the Royal Aberdeen Children's Hospital. These new facilities helped Dr Gray's to achieve their Cycle Friendly Employer Award. The rest of the funds were used to secure a year of funding to cover insurance and servicing for our fleet of e-bikes and e-cargo bikes across Grampian. The project has been working on improving the uptake and usage of these bikes for business journeys and lack of servicing and insurance had been a common barrier to uptake.

The Workplace Engagement Programme aims to be inclusive in its reach and activities. This year, we worked in collaboration with payroll to improve the Cycle2Work scheme. The newly refreshed scheme offers more payback options and a greater spending limit. This increases the number of staff who are eligible to apply and allows staff to access e-bikes, e-cargo bikes, and adapted cycles through the scheme.

As part of the Programme, we have been working in collaboration with Travel Know How to create an NHS Grampian Active and Sustainable Travel Strategy and a Foresterhill Active and Sustainable Travel Plan. The strategy outlines our goals and ambitions to improve active travel across the board and together with the Foresterhill plan, provides a template for other site-specific travel plans to be created.

The Workplace Engagement Programme is unfortunately coming to an end shortly due to the withdrawal of funding from Transport Scotland. Year 3 which NHS Grampian had planned and budgeted for will not be going ahead. However, the future of active travel work within NHS Grampian is vital for reaching sustainability and health targets and for the wellbeing of our staff. Our ongoing work will be guided by the new Active and Sustainable Travel Strategy and will build on the efforts, achievements, and ambitions of the Workplace Engagement Programme.

Katrina Schofield
Project Officer | Sustrans Scotland

Through HTAP the opportunity to bid for Spaces for People funding was highlighted to NHSG. NHS Grampian was one of only two Scottish health boards to receive funding from the Spaces for People grants.

The project has delivered several improvements for staff, patients, and the community. This has included:

- **E-bike hire for the Aberdeen Health Village and Royal Cornhill Hospital and safety equipment for Health village staff to promote safe walking, particularly in the winter.**

- **Roxburghe Wellbeing Garden (staff, patients, and community)**
  (May 2021) Roxburghe Wellbeing Garden, (provided new accessible benches and upgrade of the path) to provide an area for breathing space, calm, and nature (Greenspace 2020) Feedback: "A holistic area for Roxburghe patents to access."

- **Bike Parks ARI and Cornhill (staff)**
  Installation of two bike parks on the ARI site adding 40 bike spaces to the east and central on the ARI site. Installation of one Bike Park on the Cornhill site providing 20 additional bike spaces.

  Installation of a covered bike rack at Glen'O Dee providing 10 bike spaces and 6 bike spaces in Woodend. Provides secure storage space for staff to house their bikes on the ARI and Cornhill, to encourage and staff to travel short distances on their bike during and post COVID. To promote health and wellbeing for staff during COVID-19 and thereafter. Feedback: Feel so much better than sitting in the traffic! "Great facility, looks more secure with PIN and swipe card, better weather proofing compared to open shelters"

- **E-bikes (staff)** *34 e-bikes (including e-cargo bikes for estates) for Aberdeen City, Aberdeenshire, and Moray. Including the Elgin and Vaccination Centre, Speyside, Children and Adolescent Mental Health Service (CAHMS) e-bike fleet 2021, at the City Hospital.*

  (Feb 2021) e-bikes/cargo Elgin and Vaccination Centre & Speyside. Allows the Public Heath Team to travel short journeys between sites. Promotes health and wellbeing for staff. Promotes the use of e-bikes for essential journeys such as patient appointments and travel to and from the vaccination centre. Feedback: "Excellent way to get to and from work every day. Fast, reliable and a pleasant journey - everything the bus isn't!"

- **CAHMS e-bikes Fleet.** *To travel to other NHS sites without using public transport and reduce short car journeys. To support staff wellbeing and take time for exercise during lunch. To travel sustainably to patient appointments. Feedback from CAMHS team:*

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"The e-bikes allowed me the opportunity to take some light exercise during my lunchbreak and enjoy the beach front near to the office. The fresh air and cardiac aspect helped me to remain positive and focussed for the rest of the day."

- **Final new e-bikes were delivered in the summer of 2022 to Huntly and Turriff.** *Formartine HSCP on Twitter: "A few months ago we were lucky enough to take receipt of an E-bike at Turriff Hospital. This has been the perfect solution to rising fuel costs. The pics below are of our Physio Team based in Turriff. They have been using the bike for local home visits. @NHSG_Sustain https://t.co/kai5JLcenS" / Twitter*

- **Bike Pod – Maternity August 2022 (staff)** *Removal of the wooden stand at maternity and installation of a new bike pod to provide 6 additional covered bike spaces for staff.*

- **A further bike pod was installed in 2023 in Elgin as part of their redevelopment on site.**

- **Blackbird Walk – Staff, Patients, and the Community** *September 2022 opening of Blackbird Walk from Foresterhill and Woodhill House. The Blackbird path funded via Sustran's Spaces for People project. It improves the connectivity between Foresterhill and Woodhill house and encourages active travel as well as three benches for resting. It winds its way attractively downhill past Foresterhill Health Centre and the new Aberdeen University BioHub research building. From there it is a 5-minute walk to the main entrance to ARI. Great walk-in nature even in the rain. The project succeeded in increasing biodiversity with planting 10 native trees (Cherry, Rowan and Oak), Scotia Seeds meadow and replacing the non-native bushes removed with lavender to support pollinators.*

NHS Grampian would like to thank SUSTRANS and staff in supporting a lasting legacy for Spaces for People Project.

Evonne Llewellyn
Spaces for People Project Manager 2020 to 2022 | NHS Grampian

Objective T&PH2

For health professionals to ensure planners and decision-makers are informed of the adverse public health impacts of the transport system and to support those partners already working to resolve them, most notably in order to:

- **Reduce air pollution, especially within Air Quality Management Areas;**
- **Reduce the number of people exposed to high transport noise levels;**
- **Reduce the number of people killed or seriously injured on the transport network;**
- **Reduce the number of people isolated from their communities and key services by lack of appropriate transport;**
- **Ensure that transport policies support sustainable and healthy communities.**

Road Casualty Reduction Group

Public Health involvement in North-East Scotland Road Casualty Reduction group. Figures for the calendar year 2022 are shown below.

2022	Fatal	Serious	Slight	Total
The Moray Council	4	21	31	56
Aberdeenshire	13	110	123	246
Aberdeen City	1	28	52	81

The primary focus of local road safety activity remains on reducing the number of road users killed and seriously injured on north east roads. This supports the aims and interim targets contained within the national 'Scotland's Road Safety Framework to 2030', with 50% reductions sought for those killed and seriously injured, along with a 60% reduction in the number of children killed and seriously injured. The Covid-19 period saw reductions in local road casualty totals which were linked to periods of travel restrictions, however, since then normal travel patterns have resumed, and local road collision and casualty statistics have slowly been returning to pre-pandemic levels.

Vulnerable road user groups continue to receive specific attention from Road Safety North East Scotland partners and during the reporting period, the 'New Driver Scheme' was launched. Led by Police Scotland and supported by the Scottish Fire and Rescue Service, the programme is a replacement for the annual 'Safe Drive Stay Alive' event and has been delivered to senior pupils within various schools across North East Scotland.

Police Scotland's successful 'Rider Refinement North' motorcycle safety initiative was again delivered to north east motorcyclists and continues to receive positive feedback. The scheme is both classroom and road based and provides attendees with a unique opportunity to hone their riding skills with the aim of reducing the likelihood of involvement in a road traffic collision.

Aberdeen's Low Emission Zone

The Public Health input to Low Emission Zone group continues. ACC are working towards enforcement starting in June 2024. Cameras and signage should be in place by the end of 2023.

Aberdeenshire's HEAL (Healthy Eating Active Living)

Inputs to Healthy Eating, Active Living (Aberdeenshire).

Working together to conduct Health Impact Assessments

A virtual workshop was held via MS Teams on 29 June 2023 to discuss potential impacts on health of the proposed Aberdeen Local Transport Strategy (LTS).

Workshop participants were from the local authority Aberdeen City Council, Public Health Scotland, NHS Grampian, and NESTRANS.

Collectively the group had specialist skills in public health, equalities, planning and transport,

and expert knowledge of the locality, including local concerns, needs and priorities, and the policy landscape. They had read and reflected on the draft LTS before the workshop.

Workshop participants agreed with LTS vision. They aimed to use this structured workshop to identify potential impacts, positive, negative and areas of uncertainty, of the LTS if implemented as proposed. A health impact checklist was used in a facilitated discussion to identify how the proposed LTS was likely to affect different populations and health determinants.

Improving rest points on pedestrian routes to Foresterhill Campus

As part of the Aberdeen City Community Planning Partnership, Local Outcome Improvement Plan, Nestrans is leading on two project charters, promoting Walking and Cycling. These charters involve implementing 'small tests of change' to see if they make an impact. A recent walking project which was raised by a member of the local community was to install park benches from the city centre up to the Foresterhill Campus.

This is to encourage people to make more walking journeys between Aberdeen Royal Infirmary and the City Centre. Aberdeen City Council have installed nine benches on Westburn Road and Hutcheon Street. Given how hilly this corridor is, these should provide useful resting places for pedestrians, especially those who may have been discouraged from walking between the hospital and the City Centre previously. The benches have been procured by the Aberdeen City Council using external funding from the Scottish Government's Cycle Walking Safer Routes (CWSR) funding. To establish whether the benches are encouraging more walking to take place, it was necessary to undertake monitoring of walking levels on the corridor.

Joint training

Public Health and Transport training day (29th of June 2022) led by Professor Adrian Davis of Napier University. In 2018 Edinburgh Napier appointed Dr Adrian Davis to the groundbreaking position of Professor of Transport & Health. The post is believed to have been the first of its kind in the world. Professor

Davis has a track record of more than 30 years work in helping to develop and grow this inter-disciplinary field. He was the author of the British Medical Association's first report on road transport and health, back in 1997, a founding Editor of the academic Journal of Transport & Health and is an adviser to the World Health Organisation. Participants said they found the training day of high value. One attendee from a transport background said the event inspired them to undertake a university course in Public Health.

On the 1st of November 2022, an online briefing was given to over 60 attendees by Dr David Walsh, Glasgow Centre of Population Studies, on the findings of research into changing life expectancy and mortality rates across the UK.

Place Making to Improve Health

Partners attended an event, Using Place as a lens to improve Health: A North East of Scotland Symposium, held at Cowdray Hall in Aberdeen on 28th of September 2022.

Access to Health & Social Care Sub-Group

The vision for access to health and social care is:

- For everyone in the region to be able to access the health and social care they need and if transport is required, for this to be appropriate, convenient, and affordable;
- For the environmental impacts of journeys to be minimised.

Objective AHSC1

For partners to gain a detailed understanding of the gaps or inequalities in access to or from health and social care services, and to resolve identified problems.

Sub-Groups

Quarterly Sub-Group Meetings, information sharing and opportunity identification. The group is chaired by the Nestrans Strategy Manager. The membership includes representatives from NHS Grampian,

Aberdeenshire Health & Social Care Partnership, Aberdeen City Council, Aberdeenshire Council, Moray Council, Royal Voluntary Service, commercial bus operators and Scottish Ambulance Service.

By meeting, the group gains a collective sense of the issues facing operators and how this intersects with communities and the issues around access to and from health and social care services. The group is mindful of the issues around poverty, pressure on organisations using volunteers, pressure on commercial operators and the ongoing pressures on the NHS and Scottish Ambulance Service.

Dialogue with national partners

Within the HTAP partnership links are maintained with the Scottish Government and Mobility & Access Committee for Scotland (MACS). This has included a Scottish Government representative attending the HTAP Steering Group and a member of MACS sitting on the Steering Group.

Public engagement

The partnership has also supported public engagement events where residents have raised concerns about access to health, including an event in November 2022 held by Fittie Community in Aberdeen.

Investigating local access to health issues

A student from Aberdeen University on placement with NHSG worked with HTAP partners to produce a research paper on how transportation affects healthcare access, focusing on the access to healthcare services for residents in the Banff and Buchan areas. It investigated how hospital administrators schedule appointments, the factors considered, and other health boards' strategies to overcome transportation barriers and reduce missed appointments.

> *Knowledge of the advice service grew during 2022-2023 as a result of NHS Grampian improving the information included in patient appointment letters for Aberdeen hospitals.*
>
> *We dealt with approximately 4,125 calls for transport assistance in Grampian during 2022-2023 from people travelling to health or social care appointments. Calls included requests for one-way, return, or multiple journeys. Callers were mainly people who could not use public transport or told us they had no friends or family who could help them. We arranged transport using THInC in the City minibuses or other community transport providers for approximately 4,050 requests but were unable to secure transport for approximately 450 journeys.*
>
> *We took part in an Aberdeenshire Health & Social Care Partnership Workshop about transport and THInC continued to be represented by Aberdeenshire Council at NHS Transport Programme Board meetings.*

Marion Mackay
Principal Officer (DRT, Fares & Ticketing)
Aberdeenshire Council

Objective AHSC2

For partners to more fully co-ordinate the planning and delivery of health and social care and transport in order to improve the efficiency and financial sustainability of services.

NHSG Transport Programme Board

NHS Grampian created a group to review Patient Transport with a focus on hospital discharge and the pressures on bed occupancy. A business case was produced and approved to fund additional weekend transport cover to improve efficiency of patient flow. Work on this emerged because of the pandemic but a focus on improving patient discharge continues as a priority as hospitals continue to face unprecedented pressures. A short life working group has been formed to investigate transport solutions around patient discharge. The Chair of

the SLWG is linked in to the HTAP Access to Health & Social Care Sub-Group.

THInC

THInC, the Travel to Health & Social Care Information Centre, has continued to be funded by NHS Grampian, Nestrans, Aberdeenshire Council and Aberdeen City Council. The project is staffed by colleagues at Aberdeenshire Council's Passenger Transport Unit who offer advice and liaise with community transport providers, whenever possible, to coordinate transport for health and social care appointments.

Health and social care professionals are encouraged to contact THInC for advice, on 01467 536111 or travel@thinc-hub.org, either on behalf of service users or to raise general transport issues.

A new webpage for THInC has been created and is hosted on the Nestrans website.

THInC in the City

This Aberdeen city-based service is funded by Aberdeen City Health & Social Care Partnership to support patients getting to and from health and social care appointments. Passengers pay a fare equal to that of Aberdeen City Council's demand responsive Transport service. The transport is provided by Buchan Dial a Community Bus and offers wheelchair accessible door to door transport exclusively for health and social care appointments. Two minibuses operate on Mondays to Fridays between 08:30 and 17:00 hours with booking arranged via THInC.

Supporting Community Transport

Supporting linkages between NHSG work around hospital discharge and dialogue with community transport operators.

The Grampian Volunteer Transport Awards presentations took place on Friday 9 December 2022. The awards which began in 2014 have been delivered five times. The presentation was held at Woodhill House and prizes sponsored by Colin Lawson Transport. The awards were presented by Aberdeenshire Council's Provost Judy Whyte. The awards are intended to recognise individuals and organisations who support residents to attend health and social care appointments and encourage interest in others to volunteer with our local organisations. The winners were Edith MacDonald, Royal Voluntary Service, Ken Fairweather, Mearns & Coastal Healthy Living Network, and the special contribution award went to Rebecca Ross of Banffshire Partnership.

Engagement with Community Transport happens locally via the Aberdeenshire Community Transport Forum and having the Director of the Community Transport Association. This has flagged issues around volunteer driver cost reimbursement, use of Blue Badges (organisations cannot apply) and pickup/drop off issues at Aberdeen Royal Infirmary.

Relevant partners contributed to an independent evaluation of the BeLink'D community transport pilot. The final report sets out recommendations around lessons to be learned when developing future community transport pilots.

Supporting and aligning emerging plans

Several HTAP group members supported Aberdeenshire Health & Social Care Partnership deliver a workshop on the 10 November 2022 on the themes of Health & Transport. The planned output is a series of actions which the partnership can take forward. Several of these actions are relevant to the HTAP objectives around different partner organisations supporting each other and have been incorporated into the developing HTAP review.

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The Grampian Volunteer Transport Awards are a great opportunity to highlight the hard work and dedication of local Community Transport Organisations, and the impact they have on enabling people to attend a wide range of appointments and activities to support health and wellbeing, and to live well in their communities.

We were delighted to win both the Organisation of the Year, and the Volunteer Driver/Escort of the Year in December. The Awards recognise the time, effort, hard work, and enthusiasm of all our volunteers who deliver this well-used service, and it was great to see Ken's dedication over the past 20 years being recognised too.

The demand for services like ours continues to grow, with an increase in referrals from THInC, Care Management, local organisations, and family members. We've also seen changes to the types of requests, with greater demand for cancer treatment-related transport, much of which is needed 5 days a week for 5 weeks. All this shows in our mileage stats, up from 20,847 in 2021/22 to 39,620 in the 15 months from May 2022 to July 2023.

Delivering this much-needed service is only possible through support with funding, and the time, energy, and support of our fantastic volunteers, without whom, none of this is possible.

Jane Mitchell
Manager, Mearns, and
Coastal Healthy Living Network

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National Treatment Centre - Grampian

The National Treatment Centre-Grampian (NTC-G) Design and Build cell currently has an Access and Transport short life working group (SLWG) considering the options and opportunities that will be available for the patients and staff who will use the new building. Due to its location on the Foresterhill Campus, consideration needs to be given to the site as well as those accessing the services that will be relocated to the new building. As such, the SLWG has four workstreams feeding into the strategy it is developing; the active travel plan, the development of the loop road, the car park review and the wider car parking and site access strategy. Information from the four workstreams will be fed into the group for analysis.

A questionnaire has been developed by the group to gather information about individual habits and requirements currently when travelling to the clinics. Members of the SLWG will attend clinics in the autumn to gather information and collate this for consideration by the group.

Paul Finch from Nestrans co-chairs the SLWG.

Angela Douglas
Service Project Manager
Acute Major Capital Projects | NHS Grampian

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Objective AHSC3

For partners to work together to ensure that Transport to Health & Social Care is undertaken by sustainable modes wherever possible, or that care is provided without travel if appropriate.

New Developments

The Access to Health & Social Care Sub-Group continues to provide a forum for partners to hear about new health and/or social care site developments to promote early engagement between those planning new developments and the relevant local authority and transport operators. On specific infrastructure projects transport partners are providing direct inputs to NHS Grampian planning. The group also seeks to have awareness of changes to GP practices.

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Dr Gray's Hospital Development Framework

The NHS Grampian Board adopted its 'Plan for the Future' in June 2022 and in February 2023 it approved the Dr Gray's Hospital - Plan - Strategic Intent. The plan highlighted the need for a clearer role and function for Dr Gray's Hospital and the development of the Strategic Intent set out the priority areas and principles for how the future of the hospital could be ensured as a highly valued part of the health and care system in the north of Scotland. A report on Space Utilisation, Quality and Functional Suitability at Dr Gray's Hospital that was published March 2023. The report concluded that the site is very constrained with little or no expansion space for future development. To support retaining appropriate clinical services and modernising the estate to meet current clinical and environmental standards and to support future need, a 'Development Framework' is required so that the development of the estate can be planned over the next 20 years. The intention is to submit the finalised Framework to Moray Council to form part of the Local Development Plan.

The Development Framework will be a map-based plan that will show the available space for development, the footprints and heights of future buildings as well as identifying the key uses and landscape features that must be considered when developing the site. The framework process will interrogate the existing transport and energy infrastructure to maximise opportunities for better site permeability and sustainability. The Framework Document will also have a detailed narrative to set the context within which all future proposals and planning applications within the site will sit. NHS Grampian values the Health & Transport Action Plan and the communication, collaboration and joint co-ordination of projects, campaigns, and initiatives that we have delivered together over previous years. The organisation fully recognises this multi-agency partnership as a key to our aims and that we are the only health board in Scotland to have such a partnership.

Aberdeen Royal Infirmary Foresterhill Campus Framework

In 2008 NHSG and the University of Aberdeen had a Development Framework for the Foresterhill Campus approved by Aberdeen City Councils Planning Authority. This was further updated in 2012 because of changes in Planning Policy to ensure it fully reflected the latest changes and was still relevant. This is now regarded as material in the consideration of any planning applications for the Campus and referred to as Supplementary Planning Guidance by the Planning Authority. A Development Framework is expected to have a life of around 20-25 years. The majority of the work detailed in the updated Development Framework is complete with the new Baird Family Hospital and Anchor Centre at an advanced stage and construction underway on a new Integrated Mortuary. Foresterhill Campus is principally an acute site and should only accommodate acute services that need to be on site. The Foresterhill Campus is limited by size and has now limited options for further extending services on the site with the clinical core of ARI requiring to be protected. An updated Development Framework with an 'infrastructure first' approach will be required for the campus. In March 2022, a feasibility study was undertaken by consultants to assess options for an internal ring road within the Foresterhill Campus. The ring road will enable greater site circulation as well as providing opportunities for active travel and public transport to permeate the site. NHSG identified a preferred ring road option, and this is currently under more detailed assessment.

This final phase of the Framework will plan development of the campus over the next 10 years to ensure the right clinical adjacencies, to assist and improve patient pathways and achieve ambitious sustainability goals in line with NHS Grampian 'Plan for the Future'. NHS Grampian values the Health & Transport Action Plan and the communication, collaboration and joint co-ordination of projects, campaigns, and initiatives that we have delivered together over previous years. The organisation fully recognises this multi-agency partnership as a key to our aims and that we are the only health board in Scotland to have such a partnership.

Hilary Wilkinson
Property Development Manager
NHS Grampian

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Looking Forward

Health & Transport Action Plan Review (HTAP3)

The original Health & Transport Action Plan (HTAP) was produced in 2007/08 and endorsed by both Nestrans and NHS Grampian Boards in June 2008. A review of the document was carried out in 2013 and was endorsed. Considering refreshed national and regional transport strategies, the impact of the pandemic on society and other considerations, it is now felt that a review of the HTAP is necessary.

Major developments since the last review

- Creation of Health & Social Care Partnerships.
- COVID pandemic and recovery.
- Decline in life expectancy since 2012.
- Acceleration in using online appointments.
- Transport Act (Scotland) 2019 giving health boards a duty to work with community transport bodies in providing non-emergency patient transport services in its area.
- Climate Emergency declared.
- NHS Scotland climate emergency and sustainability strategy: 2022-2026.
- Creation of Public Health Scotland.
- New National and Regional Transport Strategies
- Global energy and cost of living crisis.
- The Consultation considering creating a National Care Service.
- Such developments have and will continue to place challenges on partners in health, social care, and transport. These challenges are also opportunities to drive focus on whole system thinking and promote partnership working.
- The challenges of ensuring patient/service user access to health and social care as we transition to carbon neutrality necessitate the very dialogue between health, social care and transport partners facilitated by HTAP. Also, the need for the transport sector to improve health outcomes lends itself to the input of Public Health which HTAP has enabled.
- The HTAP partners had followed a five-year Road Map which ended in 2020. Having worked together well supporting the NHS during the first two years of the Covid pandemic, it is now appropriate to review with partners the HTAP vision and aims and understand the strategic issues facing each organisation. In doing so we can build a refreshed consensus and renewed commitment to working together on the areas where the partnership can realistically add value.

The process

The HTAP Programme Manager will play an integral role in leading the review and refresh of the Health & Transport Action Plan for Grampian.

The review process will be supported by a Review Group formed from Steering Group and Sub-Group members.

The process will be undertaken in three phases. Phase one and two have now been completed.

Phase 1 – Review what actions have been achieved and what actions are, for whatever reason, no longer appropriate or are extremely unlikely to be achieved and highlight those actions that would be incorporated into a refresh of the original plan (i.e., HTAP3).

Phase 2 – Comprehensive engagement with a wide range of stakeholders who have an interest in the complexity and variety of issues encompassed by health and transport. Through participatory workshops, the partners will identify the challenges and opportunities facing them in the next five years.

Phase 3 – Verification of priorities and areas of focus presented to the Steering Group and final approval of HTAP3.

Timetable

A workshop was delivered on 28th February at Cowdray Hall in Aberdeen. It was attended by 32 stakeholders. Susan Webb, Director of Public Health and Rab Dickson, Director of Nestrans spoke at the event. Five groups each facilitator led carried out a SWOT analysis identifying strengths, weaknesses, opportunities, and threats in relation to partnership working in Grampian and progressing towards the two HTAP visions. The outputs from the workshop have been analysed and work is ongoing. Several individual stakeholder interviews have also been carried out.

Overarching challenges

- Pressures related to climate action and a Just Transition towards net zero.
- Pressure across health and transport systems/providers.
- Increased demand for health services.
- Widening inequalities and transport poverty.
- Uncertainty and rapid change (financial, political, social, lifestyles, technological, health delivery and transport demand/ travel patterns).
- The interconnectedness across multiple issues and the impacts of decisions in one part of the system on another.
- The complexity of delivering collaboration across multiple agencies with a variety of statutory duties, public, commercial and third sector interests, geographical focus, varied performance metrics, funding criteria, governance, and culture.
- The finite capacity of organisations to contribute and facilitate strategic added value across the whole system.
- Gaps in available data to influence change at local and national levels.

Priority Areas

Priority areas are being categorised under Maintain, Develop and Influence.

In summary:

Maintain: Sharing campaigns, giving patients travel advice through joint funding of THInC, delivery of Volunteer Transport Awards, contributing to strategies and consultations. Maintain dialogue between health, social care, and transport providers (Scottish Ambulance Service, community transport, local authority transport and commercial transport). Maintain Public Health input to relevant transport groups.

Develop: Social prescribing, joint training, capturing lived experience, maximise opportunities relating to improving infrastructure and planning of EV charging stations regionally. Negotiating and developing opportunities to support new NHS Grampian and Health & Social Care locations around transport and accessibility. Building an understanding of how technology changes demand for face-to-face appointments in the long term.

Influence: Mobilise individual and collective expertise to strategically influence local and national policy, funding and data sharing between partners relating to health and transport relevant issues, including, access poverty, mobility poverty, particularly around health inequalities and access to health and social care.

![Moray Council logo](moray council)

REPORT TO: **EDUCATION, CHILDREN'S AND LEISURE SERVICES COMMITTEE ON 20 FEBRUARY 2024**

SUBJECT: **BEHAVIOUR IN MORAY SCHOOLS**

BY: **DEPUTE CHIEF EXECUTIVE (EDUCATION, COMMUNITIES AND ORGANISATIONAL DEVELOPMENT)**

1. REASON FOR REPORT

1.1 In response to the request of the committee on November 2023, to advise Committee of escalating behaviours in schools and actions to support staff, pupils and the wider school community as well as ongoing work with partners.

1.2 This report is submitted to Committee in terms of Section III (D) (1) of the Council's Scheme of Administration relating to all the functions of the Council as an Education Authority.

2. RECOMMENDATION

2.1 **It is recommended that Committee:**

(i)   acknowledges National work ongoing around increased disruptive behaviour across schools and society;

(ii)   acknowledges and endorses the local approach as set out in Appendix 1; and

(iii) agrees that this work will be led in a multi-agency approach with a short, medium to long term action plan and refers the matter to the Community Planning Partnership Board for consideration.

3. BACKGROUND

3.1 At the ECLS committee on November 2023, during consideration and discussion of the Performance report (Education Resources and Commmunities), the Committee asked for a report to be prepared for next committee with information on how behavioural issues and incidents of violence and aggression are being addressed to deliver outcomes for pupils. This report responds to that request.

3.2 The Scottish Government commissioned the National Centre for Social Research to conduct the Behaviour in Scottish Schools Research (BISSR).

The latest report (November 2023) indicates that the majority of pupils are still well behaved, however low level and more serious disruptive behaviours have increased in Scottish schools, including physical violence and aggression, since the report in 2016. This would be mirrored in Moray.

3.2 The Cabinet Secretary for Education and Skills committed to convening a summit on relationships and behaviour in schools, in order to establish a robust evidence base, informed by practitioners, on this issue of relationships and behaviour policy in schools. A number of Councils, schools and organisations were involved in this however Moray was not represented. The summit comprised of a series of themed events between June and November 2023 to enable relationships and behaviour policy to be carefully explored with partners. The summit focussed on the theme of relationships and behaviours in schools. The aims of the summit were: to identify the challenges and barriers to creating a safe and consistent environment in schools; and to identify practical solutions necessary to tackle these, at a school, local and national level.

3.3 Emerging work around this has been a request from the Cabinet Secretary of Education Scotland that during inspection, His Majesty's inspectorate will gather evidence about relationships and behaviour. As a result the authority received a guidance note in January 2024 regarding behaviour in schools and settings. This approach will allow Education Scotland to learn from and deepen their understanding of the challenges faced by schools and settings in dealing with this issue. In addition, it will recognise across Scotland the successes in implementing policies and guidance to support positive relationships and behaviour.

3.4 Post Covid there has been an increase in incidents of challenging behaviour in Moray particularly in secondary schools. During a planned Head Teacher (HT) meeting with Education senior officers in Autumn 2023, incidents of challenging behaviour from secondary school aged young people both in school and in communities were reported by HTs as increasing in number and seriousness. This culminated in serious incidents at Elgin High School and Buckie High School which triggered emergency meetings of the Getting it Right for Every Child (GIRFEC) Leadership Group to consider a partnership response. Meetings were held in December 2023 and January 2024.

3.5 Alongside this locally we are seeing an increase in Violence and Aggression reporting across schools. However, this requires careful analysis and interpretation. The increase could be as a result of a move to an electronic format for the Violence and Aggression form and also encouragement from the Local Negotiating Committee for Teachers (LNCT) to complete for every incident. In addition to this, there has been a lot of interest from media outlets of late due to the national interest and publications.

3.6 In addition to this, local reporting would require to be further analysed to determine whether the incidents relate to learners with additional support needs or not. Currently there is a lack of capacity within the service to undertake this additional work due to ongoing reviews and operational demands.

3.7 There has been a significant increase in relation to concerning behaviour incidents within schools and in communities. The young people involved are predominantly of secondary school age and although there are less than 10% involved from each school, the disruption is having a wide impact on other young people and school staff. From initial trigger points, behaviour in school escalated as a few young people absent themselves from classes, are disruptive in and around school and encourage their peers to participate a become disruptive. There have been a number of common features in schools, such as the use of substances or attending school under the influence of substances. Young people present at school and then refuse to attend classes or to leave school when behaviours are inappropriate and affect the safety of others. Exclusions in schools have increased, including care experienced children and young people, where the target for local authorities is to reduce them to zero. Moray is on track to exceed the number of exclusions in secondary next year which will impact on our Stretch Aim as part of the Scottish Attainment Challenge (SAC) priority. A decision to exclude is not taken lightly and hinges on whether or not the school can ensure the safety of a young person or the wider school. Typical behaviours exhibited in secondary schools from a minority of pupils are:

- Disengagement with learning in the classroom – often resulting in removal or leaving the room.
- Leaving the classroom without permission – often to wander the corridors, go missing, leave the school premises, encourage others to join them.
- Failure to follow instructions of classroom teacher, PT subject / guidance and member of the Senior Leadership Team
- Poor social interaction with peers
- Difficulty in regulating emotions (becomes heightened, agitated, aggressive, violent)
- Staff or students subject to verbal abuse and or threatening, aggressive, violent behaviour.
- Poor attendance
- Vandalism
- Substance misuse
- Offending in the community
- Absconding from home
- Refuses to engage with supports / interventions in place.
- Repeated alternative to exclusion (in school) or Fixed-Term Exclusions
- Failure to adhere to the conditions of the alternative to exclusion or Fixed Term Exclusions (returning to school, re-entering the building, refusing to leave)

3.8 Parent/carer support and engagement with schools is variable where some fully engage and are working with the school to lack of support for what the school is trying to put in place. This is particularly the case where young people are excluded and parents/carers choose not to attend readmission meetings. Schools are also finding that they are having to deal with negative behaviours displayed by parents towards school staff including when young people are present. This lack of engagement and support for the school

impacts negatively on the attitudes of some young people and their respect for school or other staff.

3.9   Attendance and exclusions in schools are also a concern. These are key targets for Scottish Government and as part of the Council's National Improvement Framework (NIF) priorities set stretch aims must be set for attendance and exclusion which is scrutinised closely by the SAC team. Statistics to date (mid January 2024) around attendance and exclusion are:

Attendance				
Sector	National 22/23 %	Moray 22/23 %	Moray Stretch Aim 23/24 %	Moray Jan 2024 %
Primary	92.2	92.7	92.5-93.5	93.03
Secondary	87.7	88.9	88-90%	88.5

Exclusion (per 1,000 pupils)				
Sector	National 22/23 %	Moray 22/23 %	Moray Stretch Aim 23/24 %	Moray Jan 2024 %
Primary	16.6	2.9	n/a	3
Secondary	16.6	42.1	37-42	22

3.10   There have also been issues reported in local communities involving violence between young people, social medial issues, bullying and aggressive behaviour, damage to property and disturbance to local residents. Schools are often approached to resolve these issues by parents and community members even though the occurrence is outside of school time. In addition issues out in the community at the weekend often spill into school on a Monday morning. Points of concern around the impact of behaviours are:

- Risk of physical harm from violent behaviour (young people and staff)
- Impact on the mental health and wellbeing of staff and young people
- Negative impact on learning and teaching which impacts on the attainment of all
- Increased pupil absence, missed learning which impacts on attainment
- Increased school staff absence and increased demand for Occupational Health referrals
- Reduced leadership capacity from call upon resources and absenteeism, and consequent negative impact on recruitment
- Detrimental impact on education outcomes for all learners
- Developing and ongoing pattern of behaviour becomes the norm
- Capacity within partnership to support schools
- Duplication of the work of partner agencies and groups - need to have focus of responsibility and oversight of actions vested in single partnership group
- Long term impact on life outcomes for those who become marginalised
- Wider issues in families and communities escalate

- Concern around the possibility of the issue becoming larger with more young people engaging in such behaviour

3.11 Although the behaviours and concerns raised are predominantly across secondary schools, there is an emerging trend in primary also and not only in the upper stages. Similarly, nursery settings report an increase in poor behaviours of a small number of young children. Senior leaders and staff across schools and settings are proactive in implementing a number of interventions using Devolved School Management (DSM) budgets as well as Pupil Equity Funding (PEF – although this is targeted to support the poverty related attainment gap). They are supported by partner agencies although as previously stated, capacity or thresholds for intervention can be an issue. In addition, Strategic Equity Funding (SEF) is being used across Moray to target specific areas in order to support projects which will provide additional support for children and young people eg Primary to secondary transition, alternative curriculum packages, youth work, inclusion and wellbeing support and so on.

3.12 Interventions across schools include:
- Nurturing ethos and culture
- Promotion of inclusive classrooms
- Relational policies with approaches in place to promote
- Differentiated work and involvement of Principal Teacher (PT) Support for Learning (SFL) or Additional Support Needs (ASN)
- Alternative curriculum offers and packages including use of Outfit Moray, Revolution for Good, The Paddock etc
- Small group teaching with appropriate support
- Adapted timetables (soft start, reduced number of lessons, early finish etc)
- Use of focus sheets (smart targets reviewed and monitored eg attendance, behaviour, effort etc)
- Out of class cards, alternative in school provision
- Support with health diagnosis
- Targeted parental engagement
- Use of Inclusion workers, Moray Social, Emotional and Behavioural Needs (SEBN), Pinefield Parc, Youth Work, Equity Teacher etc
- Alternative to exclusion and ongoing review and monitoring
- Fixed term exclusion – a last resort
- Engagement with external agencies including Social Work, Moray Youth Justice, Aberlour Youth Point/Zone, Police Scotland, NHS etc

3.13 The service is fully aware that for some children and young people, behaviours can be as a result of their additional support need and in **Appendix 1** there is a clear plan to further support staff by offering training and development to supplement existing knowledge and to share strategies for supporting learners further.

3.14 This is currently being discussed at the GIRFEC Leadership Group where a HT and a Deputy Head Teacher from secondary schools provided case studies and profiles of the pupils causing concern. Committee are aware of anti-social behaviour across a number of schools post Covid, including at weekends and for a time on bus transport and that this has been a focus for

locality groups working with local communities. It has become evident that there is much happening in Moray in various partnership groups to tackle this issue however there are benefits to be gained from ensuring that the governance around this is correct and work is currently being undertaken by the Chief Social Work Officer, Chief Education Officer and a partnership Police Scotland Inspector to progress this.

3.15   Any solution has to be a shared partnership approach akin to the African proverb 'It takes a village to raise a child'. This requires to be multi-agency, multi-disciplinary, and preferably a community based team to work on a preventative basis to support families, children and young people to secure more positive outcomes. This is a medium to long term objective that the GIRFEC Leadership Group (GLG) which is a children's services partnership strategic group will set out a work plan for in 2024 including accessing available funding such as the Whole Family Well-being Fund as Moray progresses with the vision of implementing family/community hubs in localities. This is work across the wider children's services partnership.

3.16   In the meantime education and other agencies will work together in the short term to support children and young people and families by:
- Sharing information on thresholds
- Police deployment of harm reduction officer to priorities
- Enhanced response and support from Police in recognition of issues
- Multi-agency actions from child's planning meetings
- Engagement with Head Teachers from Social Work colleagues
- Need for all agencies to have a joined up approach which is solution focussed
- Check-in with Locality Networks for any other issues/gaps
- Deployment of Education team to support hot spots or to provide support when major incidents

4.   SUMMARY OF IMPLICATIONS

(a)   Corporate Plan and 10 Year Plan (Local Outcomes Improvement Plan (LOIP))
This report supports the LOIP outcomes:
Building a better future for children and young people in Moray:
- A place where children and young people thrive;
- A place where they have a voice, have opportunities to learn and can get around;
- A place where they are able to reach their full potential.

Also the aims of the Corporate Plan to:
- Provide opportunities where young people can achieve the potential to be the best they can be

(b)   Policy and Legal
There are no policy or legal implications arising directly from this report.

(c)   Financial implications
There are no financial implications arising directly from this report although if behaviours escalate this may put a strain on the Out of Area

(OOA) Budget. In addition, schools are using their DSM budgets to implement interventions and this may result in overspend.

(d) Risk Implications
The risks have been listed in para 3.10 above.

(e) Staffing Implications
There are no staffing risks arising directly from this report although the impact on staff has been included in the report as above.

(f) Property
There are no property issues arising from this report.

(g) Equalities/Socio Economic Impact
The National Improvement Framework is aimed at reducing inequalities.

(h) Climate Change and Biodiversity Impacts
None.

(i) Consultations
The Head of Education Resources and Communities, Chief Social Work Officer, Quality Improvement Managers, Early Years Service Manager, Secondary Head Teachers, Head of Financial Services, Head of HR, ICT and OD, Quality Improvement Manager, Business Support Team Manager, and Caroline O'Connor, Committee Services Officer, have been consulted on this report and agree with the sections of the report relating to their areas of responsibility.

5. CONCLUSION

5.1 Committee is asked to review the updated information provided regarding current behaviours demonstrated by a small number of young people in schools and to acknowledge the work to date and plans moving forwards. The Committee is also asked to endorse the importance of a partnership response to these matters and to refer the report to the Community Planning Partnership Board for consideration.

Author of Report: Vivienne Cross, Head of Education
Background Papers: Behaviour in Scottish Schools 2023

Ref: SPMAN

Suggested changes from Behaviour in Scottish Schools 2023 report and Moray response

The qualitative research participants made a number of suggestions as to how relationships and behaviour in schools might be improved in the future, including:

Report suggestion	Moray response
Approaches • A greater consistency in relation to approaches to relationships and behaviour: more clarity at a national level, in the form of national guidance or policy, as to which behaviours are and are not acceptable and how they might be managed consistently across schools in different areas • The perceived lack of consequences for pupils engaging in more disruptive behaviours: the management of the behaviour of a small core group of young people with whom all other approaches and strategies had been exhausted was thought to necessitate more robust measures. However, apart from suggestions such as removing pupils from the class temporarily, providing additional options for alternative provision or in more extreme cases the school, teachers were not always able to articulate what might be helpful	• Focus on positive relationships and positive behaviour policies and approaches. • Focus on nurture and inclusive practice • See ASN paper for future provision • Ongoing work with partner agencies • Key policy review with the system including attendance policy etc
Additional resources • The respondents emphasised the importance of providing adequate resources to fund nurture and support for pupils with additional support needs in mainstream schools under the presumption of mainstream policy. The reported increase in pupils with additional support needs (e.g., ADHD, Autism Spectrum Disorder) and young people with undiagnosed conditions suggest that much higher levels of funding and support are required if these pupils' needs are to continue to be met in mainstream schools.	• Allocation of resource for ASN within current budgets • ASN future provision

Enhanced Support Provision • A lack of provision for social, emotional and behavioural needs (SEBN) within enhanced support provision: more places to be made available in enhanced provision to help support highly dysregulated pupils, more opportunities to be provided for support through third sector organisations and breadth of curriculum and learning options to be explored. Again, funding would be required to pay for these additional resources.	• See ASN paper for future provision • Use of available budget and resource • Partner agency support and input
• More support from national and local government bodies • More support to be provided at national and local governmental level: this often related to resources, both in terms of staffing and funding, to allow schools to have the capacity to deal with disciplinary and behavioural issues, and to support pupils with additional support needs. It was proposed that the Scottish Government might issue a statement of support making clear that violence is unacceptable for school staff experiencing violence in their workplace	National Response Subject to budget setting
• More communication from local authority staff about how specific school incidents had been addressed. • A more visible presence from LA staff, such as visiting schools and experiencing the school environment.	• Feedback to HTs via briefings and strategic meetings • HT representation at GIRFEC Leadership Group (GLG) • School visit programme • Immediate support to schools where incidents are occurring • Redeployment of central team (small resource) to schools experiencing difficulties
Greater Resources needed at LA level • The benefits of additional funding for schools in deprived areas through the Pupil Equity Fund (PEF) and the Scottish Attainment Challenge (SAC), for example, in establishing Inclusion Hubs, were outlined.	• PEF plans and outcomes • SEF plan targeted to specific areas and to support this work • Use of partnership FWBF funds

However, school staff also highlighted instances where their funding from PEF and SAC had been reduced or come to an end, with implications for the funding of inclusion hubs and support staff levels • School staff perceived that cuts to statutory services (e.g. social work, Child and Adolescent Mental Health Services), alternative learning provision from third sector organisations, enhanced support provision, and numbers of support staff impacted on the resources available to schools to help some of their most dysregulated children and young people.	• Allocation of ASN resource to schools • Training offer to practitioners
Need for Additional Staffing at school level • At a school level, school staff called for funding to increase staff capacity to support pupils with distressed behaviour. Staff pointed to reductions in numbers of support staff, and the ways this has impacted on schools' ability to provide one-to-one support and facilitate nurture and well-being groups. Staff also called for smaller class sizes, particularly in the primary sector, to help staff build relationships with their pupils.	• Moray Council, like many local authorities have to reduce budgets in order to have a balanced budget • School use of DSM and PEF funding • Class sizes are set nationally and head teachers create classes based on linear formula agreed
Need for more training/collaboration • Class teachers called for more classroom observation from their peers to help them reflect and discuss strategies used, and access additional peer support from their colleagues, to help them promote positive relationships and behaviour. They also wanted more time after attending professional learning to be able to reflect on the sessions and consider how they could apply the strategies to improve behaviour. • Support staff should be paid to undertake learning and	• This can be negotiated in Working Time Agreements (WTA) and agreed locally in each school • Moray training offer in place and WTA • Teachers have negotiated collegiate time and also an additional 35 hours to reflect

development, including formal training, outside of school or their contracted hours. Support staff themselves requested appropriate induction training to support them in their roles with pupils	• Can be included in professional development as part of professional review and development and professional update • Moray induction for support staff is being developed and implemented • Support staff attend on in-service days and have access to professional learning and development
Parental and pupil engagement • Greater engagement with parents: as not all parents were perceived as being supportive of schools' efforts to address behaviour, and it was stressed that schools and teachers were being held accountable for wider social issues. Earlier intervention to help support struggling families was proposed, though the issue of providing this in the context of local authority budget cuts was recognised. • It was suggested that campaigns to engage with pupils themselves to discuss their rights and responsibilities within school, and how to address low and more serious disruptive behaviours, might be beneficial.	• Ongoing work in schools • Partnership approaches • To be considered as a partnership approach