

# Community planning in Aberdeen



Prepared for the Accounts Commission and the Auditor General for Scotland  
March 2013

# The Accounts Commission

The Accounts Commission is a statutory, independent body which, through the audit process, requests local authorities in Scotland to achieve the highest standards of financial stewardship and the economic, efficient and effective use of their resources. The Commission has four main responsibilities:

- securing the external audit, including the audit of Best Value and Community Planning
- following up issues of concern identified through the audit, to ensure satisfactory resolutions
- carrying out national performance studies to improve economy, efficiency and effectiveness in local government
- issuing an annual direction to local authorities which sets out the range of performance information they are required to publish.

The Commission secures the audit of 32 councils and 45 joint boards and committees (including police and fire and rescue services).

## Auditor General for Scotland

The Auditor General for Scotland is the Parliament's watchdog for helping to ensure propriety and value for money in the spending of public funds.

She is responsible for investigating whether public spending bodies achieve the best possible value for money and adhere to the highest standards of financial management.

She is independent and not subject to the control of any member of the Scottish Government or the Parliament.

The Auditor General is responsible for securing the audit of the Scottish Government and most other public sector bodies except local authorities and fire and police boards.

The following bodies fall within the remit of the Auditor General:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Enterprise.

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

# Contents

**Commission findings**

Page 2

---

**The audit of community planning**

Page 4

---

**Summary**

Page 7

---

**Part 1. Local context**

Page 10

---

**Part 2. Leadership and governance**

Page 15

---

**Part 3. Managing performance**

Page 19

---

**Part 4. Use of resources**

Page 24

---

**Part 5. Working together**

Page 27

---

**Part 6. Impact and outcomes**

Page 32

---

**Part 7. Improvement agenda**

Page 40

---

# Commission findings



- 1.** We are grateful to Community Planning Aberdeen for volunteering to take part in one of the three early audits of community planning, especially at this time of significant change.
- 2.** These findings should be considered alongside the Commission's general conclusions on community planning in Scotland, published in our accompanying report. Community planning provides a clear opportunity to deliver a step change in the performance of public services. We have found that partnership working is well established and there are many examples of joint working that are making a difference for specific communities. But Community Planning Partnerships (CPPs) are not yet able to demonstrate that they have had a significant impact in delivering improved outcomes across Scotland.
- 3.** The need to improve performance goes beyond individual CPPs. Delivering change to help meet the demanding requirements of the Statement of Ambition for community planning will require strong and sustained leadership at national and local level.
- 4.** This will not be straightforward: the outcomes that CPPs are trying to improve are complex and deep rooted. CPPs therefore need to be clearer about their priorities for improving their area. They need to focus their efforts through using their combined resources, skills and expertise.
- 5.** Community Planning Aberdeen has shown increasing self-awareness in recognising how it needs to improve. Recent improvements in governance structures have helped provide momentum, but commitment from all partners, particularly NHS Grampian, needs to be clear and consistent. The partnership needs to show better leadership to get more out of community planning for the city. We note the lack of evidence of significant impact that partnership working has had on outcomes for the city.
- 6.** A new long-term vision for the city provides a good basis, but this vision needs to be supported by clear priorities that are reflected in an agreed plan of action and in partners' own plans.
- 7.** The piloting of a new 'whole systems approach' is a potentially significant initiative, but we note that it is too early to assess its effectiveness. We welcome the increasing emphasis on preventative work. The partnership needs to complement such initiatives with a more effective approach to joint resourcing and a better focus on managing performance in relation to outcomes.
- 8.** We are encouraged by the recent changes seen in the partnership, but this momentum needs strengthened and maintained.

# The audit of community planning



## Background

**1.** Community planning is the process by which councils and other public bodies work together, with local communities, the business and voluntary sectors, to plan and deliver better services and improve the lives of people who live in Scotland.

**2.** Community planning was given a statutory basis by the Local Government in Scotland Act 2003 (the Act). Under the Act:

- Councils have a duty to initiate, facilitate and maintain community planning.
- NHS boards, the police, the fire and rescue services, and the enterprise agencies (Scottish Enterprise and Highlands and Islands Enterprise) have a duty to participate in community planning. This duty was later extended to Regional Transport Partnerships.<sup>1</sup>
- Community Planning Partnerships (CPPs) are required to engage with communities, report on progress, and publish information on how they have implemented their duties and how outcomes have improved as a result.<sup>2</sup>
- Scottish ministers, through the Scottish Government and its agencies, have a duty to promote and encourage community planning.
- Councils can invite other bodies such as colleges, higher education institutions, business groups, voluntary organisations and community groups to take part in community planning, although these are not statutory partners.

**3.** All councils have established a CPP to lead and manage community planning in their area. CPPs are not statutory committees of a council, or public bodies in their own right. They do not directly employ staff or deliver public services. Under Section 19 of the Act, it is possible for the CPP to establish the partnership as a legally distinct corporate body. Some CPPs have considered this option but, to date, none has taken it forward.

**4.** The structure of CPPs and the areas they cover vary considerably, depending on the size and geography of the council area, the local economy, local political priorities, and socio-demographic factors such as age, gender, and relative wealth.

### The Christie Commission and the Scottish Government and COSLA review of community planning

**5.** Between 2011/12 and 2014/15, the Scottish Government's spending will fall by 5.5 per cent (£1.5 billion) in real terms.<sup>3</sup> Reductions of this scale are a significant challenge for the Scottish public sector. The Christie Commission report on the future of public services highlighted the need for a new, more radical, collaborative culture throughout Scotland's public service. It called for a much stronger emphasis on tackling the deep-rooted, persistent social problems in communities across the country to enable public bodies to respond effectively to these financial challenges.<sup>4</sup>

**6.** The Scottish Government's response to the Christie Commission included a commitment to review community planning. That review led to the publication of a Statement of Ambition for community planning which stated that effective community planning arrangements will be at

the core of public service reform. CPPs will drive the pace of service integration, increase the focus on prevention and continuously improve public service delivery to achieve better outcomes for communities.<sup>5</sup> The Statement of Ambition also emphasises the need for all partners to have collective accountability for delivering services. This includes being accountable for their own contribution to local planning.

### Previous audits of community planning and partnership working

**7.** Audit Scotland's national report *Community planning: an initial review*, 2006, found that there had been some progress with community planning, but that important issues needed to be dealt with:

- The complexity of community planning structures and different accountabilities could be a barrier to effective working.
- Performance management and monitoring processes were not well developed.
- Community engagement could be more sustained and systematic.
- CPPs should be clearer about the resources required to achieve their outcomes.<sup>6</sup>

**8.** Audit Scotland's 2011 national report, *The role of community planning partnerships in economic development*, found that:

- CPPs had supported local economic developments
- the introduction of Single Outcome Agreements (SOAs) had improved how CPPs monitor and report progress

1 Transport (Scotland) Act 2005.

2 The Local Government in Scotland Act 2003 – *Community Planning: Statutory Guidance*, Scottish Executive, 2004.

3 Table 6.02 – Departmental Expenditure Limits, applying the following deflators: 2012/13 = 2.5 per cent; 2013/14 = 2.7 per cent; 2014/15 = 2.7 per cent, *Scottish Spending Review 2011 and Draft Budget 2012-13*, Scottish Government, September 2011.

4 *The Commission on the Future Delivery of Public Services*, Christie Commission, June 2011.

5 *Review of Community Planning and Single Outcome Agreements: Statement of Ambition*, Scottish Government and COSLA, March 2012.

6 *Community planning: an initial review*, Audit Scotland, 2006.

9. However, it also found that many of the problems identified in 2006 persisted.<sup>7</sup>

10. Audit Scotland's 2011 national report on Community Health Partnerships (CHPs) found that approaches to partnership working had been incremental and there was a cluttered partnership landscape. CHPs were set up in addition to existing health and social care partnership arrangements in many areas. This had contributed to duplication and a lack of clarity of the role of the CHP and other partnerships in place in a local area. Partnership working for health and social care requires strong, shared leadership by both NHS boards and councils. Differences in culture, planning and performance management arrangements are barriers that need to be overcome.

### About the audit

11. The role of community planning in improving Scotland's public services has become increasingly important. The Scottish Government therefore asked the Accounts Commission to lead development work to prepare an outline case on how external audit and inspection might hold CPPs to account for their performance and help them to deliver better outcomes.

12. The Commission and the Auditor General for Scotland worked with their scrutiny partners (Education Scotland, Care Inspectorate, Her Majesty's Inspectorate of Constabulary for Scotland (HMICS), the Scottish Housing Regulator (SHR) and Healthcare Improvement Scotland). It worked with the Convention of Scottish Local Authorities (COSLA), the Society of Local Authority Chief Executives (SOLACE) and the Scottish Government. The Accounts Commission and the Auditor General developed an audit framework

designed to strengthen the accountability of CPPs and supporting improved performance.

13. Those proposals were submitted to the Cabinet Secretary for Finance, Employment and Sustainable Growth in June 2012.

14. Aberdeen, North Ayrshire, and the Scottish Borders CPPs agreed to participate in three early audits to help the Accounts Commission and the Auditor General for Scotland test the CPP audit framework. For the first time, these audits focus on the impact and effectiveness of individual CPPs, rather than community planning as a national process.

15. The overall aim of our audit was to assess the effectiveness of community planning in making a difference to local communities. We did this by gathering and evaluating evidence to allow us to answer the following four questions:

- **Strategic direction** – has the CPP set a clear strategic direction, with clear improvement priorities, agreed by all partners, which reflect the needs of the area, and are based on effective community engagement?
- **Governance and accountability** – does the CPP have effective governance and accountability arrangements, and is it able to demonstrate effective shared leadership which ensures improved outcomes for the area?
- **Performance management and use of resources** – has the CPP established effective performance management arrangements which are delivering performance improvements, including effective self-evaluation arrangements; and securing best use of public resources, including service integration?

- **Impact and outcomes** – can the CPP show its actions are making a difference for the area and improving outcomes for local people?

16. The audit of Aberdeen's CPP was carried out in September 2012, by a team from Audit Scotland, with support from the Care Inspectorate, Education Scotland and Her Majesty's Inspectorate of Constabulary Scotland (HMICS). We gratefully acknowledge the cooperation and assistance provided to the audit team by all the CPP partners and representatives involved in the audit. We are particularly grateful for the constructive approach adopted by the CPP to the audit process at a time of significant change and development for the CPP in response to the Scottish Government and COSLA community planning review.

# Summary



**17.** Community planning has been established for almost a decade in Aberdeen. Over this period, partnership working between different parts of the public sector has steadily developed. Despite this, there is little evidence to show that community planning has had a major impact on people living in Aberdeen. Significant differences remain between the least and most deprived communities in aspects such as health, crime and education levels gaps. Community Planning Aberdeen (CPA) has recognised the need for improvements and has started to implement a series of ambitious reforms. It is, for example, piloting a greater emphasis on preventative work. CPA has shown that it is now starting to move in the right direction. However, it still has much to achieve before it will be able to meet the aspirations set out in the Statement of Ambition.

**18.** Aberdeen is a prosperous city. As the 'energy capital of Europe', its economy remains strong. Unemployment and benefits dependency are well below national levels and average earnings are relatively high. Reflecting this affluence, average life expectancy is higher than in other parts of Scotland.

**19.** Within this picture of overall prosperity, however, Aberdeen faces some important challenges. Some of these reflect national issues, such as managing the impact of the global recession and maintaining health and social care services for an ageing population. Others are more specific to Aberdeen, with sharp differences between affluent and deprived parts of the city, not just economically but also in terms of health and education. There are also high levels of drug and alcohol abuse, and relatively high crime levels.

**20.** It has long been recognised that tackling these complex and deep-seated issues requires strong and effective partnership working. In 2003, The Aberdeen City Alliance

(TACA) was established, consisting of Aberdeen Council and its local public and private sector partners, as the key group for improving outcomes for local people. TACA developed a series of community plans, setting out long-term plans for developing the local economy, reducing inequalities within the city, and improving health, education and community safety. These led to the first SOA in 2008, which aimed to establish a more structured approach to directing resources towards agreed improvement areas, and monitoring progress against local and national targets.

**21.** Over the past decade, joint working has steadily developed within Aberdeen. A series of Challenge Forums were established, bringing together local organisations and coordinating their work. A Community Health Partnership has been successfully established, designed to strengthen the links between health and social care services. In addition, other groups were established to address particular areas of concern, such as the Aberdeen Drugs and Alcohol Partnership and the Integrated Children's Services Partnership.

**22.** The challenges facing community planning partnerships are complex. Deep-seated social issues can take many years, if not decades, to resolve. In addition, with many factors at play, it can be difficult to match partnership actions and investments with subsequent changes in community outcomes such as health and deprivation. However, there is little evidence to show that this increased partnership working had any significant impact in tackling the sharp inequalities within Aberdeen. Together, local partners in Aberdeen spend over £866 million a year, with a further £451 million spent by the Department of Work and Pensions (DWP). But TACA has not had a significant impact on redirecting resources towards partnership priorities.

**23.** By 2011, there was a growing awareness by Aberdeen Council and its partners that they needed to make significant changes in their approach to community planning. Following an external review, TACA was replaced by CPA. This has led to a series of reforms. A CPA Board, consisting of eight members, has been created to help improve decision-making. Governance structures have been simplified, with the 14 Challenge Forums replaced by six Theme Groups. Needs assessments are being carried out to help identify the key community priorities which need to be addressed by CPA. And a new long-term Vision for Aberdeen has been established.

**24.** CPA has also started to put a greater emphasis on preventative work. It has piloted a new whole-systems approach, which aims to shift partner resources from dealing with social problems to preventing them. There are two pilot projects, in education and community safety. While it is too early to assess their impact, they do provide a potential model of how public organisations can work together more effectively.

**25.** Despite these significant changes, CPA knows that it still has much to do before it will be in a position to meet the challenging agenda set out in the joint Scottish Government and COSLA Statement of Ambition for community planning. A Development Plan has recently been approved by the CPA Board, aimed at improving performance management, governance and accountability, and community engagement.

**26.** In addition, there are other, more difficult issues, that the partnership is now planning to address:

- Ensuring that all key public sector leaders, particularly from NHS Grampian, are committed to CPA acting as the strategic coordinating group for partnership working and public service reforms locally.

- Agreeing a clear set of shared priorities that focus on what is important for Aberdeen, rather than try to meet every aspiration.
- Ensuring that shared community planning priorities are embedded in the strategies and resourcing plans of partner organisations.
- Developing a joint resourcing framework, underpinned by a better understanding of costs and service impact, and using this to shift resources towards preventative work which can generate long-term savings or improved outcomes.
- Establishing a strong focus on outcomes that will allow it to monitor the impact it is having on individuals and communities within Aberdeen and to hold partners to account for their performance.

**27.** There are also barriers at a national level which will need to be overcome. For example, there is a need for the Scottish Government to avoid short-term funding of initiatives aimed at addressing long-term issues. Similarly, there is a need to ensure that performance data that is collected nationally is regularly updated and collected at consistent ward or data zone levels to help monitor any progress in reducing deprivation and inequalities.

**28.** CPA has shown that it is now starting to move in the right direction. Its revised structures and processes provide a good framework to meet the more demanding expectations of community planning partnerships that are set out in the Statement of Ambition. However, it has a long way to go before it will be able to meet the aspirations set out in the Statement of Ambition. The CPA Board will need to provide sustained leadership, with all partner organisations aligning their work and, perhaps more importantly, their resources to achieve its wider community priorities.

# Part 1. Local context



### Community planning in Aberdeen

**29.** Aberdeen City Council, in consultation with other local organisations, published its first community plan in 2001. This was followed by the establishment of a formal Community Planning Partnership, known as The Aberdeen City Alliance (TACA). This included representatives from over 30 local organisations, such as NHS Grampian, Grampian Police, Grampian Fire & Rescue, and local colleges and universities. It also included representatives from the business and voluntary sectors.

**30.** In addition to TACA, several regional structures were also

maintained, recognising that some strategic issues, such as the economy or transport, needed to be addressed in a wider context. The Aberdeen City and Shire Economic Future (ACSEF) represents business interests. NESTRANS acts as the transport partnership for Aberdeen City and Aberdeenshire.

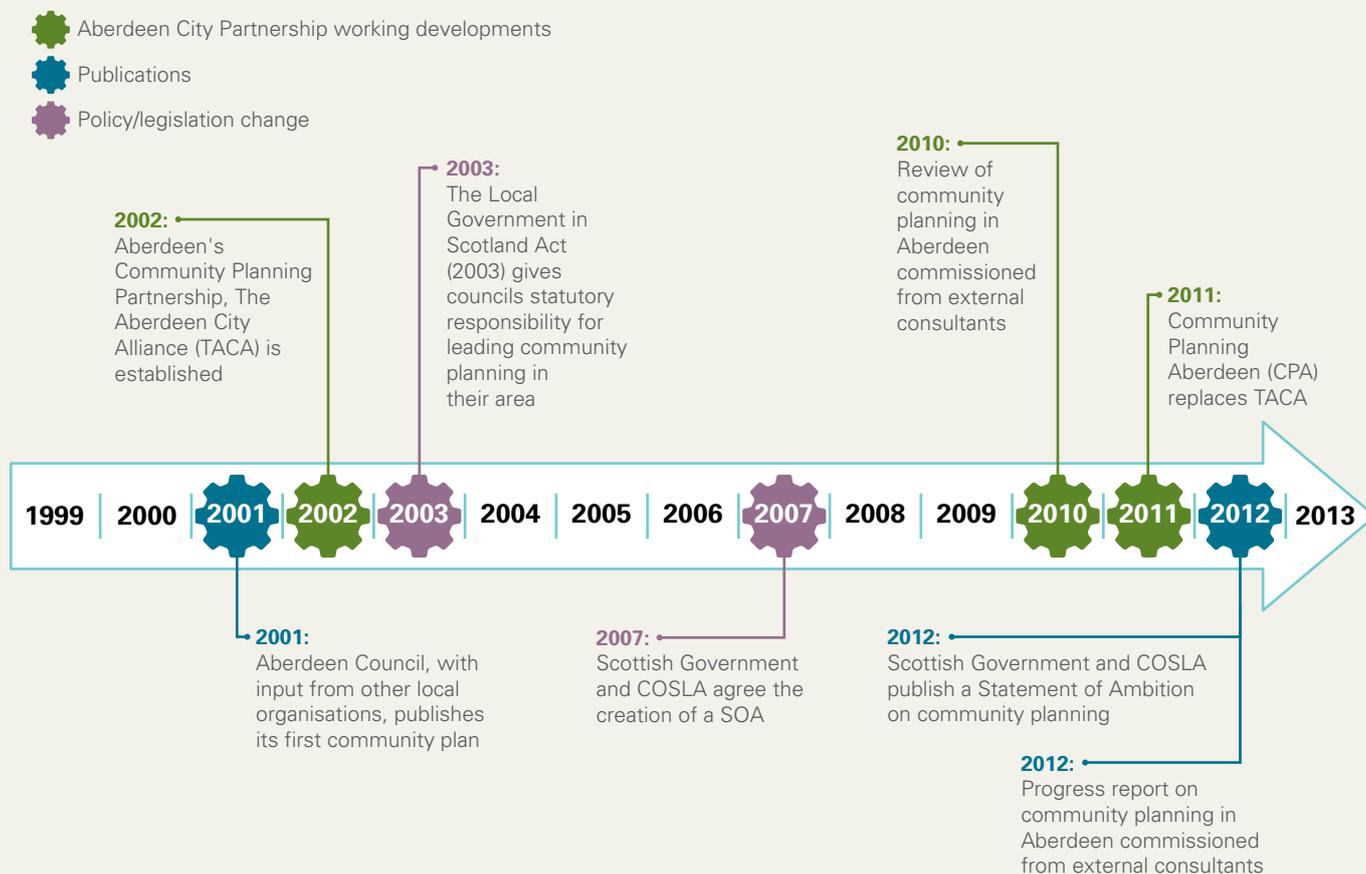
**31.** In 2008, following the national Concordat agreement between the Scottish Government and local authorities, TACA published a combined Community Plan and Single Outcome Agreement (SOA). This sought to combine local and national priorities and to provide a more structured approach to setting targets and monitoring progress (Exhibit 1).

**32.** A number of local initiatives were introduced during this period, such as the introduction of locality-based planning, the chairing of TACA by a community representative, and moves to make TACA an incorporated company. However, by 2011 there remained long-standing frustrations that community planning had not delivered significant changes for the people of Aberdeen. Following a locally commissioned review in 2010, TACA was disbanded and replaced by CPA. This started a series of reforms in community planning structures and management arrangements:

- A new Vision for Aberdeen has been agreed.

### Exhibit 1

#### Timeline of community planning in Aberdeen



Source: Audit Scotland

- A CPA Board of eight members has been created.
- The 14 Challenge Forums, which supported TACA, have been replaced with six theme groups.
- Two whole-systems approach pilots have started to provide a greater emphasis on preventative work in community safety and education.

**33.** At the time of our audit, CPA was in the process of overseeing further changes in community planning within Aberdeen. A Development Plan, agreed by the CPA Board in October 2012, sets out plans to establish a new Community Plan and SOA. This is a clear response to the main themes in the Statement of Ambition, placing a greater emphasis on the preventative agenda, the best use of shared resources and a sharper focus on outcomes and their impact on the community.

#### Local economy

**34.** Aberdeen City is a major global centre for the oil industry. The energy sector provides a greater percentage of jobs in Aberdeen than in Scotland as a whole (ten per cent of jobs compared with two per cent for Scotland). In turn, this supports other areas of employment such as retail, wholesale and hotels (21 per cent), finance and business (21 per cent) and other service industries, such as public administration and education (30 per cent). With a large oil industry, the public sector makes up a significantly smaller proportion of the local economy than in other parts of Scotland.

**35.** Even in a time of general recession, Aberdeen's economy is relatively buoyant. A higher proportion of its population (67 per cent) are of working age compared with the Scottish average of 63 per cent. Only 5.4 per cent of Aberdeen's economically active population are

unemployed, compared with 7.9 per cent for Scotland. Similarly, a lower proportion of Aberdeen's working age population claim key DWP benefits (11.2 per cent, compared with the Scottish average of 16.5 per cent).

**36.** Gross average weekly earnings in Aberdeen are also high at £481, well above the Scottish average of £432.

#### Health

**37.** People in Aberdeen are relatively healthy. The average life expectancy for both males (76.3 years) and females (80.9 years) is slightly above the Scottish average (75.8 and 80.4 respectively).

**38.** Within this overall picture, however, there are areas of concern. The proportion of its population hospitalised for alcohol- and drug-related causes is significantly worse than the Scottish average. In 2010/11, Aberdeen had 842 hospital patients per 100,000 population with an alcohol-related diagnosis, compared with the Scottish average of 695. Similarly, Aberdeen's rate for diagnosis of drug misuse was 211 per 100,000 population, compared with 123 for Scotland as a whole.

#### School attainment levels

**39.** There is no consistent picture of educational attainment levels for Aberdeen's schools. At S4 level, attainment levels have improved significantly over the past decade. But they have remained consistently below the Scottish average. In 2009/10, the average S4 tariff scores for pupils in Aberdeen was 177, compared with 182 for Scotland as a whole.

**40.** In contrast, attainment levels for S5 pupils in Aberdeen are slightly higher than the Scottish average. In 2011, 27.2 per cent of pupils in Aberdeen gained three or more Highers, compared with 26.3 per cent in Scotland as a whole.

#### Crime levels

**41.** Aberdeen has relatively high levels of crime. While these have fallen significantly over the past decade, they have remained consistently above the Scottish average. In 2010/11, for example, 2,120 crimes per 10,000 population were recorded for Aberdeen, compared with the Scottish average of 1,634.

**42.** To some extent, this simply reflects the urban nature of Aberdeen. However, its crime rates are second only to Glasgow and are higher than those for Edinburgh and Dundee. Reported levels of domestic housebreaking are particularly high in Aberdeen (72 crimes per 10,000 population, compared with the Scottish average of 34). Domestic abuse and offences related to drugs and alcohol are also of particular concern.

#### Environment

**43.** Aberdeen has a direct economic interest in environmental issues. With an expected long-term decline in oil and gas reserves, the CPP has sought to encourage the creation of jobs in sustainable energy. The Department of Trade and Industry, for example, has based its renewables headquarters in the city. This aims to maximise jobs and investment in renewables worldwide.

**44.** Aberdeen's carbon footprint has been estimated at 12.9 tonnes per head of population, broadly in line with other Scottish cities.

**45.** Transport is a significant contributor to the city's impact on the environment, with many people commuting into Aberdeen from surrounding areas. Around 71 per cent of people use their car to travel to work. Major capital projects, such as a city bypass, are planned to help improve the transport infrastructure.

### Deprivation levels in Aberdeen

**46.** Overall, as might be expected for a relatively prosperous city, Aberdeen does not have a high proportion of Scotland's most deprived areas. It contains 267 data zones used to compile the Scottish Index of Multiple Deprivation (SIMD). Of these, only 22 (8.2 per cent) were in the 15 per cent most deprived data zones in Scotland in 2012.

**47.** Within this overall picture, however, there are some significant variations in terms of the individual components which make up the overall SIMD scores (Exhibit 2). Aberdeen has particularly low levels of deprivation for employment, income, and services and facilities. In contrast, significantly more parts of the city are in Scotland's most deprived areas for crime, health, and housing.

**48.** These significant variations in deprivation levels, with sharp contrasts in local socio-economic indicators which tell a tale of two cities (Exhibit 3, overleaf). Some wards, such as Lower Deeside and Hazlehead/Ashley/Queens Cross, are among the most affluent in Scotland. Other parts of the city, such as the Northfield and Torry/Ferryhill wards, have high levels of deprivation which are accompanied by high levels of crime, low education performance, and significant health concerns. This represents a significant challenge for Aberdeen's Community Planning Partnership which has a long-standing objective to reduce inequalities within the city.

### Exhibit 2

#### Levels and types of deprivation in Aberdeen

Aberdeen has more data zones in Scotland's most deprived areas for crime and health than for other domains.

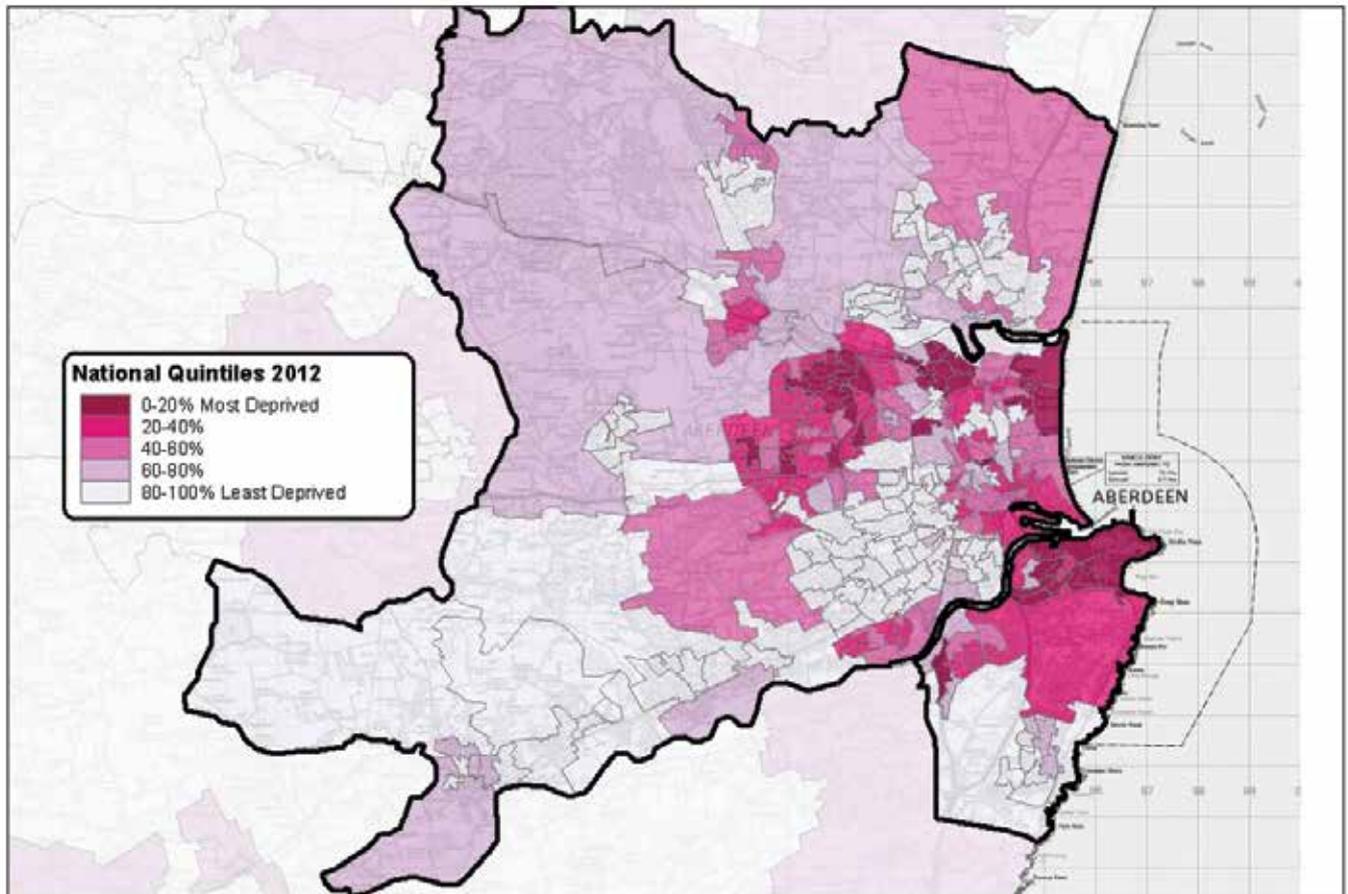
#### Number of Aberdeen's 267 data zones which are in Scotland's 15 per cent most deprived areas:

	<b>Crime</b>	<b>49</b>
	<b>Health</b>	<b>48</b>
	<b>Housing</b>	<b>41</b>
	<b>Education</b>	<b>34</b>
	<b>Employment</b>	<b>14</b>
	<b>Income</b>	<b>12</b>
	<b>Access</b>	<b>10</b>

Source: Scottish Government: Scottish Index of Multiple Deprivation (SIMD), 2012

**Exhibit 3**

Affluent and deprived areas in Aberdeen



Reproduced by permission of Ordnance Survey on behalf of HMSO. © Crown copyright and database right (2012). All rights reserved. Ordnance Survey Licence number 100024655.

Source: Scottish Government: Scottish Index of Multiple Deprivation (SIMD), 2012

# Part 2. Leadership and governance



### In previous years, the Aberdeen City Alliance did not provide strong leadership or decision-making

**49.** The Local Government in Scotland Act 2003 recognised the leading role of local authorities in relation to community planning. But it also indicated that the leadership role should be carried out by the organisation best placed to discharge this role and that participating partners should be encouraged to lead on appropriate themes.<sup>8</sup> The Scottish Government and COSLA Statement of Ambition for community planning reinforces the importance of shared leadership, with its emphasis on CPPs being genuine boards, with all the associated authority, behaviours and roles that this implies, for both them and constituent partners.

**50.** When TACA was formed in 2002, it had 30 members. This helped to ensure a broad representation from Aberdeen's public, private and voluntary sectors. However, this wide membership did not promote effective decision-making. Increasingly, it became seen as a discussion forum, useful for developing organisational relationships and sharing information, but not for driving forward changes in service delivery and improving outcomes for local people.

**51.** In addition, membership of TACA was often not at a sufficiently senior level which meant individuals often had very limited delegated authority from their organisations to commit their organisations to actions. This hindered TACA's ability to make decisions and ensure these were implemented.

### The strategic leadership of community planning in Aberdeen has improved, but there is still a need to strengthen NHS engagement

**52.** CPA has now established a new structure, aimed at improving decision-making and accountability. It retains a broad representation from the local public, business and voluntary sectors. However, it has also created a smaller CPA Board, supported by six theme groups. There are three formal tiers to this new structure but many other groups also operate outwith this structure:

- **Tier 1** – CPA. This brings together 30 representatives from a wide range of local public business and voluntary organisations.
- **Tier 2** – CPA Board. This has eight members: the leader and chief executive of Aberdeen Council, ACVO chief executive, Community Health Partnership NHS general manager, Police area commander, Fire area commander, Civic Forum representative, and a business sector representative. The creation of this smaller group is designed to provide greater strategic decision-making.

- **Tier 3** – Strategic theme groups. There are six groups, covering: healthier, wealthier, fairer, greener, smarter, and safer and stronger. These replace the previous 14 challenge forums. Their aim is to focus on issues that cut across all the services the partners deliver and oversee their operational plans and performance ([Exhibit 4](#)).

**53.** It is too early to say whether the new structure will be any more effective as it has only been set up in recent months and few meetings have been held to date. The CPA Board has recognised the need to ensure that it has representatives from all key sectors and with sufficient delegated authority from their individual organisations. The CPA Board is now seeking to strengthen its representation from Higher and Further education, the business sector and from NHS Grampian.

**54.** There is also a need to strengthen the role of elected members. They can play an important role in leading and promoting community planning. However, in earlier years, they have provided little leadership in community planning. This has started to improve. The council leader now chairs CPA Board meetings and it has been agreed to increase the number of councillors on the board.

#### Exhibit 4

The number of partnership structures has been reduced

	TACA in 2002	CPA in 2012
Tier 1	30 members	Wide membership
Tier 2	–	8 members
Tier 3	14 Challenge Forums	6 theme groups

Source: Audit Scotland

However, much work still remains. Councillors we met during our audit were interested in practical examples of partnership working in their local wards, but unsure of the relevance of the Community Planning Partnership.

**CPA is establishing clearer governance and accountability arrangements, but these need to be extended to partner organisations**

**55.** Good governance is critical to successful partnership working as it provides a framework for managing performance and risks, and ensuring accountability. Audit Scotland published *Review of Community Health Partnerships in Scotland* in 2011 which sets out several key principles for good governance for partnership working. CPA has recently used these principles to assess its own governance and begun to address some areas for improvement.

**56.** Since 2002, when TACA was established, community planning in Aberdeen has been supported by 14 challenge forums. These aimed to provide operational oversight of plans and to monitor progress. It is now recognised by all key partners that this structure was cumbersome and ineffective. TACA did not properly scrutinise the work of the forums and rarely asked for, or was provided with, progress reports on what they were doing. Some forums, such as the Community Safety Partnership met regularly and had a strong focus on setting objectives and monitoring progress. Others, however, did not meet regularly, did not have well-developed strategies and action plans, and had poor links with other challenge forums.

**57.** CPA has now taken steps to greatly simplify these structures. The 14 challenge forums have been replaced with six theme groups. There are now plans for the CPA Board to receive regular progress reports from each of the theme

groups, on a cyclical basis. More time is needed to see how these proposals develop, but this new structure does provide an opportunity for clearer lines of accountability and greater focus on the links between different priorities.

**58.** However, there may still be scope for some further rationalisation of structures. Below the six theme groups, some challenge forums still operate. In addition, there are a number of other partnership groups, such as the Drugs and Alcohol Partnership. It is not yet clear how all of these fit within the overall structure and how they have been accountable to the CPA Board. Further work is now needed to clearly identify the specific and distinct roles, membership, responsibilities and accountabilities of the various groups and indeed whether all of these add value. For example, there is still a need to clarify the distinct roles, membership, responsibilities and accountabilities between tier 1 and tier 2, as these currently overlap.

**59.** There is also a need to embed community planning activity into each partner's formal governance and decision-making structures. Some partners, such as Aberdeen City Council and the police and fire and rescue services, provide board members with progress reports on partnership objectives. In other organisations, such as NHS Grampian, these arrangements are less clear.

**CPA needs to oversee local public service reforms such as health and social care integration**

**60.** The Scottish Government and COSLA review of community planning is clear that CPPs should maintain strategic oversight of the local implementation of broader aspects of public service reform. This includes health and social care integration and the

local impact of the creation of a single police service and fire and rescue service for Scotland. Until recently, the CPA Board has been focused on developing its own vision and strategy for the area and strengthening its leadership and governance arrangements.

**61.** It is now important that the CPA Board begins to influence these major reforms, to ensure they align with its new vision and SOA. The CPA Board needs to delegate some of the detailed planning, coordination and management to more mature partnerships that already exist, while ensuring that it receives regular updates on the progress of these developments, while also retaining responsibility for strategic decisions. The Aberdeen Community Safety Partnership, which has a line of accountability to the CPA Board, is better placed to take on police and fire reform planning. Similarly, the newly established Aberdeen Community Health and Social Care Partnership (CHSCP) could take on the planning for health and social care integration. Before this happens, the CPA Board must put measures in place so there is clear accountability between it and the CHSCP.

**62.** We would expect to see the CPA Board overseeing these developments very closely through perhaps having these as standard agenda items at every meeting, and requesting progress reports from the two partnerships already mentioned. However, so far, CPA has had limited involvement in planning for health and social care integration. Over the last year, for example, the CPA Board has received only one verbal progress update on this. It now needs to ensure it is able to both influence and learn from this major reform to ensure integration plans align with and support the delivery of partnership objectives.

**There is a need to clarify responsibilities and improve links between the city and broader regional partnership groups**

**63.** Many of the issues facing Aberdeen go beyond the city boundaries and can only be properly addressed on a regional basis. There are a number of regional groups that have been established to take this wider perspective. The Aberdeen City and Shire Strategic Development Planning Authority is responsible for joint strategic planning between the two councils in the North-East. The Aberdeen City and Shire Economic Future (ACSEF) represents business interests. NESTRANS acts as the transport partnership for Aberdeen City and Aberdeenshire. There is also a Chief Officers Group which brings together the chief executives from a wide range of public bodies throughout the region. There are also many other cross-organisational groups which operate at a regional level.

**64.** There is a need for CPA to continue to work with its counterparts across the region to examine options for coordinating the work of the various regional groups and to clarify the responsibilities between Aberdeen and the wider region, particularly for issues such as economic development and transport.

# Part 3. Managing performance



### In previous years, Aberdeen's community plans and Single Outcome Agreements have lacked a clear focus.

**65.** The Local Government in Scotland Act 2003 requires the CPP to develop and set out a joint vision, with shared objectives for the area and jointly agreed, challenging performance outcomes relating to service improvements.<sup>9</sup> The Scottish Government and COSLA Statement of Ambition highlights the importance of CPPs developing an explicit and binding 'plan for place', that will deliver improved local outcomes. The plan should be underpinned by a clear and evidence-based understanding of local needs and opportunities, drawn from robust and relevant data.<sup>10</sup>

**66.** A Vision for Aberdeen has been in place since 2001 and accepted by all partners. However, despite this, the partnership lacked strategic focus. This is because the Vision was supported by 14 broad priorities setting out ambitious plans to tackle a wide range of issues across all aspects of community life. Although the number of priorities was reduced to ten in the first SOA in 2008, many partners still felt that there had been too many priorities and that partnership resources were spread too thinly. There have been subsequent revisions to the SOA but priorities still do not reflect the key issues that need to be addressed by partnership working. Instead, the SOA has continued to act as a passive summary of existing plans.

### A new Vision and Single Outcome Agreement plan is being developed to provide greater clarity and focus for the partnership

**67.** CPA is currently developing a new Vision and SOA covering 2013/14 to 2017/18. A good structured and inclusive approach has been taken to its development.

A Visioning day was held earlier this year, which was attended by over 40 stakeholders, including local partners, elected members and community representatives. A draft Vision has now been discussed by the CPA Board. This provides a recognisable picture of Aberdeen as an economically strong city with pockets of deprivation. It contains a number of broad aspirations, such as Aberdeen becoming a socially, economically, and environmentally sustainable global city by 2022. But it also sets out a clear intention to build on the oil and gas legacy to develop centres of excellence in renewable industries, while also developing tourism, maritime resources and culture. It also clearly expresses partners' intentions to tackle inequalities in communities, and improve digital connectivity and transport infrastructure to attract businesses to Aberdeen.

**68.** In support of this broad Vision, CPA took part in a facilitated workshop with an external consultant to identify the key drivers and enablers that would help deliver the Vision. These are shown in [Exhibit 5](#). There are now only four key priorities (city of culture, integrated transport, local families and digital city), indicating an intention to focus on fewer, but core, issues. These key priorities are consistent with the Vision for Aberdeen and appear reasonable at this stage. CPA now needs to develop a set of specific objectives for each of these priorities and explain how these will address the marked inequalities within Aberdeen.

**69.** Strategic needs assessments are now being carried out by each theme group to help ensure that all priorities are based on objective evidence. These needs assessments follow the approach used in earlier years by the Community Safety Partnership. It involves analysing data,

including analysing the relationship and connections between different data sets, such as crime and health statistics. Once completed, the strategic assessments will be used to confirm the priorities and work programmes for each theme group before they are formally approved by the CPA Board.

### There is a strong commitment to engaging with local communities and using this to help inform priorities

**70.** The 2003 Act is clear that effective engagement with community bodies is an essential element of community planning, and that the purpose of community engagement should be to improve the planning and delivery of services, by making them more responsive to the needs and aspirations of communities. The Statement of Ambition emphasises the need for partnerships to work effectively with communities to allow them to help shape and co-produce better outcomes.

**71.** The Community Planning Partnership in Aberdeen, along with individual organisations, carries out a wealth of consultation with people in Aberdeen. For example:

- It operates a citizens' panel, known as **City Voice**. The board of City Voice has representation from all partners and is currently chaired by the representative of the voluntary sector. Three questionnaires are distributed each year to around 900 residents.
- It also supports a **Civic Forum** which includes representatives from community councils and communities of interest groups. The forum is represented on CPA and on each of the joint theme groups which support community planning. Representatives of the

<sup>9</sup> *The Local Government in Scotland Act 2003 – Community Planning: Statutory Guidance*, Scottish Executive, 2004.

<sup>10</sup> *Review of Community Planning and Single Outcome Agreements: Statement of Ambition*, Scottish Government and COSLA, March 2012.

community planning partners regularly attend the Forum to discuss service planning and provision.

- **Regeneration Matters** is a group of community representatives from the regeneration areas of Aberdeen who have a membership of approximately 30. Members come from all the regeneration areas and have been meeting monthly since November 2006.

- More recently, a **What Matters? Survey** was carried out in January/February 2012. The survey was designed to give people who live or work in Aberdeen the opportunity to help determine community planning priorities. Over 500 people responded to the survey.
- Aberdeen City Council undertook unprecedented engagement with the community and other key stakeholders to help develop

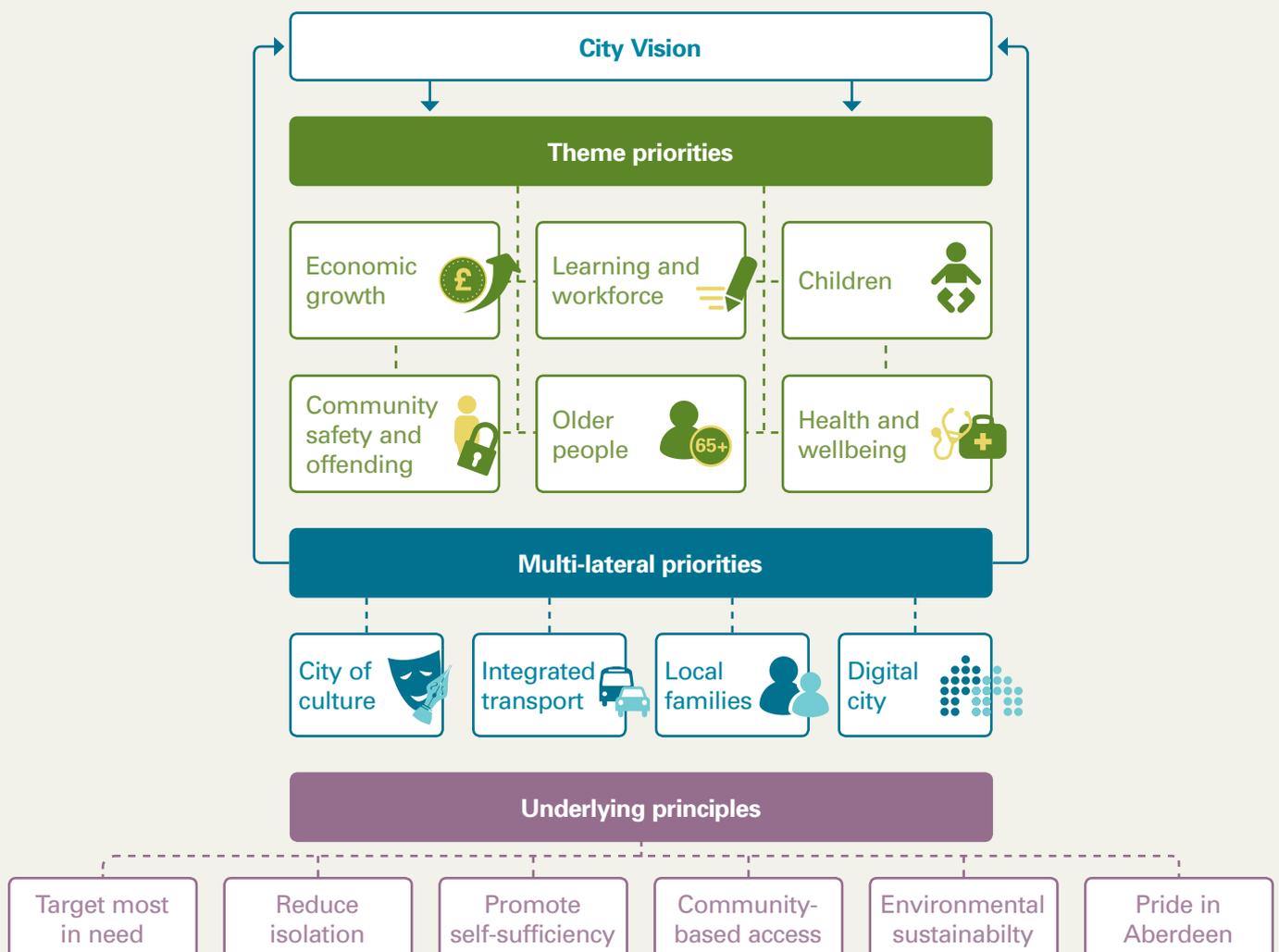
a **five-year Business Plan**, using a priority-based budgeting approach. This included more than 1,000 responses to a public questionnaire seeking views on what matters to the community.

**72.** The results of this consultation are considered and used to help shape community planning priorities. However, in its draft development plan, the CPA Board has recognised the need to improve its approach to community engagement, locality-

### Exhibit 5

Planning framework for the new Single Outcome Agreement

## Single Outcome Agreement



based planning and service delivery, and support for civic representatives on a wide range of community planning forums. There is also a need for the CPA Board to coordinate this wide range of consultation activity to help ensure that it is focused on partnership priorities.

**73.** A key challenge for CPA will be ensuring it has sufficient resources not just to consult with communities but to work with them in a meaningful way to help shape and co-produce better outcomes.

### Performance targets have focused on inputs and activities, rather than outcomes

**74.** Robust performance management is an essential component of an effective community planning process. The 2003 Act sets out the need for CPPs to monitor progress with regard to agreed outcomes, and to use that monitoring to improve local arrangements for the planning and delivery of services to deliver better outcomes. The Statement of Ambition places great emphasis on the CPP monitoring performance over time to drive and demonstrate continuous improvement.

**75.** There are clear difficulties in monitoring outcomes for long-term objectives in areas such as health, life expectancy, and deprivation. It can take many years before there are any significant changes in these community outcomes. Partnerships need to monitor the progress being made towards their long-term objectives but, in practice, this needs to be blended with monitoring inputs and medium-term proxy measures.

**76.** Performance targets have been set for each of the high-level objectives contained within Aberdeen's SOA. However, in most cases, the balance of these targets have focused on

activities and inputs, rather than outcomes. For example, targets are set for the number of staff trained in suicide assessment and prevention, rather than reducing the number of suicides in the area. Similarly, the number of children completing 'healthy weight intervention programmes' is monitored, rather than the number of children overweight or obese. These simply reflect NHS HEAT targets determined by the Scottish Government. In other cases, targets seem to be driven by the data that is available, rather than the data that is required. For example, the average number of seconds lost by vehicles travelling on the A90 is used to assess progress in Aberdeen having a fully integrated transport network. No other measures are used to assess how cars, buses and trains are actually integrated.

**77.** Our audit found that effective performance management is also hindered by a marked inconsistency in the data which is available locally and nationally. These reflect historic factors, with different data sets relating to different initiatives. In some cases, such as crime levels, performance data is available at police beat level, of which some of this can be aggregated to SIMD data zone level. However, there is a lack of consistent data available nationally at SIMD or police beat level to enable comparisons of crime figures with other parts of Scotland. A small number of health statistics are available at SIMD data zone level, while some are available at intermediate zone, CHP or NHS board level. Others, such as economic data, are mainly available only at council or regional level. This cluttered landscape of statistics makes it very difficult to form a clear and consistent picture of performance and to monitor any progress in closing the gaps between deprived and non-deprived areas.

### The Community Planning Partnership has been poor at scrutinising performance and driving improvement

**78.** Scrutiny by board members of partnership performance has been poor. There has been no routine system for performance reports being provided to TACA or CPA Boards by the theme groups. The board's monitoring of performance has largely been limited to reviewing the annual SOA Progress Report, which is produced for the Scottish Government. This is not used to identify shortcomings in performance and to help drive improvements.

**79.** As part of its current Development Plan, CPA has identified the need to greatly improve its performance management. It is considering proposals to establish a cyclical approach, with each meeting of the CPA Board considering a performance report from one of the six theme groups. As the Board meets every two months, this would mean that theme groups would only report once a year. The board needs to consider whether this is sufficient to maintain oversight of performance, or whether an exception report could also be provided to each board meeting covering the key performance indicators across all theme groups.

**80.** Below board level, there has been an inconsistent approach to scrutiny. The Community Safety Partnership, which oversees the 'Safer' theme, has had a relatively strong approach to performance management. Some of its targets measure activity, but there is some focus on community outcomes. Moreover, performance monitoring forms a part of each of its meetings, with comparisons made against the previous month and year to help drive further improvements in performance. In contrast, most other previous challenge forums have had a weak approach to performance

management. Meetings have been held infrequently and performance monitoring has not formed a standard part of agendas. Where performance has been discussed, this has tended to focus on activities, rather than outcomes. The CPA Board is aware that the scrutiny role of the new theme groups needs further work. It has included this as an area for improvement within its development plan but it has still to agree actions to address this.

**81.** The Community Plan and the Single Outcome Agreement are not used by all partner organisations to routinely monitor their own contribution to the SOA or overall progress in achieving shared objectives. Instead, some partners focus their performance monitoring entirely on their own plans, which may include some of the same targets which are reflected in the Community Plan and Single Outcome Agreement.

### The annual SOA monitoring reports do not provide a clear picture of performance

**82.** In 2008, as part of a national Concordat between the Scottish Government and local authorities, SOAs were established for each Community Planning Partnership. These were intended to help ensure that national priorities were properly reflected in each local community plan. They also aimed to improve the setting of targets and the monitoring of performance.

**83.** In accordance with these national arrangements, CPA published an SOA Progress Report in 2010/11. This is the only document which seeks to provide the CPA Board or the public with an overview of the progress being made towards local community planning objectives. This summarises its main activities over the previous year and seeks to provide a comprehensive account of its

performance. Although there is a lot of information in the 2010/11 report, there are major gaps in performance data. In many cases, this is due to the long delays in the availability of national data on areas such as transport, employment, and business start-ups. In addition, the format of the SOA can be confusing, with no clear links between partnership objectives and performance information. As such, the report does not provide a clear picture of the progress being made towards CPAs' strategic objectives.

**84.** The report was submitted to the CPA Board and to the Scottish Government. Some comments, aimed at improving the SOA, were provided to the CPA Board by managers within the Scottish Government, but these were on points of detail rather than seeking fundamental improvements in the underlying performance management arrangements.

# Part 4. Use of resources



**Aberdeen's public sector spends about £1.6 billion each year, but it faces cuts of over five per cent over the next few years**

**85.** The 2003 Act was clear that effective participation in community planning obliged partners to identify and allocate the resources necessary to achieve agreed outcomes. More recently, the Statement of Ambition places an expectation on CPPs to have a clear understanding of respective partner contributions, and how total resources will be targeted to deliver agreed priorities.

**86.** An estimated £1.5 billion in cash terms will be spent by public sector bodies, including the Department for Work and Pensions, in Aberdeen in 2012/13 (**Exhibit 6**). The 2011 Scottish Spending Review and Draft Budget 2012–13 estimates that, between 2011/12 and 2014/15, Scottish Government spending will fall by 5.5 per cent (£1.5 billion) in real terms.

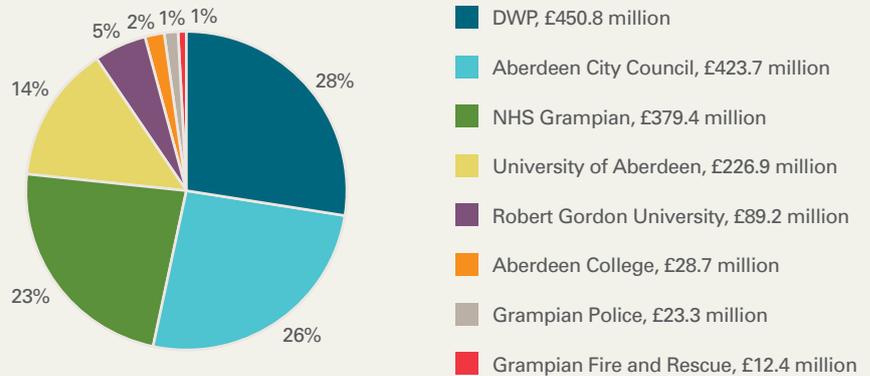
**87.** The council recently concluded an extensive priority-based budgeting exercise, which is the basis for its five-year business plan, approved in August 2011 and covering the period 2011–16. The plan sets out £71.5 million of essential savings which need to be achieved if the council is to deliver a balanced budget in the coming years. In addition, the partnership is also having to respond to the national reform of welfare benefits and services such as police and fire, and the integration of social work and healthcare.

**88.** NHS Grampian's 2012/13 revenue budget and capital budget outlines how over £930 million of resources will be used during 2012/13 and includes new resources of some £30 million which are offset by projected additional expenditure of £42 million. The most significant new expenditure commitments include £7.4 million associated with waiting times including vanguard/mobile theatre and £4.1 million non-pay inflation costs including energy costs. This has resulted in NHS Grampian

### Exhibit 6

#### Public sector budgets in Aberdeen

Public sector bodies in Aberdeen have combined net budgets of about £1.6 billion.



Source: Audit Scotland, 2012

looking to achieve revenue savings of around £12 million in order to reach financial break-even.

**89.** There are broader pressures on Aberdeen's public sector. An ageing population is likely to lead to an increase in demand for NHS and social care services. In addition, the CPA Board will need to assess the financial implications for the national reform of welfare benefits.

**90.** These pressures create a strong impetus for CPP partners to identify opportunities for joint working and resource-sharing. In common with other CPPs, the CPA does not yet have an overview of the resources available to it or those required to deliver its SOA priorities.

**It has proved difficult to align resources to shared priorities or to shift them from short-term targets to long-term preventative work**

**91.** CPA aims to place a greater emphasis on preventative services. To do this effectively, resources will need to be moved between organisations, including money and staff, across their organisations to where it is needed most. It previously managed the Fairer Scotland Fund

and more recently the Change Funds, which are used to help support preventative initiatives. However, these ring-fenced funds only represent about two per cent of overall funding. With continuing pressures on Scotland's public finances and growing demands on services owing to factors such as an ageing population, there is a pressing need for organisations to work together, avoiding any duplication of effort, and placing a greater emphasis on preventative expenditure.

**92.** There is little evidence to show that TACA or CPA has had any strategic success in influencing individual partner organisations to align their mainstream funding towards community planning priorities. Almost inevitably, it is very difficult to persuade partners to shift resources from short-term targets to preventative work which might only deliver benefits in the long term for other public organisations.

**93.** Moving resources towards preventative services is extremely challenging to achieve. For example, NHS boards in Scotland are experiencing increased demand in hospitals. As a result, they are

finding it extremely difficult to release resources from acute services to invest in more community-based preventative services. In 2013/14, NHS Grampian has identified that it will also need £4 million additional one-off capital funding and about £8.3 million annual recurring revenue funding to ensure it has the capacity to meet and sustain waiting time targets. This will further impact on its ability to free up resources for preventative services.

**There are several examples of joint appointments and training, but the CPP has not yet developed a cross-sectoral staff development strategy linked to its key improvement objectives**

**94.** The Statement of Ambition highlights the importance of investing in the people who deliver services through enhanced workforce development and effective leadership. Similarly, the Scottish Government's response to the Christie Commission report identifies workforce development as one of its four pillars of public service reform. That document emphasises the key role that front-line staff can play in identifying how to make things work better and contains a commitment to invest in workforce engagement and development and support leadership collaboration across public service organisations. It states that the Scottish Government will look to leaders of Community Planning Partnerships across Scotland to disregard boundaries between public services and focus on the achievement of shared outcomes and cross-sectoral workforce development strategies.

**95.** While it is proportionately smaller than in other parts of Scotland, the size of the public sector workforce in Aberdeen is still significant, with over 10,000 people employed in the city by the council, the NHS, and the police and fire and rescue services. In addition, others are employed in Further and Higher education and in the voluntary sector.

**96.** Delivering improved outcomes in public services will be dependent not just on strong and effective strategic leadership, but will also require staff in managerial and front-line positions understanding the contribution they can make in improving local public services, having the skills needed, and feeling empowered to make change happen at the local level.

**97.** There are examples in Aberdeen of joint public sector posts and joint training, particularly between the NHS and social work, reflecting areas of shared interest, such as health and social care integration. Work has also been taking place within the CPP Board to raise awareness of the important role that it is expected to play in responding to the increased expectations of community planning contained within the Statement of Ambition.

**98.** A series of Collaborating for Outcomes seminars was also started in 2012, with the intention to establish these as an annual training programme for managers across the public sector in Grampian. These are overseen by the North-East Chief Executives' Forum, but viewed by CPA as an important part of its approach to workforce development that will ensure that staff across agencies are aware of key partnership objectives, what their contribution to meeting them will be, and staff are provided with the training and development needed to allow them to contribute effectively to local public service improvement.

**99.** It is important that as the CPP takes forward its local improvement it continues to develop a coherent and integrated approach to communicating its key priorities to staff, providing them with appropriate training and development opportunities and creating a climate where staff are able to identify and deliver local service improvements.

**There is no clear understanding of the costs of SOA objectives or if they provide value for money**

**100.** The matching of costs to activities and their subsequent impact on priorities, such as health and education, is particularly complex in community planning. Even at a broad strategic level, however, there has been little attempt in previous years to determine the costs or potential savings associated with the priorities set out in Single Outcome Agreements and Community Plans. As a result, it has not been clear if budgets have been sufficient or if money has been well spent.

**101.** During 2011/12, CPA participated in a Budgeting for Outcomes pilot project with the Improvement Service and the Scottish Government. Significant time and effort was committed to this project by all main partners with the objective of showing the relationship between partners' spending and impact on communities and on the outcomes set out in the SOA. However, this has not provided CPA with practical tools to help transfer funding to where it might have greatest impact. Rather than such a complex, high-level, exercise, CPA staff now feel that smaller-scale costing exercises will prove to be more practical. The 'whole-systems' approach pilots, on education and community safety, are hoped to provide a better understanding of the impact of preventative work on overall costs and the budgets of different organisations.

# Part 5. Working together



There are many examples of joint working in Aberdeen, but there has been little strategic oversight of these activities or evidence on their effectiveness

**102.** The Statement of Ambition emphasises the need for Community Planning Partnerships to have a much stronger focus on making demonstrable improvements to people's lives, including reducing the outcome gaps between communities. To do this, the community partners must work more closely together, on preventative work, and pool resources, such as money and staff. There is growing evidence that these actions will improve outcomes for people across different services and help ensure that investment delivers value for money.

**103.** Partners in Aberdeen are involved in many joint working arrangements. There are examples where there are clear benefits, such as reduced costs through shared premises, while others are less tangible, for example older people feeling safer in their neighbourhoods. Most of these examples of joint working have evolved gradually to meet the needs of individual organisations. However, in previous years, there has been little strategic oversight of partnership working by TACA. As a result, it is not clear if it is properly aligned to community planning priorities. CPA has now started to rationalise joint working arrangements and, through the SOA, is planning to introduce this strategic oversight.

**104.** In addition, partners are often unable to demonstrate the benefits of these arrangements owing to a lack of evaluation. Therefore the evidence base to support the effectiveness of joint working interventions in improving outcomes or secure better value for money is often weak.

**105.** The scale of joint initiatives also significantly varies. Some of the examples of joint working arrangements include:

## Case study 1

### Community Healthcare Village

Aberdeen partners have secured £24 million capital funding from the Scottish Futures Fund Hub investment to develop a Community Healthcare Village. The construction of the Village started in April 2012 and is expected to take 18 months to complete and be ready to open in December 2013.

The village will accommodate a range of diagnostic and treatment services within a single location. This is expected to mean that many people will be able to receive care in a community setting rather than in the city's main hospital complex. Health, social work and police will be based in the new centre providing a range of services.

The North Scotland Hub approved the application for this project. To secure the investment, the partners had to prepare a full business case, including a financial appraisal to demonstrate value for money, and an affordability assessment. The business case also set out a plan for delivering the expected benefits. There are still outstanding financial risks with the project, although the latest financial implications have been included in NHS Grampian's five-year financial plan.

It is too early to say whether the Aberdeen Healthcare Village will deliver the intended benefits or provide value for money. However, the North Scotland Hub will follow this up after the facility has been operational for a suitable time period. There are, however, already significant learning opportunities from this development for public sector partners in Aberdeen and throughout Scotland.

Source: *Aberdeen Community Health and Care Village business case*, NHS Grampian, 2012

- Reshaping care for older people as part of the older people's change fund to develop preventative care, involving health, social work and voluntary sector.
- Youth Reoffending Development programme – a pilot programme which has now been completed which adopted a 'whole-systems' approach to youth offending, including early intervention and prevention support.
- Integrated Children's Services Partnership (various initiatives based on Getting it right for every child).
- Police officers based in schools to improve links between the force and communities.
- A major capital project to construct a new Healthcare Village in Aberdeen is under way which will co-locate health, social care and police staff ([Case study 1](#)).
- Community Safety Partnership – various initiatives to tackle antisocial behaviour, including one specific example of a pragmatic solution being taken by partners to secure a derelict building which had been causing difficulties for over ten years ([Case study 2](#)).

**Aberdeen partners are piloting a new 'whole-systems' approach to tackle deprivation but progress is slower than expected**

**106.** Since early 2010, public sector partners in Aberdeen, have been working to establish three separate pilot projects which aim to take a 'whole-systems' approach to

tackle deprivation issues in different parts of the city. The approach is based on lessons from the 'Total Place' initiative in England which aimed to put citizens at the heart of service design and shift the way services worked in isolation towards working jointly. It seeks to identify the total resources used by all local organisations to tackle certain issues and to then shift some of these resources towards more cost-effective preventative measures. In the case of tackling low educational attainment in deprived areas, for example, this might mean a greater emphasis on pre-school years and a transfer of resources from education to social work budgets. Similarly, in the case of older people's services, this might mean transferring money out of acute healthcare and investing the money to help older people live independently at home for as long as possible. There is some evidence to suggest that this focus on prevention can deliver long-term savings and better outcomes. However, it can take some time before these benefits are realised and partners must be willing to pool their resources.

**107.** Three pilots were approved by Aberdeen Council in June 2010 and subsequently supported by the CPA Board:

- Aberdeen-wide – 'whole-systems' approach to improving older people's services.
- Torry – 'whole-systems' approach to improving community safety.
- Northfield – 'whole-systems' approach to raising educational attainment.

**108.** However, earlier this year, the older people's pilot was cancelled owing to the planned integration of health and social care. Additionally, two years on, there is limited evidence of progress being made with the Northfield pilot ([Case study 3](#)).

## Case study 2

### Preventative action over a derelict building

For over ten years, the Maberly building, which is a derelict building in Aberdeen, had become a magnet for vandalism, persistent fire-raising and antisocial behaviour. In addition, the site presented physical hazards to intruders, including flooded lift shafts and unstable fittings. This was not only a safety issue and nuisance to people living in the area but also a drain on public resources owing to the high volume of call-outs from a number of agencies to the building each week. CPA took ownership of the issue and coordinated several actions from different partners which rendered the building inaccessible. The actions immediately had the desired result as, for the first time in over ten years, there were no call-outs to this building. The approach is now being applied to other derelict buildings across the city.

Source: Community Safety Partnership minutes, September 2012

## Case study 3

### Northfield 'Whole-Systems Approach' pilot on educational achievement

This pilot aims to raise educational attainment and achievement in Northfield which is an area of multiple-deprivation. The council's decision was based on information relating to low educational attainment, comparatively high absence and exclusion rates alongside a range of existing investments aimed at tackling disadvantage in the area. The pilot is being managed through the Integrated Children's Services Partnership Board (ICSPB) which is accountable to the CPA Board.

The initial work 'themes' were to:

- improve services to support families, young people and parents
- improve support to families, young people and parents to engage in lifelong learning
- provide an integrated programme to promote mental health and wellbeing, including services for children, young adults, parents and families
- find out how much services currently cost and review their effectiveness.

However, the work themes are very broad and there is no plan which sets out the aims and scope of this work or timescales for delivering these. Although the ICSPB routinely discusses the pilot at its meetings, it does not receive regular reports on progress. Similarly, CPA does not receive sufficiently regular progress reports on the project to maintain strategic oversight of this development.

Source: Audit Scotland

**109.** At present, there is also limited evidence of progress or benefits being achieved as a result of the community safety pilot (Case study 4).

**110.** These ‘whole-systems’ pilots received enthusiastic support from partners when we interviewed them during the audit. At least at an operational level, there is a genuine commitment to this new approach. However, if the ‘whole-systems’ pilots are to provide valuable learning as well as deliver sustainable service improvements, it is crucial that CPA examines the reasons for the slow progress to date, and addresses this. It also needs to monitor progress more rigorously and put a system in place to evaluate the success of the projects, including whether or not they offer value for money.

#### CPA needs to ensure short-term initiative funding supports long-term improvements

**111.** The Scottish Government has provided various short-term funding over the years to support local public sector bodies to tackle inequalities and change the way services are delivered. However, there are often short timescales for using these funds. As a result, local organisations can find it difficult to take a strategic approach to tackling the particular issue. CPA needs to ensure a more strategic approach is taken in the future to ensure short-term funding supports long-term sustainable improvements.

**112.** In 2008, the Scottish Government set up a Fairer Scotland Fund which aimed to help tackle inequalities. CPA was responsible for overseeing the Aberdeen allocation and it established a Fairer Scotland Board to manage the Fund on its behalf. The board’s membership was drawn from various public and voluntary sector partners and community representatives. The board established criteria for funding which included projects demonstrating that their activities aligned with the SOA.

**113.** The Scottish Government Fairer Scotland funding allocation ended in 2010/11. Once the funding stopped, the council decided to continue to allocate a reduced amount of money to the fund every year. This meant the board could continue its work. Between 2009/10 and 2011/12, the board allocated funding of about £6.2 million to 314 projects. Approximately £1.8 million (28 per cent) of this funding was allocated to neighbourhood projects specifically tackling problems in the seven most deprived areas of the city.

**114.** We found some examples where these small-scale projects have clearly made a difference to peoples’ lives. The Homestart project, for example, used its budget of £7,000 in 2011/12 to support five

families under stress, helping to prevent family breakdown and future interventions from other public sector organisations. These projects have been subject to some evaluation, but this has mostly focused on the activities carried out rather than their impact. The partnership is now testing a more sophisticated Social Return on Investment methodology for partnership working in order to better assess the effectiveness of initiatives such as these.

**115.** CPA also has overall responsibility for Scottish Government Change Fund allocations:

- **Reshaping Care for Older People** – Responsibility for managing this fund has been delegated to the Aberdeen

#### Case study 4

##### ‘Whole-systems’ approach pilot on community safety

The Community Safety Partnership prepared a business case for establishing a Community Safety hub which was approved by the CPA Board in May 2012.

The aim of the hub is to encourage greater levels of integration of community safety services by co-locating a number of agencies in one place, while increasing the partnership focus on prevention and early intervention. It is also expected to encourage closer working between analysts from different agencies, creating more opportunities to identify risks and emerging problems, while a daily tasking meeting is expected to provide an ongoing impetus for early and joint actions to tackle emerging problems.

A number of benefits have been highlighted from the approach, with early interventions and the delivery of more effective and sustainable solutions prominent. For example, by tackling antisocial behaviour early, it is expected that this will reduce young people’s behaviour developing into more serious antisocial behaviour and crime. A second phase of the approach is planned to start in 2013, which will involve working with a small number of priority families to tackle cross-cutting issues which impact on community safety.

As the hub only became operational in October 2012, it is too early to say whether the expected benefits will be delivered. The business case does not include details of the set-up or annual running costs. Each partner is expected to meet its own set-up costs, and the estimated annual estimated cost to non-council agencies is £2.5k–£3k per desk space per annum. While the concept of the hub seems sound, there is a risk that the uncertainties about the costs may lead to sustainability issues at a later date.

Source: Audit Scotland

Community Health and Social Care Partnership (CHSCP) – formerly known as the Community Health Partnership. The CHSCP is a committee of NHS Grampian but also acts as Community Planning Aberdeen’s ‘Healthier’ Theme Group. Aberdeen’s Reshaping Older People Change Fund allocation was £2.7 million in 2011/12 and £3.1 million in 2012/13. So far a wide range of projects have received funding but there is a lack of evidence on the impact these have made. Further work is now under way to improve monitoring and evaluation systems.

- **Early Years and Early Intervention Change Fund** – Aberdeen’s indicative allocation is worth almost £4 million between 2012/13 and 2015/16.<sup>11</sup> Aberdeen Integrated Children’s Services Partnership (ICSP) is expected to manage the Fund on behalf of CPA. The funding has still to be allocated, therefore it is too early to assess the impact of this fund.
- **Reducing Reoffending Change Fund** – Nationally, £7.5 million has been made available between October 2012 and March 2015. Two key aims of this Fund are to provide offenders with substantial one-to-one support through evidence-based mentoring schemes; and promote strong, equal partnership working between third and public sector organisations. Two types of funding are available: two-year funding for partnerships of third and public sector organisations (from April 2013 to March 2015), and shorter-term funding (from October 2012 to March 2013) either to support the development of partnerships or to support the expansion or enhancement of existing mentoring interventions.

11 13th Meeting, 2012 (Session 4), Education and Culture Committee, Scottish Parliament, 1 May 2012.

# Part 6. Impact and outcomes



### Gaps in data prevent a full assessment of the impact of community planning in Aberdeen

**116.** Community Planning Partnerships need to demonstrate that they have had an impact in improving outcomes for their local communities. The Statement of Ambition places CPPs at the centre of local public service reform, driving improved outcomes for local communities. However, measuring changes in community outcomes is not straightforward. It can take years, if not decades, for improvements to be made in areas such as life expectancy or deprivation levels. Measuring outcomes rather than simply inputs can be difficult. And, with so many factors affecting these broad outcomes, it can be difficult to attribute any changes to any specific activities.

**117.** As mentioned earlier in this report, however, there are also significant weaknesses in the performance management systems supporting community planning and the SOA in Aberdeen with serious gaps in the availability of reliable and consistent performance data, both locally and nationally.

**118.** In this section of our report, we have sought to comment on performance, based on the information provided in the partnership's SOA Progress Report 2010/11. We have also drawn from other sources, such as Scottish Neighbourhood Statistics (SNS) and the Scottish Index of Multiple Deprivation (SIMD), to find performance information which matches the targets and objectives set out in the SOA. Despite this, however, there remain significant problems in measuring outcomes and in attributing any changes to specific partnership activities. As a result, this section of the report can only seek to provide a high-level picture of trends over the past decade, rather than a comprehensive assessment of community planning's impact on Aberdeen's communities.

### There has been some success in reducing the outcome gap between the least and most deprived areas in Aberdeen

**119.** The national Statement of Ambition emphasises the role of Community Planning Partnerships in reducing the outcome gaps between the most and least deprived communities. TACA and CPA have recognised that there are particularly sharp differences in health, education and crime levels within Aberdeen and, for many years, have aimed to narrow these gaps. Despite this, there has been little monitoring of any progress towards this goal within Aberdeen. SOA monitoring reports, for example, only provide broad references to SIMD data. Over the past year, CPA has developed a range of data on aspects such as deprivation, education and crime levels. This should help the monitoring of performance trends in future years.

**120.** Beyond the SOA Progress Report, the limited data that is available elsewhere shows a mixed picture, with no clear patterns, in terms of outcome gaps being reduced in Aberdeen (see Exhibit 7, overleaf). Progress has been made on some health measures. Similarly, some education indicators, such as S4 examination results and the proportion of school leavers going to positive destinations, suggest the gap has narrowed over the past decade. Others, such as S5 and S6 results, suggest the opposite.

### Aberdeen continues to be prosperous, but there is mixed evidence to show progress towards the SOA's economic priorities

**121.** Aberdeen's SOA contains several broad aspirations on the continuing development of the local economy. There is clear evidence that, despite the general recession, Aberdeen's economy is still relatively strong. For example, while employment levels have fallen slightly since 2009, they are still significantly higher than in other Scottish cities (Exhibit 8, page 35).

**122.** The SOA contains a series of targets under National Outcomes 1 and 2 'We live in a Scotland that is the most attractive place for doing business in Europe' and 'We realise our full economic potential'. These are grouped into seven areas:

- 1. Deliver a fully integrated transport network.** The SOA provides no clear definition on what is meant by this objective. The only targets set relate to average journey times on the A90 and A96 trunk roads. There is no clear picture of performance against this narrow target, with journey delays increasing but targets for the time lost also being raised. There are no targets relating to public transport or, specifically, to the integration of transport. As a result, no conclusions can be drawn on any progress towards achieving an integrated transport network.
- 2. Anchor the oil and gas industry.** The SOA Progress Report shows that the number of companies attending seminars, workshops and trade missions hosted or co-hosted by Aberdeen Council is above target. This doesn't provide a direct measure of the health of Aberdeen's oil and gas industry, but does give some indication of council activity.
- 3. Diversification of the economy.** The number of local companies developing renewable technologies has steadily increased in recent years and is ahead of target. In contrast, the net number of new businesses has fallen sharply since 2007/8, from 595 to 50 and is well below target.
- 4. Improve the efficiency of planning decision-making.** Aberdeen has an up-to-date Development Plan, covering all parts of the city. The SOA also provides evidence that delays in processing planning applications have been reduced.

### Exhibit 7

Outcome gap between most and least deprived areas over last ten years

#### Economy and Education

- Percentage of working age people claiming key benefits
- Percentage of school leavers in sustained positive destinations
- S4 – average tariff scores



- S5 – average tariff score



- S6 – average tariff scores



#### Health

- Hospital admissions for coronary heart disease – rate per 100,00
- Low weight live singleton births as a percentage of all live singleton births<sup>1</sup>
- Smoking in pregnancy – percentage of woman smoking at booking



- Emergency hospital admission rate per 100,000



- Male life expectancy
- Female life expectancy



- Emergency hospital admission, 65 yrs and over: rate per 100,000



Narrowing gap



Unchanged



Widening gap

Notes:

1. Very slight reduction for Scotland.
2. The above analysis uses indicators that are available at the data zone level to compare the average outcome results for the 20 per cent most deprived data zones and the 20 per cent least deprived. Where available this is based on data covering the ten-year period 2002/3 to 2010/11.

Source: Audit Scotland, 2012

**5. High-quality employment opportunities.** In general, performance in this area confirms the sustained strength of Aberdeen’s economy. Average earnings have continued to rise, although the gap between male and female earnings has widened. The number of people claiming a range of benefits has either fallen or, at a time of general recession, remained stable. However,

the number of people claiming Jobseeker’s Allowance has increased markedly and is now above target.

**6. Providing affordable, quality childcare places.** The SOA Progress Report does not provide a clear picture of performance in this area. No target has been set since 2009/10 and there appears to have been a sharp,

unexplained halving of the number of childcare places within the city. This suggests that the data is not reliable.

**7. Sufficient skilled people to meet needs of local economy.** The SOA Progress Report does not provide a clear picture of performance in this area. It includes a target based on job density and the number of

hard-to-fill vacancies. But no performance data is provided after 2009.

**Limited progress has been made on Aberdeen’s main SOA health priorities**

**123.** Audit Scotland’s report *Health inequalities in Scotland* highlighted the lead role that CPPs have in bringing together all relevant local organisations to address health inequalities. The report concludes that current performance measures do not provide a clear picture of progress and that CPPs’ reports on delivering their SOAs are weak in the quality and range of evidence used to track progress in reducing health inequalities. It highlights that differences among SOAs mean that a Scotland-wide picture is hard to identify. The report recommends that CPPs ensure partners have a shared understanding of health inequalities, their respective roles and the shared resources available, and that they involve local communities in initiatives to tackle health inequalities.

**124.** Aberdeen’s SOA Progress Report provides examples of the initiatives being carried out by NHS Grampian, Aberdeen Council and their partners to improve the health of the local population. However, most of the targets and performance measures focus on activities, rather than their impact on improving health outcomes.

**125.** The preface to the section of the SOA dealing with National Outcome 6, ‘We Live Longer, Healthier Lives’, identifies four key local priorities:

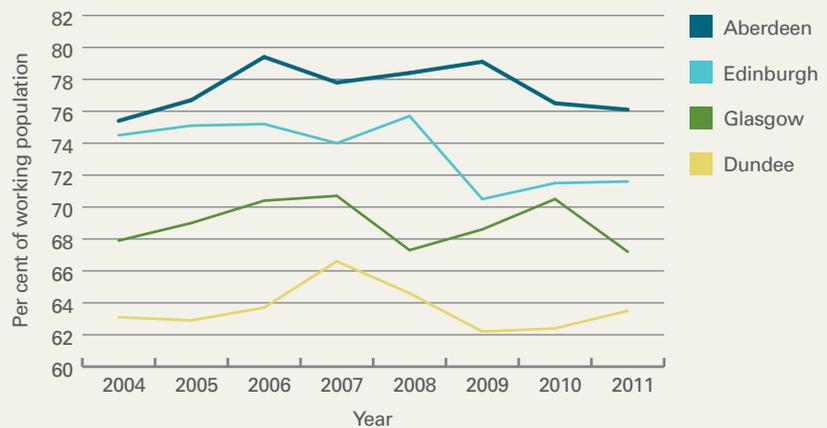
- 1. Responding to an increasingly elderly population.** The SOA recognises that an ageing population is an issue that needs to be addressed, with older people being more frequent users of health services. Two aspects are mentioned: delayed discharges and trying to ensure that patients can receive care in

their own home, rather than in hospital or in a care home. The number of delayed discharges, defined as when patients have to stay in hospital more than six weeks until appropriate home care or social care can be organised, has been held at minimal levels in recent years.

However, there is evidence that more needs to be done to help people receive care at home. There has been a significant rise in the proportion of people aged over 65 with intensive needs who receive care at home, but this still lags behind Scotland’s other cities ([Exhibit 9](#)).

**Exhibit 8  
Employment rate**

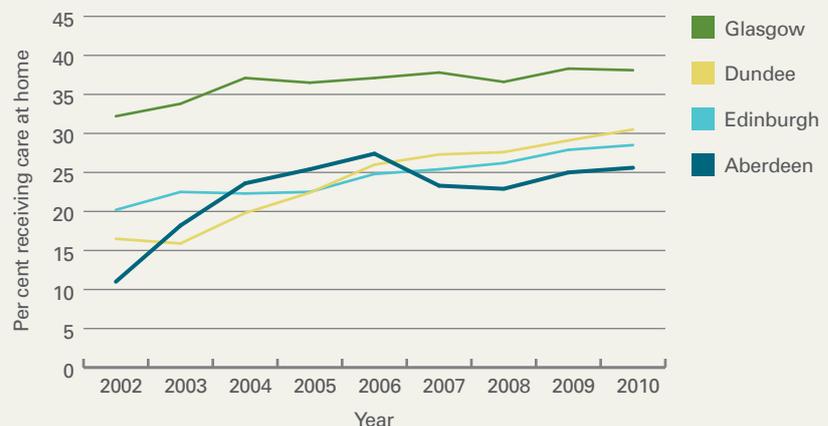
Aberdeen has maintained a significantly higher employment rate than Scotland’s other cities.



Source: Scottish Neighbourhood Statistics/Audit Scotland, 2012

**Exhibit 9  
Care at home**

Fewer people aged 65 or over, with intensive needs, receive care at home in Aberdeen compared with other Scottish cities.



Source: Scottish Neighbourhood Statistics/Audit Scotland, 2012

- **2. Reducing alcohol- and drug-related harm.** The Aberdeen City Drugs and Alcohol Partnership has published a Drug Strategy 2011–21 and an Alcohol Strategy 2009–19. These set out a wide range of actions, aimed at increasing awareness, reducing availability and improving treatments. However, neither strategy contains any measurable targets on reducing the impact of drugs and alcohol on people living in Aberdeen.

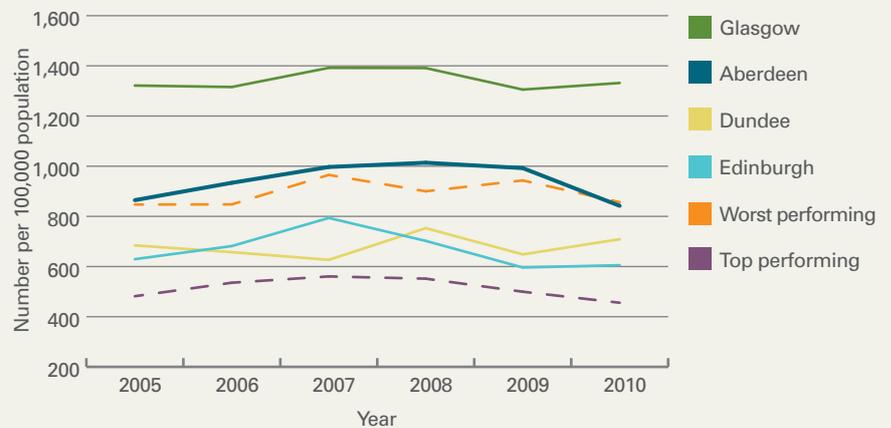
The SOA identifies that the proportion of the population hospitalised for drug- and alcohol-related conditions is worse than the Scottish average. However, it does not contain any targets for reducing the number of hospitalisations. Instead, it has some activity-based targets, such as reducing the number of people waiting for drug treatment services and increasing the number of alcohol brief interventions. The SOA Progress Report shows that there has been a dramatic increase in the number of alcohol brief interventions, although the impact of this is not clear. Evidence obtained by our audit also suggests that there has been some success in recent years in reducing the number of alcohol-related hospital admissions. After a rise in earlier years, this has now fallen back to the levels reported in 2005. However, this is still among the highest in Scotland and well above the rates reported for Edinburgh and Dundee ([Exhibit 10](#)).

- **3. Tackling health inequality.** The SOA identifies significant health inequalities within Aberdeen. However, it contains few targets that are directed at reducing specific health inequalities. Our audit has obtained evidence which suggests that progress has been made in reducing inequalities in areas such as smoking during pregnancy and in

### Exhibit 10

#### Alcohol related hospital admissions

Rate of alcohol-related admissions per 100,000 population – city comparison.



Source: Scottish Neighbourhood Statistics/Audit Scotland, 2012

low weight births. Despite this, SIMD data for 2012 shows that health inequalities have worsened in Aberdeen, with the number of data zones that are among the 15 per cent most health deprived in Scotland increasing between 2004 and 2012 from 39 to 48. Clearly, it can take many years, if not decades, to address long-term issues. However, we found no evidence that the gap in life expectancy has closed over the past decade. On average, people living in the more deprived parts of Aberdeen still live about 5.6 years less than their neighbours in the least deprived parts of the city.

- **4. Addressing the needs of more vulnerable communities.** The SOA defines these vulnerable communities as including gypsies, travellers, people who are homeless, prisoners, and young people leaving care. But it contains no health targets or performance measures relating to gypsies, travellers, people who are homeless, prisoners, or young people leaving care.

#### Progress has been variable in relation to community safety priorities

**126.** The SOA identifies seven community safety priorities. The adequacy of targets and outcome measures related to these priorities is variable. Similarly, performance is mixed between priorities and outcome measures:

- **1. The organisation of child protection services.** The SOA set two targets for 2009 and 2010, aimed at supporting children and parents to stay together and being re-registered on the child protection register. The targets for both outcomes were not achieved in either year.
- **2. Controlled drugs.** The SOA includes three targets aimed at reducing the impact of drugs on community safety: increasing the number of recorded drugs offences year on year; increasing the weight of drug seizures; and reducing the number of drug-related deaths. The 2010/11 SOA Progress Report shows that drug deaths have steadily decreased since 2007, but performance against the other two measures has been less clear.

- 3. Antisocial behaviour.** The SOA aims to reduce the impact of antisocial behaviour on the community. A target was set to achieve a year-on-year reduction of antisocial behaviour crimes such as vandalism and underage drinking. Conversely, a target was also set to increase the number of racially motivated incidents reported to the police, which partners believe indicates an increase in confidence by victims of these crimes. The 2010/11 SOA Progress Report shows that most antisocial behaviour targets are being met. Longer-term trend data is not readily accessible for all of these measures. However, in June 2012, the Scottish Government published a crime statistics bulletin which shows that racial incidents significantly increased between 2004/05 and 2010/11.

- 4. Domestic abuse and 5. Serious and violent crime.** The SOA includes a target to reduce the impact of serious and violent crime, including domestic abuse incidents. The SOA Progress Report shows that, since 2007, the targets to reduce serious and violent crime were met in each year, with the exception of 2009/10. However, it also shows that the number of reported domestic abuse incidents increased each year. It is argued that this reflects an increased confidence from victims in reporting these incidents.
- 6. Fire safety.** The SOA includes one local outcome which aims to collectively reduce the number and impact of accidental dwelling house fires, fire-related injuries and wilful fire-raising incidents. A direction of travel target was set to achieve a year-on-year reduction in the number of accidental dwelling house fires, wilful fires, home fires resulting in injury or death and fire-related injuries. The SOA Progress Report provides performance data for 2007/08 to 2010/11. This shows that the first

### Exhibit 11

#### Crime rates per 10,000 population

Aberdeen's crime levels have decreased significantly – city comparison.



Source: National crime statistics, Scottish Government website

three targets were met in three out of four years, while the target for fire-related injuries was met only in one year.

- 7. Sex industry.** The Community Safety Partnership's strategic assessment outlines the health and community safety issues related to the sex industry. However, although the SOA includes this as a priority, it does not clearly identify outcomes, targets or performance measures.

**127.** In line with national trends, **overall crime rates** have fallen significantly over recent years (Exhibit 11). The results from the last two Scottish Neighbourhood Surveys also suggest that people in Aberdeen now feel safer from crime.

**128.** While the SOA identifies a link between alcohol and drug misuse and crime levels, it does not include targets to reduce drunkenness offences or drug crimes. Between 2002 and 2010, the number of recorded drunkenness offences increased significantly in Aberdeen, although this negative trend slightly improved in 2011. This contrasts with other Scottish cities, where drunkenness offences in 2011 have

either improved or are around the same level as they were in 2002 (Exhibit 12, overleaf). This increase is thought to reflect a more robust enforcement campaign by Grampian Police.

#### There has been limited success in raising attainment levels or reducing inequalities in education

**129.** The SOA contains a series of targets under National Outcomes 3 and 4: 'We are better educated, more skilled, renowned for our research and innovation' and 'Our children are successful learners, confident individuals and responsible citizens'. The preface to these sections is written in fairly general terms, referring to broad initiatives such as the Curriculum for Excellence and aspirations to develop the professional development of teachers. The SOA identifies five outcomes and related targets. We found that performance against these was mixed:

- 1. Attainment levels.** Three main targets are set for attainment levels in Aberdeen's publicly funded secondary schools. The SOA Progress Report for 2010/11 shows that one of these targets has been met. 92 per cent of S4

pupils achieve five or more level 3 awards. The other two targets, for the numbers of S4 pupils achieving English and Maths at level 3, and the numbers of S5 pupils achieving five or more level 5 awards, have not been met.

- 2. Number of school leavers in positive destinations.** The SOA set a target that, by 2010/11, 90 per cent of secondary school leavers would be going to positive destinations, such as employment, college or university. There is no reference to this target in the SOA Progress Report for 2010/11.
- 3. Skills shortages.** The SOA refers to ‘well-documented’ skills shortages and employers’ concerns about a lack of core skills. No targets are provided in this part of the SOA for addressing these concerns. Elsewhere the SOA Progress Report shows that the number of hard-to-fill vacancies in 2009 was 27, within the target of 31.4. It is not clear what this means. Perhaps more importantly, there is no reference to feedback from employers on any continuing concerns.
- 4. Positive inspection reports.** The SOA set a target that 90 per cent of schools being reviewed by Her Majesty’s Inspectorate of Education (HMIE) would receive positive reports. This target has not been met, with 67 per cent of schools inspected in 2010/11 receiving positive HMIE reports.
- 5. Reducing inequalities.** While the SOA identifies Aberdeen as among the most divided in Scotland for education outcomes, it sets no targets for reducing these inequalities. The SOA refers to the Northfield ‘whole-systems’ approach pilot, aimed at raising attainment levels in a deprived area, but contains no specific targets for the project.

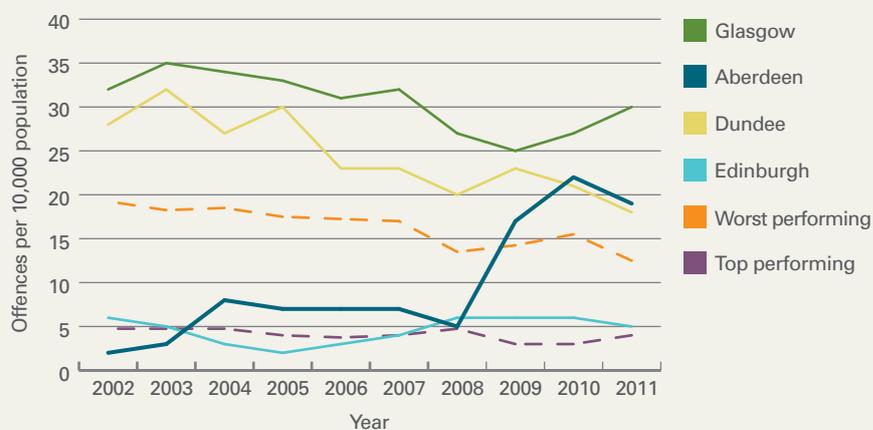
All the performance measures are provided for Aberdeen as a whole, rather than distinguishing between deprived and affluent areas of the city. There is little evidence that the gaps in attainment levels between

deprived and affluent areas have been reduced. Some progress has been made at S4 level, but the gaps in attainment levels for S5 and S6 are greater than they were in 2004/5 ([Exhibit 13](#)).

**Exhibit 12**

**Drunkness offences per 10,000 population**

The number of drunkness offences reported has increased significantly in Aberdeen since 2002 – city comparison.

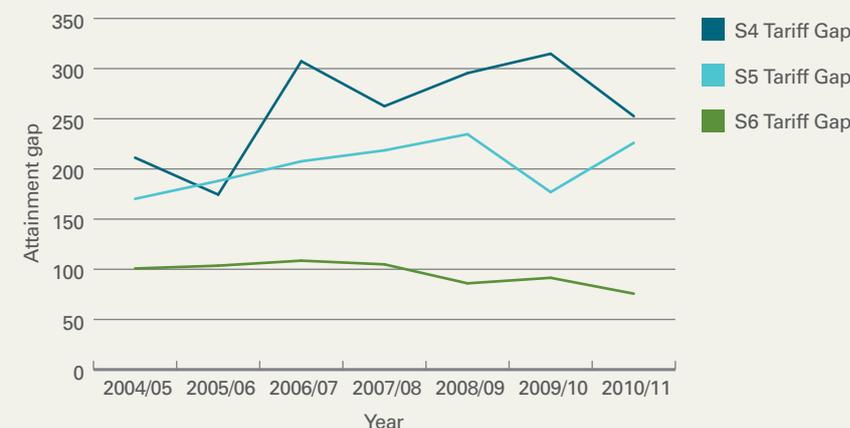


Source: Recorded Crime in Scotland publication (Scottish Government) obtained from Scottish Neighbourhood Statistics website

**Exhibit 13**

**School attainment levels – gap between 20 per cent most deprived and 20 per cent least deprived**

There is no clear evidence that the gap in attainment levels has narrowed.



Source: Audit Scotland, 2012

**There is little to show that any significant progress has been made in achieving CPA's environmental objectives**

**130.** The SOA contains seven targets relating to CPA's environmental objectives. In contrast to other SOA themes, many of these measures relate to high-level outcomes and community impact. However, in almost all cases, the SOA Progress Report for 2010/11 contains no up-to-date targets or performance information. For example, no data on the city's carbon footprint has been available since 2006. Similarly, data on the use of public and private transport has not been available since 2008.

**131.** There has been success in recycling domestic waste. Since 2007/08, this has almost doubled to 31.7 per cent, above the target set of 27 per cent. This is in line with improvements made by other councils throughout Scotland. It is also not clear how this target relates to partnership working with other public organisations.

**132.** Overall, however, the general lack of performance data suggests that environmental matters have not been treated as a local priority.

# Part 7. Improvement agenda



**133.** Continuous improvement in public services and strong local leadership and governance are central elements of the joint Scottish Government and COSLA Statement of Ambition for Community Planning. That document and the Scottish Government's priorities for public service reform in response to the Christie Commission report share common themes:

- A decisive shift towards prevention.
- Greater integration of public services at local level, driven by better partnership, greater collaboration and effective local delivery.
- Greater investment in the people who deliver services through enhanced workforce development and effective leadership.
- A sharp focus on improving performance.

**134.** This is a stretching and demanding agenda. It will require strong and sustained leadership from public sector leaders to deliver the ambitious step change in performance from community planning that are required to respond to:

- the financial pressures facing public services'
- rising demand owing to demographic change and public expectations
- the deep-rooted social problems that affect many parts of Scotland.

**135.** CPA has shown a high level of self-awareness, with two external reviews commissioned over the past two years. It has made many significant changes in recent months and now has many of the fundamental structures and processes in place. However,

it has set itself a demanding improvement agenda and much still needs to be fully established before it can demonstrate clearly how it is improving outcomes for its communities.

**136.** The audit has identified a number of areas where improvement is required by the CPP. These are set out below.

#### Strategic direction

- Identify a limited number of strategic priorities on which the community planning partnership can make an impact.
- Ensure that CPA has a strategic oversight of all significant partnership working to help ensure that there is a match between resources and strategic priorities.
- Review the approach to community engagement to help avoid any duplication of effort by different organisations.

#### Governance and accountability

- Review the level of representation of partner organisations to help ensure that CPA Board members have sufficient seniority to contribute to decision-making.
- Strengthen the scrutiny of performance, by regularly providing monitoring reports to theme groups and to the CPA Board.
- Hold partners to account for their contribution to shared objectives and use this to help drive improvements.

#### Performance management and use of resources

- For each strategic priority, set performance targets that provide a stronger focus on outcomes and community impact.
- Ensure that reliable performance data is available to match targets. Avoid setting targets that cannot be monitored.
- Assess the impact made by Fairer Scotland and Challenge Funds.
- Identify the total resources available to all partners and determine how resources can be targeted and aligned towards agreed priorities and outcomes.

#### Impact and outcomes

- Assess the impact of the 'whole-systems' approach, currently being piloted in education and community safety.

**137.** We will be liaising with the board to discuss this improvement agenda and will be monitoring the progress that the CPP makes in taking forward these improvement actions.

# Community planning in Aberdeen

If you require this publication in an alternative format and/or language, please contact us to discuss your needs.

You can also download this document in PDF, black and white PDF or RTF at:  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)



Audit Scotland, 110 George Street, Edinburgh EH2 4LH  
T: 0845 146 1010 E: [info@audit-scotland.gov.uk](mailto:info@audit-scotland.gov.uk)  
[www.audit-scotland.gov.uk](http://www.audit-scotland.gov.uk)

ISBN 978 1 907916 95 3

This publication is printed on 100% recycled, uncoated paper

