

Public Document Pack



To: Councillor Kiddie, Convener; Councillor Leslie, Vice-Convener, and Councillors Allan, Cormack, Donnelly, Ironside, Laing, Malone, McDonald, Penny, Jennifer Stewart, Kevin Stewart, Wendy Stuart, Kirsty West and Young.

Town House,
ABERDEEN 26 May 2010

SOCIAL CARE AND WELLBEING COMMITTEE

The Members of the **SOCIAL CARE AND WELLBEING COMMITTEE** are requested to meet in Committee Room 2 - Town House on **THURSDAY, 3 JUNE 2010 at 2.00 pm.**

JANE G. MACEACHRAN
HEAD OF LEGAL AND DEMOCRATIC SERVICES

B U S I N E S S

1 EXEMPT BUSINESS

- 1.1 Members are Requested to Resolve that any Exempt Business on this Agenda be Considered with the Press and Public Excluded

2 MINUTES AND REFERRALS

- 2.1 Minute of Previous Meeting of 22nd April 2010 (Pages 1 - 16)
- 2.2 Minute of Meeting of Children's Services Sub-Committee of 13th May 2010 (Pages 17 - 22)
- 2.3 Social Care and Wellbeing Grants - Referral from Finance and Resources Committee (Pages 23 - 28)

3 PERFORMANCE MANAGEMENT AND SERVICE WIDE REPORTS

- 3.1 Social Care and Wellbeing Draft Service Business Plan 2010-2013 (Pages 29 - 72)
- 3.2 Recruitment and Retention of Social Care and Wellbeing Staff (Pages 73 - 82)
- 3.3 Revised Performance Indicator Suite for Social Care and Wellbeing Service (Pages 83 - 96)
- 3.4 Risk Register Progress Update (Pages 97 - 110)

4 SOCIAL CARE AND WELLBEING

- 4.1 Kinship Care Strategy (Pages 111 - 116)
- 4.2 Accommodation Support for Offenders (Pages 117 - 136)

5 COMMITTEE BUSINESS STATEMENT AND MOTIONS LIST

- 5.1 Committee Business Statement (Pages 137 - 148)
- 5.2 Motions List (Pages 149 - 154)

ITEMS WHICH THE COMMITTEE MAY WISH TO CONSIDER IN PRIVATE

6 SOCIAL CARE AND WELLBEING

- 6.1 Out of Hours Social Work Team - Temporary Stand-by and Non Standard Working Week Allowance Arrangements (Pages 155 - 174)
- 6.2 Integrated Drug Service, Timmer Market - Capital Contribution (to follow)
- 6.3 Business Case - Risk Management Co-ordinator (Pages 175 - 180)
- 6.4 Business Case - Redesign of WPO/Clerical Assistant Post in NESCP Team (Pages 181 - 184)
- 6.5 Business Case - Redesign of Administration Assistant Post in NESCP Team (Pages 185 - 190)

6.6 Minute of Meeting of the Social Work Complaints Review Committee
(Pages 191 - 196)

Website Address: www.aberdeencity.gov.uk

Should you require any further information about this agenda, please contact Mark Masson, tel. (52)2989 or e-mail mmasson@aberdeencity.gov.uk

This page is intentionally left blank

Agenda Item 2.1

SOCIAL CARE AND WELLBEING COMMITTEE

ABERDEEN, 22 April, 2010. - Minute of Meeting of the SOCIAL CARE AND WELLBEING COMMITTEE. Present:- Councillor Kiddie, Convener; Councillor Leslie, Vice-Convener; and Councillors Allan, Cooney (substituting for Councillor Laing), Cormack, Crockett (substituting for Councillor Young), Donnelly, Dunbar (substituting for Councillor Wendy Stuart), Ironside, Malone, Penny, Kevin Stewart and Kirsty West.

DECLARATION OF INTEREST

The Convener declared a personal interest in the following item. The Vice-Convener also declared an interest by virtue of the Vice-Convener's appointment as a representative to the Board of Aberdeen and North East Deaf Society. Neither Councillor felt it necessary to leave the room during consideration of the matter before them.

WITHDRAWAL OF ITEM

1. The Convener sought the Committee's approval to withdraw item 7.1 (Single Sensory Service) from the agenda to allow an amended report to include additional information to be submitted to Council for consideration at its meeting on 19th May, 2010. The aforesaid updated report would, if agreed by Council, be considered with the press and public excluded from the meeting.

The Committee resolved:-

to agree to the withdrawal of the item and to the submission of an amended report on the Single Sensory Service to Council for consideration at its meeting on 19th May, 2010.

DETERMINATION OF EXEMPT ITEMS OF BUSINESS

2. Prior to considering the matters before the Committee, the Convener proposed that in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, the items identified at Article 21 and 22 of this minute be considered with the press and public excluded from the meeting as to avoid disclosure of exempt information of the class described in paragraphs 3 and 1 of Schedule 7(A) of the Act respectively.

The Committee resolved:-

to consider the abovementioned items in private session.

ORDER OF AGENDA

3. The Convener sought the agreement of the Committee to consider the report on the Peer to Peer project (article 9 of this minute refers) at an earlier stage of the agenda, as the Depute Governor of HMP Aberdeen was in attendance for this item.

The Committee resolved:-

to agree to the Convener's request.

ANNOUNCEMENTS

4. (A) Community Service Awards

The Committee heard the Director of Social Care and Wellbeing make reference to the National Community Service Awards and advised that the Community Service Team, Criminal Justice Social Work had been nominated for two awards in the Community and Environment categories, specifically for the Powis Gateway Community Centre and the Torry Tidy Project.

The Committee resolved:-

to convey thanks to the staff in the Community Service Team, Criminal Justice and to wish them well with their nominations.

DECLARATION OF INTEREST

Councillor Kevin Stewart declared an interest in the following item by virtue of his membership of St. Machar Credit Union. He did not feel it necessary to leave the room during consideration thereof.

KEEP WELL INITIATIVE - PRESENTATION

5. The Committee received a presentation from Dorothy Ross-Archer, Keep Well Programme Manager, NHS Grampian in relation to the Keep Well Initiative.

Dorothy Ross-Archer (a) advised that the Keep Well Programme was established to increase the rate of health improvement in deprived communities in Aberdeen city; (b) indicated that the programme was a targeted health check which focused on cardiovascular disease and its main factors, intermediate clinic risk factors (for example, blood pressure and cholesterol levels), lifestyle risk factors (for example, smoking, diet, physical activity and alcohol) and life circumstances (for example, levels of income, employment and literacy); (c) explained that the programme targeted 45-64 year olds, the most deprived 15% of the population and those at greatest risk of preventable serious ill-health; (d) reported that the programme intends to enhance primary care services to deliver anticipatory care, identify and target those at risk of preventable serious ill-health, offer appropriate, core, evidenced-based interventions and services delivered through a mix of providers, focusing on cardiovascular disease, incorporating appropriate means of engagement with different client groups, setting clear targets for reaching outcomes

and outputs and providing individual monitoring and follow-up; (e) stated that over 850 health checks lasting 30-40 minutes had been completed in ten participating GP practices; (f) made reference to complementary delivery models, such as the Healthy Hoose, Out-of-Hours G-Med Nurse services and the Community Pharmacy which will be in operation in Spring, 2010; (g) outlined the menu of interventions which offered referral and signposting including Cash In Your Pocket Partnership, Healthwise Aberdeen (health literacy) and the Grampian Credit Union; (h) intimated that the programme would strengthen partnership working, achieve targets, share learning and best practice, improve health and wellbeing, maximise the use of skills, experiences and resources and increase patient and community engagement; and (i) outlined the positive feedback received from patients.

Mrs Ross-Archer responded to questions from the Committee.

The Committee resolved:-

to thank Dorothy Ross-Archer for her presentation.

MINUTE OF PREVIOUS MEETING

6. The Committee had before it the minute of its previous meeting of 25th February, 2010.

The Committee resolved:-

to approve the minute.

MINUTE OF MEETING OF ADULT SERVICES SUB-COMMITTEE

7. The Committee had before it the minute of meeting of the Adult Services Sub-Committee of 25th March, 2010.

The Committee resolved:-

- (i) to note that in relation to Article 3, resolution (ii), relating to substance misuse referral procedures, that the word "self" should be deleted;
- (ii) to approve the recommendations contained in the minute namely (1) that a national review of mental health services be undertaken and that this be referred to COSLA for consideration; (2) that a review of the membership of the Aberdeen Alcohol and Drugs Partnership Committee (AADP) be undertaken; and (3) that the AADP be asked to review the Substance Misuse Referral procedure, which was deemed to be cumbersome and inadequate; and
- (iii) to otherwise note the minute.

GRAMPIAN JOINT HEALTH PROTECTION – H&E/10/043 – REFERRAL FROM HOUSING AND ENVIRONMENT COMMITTEE

8. The Committee had before it, by way of remit from the Housing and Environment Committee of 13th April, 2010, a report by the Director of Housing and Environment which had sought approval of the Grampian Joint Health Protection Plan for the period 1st April, 2010 to 31st March, 2012.

The report (a) advised that the Council had worked closely with partners in NHS Grampian, Aberdeenshire and Moray Councils and other agencies to deliver services to protect the health of the Grampian population; (b) indicated that the Joint Health Protection Plan provided an overview of health protection priorities, provision and preparation for NHS Grampian, this Council, Aberdeenshire and Moray Councils as requested by the Public Health Etc (Scotland) Act, 2008; (c) explained that the Plan supported the delivery of the Grampian Health Plan 2010-2013 and the Community Plans for the three Councils; (d) outlined the national and local priorities for health protection and the actions covering the next two years; and (e) had appended the Grampian Joint Health Protection Plan which provided additional detail in relation to planning, infrastructure, resources and operational arrangements, capacity and resilience and public involvement associated with the Plan.

The Housing and Environment Committee had resolved:-

- (i) to approve the Joint Health Protection Plan;
- (ii) to instruct the Director of Housing and Environment to continue to implement the health protection priorities outlined in the plan; and
- (iii) that the report be referred for information to the Social Care and Wellbeing Committee.

The Committee resolved:-

to note the report.

DECLARATION OF INTEREST

Councillor Donnelly declared a personal interest in the following item by virtue of his membership of the Peterhead Prison Visiting Committee, but did not consider it necessary to withdraw from the meeting.

ABERDEEN PEER TO PEER PROJECT – SCW/10/021

9. With reference to Article 9 of the minute of its meeting of 29th October, 2010, the Committee had before it a report by the Director of Social Care and Wellbeing which provided information in relation to a project that would help people coming out of prison with challenging lifestyles to aid their community integration by identifying a wide range of support in communities linked to making life changes for themselves.

The report (a) advised that the project would help men and women who were subject to short-term imprisonment or early release to become healthier, financially stable and job ready through mentoring, advocacy, skills development, supportive through care and peer support; (b) revealed that funding from the mainstream budget of the Scottish Prison Service (SPS) accounted for the majority of the overall project spend in Year 1, and totalled £160,000 comprising some £140,000 for staff costs of the new team, and a one-off allocation of £20,000 as a contribution to the cost of the project; (c) indicated that support in-kind from other partner organisations had been made and would be enhanced by the work undertaken by the Bridges Project; (d) explained that the total cost of the implementation of the project in Year 1 would involve a revenue contribution of £20,000 from the City Council, and would be regulated by a new Service Level Agreement by the Council and the SPS; (e) stated that officers in discussion with the SPS and other partners had investigated the creation of a small-scale multi-agency support team project to be managed and financed by the SPS which would work flexibly across a seven day week and be linked to the creation of a women's community unit at Craiginches Prison; (f) indicated that, if approved, the intended start date of the team would be 1st May, 2010 which would work from prison, community facilities and learning bases to support, advise and mentor offenders and ex-offenders but also be assisted by a wider team involving partner agencies; (g) outlined the key tasks to be undertaken and explained that a small number of participants would be nominated by the prison, and through project review, deliver on a series of outcomes to benefit the individuals involved; (h) explained that it was proposed that the project team would be overseen by a multi-agency Project Steering Group from participating organisations that had agreed to take the initiative forward; and (i) outlined the proposed membership of the Steering Group, which included Aberdeen City Council, as well as its terms of reference and the intended outcomes from the Peer to Peer Project.

The report recommended:-

that the Committee -

- (a) endorse the formation of the Aberdeen Peer to Peer Project, and the proposed membership and terms of reference of the multi-agency Project Steering Group;
- (b) agree the allocation of £20,000 for this project from the 2010/2011 revenue budget, to be regulated by a Service Level Agreement between the City Council and the Scottish Prison Service; and
- (c) agree to receive a progress report at the meeting of this Committee to be held on 2nd September 2010.

The Committee resolved:-

- (i) to approve the recommendations; and
- (ii) to refer the report to the Community Health Partnership Committee for information.

CAPITAL BUDGET PROGRESS REPORT – SCW/10/024

10. With reference to Article 5 of the minute of the previous meeting of 25th February, 2010, the Committee had before it a joint report by the Director of Social Care and Wellbeing and the City Chamberlain, which provided information

and progress on three projects, namely, Rosewell House, the Integrated Drugs Service at the Timmer Market site and the new Children's Residential Unit.

The report (a) explained that the projects were included within the Non-Housing Capital Programme, previously approved by Council and aligned to Social Care and Wellbeing Services; (b) indicated that monies required to fund the capital programme were achieved through external borrowing, capital receipts and grant income; (c) advised that the General Fund had adequate resources available to finance the capital spend in 2009/10; (d) explained that the overall cost of capital was calculated on a Council-wide basis and the impact on the Council would be included within the summary report to the Finance and Resources Committee; (e) stated that it was important that approved projects were managed and monitored in a robust way to ensure there was accuracy in relation to expenditure projections, thereby enabling the Council to calculate and evaluate the overall need for and cost of borrowing; (f) advised that the spend to the end of February, 2010 only reflected the payments made and processed, however, it included commitments that had been made which would be due to be paid by the end of the year; and (g) outlined in the appendix, previous spend, expenditure as at 28th February, 2010 and the forecast out-turn for the three projects.

The report recommended:-

that the Committee note the content of the report in relation to the projects outlined in the appendix.

The Committee resolved:-

to approve the recommendation.

REVENUE BUDGET MONITORING 2009/2010 – SCW/10/023

11. With reference to Article 6 of the minute of the previous meeting of 25th February, 2010, the Committee had before it a joint report by the Director of Social Care and Wellbeing and the City Chamberlain, which provided information on the current year's revenue budget performance for Social Care and Wellbeing Services and outlined areas of risk and management action.

The report (a) advised that the total Social Care and Wellbeing budget amounted to approximately £112m net expenditure; (b) indicated that based upon present forecasts, it was anticipated that the financial performance of the service would result in an adverse movement on the Council finances overall of £1.6m; (c) explained that this position would be reflected in the overall financial monitoring for the Council when it is reported to Finance and Resources Committee at the end of this committee cycle; (d) advised that there had been favourable movement in the overall position as a result of the management actions taken with the current projections now indicating a potential overspend of 1.4%; (e) indicated that there continues to be significant pressure on the Adults Community Care Budgets, with care commitments currently £3.5m above budget; (f) stated that this position reflected additional pressures on needs led services, however, there had been a reduction of £0.3m since the last report; (g) explained that there were also significant pressures on the Children's Residential School and external fostering budgets with significant increases in referrals to Children's Services over the last twelve months, together with large increases in the number of children on the Child

Protection Register; (h) advised that commitments for external residential and fostering services were currently £2.5m above budget; (i) indicated that since February, 2010, the overall projection at this time had increased by £300,000, due to staffing and other running costs increasing by £650,000, commissioning services reducing by £725,000 and income reducing by £375,000; and (j) had attached as appendices, the overall budget for the service and detailed analysis in respect of services managed by the Service Director and the Heads of Service.

The report recommended:-

that the Committee -

- (a) note the report on the forecast out-turn and the information on areas of risk and management action that is contained therein;
- (b) instruct officers to continue to review budget performance and report on service strategies; and
- (c) instruct officers to report in due course, on the actual out-turn compared to budget following completion of the 2009/10 financial statements.

The Committee resolved:-

to approve the recommendations.

PERFORMANCE MANAGEMENT – SCW/10/029

12. With reference to Article 6 of the minute of the previous meeting of 14th January, 2010, the Committee had before it a report by the Director of Social Care and Wellbeing on the development of a suite of performance indicators for Social Care and Wellbeing, as specified in the directions from Audit Scotland and the progress in developing a wider Performance Management Framework for the Social Care and Wellbeing Service, including the development of a wider suite of local performance indicators.

The report (a) advised that Audit Scotland has made a substantial change to the Statutory Performance Indicators (SPI's) which local authorities must report for the 2009/10 and 2010/11 year; (b) indicated that the number of defined SPIs across the Council has reduced to 25 (from 58 in 2008/09); (c) explained that the Audit Scotland Direction for 2009/10 required that local authorities publish a range of performance information sufficient to demonstrate that it was securing best value across a defined range of services and criteria; (d) had attached the list of SPIs relevant to Social Care and Wellbeing and performance report which demonstrated how service capacity, resources and people were managed to deliver service priorities; and (e) stated that work was ongoing within the service to establish further performance indicators particularly where they could be related to outcomes and to targets.

The report recommended:-

that the Committee -

- (a) approve the draft Statutory Performance Indicators listed at Appendix 1 of the report;
- (b) note the performance data reported at Appendix 2; and
- (c) note that a further report would come to the next Social Care and Wellbeing Committee which would contain the new Performance Management

Framework and the full suite of local performance indicators for the service for 2010/11 and beyond.

The Committee resolved:-

- (i) to approve the recommendations; and
- (ii) that Performance Indicators contained within the balance scorecard report be grouped in terms of service delivery.

PROPOSED MANAGEMENT STRUCTURE FOR SOCIAL CARE AND WELLBEING SERVICE – SCW/10/002

13. The Committee had before it a report by the Director of Social Care and Wellbeing which outlined the finalised proposals for the management structure and functions of the Social Care and Wellbeing service.

The report (a) advised that the cost of the proposed management structure would be met from existing resources within the 2010/11 budget, taking account of savings agreed by the full Council on 10th February, 2010; (b) outlined the previous structure and explained that it was fit for purpose for the period of time which it served; (c) explained that a strategic commissioning framework and a community engagement strategy had been created and approved by the Committee which has dynamic strategies which would be able to adapt and change with changing need; (d) indicated that whilst the Contracts and Commissioning team would be responsible for the process of contracts and commissioning, the decisions about what actually requires to be commissioned lies with operational managers and practitioners; (e) stated that it was proposed to split the Adult Services including Criminal Justice and Older People into two Heads of Service, one for Adult Services comprising services for substance misuse, mental health, learning disability and criminal justice and another Head of Service with responsibility for older people, and rehabilitation services including long term conditions; (f) advised that there had been significant discussions with health colleagues in relation to the proposed structure and they were satisfied that the division of Social Work services into specific care groups would facilitate positive joint working with Health and clearer points of contact; (g) outlined the Children's Services structure which has followed a themed approach including, Children in Need, Reception and Protection Services, Young People's Care and Accommodation, Alternative Family Care and Family and Community Support; (h) indicated that the Social Care and Wellbeing Service was a large and complex service comprising 1,700 staff; (i) made reference to a number of posts and teams which were to be merged, converted or deleted; (j) explained that the Operational Support Manager would continue to report to the Director under the new proposals and take responsibility for ensuring the smooth running of business support to the whole service including staffing, accommodation and property management and providing the interface with Human Resources, Finance and Corporate Communications; and (k) attached the proposed management structure chart for the Social Care and Wellbeing Service.

The report recommended:-

that the Committee -

- (a) agree the management structure and functions of the Social Care and Wellbeing service; and
- (b) agree to provide delegated authority to the Director of Social Care and Wellbeing to implement further restructuring below the management structure and in accordance with Council policies and procedures for Trade Union

consultation and managing organisational restructuring, thereby enabling delivery of the agreed 2010/11 budget savings.

The Committee resolved:-

to approve the recommendations subject to amending recommendation (b) above to include that consultation be undertaken with the Convener of the Committee, in respect of further restructuring.

REVIEW OF INTEGRATED CHILDREN'S SERVICES STRATEGIC PLANNING GOVERNANCE STRUCTURE – ECS/10/036

14. The Committee had before it a joint report by the Directors of Social Care and Wellbeing and Education, Culture and Sport which sought the Committee's approval of the proposed future planning and governance arrangements to strengthen the delivery of integrated children's services in the City.

The report (a) advised that the 2009, the Children and Young Peoples Strategic Planning Group (CYPSPG) had reviewed of the governance and planning to support the delivery of integrated children's services in the City; (b) indicated that the review considered the governance and resource management arrangements in place locally to deliver the Integrated Children's Services Plan "For Aberdeen's Children"; (c) explained that one-to-one interviews were held with 20 members of the CYPSPG and the Children and Young People's Services Management Group (CYPSMG), including elected members, the Education, Culture and Sport and Social Care and Wellbeing Directorates, NHS Grampian, Grampian Police, and Aberdeen Council of Voluntary Organisation who represented the third sector; (d) stated that as a result of this, the following recommendations had been put forward:-

- Improving outcomes for children and families;
- Overseeing the effective use of resources;
- Roles and accountabilities of partners in delivering improvements set out in the Integrated Children's Services Plan;
- Effective consultation, engagement and involvement of key stakeholders;
- Supporting local capacity building and capability development;
- The governance and principles of the partnership; and
- Managing risks and exercising controls

(e) made reference to the large memberships of the CYPSPG and the CYPSMG which were not conducive to effective task-orientated strategic planning; (f) advised that following a meeting of representatives from key agencies, it had been agreed that governance and membership of the strategic planning structure should be designed around key outcomes, and that membership of the management group should be at a more senior level within the strategic planning group; (g) indicated that there was also unanimous agreement that the proposed strategic planning structure would be fit to take forward key messages emanating the Getting It Right For Every Child pathfinder model being developed in Highland Council; (h) outlined the key messages which were agreed to be important in driving forward these changes; (i) stated that a series of seminars led by the proposed Integrated Children's Services Partnership and Management Group had been arranged to deliver key messages to staff, with further events being organised

for teams within localities and associated school groups to ensure the change in practice was embedded at all levels; and (j) had attached as appendices, the structure diagrams showing the current and proposed governance structures for Integrated Children's Services as well as the proposed membership for the governance structure and a diagram detailing the Committee reporting arrangements for the Children and Young People's Strategic Partnership.

The report recommended:-

that the Committee -

- (a) agree that the integrated children's services strategic planning structure should be designed around key outcomes;
- (b) agree that the number of planning and working groups within the structure and the membership thereof, should be significantly slimmed down in order to assist an outcome focused approach;
- (c) approve the revised strategic planning structure and membership detailed at Appendix 1 to the report; and
- (d) note that a recommendation had been made to the Corporate Policy and Performance Committee that the Integrated Children's Services Partnership replaces the Children and Young People's Strategic Planning Group as a Challenge Forum of The Aberdeen City Alliance to lead and coordinate the delivery of local improvement objectives to improve outcomes for children and young people within the Single Outcome Agreement

The Committee resolved:-

to approve the recommendations.

FEES AND ALLOWANCES PAID TO FOSTER CARERS, ADOPTERS AND ASSOCIATED SERVICES – SCW/10/048

15. The Committee had before it a report by the Director of Social Care and Wellbeing which outlined the proposed increases and changes to fees and allowances to foster carers, kinship carers, adopters and carers who provide supported lodgings, curator-ad-litem's/reporting officers and panel chairs.

The report (a) advised that in line with the decision taken during 2005/06, Aberdeen City Council paid the fostering allowance rates recommended by the Fostering Network and it was therefore proposed that the Committee adopt the revised rates with effect from 1st April, 2010; (b) indicated that the rates for the coming year remain unchanged from those paid in 2009/10; (c) explained that the payment for skills scheme had been in operation since 2003/04 and pays a fee to foster carers in recognition of the service they provide; (d) proposed that in line with the 0% increase to the allowances as determined by the Fostering Network, that there be no change to the existing level of fee paid to foster carers; (e) recommended that adoption allowances remain unchanged in accordance with the foster allowances; (f) advised that as is common to most local authorities, the chair of Aberdeen City Council's Adoption & Permanency Panel and the Fostering Panel were independent of the Local Authority; (g) indicated that it was proposed to increase the allowance of £76.25 per panel by 1.5% to £77.40, which represents an annual cost of £3,715.20 based on 48 panels per year; (h) explained that the rates payable to Kinship Carers, those carers who were related to the child or who have a pre-existing relationship and who the social work service has been actively

involved in placing the child, would remain unchanged for the coming year; (i) advised that work was undertaken with Aberdeenshire Council to ensure a consistency of fee for curator ad-litem and reporting officers as both authorities tend to access the same curator's and reporting officers, (j) indicated that it was proposed to increase the current fee of curator ad-litem and reporting officer by 1.5%, an increase which would be met from existing budgets; (k) stated that the Council operates a supported lodgings scheme that was accessible to vulnerable young adults aged 16 to 25 who have previously been looked after and who would benefit from living with a family or single person; (l) proposed that the fee of £205 paid to the person providing the lodgings (the carer) per week remains unchanged in order to attract and retain carers; and (m) had attached as an appendix the Adoption Allowance Policy.

The report recommended:-

that the Committee -

- (a) approve with effect from 1st April, 2010, there be no change to the level of the Fostering Allowance, Payment for Skills fees, Adoption Allowance, Kinship Carer Allowance and Supported Lodgings Allowance; and
- (b) approve with effect from 1st April, 2010 an increase of 1.5% to the fees for Chair of the Adoption/Permanency and Fostering Panels and the reporting officer/curator-ad-litem fees.

The Committee resolved:-

to approve the recommendations.

PROGRESS REPORT ON FOSTERING AND ADOPTION SERVICE – SCW/10/047

16. The Committee had before it a report by the Director of Social Care and Wellbeing which outlined the positive feedback received from the Care Commission following their recent annual inspection of the Fostering and Adoption Service.

The report (a) advised that the Fostering and Adoption Service was subject to an annual inspection from the Care Commission which measured the performance of the service against the National Care Standards introduced in 2006; (b) indicated that the inspection was carried out over a two week period in November, 2009 and focused on four areas chosen by the Care Commission which differ each year; (c) outlined the significant challenges which the Children's Services has had to contend with over the past year; (d) explained that in spite of these challenges, self-assessment suggested that meaningful progress in developing and improving the quality of the service had been made with a number of performance areas assessed having moved from Level 4 (Good) to Level 5 (Very Good) (Care services are graded on a scale of 1 – 6); (e) made reference to verbal feedback received from inspectors which acknowledged the significant progress made by the service over the past year, in particular they were very positive about the way service users and carers had been involved in development of the service and the changes which have stemmed from this engagement; (f) revealed that the inspection reports, which have now been received, had ratified the service's own assessment and scored the service as being very good in five of the inspection areas and good in three areas; (g) advised that two recommendations were made by the Care Commission in terms of the Fostering Service and work was already underway to

progress these; (h) indicated that the progress and positive inspection was testimony to the hard work of the staff in the Fostering and Adoption Service as well as that of adopters and foster carers; and (i) appended details of the inspection report grades.

The Committee resolved:-

- (i) to note the outcome of the recent Care Commission inspection which graded the Fostering and Adoption Service as being very good in five of the focus areas and good in the remaining three focus areas; and
- (ii) to convey its thanks to Graeme Simpson, Service Manager, and other staff within the Fostering and Adoption Service, as well as carers.

APPOINTMENT OF LEGAL REPRESENTATIVE CATEGORY 1 (SAFEGUARDER) FOR CHILDREN'S HEARING SYSTEM – CG/10/042

17. The Committee had before it a report by the Director of Corporate Governance which sought the Committee's approval to appoint to the Aberdeen City Council's Legal Representative Panel an additional legal representative under Category 1 (Safeguarders) in terms of the Children's Hearings (Legal Representation) (Scotland) Amended Rules 2009.

The report (a) made reference to the Children's Hearings (Legal Representation) (Scotland) Rules 2002, which explained that persons would be appointed to act as a legal representative where the Children's Hearing or business meeting consider that one or more of the Court of Session's stated criterion apply and also to ensure that children's rights may be vindicated and in the interests of justice; (b) explained that the rules were extended to support the effective participation of relevant persons where it is considered they would otherwise be unable to effectively participate in a Children's Hearing; (c) advised that this had resulted in a significant increase in the number of cases where legal representatives have been appointed; (d) outlined the procedure for making an appointment of a legal representative to a Children's Hearing and the process of reclaiming the costs and fees from the Scottish Government for undertaking the work; (e) described the two recruitment eligibility categories for persons to act as a legal representative which included the category that solicitors holding practising certificates must be appointed to a local authority panel of Safeguarders; (f) made reference to the appointment of Safeguarders; and (g) revealed that in terms of the regulations, the Council was required to consult with the Chairperson of the Children's Panel and the Sheriff Principal on appointments to the Panel, with both indicating that they were content with the appointment of Mrs. Hayley Mullen as a Legal Representative under Category 1 (Safeguarder).

The report recommended:-

that the Committee approve the appointment of Mrs. Hayley Mullen as an additional Legal Representative to the Legal Representative Category 1 (Safeguarder) Panel until 30th October, 2011.

The Committee resolved:-

to approve the recommendation.

BUSINESS CASE – CRIMINAL JUSTICE SUPPORT WORKER – WOMEN'S SERVICES - SCW/10/056

18. The Committee had before it a business case by the Director of Social Care and Wellbeing which sought approval to establish a fixed term post of Criminal Justice Support Worker – Women's Service.

The report (a) made reference to the allocation of Scottish Government funding of £45,000 to Aberdeen City Council's Criminal Justice Social Work Service to enhance services for women offenders; (b) proposed that the post be created with the potential to fill it on a seconded basis, for a fixed term period of 51 weeks with the remit being comprehensive, from early intervention to high end need; (c) explained that the Scottish Government had made £100,000 available to each Community Justice Authority (CJA) to enhance services for women who offend following which, the Northern CJA chose to allocate £45,000 to the Council in recognition of the disproportionately high number of women from Aberdeen city who were incarcerated in HMP Cornton Vale, both sentenced and on remand; (d) indicated that the impact on the current year's revenue/capital budget would be £32,268, including on-costs; and (e) explained that the funding would be made through the Section 27 grant arrangements.

The report recommended:-

that the Committee approve the creation of a Criminal Justice Support Worker post.

The Committee resolved:-

to approve the recommendation.

BUSINESS CASE – CALEDONIAN SYSTEM DELIVERY - SCW/10/055

19. The Committee had before it a business case by the Director of Social Care and Wellbeing which provided details of the successful outcome of a bid from Aberdeen City Criminal Justice Social Work Services to deliver the Caledonian System on behalf of the Northern Community Justice Authority (NCJA), and sought authorisation to recruit to the posts required.

The report (a) advised that the Caledonian System was developed in response to the national strategy to address domestic abuse in Scotland, which recognised the prevalence of domestic abuse and the harm caused to women and children; (b) indicated that the system offered a unified response to domestic abuse through specific programmatic work with male perpetrators sitting alongside specialised services for women and children who have been harmed by domestic abuse; (c) stated that the goal was to reduce the prevalence of domestic abuse and its impact on children, families and communities in Scotland; (d) explained that the Caledonian System which had already been piloted in three areas was launched on 18th November, 2009 by the Cabinet Secretary for Justice with the NCJA being one of only three successful applicants; (e) revealed that Aberdeen city would deliver the system in partnership with Aberdeenshire Council, building on the experience of partnership working developed through the delivery of the Community Sex Offender Groupwork Programme; (f) advised that should the outcomes from the system prove positive, it is envisaged that it would be extended to Highland in the first instance with staff from both Aberdeenshire and

Highland being invited to participate in the planning and steering groups, thereafter the system will be opened up to the remaining local authorities within the NCJA; (g) explained that initial funding had been made available as part of the Criminal Justice Social Work Services monthly grant allocations to the NCJA with £140,098 being approved for the men's programme and £156,572 for the women and children's service for 2010/11 (total £296,670); (h) indicated that payment to Aberdeen City Council would be made via Section 27 grant funding arrangements; (i) stated that of the 8.5 full-time employee (FTE) proposed posts up to six main grade Social Workers would be seconded on a one day a week basis, with funding used to provide backfill; (j) proposed that the post of Interim System and Service Delivery Manager be established for the period of three months to assist in developing the infrastructure for the delivery of the system; and (k) advised that the impact on the current year's revenue budget was £248,091 including on-costs, as follows:-

- System and Service Delivery Manager - £55,219;
- System Administrator - £16,962;
- 2.5 FTE Men's Group Workers - £79,107;
- 3 Women's Service Workers - £72,602; and
- 1 Children's Service Worker - £24,201

The report recommended:-

that the Committee approve the creation of 8.5 FTE posts outlined at (k) above.

The Committee resolved:-

to approve the recommendation.

COMMITTEE BUSINESS STATEMENT

20. The Committee had before it a statement of committee business prepared by the Head of Legal and Democratic Services, which also contained the business statements for the Children's Services and Adult Services Sub-Committees for information.

The Committee resolved:-

- (i) to remove item 4 (Equally Well and Keep Well) from the statement; and
- (ii) to otherwise note the dates on which a number of reports were expected.

MOTIONS LIST

21. The Committee had before it for consideration, a motions list prepared by the Head of Legal and Democratic Services.

The Committee resolved:-

to note the motions list.

In accordance with the decisions recorded under article 2 of the minute, the following items were considered with the press and public excluded.

UPDATE REPORT ON THE RESETTLEMENT OF CLIENTS AT ELMWOOD ASSESSMENT AND TREATMENT UNIT – SCW/10/053

22. The Committee had before it a report by the Director of Social Care and Wellbeing which outlined the progress of resettlement of Aberdeen City Council clients from NHS Grampian's Elmwood assessment and treatment facility for people with learning disabilities and mental health support needs.

The report (a) advised that a budget of £750,000 had been identified for the resettlement of 10 long term patients at Elmwood which had now increased to £1,000,000 on an annually recurring basis; (b) explained that the facility located close to the Cornhill Hospital site opened seven years ago with a view to the unit offering short term intervention, although some people transferred from the long stay Ladysbridge Hospital; (c) stated that in subsequent years, Aberdeen City Council had seen some of these original Ladysbridge patients joined by other patients from the community; (d) advised that the Elmwood project began in September 2007 when there were 10 patients for whom Aberdeen City Council had responsibility and who had been ready for discharge for some time with no appropriate facility identified; (e) indicated that the Mental Welfare Commission for Scotland wrote to the Chief Executive in 2008 informing him that they were considering "escalation measures" toward Aberdeen City Council in relation to the lack of progress in identifying appropriate options in a community setting for the individuals concerned; (f) indicated that this lack of resolution was in part due to the assessments of the individuals being hospital focused rather than community focused, which resulted in a view that there was a need to find hospital type facilities in the community; (g) explained that a screening assessment tool known as HALO was used to establish an indicative cost of the support packages required from these earlier assessments, which indicated that a community service would cost an average of £200,000 per individual per year; (h) revealed that it was necessary to reassess these individuals, therefore a jointly funded project between the City Council and NHS Grampian saw Essential Lifestyle Plans completed for all ten of the original Elmwood patients; (i) explained that a contributing factor to why these people had not moved earlier was that existing services would not have been appropriate for them and there would have been a high risk of the service ultimately breaking down; (j) advised that more personalised support plans were developed that saw estimated annual support costs reduce to £750,000 from £2M which was originally estimated; and (k) made reference to the remaining clients within the unit and the work to be undertaken to plan for their discharge, specifically highlighting the delay in receiving risks assessments which were to be undertaken by a qualified psychologist.

The report recommended:-

that the Committee note the development of this project.

The Committee received a verbal update and some further clarification on the report from the Director.

The Committee resolved:-

- (i) to instruct the Director of Social Care and Wellbeing in association with the Director of Housing and Environment to make the necessary community relocation arrangements for the individuals still to be discharged from Elmwood within the financial limits already agreed;
- (ii) to instruct the Director of Social Care and Wellbeing to advise the Committee about the implications (including financial implications) of ongoing discharge from the Elmwood Unit; and
- (iii) to otherwise note the report.

BUSINESS CASE – GRAMPIAN EQUIPMENT AND ADAPTATION SERVICE – ADMINISTRATOR’S POST – SCW/10/044

23. The Committee had before it a business case by the Director of Social Care and Wellbeing which (a) informed the Committee of developments in relation in relation to the M-Soft IT system known locally as Grampian Equipment and Adaptation Service (GREAS), which had been implemented in Equipment Services throughout Grampian; and (b) sought approval for the conversion of a fixed term post which was set up to implement and support the system to permanent status.

The report advised that the full year impact on the revenue/capital budget was £32,292 (minimum) and £36,878 (maximum), including on-costs.

The report recommended:-

that the Committee approve the conversion of the GREAS Administrator’s post from fixed term to permanent status.

The Committee resolved:-

to approve the recommendation.

- **COUNCILLOR JAMES KIDDIE, Convener.**

CHILDREN'S SERVICES SUB-COMMITTEE

ABERDEEN, 13th May, 2010. - Minute of Meeting of the CHILDREN'S SERVICES SUB-COMMITTEE. Present: Councillor Leslie, Convener; and Councillors Cormack, Donnelly, Kiddie, Penny and Kirsty West.

MINUTE OF PREVIOUS MEETING

1. The Sub-Committee had before it the minute of their previous meeting of 2nd February 2010.

The Sub-Committee resolved:-
to approve the minute.

HOMELESS HOUSEHOLDS WITH CHILDREN

2. (A) Referral from the Homelessness Strategy Working Group

The Sub-Committee had before it by way of referral from the Homelessness Strategy Working Group of 16th April 2010, a report by Paul Hannan, Homelessness Manager which detailed the situation in Aberdeen concerning children who experience homelessness.

The report (a) advised that significant numbers of children experience homelessness within the city; (b) outlined that (1) Aberdeen had 258 households in temporary accommodation, of which 78 had children living in them; and (2) there had been 135 children in temporary accommodation in June, 2009, 107 children at September, 2009 and 114 children at 31 December, 2009; (c) explained that at present 23 families had been homeless for over ten weeks; 14 of these families homeless for over 20 weeks; 3 for over 30 weeks; 4 up to one year; and 2 over one year; (d) revealed that following research it was noted that the main reason for families being homeless for over 20 weeks was due to the families wishing to be re-housed in specific locations; (e) outlined the number of evictions which the Council was dealing with, and explained that the Council did not have any procedure in place to prevent evictions where children were involved; (f) suggested that a joined up approach was required to prevent a situation occurring where a family were evicted and then subsequently the children have to be taken into care.

The Homelessness Strategy Working Group had resolved

- (i) to instruct that regular updates be provided to the Working Group in regards to this issue;
- (ii) to refer the report to the Children's Services Sub Committee for information; and instruct that it be circulated to Councillor Leslie for information;
- (iii) to note Rachel Smith's offer to report back to the next meeting of this Group, and the Children's Services Sub Committee regarding children and families involved in evictions;
- (iv) to request that Rachel Smith be invited to the next meeting of the Children's Services Sub Committee to present her report; and

- (v) to otherwise note the information contained within the report.

The Sub-Committee heard Paul Hannan provide an update since the report was prepared (1) advising that the Council had now increased its allocations to homeless households to 75%, which meant that homeless families were not having to wait very long for the offer of a house; (2) indicating that currently there were no homeless applicants in the queue for 2 or 3 bedroom properties; (3) explaining that there were approximately 12 families waiting for accommodation who had been nominated to new developments; (4) stating that there was one family with 5 children and one with 4 children who were waiting for (scarce) larger properties; (5) advising that several families have had their applications deferred awaiting a decision on support; (6) explaining that the Council was currently establishing a formal system to review the longest waiting cases, which would assist officers to use the delegated powers referred to in paragraph 7.5 of the report; and (7) indicating that the Director of Housing and Environment had established a meeting to be held on 21 May, 2010 with the Heads of Housing & Community Safety and Customer Service and Performance to which he would also be invited to address the issue of rent arrears and court action.

The Sub-Committee resolved:-

to note the report and the information provided

(B) Discussion Paper from Rachel Smith

The Sub-Committee had before it a draft report by Rachel Smith, In Court Adviser, Aberdeen Citizens Advice Bureau which provided information in relation to evictions by Social Landlords in terms of families with children.

The draft report (a) outlined the number of Aberdeen City Council tenants who were at risk of homelessness during 2009; (b) described examples of real cases and possible solutions; (c) made reference to the statutory guidance for local authorities on preventing homelessness and the good practice recommendations from the Shelter report entitled "Eviction of Children and Families: the impact and alternatives" dated November 2009; (d) outlined Glasgow Housing Association's new approach to tackling rent arrears; (e) provided a summary of the court process for eviction of tenants; (f) provided information in relation to the Citizens Advice Bureau Court Team; and (g) appended details of the Scottish Government Eviction Statistics, estimated costs of eviction and examples of good practice.

Susan Devlin advised that to influence operations effectively, there was a need to take forward the issue of evictions where children and families were involved. She explained that this would be done via Integrated Children's Service Planning structures, in particular the Achieving Our Potential Group (Corporate Parenting), and the Homelessness Strategy Working Group.

The Sub-Committee resolved:-

- (i) that a report be submitted to the Social Care and Wellbeing Committee and to the Housing and Environment Committee as a matter of urgency and certainly within two cycles on establishing a joint Eviction Policy, specifically where children and families are involved;
- (ii) that the above joint report be prepared by the Directors of Social Care and Wellbeing and Housing and Environment;

- (iii) to request that a senior officer from the Social Care and Wellbeing service be represented at meetings of the Homelessness Strategy Working Group;
- (iv) to note that the finalised version of Rachel Smith's report would be submitted to the Homelessness Strategy Working Group for consideration; and
- (v) to seek clarification on the role of the Housing Support Assistants.

CHILDREN'S RESIDENTIAL HOME AT 8 MARCHBURN ROAD, ABERDEEN - SCW/10/049

3. The Sub-Committee had before it a report by the Director of Social Care and Wellbeing which outlined progress in planning and building a children's residential unit at 8 Marchburn Road, Aberdeen

The report (a) advised that the Social Care & Wellbeing Committee approved the building of a residential home for Looked After and Accommodated children at 8 Marchburn Road, Aberdeen on 3 September 2009; (b) indicated that an Officers Working Group chaired by Susan Devlin, Head of Children's Services had been established to progress the build and service development in line with National Care Standards and Care Commission requirements; (c) stated that consideration was originally given to develop the existing building, however since a site visit by staff, it was revealed that the building was in a state of considerable disrepair, having been flooded during the winter months due to burst pipes and vandalised due to break-ins; (d) explained that the current condition of the building would result in increased costs for conversion and was no longer considered a viable option; (e) advised that the building was most recently used as a residential home for adults with mental health issues; (e) indicated that plans for a new building had been presented with the cost of converting the existing building and erecting a new building being comparable, although the exact cost would not be known until plans had been finalised; (f) explained that a new building ensured the design of a residential home which would meet best practice specifications and standards and take into account recent developments and best practice in other Scottish local authorities; (g) advised that a new building would not be restricted by the existing structure and layout and its limitations but would be subject to current planning and building regulations and relevant legislation (including Disability Discrimination Act); (h) stated that the new building would be on 2 floors, have 6 bedrooms all with en-suite facilities and was in keeping with neighbouring buildings with ample garden space around the building and parking space; (i) indicated that children who were resident in other children's homes were actively engaged in the process including children in The Willows Children's; and (j) explained that the time-scale for completion of the building was Spring 2011.

The report recommended:-

that the Sub-Committee:-

- (a) note the progress to date; and
- (b) request a future progress report when plans have been finalised.

The Sub-Committee resolved:-

- (i) to approve the recommendations; and
- (ii) to receive a presentation at the next meeting in terms of the building layout plans for the new children's residential unit.

LONDON 2012 YOUNG LEADERS PROGRAMME - SCW/10/060

4. The Sub-Committee had before it a report by the Director of Social Care and Wellbeing which provided information in relation to

The report (a) advised that In early 2010 Aberdeen City Council was asked to submit a selection criterion that would be used to nominate young people who had experienced disadvantage with the priority being given to young people who are as follows:-

- Looked After
- Carers
- Affected by substance misuse
- Have a disability
- Have experienced family breakdown
- Are not in education, employment or training;

(b) indicated that requests for nominations were issued to Children's Services in Social Care and Wellbeing, Education Culture and Sport and to the Third Sector with nominations being received from Social Care and Wellbeing, Middlefield Community Project and the Youth Participation Officer; (c) explained that all young people who were nominated had been accepted on to the programme; (d) stated that they would join the other Young Leaders from Hull, Canary Wharf and Sunbury-on-Thames as the programme focus was around the BP hubs; (e) revealed that the 100 Young Leaders would be a part of the 70,000 strong volunteer workforce that would participate in the Olympic events but would receive significant training and coaching to support them in their volunteering role; (f) advised that the Young Leaders were committed for the duration of the programme which would start in April 2010 and conclude in September 2012; (g) indicated that each Young Leader would sign a letter of agreement that they would adhere to the Olympic principles and act as positive role models in their communities; (h) stated that the training would be offered to each Young Leader which has been designed to improve their inter-personal, communication and leadership skills; (i) explained that the training programme began in April 2010 when the Young Leaders had flown to London to participate in a residential weekend; (j) revealed that an integral part of the programme would be to undertake volunteer roles in their local communities and act as ambassadors to encourage other young people to become involved; and (k) advised that coaching and mentoring would be offered by workers from BP, Dame Kelly Holmes Legacy Trust and the worker from Aberdeen Foyer In addition to the local athletes who would also act as mentors.

Susan Devlin advised that the city would be sending twelve participants.

The report recommended:-

that the Sub-Committee –

- (a) note the content of the report; and
- (b) request a further update in nine months time on the participants progress.

The Sub-Committee resolved:-

to approve the recommendations

UNALLOCATED CASES AND PRE-REFERRAL SCREENING – SCW/10/046

5. The Sub-Committee had before it a report by the Director of Social Care and Wellbeing which informed the Sub-Committee of the unallocated cases in Children's Services over a 12 month period to April 2010 and of the establishment of a pre-referral screening system.

The report (a) made reference to the Children's Services redesign, the previous Social Work Inspection Agency inspection reports, the increasing numbers of referrals, the establishment of the Social Care and Wellbeing Service and the significant staffing vacancies in children's services; (b) outlined the quarterly figures for allocated and unallocated cases across Children's Services; (c) outlined the unallocated figures which included the following:-

- Report requests from SCRA (Scottish Children's Reporter's Administration) which were awaiting allocation (on occasions these could be requested in batches).
- Cases where assessments and reports had been completed with no work outstanding but were open and awaiting a disposal from SCRA.
- Police reports which were allocated to a team but not to a particular social worker but where circumstances were being investigated.
- Cases in which the referral information would indicate a lower priority.

(d) outlined details of the Reception Service which will commence operation on 17 May 2010 and was a single point of access to children's services; (e) advised that the Reception Service would assess all referrals and would apply the agreed eligibility criteria to determine the level of service required; (f) explained that the team would carry out assessments and short term work up to approximately 3 months and the work would underpin the principles of 'Getting it Right for Every Child' (GIRFEC); (g) stated that assessments would be prepared in collaboration with other partners and using the single plan which would ensure that multi-agency integrated working was at the heart of practice and service delivery; (h) outlined the purpose of pre-referral screening which was to ensure that the presenting issues for children referred could quickly be considered by the relevant agencies coming together to share and review information; (i) stated that children's cases were then able to be dealt with according to this collective assessment of the information available and early intervention could prevent cases from escalating by diverting these away from becoming statutory referrals to SCRA; (j) made reference to the Pre-referral Screening Group which would meet daily to consider children and young people irrespective of the presenting concern; (k) advised that there would be an initial filtering process wherein certain cases may be fast-tracked to a specific intervention, eg child protection investigations; (l) indicated that it was anticipated that referrals made would be dealt with by the Pre-referral Screening Group within 5 days; (j) described the Impact and Management of Unallocated; and (k) explained that it was anticipated that the establishment of the Reception Service and implementation of multi agency Pre-referral Screening would impact positively on numbers of unallocated work and referrals to the service.

The report recommended:-

that the Sub-Committee –

- (a) note the progress made to date in establishing pre-referral screening; and
- (b) request a progress report detailing impact in 12 months time.

The Sub-Committee resolved:-

- (i) to approve the recommendations; and
- (ii) to receive a progress report on the staffing levels of the Reception Service at the next meeting of the Sub-Committee.

SUB-COMMITTEE BUSINESS STATEMENT

6. The Sub-Committee had before it for consideration, a statement of Sub-Committee Business prepared by the interim Head of Democratic Services.

The Sub-Committee resolved:-

- (i) to remove item 1 (Unallocated Cases and Pre-Referral Screening) from the Statement, referred to at Article 5 of this Minute;
- (ii) to note that in terms of item 3 (HMIE Action Plan and Review – Performance Reporting), that an overarching performance report would be considered by the Social Care and Wellbeing Committee on 3rd June 2010;
- (iii) to note that in terms of item 4 (Children’s Services - Kinship Care), that a report would be considered by the Social Care and Wellbeing Committee on 3rd June 2010; and
- (iv) to remove item 5 (Child Protection Summit) from the Statement as a presentation was received by Councillor Kirsty West at the meeting.

- COUNCILLOR GORDON LESLIE, Convener.

DRAFT

FINANCE AND RESOURCES COMMITTEE

11 May, 2010

SOCIAL CARE AND WELLBEING SOCIAL CARE GRANTS

Reference was made to article 10 of the minute of meeting of the Social Care and Wellbeing Committee of 25 February, 2010, at which time officers were instructed to submit a report to this Committee on the savings to be achieved through cessation of funding, for information. At the aforementioned meeting of the Social Care and Wellbeing Committee, it had been agreed to approve officers' recommendations with regard to the grant awards, which included the cessation of funding to a number of organisations; to mainstream the funding to a number of organisations; and to refer the ACVO (Aberdeen Council of Voluntary Organisations) grant to this Committee for consideration (article 13 of the minute of the previous meeting of this Committee of 11 March, 2010 refers).

The report before members on this day provided an update on the budgetary savings comprising details of organisations affected by cessation of funding, and organisations affected by the mainstreaming of funding.

The report recommended:-

that the Committee:-

(a) approve the cessation of grants to the following organisations:-

Quarriers	£5,000
Scottish Motor Neurone Disease	£1,196
Newhills Parish Church	£5,000
FARE	£4,500
Altens Over 50's Project	£3,000
Cornerstone Aberdeen Employment	£9,000
Age Concern (Local)	£3,000
Age Concern (Scotland)	£20,000
Grampian Employment Opportunities	£4,500
Shopmobility	£22,000
Aberdeen Action on Disability	£20,000

(b) approve the mainstreaming of grants to the following organisations:-

Befriend a Child	£40,000
------------------	---------

Counselling and Family Mediation	£20,000
James Tyrell Centre	£40,000
Samaritans	£10,000
Victim Support	£15,000
Who Cares Scotland	£15,000
WEA Reachout	£13,626.57
Inchgarth Community Centre	£5,400
Bread Maker	£21,300

- (c) approve the move to Corporate Governance of the ACVO (Aberdeen Council of Voluntary Organisations) grant;
- (d) approve the continuation of £3,000 funding to Age Concern (Local) by moving to mainstream services; and
- (e) agree the final savings figure of £94,196 which will be realised with effect from 1 April, 2010.

The Committee sought clarity with regard to whether any of the recommendations detailed above had already been approved. The Acting Senior Democratic Services Manager advised that recommendations (a) and (b) had been agreed at the aforementioned meeting of the Social Care and Wellbeing Committee; that recommendation (c) had been agreed at the last meeting of this Committee (article 13 of the minute refers); and that recommendations (d) and (e) were matters for the Social Care and Wellbeing Committee, and not this Committee. The Director for Social Care and Wellbeing confirmed this was the case.

The Committee resolved:-

- (i) to note the cessation of grants as detailed in recommendation (a);
- (ii) to note the mainstreaming of grants as detailed in recommendation (b);
- (iii) to note that the ACVO (Aberdeen Council of Voluntary Organisations) grant had been approved at the last meeting of this Committee; and
- (iv) to refer recommendations (d) and (e) as detailed above, to the Social Care and Wellbeing Committee, for their consideration.

ABERDEEN CITY COUNCIL

COMMITTEE Finance and Resources DATE 11 May 2010

DIRECTOR Stewart Carruth

TITLE OF REPORT Social Care and Wellbeing Social Care Grants

REPORT NUMBER: SCW/10/072

1. PURPOSE OF REPORT

The purpose of this report is to provide information to the Finance and Resources Committee as instructed by the Social Care and Wellbeing Committee following on from the initial committee report of the 25th February 2010. The intention being to provide an update on the budgetary savings to be achieved by the cessation of Social Care and Wellbeing (SC & WB) Social Care Grants.

2. RECOMMENDATION(S)

It is recommended that the Committee

- a) Approve the Cessation of Grants to the organisations listed at 6.2 a
- b) Approve the mainstreaming of Grants to the organisations listed at 6.2 b
- c) Approve the move to Corporate Governance of the Grant at 6.2 c
- d) Approve the continuation of £3,000 funding to Age Concern (Local) by moving to mainstream services
- e) Agree the final savings figure of £94,196 which will be realised with effect from 01 April 2010

3. FINANCIAL IMPLICATIONS

SC & WB Grants Approved 2009/10	£300,359.57
Less: SC & WB Grants Mainstreamed:	
From SC & WB Budget	£180,326.57
From Corporate Governance Budget	<u>£ 22,837.00</u>

	<u>£203,163.57</u>
Potential Savings to SC & WB	£ 97,196.00
Additional Grant Recommended for Mainstream Funding from SC & WB Budget	<u>£ 3,000.00</u>
Actual Net Saving to SC & WB	£ 94,196.00

4. SERVICE & COMMUNITY IMPACT

- 4.1 The Community Plan sets out our vision for the future of the City. Our vision is a City which is Vibrant, Dynamic and Forward Looking, an even better place to live and work, where people can expect high quality services that meet their needs. The current policy aims to fulfil the following Vibrant Dynamic and Forward Looking objective:

Work in partnership with other public bodies to deliver maximum efficiencies.

- 4.2 ACC's Single Outcome Agreement is contained within the Community Plan Update 2008 and the Single Outcome Agreement 2008-2011. This links national outcomes with local outcomes and priorities that in turn support the administration's policy document. Those matters specifically related (either directly or indirectly) to participation and consultation are:

(a) Improve the quality of life in our most deprived areas, taking advantage of regeneration opportunities city wide as they present themselves and identify in consultation with the local communities.

- 4.3 Tackle the significant inequalities in Scottish Society, and agree to wider participation of partners from The Aberdeen City Alliance on the equalities Action Network.

5. OTHER IMPLICATIONS

All organisations affected by the cessation of the Social Care Grant making process have now been advised in writing.

Only one objection was received in connection with the proposals within this report. This was from Age Concern Advisory Aberdeen. Age Concern Advisory service was originally considered as part of the national Age Concern group but is in fact not part of the national organisation. Rather, it is a small voluntary organisation which was set up in 1978 by Social Work and the NHS to provide independent advice and to help older people living within

Aberdeen, by assisting them upon discharge from hospital in order for them to settle back into their homes, assisting with benefit checks and general form completion. The assistance provided by Age Concern Advisory Aberdeen allows older people to remain within their own homes. The organisation fundraises and otherwise receives this small grant for administration purposes. NHS provides a small office at Woodend free of charge to Age Concern Advisory service.

6. REPORT

6.1 Further to the report to the Social Care and Wellbeing Committee on 25th February 2010, an update on the budgetary savings figures is detailed below as requested.

6.2 There are four categories under which budgetary savings are reflected;

a) Total cessation of funding

Affected Organisations

Quarriers	£5,000
Scottish Motor Neurone Disease	£1,196
Newhills Parish Church	£5,000
FARE	£4,500
Altens Over 50's Project	£3,000
Cornerstone Aberdeen Employment	£9,000
Age Concern (Local)	£3,000
Age Concern (Scotland)	£20,000
Grampian Employment Opportunities	£4,500
Shopmobility	£22,000
Aberdeen Action on Disability	£20,000

b) Mainstreaming of funding

Affected Organisations

Befriend a Child	£40,000
Counselling and Family Mediation	£20,000
James Tyrell Centre	£40,000
Samaritans	£10,000
Victim Support	£15,000
Who Cares Scotland	£15,000
WEA Reachout	£13,626.57
Inchgarth Community Centre	£5,400
Bread Maker	£21,300

The organisations within the above category will be contacted to arrange for services to be subject to the full contracting process.

c) Move to Corporate Governance

ACVO

£22,837

ACVO has been advised of contact details of the officer within Corporate Governance who is to be responsible for the services provided.

d) Transitional Arrangements Offered

No organisations have taken up this offer.

6 REPORT AUTHOR DETAILS

Fred McBride
Director, Social Care and Wellbeing
fmcbride@aberdeencity.gov.uk
01224523797

7 BACKGROUND PAPERS

Annual Grant Making Programme – SCW/09/035 was referred to in compiling this report

ABERDEEN CITY COUNCIL

COMMITTEE	Social Care and Wellbeing	DATE 3 rd June 2010
DIRECTOR	Fred McBride	
TITLE OF REPORT	Social Care and Wellbeing Draft Service Business Plan 2010-2013	
REPORT NUMBER	SCW/10/052	

1. PURPOSE OF REPORT

This report seeks Committee approval for the Draft Social Care and Wellbeing Service Business Plan 2010-2013.

2. RECOMMENDATION(S)

It is recommended that the Committee:

- 2.1 Approve the draft Service Business Plan for 2010-2013;
- 2.2 Note that a final Service Business Plan will be presented to Committee on 9th September 2010.

3. FINANCIAL IMPLICATIONS

There are no direct financial implications arising from this report.

4. SERVICE & COMMUNITY IMPACT

The service business plan clearly lays out the impact that the services we deliver and commission have on individuals and on the wider community. The service business plan sets the priorities which the Social Care and Wellbeing Service will undertake in order to achieve the Council's key strategic objectives, which are informed by the National Priorities set out by the Scottish Government, the Concordat and the Single Outcome Agreement.

5. OTHER IMPLICATIONS

There are no other implications arising from this report at this time.

6. REPORT

- 6.1 The Social Care and Wellbeing Service Business Plan covers a three year period from 2010 to 2013. The Service Business Plan identifies our key

strategic priorities and the factors which influence service needs, development and delivery.

6.2 Section 8 of the Service Business Plan expands upon the priorities in an action plan format. The action plan is themed around our 5 priorities of:

- Shifting the Balance of Care
- Managing the Workforce
- The Personalisation of Services
- Implementing our Joint Commissioning Strategy
- Improving the Use of Resources

6.3 Heads of Service are currently undertaking a programme of work to develop a more clearly defined action plan, with outcomes, key performance indicators, key milestones, budget implications and target dates. This work will form the basis of a revised Service Business Plan which will come to the next cycle of this Committee.

6.4 By setting out our key strategic direction, the Service Business Plan will be a key tool in informing the development of the Service's input into the 5 year Corporate Business Plan.

7. REPORT AUTHOR DETAILS

Kate Mackay
Strategist (Social Work)
kmackay@aberdeencity.gov.uk, (52) 3432

8. BACKGROUND PAPERS

Appendix 1 Social Care and Wellbeing Service Business Plan 2010 - 13

The Service Business Plan for Social Care and Wellbeing has been informed by the key national and local strategic documents for Social Care Services.

Social Care and Wellbeing

Service Business Plan 2010-13



Document Details	
Title:	Social Care and Wellbeing Service Business Plan 2010 - 2013
Version No:	V4.3
Status:	Draft
Date:	10/05/2010
Authors:	
Owners:	Social Care and Wellbeing
Client:	CMT

Document History	
Version	Description of Changes
V4	Draft issued for consultation
V4.1	Draft issued at ESMT
V4.2	Draft following comments from HoS
V4.3	Redrafted action plan

Document Issue	
Version	To Whom (name, title and organisation)
V4.1	ESMT
V4.2	SCMT
V4.3	SCMT

List of Abbreviations	
MTFP	Medium Term Financial Plan
SOA	Single Outcome Agreement
PSIF	Public Service Improvement Framework
SWIA	Social Work Inspection Agency
HMIe	Her Majesty's Inspectorate of Education

Index

1.	Introduction	5
1.1.	Role of the Service Business Plan	5
1.2.	Service Overview	6
2.	Vision and Strategic Outcomes	7
2.1.	Our Vision	7
2.2.	Our Guiding Principles	8
2.3.	Our Strategic Outcomes	8
2.4.	Our Focus	9
3.	Key Drivers	10
3.1.	Demographic and Social Changes	10
3.2.	Legislation, National and Local Priorities and Strategies	13
3.3.	Professional Service Standards	15
3.4.	Inclusion and Equality	15
3.5.	Financial Analysis	16
4.	How Do We Perform?	18
5.	Where Do We Need To Be?	19
6.	How Do We Get There?	20
6.1.	Services for Children and their Families	20
6.2.	Services for People with Learning Disabilities	21
6.3.	Services for People with Mental Health Problems	22
6.4.	Services for People with Drug and Alcohol Problems	24
6.5.	Services for People with Physical and Sensory Impairments/ Long Term Conditions	25
6.6.	Services for Older People	26
6.7.	Services for Carers	28
6.8.	Criminal Justice Services	29
6.9.	Organisational Support	30
7.	How Do We Know We Are There?	32
8.	Service Plan 2010 to 2013 - Action Plan	34
	Appendix 1	41

1. Introduction

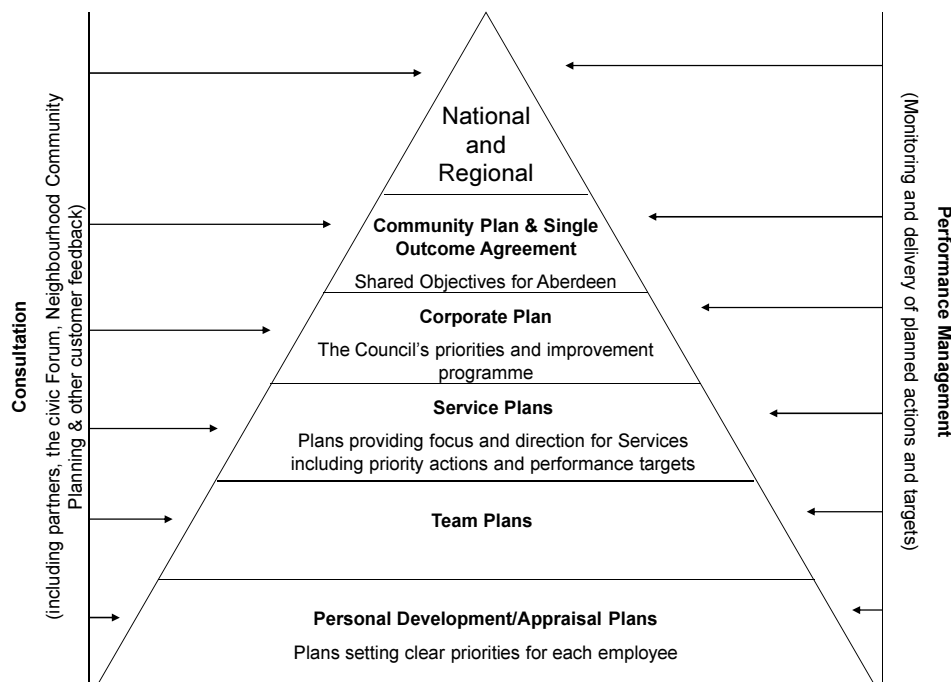
1.1. Role of the Service Business Plan

The Social Care and Wellbeing Directorate Service Business Plan covers a three year planning cycle from 2010-2013 and will be subject to annual review and update.

The Service Business Plan identifies factors which influence service needs, development and delivery. It outlines the activities and initiatives which the Directorate will undertake in order to achieve the Council's key strategic objectives which are reflective of the National Priorities set by the Scottish Government, the Concordat and the Single Outcome Agreement.

The Service Business Plan is a broad three year plan, but as it is a living document, it will be subject to continual review and updating. The main detail contained in the detailed action plan relates to the 2010/11 financial year, but subsequent reviews will complete the detail for future years on a rolling basis.

The model of organisational planning is illustrated in the diagram below:



This service business plan contains our key strategic priorities and a detailed action plan which demonstrates our commitment to achieve our intended outcomes. Progress against the action plan contained within this plan will be reported on a regular basis to the Social Care and Wellbeing Committee. In addition, the service is finalising a Performance Management Framework, to formalise the reporting of performance across the whole service.

The final year end report to the Social Care and Wellbeing Committee will be the Chief Social Work Officer's Annual Report, which is a key public performance document, demonstrating how well our social care services are performing.

1.2. Service Overview

The Social Care and Wellbeing Directorate provides services in the following three areas:

- Children and Young People. These services meet the needs of vulnerable children including: children at risk of harm; children who require child protection services; children who are looked after; children needing permanent families; children who have a disability and; young people who have offended or are at risk of offending.
- Adults. These services meet the needs of vulnerable adults including: those who are at risk of harm and abuse; who have mental health problems; substance misuse problems; a learning disability and; those who have offended or are at risk of offending i.e. criminal justice services.
- Older People and Rehabilitation. These services meet the needs of older people; people with a disability or sensory impairment; those in need of rehabilitation; services for adults at risk of harm and; services which meet the needs of carers.

In addition, the Directorate will ensure that where people's needs and services cross the boundaries of these three areas, the service shall operate in a coherent and effective way. This will include where there are cross service considerations such as:

- Young people moving into adulthood;
- Commissioning, contracting and care management;
- The impact of substance misuse; and
- The wellbeing, and protecting people agendas.

The Directorate has a clear responsibility for the wellbeing of the citizens of Aberdeen, particularly those who are vulnerable. This includes leading the Council's contribution to public health promotion and preventative services.

2. Vision and Strategic Outcomes

2.1. Our Vision

We believe that all the citizens of Aberdeen should have the opportunity to be in control of their own futures and destinies and to achieve their ambitions and aspirations.

We acknowledge that people will require varying degrees of support to achieve this and the direct role of Social Care and Wellbeing will be to provide that support to the most vulnerable members of our community on a fair basis.

We will work closely with other partners to ensure that support is provided early enough to prevent people requiring more intrusive forms of support and intervention.

We will identify and respond to the social care needs of people living in Aberdeen, supporting them where they need assistance in their daily lives. Often working in partnership with others, we aim to respond with cost effective, quality services which support and promote the wellbeing and safety of people who are in greatest need.

We will respect and promote people's rights, support their independence and their inclusion in their own community and respect their choice wherever it is possible.

We want a Social Work service that:

- i. Helps staff to work in a person centred way with individuals;
- ii. Treats everybody with respect;
- iii. Listens and communicates with others in the organisation and values people's ideas;
- iv. Supports staff to do their job and makes sure that they have the chance to build their skills and knowledge;
- v. Encourages new ideas and welcomes challenge;
- vi. Achieves value for money, works efficiently and challenges any rules that aren't needed;
- vii. Is happy for feedback and listens to complaints and tries to make things better;
- viii. Knows how important it is to check the quality of services and is always trying to improve services; and
- ix. Is getting better at communicating and listening to all people who we serve.

With these guiding principles and a newly emerging service, we believe that we can deliver services that have a real and lasting impact.

2.2. Our Guiding Principles

Our guiding principles are that we:

- i. Give clear and easy to understand information to people about what we can and can not do;
- ii. Help people to have as much choice and control as possible over their lives;
- iii. Work with others to address the issues some people have when using ordinary services, like health, housing, leisure and work;
- iv. Make sure that the services we offer are the best they can be and if services need to be better, work to make them better;
- v. Listen to what people say, are open to new ideas and are there when people need us;
- vi. Listen to what carers say, find out what they need, and support them to feel confident in their role; and
- vii. Deliver on our stated intentions.

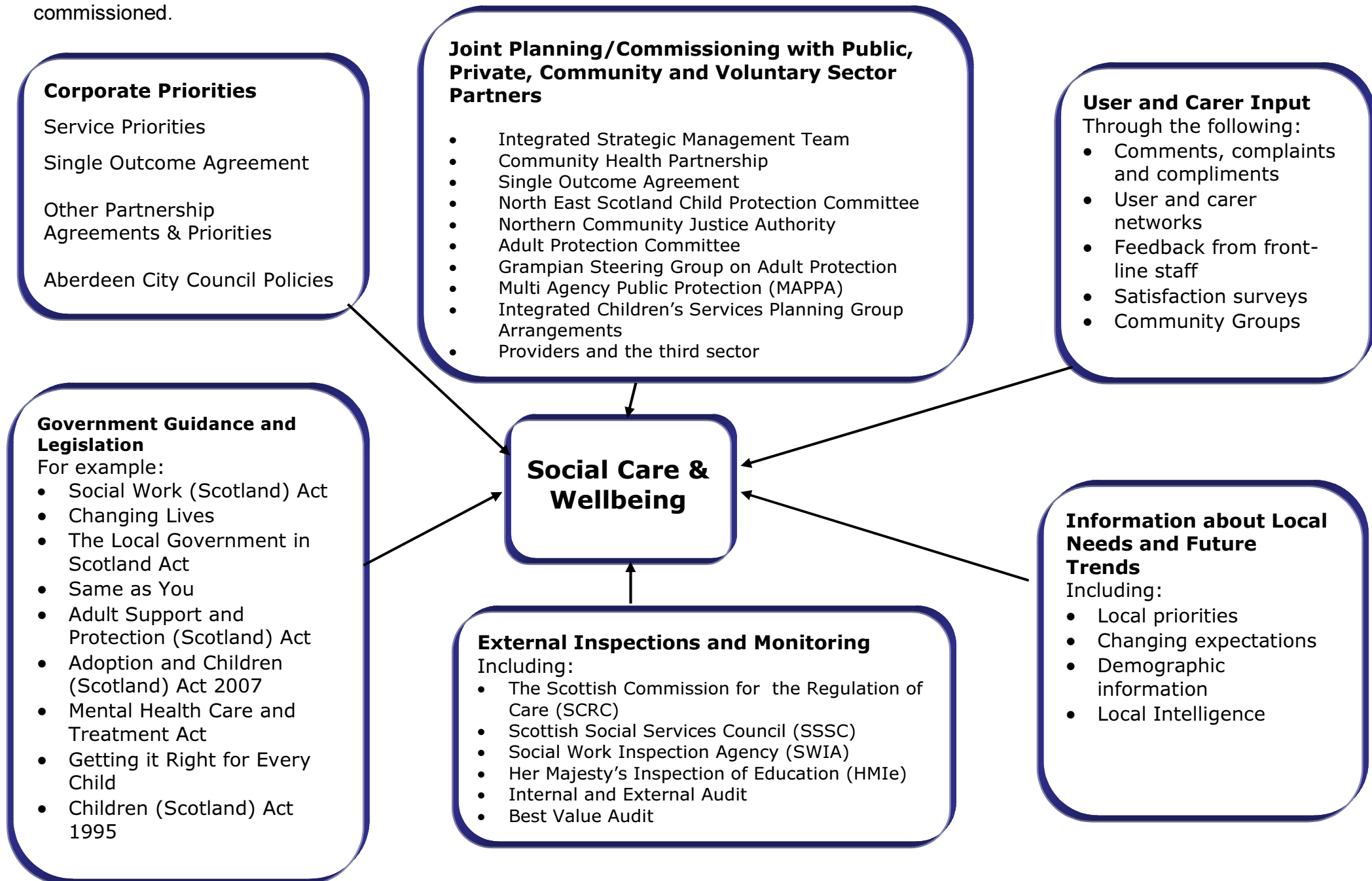
2.3. Our Strategic Outcomes

The strategic outcomes for Social Care and Wellbeing, for adults and children, reflect the national and local priorities set out below in 3.2 :

- i. People are protected from abuse, neglect and harm and feel safe in their environment;
- ii. People are supported and cared for in their own home or in accommodation appropriate to their needs for as long as this is possible;
- iii. People are enabled and supported individually or in groups to find and put in place the right solutions for their care;
- iv. Citizens of all levels of need and ability have access to the facilities of Aberdeen that will support them to maintain their health and wellbeing.

2.4. Our Focus

The work of Social Care and Wellbeing is directed by a number of different internal and external influences. The chart below gives examples of the issues that we must take account of and the organisations that we work alongside when services are planned and commissioned.



3. Key Drivers

3.1. Demographic and Social Changes

The General Register Office for Scotland (GROS) produced their latest sub-national population projections in February 2010. These were based on the estimated populations as at mid-June 2008 and cover the period up to 2033. In the short-term (i.e. up to 2013), Aberdeen's population is projected to rise by 2%, from 210,400 to 214,409. The city's population will continue to rise gradually, peaking at almost 220,000 in 2030; it will then decline slightly in the final three years of the projection period. The following table shows the population projections by age group.

Age Group	2008	2013	2018	2023	2028	2033
0-4	10,981	11,542	11,376	10,679	9,767	9,391
5-15	22,119	22,444	24,015	24,819	23,756	22,094
16-64	145,105	145,952	143,921	141,571	139,617	137,681
65-74	16,566	17,926	20,183	21,981	23,789	24,443
75+	15,629	16,545	17,584	19,962	22,821	26,021
Total	210,400	214,409	217,079	219,012	219,750	219,630

Older People

The 65-74 age group is projected to grow by 8% between 2008 and 2013, from 16,566 to 17,926. In the 25-year period to 2033, the projected population of this age group will rise by 47.5%, from 16,566 to 24,443. The projected increase in the over 75 population is 6% from 2008 to 2013, 15,629 to 16,545, with a greater proportionate increase of 66.5%, up to 26,021, by 2033.

The Scottish Executive Report "Adding Life to Years" indicated that around 20% of over-65s need help to stay at home, and the modified General Household Survey found that two-thirds of people over 75 years have a long-standing illness, disability or infirmity.

People with Disability or Long Term Conditions

The 2001 Census included a question on long-term illnesses, health problems or disabilities which limited the daily activities or work that respondents could do. Based on this definition, 34,800 people in Aberdeen had a disability at the time of the last Census. Almost half of the 65-84 group have a limiting long-term illness; in the 85+ group the proportion is almost three-quarters.

Age Group	All People in Households	With a Limiting long-term illness	% of People in Age Group
0-15	34,672	1,614	4.7%
16-64	141,290	17,906	12.7%
65-84	27,765	13,219	47.6%
85+	2,789	2,061	73.9%
Total	206,516	34,800	16.9%

People with Learning Disability

The prevalence figure for all levels of learning disability is around 20 people per 1000 of the population, which means around 4,200 people in Aberdeen. The prevalence figure for severe learning disability is around 4 per 1000 which means around 840 people in Aberdeen at this time.

The life expectancy of people with learning disabilities is increasing and their number is likely to increase by over 1% per year. The number of those with severe disability and complex needs is increasing, also.

People with Mental Health Problems

Nationally, 1 in 6 adults report mental health problems at any one time, with depression, anxiety and phobias being the most common and 1 in 4 adults are likely to experience a mental health problem during their lifetime. 1 in 8 adults and 1 in 5 older people will have depression or severe depression. Fewer than 25% of people with mental health problems work.

The ISD Quality and Outcomes Framework (QOF) for 2007-2008 gives Aberdeen figures of approximately 1,804 people with severe mental illness such as schizophrenia, bipolar affective disorder and other psychoses registered with GPs in Aberdeen. In 2006-2007, 831 people in Aberdeen were admitted to psychiatric hospital and 241 of these were new admissions.

In Aberdeen it is estimated that there are there are 2776 people with dementia, 91 of whom are under 65 years (Alzheimer Scotland, 2010)

People who Misuse Substances

Based on estimates from NHS Grampian, in 2010, the following are classified as hazardous and harmful drinkers:

Use of Alcohol	Males	Females
Hazardous	26078	18075
Harmful	6085	3615

Currently in Aberdeen, it is estimated that there are 2800 opiate users, 1600 or 57% of whom are in treatment with the NHS.

Five hundred children currently have parents in NHS treatment for opiate dependence. Problems are city wide but are significantly prevalent in the areas of deprivation.

74.5% of users of drug services and 85.5% of users of alcohol services experience mental health problems.

Children

The population of pre-school age children (0-4) in Aberdeen will rise in the short-term by 5%, up from 10,981 in 2008 to 11,542 in 2013. But it will then decline in the longer term period up to 2033. By 2033, the projected pre-school age population will be 14.5% lower than the 2008 estimate. The statutory school age population (5-15) will rise slightly in the short-term, up from 22,119 in 2008 to 22,444 in 2013 (+1.5%). It will continue rising to almost 25,000 in 2023, before falling to 22,094 at the end of the projection period.

The 2001 GROS Census identified that 5% of the total 0-15 population either lived with long term limiting illness or were not in good health. In addition, it identified that an increasing percentage of infants will survive beyond birth, because of improvements to medical intervention, who will require ongoing health, care and learning support. Given the significant number of children who will have developmental delays or additional support needs the demand for both universal and targeted early years services will increase.

People who are Carers

There are over 600,000 carers in Scotland, 12% of the adult population. Most carers are aged between 45-64 and 62% are women. Approximately half of carers look after someone over 75 and 26% of carers are retired. 49% will combine caring and employment which can cause stress and lead to carers giving up work. National research shows that 1 in 5 carers (20%), give up work as a direct result of caring. Carers are twice as likely to have mental health problems. About 20% of carers will spend at least 20 hours a week caring. About 60% have no regular visits from health, social services or the voluntary sector.

It is estimated that there are over 6,000 young carers in Scotland.

Using Carers UK data we estimate that there are 16800 carers at present in Aberdeen city with 6200 people taking on a new caring role every year.

People of Working Age

Aberdeen's working age population (16-64) is projected to rise slightly from 145,105 in 2008 to 145,952 in 2013, an increase of 0.6%. In the longer term, however, the population of this age group is projected to decline; by 2033 it will have fallen to 137,681, 5% lower than the 2008 estimate.

The changing demographics of the City (and nationally) mean that more people of all ages are likely to require health and social care. This is at a time when the working population is declining so there are significant implications for recruitment and retention of health and social care staff.

These challenges will require an integrated response from public services. We are committed to working in collaboration with other agencies, particularly NHS

Grampian, to jointly plan to meet our workforce requirements and to use our resources for maximum benefit. New ways of working and delivering care are already being developed to meet present and future challenges.

3.2. Legislation, National and Local Priorities and Strategies

The National Concordat impacts on councils through the nature of the relationship between national and local government – focusing on partnership and common goals; individual commitments on areas of service delivery; the anticipated de-cluttering of the public sector and; in particular, the regulatory and inspection functions.

As part of the National Performance Framework, the Scottish Government has identified the following National Priorities for the public sector

- Wealthier and fairer
- Smarter
- Healthier
- Safer and stronger
- Greener.

How the Social Care and Wellbeing Service contributes to these via outcomes, actions and measures, is detailed in the Councils Interim Business Plan 2010 to 2013. The Plan identifies local outcomes that Social Care and Wellbeing has a lead role in delivering. These are:

- i. Adults, children and young people are protected from abuse, neglect and harm, living within a supportive family setting where possible;
- ii. Aberdeen citizens have the emotional and spiritual resilience to enjoy life, to survive pain, disappointment and sadness;
- iii. People are enabled individually, or in groups, to find the right solutions for their own care and support.

The actions within the Interim Business Plan which will see these outcomes achieved are included within the actions in this Service Plan.

Aberdeen's Single Outcome Agreement (SOA) 2009/12 commits to a number of local outcomes which have a clear impact for the Social Care and Wellbeing Service. The most directly relevant local outcomes within the SOA state:

- i. Children and young people are protected from abuse, neglect, harm by others (and self) at home, at school or in the community;
- ii. Children and young people live within a supportive family setting with additional assistance if required, or where this is not possible, within another care setting, ensuring positive and rewarding childhood experiences;

- iii. Improve the overall health and wellbeing of the people of Aberdeen City through focussing on the factors that are harmful to health and wellbeing and in particular by supporting those most vulnerable.

We are also committed to National Wellbeing National Outcomes:

- i. Our Young People are successful leavers, confident individuals, effective contributors and responsible citizens;
- ii. Our children have the best start in life and are ready to succeed;
- iii. We have improved the life chances of Children and Young People and families at risk;
- iv. We live our lives free from crime, disorder and danger.

Aberdeen City Council's Policy Statement states that:

"The care and support of more vulnerable members of our community is a key responsibility of Aberdeen City Council, and a growing challenge as the need for services grows at a time when available finances are under severe pressure."

It commits to:

- i. Improve joint working with the NHS, especially in relation to the delivery of services in mental health and wellbeing, learning disability, care of elderly people, and delayed discharge;
- ii. Ensure that there are clear contracts and service level agreements with partner providers;
- iii. Develop advocacy for appropriate client groups and ensure that the advocacy provisions of the Mental Health (Care and Treatment) Act 2003 are implemented;
- iv. Campaign with other local authorities to persuade COSLA and the Scottish Executive to secure a fair funding system for social care services;
- v. Provide appropriate respite and rehabilitation services;
- vi. Adopt and implement strategies to involve and support service users and unpaid carers in developing appropriate service provision;
- vii. Adopt and implement strategies to support independent living for people with special needs;
- viii. Make early decisions on the funding of voluntary organisations providing care services and move towards long-term contracts;

- ix. Launch a major new initiative in partnership with NHS Grampian, Grampian Police and the Voluntary Sector to tackle substance misuse including drugs and alcohol;
- x. Continue to monitor, support and develop the 3rd Sector;
- xi. Continue to support and develop the Care and Repair Service;
- xii. Support income maximisation measures to help disabled people and carers claim all the benefits to which they are entitled;
- xiii. Continue to increase the number of foster carers in our city in order to increase placement choice;
- xiv. To work effectively with partners to ensure children and young people receive support and intervention that is proportionate and timely;
- xv. Build on the Council's participation in "Scotland's Health at Work" and in particular implement mental health and wellbeing policies within the Council and promote such policies within the wider community.

3.3. Professional Service Standards

The Scottish Social Services Council is responsible for registering people who work in social services in Scotland and regulating their education and training. They publish a Code of Practice for Social Service Workers setting out the standards of professional conduct and practice required of social service workers as they go about their daily work. The SSSC also publishes a Code of Practice for Employers of Social Service Workers, to which we are committed.

3.4. Inclusion and Equality

Social Care and Wellbeing is pursuing a significant equalities and social inclusion agenda.

Work is being undertaken on race and disability equalities issues. This includes meeting our statutory reporting requirements in relation to race through our input to the Annual Progress Report on Implementing Equalities and Communities of Interest Work within Aberdeen City Council. The Service actively participates in the Council's Equality Action Network whose role it is to ensure that steps are taken to address equalities issues throughout the Council, particularly in relation to service delivery.

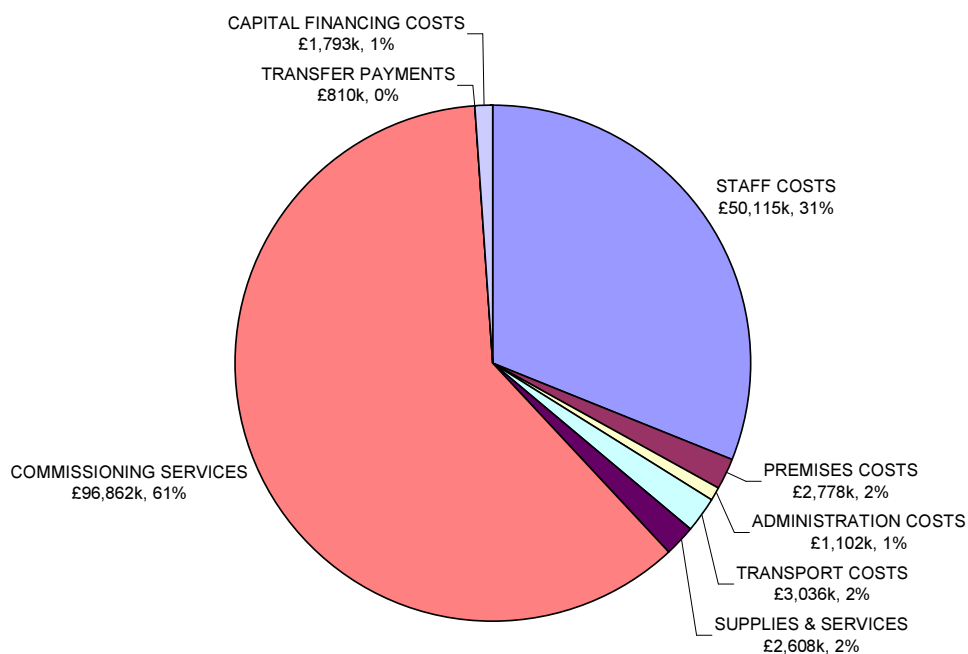
3.5. Financial Analysis

Revenue Expenditure

The following chart and table provides an overview of the Directorate's Revenue Budgets.

Expenditure Type	2010/11 Budget	
	£'000	%
Staff Costs	50,115	31%
Property Costs	2,778	2%
Administration Costs	1,101	1%
Transport Costs	3,036	2%
Supplies & Services	2,608	2%
Commissioning Services	96,862	61%
Transfer payments	810	0%
Capital Financing Costs	1,793	1%
Gross Expenditure	159,103	
Income	(39,381)	
Net Expenditure	119,722	

Staffing costs account for 31% of the Revenue Budget for Social Care and Wellbeing, reflecting the size and nature of the Directorate's activity. A further 61% of the Directorate's costs are incurred on commissioning services, which reflects the extent to which care services are purchased from independent organisations rather than provided in-house. Almost 25% of gross expenditure is recouped as income from other bodies, mainly from NHS Grampian and the Council's Housing service and charges to service users.



Capital Expenditure

The following table sets out the planned capital investment.

PROJECT	Estimated 2010/11 Budget £000	Estimated 2011/12 Budget £000	Estimated 2012/13 Budget £000
Rosewell House	108	0	0
Integrated Drug Service	650	0	0
Children's Residential Unit	1,465	200	0
Intensive Community Support & Learning Service	75	0	0
Joint Occupational Therapy Store with NHS Grampian	350	0	0
Total	2,648	200	0

Service Efficiencies

As part of the budget setting process for the 2010/11 financial year, £8m was built into the Social Care and Wellbeing Service budget, to allow the service to respond to underlying pressures. In order to respond to the demands on the Service and in order to ensure a viable budget position, the Service has been required to find efficiency savings in the region of £4.7m in the 10/11 financial year.

4. How Do We Perform?

In June 2008 the Social Work Inspection Agency (SWIA) reported on its inspection of Aberdeen City Council's Social Work Service. From June 2008 Aberdeen City Council put in place action plans and has taken measures to address the issues raised in the inspection.

In July 2009 SWIA published its follow-up report and found:

- There is a clearer sense of purpose and direction and evidence of progress across the service, though some of the more strategic aspects remain aspirational;
- Children's services have improved many of their processes and procedures and are making progress with their action plan;
- In Adult Services the implementation of the revised eligibility criteria has been successfully delivered for all care groups except for some people with learning disabilities, although this was progressing;
- There is evidence of significant improvement in practice in criminal justice social work;
- There has been improvement in staff morale;
- Changes in both service structures and management style have made a positive impact and senior managers are striving to convey that they value staff;
- There is strong evidence of the impact of new leadership, at the political, corporate and social work service levels;
- There are positive prospects for improvement to be sustained.

Her Majesty's Inspectorate of Education (HMIE) visited Aberdeen in April 2009 to assess the extent to which all the agencies involved were continuing to improve the quality of their work to protect children and young people, and to report on the progress made in responding to the main points for action in the inspection report of November 2008. Their report on the follow-up inspection was published on 24 June 2009. The agencies inspected were Aberdeen City Council, Grampian Police, NHS Grampian and the Scottish Children's Reporter.

The inspectors found that we have made progress in all the main points for action. The report highlights that there has been an acceptance of a shared responsibility across agencies for improving child protection services, and said that managers and staff across services have been successful in laying effective foundations for improvement.

Any actions arising from inspections that have not been completed have been included in the Service Business Plan.

5. Where Do We Need To Be?

The overall picture for Social Care and Wellbeing provision for Aberdeen is of:

- Increasing need and demand as a result of demographic changes;
- Greater complexity in the needs of service users;
- Changing expectations from service users, carers and society;
- Tight financial constraints; and
- A need to demonstrate efficient, effective and improving social care services.

Our focus will be on delivering suitable outcomes for and with the people who use our services. We will do this in ways that make best use of the resources available to us, our partners and service users themselves.

We will focus on addressing the following priorities:

Shifting the Balance of Care: We will shift the emphasis of care and resources from residential and hospital based services towards community based care.

Managing the Workforce: We will ensure that we have an efficient and flexible workforce which has the right mix of skills and is sufficiently adaptable to meet the changing needs of the population. We will do this in conjunction with partners, by implementing a Workforce Strategy across the statutory and independent sectors to ensure that there will be a sufficient supply of appropriately skilled staff to meet future needs.

The Personalisation of Services: We will enable people, alone or in groups, to find the right solutions to their problems and allow them to participate in the delivery of services. Instead of being recipients of services, we want people to become actively involved in selecting and shaping the services they receive.

Implementing our Joint Commissioning Strategy: We will guide the work of the Service to give clarity to our stakeholders about the way services will develop; to guide current and potential providers of services so they can provide what we wish to purchase and to provide a mechanism through which we can monitor the progress we are making towards achieving our vision.

Improving the Use of Resources: We will achieve more effective use of resources (including staff, buildings, information and technology) by working across the public sector, particularly with the NHS, to improve the efficiency of care systems. We will develop an enabling culture within directly provided and commissioned services, which supports people's independence and encourages self care.

6. How Do We Get There?

To deliver the changes required, the aims of each element of the Social Care and Wellbeing Service have been agreed and are outlined below.

6.1. Services for Children and their Families

Shifting the Balance of Care

We will provide family support and other help to enable children and families to live normal lives at home, preventing children from unnecessarily entering the care system, without compromising their safety or protection.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will implement a structure which seeks to intervene in a proportionate and timely manner to ensure services are delivered to manage and reduce risk. We are investing in leadership training for Children's Services Managers and Social Work staff to encourage the development of flexible and creative working.

The Personalisation of Services

We will ensure that the protection, safety and wellbeing of children are our most important priorities.

We will take decisions about children based upon evidenced based assessments, which actively involve children and their carers. Resources will be allocated to balancing the responsibility to meet need within limited resources.

We will base services on identified needs, linking activities and costs and monitoring what happens to individuals and families as a result.

We will be outcome focussed when planning and designing services, and review and adjust our interventions and services as required working towards positive change.

We will work closely with all partners implementing the Integrated Children's Services Agenda and ensure that we do "Get it Right for Every Child" (GIRFEC).

Implementing our Commissioning Strategy

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

We are working with partners in the third sector to develop outcome focussed services delivered within formal contractual frameworks. This will allow us to base future services on identified need and achieve best value.

Improving the Use of Resources

We have clear eligibility criteria services, with all referrals receiving consistent, high quality responses based on thorough, evidence based assessments of need and leading to care plans that will be subject to monitoring and review. All new referrals to children's services will be managed by the Reception and Protection Service theme managed by a single manager.

Children's Services have undergone a period of redesign; a reception service is created as point of entry to the service. Access will be dependent on assessment of need and meeting the agreed children's services eligibility criteria.

New screening and resource systems are implemented within the city across the continuum of need to ensure children and young people get the appropriate support at the right time. Significant progress has been made to recruit alternative family carers in the city and annual targets for continued recruitment are in place.

A new intensive joint community support and learning service will be established to work with 14-16 year olds as a direct alternative to residential care and in particular placements being made in residential schools outwith the city.

We will link services organisationally so as to reflect service users' needs and to provide easy and quick access to resources in accordance with care plans.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.2. Services for People with Learning Disabilities

Shifting the Balance of Care

We will develop services that enable people to live as independently as possible, in appropriate community settings.

We will ensure carers receive the support they need to continue in their caring role.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

Our staff will have the knowledge and skills to provide person-centred services, based on assessed needs.

The Personalisation of Services

We will build person centred support systems to enable people to make choices in accessing opportunities for leisure, training and employment

and support in daily living.

We will create opportunities for self-directed support and individualised budgets.

We will work in partnership to empower and enable people to lead a full life as part of their own communities and as citizens of Aberdeen.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will provide a range of high quality services, that demonstrate best value for people with learning disabilities and their carers at times in their lives when they need support.

We will implement our joint commissioning intentions and improve the quality of business transactions with service providers so that services provide the outcomes we expect at a fair cost.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will direct social care resources to those most in need and according to our eligibility criteria.

We will work in partnership with NHS Grampian to plan and deliver services, making the most efficient use of our resources.

We will support people to access activities within their community and promote inclusion within universal services.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.3. Services for People with Mental Health Problems

Shifting the Balance of Care

We will develop services that support people with severe and enduring mental illness to remain within their own community.

We will ensure that services promote recovery from illness and increase personal resilience. This includes the provision of individual and collective advocacy services.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will train or recruit sufficient Mental Health Officers to meet our statutory responsibilities.

The Personalisation of Services

We will assist people to take a full and active role in their local community, as citizens of Aberdeen.

We will encourage and empower individuals to exercise their rights to choice, respect, dignity and independence through equality, opportunity and inclusion.

This will include the provision of independent advocacy services.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will increase choice and opportunity for natural supports and access to specialist and universal services, according to needs.

We will commission a single day support service to achieve best value.

We will value feedback from individuals and service providers and use this to plan and improve services.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will implement improvements in service delivery, based on evidenced practice.

We will involve people in planning and reviewing services to meet their needs, within available resources.

We will commission and contract for local, flexible services that offer a good use of

resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.4. Services for People with Drug and Alcohol Problems

Shifting the Balance of Care

We will take into account (and intervene appropriately) the safety and wellbeing of children living in families where substance misuse is a factor.

We will plan and provide integrated services to support a recovery model of intervention.

We will improve access to treatment through more pathways leading to a single point of entry.

We will develop pathways out of treatment by improving access to leisure, training and employment opportunities and promoting social inclusion.

We will improve the health of drug and alcohol users, including those in the criminal justice system, through better access to community based services.

We acknowledge that young people involved in substance misuse require services that are young person focussed rather than in adult provision.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will ensure an appropriate skill mix of professional disciplines and support staff across integrated services.

We will keep staff abreast of the changing scene in substance misuse and implications for interventions.

Implementing our Commissioning Strategy

We will develop further an integrated commissioning strategy for substance misuse covering adults', offenders' and young people's treatment.

We will ensure that commissioning is driven by quality standards and the evidence base for effective interventions.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will direct resources in support of recovery, based on evidence of effectiveness.

We will ensure that parental substance misuse and its impact on children is a priority area for service development.

We will ensure effective working relationships between substance misuse, adults and children's and criminal justice social work services, to target resources and avoid duplication.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.5. Services for People with Physical and Sensory Impairments and Long Term Conditions

Shifting the Balance of Care

We will make provision to enable people to live as independently as possible in suitable accommodation.

We will develop care pathways to expand and maximise the use of integrated rehabilitation services.

We work in partnership with NHSG to develop and maximise the use of intermediate care (step-up and step-down) to reduce unplanned admissions and support early discharge from hospital.

We will work in partnership with NHSG and other agencies to promote self care to reduce dependence on acute and specialist services.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will prepare our staff to work in partnership with people to promote self care and maintain maximum independence.

The Personalisation of Services

We will increase opportunities for people to be in control of the support they receive through person centred planning and individualised services.

We will increase the use of direct payments and self directed support.

We will work with other services and agencies to improve access to universal services and community based opportunities for sport and leisure activities.

We will work with other agencies and community groups to enable people to use local services and take an active role in their local community, as citizens of Aberdeen.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will commission a single sensory service with a single point of access to hearing and visual impairment services.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will expand the use of telehealthcare in support of self-care and independence with safety.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.6. Services for Older People

Shifting the Balance of Care

We will support people to live as independently as possible in their own home for as long as they are able to do so, through personal and practical, home based services.

We will develop care pathways to expand and maximise the use of integrated rehabilitation services.

We work in partnership with NHSG to develop and maximise the use of intermediate care (step-up and step-down) to reduce unplanned admissions and support discharge from hospital.

We will develop integrated services to provide palliative and end of life care to enable people to be at home.

Contracting and commissioning intentions will be balanced against need, the market place, the Council's budgets and people's ability to purchase services.

Managing the Workforce

We will prepare our staff to work in partnership with people to promote self-care and maintain maximum independence.

We will provide dementia awareness training to all care staff.

We will ensure that people receive support/care from someone who is sensitive to their culture and needs.

The Personalisation of Services

We will increase opportunities for people to be in control of the support they receive through person centred planning and individualised services.

We will develop support systems to encourage and increase the take-up of direct payments and self directed support.

We will work with other agencies and community groups to enable people to use local services and take an active role in their local community, as citizens of Aberdeen.

The shift towards the personalisation of services needs to be considered and planned within contracting and commissioning strategies. Working with others we will support vulnerable people to realise their potential.

Implementing our Commissioning Strategy

We will work with care at home providers to ensure availability of personal care services on a 24 hour basis, at an agreed hourly rate.

We will work with care home providers to develop the range of residential-based services, including flexible respite and outreach care.

We will plan and develop a single point of access resource for integrated dementia services.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will shift the balance of resources towards care at home services.

We will work with Housing services to make available options for accommodation that will enable people to maintain their independence for as long as possible.

We will expand the use of telehealthcare in support of self-care and independence with safety.

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.7. Services for Carers

Shifting the Balance of Care

We will provide flexible support that enables carers to remain healthy and maintain their role as carer.

We will increase the availability of respite care or short breaks.

We will seek to ensure the needs of young carers are identified and assessed.

We will introduce a new carer's self assessment and encourage take-up of carer's statutory assessment, to improve access to services based on care's needs.

Managing the Workforce

We will ensure that staff are aware of the needs of carers and work with carers as partners in planning and providing care.

The Personalisation of Services

We will increase opportunities for service users and their carers to be in control of the support they receive through person centred planning and flexible, individualised services.

We will develop support systems to encourage and increase the take-up of direct payments and self directed support.

Implementing our Commissioning Strategy

We will commission a range of carers' support services to reflect the needs of carers across care groups, including the needs of young carers.

We will involve carers in setting priorities for investment in carers' support.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will ensure carers are central to the development of social care services.

We will involve carers in assessment and care planning and recognise their contribution as integral to care plans.

6.8. Criminal Justice Services

We aim to reduce re-offending by providing a range of interventions for offenders based on:

- Restrictions on opportunity to cause harm;
- Rehabilitation through effective programmes;
- Reparation for the harm they have caused;
- Re-integration as contributing members of society.

We will make preparations for the new Community Sentencing Regime.

We will speed up throughput in Community Service.

Managing the Workforce

We will deploy practitioners with the necessary discipline, knowledge and skills to engage and manage offenders.

We will increase public protection and public confidence by providing effective supervision and management to offenders within the community.

Implementing our Commissioning Strategy

We will establish strong partnerships with a range of statutory and voluntary agencies for joint working and service provision.

We will collaborate with Housing to improve access to affordable accommodation and support.

We will increase the range and availability of Community Service placements to meet demand and speed completion of CS Orders.

Improving the Use of Resources

We will maximise the benefit of funding for supported accommodation with a greater focus on support to more individuals.

We will provide prison based social work according to the terms of a new Service Level Agreement with the Scottish Prison Service.

We will work in partnership with other services to ensure earlier and ongoing intervention for offenders with substance misuse and mental health problems.

6.9 Promoting Wellbeing

Shifting the Balance of Care

We will work in partnership with communities to promote 'care by the community' and develop their capacity to support vulnerable citizens.

We will promote preventive approaches by working in partnership with Council services, other agencies and community groups to widen access for people in need to universal and community based services.

We will raise the profile of carers in the Aberdeen community and ensure Council services and partners recognise the role of carers and the contribution they can make to carers' support.

We will take local measures to meet the expectations of "Towards A Mentally Flourishing Scotland" by facilitating Aberdeen citizens to have the emotional and spiritual resilience to enjoy life, to survive pain, disappointment and sadness.

Managing the Workforce

We will ensure that key staff understand and support approaches to community engagement and development of community capacity.

Implementing our Commissioning Strategy

We will engage with voluntary and community groups to support them in achieving common objectives of meeting individual and community needs.

We will work with others to ensure that commissioning intentions are clear and communicated to relevant staff and potential providers to ensure cost effective and high quality services are fairly purchased and monitored so that they both protect and meet the needs of vulnerable people.

Improving the Use of Resources

We will ensure that people are able to access information about services easily, in a variety of ways and formats.

We will ensure that people have access to health promoting and wellbeing opportunities that are local, responsive and flexible, with no professional or organisational boundaries.

We will take a strategic lead to target Council resources in preventive approaches to meet demographic challenges .

We will commission and contract for local, flexible services that offer a good use of resources and provide a good standard of care. We ensure this statement by tendering, approving and monitoring of services.

6.10 Organisational Support

Shifting the Balance of Care

We will work to develop new and appropriate strategies and policies that can lead the service through the forces of change that impact on social work.

Managing the Workforce

We will prepare a detailed Workforce Plan for social work so that medium and long term employee planning can be effective.

We will invest in the training and development of staff, targeted to the areas where greatest impact is required.

Improving the Use of Resources

We will provide robust and accurate performance management information so that managers and elected members can make informed decisions.

We will review all administrative support so that it is appropriate and effectively supports front line service delivery.

We will challenge all processes that do not add value.

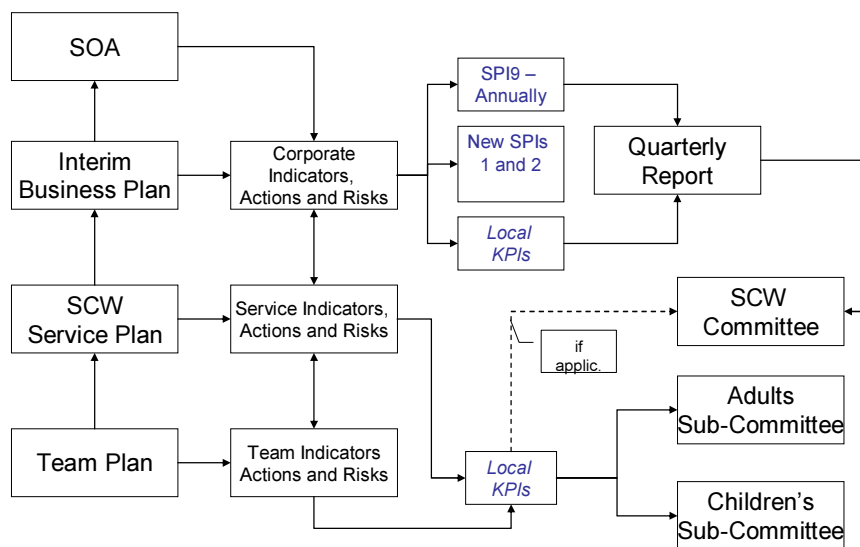
7. How Do We Know We Are There?

We will report to the Social Care and Wellbeing Committee on our progress in achieving the five key themes.

By improving Performance Management reporting we will become more outcome focused and be able to demonstrate better outcomes for service users.

Having a clear Commissioning Strategy will demonstrate best value across the services we currently commission but also provides a clear governance structure for developing joint commissioning arrangements with partners such as Health.

A performance management framework for the Social Care and Wellbeing Service will link all elements of performance within the service, from individual development plans through to outcomes contained within the Single Outcome Agreement to nationally agreed objectives.



Performance Management

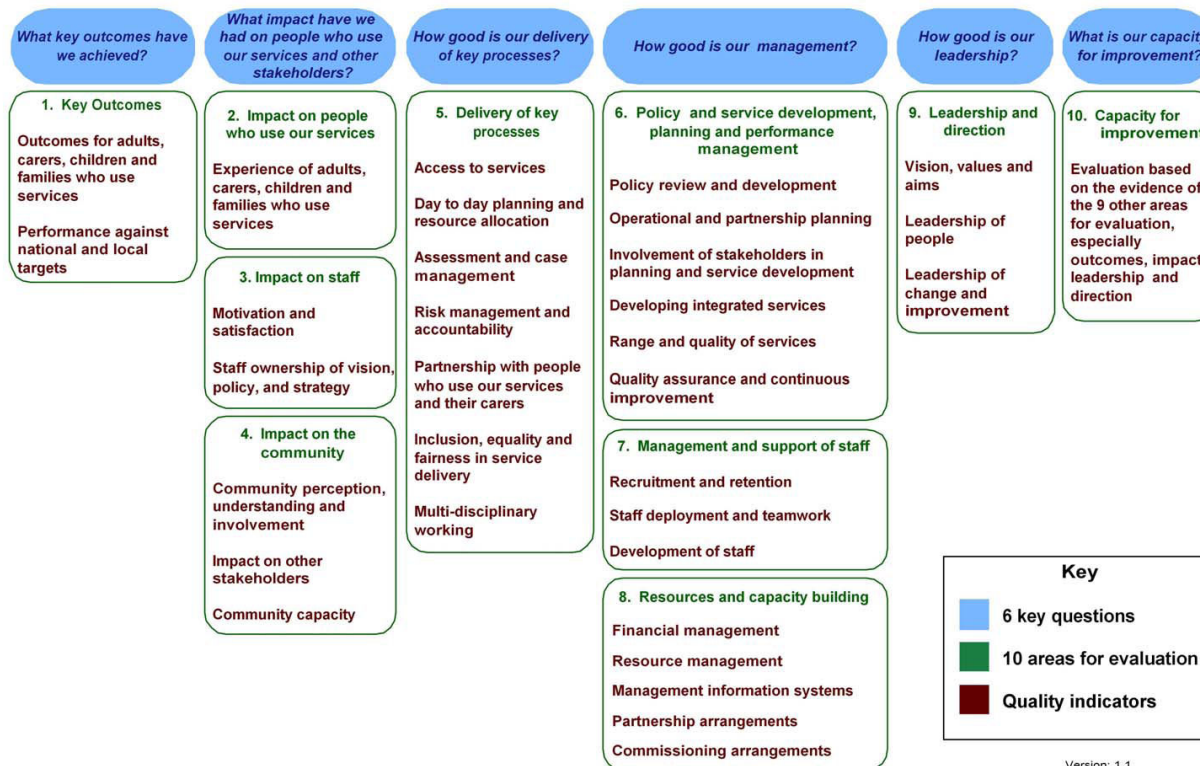
Suggested Schema

Apr 2010

We have put together a suite of performance indicators, on which we will report at a national level. These are attached at Appendix 1. We also have a suite of local level indicators.

As part of the Social Care and Wellbeing Performance Management Framework, we are establishing a process of self evaluation, based on SWIA's Performance Inspection Model (overleaf). We will also ensure that our Performance Management Framework builds on the strong work that the service has undertaken in implementing the use of How Good Is Our Team and the Continuous Learning Framework.

Performance Inspection Model (PIM)



8. Service Plan 2010 to 2013 - Action Plan

Shifting the Balance of Care

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will establish fully integrated Drugs and Alcohol Services to prevent harm and to support those who misuse substances to achieve and sustain a good quality of life		Tom Cowan		
We will prioritise voluntary sector services that help to tackle social isolation for disabled and older people and carers		Tom Cowan Liz Taylor		
We will extend flexible and responsive care at home with support for carers through re-design of home care services to re-focus on maximising people's independence		Liz Taylor		
We will increase multi-disciplinary and multi-agency extended community teams to integrate health and social care and identify and support people at risk		Liz Taylor		
We will reduce avoidable unscheduled attendances and admissions to hospital by promoting self care and anticipatory care planning and providing intermediate care services		Liz Taylor		

We will develop services that enable people to live as independently as possible, in appropriate community settings		Tom Cowan Liz Taylor		
We will develop services that support people with severe and enduring mental illness to remain within their own community		Tom Cowan		
We will improve access to treatment for those with substance misuse problems, through more pathways leading to a single point of entry		Tom Cowan		
We will improve the health of drug and alcohol users, through better access to community based services		Tom Cowan		
We will ensure that parental substance misuse and its impact on children is a priority area for service development		Susan Devlin Tom Cowan		
We will seek to ensure that young people involved in substance misuse are able to access services that are young person focussed		Susan Devlin Tom Cowan		
We will review and revise the targets for the recruitment of alternative family carers		Susan Devlin		
A new intensive family support and learning service will be established		Susan Devlin		
We will develop protocols to improve the flow of information between services where children are involved		Susan Devlin		

--	--	--	--	--

Managing the Workforce

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will ensure that all staff in frontline services are given appropriate training in child and adult protection responsibilities, duties and protocols.		Tom Cowan		
In Children's Services we will implement a structure which seeks to intervene in a proportionate and timely manner to ensure services are delivered to manage and reduce risk.		Susan Devlin		
We will train or recruit sufficient Mental Health Officers		Tom Cowan		
We will prepare a detailed workforce plan		Fred McBride Tom Cowan		

Page 66

The Personalisation of Services

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will build modern, person centred support for		Tom Cowan		

individuals –to enable them to access opportunities for leisure, employment and support in daily living		Liz Taylor		
We will implement the Council's Mental Health & Wellbeing Strategy to ensure that people have access to health and well being opportunities which are close to home, responsive and flexible		Tom Cowan		
We will improve palliative and end of life care by increasing the number of patients and carers with their palliative and end of life care needs identified, assessed and planned with families and carers		Tom Cowan		
We will increase the proportion of people receiving self directed care by providing and promoting flexible direct payments		Tom Cowan Liz Taylor Susan Devlin		
We will review the provision of independent advocacy services		Tom Cowan		
We will introduce a new carers self assessment and encourage take up of carers statutory assessments		Liz Taylor		

We will provide flexible support to carers, including increasing the availability of respite care or short breaks		Liz Taylor		
We will seek to ensure that the needs of young carers are identified and assessed		Susan Devlin		

Implementing Our Joint Commissioning Strategy

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will ensure that our commissioning intentions are clear and communicated to relevant staff and providers.		Tom Cowan		
We will ensure cost effective and high quality services are fairly purchased and monitored.		Tom Cowan		
We will work with our partners in the third sector to develop outcome focussed services delivered within contractual frameworks.		Tom Cowan		
We will commission a single day support service for people with mental health problems		Tom Cowan		

We will develop an integrated commissioning strategy for substance services		Tom Cowan		
We will commission a single sensory service, with a single point of access to hearing and visual impairment services		Tom Cowan		
We will work with care at home providers to ensure availability of personal care services on a 24 hour basis, at an agreed hourly rate		Tom Cowan Liz Taylor		
We will work with care home providers to develop a range of residential based services, including flexible respite and outreach care		Liz Taylor Tom Cowan		

Improving the Use of Resources

Action Points	Milestone Actions	Responsible Officer	Completion Date	Net Financial Implications
We will work closely with all partners to implement the Integrated Children's Services Agenda		Susan Devlin		
We will have clear eligibility criteria in Children's Services.		Susan Devlin		

New screening and resource systems will be implemented in Children's Services, across the continuum of need to ensure that children and young people get the appropriate support at the right time.		Susan Devlin		
We will implement improvements in service delivery, using evidence based practice		SCMT		
We will expand the use of telecare		Liz Taylor		
We will work with Housing Services to make available options for accommodation		Liz Taylor Tom Cowan		
We will speed up throughput through Community Service		Tom Cowan		

Appendix 1

STATUTORY PERFORMANCE INDICATORS

	Performance Measure	Lead Officer	Target 2010-11	Reason for inclusion & links	Definition
SPI 9	<p>Home Care</p> <ul style="list-style-type: none"> a) The number of people age 65+ receiving homecare b) The number of homecare hours per 1,000 population age 65+ c) As a proportion of home care clients age 65+, the number receiving: <ul style="list-style-type: none"> • Personal care • A service during evenings / overnight • A service at weekends 	Liz Taylor	Targets have yet to be agreed	Specified SPI	Audit Scotland direction 0910

ADDITIONAL PERFORMANCE INDICATORS TO COMPLY WITH AUDIT SCOTLAND'S STATUTORY PERFORMANCE INDICATORS DIRECTION 2008

	Performance Measure	Lead Officer	Target 2010-11	Reason for inclusion and links	Definition
	Social enquiry reports <ul style="list-style-type: none"> • The number of reports submitted to the courts during the year • The proportion of these submitted to courts by the due date 	Tom Cowan		New SPI 2	Audit Scotland direction 0809
Page 72	Probation: <ul style="list-style-type: none"> • The number of new probation orders issued during the year • The proportion of new probationers seen by a supervising officer within one week 	Tom Cowan		New SPI 2	Audit Scotland direction 0809
	Community service: <ul style="list-style-type: none"> • The number of new community service orders issued during the year • The average number of hours per week taken to complete orders 	Tom Cowan		New SPI 2	Audit Scotland direction 0809
	Number and length of time on the child protection register	Susan Devlin		New SPI 2	Local Definition
	% of Looked After Accommodated Children (LAC) with 3 or more placements in the current care episode	Susan Devlin		New SPI 2	Local Definition
	% of looked after young people and families at risk supported to stay together or in their own communities	Susan Devlin		New SPI 2	Local Definition
	The number of children re-registering on the Children Protection Register within two years of being taken off the register	Susan Devlin		New SPI 2	Local Definition

ABERDEEN CITY COUNCIL

COMMITTEE: Social Care and Wellbeing DATE: 3 June 2010
DIRECTOR: Fred McBride
TITLE OF REPORT: Recruitment and Retention of Social Care and Wellbeing (SCWB) staff - How do we make SCWB in Aberdeen City Council the employer of choice for care professionals?
REPORT NUMBER: SCW/10/050

1. PURPOSE OF REPORT

The purpose of this report is to link the agendas of developing a greater personalised approach to the delivery of social work and social care services as described in the SCWB Commissioning Strategy and the recruitment and retention of social work and social care staff. This is being achieved by making Aberdeen City Council the employer of choice in this field.

2. RECOMMENDATION

It is recommended that:

- 2.1 Members note the information on recruitment and retention of social workers and social work salaries
- 2.2 Members approve the approach outlined in this report to support staff development.

3. FINANCIAL IMPLICATIONS

There are no direct financial implications at this time.

4. SERVICE & COMMUNITY IMPACT

The national and local outcomes which are relevant to this paper are:

National Outcome 6: We live longer, healthier lives.

Local outcome: Sustain long term change by focusing on the prevention of, or reduction in, health inequalities (Joint Health Improvement Plan).

National Outcome 7: We have tackled the significant inequalities in Scottish society.

Local outcome: Improve the quality of life in our most deprived areas (Community Plan).

National Outcome 11: We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others.

Local outcome: Every citizen is enabled to be more active in his or her community regardless of their age, gender, sexual orientation, ethnic origin, where they live or disability to ensure everyone can contribute to 'active citizenship' (Strengthening Local Democracy Strategy).

5. OTHER IMPLICATIONS

No other implications.

6. REPORT

6.1 Members requested that officers report information on the recruitment and retention of social work staff. In the last year (2009) 7% of social workers and 4% of senior social workers left the Social Care and Wellbeing service. Newly qualified social workers have been recruited to the majority of social work vacancies, but there is a much smaller pool of applicants for senior and specialist social posts.

6.2 Salary comparisons

The current starting salary for a social worker in Aberdeen City is £29,264, compared to £31,021 at Aberdeenshire Council. The starting salary for a Senior Social Worker in Aberdeen City is £38,307, compared to £34,426 in Aberdeenshire.

6.3 Recruitment and retention

6.3.1 There were no specific recruitment issues identified that resulted in delays in filling vacant posts other than the time taken to process a vacancy through the current recruitment system. On average, it takes approximately three months from requesting a vacancy to be advertised to the successful candidate taking up the post.

6.3.2 Beyond salary levels it is important Aberdeen City is seen as an environment with progressive approach to social care, offering a high level of satisfaction to those who use services, as well as for those who work with social care services, thereby making Aberdeen City the employer of choice.

6.4 How do we make Social Care and Wellbeing in Aberdeen City Council the employer of choice for social care professionals?

What are we trying to improve?

6.4.1 The delivery of social care is going through its most radical change since the introduction of the Community Care Act. Services are required to be

more personalised, placing a greater emphasis on individual need and on personal preference of individuals who use social care services, and developing more bespoke arrangements of support. In short, providing services which are capable of adapting to the individual rather than the individual fitting into existing services, and taking greater account of wider community facilities and supports. This requires a programme of support to staff on new approaches to Assessment, Planning & Reflective Practice (see appendix 1).

- 6.4.2 Evidence of the success of this approach exists in other local authorities, where social care staff have benefited from the training programme. For example, in North Lanarkshire this was delivered to approximately 1000 social care staff over a two year period. Although originally developed on a single agency basis (and continues to be delivered in this way), the programme has also more recently been re-shaped and adapted into “Person Centred Planning: Developing a common understanding” and delivered to primary care nursing staff working with older adults, with senior social work practitioners also participating.
- 6.4.3 Assessment, Planning & Reflective Practice aims to fundamentally shift the focus of professional engagement with people who use services away from service-led provision to an outcomes approach which places at the forefront of any intervention the question “how can we (service users, professional staff, partners and carers) work together to achieve the best possible impact on the individual’s life?”.
- 6.4.4 The philosophy of this approach is one that emphasises the strengths, capacity and resilience of individuals and builds upon natural support systems. This personalised approach places the service user at the centre and provides a clear framework and guidance on assessment and planning.
- 6.4.5 The Assessment, Planning and Reflective Practice Programme responds to the vision set out in Shifting the Balance of Care (Scottish Government 2008) with relevance to health, housing and social work.
- 6.4.6 The programme also addresses three specific areas for improvement identified by the Scottish Government as being crucial to the delivery of higher quality social work services in Scotland

These are;

- Increasing emphasis on measurable outcomes;
 - The delivery of person-centred, relationship based social work services to all user and carer groups as envisioned by Changing Lives;
 - The creation of a more aspirational culture within which practitioners work alongside users and carers to improve the quality of their lives.
- 6.4.7 This process is not only aimed at further promoting a culture of continuous improvement, but makes Social Care and Wellbeing a service which

reflects the core values of why many of social care professionals entered this field of work, enhancing job satisfaction.

6.5 How can we achieve this?

- 6.5.1 A unique feature of the programme is that it is designed to be of relevance to all grades of practitioners across all care groups. The programme will need to be visibly championed by the local authority's senior managers. The Scottish Government's Joint Improvement Team cite North Lanarkshire as an example of how the new emphasis on leadership and development called for by Changing Lives can radically improve practice within a statutory agency.
- 6.5.2 In North Lanarkshire the main driver behind the shift in practice was a review of assessment and care management arrangements that was undertaken to improve services. While the local review pre-dated the Changing Lives review, the expectations of the approach corresponded with the recommendations of Changing Lives. As part of this work they examined service delivery processes, knowledge, skills and levels of user and carer satisfaction with the services offered by North Lanarkshire Council Social Work.
- 6.5.3 A literature review and a mapping exercise of the relationship between assessment and care management and person centred planning were completed.
- 6.5.4 Guidance was developed on a new assessment, planning and recording arrangements. This was designed to provide clear and simple direction to staff as to how they might most effectively realise the aims and values of the service.
- 6.5.6 The programme was driven by the desire to respond more creatively and effectively to the needs of users and carers to promote independence and inclusion. The effect that this programme is having on improving outcomes whilst enriching the lives of users and carers is best illustrated through practical examples.

6.6 Did this approach achieve objectives?

- 6.6.1 In addition to ongoing evaluation of each course, the whole programme was evaluated by Dr Emma Miller, Researcher, with the Joint Improvement Team. The programme was evaluated through the use of focus groups and the results report was published in November 2008. Participants noted that the programme had a significant impact on their practice and reported that it provided an opportunity to reflect on professional values and was moving the organisation towards an outcomes based approach.

6.6.2 One of the main themes that arose within the focus groups was that an emphasis on outcomes had given rise to a 'culture shift'. Outcomes brought practitioners back to aspects of person-centred social work practice which they felt had been lost by the organisation's previous assessment and care planning processes which centred on weakness rather than strengths and capacity, as well as on available services rather than achievable outcomes in partnership with users and carers.

6.6.3 One of the most common themes to emerge from the discussions with staff and managers was that participation in the programme had allowed them to revisit core values and principles. There were also several references to the importance staff placed on the relationships they had with service users. Illustrations of this came from participants, one of whom said:

"I feel as though I'm back to my core values about use of self and thinking about relationships."

and another who noted that:

"I think it is about job satisfaction, knowing you have achieved what might be small things. I worked with a girl who couldn't read or write and lacked so much confidence. I got her involved with Leisure and Learning and what they did was get her into adult literacy classes. You know one morning I came in and there was an email from her. I just thought, I just felt that my job was so worthwhile, because I know it was only an email but I just thought it was great. It might seem like a small thing but it gave me so much satisfaction and I was so pleased for the service user."

6.6.4 Equally important is informal feedback from staff, which has been overwhelmingly positive. The content of the programme, its presentation and the leadership by senior managers all contribute to practitioners viewing the programme as being highly relevant to their role. In addition, the programme was considered to be an example of good practice by SWIA during their recent performance inspection. A number of other local authorities have sought our advice on the content of the programme.

6.7 Outcome of this approach in North Lanarkshire

6.7.1 The programme is designed in such a way that it can support the development of both the personal and organisational capabilities of practitioners.

6.7.2 They have recently developed day 5 and 6 as locality events – "First steps – next steps". These have been facilitated by Locality Managers, and the key elements are:

- revisit the outcomes based approach

- methods used – showcasing local examples of excellence (reflecting different stages of assessment and planning)
- presentations / input from local staff
- launch of the tool - personal outcomes plan.

6.7.3 In conclusion, the programme was seen as having a powerful impact on staff in North Lanarkshire and is helping to re-shape their services. The approach, however, needs to continue to develop and be flexible enough to continue to meet the learning and development needs of the organisation.

7. REPORT AUTHOR DETAILS

Pete Richmond
Strategist Social Care Commissioning
prichmond@aberdeencity.gov.uk
Tel 523994

8. BACKGROUND PAPERS

Appendix 1
Person Centred Planning: Developing a common understanding
Shifting the Balance of Care (Scottish Government 2008)

Person Centred Planning: Developing a common understanding

The approach and content of the programme

The programme provides clear guidance on how workers can engage effectively and collaboratively to develop plans that acknowledge risk and provide users and carers with a better quality of life. The programme:

- is person centred and outcome focused
- ensures that staff are risk aware
- emphasises strengths and resilience
- provides direction and clear guidance

The programme is designed to provide time for personal reflection, cross-disciplinary networking and the sharing of ideas and innovation. The evaluation of our programme, and informal feedback, have identified that re-focusing on outcomes requires a significant shift in thinking. Therefore, a range of methods are used in the programme to take account of different learning styles. These are facilitated by managers who encourage debate in a safe and supportive environment. The programme is delivered in a way that is designed to be interactive and challenging.

Participants are actively encouraged to share their views and experiences on best practice. The programme acknowledges that there are real barriers to achieving better outcomes. Workers are encouraged to value their contribution to the organisation and contribute to a model of service that promotes a culture of continuous improvement. In short, participants are encouraged to develop a heightened awareness of the importance of reflective practice.

The structure of the days broadly follows the following themes:

Day 1 – Contexts / Values / Outcomes / Partnership

Day 2 – Assessment

Day 3 – Planning

Day 4 – Reflective and Recording Practice

Programme format

Day 1

The day is structured as follows:

Welcome / Introduction / Purpose

The facilitators introduce the course

Values and Principles / Role of Social Work

Key Note Address by a Head of Service

This session sets the context for why we do what we do and the importance of our values. It covers “Changing Lives” and “Shifting the Balance of Care” and poses questions about the role of staff in being key enablers. There is a strong focus on outcomes, with staff being encouraged to think about the impact of historical, institutionalised practice, which created dependency on services.

How Good is Your Plumber

This session focuses on customer services. It asks people to work in their groups to consider the best and worst of our experiences of services. In describing this, staff are encouraged to make the links to their own practice – the importance of returning calls, etc. The “Guide to Social Work Services” is used and key standards are highlighted. There is a second exercise that works at the skills, knowledge, experience, and toolkit of a plumber. Parallels are then drawn with a social worker and a large group quick think takes place. This generates good discussion about the tools and interventions used by social work staff in their practice. This also opens up debate about the use of self in practice, and enables discussion about Social Work intervention V plan/care management.

Being Outcome Focussed?

This session is presented by a Senior Manager on outcomes – followed by a group exercise. Staff are asked to identify inputs, processes, outputs and outcomes from a range of words on cards e.g. assessment, support plan, etc. This stimulates significant debate about what we are doing and why. In particular staff are encouraged to think about the impacts or consequences of what they do / provide. It raises good questions about dependence on “service land” as opposed to natural supports.

Working with our Partners

This session consists of a presentation and video by a Service Manager. It highlights that we can't do it alone! Improving outcomes relies on working with other partner agencies.

Day 2

The day is structured as follows:

What has stuck?

The day starts with a group task to encourage reflection. Staff are encouraged to share their thoughts about what made an impact on the day. This creates an opportunity to help staff think about outcomes in their practice.

Organising our thinking

This session is a presentation on the assessment /planning framework set out in the guidance. Over the course of the day staff are given time to read the material and are asked to work in pairs or in groups (depending on the group) a range of exercises are used to facilitate discussion on each of the key stages.

This includes:

Referrals – scenarios are tabled and staff are asked to address key questions (This highlights issues of consistency of practice).

Assessment

Staff are asked to develop a picture of best assessment practice through cafe style working using key themes. This results in everybody moving, talking, and getting a chance to participate. The themes are set around practice e.g. involvement, participation, risk, etc.

The day ends with personal reflection about what they identified and how they actually practice (using a case example).

Day 3

The day is structured as follows:

The day begins with a reflective exercise reviewing learning so far and the expectations for the remainder of the programme.

Assessment and Planning Process/Practice

This exercise consists of a group exercise during which staff are asked to develop an outcome focused plan in response to the assessment outlined during day 2. During the exercise, prompt cards are used to trigger thinking e.g. costs, outcomes specific, etc. The feedback helps to check out if staff have grasped the difference between outputs and outcomes. It also provides opportunities to explore options in developing plans e.g. reliance on services via intervention focused on developing natural supports.

Review your Practice

This exercise consists of individuals or pairs reflecting on their own practice in planning. At the end of the session, the assessment and planning journey is summarised by using the flow chart in the guidance. The links between processes, practice and recording are made.

Evaluation

Staff are asked to complete an evaluation at the end of day 3 which they can add to at the end of Day 4. This ensures that they key learning messages are captured.

Day 4

The day is structured as follows:

Reflection Session

At the start of the day, staff are given the opportunity to share how the first 3 days have impacted on their practice.

Why is recording important?

This session starts with open questions and staff are encouraged to share their views and feelings about recording. This is followed by a presentation based on the guidance - what, why, etc.

Best Practice Scenarios

This session involves a group activity - using various example recordings. Staff are asked key questions and it leads to reflection on the quality and quantity of recording.

Organisation, Content and Structure

A presentation on the “how” of recording with an opportunity to ask questions. Time is made available for staff to read the guidance.

Prioritisation Framework

This is an input about the departmental framework, providing an opportunity for questions/issues about implementation.

Review your Practice

Reflection time is made available followed by a group plenary.

Summary

The 4 days are pulled together, summarising the key messages.

Evaluation

Staff are given an opportunity to comment on the development days - content, style. etc. They are also given an opportunity to add to their evaluations.

ABERDEEN CITY COUNCIL

COMMITTEE	Social Care and Wellbeing	DATE	3 rd June 2010
DIRECTOR	Fred McBride		
TITLE OF REPORT	Revised Performance Indicator Suite for Social Care and Wellbeing Service		
REPORT NUMBER	SCW/10/069		

1. PURPOSE OF REPORT

The purpose of this report is to seek elected members' agreement to a suite of regular performance information to the Social Care and Wellbeing Committee and the Adults and Children's Sub Committees.

2. RECOMMENDATION(S)

It is recommended that the Committee:

- 2.1 Approve the indicators attached in Appendix 1;
- 2.2 Note the reporting frequency of each indicator;
- 2.3 Note that the indicator suite will be subject of continual review to ensure that the information provided to elected members is appropriate and timely;
- 2.4 Note that work is ongoing within the Social Care and Wellbeing Service to develop a Performance Management Framework for the service.

3. FINANCIAL IMPLICATIONS

There are no financial implications associated with this report.

4. SERVICE & COMMUNITY IMPACT

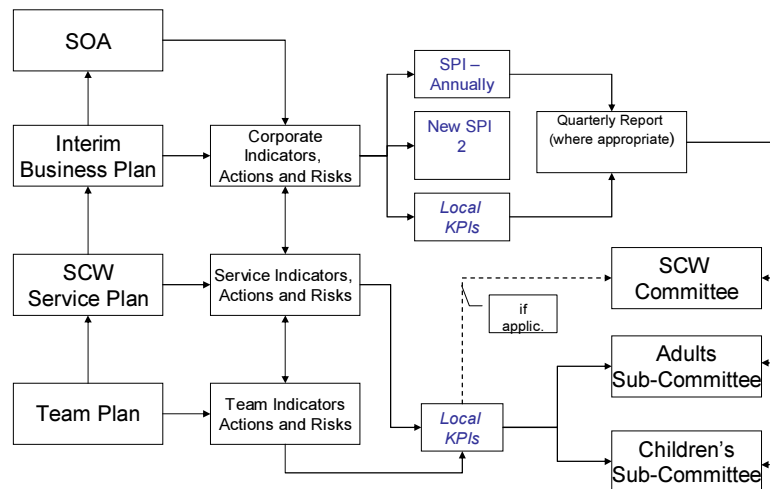
Whilst there is no direct impact associated with this report, the indicators contained at Appendix 1 contain the measures to be used to demonstrate how well the Service is meeting its performance targets. These targets are informed by national and local strategies and priorities. By improving Performance Management reporting we will become more outcome focused and be able to demonstrate better outcomes for service users.

5. OTHER IMPLICATIONS

There are no other implications associated with this report.

6. REPORT

- 6.1 The indicator suite contained at Appendix 1 contains those indicators which the Social Care and Wellbeing Service intends to report to the Social Care and Wellbeing Committee and its associated sub-committees. Work has commenced within the Social Care and Wellbeing Service to define the data to be collected, to establish baseline information and to set performance targets (where these are appropriate). The first reporting of performance will be to the meeting of this Committee in September 2010.
- 6.2 Work is ongoing within the Service to define lower level indicators, which will be used for managing the performance of the Service. It is not intended that these are reported to Committee, although they will be used to highlight areas of pressure and demand and any performance issues, to the Committee, as required.
- 6.3 A performance management framework for the Social Care and Wellbeing Service will link all elements of performance within the service, from individual development plans through to outcomes contained within the Single Outcome Agreement to nationally agreed objectives. This is represented below:



SOA – Single Outcome Agreement

SPI – Statutory Performance Indicator KPI – Key Performance Indicator

- 6.4 The indicator suite at Appendix 1 will be the subject of review, as we continue to develop our key strategic documents, including our Service Business Plan. One of the key outputs of the continuing work to refine the Service Business Plan will be the development of outcome indicators to measure our progress in achieving our strategic objectives.

7. REPORT AUTHOR DETAILS

Kate Mackay
Strategist (Social Work)
kmackay@aberdeencity.gov.uk,
01224 523432

8. BACKGROUND PAPERS

The suite of performance indicators at Appendix 1 has been informed by the Single Outcome Agreement, the Local Community Care Outcome Indicators, national and local strategic documents, the performance indicator suite of Glasgow City Council and the Service Plan from Fife Council's Social Work Service.

Appendix 1 – Performance Indicator Suite for Social Care and Wellbeing Service

Shifting the Balance of Care

Adults and Older People and Rehabilitation Services

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
Home Care a) the number of people age 65+ receiving homecare b) the number of homecare hours per 1,000 population age 65+ c) As a proportion of home care clients age 65+ the number receiving (i) Personal Care (ii) A service during evenings / overnight (iii) A service at weekends	SC&W Committee	Annual (SPI 1)	Liz Taylor
Total home care hours provided a) In House b) By other providers and broken down by sector	Adults Sub Committee	Annual	Liz Taylor
% of people 65+ with intensive needs receiving care at home	Adults Sub Committee	Annual	Liz Taylor
The number of patients waiting more than 6 weeks for discharge to an appropriate setting (<i>information will need to be provided by colleagues in NHS Grampian</i>)	Adults Sub Committee	Six Monthly	Liz Taylor

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
Respite Care a) Total overnight respite nights provided for people aged 18-64 b) Total overnight respite nights provided for older people aged 65+ c) Total overnight respite nights in a care home, at home and other for people aged 18-64 d) Total overnight respite nights in a care home, at home and other for people aged 65+ e) Total daytime hours respite provided for people aged 18-64 f) Total daytime hours respite provided for people aged 65+ g) Total daytime hours respite provided in a care home, in a day care centre, at home and other for people aged 18-64 h) Total daytime hours respite provided in a care home, in a day care centre, at home and other for people aged 65+	SC&W Committee	Annual (Concordat Commitment)	Liz Taylor Tom Cowan
Number of people waiting for drug treatment services in Aberdeen City <i>(information will need to be provided by colleagues in NHS Grampian)</i>	SC&W Committee	Annually	Tom Cowan
Number of people waiting over a year to access drug treatment and rehabilitation services	Adults Sub Committee	Annually	Tom Cowan
% of people recovering from drug problems entering training, education or employment	Adults Sub Committee	Annually	Tom Cowan
Number of people waiting over a year to access integrated alcohol service	Adults Sub Committee	Annually	Tom Cowan
Number of referrals of Adults' Cases (18 to 64) by service	Adults Sub Committee	Quarterly	Tom Cowan
Number of referrals of Adults' Cases (65+)	Adults Sub Committee	Quarterly	Liz Taylor
% of adults and older people supported to stay at home	Adults Sub Committee	6 monthly	Tom Cowan Liz Taylor

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
Number accommodated in care homes (long stay) a) Older People b) Aged 18-64 with a physical disability c) Aged 18-64 with a learning disability d) Aged 18-64 with a MH problem	Adults Sub Committee	6 monthly	Tom Cowan Liz Taylor
% of carers who feel able to continue in the role	Adults Sub Committee	Annual	Liz Taylor
% of service user assessments completed to national standard	Adults Sub Committee	6 monthly	Liz Taylor
% of carers' assessments completed to national standard	Adults Sub Committee	6 monthly	Liz Taylor

Criminal Justice Social Work

Performance Indicator	SC&W Committee	Reporting Frequency	Responsible Officer
Social Enquiry Reports a) The number of reports submitted to the courts during the year b) The proportion of these submitted to courts by the due date	SC&W Committee	Annual (SPI 2)	Tom Cowan
Probation a) The number of new probation orders issued during the year b) The proportion of new probationers seen by a supervising officer within one week	SC&W Committee	Annual (SPI 2)	Tom Cowan

Community Service: a) The number of new community service orders issued during the year b) The average number of hours per week taken to complete orders	SC&W Committee	Annual (SPI 2)	Tom Cowan
--	-------------------	-------------------	-----------

Children's Services

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
Number and length of time on the child protection register	SC&W Committee (SPI 2) Children's Sub Committee	Annual 6 monthly	Susan Devlin
The number of children re-registering on the CPR within 2 years of being taken off the register	SC&W Committee (SPI 2) Children's Sub Committee	Annual 6 monthly	Susan Devlin
% of Looked After Accommodated Children with 3 or more placements in the current care episode	SC&W Committee (SPI 2)	Annual	Susan Devlin

	Children's Sub Committee	6 monthly	
% of looked after young people and families at risk supported to stay together or in their own community	SC&W Committee (SPI 2) Children's Sub Committee	Annual 6 monthly	Susan Devlin
The numbers of persistent young offenders	Children's Sub Committee	6 monthly	Susan Devlin
Number of additional foster carers and adopters recruited over 6 month period	Children's Sub Committee	6 monthly	Susan Devlin
Number and % of Looked After Children who are looked after: a) At Home b) In foster care (total and split by in Aberdeen City and outwith the City) c) With prospective adopters d) In residential units e) In residential schools f) In secure accommodation g) In Link Carer placements h) Other	Children's Sub Committee	Quarterly	Susan Devlin

Respite Care a) Total overnight respite nights provided relating to children in total b) Number and % of overnight respite nights in a care home, at home and other c) Total hours of daytime respite provided to children in total d) Number and % of daytime respite hours provided in a care home, in a day care centre, at home or other	SC&W Committee (Concordat Commitment)	Annual	Susan Devlin
--	--	--------	--------------

Managing the Workforce

Service Wide Indicators

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
Average number of days lost through sickness absence	SC&W Committee	Quarterly	Fred McBride
Score for compliance with Health & Safety Matrix	SC&W Committee	Quarterly	Fred McBride
Number and % eligible staff appraised in the past year and of those appraised, % with a PDP	SC&W Committee	Quarterly	Fred McBride
% of identified senior staff who have undergone training in priority areas	SC&W Committee	Quarterly	Fred McBride
Use of agency staff	SC&W Committee	Monthly	Fred McBride
% of care staff with appropriate qualifications for the level of post held working in council residential homes for older people	Adults Sub Committee	Annually	Liz Taylor
% of care staff with appropriate qualifications for the level of post held working in council residential homes for other adults	Adults Sub Committee	Annually	Tom Cowan
% of care staff with appropriate qualifications for the level of post held working in council residential homes for children	Children's Sub Committee	Annually	Susan Devlin

The Personalisation of Services and Implementing our Joint Commissioning Strategy

Service Wide Indicators

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
Number of people receiving self directed care	SC&W Committee	Quarterly	Tom Cowan
Number of formal complaints acknowledged within 5 day timescale	SC&W Committee	Quarterly	Fred McBride
Number of formal complaints responded to within 28 day timescale	SC&W Committee	Quarterly	Fred McBride
Number of enquiries acknowledged within 5 day timescale	SC&W Committee	Quarterly	Fred McBride
Number of enquiries responded to within 15 day timescale	SC&W Committee	Quarterly	Fred McBride
Number of freedom of information requests responded to within timescales	SC&W Committee	Quarterly	Fred McBride
% of clients who agree they have satisfying things to do	Adults Sub Committee	Annual	Liz Taylor Tom Cowan
% of clients who agree that they have good social contacts	Adults Sub Committee	Annual	Liz Taylor Tom Cowan
% of clients agreeing that they have support that is flexible and puts them in control	Adults Sub Committee	Annual	Liz Taylor Tom Cowan
% of palliative clients with their palliative and end of life care needs identified, assessed and planned with families and carers	Adults Sub Committee	Annual	Liz Taylor Tom Cowan
% of ACC clients who feel safer because of the Community Care Services they receive	Adults Sub Committee	Annual	Liz Taylor Tom Cowan

Number of people referred to employment services	Adults Sub Committee	Annual	Liz Taylor Tom Cowan
% of young people leaving care who have a pathway plan	Children's Sub Committee	6 monthly	Susan Devlin

Improving the Use of Resources

Adults and Older People and Rehabilitation Services

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
Community Care Services: the number and % of people for whom the target for assessment was met (total and broken down by service)	Adults Sub Committee	Quarterly	Tom Cowan Liz Taylor
Community Care Services: the number and % of people for whom the target for delivery of service was met (total and broken down by service)	Adults Sub Committee	Quarterly	Tom Cowan Liz Taylor
Community Care Services: % of service users with a service package that has been reviewed within the last 12 months (total and broken down by service)	Adults Sub Committee	Quarterly	Tom Cowan Liz Taylor
Number of people waiting for an occupational therapy assessment: a) Less than 28 days b) 1 to 3 months c) 3 to 6 months d) 6 to 12 months e) More than 12 months	Adults Sub Committee	Quarterly	Liz Taylor
Number of new care packages approved and number of care packages closed in period (total and broken down by service)	Adults Sub Committee	Quarterly	Tom Cowan Liz Taylor
Every person under the guardianship of the local authority will have a supervising officer	Adults Sub Committee	Quarterly	Tom Cowan Liz Taylor

Number of people subject to orders under the MHA	Adults Sub Committee	Annual	Tom Cowan
Number of people using Mental Health employment service and people moving into employment, meaningful activity or other learning environments	Adults Sub Committee	Annual	Tom Cowan

Children's Services

Performance Indicator	Reporting to	Reporting Frequency	Responsible Officer
The number of social background reports submitted to the reporter during the year	Children's Sub Committee	Quarterly	Susan Devlin
The number of new supervision requirements made during the year	Children's Sub Committee	Quarterly	Susan Devlin
The proportion of children seen by a supervising officer within 15 days	Children's Sub Committee	Quarterly	Susan Devlin
Number and % of children with an allocated social worker	Children's Sub Committee	Quarterly	Susan Devlin
Number and % of Children on the CPR with an allocated social worker	Children's Sub Committee	Quarterly	Susan Devlin
The number of children we support with one or more parent with a substance misuse problem	Children's Sub Committee	Quarterly	Susan Devlin
Number and % of Children who are LAAC with an allocated social worker	Children's Sub Committee	Quarterly	Susan Devlin
Number and % of Children who are LAC with an allocated social worker	Children's Sub Committee	Quarterly	Susan Devlin

This page is intentionally left blank

ABERDEEN CITY COUNCIL

COMMITTEE Social Care and Wellbeing DATE 3rd June 2010
DIRECTOR Fred McBride
TITLE OF REPORT Risk Register Progress Update
REPORT NUMBER SCW/10/064

1 PURPOSE OF REPORT

The purpose of this report is to present to members of the committee the first Social Care and Wellbeing Risk Register.

2 RECOMMENDATION(S)

It is recommended that Committee:

- 2.1 Notes progress to date in relation to the formation of the service Risk Register.
- 2.2 Agrees that the Social Care and Wellbeing Risk Register is a fair statement of the significant risks within the service. (Attached as an appendix to this report).
- 2.3 Agrees the reporting and review periods.
- 2.4 Instructs the Director to take as much remedial action as necessary to mitigate the identified risks.

3 FINANCIAL IMPLICATIONS

There are no specific financial implications arising from this report.

4 SERVICE & COMMUNITY IMPACT

There are no specific service or community issues arising from this report.

5 OTHER IMPLICATIONS

There will be a staffing resource required to act as a nominated Risk Representative allocated to the Risk Management process, to assist with the review, monitoring and development of the Social Care and Wellbeing Risk Register. The Risk Management service representative will be

Graham Hossack, Operational Support Manager with Heads of Service within each of the services acting as the Risk Champions.

6 REPORT

6.1 Progress to date

6.1.1 The first Social Care and Wellbeing Service Risk Register has been coordinated over the past 4 months by a dedicated resource with significant progress made to date. The task has been carried out in conjunction with relevant colleagues, including consulting with those relevant staff and assigned Lead Officers.

6.1.2 Specialist advice, guidance and support throughout this process has been provided by the Corporate Risk Management Coordinator in conjunction with the councils Risk Management Manual and Strategy.

6.1.3 On the 6th of April 2010 the Social Care and Wellbeing Senior Management Team approved the attached Risk Register.

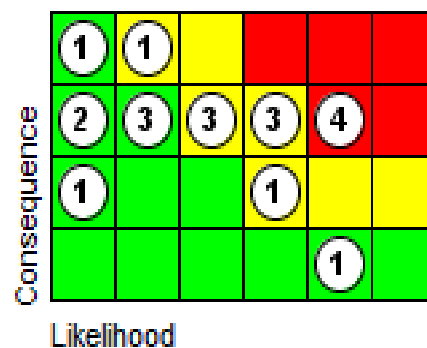
6.2 Service Risk Register

6.2.1 The Social Care and Wellbeing Risk Register combines all three services within the directorate (Children's, Adults, Older People and Rehabilitation) with a total of 20 identified Risk's.

6.2.2 The council's performance management system (Covalent) is being used for the recording and reporting of the Risk Register and appendix 1 provides full details of the current version.

6.2.3 The current breakdown of Risks by their scoring is detailed below:

Total Risks	Scoring	Colour/Shading Key
8	Green	
8	Amber	
4	Red	



6.3 Review and Reporting Periods

6.3.1 The Director for Social Care and Wellbeing will report to the Social Care and Wellbeing Committee every four months (every second committee) providing a review and update of the Social Care and Wellbeing Risk Register.

6.3.2 The standard corporate approach is to review red risks every quarter, amber every six months and green on an annual basis. Therefore the review process for this is as follows:

- March – Review Red Risks only
- June – Review Red and Amber Risks
- September – Review Red Risks only
- December – Full review of all Risks, with Register signed off by the Senior Management Team prior to submission to the Social Care and Wellbeing Committee.

7 REPORT AUTHOR DETAILS

Fred McBride
Director of Social Care and Wellbeing
fmcbride@aberdeencity.gov.uk
Telephone: (01224) 523797

8 BACKGROUND PAPERS

Appendix 1 – Covalent Report, Social Care and Wellbeing Risk Register

This page is intentionally left blank

Social Care and Wellbeing Risk Quarterly Report

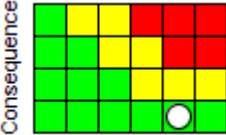
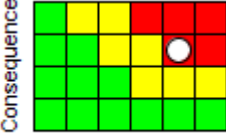
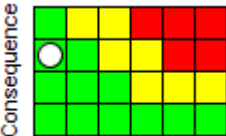
Report Author: John Maule
Generated on: 29 April 2010



Page 101

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC01	Failure to maintain an adequate staffing resource	<p>Insufficient resources to recruit and retain appropriately trained and skilled staff.</p> <p>Unable to fill vacancies due to procedural delay's and budget pressures including absence sickness levels.</p> <p>EP&M appeal outcomes.</p> <p>No appropriate levels of support staff to meet support service needs.</p>	<p>Not enough staff or appropriately trained staff to meet statutory obligations.</p> <p>Unable to meet the needs of service users.</p> <p>Possible damage to reputation for Aberdeen as a city for social work and caring professionals to come and work as well as contributing to the diminishing resource of professionals at national level.</p> <p>Wrong skills mix of support staff, inability to focus or direct appropriately trained staff accordingly.</p> <p>Expensive agency costs, affecting the budget.</p> <p>Individuals at risk of misrepresentation.</p>	<p>Safer recruitment policy. Workforce plan.</p> <p>Vacancy management overview.</p> <p>Flexible working policy. CPD opportunities for staff, access to development and training courses.</p> <p>To market Aberdeen as an attractive place to both live and work for Social Work and caring professionals.</p> <p>Redesign role of support staff within social care and wellbeing.</p> <p>Audit skills base, identify needs of the service, linking with staff's skills available and potential training needs to fill in any skills and gaps in tasks required.</p>	<p>Consequence</p> <p>Likelihood</p>	8	<p>Implement the workforce plan.</p> <p>Close monitoring of workload.</p> <p>Analysing the business environment to predict changes.</p> <p>Possibility to offer incentives to Social Work professionals to come to live and work in Aberdeen as an expensive place to live and work.</p> <p>To work with corporate services internally to complete the Support Staff Review.</p>	<p>No major disruption to service.</p> <p>Motivated and valued workforce.</p> <p>Feedback from staff on achievements / success / and corporately on lessons learned from support staff review.</p> <p>Staff morale increased.</p> <p>Less sickness absence.</p>	Graham Hossack	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC02	Failure to consult with internal/external partners and stakeholders	No protocols governing partner relationships. Unclear profile of need. Unwillingness of partners to accept improvement agenda. Protecting in-house provision when budgets are cut.	No joint working / planning / commissioning. Joint working opportunities not maximised. Reputational damage. Lack of cooperation and buy in from partners.	Community engagement strategy. Commissioning strategy. Community planning groups. Joint planning groups. Service user consultation. Staff briefings. The vision statement. Ensure correct and appropriate identification of internal and external partners.		6	Develop the partnership agreement with CHP/NHSG. Implement SLAs with external and internal partners. Implement timetable of regular meetings / communication and method.	Effective communication and ongoing development of good working relationships through joint working / planning / commissioning - no barriers, blockages.	Fred McBride	29 Apr 2010
SC03	Failure to meet unexpected increase in demand for social care and wellbeing services	Failure to provide resources to manage the variable demand in relation to Pandemic Flu / major incident / high profile cases.	Reputational damage. Escalation of disaster. Unable to respond effectively. Public awareness heightened / changed through high profile cases.	Emergency planning strategy. Business continuity plans. Emergency response plan.		6	Quarterly audit and review of business continuity plans. Identify service - emergency planning contact tbc.	Ability to respond effectively in an emergency situation.	Tom Cowan; Susan Devlin; Fred McBride; Liz Taylor	29 Apr 2010
SC04	Failure to meet unexpected increase in demand for social care and wellbeing services	Balancing the demand for need against the available budget. Inability to manage balanced budget. No regular monitoring of service expenditure / budget. Insufficient governance. Lack of budget setting process. Poor systems.	Overspend in budget. Poor understanding of financial position. Reputational damage. Unable to maintain service expectations. Outside intervention.	Ensure robust budget monitoring and budget saving reports. All appropriate staff with an understanding of the Collaborative Planning (CP) system. Service wide use of PECOS. Ensuring appropriate authorisation levels in place.		3	Ensure all budget holders have training and support in the use of CP/PECOS/Covalent. Monthly monitoring reports/savings updates with the use of PM system - Covalent. SCMT to receive monthly budget position for review.	Deliver service within budget.	Fred McBride	29 Apr 2010

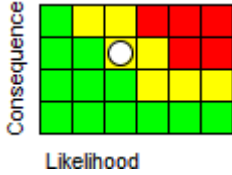
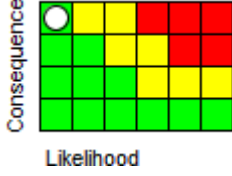
No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC05	Failure to meet FOI requests	Inappropriate and inadequate management of FOI requests.	Unable to meet statutory obligation. Potential damage to reputation for non issue of public information.	Dedicated Freedom Of Information officers. Robust recording systems. Keep appropriate staff up to date with legislation requirements / changes.	 <p>Consequence</p> <p>Likelihood</p>	5	Continuation of Freedom of Information officers dedicated to the collection and dissemination of appropriate information. Make staff aware of what information is appropriate to ensure clients / public advised accordingly.	All requests dealt with appropriately, effectively and efficiently.	Graham Hossack	29 Apr 2010
SC06	Failure to carry out appropriate background checks on relevant staff	Failure to carry out appropriate recruitment checks. No systems in place for place for checking references, continuity of life/work history and renewal dates.	Danger to the public. Reputational damage. Unattractive to potential professionals. Attractive to those with forged backgrounds including those with no right to work in the UK.	Comply with SSSC Registration database. Staff registration database covering all appropriate professional bodies. The safer recruitment policy. Recruitment staff trained.	 <p>Consequence</p> <p>Likelihood</p>	15	Ensure staff registration database is robust and kept up to date. Effective use of monthly information from SSSC. The recruitment checklist to include a sign off reminder to check registrations are current at interview.	Where appropriate all staff have current registration documents.	Graham Hossack	29 Apr 2010
SC07	Failure to carry out appropriate background checks on relevant staff	Failure to carry out disclosure Scotland checks where appropriate on relevant staff	Danger to the public. Reputational damage. Unattractive to potential professionals. Attractive to those with forged backgrounds including those with no right to work in the UK.	Identify appropriate posts where disclosure checks applicable. The safer recruitment policy. No appointments to be confirmed until satisfactory disclosure check completed.	 <p>Consequence</p> <p>Likelihood</p>	3	Ensure disclosure Scotland check is included in the sign off recruitment checklist. Ensure robust monitoring and review / update of checks being completed.	All appropriate staff have current disclosure Scotland checks and documentation in place.	Graham Hossack	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC08	Protection of staff	Non compliance with the Health and Safety law and regulations. Failure to identify requirements / resources. Inadequate training. Staff in fear of intimidation. Safety of staff compromised due to need to intervene with those in need. Increased lone working and out of hours working arrangements. Lack of information sharing. Unable to implement management of absence of staff at work.	Personal injury / death / assault. Staff vulnerable and at threat of abuse / intimidation / personal threats / absence. Legal claims by staff. Reputation damaged. Difficult to retain staff. Fined and prosecuted under health and safety legislation.	Risk assessment policy. Lone working policy. Incident reporting policy / procedure. SCIP training. Manual handling training / policy. Dealing with violence / abuse training. Issue staff with mobile phones. Warning marker in client records. Staff supervision policy. Employee assistance programme. Health and safety policy / procedure.		12	Quarterly health and safety meetings. Ongoing rolling programme of training - SCIP, manual handling, dealing with violence / abuse. Evidence of staff attendance at appropriate training. Include absence management reporting, annual appraisal, and 1-1's in quarterly performance management reports, including raising awareness of reporting incidents. Risk Assessments of posts.	Reducing staff absence. Retaining staff. Reducing the number of reported incidents. Improved reporting to corporate health and safety committee.	Fred McBride	29 Apr 2010
SC09	Failure to protect those in need	Failure to meet statutory obligations. Failure to investigate appropriately. Lack of appropriate staff skills. Lack of information sharing. Not working with partners. No robust policies and procedures. Lack of public awareness. Accessibility of services.	Reputation. Potential litigation. Danger to the public including not recognising potential danger / hazard to public. Deaths.	Child protection procedures. Adult protection procedures. Child protection committee. Staff training. Council officers (adults). Appropriate adults scheme. Risk assessment procedures. Children's messaging. Information sharing protocols.		8	Comply with statutory obligations including meeting any further recommendations set. Ensure robust policies and procedures in place to enable appropriate access to information held including effective partnerships (internal / external). Making public aware of services and how to contact.	Swift access to those in need, or ability to investigate effectively without delay.	Fred McBride	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC10	Failure to adhere to Inspection recommendations / findings (SWIA, HMIE, Scottish Commission of the Regulation of Care)	Lack of prioritisation of actions. Failure to meet deadlines and implement good practice.	Potential loss of income. Failure to provide an effective service. Damage to reputation. Regulatory criticism.	Regular management meetings to discuss inspection findings, recommendations, issues and progress. Maintain good effective working relationships with regulatory bodies.		6	Implement action plans from HMIE, SWIA, Care Commission. Regular monitor and review of the actions and progress to date including highlighting any issues / blockages for completion.	All recommendations completed on time.	Fred McBride	29 Apr 2010
SC11	Failure to respond to complaints	Ineffective use of system for complaints. Policy and procedure not robust.	Unable to meet statutory obligation in relation to the ombudsman. Damage to reputation including to clients service delivery and the clients right to complain.	Complaint procedure and policy. Dedicated staff.		12	Implement the complaint procedure and policy for social care and wellbeing service. Raise staff awareness of the procedure and policy. Ensure dedicated staff in place to deal with and monitor complaints effectively in accordance with timescales.	Reduce the number of complaints. All complaints dealt with appropriately and effectively in accordance with relevant timescales.	Tom Cowan; Susan Devlin; Liz Taylor	29 Apr 2010
SC12	Failure to keep / maintain / store accurate client records / information	Inappropriate use of information and records including systems used.	Possible litigation. Damage to reputation. Breach of law in relation to Data Protection Act.	Full compliance with the Data Protection Act. Robust systems and training in place for staff, including internal procedures and policies on the collection and dissemination of information / records.		12	Continue to adhere to the Data Protection Act and internal policies and procedures on data / information / confidentiality policy and procedure. Continue with systems developed to maintain and record information and provide authorisation to appropriate staff, and appropriate training.	Effective collection and use of appropriate data.	Tom Cowan; Susan Devlin; Liz Taylor	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC13	Failure to identify potential clients (referral processes ease of access to services)	Complex and lengthy referral processes. Public or those in need unable to easily get in touch and access services.	Members of the public at danger of risk, abuse, health issues and possible death.	Appropriate advertising methods to reach all clients on services available. Referral process robust but not unduly complex.	<p>Consequence</p> <p>Likelihood</p>	15	Finalise Social Care and Wellbeing leaflet. Monitor and review effectiveness of Community Engagement Strategy. Strengthen internal and external partnerships and relations through integrated joint working with e.g. Health partners.	Increase in referrals.	Tom Cowan; Susan Devlin; Liz Taylor	29 Apr 2010
SC14	Failure to report on Statutory Performance Indicators and meet Performance Management targets	Underdeveloped and poor systems. Lack of knowledge, service planning and no targets set.	Unable to meet statutory requirements. Damage to reputation and possible regulatory criticism. Inability to measure performance and benchmark against other Local Authorities.	Adhere to guidance provided by Audit Scotland. Implement set of performance measures against Statutory Performance Indicators and Benchmarking facility with a robust system for reporting. Continual ongoing approach to service planning.	<p>Consequence</p> <p>Likelihood</p>	2	Implement the social care and wellbeing service plan for 2010-2013. Review the service plan yearly. Set targets in conjunction with Audit Scotland guidance and provide documentation to relevant committees for scrutiny.	Robust set of Performance Management figures and targets reported to aid service delivery / improvements.	Tom Cowan; Susan Devlin; Fred McBride; Liz Taylor	29 Apr 2010
SC15	Failure to report and record unmet need	No effective and appropriate system in place to capture information. Budget constraints on type available. Lack of product knowledge and training to staff.	Unable to meet statutory obligation for recording and reporting unmet need. Loss of reputation through regulator / internal audit criticism. Risk to the wellbeing of individuals.	Record unmet need through assessment. Effective database for recording and appropriate reporting to the Senior Management Team where applicable. Commissioning Strategy.	<p>Consequence</p> <p>Likelihood</p>	15	Formalise recording and reporting of unmet need. Link to Commissioning Strategy and Community Engagement Strategy. Develop relationships with internal partners e.g.. Community Planning and Housing.	Enabling provision of targeted services meeting the needs of service users in line with budget constraints.	Tom Cowan; Susan Devlin; Fred McBride; Liz Taylor	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC16	Failure to implement national strategies, policies including new legislation on both a local and national level	Lack of guidance on legal and legislative changes.	Unable to meet statutory requirements. Damage to reputation and possible regulatory criticism.	Service Planning to include implementation of national strategies, policies and legislation. Raise staff awareness and training. Inspection by regulator.	<p>Consequence</p> <p>Likelihood</p>	9	Complete review of training programme. Redesign Social Care and Wellbeing site on the zone in conjunction with our internal corporate services. Providing easily accessible information keeping staff up to date with national strategies and policies. Training records reviewed on an ongoing basis.	Inspection Reports by Regulator. Well informed, consulted and appropriately trained staff. Continual development of staff.	Fred McBride	29 Apr 2010
SC17	Inadequate policies and procedures to govern service delivery	No clear guidelines, or procedures in place for the set up and ongoing review of policies and procedures.	Staff unable to perform duties. Inconsistent approach resulting in unfair approach to clients. Public liability, possible litigation and possible regulatory criticism.	Policy and procedural guidance in the creation and review of policies and procedures. Standard approach providing consistency to both staff and service users which is readily available and easily accessible.	<p>Consequence</p> <p>Likelihood</p>	15	Agree and implement policy and procedure guidance, in line with corporate internal services / guidance. Train staff accordingly in this approach. Identified as an area of priority.	Clear, easy to read and understand set of policies and procedures which are available to all.	Tom Cowan; Susan Devlin; Graham Hossack; Fred McBride; Liz Taylor	29 Apr 2010
SC18	Emergency Planning 1	IT System failure due to disaster external or internal incapacitated by fire, flood etc.	Potential of disruption to service delivery. Availability of information to staff / professionals and impact on clients and service users due to reliance on IT and electronic recording.	Business Continuity Plan / Disaster Recovery Plan	<p>Consequence</p> <p>Likelihood</p>	9	Review existing practices for social care and wellbeing business continuity plans. Ensure all appropriate staff aware of the procedures and appropriate contacts within IT.	Business as usual through any system failure.	Tom Cowan; Susan Devlin; Graham Hossack; Liz Taylor	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
SC19	Emergency Planning 2	Ineffective business continuity planning.	Potential of disruption to service delivery. Availability of information to staff / professionals and impact on clients and service users.	Business Continuity Plan / Disaster Recovery Plan		9	Review existing practices for social care and wellbeing business continuity plans. Ensure staff are aware of the procedures and the appropriate contacts within the service. Appoint an individual to link with the Emergency Planning Officer.	Ability to put in place appropriate measures within minimal disruption to service delivery.	Tom Cowan; Susan Devlin; Graham Hossack; Liz Taylor	29 Apr 2010
SC20	Failure to meet requirements as outlined in Management of Offenders Act (Scotland) 2005 and associated MAPPA Guidance	Lack of awareness among staff. Lack of procedures. Failure to identify relevant cases to which guidance applies. Poor communication with and between agencies.	Failure to meet national standards for supervision of offenders. Risk Management plans not implemented. Increased risk of re-offending and serious harm.	All CJSW staff have input on MAPPA as part of induction. MAPPA co-ordinator has rolling programme of awareness raising sessions across all agencies. CJSW has established month on month quality assurance framework that includes a sample of MAPPA cases. All level 2 cases reviewed 12 weekly (with 4 weekly core groups). Detailed minutes / risk management plans circulated to all relevant agencies with actions. Risk Management Co-ordinator attends (chairs) Multi-Agency Operational Group - bi monthly meetings. Head of Service attends NJCA Multi-Agency Strategic Group - quarterly meetings. Each level 2 review actively and consider whether the case raises any strategic issues.		4	Maintain existing measures. Risk Management Co-ordinator to review / update local guidance for CJSW staff in April 2010. Strategic group to agree action plan from SWIA/HMIC/HMIP. Joint thematic inspection of "High Risk of Harm" offenders.	Quarterly Quality Assurance Report - PIs include timescales of meetings, key attendance etc. CJSW monthly Quarterly Assurance reports to Improvement Board.	Fred McBride; Mark Simpson	29 Apr 2010

No.	Risk Description	Causes/Scope	Potential Consequences of Risk	Risk Control Measures	Risk Matrix	Risk Score	Action Now Proposed	Critical Success Factors	Assigned To	Date of Last Review
				<p>MAPPA co-ordinator produces quarterly Quality Assurance reports reviewed by both groups. Risk Management Co-ordinator maintains a secure list of all MAPPA cases - cross checked with police monthly. CJSW Risk Assessments input on VISOR by MAPPA admin team. Mechanism in place for any agency to submit a "change in risk" notification which in turn would trigger a review. Dedicated SOLO in place for housing liaison. Aberdeen City C&FSW Team Manager is standing regular member of operation group.</p>						

This page is intentionally left blank

ABERDEEN CITY COUNCIL

COMMITTEE: Social Care and Wellbeing DATE 3 June 2010

CORPORATE DIRECTOR: Fred McBride

TITLE OF REPORT: Kinship Care Strategy

REPORT NUMBER: SCW/10/014

1. PURPOSE OF REPORT

- 1.1 This paper outlines the proposed Kinship Care Strategy for Aberdeen City Council. It should be read in conjunction with the paper presented to the Policy and Strategy Committee in March 2009.

2. RECOMMENDATION(S)

It is recommended Committee agree

- 2.1 The establishment of a Kinship Team to:
- Assess and review kinship carers
 - Provide continuing support and guidance in accordance with the Looked After Children (Scotland) Regulations 2009 and National Care Standards.
 - Agree the new staffing implications as outlined in para 6.2.6.
- 2.2 That a Kinship Panel be established to consider the approval of kinship carers.

3. FINANCIAL IMPLICATIONS

- 3.1 To establish a Kinship Team to ensure a quality of service delivery that meets legislative and National Care Standards will have annual staffing costs of £189,764.
- 3.2 To help deliver on these expectations the Scottish Government, as part of the Concordat, allocated additional and recurring monies in the grant settlement to Local Authorities. This amounted to £12 million over 3 years.
- 3.3 While welcomed this money, on its own, will not cover the costs of delivering on the costs of an increased allowance to Kinship Carers. Anticipated costs of such an allowance would exceed £900,000 based on current figures. Given the current financial circumstances faced by local authorities delivering this commitment is a significant challenge.

- 3.4 The Kinship team will review and assess all existing carers to determine the suitability of them being approved as Kinship Carers. This exercise will allow an accurate calculation of the costs associated with delivering an allowance to kinship carers equivalent to that paid to foster carers.
- 3.5 The outcome of this review will be reported to a subsequent committee along with an options appraisal to discharge duties in this regard.
- 3.6 In response to these challenges discussions have been initiated with CoSLA and the Scottish Government on this issue.
- 3.7 These highlight that the current rate paid to kinship carers is 40% of the level of allowance paid to foster carers.

4. SERVICE & COMMUNITY IMPACT

- 4.1 This report promotes the caring of children within their families and takes full account of the Council's policies, procedures and functions on the diverse groups within Aberdeen City.

5. OTHER IMPLICATIONS

- 5.1 Appropriate accommodation needs to be identified for the Kinship Team along with the necessary ICT equipment. Accommodation will be identified within an existing establishment. The team will be part of the 'Alternative Family Care' theme of Children's Services.

6. REPORT

6.1 Background

- 6.1.1 The need to develop a Kinship Carer Strategy was agreed by the Policy and Strategy Committee in March 2009. This agreement came in recognition of the commitment contained within the concordat signed between the Scottish Government and local authorities in 2007, to pay kinship carers an "equivalent allowance" to those paid to foster carers.
- 6.1.2 There was recognition that the payment of an allowance was in itself insufficient and that alongside this a Kinship Care Strategy should be developed to set out systems for assessment, approval and support of Kinship carers to care for extended family members as an alternative to other care settings.
- 6.1.3 The Looked After Children (Scotland) Regulations 2009, imposed new and additional statutory duties on local authorities in respect of children placed in kinship placements and towards Kinship carers.
- 6.1.4 It is proposed a Kinship Team be established. This team will
 - Implement the statutory duties.
 - Undertake all new assessments of Kinship carers in accordance with the statutory requirements.

- Re-assess all existing relative carers in accordance with the new regulations and National Standards
 - Provide support to Kinship Carers both on an individual basis and by developing and building community networks for Kinship Carers.
- 6.1.5 The development of this frontline service will enable Aberdeen City Council to better able support children to remain within their families and communities. Outcomes for children placed in these type of arrangements are generally better than for children living in other care settings. These outcomes include:
- Increased stability
 - Better educational attainment and achievement
 - Strong sense of identity
 - Better family relationships
 - Increased social supports
- 6.1.6 Aberdeen City Council agreed an investment of £300,000 in February 2010 to progress arrangements for Kinship Care.
- 6.1.7 At present it is not known how many of our existing kinship carers would want to be formally approved as such. While it is expected that increased financial support may be an attraction, for some people the expectation that they comply with the Statutory Regulations and National Care Standards may be off putting. As an alternative they may chose to continue to care for the child and access benefits through the Benefits Agency. (Citizens Advice Scotland is well placed to assist families who opt to pursue this option.)

6.2 Kinship Care Team

- 6.2.1 As above the Kinship team will in the first instance, re-assess all existing carers to determine their suitability to be formally approved, including willingness to comply with the National Care Standards as well as Aberdeen City Council's practice expectations.
- 6.2.2 This exercise will enable a more accurate calculation of the financial implications of implementing this government's expectations. Establishing a Kinship Team is in acknowledgement of both the professional and statutory duties associated with the assessment, as well as the support needs of Kinship Carers.
- 6.2.3 The numbers of children living in Kinship arrangements continue to increase along with other groups of looked after children. There has been an 8% rise in this figure over the months February 2009 (139), August 2009 (141).

6.2.4 The team establishment proposed is

Team Manager	1 FTE
Qualified Social Workers	3
Family Resource Workers	3
Administrative Assistant	1.5 FTE

The above establishment is based on caseload numbers recommended nationally by ADSW.

6.2.5 In view of the fact that some of the work the team will undertake is already being carried out by staff across the service it is anticipated that some staff will be recruited to the team from existing resources.

6.2.6 Many of the duties, however, are new and to enable service delivery in line with National Standards and statutory requirements additional resources are required.

6.2.7 The additional resources required are

Post Title	Number of Posts	Cost
Qualified Social Workers	2	£85,853
Family Resource Workers	2	£65,661
Administrative Assistant	1.5	£38,250
	Total Staff Costs	£189,764

We will realign the funding of the Team Manager (1FTE), 1 QSW (1FTE) and Family Resource Worker (1FTE) from existing resources.

6.3 Kinship Panel

6.3.1 The Scottish Government guidance highlights the need for local authorities to identify a process for approving Kinship Carers. While comparisons could be drawn with the approval process for foster carers, it is important to acknowledge there are distinct differences between foster carers and kinship carers.

6.3.2 It is proposed to establish a Kinship care panel to consider the assessments of prospective Kinship Carers.

6.3.3 Recommendations from the Panel will be sent to a Senior Manager in Social Care and Wellbeing Service.

6.3.4 This process allows for a robust and independent approval process. It will provide scrutiny of assessments as well as openness and transparency to the decision making process.

6.3.5 Part of the duties of the Support Assistant post will be to minute the Kinship Panel. This task is also governed by statutory regulations and has strict timescales.

7 REPORT AUTHOR DETAILS
Graeme Simpson - Children's Services Manager
gsimpson@aberdeencity.gov.uk
01224 523496

8 BACKGROUND PAPERS

Looked After Children (Scotland) Regulations 2009

Appendix 1

2010/11 **LINK CARERS ALLOWANCE - PER WEEK**

0 – 4	£48.32
5 – 10	£59.97
11 – 15	£74.65
16 – 18	£96.65

2010/11 **FOSTER ALLOWANCE RATES - PER WEEK**

0 - 4	£ 125.09
5 - 10	£ 142.49
11 - 15	£ 177.38
16 - 18	£ 215.74

ABERDEEN CITY COUNCIL

COMMITTEE Social Care and Wellbeing DATE 3 June 2010

DIRECTOR Fred McBride

TITLE OF REPORT Accommodation Support for Offenders

REPORT NUMBER SCW/10/062

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise members both of the current issues in respect of Aberdeen City Council's provision of supported accommodation for offenders and of the proposal for a new means of delivering accommodation support by a community based service, which will be developed in line with best practice and best value

2. RECOMMENDATIONS

It is recommended that:

- 2.1 Members approve the recommendation to close St Fitticks House and to discontinue the Sacro service within the financial year 2010/11.
- 2.2 Members approve the phased development of a community based service in the financial year 2010/11 to support offenders to obtain and sustain appropriate accommodation. This will enable the continued provision of an effective service within budgetary constraints and will link in with the objectives of the Council's Homelessness Strategy in terms of preventing homelessness.
- 2.3 Members instruct officers to continue to liaise with Housing and Environment colleagues to ensure that the accommodation needs of offenders and ex-offenders are fully considered in service planning.
- 2.4 Members instruct officers to communicate their decisions to the Northern Community Justice Authority.

3. FINANCIAL IMPLICATIONS

- 3.1 The 2010/11 ACC Criminal Justice Social Work budget for supported accommodation services for offenders is **£318,422**.

This is based on £373,285 Section 27 Grant funding for 2010/11 from the Northern Community Justice Authority (NCJA) minus 8% management fee of £2,986, minus £25,000, which is the estimated 10% contribution towards Intensive Support and Monitoring (ISM) packages for the 'critical few' very high risk offenders. It is anticipated that the £94,000 income from what was previously "Supporting People" will no longer be available.

- 3.2 The present levels of funding is insufficient to continue to maintain the service as it is currently delivered. Despite the fact that St Fitticks House residents are in receipt of Housing Benefit, there is still a significant shortfall in income.
- 3.3 Moreover, the Section 27 funding for 2011/12 will be further reduced to £292,288, which equates to an available budget of £243,905 in real terms
- 3.4 In 2009/10 total income was £733,343 (aforementioned Grant plus Housing benefit), whilst expenditure was £867,151 (St Fitticks £626,434, Sacro £199,375, contribution to ISM £5,000 and 8% management fee £36,342), resulting in a present year deficit of £133,808.
- 3.5 Given the aforementioned reduction in Grant funding in 2011/12, this deficit will significantly increase. There is no other funding source to meet this deficit.
- 3.6 Potential redundancy or voluntary severance costs have been estimated at £140,000, based on salary details as at March 2010.

4. SERVICE & COMMUNITY IMPACT

- 4.1 In addition to the financial impact upon the council's resources, it is increasingly recognised that it is not for Criminal Justice Social Work to provide accommodation. Existing services do not provide best value, as they accommodate only a proportion of those referred, and do not routinely meet the needs of the highest risk and most vulnerable offenders requiring supported accommodation services. Consequently, a new service model to support the accommodation needs of offenders requires to be developed.
- 4.2 A Criminal Justice Accommodation Review Group was established, comprising representation from HMP Aberdeen, Housing, Sacro, St Fitticks and Shelter. This group examined options in relation to alternative models. A summary of the options appraisal findings is attached in Appendix 1
- 4.3 Based on the findings of this Review Group it is proposed that St Fitticks House be closed and the current Sacro Supported Accommodation service be discontinued. In its place it is proposed that an in-house community based Criminal Justice Supporting Accommodation Team (CJSAT) be developed. It is anticipated that this team would comprise a

Team Leader plus approximately 4 support workers, who would support offenders to access and maintain mainstream accommodation.

- 4.4 The benefits of this team would be that it would provide a service to a greater number of offenders than with the present residential model; enable Criminal Justice Social Work Services to target resources more effectively in line with risk and need and, as a consequence, improve community safety; improve the social inclusion of offenders and ex-offenders; enhance the delivery of Community Payback Orders and deliver on ACC's preventing homelessness agenda and demonstrate best value.
- 4.5 This approach is in line with the Northern Community Justice Authority's principles that offenders' accommodation should be provided by mainstream services, while CJ social work services provide supervision and support in the community.
- 4.6 The closure of St Fitticks House and the discontinuation of the present Sacro Supported Accommodation Service means that offenders who would otherwise have been referred to these services will access mainstream housing services at an earlier stage. There may therefore be implications for Housing services. However the majority of St Fitticks residents are ultimately accommodated through the homeless route. It is therefore anticipated that the major impact will be an earlier presentation to the homelessness service by offenders who may otherwise have been accommodated at St Fitticks in the interim.
- 4.7 The new CJSAT will liaise closely with housing colleagues to ensure that the optimum nature and level of support is provided. This service will be more responsive and available to a greater number of offenders.
- 4.8 In addition to accommodation support, workers within the reconfigured team will help individuals to identify and put in place the changes required to reduce offending in the longer term. St Fitticks House staff have significant experience in working with offenders over the years and the new service will build on this knowledge of best practice and "what works".

5. OTHER IMPLICATIONS

- 5.1 Personnel: The recommendation to close St Fittick's House will potentially be very stressful for employees who will have to undergo redeployment, or possibly redundancy. This will be managed as sensitively as possible in line with corporate policies and procedures, with VS/ER an option

6. REPORT

- 6.1 A full option appraisal has been carried out as part of Review of Supported Accommodation and is attached as Appendix 1.

7. REPORT AUTHOR DETAILS

Sally M Wilkins
Planning and Development Manager by then
sawilkins@aberdeencity.gov.uk
01224 522860

Lesley Simpson
Team Manager
Criminal Justice Social Work
lsimpson@aberdeencity.gov.uk
01224 765000

8. BACKGROUND PAPERS

21st Century Social Work Review: Changing Lives
Social Work (Scotland) Act 1968

Appendix 1

Aberdeen City Council

Review of Supported Accommodation for Offenders

Introduction

In April 2008 a working group was established to carry out a Rapid Review of Supported Accommodation for Offenders. Immediate issues were identified relating to funding, as the supported accommodation budget was overcommitted. This was not a new situation. Overspends in this part of the service had historically been met from within the NCJA or Aberdeen City Council, or by virement of funds from elsewhere in the Criminal Justice Service. This however was no longer seen as an option. There were additional pressures on funding relating to the introduction of waking night staff at St Fittick's House and the impact of EPM. Changes to the payment of Supporting People monies have also contributed to the deficit.

In November 2008 residents of St Fittick's House were awarded Housing Benefit. This has improved the financial position but the Supported Accommodation budget remains in deficit.

In addition, from 2010/11, changes in the funding arrangements from the NCJA will severely reduce the available budget for the provision of supported accommodation services to offenders in future years.

Building on the work undertaken in 2008/09 by the Review Group, a number of options have been outlined for continuing to deliver supported accommodation services for offenders in Aberdeen City. This is in the context of achieving best value both in terms of effective practice and budgetary constraints.

For each option a number of potential advantages/ disadvantages have been identified.

A NCJA review concluded that "Offenders should have access to mainstream housing wherever possible. Criminal Justice Social Work has a locus in providing support to offenders as part of a supervision action plan. However it is the role of housing services to provide or source the accommodation".

CONFIDENTIAL

The option appraisal has also taken in to account further principles agreed by the NCJA in respect of funding of Supported Accommodation Services for Offenders:

- o Services require to be **financially viable**
- o Services require to be **financially sustainable**
- o **Best value** principles will apply to the commissioning of services

Option Appraisal

1 Definition

The Regulation of Care (Scotland) Act 2001 defines 'offender accommodation services' as:

'a service which consists of giving advice, guidance or assistance to persons who have been provided with accommodation under subsection (1)(b) or (c) of section 27 of the Social Work (Scotland) Act 1968 (c. 49) (supervision and care of persons put on probation or released from prison etc.)

2 Purpose of Supported Accommodation for Offenders

Kirkwood and Richley (2008) *Supported Accommodation Services for Offenders: A Research Literature Review* (CJSW Briefing Paper 11: April 2008) state that most homeless offenders and ex-prisoners are in need of mainstream accommodation and only a minority require supported accommodation, with even fewer requiring intensive support in addition to accommodation. The main findings and conclusions of this research are:

- The relationship between homelessness, offending and imprisonment is complex, with homelessness potentially increasing the chances of offending and/or being imprisoned, and imprisonment increasing the likelihood of becoming homeless
- Preventing the loss of accommodation upon imprisonment could be more cost-effective than rehousing upon release
- The provision of suitable, stable accommodation may reduce the chances of further offending among homeless ex-offenders
- Services that address multiple needs, and focus on attitudes and motivation as well as practical issues, are likely to be more effective than those that focus on a single issue
- Homeless ex-offenders are likely to have a variety of complex needs and may be distrustful of institutions and organisations ostensibly seeking to provide help and support
- There is some evidence that supported accommodation services can assist ex-offenders to address some of the issues in their lives that are related to offending, to gain stability in their lives and to desist from offending
- More research is needed to establish the short and long-term roles that supported accommodation services play in terms of assisting homeless ex-offenders to desist from crime.

There is general consensus that accommodation/housing is a basic need but that a range of supports is required both to reduce offenders' risk of reoffending and to support desistance (the term used to describe the process by which offenders stop offending). Available supports should range in nature and intensity from basic housing support to high level criminal justice interventions. Most recent practice is towards earlier intervention by housing services to help people maintain tenancies.

3 Purpose and Aims of the Option Appraisal

The purpose of the review is two-fold. The first relates to achieving best value within financial constraints. Aberdeen City Council does not receive sufficient income to maintain the level and type of service currently offered. The option appraisal therefore seeks to identify a solution within budget.

The second is to identify better means of achieving the objective of delivering high quality effective supported accommodation for offender services aimed at reducing reoffending and promoting community safety, in accordance with the principles of the Green Book:

(http://www.hm-treasury.gov.uk/data_greenbook_index.htm)

The aims of the option appraisal are:

- To examine realistic options for service reconfiguration
- To perform an assessment of the costs and benefits of options, where possible
- To make sure that supported accommodation services for offenders in Aberdeen City are delivered safely, efficiently and effectively
- To make sure that services are delivered within the available budget
- To continue to meet need
- To make sure that supported accommodation services are appropriately targeted
- To identify a preferred option

The option appraisal will seek to identify other possible approaches which may achieve similar results and, where possible, will attribute monetary values to the potential impacts of proposed change.

4 National Care Standards

National Care Standards for Supported Accommodation for Offenders identify a number of different types of criminal justice accommodation. National Standards state:

‘The distinguishing feature of services to people in criminal justice supported accommodation is the arrangement of accommodation as part of a package of support, supervision and/or surveillance, according to individual needs. The service helps to achieve the overall aims of the statutory order or licence’.

And

‘.....the time spent in supported accommodation is intended to be a period of transition, that is, it allows the person to be supervised in the community and to make the progress needed to move to more independent living arrangements’.

National Standards set out a number of specific principles which should apply to services for people in criminal justice accommodation. These include:

- equal access where supported accommodation is needed
- targeting resources to specific groups and areas of greatest risk or need
- providing flexible services to meet individual needs and circumstances, including those of the highest-risk offenders
- value for money, by delivering services effectively and efficiently
- getting offenders involved in the community again
- securing the confidence of the public, the courts and Parole Board in the supported accommodation options available for offenders.

5 Legislative Background

Section 27 of the Social Work (Scotland) Act 1968 places a duty on local authorities to supervise individuals on a court order, released from prison on licence or order, or to assist those who request voluntary assistance within 12 months of release from prison or detention.

Specific legislation relevant to different forms of supervision of offenders and ex-prisoners includes:

- Prisoners and Criminal Proceedings (Scotland) Act 1993
- Criminal Procedure (Scotland) Act 1995
- Crime and Disorder Act 1998
- Management of Offenders Act 2005

General legal reference:

- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007
- Children (Scotland) Act 1995
- Civic Government (Scotland) Act 1982 (Licensing of Houses in Multiple Occupation) Order 2000
- Data Protection Act 1998
- Disability Discrimination Act 1995
- European Convention on Human Rights
- Fire Precautions (Workplace) Regulations 1997 (as amended)
- Health and Safety at Work etc Act 1997
- Human Rights Act 2000
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Misuse of Drugs Act 1971
- Police Act 1997
- Public Interest Disclosure Act 1998
- Race Relations Act 1976
- Race Relations (Amendment) Act 2000
- Regulation of Care (Scotland) Act 2001
- Rehabilitation of Offenders Act 1974
- Sex Discrimination Act 1975

5.1 Duty to Promote Social Welfare

The Social Work (Scotland) Act 1968 imposes obligations on local authorities to assess and provide social work and social care services. It is a statutory requirement (Section 12) that local authorities promote social welfare by making available advice, guidance and assistance. This continues to apply outwith normal working hours.

6 Current Provision

There are currently two main providers of supported accommodation for offenders in Aberdeen City: St Fittick's House and Sacro.

6.1 St Fitticks House

St Fittick's House is an Aberdeen City Council establishment, which is registered with the Care Commission as a resource for the provision of supported accommodation for offenders. It is open to referrals for offenders aged 16 and upwards.

St Fittick's is a two storey 14 bed residential unit. The accommodation consists of single rooms, with wash hand basin. The building is designed so that bathrooms are shared by up to four residents. Living space, including dining room/ lounge/ activity room, is shared. Meals are prepared on site by a cook. Laundry facilities are available on site. Office space and staff room are included.

The unit currently operates on the following basis: (2009 – 10)

- Ratio of men to women referred was approximately 87.5%/ 12.5%
- Average stay 119.5 days
- Number of referrals was 152
- Number of referrals assessed as suitable was 56
- Number admitted was 44
- Lowest occupancy rate was 64%
- Average occupancy rate is 86%
- 7 progressed to a Sacro tenancy
- A minimum of 3 full time outreach clients are seen on a regular basis, with a further three seen on an as and when basis
- No referrals taken from outwith Criminal Justice system
- Costs increased £50K per year as a result of EPM.

The statutory basis of the residents on 4th May 2010 was;

- 2 - Probation
- 1 – Non Parole Licence
- 1 – Supervised Release Order
- 1 – Drug Treatment & Testing Order
- 7 – Voluntary Aftercare
- 1 – completed HDC

6.2 SACRO

Sacro currently manages 25 tenancies on the Council's behalf with an average stay of approximately 40 weeks per tenant. The time spent in Sacro accommodation reflects the support needs of service users (assessed and reviewed through HOMES Matrix) together with the time taken to progress the transfer of the tenancy from Sacro to the service user. In the past, such transfers have been delayed due to a number of factors including rent arrears and difficulties in accessing replacement properties. Analysis from other services where service users have similar needs but are in non-Sacro managed tenancies has shown the average length of support to be around 16 weeks. It is therefore likely that the support needs for the majority of service users within Sacro tenancies could be met within a period of around 20 weeks, on average.

- 78 referrals in 2009/10
- 85% male, 15% female
- 63 referred by community based criminal justice social work, 10 from prison social work units
- 34% subject to Probation, 8% post release supervision, 45% voluntary aftercare, 13% (DTTO, Restriction of Liberty Order, deferred sentence)
- 80% had a positive planned exit from the service
- 83.5% occupancy during the year
- Median stay 277 days tenancies managed by Sacro ('Sacro tenancies')
- Median stay 110 days non-Sacro tenancies (offenders hold the tenancy)

7 Resources

The grant allocation to Aberdeen City from the NCJA is decreasing as follows;

2009/10 - £454,286

2010/11 - £373,285

2011/12 - £292,288

In addition, Housing Benefit income for St Fittick's is less than originally anticipated and funding of approximately £94,000 (previously 'Supporting People') is unlikely to be awarded year on year in the future.

8 Option Appraisal

The current model of service delivery is not sustainable as there is insufficient funding to continue to deliver services in their current form. The challenge is therefore to develop a service that is responsive to offender needs as well as to community safety concerns, which achieves Best Value within budget.

1. maintain status quo
2. divert all available resources to St Fittick's House
3. divert all available resources to Sacro service
4. service redesign

8.1 Status Quo

Advantages	<i>Disadvantages</i>
those who are able to access services generally give positive feedback on quality	service design makes it difficult to target resources based on individual risk
	considerable unmet need – often at the higher end of risk, the most vulnerable and/or most chaotic
	would lead to considerable financial deficit year on year - not sustainable
	S27 grant is most appropriately spent on providing support rather than accommodation/property management costs

8.2 Divert all resources to St Fittick’s House

Advantages	Disadvantages
those who are able to access the service generally give positive feedback	running costs are greater than the sum of total available resources
	service is difficult to target at priority groups – often the higher risk, most chaotic and/or most vulnerable can not access
	maximum of 14 places
	occupancy rate below target
	limited options re physical reconfiguration without significant capital costs and reducing capacity

8.3 Divert all available resources to Sacro service

Advantages	Disadvantages
those who are able to access the service generally give positive feedback	open to challenge if no procurement exercise
	significant spend is on property management function rather than direct client support
	turnover of tenancies is slow
	fixed support period rather than flexible based on risk and need
	maximum of 25 receiving support at any one time

8.4 Service redesign (as per attached draft summary specification)

Advantages	Disadvantages
would allow resources to be targeted based on individual risk and need	redeployment position for staff
deliverable within budget	potential increase in referrals to Homeless Service
funds targeted at support rather than accommodation provision	
potential to reach a larger number of clients	
variable levels of support available based on individual assessment	
allows for minimum intervention principle based on risk assessment	
greater flexibility	
more responsive service	

This page is intentionally left blank

Appendix 2

'CJ Supporting Accommodation'

Summary of Proposed Service Specification

Introduction

Research indicates, in general terms, a relationship between stable, secure accommodation and reduced risk of re-offending. In accordance with NCJA principles, offenders should have access to mainstream housing wherever possible. It is the role of housing providers to provide or source the accommodation. The role of Criminal Justice Social Work is to provide support, where required, to access and sustain suitable accommodation - as part of an overall Supervision Action Plan.

Objectives

The service shall work with people with a varying level and variety of needs to provide support that is appropriate to individual needs and aspirations. The service culture shall include an assertive approach to engagement with clients and towards other organisations that may be difficult to access for the client group.

The service objectives shall be met by supporting clients to enable social inclusion, independence, choice and control over their lives with a particular, but not exclusive, focus on supporting clients to secure and sustain accommodation and providing ongoing support.

Clarification will be sought as to whether registration is required in terms of the Regulation of Care (Act) Scotland 2001 but in any event the service will be delivered in line with the principles of:

- Dignity
- Privacy
- Choice
- Safety
- Realising potential; and
- Equality and diversity

Eligibility

The service will be open to individuals who are:

- subject to statutory social work supervision e.g. probation, parole/non parole licence, supervised release order etc

or

- entitled to 'voluntary aftercare' having been released from a custodial sentence within the last 12 months

and

- have a demonstrable need for housing related support to help enable access to housing and to set up, maintain or prevent loss of their accommodation and independence
- assessed as medium or high risk of re-offending using the Scottish Government Risk Assessment Guidance Framework

There will be no 'blanket' exclusions from the service in terms of type of offences or risk level. More complex cases will be subject to more detailed assessment and planning.

Priority groups identified are:

- Women who offend
- Young people who offend (< 25s)
- Those who have added vulnerability e.g. learning difficulties, mental health problems

Referral routes

Referral routes will be:

- Criminal Justice Social Workers
- Prison Based Social Workers
- Housing/Homelessness teams
- MAPPA Meetings

Key tasks (not intended to be exhaustive)

Assist clients secure suitable accommodation through advocacy, advice and support;

Help with arranging removals, furniture and equipment, transfer of benefits, rent payments, utilities, local services and amenities;

Provide advice and assistance to enable a Client to maintain their accommodation;

Maximise income e.g. through dealing with Housing Benefit issues and other welfare benefits issues and referral to specialist advice or debt agencies, where necessary;

Provide crisis intervention support, which will include responding to problems that pose an immediate risk e.g. eviction notices, harassment/ASB, loss of amenities etc.;

Support access to, and sustainment of, services for problematic alcohol or drug use;

Assist Clients to access a range of specialist and general health services, counselling, education and employment opportunities, legal advice, leisure and cultural services;

Encourage rebuilding or sustainment of positive social and familial relationships;

Promote self-belief and encourage steps towards aspiration and ambition amongst clients;

Advise and assist Clients in relation to the safety and security of their accommodation;

Assist Clients to work with other organisations, support groups or focus groups to address housing needs;

Liaise with other agencies to ensure that Clients receive the services necessary to maintain their independence.

Budget

The NCJA Grant Allocation for 2010/11 is £373,285 , reducing to £292,288 in 2011/12 based on current assumptions. After allowing 8 % for management fee this leaves £268,905.

CJSW requires to contribute 10% towards the costs of Intensive Support/Monitoring services for the 'critical few'. This can be difficult to predict but is estimated at £25,000.

The available budget for the services is therefore calculated at **£243,905**.

Staffing

The staffing structure is envisaged as a Team Leader/Senior Support Worker plus Support Workers. The following is an estimate of gradings/costings based on posts that appear comparable from elsewhere in the service. Final

outcomes will be subject to tailored Job Descriptions undergoing Job Evaluation. It is envisaged that approximately 150 hours per week will be available for direct support to clients.

Post	Estimated Grade	Estimated Cost (at top of scale + including add ons)
Team Leader/Senior Support Worker	G14	£48,281
Support Workers x 5	G10	£145,065 (£29,013 x 5)
Premises Administration Transport		£50,559

Outcomes and Evaluation

The service will develop and implement a consistent system for quality assurance, ensuring that the information gleaned is used to improve services.

This will include use of a structured tool e.g. Homes Matrix or 'Rickter Scale' to measure a range of quality of life indicators, including reduced re-offending.

In addition quantitative measures shall be reported on quarterly alongside existing internal and statutory performance indicators. This will include e.g. number of referrals, type of order, gender, age grouping, level of risk etc. Monitoring such data will ensure the service is being targeted effectively.

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u> (bold means overdue item)	<u>Report Expected (if known)</u>
			<p>The issue of the adequacy or otherwise of advocacy services in NHS Grampian continues to be raised at Councillor level within Aberdeen City Council. In order to consider and respond to those concerns, Richard Carey (NHS Grampian) has requested via Bill Harrison (NHS Grampian) a presentation to be prepared for the City CHP Committee and presented as soon as possible. The presentation will cover the following points:-</p> <ul style="list-style-type: none"> • description of current services and service providers • level of investment by client group • waiting times to access services • any major gaps in provision and how those are being addressed. <p>A meeting was recently held between representatives of NHS Grampian and the Council, following which NHSG have agreed to a number of actions to review the provision of advocacy services, in liaison with the Council. A report will be submitted to the CHP Committee and the NHSG Board identifying current service provision, service</p>			

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u> (bold means overdue item)	<u>Report Expected</u> (if known)
			<p>gaps, priorities for action, and associated potential costs, within a three month period. This will allow the NHSG Board to take a position on whether or not this needs to be a top priority for investment.</p> <p>A report was considered by the CHP Committee at their meeting on 21st April 2010. The following process to assess the adequacy of provision was agreed:-</p> <ul style="list-style-type: none"> • To identify a senior manager within NHS Grampian to review this issue thoroughly, including visiting the Royal Edinburgh Hospital (which is an example of good practice that Councillor Kiddie has identified), meeting Aberdeen Advocacy leads and Councillor Kiddie himself to try to identify where any gaps in provision are; • That Fred McBride was to identify an officer from the Council with whom to liaise with NHS Grampian in taking this review forward; • To prepare a report for the CHP Committee and the Board identifying current 			

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u> (bold means overdue item)	<u>Report Expected (if known)</u>
			<p>service provision, service gaps, priorities for action and associated potential costs etc, within the next 3 months; and</p> <ul style="list-style-type: none"> To formally take a Board position on whether or not this required to be a top priority for investment (with any spend coming from disinvestment elsewhere). <p>The CHP was to receive a progress report at their next meeting on 23rd June 2010.</p>			
Page 120	Corporate Policy and Performance 10 September 09	<p><u>Anti-Poverty Strategy</u></p> <p>The Committee agreed that the draft strategy be remitted to the other Committees for consideration and comment, alongside Service Director's advice and action from the service to address poverty.</p>	A response to the Aberdeen City Council Anti-Poverty Strategy from The Social Care and Wellbeing Service is being drafted and will be presented to the Committee in April 2010	Director of Social Care and Wellbeing	01.12.09	09.09.10
3.	Social Care and Wellbeing 01 December 2009 (Articles 6 and 10)	<p><u>Learning Disability Day Service Redesign</u></p> <p>The Committee agreed to note the need to continue to consult with service users, family carers, staff and other partners in Health and the voluntary sector to develop alternative day opportunities that will facilitate the closure of Burnside Centre and sought a further report on alternative day</p>	Updates have been included within the Information Bulletin circulated for this meeting. It is recommended that this item be removed from the statement.	Director of Social Care and Wellbeing	25.02.10	

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u> (bold means overdue item)	<u>Report Expected (if known)</u>
		opportunities.				
4.	Social Care & Wellbeing 25 February 10 (Article 8)	<p><u>Recruitment and Retention of Social Workers</u></p> <p>It was agreed that a report would be submitted to a future meeting of the Committee, and thereafter to the Finance and Resources Committee if required, on the recruitment and retention of social workers in Aberdeen City, particularly to provide detail on current terms and conditions relative to those available for similar posts in neighbouring local authorities.</p>	A report is included on the agenda.	Director of Social Care and Wellbeing		
	Corporate Policy and Performance 29 April 10	<p><u>Statutory Performance Indicators</u></p> <p>(i) that all Service Committees be asked to consider and agree discretionary statutory indicators for 2010/11 which appropriately address the requirements of "New SPIs 1 and 2" , as detailed in the report;</p> <p>(ii) that all Service Committees receive a consolidated Service performance report 4 times per year which monitors, as appropriate:-</p> <ul style="list-style-type: none"> •all Statutory Performance Indicators which fall within the committee's remit; •other Key Performance Indicators which the Service and / or the Committee deem necessary to manage 	A report containing the information is included on the agenda.			

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u> (bold means overdue item)	<u>Report Expected (if known)</u>
		performance; •specifically, data showing actual and projected expenditure on revenue and capital budgets, as well as delivery of agreed savings; •progress with actions set out in the relevant Service Business Plan; and •the relevant Service Risk Register.				

CHILDREN'S SERVICES SUB-COMMITTEE

SUB-COMMITTEE BUSINESS

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u>	<u>Report Expected (if known)</u>
1.	<p>Social Care and Wellbeing Committee 3 September 2009 (Article 11)</p> <p>Finance and Resources Committee 17 September 2009 (Article 10)</p>	<p><u>New Residential Children's Unit</u></p> <p>The Committee agreed the identified preferred site for the development of a residential children's unit at 8 Marchburn Road, Northfield, directed the establishment of an officers group to specify both of the build and service, and instructed officers to submit progress reports to the Children's Services Sub-Committee which would refer any decisions required to the parent committee.</p> <p>The Finance and Resources Committee was presented with the report and accompanying business case for funding from the Non Housing Capital Programme. The Committee noted the decisions of the Social Care and Wellbeing Committee.</p>	<p>A report was submitted to the Sub-Committee on 13th May 2010. It was agreed that this item remain on the statement for progress reporting as necessary.</p>	Head of Children's Services	Progress report as necessary	
2.	<p>Continuous Improvement 13 January 09 (Article 11(C))</p>	<p><u>HMIe Action Plan and Review</u></p> <p>The Committee agreed:- (i) to receive cyclical exception and completion progress reports for monitoring purposes; and (ii) to request officers to develop a suite of appropriate and meaningful</p>	<p>At its meeting on 21 April 2009, the Continuous Improvement Committee resolved to note the progress made to date and to request a further progress report in October, 2009, to report on</p>	Director of Social Care and Wellbeing		

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u>	<u>Report Expected (if known)</u>
	<p>Social Care and Wellbeing Committee 29 October 09 (Article 10)</p> <p>Children's Services Sub-Committee 2 February 2010 (Article 7)</p>	<p>performance indicators including a balanced scorecard to ensure that progress and direction of the actions could be monitored to be submitted to the Committee at its next meeting on 24 February, 2009, for approval.</p>	<p>the actions completed by September, 2009.</p> <p>At the meeting of the Social Care and Wellbeing Committee on 29 October 2009, it was agreed to move this item to the Children's Services Sub-Committee and it will be part of quarterly performance reporting.</p> <p>At the Sub-Committee meeting it was noted that the information required would be contained in an overarching performance report to be submitted to the Social Care and Wellbeing Committee at its meeting on 3rd June 2010.</p>			
3.	<p>Children's Services Sub-Committee – 01 October 10 (Article 2)</p>	<p><u>Children's Services – The Future and Challenges</u></p> <p>The Sub-Committee agreed:- (i) to receive further information in relation to the implementation of the Adoption and Children (Scotland) Act 2007 and Kinship Care at a future meeting; and</p>	<p>Reports on adoption support and kinship care will be presented to the Social Care and Wellbeing Committee in April and June 2010 respectively.</p>	<p>Head of Children's Services</p>		

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u>	<u>Report Expected (if known)</u>
		(ii) that officers would produce a list of vital reading items for Sub-Committee members, with accompanying documentation.				
4.	Children's Services Sub-Committee 02 February 10 (Article 3)	<u>Children's Services Practice Improvement Programme</u> The Sub-Committee agreed to receive a report on progress made and "distance travelled" in 12 months.		Head of Children's Services	Feb 2011	
5.	Children's Services Sub-Committee 02 February 10 (Article 4)	<u>Looked After Young People's Leadership Academy</u> (i) The Sub-Committee agreed to receive a progress report following the Staff Leadership Academy to be held in September and December 2010 ; and (ii) That a further report be submitted in 12 months outlining the progress of the participants in the programme.		Head of Children's Services	Feb 2011 Feb 2011	
6.	Children's Services Sub-Committee 02 February 10 (Article 5)	<u>Family and Community Support Services</u> The Sub-Committee agreed to receive a further report in 12 months to outline the progress and development of the service.		Head of Children's Services	Feb 2011	
7.	Children's Services Sub-Committee 02 February 10 (Article 6)	<u>Residential and Secure Accommodation</u> The Sub-Committee agreed to receive a further report in 12 months outling		Head of Children's Services	Feb 2011	

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u>	<u>Report Expected (if known)</u>
		progress.				
8.	Children's Services Sub-Committee 13 May 10 (Article 3)	<u>Children's residential Home at 8 Marchburn Road, Aberdeen</u> The Sub-Committee agreed to receive a presentation at the next meeting in terms of the building layout plans for the new unit.		Head of Children's Services	07.10.10	
9.	Children's Services Sub-Committee 13 May 10 (Article 4)	<u>London 2012 Young Leaders Programme</u> The Sub-Committee agreed to receive a further update in 9 months.		Head of Children's Services	Feb 2011	
10.	Children's Services Sub-Committee 13 May 10 (Article 5)	<u>Unallocated Cases and Pre-Referral Screening</u> (a) The Sub-Committee agreed to receive a progress report on the staffing levels of the Reception Service at the next meeting of the Sub-Committee; and (b) To receive a progress report detailing impact in 12 months time.		Head of Children's Services	07.10.10 May 2011	

ADULT SERVICES SUB-COMMITTEE

SUB-COMMITTEE BUSINESS

<u>No.</u>	<u>Minute Reference</u>	<u>Committee Decision</u>	<u>Update</u>	<u>Lead Officer(s)</u>	<u>Report Due</u>	<u>Report Expected (if known)</u>
1.	Social Care and Wellbeing Committee 3 September 2009 Article 10	<p><u>Rapid Improvement Workshops</u></p> <p>The Committee, having endorsed action plans arising from rapid improvement workshops, agreed that progress reports would be submitted to the Adult Services Sub-Committee.</p>		Interim Head of Contracts, Commissioning and Community Engagement		

This page is intentionally left blank

SOCIAL CARE AND WELLBEING COMMITTEE

MOTIONS LIST

03 JUNE, 2010

<u>No.</u>	<u>Motion</u>	<u>Date of Council Meeting</u>	<u>Committee Motion referred to / date/ decision of Committee</u>	<u>Action taken / Proposed Future Action</u>	<u>Responsible Head(s) of Service</u>	<u>Due Date</u>	<u>Is authority sought to remove motion from list?</u>
1.	<p><u>Councillor Kiddie</u></p> <p>“That Aberdeen City Council notes the statutory requirements under the Mental Health (Care and Treatment) Act 2003, to provide advocacy services. Council further notes that health authorities have a lead role in exercising responsibility to develop advocacy. Council notes with concern that current proposals contained within the Grampian Advocacy Plan fall short of requirements. Council agrees to refer the matter to the appropriate Committee for detailed consideration.”</p>	5.12.04	<p><u>Community Services Committee</u> <u>1 February 2005</u></p> <p>The Committee agreed to receive a report at its next meeting on the findings of the Mental Health Services Working Group, which would include the issues referred to within the notice of motion.</p>	<p>The Community Services Committee considered an update report on 27 March 2006, providing information on a visit to advocacy services in Edinburgh, advising on progress being made locally, and explaining that work on advocacy services would continue under the guidance of the Mental Health Services Working Group and would form part of a report to a future meeting.</p> <p>The Community Services Committee on 12 September 2006 agreed to receive a further update when the results of the review were known and the updated Grampian Advocacy Plan complete.</p> <p>Following the Commission Review to address the issue of advocacy service, further work is being carried out to address the issue.</p>	To be confirmed	30.01.07	No
2.	<u>Councillor Kiddie</u>	Direct to CSC	<u>Community Services Committee</u>	A commissioned review of advocacy services failed to	To be confirmed	(1) 04.06.07	No

<u>No.</u>	<u>Motion</u>	<u>Date of Council Meeting</u>	<u>Committee Motion referred to / date/ decision of Committee</u>	<u>Action taken / Proposed Future Action</u>	<u>Responsible Head(s) of Service</u>	<u>Due Date</u>	<u>Is authority sought to remove motion from list?</u>
	"Aberdeen City Council agrees as a matter of urgency to investigate the circumstances of the withdrawal of advocacy services to people with learning difficulties and if necessary takes steps to ensure that such people receive advocacy services as is their right under the terms of the Mental Health (Care and Treatment) Act 2003."		<u>27 March 2007</u> The Committee (1) instructed officers to meet with their counterparts in NHS Grampian and bring back firm proposals, with funding, for the level of advocacy required to the next meeting of the Committee; and (2) instructed officers to investigate the withdrawal of the Cornerstone service and report back to a future meeting of the Committee.	provide the required information on which a decision about the advocacy could be made, further work being undertaken.		(2) 04.09.07	
3.	<u>Motion By Councillor Kiddie</u> "Aberdeen City Council agrees to write to the Scottish Executive and Traffic Commissioners with a view to establishing new legislation and rules to restrict the way in which advertisements are placed on the windows of local bus service vehicles. The Council agrees that the current practice severely restricts visibility for passengers which can be particularly disconcerting	17.08.05	<u>Environment and Infrastructure 06/09/05</u> That the Corporate Director for Environment and Infrastructure be instructed to consult ATCO and other interested parties, including the Disability Advisory Group, on bus window advertising and submit a further report thereafter to allow the Committee to consider approaching the Scottish Executive and the Traffic Commissioner on the matter.	A report was submitted to the Environment and Infrastructure Committee on 23 March 2006, by the Head of Planning and Infrastructure. The Committee instructed that the matter be raised with the Disability Rights Commission, and requested the Chief Executive to lobby on behalf of the Royal National Institute for the Blind, Grampian Society for the Blind, and the Mobility and Access Committee for Scotland, with a view to seeking legislative change from the Scottish Parliament if there were to be no favourable	To be confirmed	23.01.07 (will report 30.05.07)	No

<u>No.</u>	<u>Motion</u>	<u>Date of Council Meeting</u>	<u>Committee Motion referred to / date/ decision of Committee</u>	<u>Action taken / Proposed Future Action</u>	<u>Responsible Head(s) of Service</u>	<u>Due Date</u>	<u>Is authority sought to remove motion from list?</u>
	for elderly people, visually impaired people and people with mental health problems”			<p>outcome from the prior approaches.</p> <p>This has been discussed at a number of DAG meetings and our legal team has taken the motion forward to the Disability Rights Commission who have replied saying that they do not consider it a priority and will take no action.</p> <p>However, we do intend to pursue the matter one step further and are writing to the Department for Transport to see if they will take the issue up to a national legislative issue. Failing that, I'll advise Councillor Kiddie that there is nothing more that can be done at officer level and advise on the political options available through parliament.</p> <p>The response from Department for Transport was received in July 2008 and did not indicate that there was any likelihood of changes coming into effect in the near future. The matter is now being progressed through a petition to the Scottish Parliament through DAG.</p>			

<u>No.</u>	<u>Motion</u>	<u>Date of Council Meeting</u>	<u>Committee Motion referred to / date/ decision of Committee</u>	<u>Action taken / Proposed Future Action</u>	<u>Responsible Head(s) of Service</u>	<u>Due Date</u>	<u>Is authority sought to remove motion from list?</u>
				<p>A report was instructed to the October meeting on 3 September, 2009.</p> <p>The Disability Advisory Group has written to the Department for Transport asking for clarity over the issue and is still awaiting feedback. Also the Group referred the matter to the Scottish Government's Cross Party for Visual Impairments and are still awaiting feedback on the progress they have undertaken. Finally at its last meeting the Group agreed to write again to First Bus and Stagecoach on this matter to try and progress the issue of introducing audio on buses with all over advertising.</p> <p>At the meeting on 29th October 2009, it was agreed that officers write to Sir Moir Lockhead on the issue.</p> <p>At the meeting on 1st December 2009, the Convener advised that he and David Weymss would be writing to Sir Moir Lockhead on behalf of the Committee and Disability Advisory Group respectively.</p>			

<u>No.</u>	<u>Motion</u>	<u>Date of Council Meeting</u>	<u>Committee Motion referred to / date/ decision of Committee</u>	<u>Action taken / Proposed Future Action</u>	<u>Responsible Head(s) of Service</u>	<u>Due Date</u>	<u>Is authority sought to remove motion from list?</u>
				David Wemyss has been pursuing a reply from Sir Moir Lockhead whose PA has confirmed that a draft response exists but has been held up because of staff illness. If this draft is authorised for release in the next day or two, it may be possible to place it before the Committee; at the very least, a full response is clearly now relatively close, and Sir Moir has apologised for the delay in responding.			
Page 153	<p><u>Joint Motion by Councillors Kiddie and Leslie</u></p> <p>“Council notes effort to tackle the massive problems of opiate addiction including a heroin programme in England.</p> <p>To tackle the substantial and increasing problems of substance misuse in Aberdeen, Council agrees to work with and support NHS and other appropriate partners in investigating options for a possible pilot scheme in Aberdeen and to</p>	18.11.09	<p><u>Social Care and Wellbeing 01/12/09</u></p> <p>It was agreed that a full background report be submitted to the next meeting of the Committee.</p>	<p>At the meeting on 25th February 2010 It was agreed:-</p> <ol style="list-style-type: none"> 1. that a further report would be submitted to the Committee once the Aberdeen Alcohol and Drugs Partnership considers the findings of the research project. 2. that Members were to be informed on the findings of the RIOTT, specifically when they have been formally published as an academic paper subjected to independent peer review. 	To be confirmed	14.01.09 (will report 25.02.10)	No

<u>No.</u>	<u>Motion</u>	<u>Date of Council Meeting</u>	<u>Committee Motion referred to / date/ decision of Committee</u>	<u>Action taken / Proposed Future Action</u>	<u>Responsible Head(s) of Service</u>	<u>Due Date</u>	<u>Is authority sought to remove motion from list?</u>
	refer the matter ultimately to Government for consideration.						

Exempt information as described in paragraph(s) 10 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank

Exempt information as described in paragraph(s) 10 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank

Exempt information as described in paragraph(s) 1 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank

Exempt information as described in paragraph(s) 1 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank

Exempt information as described in paragraph(s) 1 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank

Exempt information as described in paragraph(s) 3, 5, 7 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank

Exempt information as described in paragraph(s) 3, 5, 7 of Schedule 7A of the Local Government (Scotland) Act 1973.

Document is Restricted

This page is intentionally left blank