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To: Councillor Jennifer Stewart, Convener; Councillor Lesley Dunbar, Vice Convener; and Councillors Alphonse, Cameron, Duncan, Greig, Houghton, Townson and Wheeler.

Town House,
ABERDEEN, 2 October 2018.

PUBLIC PROTECTION COMMITTEE

The Members of the **PUBLIC PROTECTION COMMITTEE** are requested to meet in **Committee Room 2 - Town House** on **WEDNESDAY, 10 OCTOBER 2018 at 10.00 am.**

FRASER BELL
CHIEF OFFICER - GOVERNANCE

BUSINESS

DETERMINATION OF URGENT BUSINESS

- 1 Urgent Business

DETERMINATION OF EXEMPT BUSINESS

- 2 Exempt Business

DECLARATIONS OF INTEREST

- 3 Members are requested to intimate any declarations of interest (Pages 5 - 6)

REQUESTS FOR DEPUTATION

- 4 Requests for Deputation

MINUTE OF PREVIOUS MEETING

- 5 Minute of Previous Meeting - 4 July 2018 (Pages 7 - 12)

COMMITTEE PLANNER

- 6 Committee Planner (Pages 13 - 16)

NOTICES OF MOTION

- 7 No notices of motion have been received

REFERRALS FROM COUNCIL, COMMITTEES AND SUB COMMITTEES

- 8 No referrals from Council, Committees or Sub-Committees have been received

POLICE SCOTLAND AND SCOTTISH FIRE AND RESCUE SERVICE

- 9 Police Scotland Hate Crime Thematic Report - GOV/18/175 (Pages 17 - 22)
- 10 Police Scotland Police Volunteers Thematic Report - GOV/18/177 (Pages 23 - 28)
- 11 Scottish Fire and Rescue Service Thematic Report - GOV/18/176 (Pages 29 - 38)

CHILD AND ADULT PROTECTION

- 12 Chief Social Work Officer Annual Report - OPE/18/164 (Pages 39 - 80)
- 13 Appointment of a Joint Chair for Adult and Child Protection Committees - OPE/18/166 (Pages 81 - 86)
- 14 Corporate Parenting - OPE/18/159 (Pages 87 - 96)

PROTECTIVE SERVICES

- 15 Joint Public Health Protection Plan - OPE/18/158 (Pages 97 - 146)
- 16 Date of Next Meeting - 10am, 5 December 2018

EHRIA's related to reports on this agenda can be viewed at
[Equality and Human Rights Impact Assessments](#)

To access the Service Updates for this Committee please use the following link:
<https://committees.aberdeencity.gov.uk/ecCatDisplayClassic.aspx?sch=doc&cat=13450&path=0>

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Agenda Item 3

You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter which is to be considered. You should consider whether reports for meetings raise any issue of declaration of interest. Your declaration of interest must be made under the standing item on the agenda, however if you do identify the need for a declaration of interest only when a particular matter is being discussed then you must declare the interest as soon as you realise it is necessary. The following wording may be helpful for you in making your declaration.

I declare an interest in item (x) for the following reasons

For example, I know the applicant / I am a member of the Board of X / I am employed by...
and I will therefore withdraw from the meeting room during any discussion and voting on that item.

OR

I have considered whether I require to declare an interest in item (x) for the following reasons however, having applied the objective test, I consider that my interest is so remote / insignificant that it does not require me to remove myself from consideration of the item.

OR

I declare an interest in item (x) for the following reasons however I consider that a specific exclusion applies as my interest is as a member of xxxx, which is

- (a) a devolved public body as defined in Schedule 3 to the Act;
- (b) a public body established by enactment or in pursuance of statutory powers or by the authority of statute or a statutory scheme;
- (c) a body with whom there is in force an agreement which has been made in pursuance of Section 19 of the Enterprise and New Towns (Scotland) Act 1990 by Scottish Enterprise or Highlands and Islands Enterprise for the discharge by that body of any of the functions of Scottish Enterprise or, as the case may be, Highlands and Islands Enterprise; or
- (d) a body being a company:-
 - i. established wholly or mainly for the purpose of providing services to the Councillor's local authority; and
 - ii. which has entered into a contractual arrangement with that local authority for the supply of goods and/or services to that local authority.

OR

I declare an interest in item (x) for the following reasons.....and although the body is covered by a specific exclusion, the matter before the Committee is one that is quasi-judicial / regulatory in nature where the body I am a member of:

- is applying for a licence, a consent or an approval
- is making an objection or representation
- has a material interest concerning a licence consent or approval
- is the subject of a statutory order of a regulatory nature made or proposed to be made by the local authority.... and I will therefore withdraw from the meeting room during any discussion and voting on that item.

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PUBLIC PROTECTION COMMITTEE

ABERDEEN, 4 JULY 2018. Minute of Meeting of the PUBLIC PROTECTION COMMITTEE. Present:- Councillor Jennifer Stewart, Convener; Councillor Lesley Dunbar, Vice Convener; and Councillors Bell (as substitute for Councillor Houghton), Cameron, Delaney (as substitute for Councillor Greig), Duncan, McLellan, Townson and Wheeler.

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

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

DETERMINATION OF URGENT BUSINESS

1. There was no urgent business.

DETERMINATION OF EXEMPT BUSINESS

2. There was no exempt business.

DECLARATIONS OF INTEREST

3. No declarations of interest were intimated.

REQUESTS FOR DEPUTATION

4. There were no deputation requests.

MINUTE OF PREVIOUS MEETING – 9 MAY 2018

5. The Committee had before the minute from the previous meeting of 9 May 2018 for approval.

The Committee resolved:-

To approve the minute as a correct record.

COMMITTEE BUSINESS PLANNER

6. The Committee had before it the committee business planner as prepared by the Chief Officer Governance.

PUBLIC PROTECTION COMMITTEE
4 JULY 2018

The Committee resolved:-

- (i) to transfer the Crematorium Management Compliance Report to the Operational Delivery Committee business planner;
- (ii) to remove the Development of Models for Civic Leadership from the business planner; and
- (iii) otherwise note the committee business planner.

NOTICE OF MOTION

- 7. There were no notices of motion.

REFERRALS FROM COUNCIL, COMMITTEES AND SUB-COMMITTEES

- 8. There were no referrals from Council, Committees and Sub-Committees.

POLICE SCOTLAND ANNUAL PERFORMANCE REPORT– GOV/18/036

- 9. The Committee had before it a report by the Chief Officer Governance (cover report) and Campbell Thomson (Chief Superintendent, North East Division, Police Scotland – Appendix A) which presented the Police Scotland Annual Performance Report - April 2017- March 2018 for Committee scrutiny.

The report recommended:-

That the Committee review, discuss and comment on the report.

Chief Superintendent Thomson provided an overview of the annual performance report and highlighted that a significant decrease in crime had been recorded and there had been continued improvement in detection rates. Mr Thomson emphasised the importance of partnership working within the Community Planning Aberdeen framework and the role of the public in supporting public safety. He advised the Committee that whilst improvements in performance had been welcomed by the North East Division, he assured Members that complacency would not be tolerated, and it was their aspiration to follow up on this good performance next year and increase the levels of public safety in the North East of Scotland.

The Committee resolved:-

- (i) to request the North East Division to provide further information on how it supports the Ask Angela campaign and for this response to be circulated to Members by email;
- (ii) to request the North East Division to provide an update on its work with schools to tackle vandalism on school estates and for this response to be circulated to Members by email;
- (iii) to endorse the report; and
- (iv) to thank Chief Superintendent Thomson for his informative presentation.

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CHILD PROTECTION COMMITTEE ANNUAL REPORT – OPE/18/033

10. The Committee had before it a report by the Chief Operating Officer which advised of the multi-agency work overseen by Aberdeen City Child Protection Committee as set out in the 2017 Annual Report.

The report recommended:-

That the Committee –

- (a) Note the content of this report; and
- (b) Endorse the work of the Aberdeen City Child Protection Committee as detailed in its 2017 Annual Report.

Kymme Fraser (Programme Development Manager, Operations) delivered a presentation to the Committee on the governance, role and priorities of the Aberdeen City Child Protection Committee.

The Committee resolved:-

- (i) to approve the recommendations; and
- (ii) to thank Kymme Fraser for her informative presentation, and to request that the slides be circulated to Members.

STATUTORY CONSULTATION – THE AGE OF CRIMINAL RESPONSIBILITY (SCOTLAND) BILL – OPE/18/043

11. The Committee had before it a report by the Chief Operating Officer which sought Committee approval to submit the Council's proposed response to the Scottish Government Equality and Human Rights Committee's call for evidence.

The report recommended:-

That the Committee instruct the Chief Operating Officer to submit the response contained in the Appendix of the report to the Scottish Government by 9 July 2018.

The Committee resolved:-

To approve the recommendation.

STATUTORY CONSULTATION – PROTECTION OF VULNERABLE GROUPS AND THE DISCLOSURE OF INFORMATION – OPE/18/044

12. The Committee had before it a report by the Chief Operating Officer which sought Committee approval to submit the proposed Aberdeen City Council response to the Scottish Government consultation on the Protection of Vulnerable Groups and the Disclosure of Criminal Information consultation by 18 July 2018.

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The report recommended:-

That the Committee instruct the Chief Operating Officer to submit the response detailed in this report by 18 July 2018.

The Committee resolved:-

To approve the recommendation.

STATUTORY CONSULTATION – PART 1 OF THE CHILDREN (SCOTLAND) ACT 1995 – OPE/18/041

13. The Committee had before it a report by the Chief Operating Officer which sought delegated authority from Committee to submit a response on behalf of Aberdeen City Council to the Scottish Government on the Review of Part 1 of the Children (Scotland) Act 1995 and creation of a Family Justice Modernisation Strategy by 7 August 2018.

The report recommended:-

That the Committee –

- (a) Provide delegated authority to the Chief Operating Officer to submit a response to the consultation on the above paper by 7 August 2018; and
- (b) Agree that the Convenor be consulted on the proposed response prior to its submission.

The Committee resolved:-

- (i) to provide delegated authority to the Chief Operating Officer to submit a response to the consultation on the above paper by 7 August 2018; and
- (ii) to instruct the Chief Operating Officer to consult Members of the Committee prior to submission of the proposed response.

UKAS ANNUAL AUDIT OF SCIENTIFIC SERVICE – CUS/18/015

14. The Committee had before it a report by the Director of Customer Services which provided an update on the status of UKAS accreditation and progress on the recommendations of assessment of the Aberdeen Scientific Services Laboratory.

The report recommended:-

That the Committee –

- (a) Note the work being undertaken to implement and develop the recommendations of the 15 and 16 March 2018 UKAS surveillance report; and
- (b) Endorse the continuation of accreditation as a license to operate.

The Committee resolved:-

- (i) to note the work being undertaken to implement and develop the recommendations of assessment of the Aberdeen Scientific Services Laboratory;

PUBLIC PROTECTION COMMITTEE
4 JULY 2018

- (ii) to clarify in para 6.2, that failure to acquire UKAS/DWTS accreditation would mean that the laboratory could not provide services to any prospective clients; and
- (iii) to endorse the continuation of accreditation as a license to operate.

CONVENER'S CLOSING REMARKS

15. The Convener congratulated the Equalities Team on the successful event they delivered on 22 June 2018 which recognised the work of community representatives, volunteers and interpreters as part of the Great Get Together in memory of Jo Cox. Thereafter she thanked Members and officers for their support and contributions, and hoped they all enjoyed their time off during the Summer recess.

The Committee resolved:-

To congratulate the Equalities Team for delivering a successful event as part of the Great Get Together in memory of Jo Cox.

- **COUNCILLOR JENNIFER STEWART, Convener**

EDUCATION OPERATIONAL DELIVERY COMMITTEE
19 April 2018

A	B	C	D	E	F	G	H	I	
PUBLIC PROTECTION COMMITTEE BUSINESS PLANNER Business Planner details the reports which have been instructed by the Committee as well as reports which the Functions expect to be submitting for the calendar year. The									
1	Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2									
3			10 October 2018						
4	Police Scotland Thematic Reports	To present thematic reports on hate crime and police youth volunteers.		Campbell Thomson	Police Scotland	Police Scotland	5.7		
5	Scottish Fire and Rescue Service Thematic Report	To present a thematic report on prevention and protection.		Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.7		
6	Building Standards Report	To provide an overview of Council responsibilities in relation to securing dangerous buildings and protecting public safety, as well as activity on unauthorised building work and unauthorised occupation of buildings		Gordon Spence	Strategic Place Planning	Place	4.1, 4.2, 4.3	D	Delayed until 5 December to allow more time to produce evidence of enforcement activity in terms of protecting the public in and around buildings.
7	Update on National Child Protection Improvement Review	To provide an update on the National Child Protection Improvement Review .	Delayed from July cycle to allow feedback on the National Child Protection leadership events which concluded in June 2018	Graeme Simpson	Integrated Children's and Family Services	Operations	1.1 and 1.2	D	The content of this report is to be incorporated into a broader report due before the Committee on 5 December on Findings from National Significant Case Reviews (child protection).
8	Chief Social Work Officer's Report	To present the Chief Social Work Officer annual report.		Graeme Simpson	Integrated Children's and Family Services	Operations	1.4		
9	Corporate Parenting	Council on 23/8/17 instructed the Lead Officer for Corporate Parenting to report back to Council in 2018 to ensure that all Councillors have a broad overview of the activities undertaken to ensure the Council is meeting its Corporate Parenting responsibilities ahead of the first report due to the Scottish Government.	Transferred by Council on 2 July 2018 to be reported to the Public Protection Committee.	Margaret Cruickshank	Integrated Children's and Family Services	Operations	1.2		
10	Independent Chair of Child and Adult Protection Committees	To propose a single Chairperson for the Adult and Child Protection Committees.		Graeme Simpson	Adult Social Care	Health and Social Care Partnership	1.2		

A Report Title	B Minute Reference/Committee Decision or Purpose of Report	C Update	D Report Author	E Chief Officer	F Directorate	G Terms of Reference	H Delayed or Recommended for removal or transfer, enter either D, R, or T	I Explanation if delayed, removed or transferred
2 PREVENT Progress Report	To provide an update on progress made against the Prevent Peer Review's 18 recommendations		Alana Nabulsi	Early Interventions and Community Empowerment	Customer	2.1	D	Delayed until 5 December to allow the Council to close off a number of recommendations and provide a more comprehensive level of assurance to Committee.
11 Adult Protection Referrals	To present Committee with information on the number of adult protection referrals		Claire Duncan	Adult Social Care	Health and Social Care Partnership	1.1	D	Will be incorporated into a broader report following the publication of the Care Inspectorate's report on Adult Social Care. Expected on 20 February.
12 Self-Assessment Resilience Standards Performance Report	To present information on progress against Resilience Standards		David McIntosh	Governance	Governance	2.5	D	It is recommended that an annual report be brought to Committee on resilience standards. This is suggested as a proportionate approach to monitoring resilience improvement planning. The annual report would be presented to Committee on 24 April 2019.
13 Grampian Joint Health Protection Plan	To seek approval of the Grampian Joint Health Protection Plan.		Hazel Stevenson	Early Interventions and Community Empowerment	Customer	3.3		

A	B	C	D	E	F	G	H	I
Report Title	Minute Reference/Committee Decision or Purpose of Report	Update	Report Author	Chief Officer	Directorate	Terms of Reference	Delayed or Recommended for removal or transfer, enter either D, R, or T	Explanation if delayed, removed or transferred
2		05 December 2018						
15	Findings from National Significant Case Reviews (child protection)	To present the findings from the National Significant Case Reviews (child protection).	Graeme Simpson	Integrated Children's and Family Services	Operations	1.1.2		
16	Scottish Fire and Rescue Service Six Monthly Performance Report	To present the six monthly performance report from the Scottish Fire and Rescue Service.	Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.6		
17		20 February 2019						
18	Police Scotland Thematic Reports	To present thematic reports on road policing and gender based abuse.	Campbell Thomson	Police Scotland	Police Scotland	5.7		
19	Scottish Fire and Rescue Service Thematic Report	To present a thematic report on response and resilience.	Bruce Farquharson	Scottish Fire and Rescue Service	Scottish Fire and Rescue Service	5.7		
20		24 April 2019						
21	Annual Committee Effectiveness Report	To present the annual effectiveness report for the Committee.	May-19	Governance	Governance	GD 7.4		
22	Police Scotland Thematic Report (to be confirmed)	The content of any Thematic Reports would be guided by Members following consultation with Ch. Supt. Thomson.	Campbell Thomson	Police Scotland	Police Scotland	5.7		
23		May 2019 Onwards						
24	Police Scotland Performance Report Full Year (April 2018 - March 2019)	To present the annual performance report from Police Scotland.	June/July 2019	Campbell Thomson	Police Scotland	5.6		
25	Protective Services Food and Feed Regulatory Service Plan	To seek approval of Protective Services Food and Feed Regulatory Service Plan	May-19	Andrea Carson	Operations and Protective Services	Operations	3.3	
26	Protective Services Health and Safety Intervention Plan	To seek approval of Protective Services Health and Safety Intervention Plan	May-19	Andrew Gilchrist	Operations and Protective Services	Operations	3.3	
27	Child Protection Committee Annual Report	To provide the Committee with information on the work of the multi-agency Child Protection Committee.	Jul-19	Kymme Fraser	Integrated Children's and Family Services	Operations	1.1, 1.2 and 1.3	
28	UKAS Annual Audit for Scientific Service	To update committee on the status of UKAS accreditation and the progress of recommendations of assessment of the Aberdeen Scientific Services Laboratory.	Jul-19	James Darroch	Operations and Protective Services	Operations	3.1	
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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	10 October 2018
REPORT TITLE	Aberdeen City Hate Crime
REPORT NUMBER	GOV/18/175
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Iain Robertson, Committee Services Officer and Chief Superintendent Campbell Thomson North East Division, Police Scotland
TERMS OF REFERENCE	5.7

1. PURPOSE OF REPORT

- 1.1 This report seeks to inform the Committee about Hate Crime in Aberdeen City.

2. RECOMMENDATION

- 2.1 That the Committee note the report.

3. BACKGROUND

- 3.1.1 Hate Crime is a crime against the person and Police Scotland record Hate Crime and Hate Incidents according to the following Scottish Government definitions.
- 3.1.2 The spectrum of Hate Crime is wide ranging and types of incidents reported include physical and emotional harassment, physical and emotional abuse, name calling, bullying, online/social media based actions, damage to property, and sometimes serious acts of Violence.
- 3.1.3 Hate Crimes are those perceived by the victim or any other person to be motivated (wholly or partly) by malice and ill-will towards an individual or social group based on their actual or presumed sexual orientation, transgender identity, disability, race or religion and these groups are specified within the Hate Crime legislation as protected. Hate Incidents are those perceived by the victim or any other person to be motivated (wholly or partly) by malice and ill-will towards an individual or social group within the aforementioned protected characteristics but which although morally offensive do not constitute a criminal offence under the legislation.

- 3.1.4 So whilst not every Hate Report will amount to a crime, Officers are still required to take preventative and protective measures even when no crime is apparent, in recognition that in individual cases a seemingly insignificant event can have a significant impact or consequences for that victim irrespective of the circumstances, and that repeated insignificant events can also have a cumulative impact.
- 3.1.5 Those subjected to Hate Crimes or Hate Incidents do not actually have to belong to one of the protected groups in order to be victims. It is sufficient for the perception of the victim or any other person to be that the crime or incident was so motivated.

3.2 National Context

- 3.2.1 The Police Scotland Annual report for the year ending 31 March 2017 showed that nationally the volume of Hate Crimes had decreased by **4.7%** with over **12,000** Hate Crimes in that period.
- 3.2.2 There was an increase in the number of reported Hate Crimes identified as Transgender Hate Crimes. Working in partnership with the Equality Network, a national Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) equality and human rights charity, Police Scotland delivered bespoke training to **91** Officers. This resulted in the Officers having an enhanced knowledge and skill base, to work proactively with our LGBTI community.
- 3.2.3 The Chief Executive Officer (CEO) of a leading LGBTI rights agency, recently reported an increase in LGBTI confidence in the Police response and subsequently an increase in reports of homophobic and transphobic incidents. The CEO was clear that this increase was linked to greater confidence in the Police.
- 3.2.4 Within Police Scotland's Specialist Crime Division, the Safer Communities Equality and Diversity Unit are responsible for engaging directly with national equality groups, the Scottish Government and organisations supporting people from all our communities. The Team provide support, advice and assistance to Police Officers and staff throughout Police Scotland in relation to service delivery aspects of equality and diversity, Hate Crime/Incidents, public reassurance and confidence, community impact assessments and routine community engagement, in addition to managing a cadre of Community Advisors (formerly known as Lay Advisors) who are members of the public that have volunteered to provide advice to Police Scotland in relation to their area of specialism on Hate Crime matters. The Equality and Diversity Unit has staff based across Scotland, including Aberdeen City.

3.3 Local Context

- 3.3.1 During 2017/2018 **416** Hate Crimes were reported to the Police in North East Division (an increase of **33** crimes on 2016/2017), of which **295** were detected. We have seen an increase in the detection rate when compared to 2016/2017, up **7%** to **70.9%**. It should be noted that a significant number of these crimes relate to the victims being Emergency Service workers.
- 3.3.2 Within North East Division Partnerships and Events Unit, Senior Officers and the Diversity Liaison Officer provide support and guidance to all staff dealing with Hate Crimes and Hate Incidents. In addition they have developed and maintain relationships with the numerous minority communities, and with statutory and voluntary partners, acting both as conduit for them to the Division and supporting their own activities with advice, information, and attendance at various events and forums such as Integrate Grampian, the Syrian Vulnerable Persons Resettlement Scheme, and the Grampian Gypsy Traveller Interagency Group. The Diversity Liaison Officers proactive activities to promote positive attitudes is further supported by School Liaison and School Based Officers who provide consistent messaging across Local Authority primary and secondary schools on the Hate Crime topic. This was formerly delivered through the wider ranging Personal Safety input, however a specific Hate Crime lesson plan has been developed for the 2018/2019 academic year and is now being offered to schools.
- 3.3.3 During 2018, the Diversity Liaison Officer has attended a number of events and delivered inputs across Aberdeen City including Action on Disability, International Students, the SACRO Fearless Project, the Ethnic Minority Forum, the NESS Disability Project, City of Sanctuary, Aberdeen Multi-cultural Centre, Aberdeen Holi Mela (Hindu celebration), LGBT+ group, Grampian Pride, The Anne Frank Awards, Eid in the Garden, and a regular slot on SHMU FM focusing on both diversity and wider crime reduction matters.
- 3.3.4 In addition, he is in discussions with representatives from Four Pillars (providing peer education & information to support the LGBTI community), Aberdeen University Students Union, Aberdeen City Council, Moray Council, Moray College and volunteers at Nelson Street Mosque to have staff trained or re-trained in the development and further provision of Third Party Reporting Centres, where Police Scotland are working in partnership with various public sector and third sector organisations to provide safe and private spaces for people to report Hate Crimes.
- 3.3.5 Events have also been attended by Police Scotland's Positive Action Team which provides support to people across Scotland from under-represented

groups who are considering a career in Policing. The team work in particular with people from ethnic minority communities.

- 3.3.6 Police Scotland runs an annual national Hate Crime campaign 'Be Greater than a Hater'. North East Division participates fully in this campaign which last ran during early 2018, delivering key messages to communities across the North East through our long established and wide ranging partnership links. Positive feedback was received from elected members, members of the LGBTI community, Aberdeen Multicultural Centre, and SHMU FM.
- 3.3.7 During March 2018 there was national media coverage of letters received by some individuals including MPs elsewhere in the country entitled 'Punish a Muslim Day' with 4 April 2018 being highlighted as a day of action. It is pleasing to note that North East Division as a whole, experienced no reports of increases in community tension, and recorded no incidents or crimes of a racial or religious nature which were in any way related to this matter, and this is perhaps reflective of the already open and welcoming nature of communities in the North East.

3.4 Aberdeen City Context

- 3.4.1 During 2017/2018, **256** Hate Crimes were reported to the Police within Aberdeen City (a decrease of **3** crimes on 2016/2017), of which **175 (68.3%)** were detected. Once again, a significant number of these crimes relate to the victims being Emergency Service workers.
- 3.4.2 Much of the Hate Crime which occurs within Aberdeen City Centre takes place during the Night Time Economy or in areas of regeneration within the city, with alcohol often a factor for one or more party.
- 3.4.3 Within Aberdeen City Centre the Community Policing Team is very active in reinforcing the need to report Hate Crimes to the Police within that Night Time and the Retail Economies. This issue is referenced at various trade meetings such as the City Centre Partnership, Retail Forum, Licensing Board, Unight meetings and at Street Pastor Induction Training, with the Police working alongside Unight to raise awareness of such issues and to deliver increased training around the awareness of staff on vulnerability through intoxication or otherwise and the detection/prevention of disorder within licensed premises, including Hate Crime.
- 3.4.4 In support of this a 'Licensing Matters' event was held in March 2018 which saw an audience of partners and the trade examine issues like this and how a new policy or joint approach could prevent or reduce disorder including Hate Crime within premises and create a safe and enjoyable environment for all. It is recognised such a policy requires an onus for meaningful staff

training and awareness delivered by the licensing sector themselves, with the Police and other partners adopting a supportive role.

3.4.5 The partnership nature of Weekend Policing ensures that Officers hear more readily about such incidents and are well placed to deal with them, as night time workers and door stewards in particular enjoy the added ease of reporting incidents through the 'Pub Safe' radio system, meaning that the Police are made aware of incidents that, had they occurred out with the City Centre, the victim might not have considered reporting to the Police, as many of the Hate Crimes reported from Weekend Policing are comments directed at security/door staff having taken issue with some aspect around how they are being dealt with or managed.

3.4.6 There is no evidence to suggest a standalone issue or problem that may relate to any particular group or premises within Aberdeen City.

3.5 Conclusion

3.5.1 Hate Incidents and Hate Crimes continue to occur across the North East and Aberdeen City is no exception given its status as the focal point for this part of the country, with its thriving Retail and Night Time Economies.

3.5.2 Although within the national and local context the number of reports of Hate Crime being received within the North East remains reassuringly low, such reports are continually managed and reviewed by Police Scotland through the process of daily management and monthly tactical meetings.

3.5.3 Police Scotland and partners remain focused on ensuring that the North East is a place where victims of Hate Crime can report these incidents with confidence in the knowledge that they will be comprehensively investigated.

3.5.4 Police Scotland has responded appropriately, in conjunction with partners, with resources being directed towards raising awareness, improving services to victims and thoroughly investigating this type of criminality.

4. FINANCIAL IMPLICATIONS

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

5. LEGAL IMPLICATIONS

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

6. MANAGEMENT OF RISK

N/A

7. OUTCOMES

N/A

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	N/A
Privacy Impact Assessment	N/A
Duty of Due Regard / Fairer Scotland Duty	N/A

9. BACKGROUND PAPERS

N/A

10. APPENDICES

N/A

11. REPORT AUTHOR CONTACT DETAILS

Chief Superintendent Campbell Thomson
North East Division, Police Scotland
NorthEastLocalPoliceCommander@scotland.pnn.police.uk
01224 306054

ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	10 October 2018
REPORT TITLE	Aberdeen City Police Scotland Youth Volunteers
REPORT NUMBER	GOV/18/177
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Iain Robertson, Committee Services Officer and Chief Superintendent Campbell Thomson North East Division, Police Scotland
TERMS OF REFERENCE	5.7

1. PURPOSE OF REPORT

- 1.1 This report seeks to inform the Committee about Police Scotland Youth Volunteers (PSYV) in Aberdeen City.

2. RECOMMENDATION

- 2.1 That the Committee note the report.

3. BACKGROUND

- 3.1 PSYV is Scotland's newest uniformed youth organisation. They are groups of up to 24 young people, aged between 13 and 18 years, who are based in each Council area across Scotland.
- 3.2 Supported by Adult Volunteers, who must be aged 18 years or over, and led by a serving Police Constable, PSYV volunteer by performing stewarding-type duties at community and national events and assist local policing priorities through participation in leaflet drops and community safety events. To date the national events have included the Commonwealth Games, T in the Park, the Open Golf Championship, the Wickerman Festival, the Edinburgh Military Tattoo and the Scottish Airshow.

- 3.3 The purpose of PSYV is to:
- Promote a practical understanding of policing amongst young people.
 - Encourage a spirit of adventure and good citizenship.
 - Support local Policing priorities through volunteering.
 - Give young people a chance to be heard.
 - Inspire young people to participate positively in their communities.
- 3.4 PSYV will provide an insight into Policing, however there are no guarantees that this will lead to either paid or voluntary work within the wider Police family and PSYV is not recruitment focused.
- 3.5 The principles of PSYV are that each group should:
- Have 25% of their membership from a 'vulnerable' background.
 - Have a body of youth volunteers that represents the diversity of the area.
- 3.6 The recruitment process for Youth Volunteers can draw on many strands, such as:
- Direct inputs to relevant years of academy age pupils.
 - A series of public 'drop in' events to allow interested young people to find out more.
 - Partners identifying suitable groups of young people to apply.
 - Use of social media platforms to publicise benefits of PSYV membership.
 - Direct referrals from the Police and other partner agencies.
- 3.7 Each young person who wishes to apply to join PSYV is asked to complete an application form which has to be endorsed by a parent/guardian. There is then a paper sifting process to identify a manageable number of applicants who are invited for interview. Successful interviewees are then offered a place with PSYV.
- 3.8 A similar process is undertaken for the recruitment of Adult Volunteers, which aims to secure applicants from a variety of backgrounds to bring a vital mix of skills and experiences to a group. Adult Volunteers are subject to the Protecting Vulnerable Group process for working with young people and attend a mandatory one day course on working with young people delivered by YouthLink (Scotland).
- 3.9 Youth Volunteers must sign up to:
- Attend weekly group meetings.
 - A minimum of 3 hours per month volunteering at community events or initiatives once their Initial Training Programme is complete.

- 3.10 The Initial Training Programme comprises sessions on subjects such as Police rank structure, radio procedures, physical fitness, drill, missing persons, teambuilding, first aid and health & safety, and culminates with a Passing Out Parade to which families, senior Police Officers and representatives from organisations who have supported PSYV can be invited.
- 3.11 Youth Volunteers follow a bespoke PSYV Award programme which is SQA accredited and their volunteering is recognised through the use of Saltire Awards.
- 3.12 Structurally PSYV nationally is split into three areas of North, East and West. Each area has a Sergeant Regional Coordinator whose role is to support the Group Coordinators in their area and link directly with the National Programme Manager at the Police Scotland College. The Group Coordinators have formal line management within their own Police Division.
- 3.13 PSYV is supported in all aspects of its programme delivery by YoungScot and YouthLink (Scotland).
- 3.14 The set up costs of groups are met from the national budget which draws funding from several sources. There is no direct funding of PSYV from Police Scotland budgets. The ultimate aim is for groups to become self-supporting through fundraising and by application to available funding streams.

NORTH EAST DIVISION AND ABERDEEN CITY

- 3.15 PSYV Aberdeen was one of the 5 pilot groups established in 2014, and there are now over 35 groups established across Scotland. In North East Division there are groups in Moray (formed March 2018) and Fraserburgh.
- 3.16 The Aberdeen group, which meets at Northfield Academy, currently comprises 19 Youth Volunteers, 5 of which come from a 'vulnerable' background, and 8 Adult Volunteers, whose wide ranging professions are Police Officer (3), Administrator (2), Baker (1), Student Midwife (1) and Student Phycologist (1).
- 3.17 Whilst contributing to the PSYV presence at national events, the Aberdeen group is extremely busy supporting local organisations with their events, providing services such as:
- Meeting and greeting visitors.
 - Handing out leaflets/literature.
 - Handing out 'I'm lost' wristbands to children allowing a parents phone number to be added.
 - Assisting at refreshment stalls.
 - Signposting visitors.
 - Lost/Found property.

- General assistance.

3.18 During 2018 PSYV Aberdeen has deployed to assist at a range of events, some examples of which are:

- Painted temporary accommodation for SHMU, a voluntary radio station.
- Leaflets drops on subjects such as antisocial behaviour and motorcycle crime to assist Community Policing Teams.
- Police Recruitment Assessment Centre day.
- Fairer Aberdeen Board conference.
- North East Division Police Memorial Service.
- Supported athletic meets at Run Garioch, Run Balmoral, BHGE Run, Great Aberdeen Run and at Aberdeen Sports Village.
- Aberdeen RNLi Family Fun Day.
- Assisting PSYV Fraserburgh at Ellon Police Office Open Day.
- Enjoy Music Festival.
- Local fayres at Northfield and Danestone.
- Aberdeen Highland Games.
- Assisting PSYV Moray at Forres Piping Championships.
- Two NHS Grampian-led events linked to the Year of Young People 2018.

In addition, PSYV Aberdeen were instrumental alongside their counterparts in Fraserburgh and Moray in the organisation of a Uniformed Youth Games at Cooper Park, Elgin on Sunday 2 September 2018, as part of the celebration of Year of Young People 2018. The 3 PSYV Groups competed alongside teams from the Girl Guides, Army Cadets and Sea Cadets in a sporting competition, with gala day type activities to attract youngsters and their families as spectators. The event was narrowly won by the Army Cadets.

During 2018 to date PSYV Aberdeen has completed 418 hours of volunteering, making them the second most active group of the 36 in Scotland over this period. Since their creation in 2014 they have completed a total of 1877 hours volunteering.

CONCLUSION

3.19 It is hoped the PSYV in Aberdeen City will continue to grow in numbers and continue to make a positive contribution to communities in the local area as well as assisting in the personal development of the Youth Volunteers to be confident and inspiring with a positive sense of adventure and citizenship.

4. FINANCIAL IMPLICATIONS

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

5. LEGAL IMPLICATIONS

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

6. MANAGEMENT OF RISK

N/A

7. OUTCOMES

N/A

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	N/A
Privacy Impact Assessment	N/A
Duty of Due Regard / Fairer Scotland Duty	N/A

9. BACKGROUND PAPERS

N/A

10. APPENDICES

N/A

11. REPORT AUTHOR CONTACT DETAILS

Chief Superintendent Campbell Thomson
North East Division, Police Scotland
NorthEastLocalPoliceCommander@scotland.pnn.police.uk
01224 306054

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	10 October 2018
REPORT TITLE	Scottish Fire and Rescue Service Thematic Report
REPORT NUMBER	GOV/18/176
CHIEF OFFICER	Fraser Bell
REPORT AUTHOR	Iain Robertson (Cover Report), Bruce Farquharson, Local Senior Officer, Aberdeen City, SFRS (Appendix A)
TERMS OF REFERENCE	5.7

1. PURPOSE OF REPORT

- 1.1 To present the Scottish Fire and Rescue Service (SFRS) thematic report on reducing accidental dwelling fires for the Committee's information.

2. RECOMMENDATION

- 2.1 That the Committee consider and note the information provided in **Appendix A** in relation to the reduction of accidental dwelling fires.

3. BACKGROUND

- 3.1 The SFRS have agreed to provide the Public Protection Committee with thematic reports to provide assurance on its work and offer Members a greater insight into its role and responsibilities.
- 3.2 The thematic report attached as **Appendix A**, provides information on the approach the SFRS have taken to reduce accidental dwelling fires, as well as its performance in this area.
- 3.3 The SFRS has a statutory duty to promote fire safety, and in particular provide information about the steps that can be taken to prevent fire.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no significant financial implications for the Council.

5. LEGAL IMPLICATIONS

5.1 There are no significant legal implications for the Council.

6. MANAGEMENT OF RISK

N/A

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous People	SFRS are key partners within Community Planning Aberdeen and help contribute towards the achievement of LOIP themes which aim to make people more resilient and protect them from harm.
Prosperous Place	SFRS are key partners within Community Planning Aberdeen and help contribute towards the achievement of LOIP themes which aim to support the development of sustainable communities.

Design Principles of Target Operating Model	
	Impact of Report
Governance	The Council has an oversight role of SFRS and the purpose of the report is to provide assurance on SFRS performance.
Partnerships and Alliances	The Council and SFRS are Community Planning Aberdeen partners with a shared commitment to deliver the LOIP.

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	N/A
Privacy Impact Assessment	N/A
Duty of Due Regard / Fairer Scotland Duty	Not required.

9. BACKGROUND PAPERS

N/A

10. APPENDICES

Appendix A – SFRS Thematic Report: Reduction of Accidental Dwelling Fires.

11. REPORT AUTHOR CONTACT DETAILS

Iain Robertson
Committee Services Officer
lairbertson@aberdeencity.gov.uk
01224 522869

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Aberdeen City LSO Area

SCOTTISH FIRE AND RESCUE SERVICE THEMATIC REPORT – ACCIDENTAL DWELLING FIRES

1 Recommendations

The Aberdeen Public Protection Committee is recommended to:

- 1.1 Consider and note the information provided in this report in relation to the reduction of Accidental Dwelling Fires.

2 Introduction

- 2.1 A key priority within the Local Fire and Rescue Plan for Aberdeen is Reducing Accidental Dwelling Fires.
- 2.2 The purpose of this report is to provide the Aberdeen Public Protection Committee information on this priority in relation to our performance on the reduction of Accidental Dwelling Fires and how we intend to deliver against this priority in the future.
- 2.3 The Scottish Fire & Rescue Service has a statutory duty to promote fire safety, and in particular provide information about the steps that can be taken to prevent fire.
- 2.4 As a result of our community activities by local Fire Fighters and Community Action Team there has been a downward trend in the number of fires in the home.



Year-To-Date Totals with Three-Year Average Trend Comparisons

Figures nationally show that Accidental Dwelling Fires have reduced by 7% compared with figures over the last three years. Aberdeen City has seen a positive reduction of 19% over the same period of time.

In addition to this the overall severity of fires is down as can be seen in the table below. The severity of fires can be directly linked to Smoke alarm ownership, as the sooner the fire is detected the quicker intervention can be carried out therefore directly affecting the severity.

Aberdeen City Local Authority Area ADF Totals by Severity Category

Year-To-Date Totals

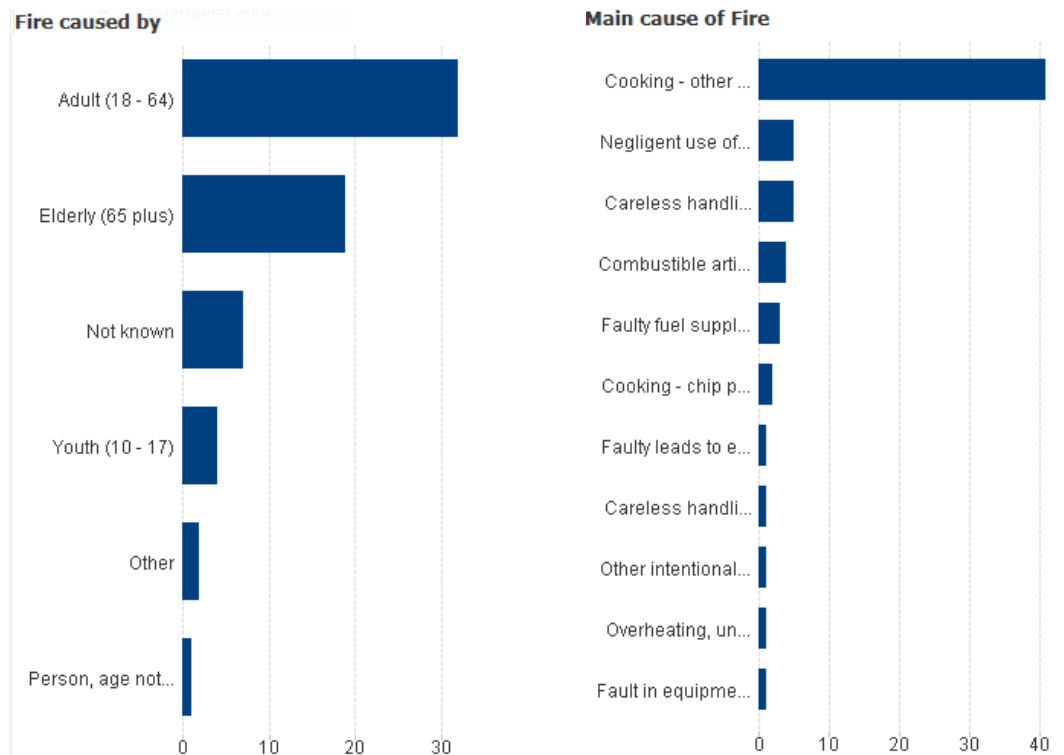
PI	2015-16	2016-17	2017-18	2018-19	Prev 3Yr-Ave	Percent Diff	Trend
ADF Low Severity	39	41	35	32	38	-16	▼
ADF Medium Severity	44	22	34	27	33	-18	▼
ADF High Severity	2	3	2	1	2	-50	—
Accidental Dwelling Fires (ADFs)	85	66	71	60	74	-19	▼

3 Local Plan & Priorities

- 3.1 Local activities are guided by our local Fire & Rescue Plan for Aberdeen City which links in with Aberdeen City's Local Outcome Improvement Plan.
"Aberdeen a place where all people can prosper"
- 3.2 Our plan details our priorities and reducing Accidental Dwelling Fires sits with our priority for 'Domestic Safety and Wellbeing'.
- 3.3 Domestic Safety and Wellbeing focuses on reducing unintentional harm in the home environment which includes accidental dwelling fires. In addition to the personal trauma from a fire in the home there is an impact for a wide range of public services.
- 3.4 Working with our partners in Aberdeen we have identified vulnerable groups and individuals at risk of harm. By working with our partners and sharing information we reduced risks in the community by direct intervention or indirectly through partner liaison.
- 3.5 Our aim is to reduce the likelihood of unintentional harm by improving safety in the home and preventing 'Accidental Dwelling Fires'.

4 Targeted Approach

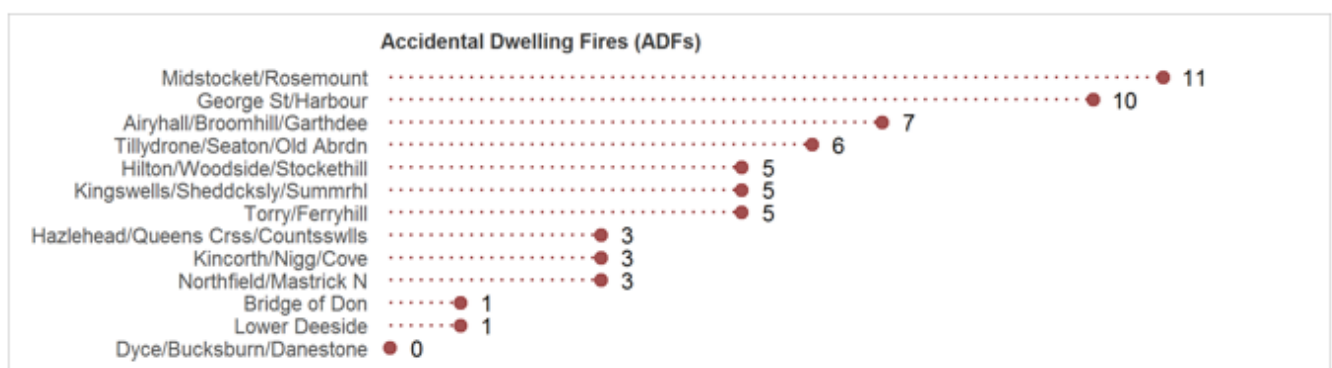
- 4.1 The promotion and delivery of free 'Home Fire Safety Visits' will remain a key focus for SFRS across Aberdeen
- 4.2 Through partnership working with our community partners we will apply a 'Targeted Approach' by prioritising those members of our community who are most at risk from fire or harm in the home.



2018-19 Q1 analysis for 'accidental dwelling fires'

Analysis shows us trends in our communities that guide our activities. By focusing our engagement activities to the right people and in the right areas of our community we can have a positive impact on reducing 'accidental dwelling fires'.

Accidental Dwelling Fires, Non-Domestic Fires and Secondary Fires



5 Partners & Our Activities

5.1 We undertake partnership working at all levels which allows us to streamline the sharing of resources, expertise, information and data. This allows a more co-ordinated and considered service for the end user, reduced duplication and a reduction in associated costs.

5.2 We play an active part on local groups delivering our fire safety message and referral process for 'Free Home Fire Safety Visits' to the partner's service users via:

- Alcohol and Drug Partnership
 - Adult Protection Committee
 - NHS Fire Safety Management
 - Void Property Group
- Aberdeen Community Safety Partnership:
Lalo produces daily fire stats and attends the Hub with other agencies to report incidents of note. Any tasks generated for the fire service are completed by the Community Action Team
- Case Conferences / Professional Meetings:
SFRS are invited by mental health, social work, housing and drug & alcohol agencies to case conferences that usually involve adult protection cases. This would relate to items like hoarding, mental health, substance misuse and wilful fire setting.
- Fire setter intervention:
Community Action Team members are trained as Fire Setter Advisors. Intervention work is undertaken following referral from one of our community partners.
- Fresher's – new student move-ins:
The Community Action Team and operational crews engage with students at Aberdeen and Robert Gordon University with fire safety information and leaflets. This is an annual event.
- Job Centre Engagement:
The Community Action Team attend the Job Centre and offer those seeking employment and support.
- Cook Safe and Carry On Cooking:
Targeted at the over 60's and particularly dementia sufferers the initiative takes place in sheltered accommodation blocks across Aberdeen. Practical demonstrations are undertaken on preparing food and cooking food using a microwave oven. Hazards in the kitchen, including cooking (over heating food) and electrical appliances are discussed along with methods of controlling the risks. Issues particular to dementia sufferers are also included. A free HFSV is offered to the attendees at the end of the visit.

- Syrian Refugees engagement:
Fire Safety in the home talks and complete a HFSV – working closely with interpreters and a Support Worker (Workers Education Association Scotland) in conjunction with Aberdeen City Council (ACC).
- VOID Property Group:
Engaging with VOID property group members regarding unsecure derelict buildings within the City.
- General Fire Safety in the home talks / engagement sessions:
Foster Carers Group through Integrated Child and Family Services (ACC)
North East Sensory Services (NESS)
Macular Society
Church Groups
Care Homes – staff & residents
Criminal Justice Woman’s Group
Day patients and their carers who are receiving mobility treatment (City Hospital)
- Bon Accord Care Engagement / pilot:
Pilot the new support/care plans for carers – still in early stages.
Bon Accord staff fire safety awareness training due to start in Sept/Oct/Nov 2018.
Pilot to commence end of year in targeted areas of City.
- Fire Related Anti-Social Behaviour (FRASB) Talks / Initiatives:
Targeted talks aimed at schools who have had issues with fire setting and general ASB within their school or area.
Hazlehead, Cults and Kincorth Academies previously given talks.
Recent communication with School Based Police Officer (SBO) regarding FRASB talks to pupils at St Machar Academy following fire raising within school.
Recent Multi-agency engagement (SFRS, Police, ACC Environmental Services) undertaken in Torry following increase in wilful fires (Community Hub Task generated – 4 youths charged). ACC agreed to uplift waste/rubbish around wheelie bins and streets of concern every Friday afternoon. On the first weekend trialled there were ‘zero’ wilful fires reported in Torry, with a continual downward trend since.

6 Outcomes

- 6.1 Improved support for the safety and wellbeing of our communities
- 6.2 Reduction in the number of accidental dwelling fires
- 6.3 Reduction in the number of casualties resulting from accidental dwelling fires
- 6.4 Reduction in social and economic costs

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection Committee
DATE	10 October 2018
REPORT TITLE	Chief Social Work Officer's Annual Report
REPORT NUMBER	OPE/18/164
DIRECTOR	Rob Polkinghorne
REPORT AUTHOR	Graeme Simpson
TERMS OF REFERENCE	1

1. PURPOSE OF REPORT

- 1.1 This report presents to Elected Members the Chief Social Work Officer's Annual Report for 2017/18 financial year. The purpose of the report is to inform Members of the role and responsibilities exercised by the Chief Social Work Officer; to provide information on statutory decision making in the period; and to give a progress report on key areas of social work provision within Aberdeen City.

2. RECOMMENDATION

- 2.1 It is recommended that the Committee note the content of the Annual Report, as attached at Appendix 1.

3. BACKGROUND

- 3.1 The role of the Chief Social Work Officer is a statutory post in accordance with the Social Work (Scotland) Act 1968, as amended by the Local Government (Scotland) Act 1994. This requires Local Authorities to appoint a single CSWO for the purposes of listed social work functions.
- 3.2 The required qualifications of the Chief Social Work Officer are set out in regulations and the post holder must be able to demonstrate senior strategic and operational experience. National Guidance on the role was published by the Scottish Government in 2009 and was revised in May 2017. It provides an overview of position, outlining the responsibility for values and standards, complex decision making, particularly in relation to deprivation of liberty decisions and professional leadership. The guidance also covers accountability and reporting arrangements.
- 3.3 The Chief Social Work Officer provides advice to the Council on social work matters; undertakes decision making in respect of statutory functions and

provides professional governance, leadership and accountability for the delivery of social work and social care services, whether they are provided by the Council or on behalf of the Council by another agency. Social Work in Scotland, an Audit Scotland Report published in September 2016, outlined the increased complexity of the role as follows: “With integration and other changes over recent years, the key role of the Chief Social Work Officer (CSWO) has become more complex and challenging. Councils need to ensure that CSWOs have the status and capacity to enable them to fulfil their statutory responsibilities effectively”.

- 3.4 This report is consistent with the content and format guidance laid down by the Chief Social Work Adviser for Scottish Government. The annual report does not provide a complete account of social work activity over the year. Rather it is an opportunity to provide an overview of the range of services and initiatives in social care and to highlight key achievements and challenges.

4. FINANCIAL IMPLICATIONS

- 4.1 There are no financial implications arising from this report.

5. LEGAL IMPLICATIONS

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

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	There are no financial implications.	L	None
Legal	There are no legal implications.	L	None
Employee	There are no Employee implications.	L	None
Customer	There are no customer implications.	L	None
Environment	There are no environment implications.	L	None
Technology	There are no technology implications.	L	None
Reputational	This report contributes to a Scotland wide report prepared by the Chief Social Work Adviser. It	L	None

	will also form part of the submission to the Care Inspectorate.		
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7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	Effective social work provision across children's and adult's social work improves the life chances of those it impacts. It increases the potential for people to become active economic citizens and to determine their own future.
Prosperous People	<p>There is evidence across Aberdeen City of social work services supporting young people and adults to live independently, but more work is required to ensure our Looked After Children have improved educational and employment opportunities.</p> <p>Social work is a targeted, statutory service with clear thresholds for intervening in people's lives. This is important, because state intervention of this nature must be applied responsibly, proportionately and in line with peoples' rights to liberty, privacy, and a family life. Good social work services are easy to access, responsive, treat people with dignity and respect and, where possible, are delivered in partnership with those requiring or requesting them.</p>

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	No Impact.
Organisational Design	No Impact.
Governance	No Impact.
Workforce	This report reflects the work delivered by the social work and social care workforce of Aberdeen City Council/Integrated Joint Board.
Process Design	No impact.
Partnerships and Alliances	As noted this report draws work of social work staff in Aberdeen City Council and the Integrated Joint Board.

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Not applicable.
Privacy Impact Assessment	Not applicable.
Children's Rights Impact Assessment/Duty of Due Regard	Not applicable.

9. BACKGROUND PAPERS

None

10. APPENDICES

Appendix 1 – Chief Social Work Officer's Report 2017-18

11. REPORT AUTHOR CONTACT DETAILS

Name Graeme Simpson
Email Address gsimpson@aberdeencity.gov.uk
Tel 01224 523496



ABERDEEN
CITY COUNCIL

Chief Social Work Officer

ANNUAL REPORT 2017/18



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Foreword

Foreword

I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2017/18. This provides an overview of the social work services provided, information on statutory decisions made by the Chief Social Work Officer on behalf of the Council and some of the key challenges facing the service in 2017-18 and beyond.

Every local authority is required to have a professionally qualified Chief Social Work Officer (CSWO), as set out in Section 45 of the Local Government etc. (Scotland) Act 1994. The qualifications are set down in regulations that state that the CSWO must be registered as a Social Worker with the Scottish Social Services Council (SSSC). The overall aim of the CSWO role is to ensure that the Council and the Aberdeen Health and Social Care Partnership receive effective, professional advice and guidance in the provision of all social work services, whether these are provided directly, in partnership with other agencies, or purchased on behalf of the local authority.

The CSWO has a responsibility for overall performance improvement and the identification, management and reporting of corporate risks as these relate to social work services. To fulfil these responsibilities, the CSWO has direct access to elected members, reporting through various Committees, the Chief Officer of the AHSCP and has direct links to the Chief Executive of the Council. The CSWO provides professional leadership and promotes values and standards of professional practice, ensuring that only Registered Social Workers undertake those functions reserved in legislation and meet the requirements of their regulatory body and the SSSC Codes of Practice. Any social worker or social care professional may approach the CSWO for advice.

A number of specific statutory responsibilities are discharged by the CSWO. These relate primarily to decisions about the curtailment of individual freedom and the protection of individuals and the public. These decisions must be made by the CSWO or by a senior, professionally qualified social worker to whom the responsibility has been delegated by the CSWO and for which the CSWO remains accountable. There must be CSWO cover 24 hours a day, every day of the year. The Chief Officer – Integrated Child & Family Services is the Chief Social Work Officer.

To ensure that CSWO cover is in place at all times, the Council has in place a scheme of delegation of the statutory responsibilities Lead Service Managers in Children's Social Work and Lead Social Worker, Aberdeen Health and Social Care Partnership. Over the past year the Service has undergone significant change in leadership across Children's Social Work and the Aberdeen City Health and Social Care Partnership. It has been important for services to increasingly evidence the impact they are having on the lives of they are intervening in. The challenge is to do so against a challenging economic and financial backdrop.

In this context, the CSWO has a crucial role in ensuring that any financial decisions made do not compromise the safety and wellbeing of people who use social work services. These pressures are felt not just by ourselves, but also by our colleagues across the third and public sector. The City Council commissions high volumes of adult social care and the difficulty of securing this provision has continued over the past year. These are challenges that the Health and Social Care partnership are addressing through innovative commissioning approaches, which are outlined later in this report. In addition, the City Council, the Health and Social Care

Partnership, our stakeholders and partners face recruitment challenges, with difficulty in filling key posts.

In its 2016 report on Social Work in Scotland, Audit Scotland noted that the role of the CSWO has become increasingly complex with the introduction of Health and Social Care Partnerships. In Aberdeen, Children's Social Work is located within the City Council, and is attached to the role of Chief Officer – Integrated Children & Family Services, whilst Adult and Criminal Justice social work resides within the Health and Social Care Partnership. This provides two challenges. Firstly, the CSWO has to retain oversight, professional leadership and provide assurance of safety and quality of all social work services across two large and complex organisations. Secondly, the CSWO has to step back from the role of Chief Officer to provide independent, professional oversight and challenge of Children's Social Work. This is not unique to Aberdeen and is an issue facing a number of CSWOs across the country.

This report recognises the excellent work delivered day in day out by staff in Children's Social Work and Aberdeen Health and Social Care Partnership. These staff deliver high quality support and services to vulnerable adults and children and to discharge statutory responsibilities to ensure their safety, wellbeing and protection. This report attempts to reflect their work.

Graeme Simpson
Chief Social Work Officer

Children's Social Work

Children's Social Work is a statutory, targeted service working with those families who are among the most vulnerable and disadvantaged in the city. Many of the children of these families are required to work with us on a compulsory basis. In 2015 Aberdeen City Council adopted a systemic model of practice known as "Reclaiming Social Work". This was a whole system redesign of social work services for families in need in Aberdeen. The model recognises the important role social workers play in helping and supporting families in need, and we have redesigned our structure to ensure they are free to focus on this work. While the service model has evolved over the course of the past three years in response to challenges in respect of recruitment and the changing financial environment, the model continues to enable social workers to work more collaboratively within newly formed systemic units and concentrate on social work, not unnecessary bureaucracy.

Initial advice was that it would take up to three years to recruit sufficient appropriately trained and experienced Consultant Social Workers, and this is proving true. It has not slowed progress, however, as whilst remaining true to the systems based theoretical model, we have developed alternative solutions such as systemic teams, rather than units, introduced a mentoring scheme to support staff develop the skills necessary to apply for Consultant Social Worker posts. Whilst recruitment remains a challenge across much of the public sector. In the North East we are confident that the posts will be filled and that the service model will be fully operational within the coming months. The positive experience of those units already in place will roll out across the service. The impact of the model on service users is being independently evaluated. This will also draw upon the evidence from staff and partners and, more importantly, service users.

The wider restructure of the Council and the establishment of an Integrated Children & Family Service will require Children's Social Work in collaboration with Education colleagues to further consider how services can be integrated to benefit the needs of children, young people and their families. While acknowledging the scale of the change across the Council, staff throughout Children's Social Work have worked with a professionalism and dedication to improve the lives of children and their families.

The Aberdeen City Health & Social Care Partnership

The Aberdeen City Health and Social Care Partnership has continued in its second year of operation to embed the integration of the delegated health and social care functions, the ongoing transformation of our services and to work towards fulfilling the ambitions and priorities outlined in our Strategic Plan.

The partnership is required to show on an annual basis how effective it has been in attaining or working towards the national health and wellbeing outcomes. Core indicators are aligned to all these outcomes and over the past year (2017-18) 14 of the 19 reported indicators have improved or stayed the same. Most notable improvements are evident in the rate of emergency bed-days for adults reducing by 9% and the number of days people spend in hospital when they are ready to be discharged reducing by 27%. Of the 5 indicators that had performed worse than the previous period, 4 indicators were within 3% of the previous period's performance except readmission to hospital within 28 days at 10%.

For the same period, the partnership performed better than Scotland for 12 of the 19 indicators with particularly good comparative performance in the rate of emergency admissions at 16% better than the average, the rate of emergency bed-days for adults at 12% and the falls rate per 1,000 population in over 65s at 11%. We performed worse in 7 of the indicators with readmissions to hospital within 28 days of discharge worse than average by 7%, the percentage of all adults with intensive needs receiving care at home worse by 7% lower and the number of days people spend in hospital when they are ready to be discharged worse by 9%.

We have identified that some of the sources of our performance data are not as robust as we would like, and we have committed to undertaking a full review of our indicators and of how the information is gathered. In addition, we are about to embark on refreshing our Strategic Plan as the lifespan of the current one ends on 31st March 2019.

There is a strong expectation to deliver significant transformational change at pace to improve the personal experiences and outcomes for individuals who use our services. We have increased the capacity of our transformation team to drive an ambitious programme of change activity that will deliver the desired improvements and required efficiencies. This programme includes the introduction of INCA (Integrated Neighbourhood Care Aberdeen) in the South Locality, Acute Care @ Home in the Central Locality, and a new approach to home visiting for all GP practices in the West Locality as well as the roll out of our primary care Psychological Therapies service and Links Practitioners. These have all been small tests of change, the learning from which will inform the future rollout of these initiatives across the whole partnership.

During the year, both our Chief Officer and our Head of Operations moved on to other roles which was unsettling for the staff but they have continued to fulfil their roles and deliver services with a high degree of professionalism. Despite these changes our aim remains to be one of the top performing partnerships in Scotland across all sectors and one which attracts the best people to work with us and I look forward to working with the new Chief Officer towards achieving this goal.

Partnership Working - Governance and Accountability Arrangements

Integrated Children's Services

In line with the Children and Young People (Scotland) Act 2014, Statutory Guidance, Section 3, our Integrated Children's Services Partnership began the development of the new Aberdeen City ICS Plan 2017 - 2020. The plan was published on the 1st April 2017 and formally launched at our annual ICS Conference on 12th June 2017. Key themes identified in the plan were:

- Closing the outcome gap for our disadvantaged children and young people
- Improving health and wellbeing, particularly in areas such as mental health and physical activity
- Improving community safety and the environment to make safe spaces for children and young people of all ages
- Ensuring that we engage and include children and young people in the ongoing progress and development of our work.

The first annual update report on progress to deliver these objectives was completed and submitted to the Scottish Government. It is the intention to refresh the Local Outcome Improvement Plan in the coming year and this review will influence and inform the areas of continuing priority for the IBS Board. The Chief Social Work Officer and senior Children's Social Work leaders are represented in each of the ICS Partnership senior governance groups ensuring that the Corporate Parenting, and Child Protection agendas will be delivered and supported within a multi-agency approach over the coming three years.

This work will be driven by our ICS Board who will be provided with reports on the progress and improvement. This will ensure timely performance updates and recommendations for the Outcome Groups to drive forward.

The Health and Social Care Partnership

Aberdeen City Council has delegated a range of statutory functions in respect of social care services to the Integrated Joint Board (IJB). Legal responsibility for these functions still sits with the City Council, under the direction of the IJB.

The Chief Social Work Officer is a member of the Integration Joint Board as the responsibilities of this role in relation to local authority social work provision continue to apply to functions which have been delegated under the integration arrangements. The Lead Social Work Officer continues to link with the Chief Social Work Officer with regards to the governance arrangements, continuous improvement, quality assurance and management of adult social care services.

Through an interim Clinical and Care Governance Framework, arrangements have been put in place by the IJB to comply with the National Framework for Clinical and Care Governance. A Clinical and Care Governance Committee (C&CGC) and a Clinical and Care Governance Group (C&CG) have been established to oversee the implementation of this framework. The C&CG Committee provides assurance to the IJB in relation to the quality and safety of services

planned and/or delivered by the IJB. Its key role is to ensure that there are effective structures, processes and systems of control in place.

The role of the Clinical and Care Governance Group is to oversee and ensure provision of a coordinated approach to clinical and care governance issues within the partnership. The Group reports to and provides assurance to the C&CG Committee that there are robust mechanisms in place for reporting clinical and care governance issues. The Lead Social Work Officer is a member of the Clinical Governance Group (C&CGG) and the Chief Social Work Officer has a freestanding invite to attend this group.

H&SCP Commissioning

Strategic Commissioning is fundamental to our ambition to work with partners across all sectors in reshaping the services that we deliver to address the common challenges that we face. A coherent commissioning approach is pivotal to the people who use our services having improved personal experiences and outcomes. Other anticipated benefits include a more resilient, local marketplace, innovative and effective care models and contractual arrangements that are fit for purpose.

During 2017/18 the ACHSCP has:

- published its Strategic Commissioning Implementation Plan which details our key commissioning intentions and incorporates a market Facilitation Statement;
- established a Strategic Commissioning Programme board to support progress across the priority commissioning programmes. It provides leadership, direction, challenge, permission, and control to commissioning projects as well as removing blockages;
- published its Carers and Learning Disability strategies as well as its Primary Care and Transformation Plans and
- further developed and enhanced its relationship arrangements with provider umbrella organisations such as Scottish Care and ACVO involving them in key groups such as the Strategic Commissioning Programme Board.

Social Services Delivery Landscape

About Aberdeen

Place: Aberdeen City covers an area of 186 square kilometres and in terms of population size, it is the 8th largest local authority in Scotland. The City is made up of 37 neighbourhoods – 8 of which have been recognised as deprived based on SIMD.

Population: In June 2017, the estimated population of Aberdeen City was 228,800, with slightly more than half of the population being female (50.2%). This estimated population was 0.5% lower than the previous year's population of 229,840. The main contributor to this decrease was negative net-migration to the City between mid-2016 and mid-2017. In the period up to 2041, the population of Aberdeen is forecast to increase to 243,056 (5.8%) with the number of children (aged 0-15) increasing by 0.9% and the number of those aged 65+ by 12.5%. (Figure 1)

Age structure: Compared to Scotland, Aberdeen City has a lower proportion of people in the older age groups, 55+ years and a higher proportion of its population in the young adult age groups, 15-24 years and, particularly 25-34 years (Figure 2)

Life expectancy: In 2014-2016 estimated life expectancy at birth was 80.8 years for females and 76.4 years for males. Both male and female life expectancy have decreased in each of the last three years and are now lower than average life expectancy for Scotland. Consistent with longer-term trends in Scotland, both male and female life expectancy have increased since 2001-2003, with the rate of increase being higher in males than females, thus narrowing the gap between male and female life expectancy. However, the rates of increase in this period were lower in Aberdeen City than for all other local authorities.

Estimated life expectancy by deprivation: Estimated life expectancy is strongly associated with deprivation. Males in the most deprived quintile (SIMD 2016) in Aberdeen have a life expectancy of 72.0 years compared to 81.0 years for those in the least deprived quintile – a difference of 9 years. Females in the most deprived quintile have a life expectancy of 77.1 years compared to 84.1 years for those in the least deprived quintile – a difference of 6.4 years.

Deprivation (SIMD 2016): Based on overall rankings of deprivation (i.e. All Domains), Aberdeen performs relatively well in the SIMD with 113 (40%) of its data zones being in the 20% least deprived areas of Scotland. However, there are 22 (8%) data zones in the 20% most deprived areas of Scotland – equivalent to a population of 18,171.

Resources

Finance

The current Council 5 Year Business Plan lays out the net budget for social work services until 2022-23, showing a decrease of 0.3% from 2017-18. However, within this figure, adult social work services will reduce by 6.8%. This is based on current assumptions of future government funding.

SOCIAL WORK SERVICES	2017-18 (£'000)	2018-19 (£'000)	2019-20 (£'000)	2020-21 (£'000)	2021-22 (£'000)	2022-23 (£'000)
Total Budget	121,541	128,384	126,045	123,608	121,993	121,182
Adults	83,308	84,995	82,483	80,046	78,431	77,620
Children	38,233	43,389	43,562	43,562	43,562	43,562

Please note that these figures may change during the current budgeting process and the adult social care budget does not reflect how the Partnership might use additional capacity/transformational funding to pay for some adult social care services.

Children's Social Work

Social Work Services meet commitments within budget. However, Children's Services in 2017-18 were overcommitted through increase in demand, particularly against the joint budget with Education for specialist residential placements through the Children's Hearing and additional requirements for foster placements. The budget has now been re-profiled to effectively meet the demographic changes facing the City and the year on year increase in residential care charges.

As demand projections indicate an ongoing budget pressure, a sustainable solution is being developed through a range of initiatives. Investment is being made in service transformation to improve outcomes and constrain demand pressures, in particular the adoption of the Reclaiming Social Work Model, gives the opportunity for an outcome-based approach to setting the Children's Services budget. The Inclusion Review in Education enables joint approaches to managing demand and meeting the needs of looked after children within City resources.

The integration of Children's Social Work services and universal services for children will offer further opportunities to strengthen and develop prevention and early intervention strategies to constrain growth in demand for more costly interventions.

Particular consideration needs to be given to changes in relation to commissioned services and the impact of market forces.

H&SCP

The Scottish Government Local Government Finance Settlement (Circular 7/2015 version 4) imposed a range of conditions on Councils, which were reflected in the creation of the consolidated budget. £250 million, for Scotland as a whole, will be transferred from the Health Budget to integration authorities in 2016/17, whereby £125 million is to support additional spend on expanding social care to support the objectives of integration; and £125 million is provided to help meet a range of existing costs faced by local authorities in the delivery of effective and high-quality health and social care services.

The Aberdeen City Integrated Joint board (IJB) share of the £250 million is £9.5 million. £4.75m to fund additional capacity and £4.75m to meet local authority budget pressures. This includes a requirement that all social care workers including those in the independent and third sectors are paid the Living Wage. There is also additional capacity/transformational funding available of £9.625m. This consists of additional social care capacity £4.75m, Integrated Care Fund £3.75m and Delayed Discharge Funding £1.125m. The Chief Officer will consider an investment strategy for this funding.

In 2017/18 a third tranche of additional funding of £3.86m was made available so that social care workers providing care to adults could be paid the Scottish Living Wage. Councils could reduce the funding passed over to the Integration Joint Board by their share of £80 million. In Aberdeen City this reduction amounted to £3.090 million. This gives a total delegated budget of £264.323m for 2017/18 for the Aberdeen City and Social Care Partnership budget.

Service Quality and Performance including delivery of statutory functions Performance Frameworks

HSCP Performance Framework

For the IJB to function effectively as a governance body it requires the right information at the right time to ensure it is focused on the right issues. The information needs of the organisation are increasing as it operates in a constantly developing environment. For intelligence to have an impact on improving health and care, it is important to work together at all levels of the system to co-produce intelligence, aiming to improve ownership, responsibility and collective leadership. This Framework and the proposed approach to performance and governance are not just about change at IJB level but must permeate the organisation at locality level and in multidisciplinary teams. Achieving our aims and objectives depends on having an effective performance framework to measure progress. There are hundreds of indicators used to monitor the services we deliver, the quality of care we offer and the outcomes we achieve. Our approach has been to develop a structured framework for managing information to ensure the right information reaches the right people at the right time. We are operating in a constantly changing environment and what we measure now to assess performance is likely to develop as we pool data between health and social care, particularly at locality and community level. We draw on indicators that help to assure performance of current practice and support continuous improvement. They are based on aspects of care and management where we have the greatest level of accountability and leverage to improve. In some cases, the data may be limited, and the measures may be imperfect, but we can still use it to understand where we are, and where we want to be, and we are working to improve the quality and range of data available and our ability to analyse it. The national and local indicators we use are contextualised around a balanced performance framework adapted from the Care Quality Commission

Risk

The Integration Joint Board has in place a Board Assurance Framework to provide the necessary assurance associated with good governance that the partnership has put in place the structures, behaviours and processes necessary for setting risk appetite, for delegating the identification of both significant events and trends, for assessment and mitigation of risk, and for putting in place effective controls and assurances, properly owned and actioned.

A key element of the assurance framework is the risk management system, whose outputs (i.e. strategic and corporate risk registers, and other reports) contribute significantly to board assurance on key risks to our strategic ambitions and priorities. The IJB Risk Management policy sets out the arrangements for the management and reporting of risks to IJB strategic priorities, across services, corporate departments and IJB partners. It describes how risk is contextualised, identified, analysed for likelihood and impact, prioritised, and managed. This process is framed by the requirement for consultation and communication, and for monitoring and review.

The Strategic Risk register is owned primarily by the Chief Officer with individually identified risks assigned to different members of the Executive Team as appropriate. It sets out those

risks which may threaten achievement of the IJB's strategic priorities, in order for the board to monitor its progress, demonstrate its attention to key accountability issues, ensure that it debates the right issue, and that it takes remedial actions to reduce these. Importantly, it identifies the assurances and assurance routes against each risk and the associated mitigating actions.

The Strategic Risk Register is presented to the Executive Team for discussion every month. It is also submitted to the Audit and Performance Systems Committee (APS) on a quarterly basis and then presented, with appropriate APS comments included, to the following IJB meeting thus ensuring regular and robust scrutiny of the assessed risks and the mitigating activities and interventions.

Child Protection

The Aberdeen City Child Protection Committee (CPC) is chaired by the Aberdeen City's Lead Nurse and has a membership across the full range of agencies and services with child protection responsibility including Aberdeen City Council (including social work, education and housing), Police Scotland, NHS Grampian, the Reporter to the Children's Hearing, Aberdeen Violence against Women Partnership and the third sector. All members aim to consistently improve upon the delivery of robust child protection practices across the public, private and wider third sectors.

The Local Police Commander and the Chief Executives of NHS Grampian and Aberdeen City Council are the Chief Officers responsible for the leadership, direction and scrutiny of the local child protection services and the Child Protection Committee. They have strategic responsibility for the CPC.

The CPC has three sub committees. The CPC's Operational sub-committee is responsible for driving forward the work of the child protection programme. It works alongside the Significant Case Review sub-committee and the Learning & Development sub-committee. The child protection programme encompassing the period 2016 – 2019 is in course of delivery and on-going development.

A child sexual exploitation (CSE) sub group has been established for three years and its remit has been extended to incorporate child trafficking. Short Life Working Groups are established to work on identified priorities; neglect, child protection and domestic abuse, missing children, vulnerable 16/17year olds and Strength-based practice

A Child Protection Partnership with Aberdeenshire and Moray CPC areas collaborates over the child protection register (CPR), joint investigative interview arrangements and bespoke training events. Aberdeen City holds and administers the CPR, co-ordinates the training programme and leads the organisation of the Partnership.

The Child Protection Landscape in Aberdeen

A significant source of information about categories of concerns and emerging trends comes from the management information compiled by the CPR. This enables the CPC to consider issues in its own geographical area and to compare trends across the Grampian area. The

annual figures are taken at 31 July each year and reported to the Scottish Government. The statistics used in this report are therefore consistent with the return to the Scottish Government.

The number of children on the CPR is variable with need. Throughout the period, the number of children on the CPR remained comparable with the Scottish average of around 3 children per 1000 population of 0 -16-year olds.

No. of children on the Aberdeen City CPR from 31st July - 31st July

2011	2012	2013	2014	2015	2016	2017	2018
96	86	92	73	98	118	80	68

Children remain on the CPR for as long as necessary, 88% were de-registered within 12 months and 60% within 6 months, a total of 162 children in 2017 – 2018. 33 children (22%) who were registered over the year from 1 August 2017 to 31 July 2018 had previous registration history, with a range of time intervals between individual registrations. Aberdeen City’s rate of re-registrations has fluctuated between 16% and 25% over the course of the year.

Most children on the CPR (66%) are under 5 years old, including pre-birth registrations which indicates that we respond at an early stage to children in need of protection. Short periods of registration indicate that the supports put in place and intervention made reduces the risks to the child within a shorter time-frame. 21% are in the 5-10 age group whilst 13% of children on the CPR are aged 11-15 years which reflects an awareness of and response to the risks to that age group, in particular of child sexual exploitation.

The main risk factors for children on the CPR are emotional abuse 37%, neglect 32% and domestic abuse 31% (as at 31.07.18). Parental drug misuse is recorded as a risk factor in 25% of cases, parent mental health in 23.5% and non-engaging family in 19% of cases.

A suite of performance management information is considered at each meeting of the Operational Sub-Committee and reported upon, in accordance with a data framework, to the CPC. The strategic focus on the range of performance information enables the CPC, through its child protection programme, to concentrate on the predominant areas of risk to children.

Key themes of Child Protection Programme 2016 - 2019

The Child Protection Programme (CP Programme) has been developed and continues to evolve to ensure that the CPC functions are fulfilled; namely continuous improvement, strategic planning, public information and communication. Those functions have been incorporated into the multi-agency CP Programme.

Three key themes of the CP Programme are linked to the Quality Indicators as outlined in the Care Inspectorate document “How Well Are We Improving the Lives of Children and Young People?”. These are

- How well are the lives of children and young people improving?
- How well are partners working together to improve the lives of children, young people and families?

- How good is the leadership and direction of services for children and young people?

The CP Programme is informed by ongoing self-evaluation and there are a number of strands to this. As well as performance information, the CPC considers national developments, case file auditing, significant case reviews, inspection findings, statistics and practitioners' knowledge. It has an annual development day to which all members of the Chief Officers Group, CPC, Sub Committees and any other relevant groups are invited.

Child Protection Programme delivery 2017 – 2018

- Making best use of child protection data in order to review performance, benchmark with other authorities, identify trends and areas for improvement.
- Recent figures from the CPR indicate that the predominant risk factors across Aberdeen City remain domestic abuse, parental drug and alcohol misuse, emotional abuse and neglect, with increasing evidence of concerns around parental mental health
- There has been much emphasis on ensuring practitioners have relevant, consistent up-to date information and guidance at their disposal. This is through multi agency guidance, web site information, and learning events
- Bespoke learning events to respond to local practitioners' needs have been held. These have related to Initial & Significant Case Reviews (March 2017), CSE national event (March 2017), Child Protection and Disability Conference (June 2017), Awareness Raising month (Oct 2017), Internet Safety (Nov 2017), Child Protection and Domestic Abuse Conference (Nov 2017), CSE and child trafficking Conference (Jan 2018), and Inter-Agency Referral Discussions in Aberdeen City (April 2018)
- Live Facebook events to inform the public about child sexual exploitation, child trafficking and online safety have been held in conjunction with Police Scotland
- Significant and Initial Case reviews have been high on the agenda. The SCR sub-committee has been formed to develop local procedures, to ensure we learn lessons from SCRs conducted locally and in other parts of the country and to make sure learning is disseminated to the Aberdeen City workforce
- Neglect remains a persistent risk factor and has featured in an in-depth ICR.

Child Protection Programme delivery 2018 onwards

In the year ahead, the following areas will be our focus:

- Dissemination of learning from ICRs and SCRs
- Addressing and responding to cumulative neglect
- Developing multi agency guidance and awareness raising of child trafficking
- Addressing child protection and disability
- Improving children's and families experience of and participation in the child protection process
- Responding to Scottish Government's national Child Protection Improvement Programme
- Responding to other national priorities as identified by the Scottish Government or to local need as identified through performance data and other self-evaluation activity, such as multi agency case file audits

- Improving awareness of Child Protection and Culture such as FGM, Honour Violence and Forced Marriage
- Alignment with strategic improvement programmes of Aberdeen Violence Against Women Partnership, Adult Protection Committee, Alcohol & Drugs Partnership
- Continuing our work on CSE/CT/Online safety, neglect, child protection and domestic abuse, missing children, and vulnerable 16 & 17-year olds
- Exploring how to implement Strength based practice across all agencies and services in Aberdeen City.

Looked After Children

The total number of Looked After Children has in the past year reduced slightly from 594 to 576. This represents 1.6% of children aged 1-17 compared to a National figure of 1.4%. Aberdeen City has undertaken significant work to ensure the numbers of Looked After Children sit within the National average and this figure reflects this.

The overwhelming majority of Looked After Children continue to be placed in a 'family' home. As at 31st March 2018, 508 children were cared for within a family setting; 108 (18%) were cared for by parents; 112 (19%) by friends/relatives; and 288 (49%) by foster carers/adopters. 68 (11%) of Looked After Children were accommodated in a residential setting. This latter figure compares to a national picture of 10% of Looked after Children being in residential care.

Our strategic aim is to further shift the balance of care, increasing the proportion of children safely looked after at home with their parent(s) or with friends/relatives. At present Aberdeen City in these areas sits below the national average. It is a service priority that we support children to remain within their families where it is safe to do so. We are further developing our approach to ensuring kinship carers are supported to care for their family members when their parents are unable to do so. Given the continuing financial pressures, particular emphasis will be placed on out of city placements both fostering and residential.

Over the past year we have recommissioned our "Early Help" and "Intensive Support" services. The aspiration of these new services will be to provide tailored support to young people and their families who are in crisis and where there is a risk to the child being accommodated and/or being placed in an out of authority residential setting. These new services will compliment the support provided by our in-house services.

Supporting staff to understand and delivering on our new and extensive duties as set out in the Children & Young People (Scotland) Act 2014 has been a major focus over the past year - in particular Continuing Care and supporting Looked After Children to remain in their care placement beyond their 16th birthday possibly up to the age of 21.

There are five Children's Homes maintained by the local authority, each accommodating five or six young people. In addition, there are two 'satellite' homes each with two places within the city. Separately there is one Children's Home managed by Barnardo's and one for young people transitioning to independence managed by Action for Children. Due to significant challenges in recruitment, one of our homes has been non-operational for the past year. While recruitment activity remains a key priority to build up the capacity of the residential staff, over the past year there has been a strong focus embedding our philosophy of care. In

partnership with Scottish Attachment in Action we have rolled out DDP training for staff. This has seen a very positive shift and evidenced positive outcomes for our young people.

Over the coming year it is our intention to develop a multi-agency approach to Throughcare. This will aim to bring together a number of key agencies into a co-located setting to support young people as they transition from care to an independent setting. It recognises the need for a responsive and flexible support offer to care experienced young people is critical and that social work staff are not always the best placed profession to support them.

The educational attainment of Looked After Children in Aberdeen has been considerably lower than that of Looked After Children throughout Scotland and as a result, is a local priority. The appointment of the Virtual Head Teacher has provided a clearer focus on how schools and services are supporting Looked After Children to achieve their full potential. Over the past year there has been a slight improvement but how schools and wider council services support the attainment needs of our looked after young people remains a high priority.

Youth Justice

The Whole System Approach (WSA) for youth justice in Aberdeen has been embedded within the GIRFEC framework. Youth offending has fallen continually over recent years, showing a 20% reduction over the past year. While there is no room for complacency and recognition that the partnership needs to continue to support the WSA the figures noted below are to be welcomed.

	2015	2016	2017	2018
No. of young people who were accused in relation to multiple CrimeFiles per year	262	198	170	136
No. of young people who were accused in relation to a single CrimeFile per year	602	559	587	522

Through collaborative working and shared decision making, the WSA offers early intervention for low level offences, diversion from statutory measures, prosecution and custody, and community alternatives. WSA processes are continually reviewed and the approach strengthened and over the past year the Responsible Group which takes a Youth Justice lead has held a number of development events to ensure a focus and collective understanding of the needs of young people is at the forefront of practice and strategic planning.

Effective and enhanced links between Youth Justice and Adult Criminal Justice are in place. The Youth Team has ensured a coherent approach to youth justice and a strengthening joint approach where necessary. This has helped shift practice to ensure that young people are not being “up tarified” in terms of recommendations. In addition, skills and knowledge of staff working with young offenders has been enhanced by a number of learning and development events held over the past year. This has included:

- A refocus of our Care & Risk Management Meeting Policy
- Continued input from Christine McCarllie in relation to Young People who exhibit sexually harmful behaviour
- AIM2 and ASSET Assessment training

The Family and Community Support Service IFIT (Intensive Family Intervention Team) respond to the needs of young people who present high risk behaviours to de-escalate the level of risk and avoid the need for secure/custodial intervention. The IFIT Service works collaboratively with our third sector provider of intensive support services.

Corporate Parenting

In 2015 Aberdeen was successful in its application to the Life Changes Trust (LCT) for funding to help to develop its Champions Board and the associated three-year Development Plan provides the basis for Aberdeen City Council's initial corporate parenting plan. The LCT award provided renewed enthusiasm, momentum and commitment. Whilst improvements have been made, there is more work to ensure that all corporate parents fully understanding their responsibilities to Looked After Children. This remains a key priority for Aberdeen. We are currently working with LCT to explore extending the life of their support beyond the three years.

The Champions Board has recognised that while there has been undoubted value in senior leaders coming together to consider the challenges facing CEYP there is a need to challenge and embed a practice across all agencies that recognises the unique needs of CEYP. This remains a priority for the Council and its key partners. Capturing the views of CEYP is a challenge and the Service is exploring how young people can more easily give their views both in terms of their own planning but also in relation to wider service planning.

To ensure the continuing priority of Corporate Parenting at both a strategic and operational basis a revised Corporate Parenting Improvement Plan will be developed in the coming year which will fall within the remit of the Integrated Children's Services Board to provide appropriate support and governance.

The Champions Board, which meets quarterly, provides an opportunity for care experienced young people to talk directly to decision makers about how best to remove complex barriers to multi-agency working so that innovative solutions can be agreed and implemented in a timely manner. An essential element of this is the development of participation in the city to help empower our CEYP and provide them with opportunities to develop their confidence, leadership and teamwork skills.

ACE (Aberdeen's Care Experienced) group is supported by a Development Officer funded by LCT and recruited in partnership with Who Cares? Scotland. A range of activities have been arranged throughout the year including an annual residential week. The group provides the platform to present the issues and areas for improvement to the Board's subsequent meetings. While our young people continue to inspire and impress us with their commitment and enthusiasm we will review and improve our engagement and participation activities for young people over the coming year.

Children's Social Work employs two full time Children's Rights Officers who as well as providing support to Looked After Children to attend reviews and statutory hearings, have a broader Corporate Parenting development role. This has included managing and coaching five Children's Rights Development Assistants (CRDAs). CRDAs are care experienced young people employed by the council for up to a year and for six hours per week. The success of this has been recognised and we will look to adapt this model on a sustainable basis.

An individual grants scheme for care experienced young people, launched in September 2016, continues to provide the opportunity for CEYP aged 14 - 25 to apply for a grant of up to £500. The scheme is managed by ACVO, the local Third Sector Interface, who are responsible for the launch, administration and management of the grants. A decision panel consisting of young people from ACE; Who Cares? Scotland and representatives from Education, Children's Social Work and ACVO, assess and decide on the applications. This model of support has been positively received and evaluated.

The latest data set shows a slight improvement in Looked After Children's attainment and school leaver destinations. Whilst the data shows that 71% of Looked After Children achieved positive follow up destinations compared to 91% of other all children – a 20% difference. This means that considerable work is still required to ensure Looked After Children have the same educational opportunities and life chances as others. The Virtual School Head Teacher for Looked After Children post was established in December 2015 to address high exclusion rates disparities in achievement. Whilst each Looked After Child remains the responsibility of the school at which they are enrolled, the Virtual School Head Teacher provides additional co-ordination of support at a strategic and operational level. The role of the Virtual School Head Teacher is to advocate for the right to education for every one of these children, to reduce the exclusion rate and to address the use of part time timetables, which disadvantages this group.

Our Family Firm approach is being reviewed and developed in collaboration with our HR service as part the Councils approach to developing a young workforce strategy. Our Opportunities for all Manager works in close partnership with the service to identify employability opportunities.

Secure Applications for Children

A very small number of young people present a significant danger to themselves or others and for these few; a placement in secure care may be warranted. These placements can be instigated through Court proceedings, or by the CSWO. The CSWO decides whether to implement a secure authorisation by a Children's Hearing and whether to remove a child from secure accommodation – and provides rigorous oversight to the process. The CSWO must be satisfied that the strict criteria for secure placements are met and that such is in the best interest of the child. Such placements are used for the minimum possible time, though this will vary according to the needs of the child.

PLACEMENTS	2013-14	2014-15	2015-16	2016-17	2017-18
Total New Placements	3	10 (9 children)	7	6 (4 children)	6
Placed by Court	1	1	0	0	1
Placed by Hearing & CSWO	0	2	0	1	1
Placed by CSWO	2	7	7	5	4
Hearing request - Declined	2	2	1	1	0

While it is encouraging that there is a fairly stable trend, the use of secure care will continue to be required where circumstances merit. Where the potential for secure is identified, the CSWO must be assured that every effort has made to avoid this option given it results in the ultimate, non-custodial, deprivation of liberty for a young person. The CSWO in Aberdeen takes this role very seriously, and has, on occasion, involved the City Council's legal team to ensure Human Rights Legislation is not being breached, and to provide external challenge to decision making. The importance with which this is regarded is reflected in newly commissioned services for those most at risk of secure and specialist residential provision and redesigned in-house provision to ensure that Secure Accommodation is truly the last resort.

Emergency Transfer of Children

The CSWO will, on occasion, be asked to consider moving a child on a Compulsory Supervision Order to a more suitable placement before the child's circumstances can be presented to a Children's Hearing. There can be a range of circumstances which can trigger the need for such a move including where the carer/s or establishment is unable to meet the child's needs or where the child's behaviour is posing a risk to themselves or others. Research tells us that children do best when there is careful planning in the lead up to a move of placement. The use of emergency moves should consequently be kept to a minimum, reflective of the emergency nature of the child circumstances. It is therefore encouraging that the data reflects the low use of emergency transfers.

	2013-14	2014-15	2015-16	2016-17	2017-18
No. of emergency transfers	16	17	10	10	6 (5 children)

Adoption; Fostering and Kinship Care

The Chief Officer – Integrated Children & Family Services/CSWO is the Agency Decision Maker. This is a statutory role to consider the approval of plans presented to the Adoption & Permanence Panel and the Alternative Family Care Panel. While the Court determines whether an Adoption Order is granted, the CSWO is the ultimate local authority decision maker on matters pertaining to adoption. It is the role of the CSWO to thoroughly review the information and be assured the recommendations from the Panel are the right ones for the child. As such, some recommendations will not be agreed, or further information sought.

	2013-14	2014-15	2015-16	2016-17	2017-18
Adopters Approved	14	34	29	14	12
Adoption Plans Approved	19	32	24	23	29
Children Adopted	21	19	28	25	17
Foster Carers Approved	6	7	9	4	2

In March 2014 Aberdeen City was a pilot authority for the PACE, (Permanence & Care Excellence) programme. The PACE programme recognised that delay and drift occurred in the planning for children at every stage of the permanence process and across all agencies. For some this drift and delay can make it difficult for their permanence plan to be realised resulting in children remaining within the “care system” for the duration of their childhood.

The service has begun to see a reduction in the length of time it is taking for children's plans to be agreed. The restructure of Children’s Social Work recognises the importance of plans being timeously progressed, as the structure embeds, further improvements are anticipated. The success of the PACE programme was recognised in November 2016 when Aberdeen City won a prestigious Herald Society, national award.

The need to have an increased supply of foster carers and adopters is critical to meeting the needs of children who cannot be cared for by their family, perhaps of greater significance locally, is how we identify and support suitable kinship carers. Kinship care enables the child to remain within their family and positive sense of identity. Research also suggests that the outcomes for children living in appropriate kinship placements can often be better than other settings. Accordingly, the service is further developing its support offer to kinship carers to respond to this need.

It is estimated there is a need for 800 foster carers across Scotland. The service operates in a very competitive environment with several Independent Fostering and Adoption agencies operating in the area. The service re-design saw the establishment of a team dedicated to the recruitment, assessment and preparation of new adopters and foster carers. This team will be critical to minimising the need for children to be placed outside of Aberdeen and the associated dislocation from family and community this brings.

The work of the Fostering and Adoption Team was recognised in a highly positive Care Inspectorate inspection this year.

Adult Protection

The Adult Protection Committee (APC) is chaired by an independent convener who is also the convener of Aberdeenshire Council APC. Over the past year there has been significant work undertaken with the committee to both strengthen and improve to provide robust governance of adult protection practices across public, private and wider third sectors. Following an APC development day in November 2017, a decision was made to revise the membership of the committee with new members identified for each agency who are at a senior level within their organisation. Representation on the APC includes Council, NHS Grampian, Aberdeen City Health & Social Care Partnership, Police Scotland, Advocacy

Services, Aberdeen Council for Voluntary Organisations, Scottish Ambulance Service and Scottish Fire and Rescue Service.

The Local Police Commander and the Chief Executives of NHS Grampian and Aberdeen City Council make up the Executive Group for Public Protection and provide leadership, direction and scrutiny of local adult protection services. The group provide oversight and a line of accountability to the Adult Protection Committee. The minutes of each APC are submitted to the group along with exception reporting.

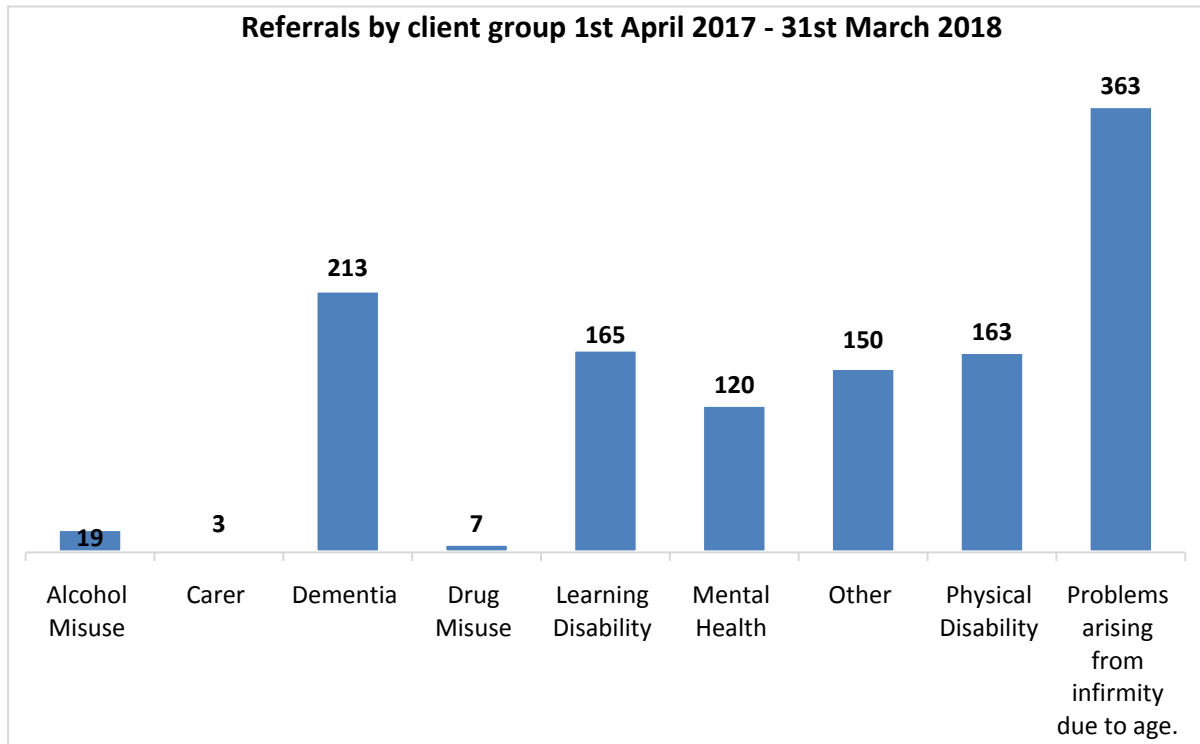
An Operational sub-group has now been established for adult protection and is chaired by the Lead Social Worker who has, as part of her role, lead responsibility for adult protection in the Health & Social Care Partnership. The group is an inter-agency forum and will be responsible for delivering the identified priorities of the APC as detailed in the Adult Protection (AP) Action Plan. The group will have a strong operational basis and will:

- Carry out tasks identified in the AP Action Plan
- Keep a tracker of national and local case learning reviews and Serious Case Reviews (SCR)
- Be responsible for the learning and dissemination of information highlighted in reviews/SCRs
- Highlight ASP operational issues and address them
- Ensure a performance management framework is in place and information is presented to the APC
- Undertake a comprehensive programme of self-evaluation based on quality assurance drivers which demonstrates continuous improvement in service delivery and outcomes.
- Produce quarterly Adult Protection Bulletins
- Establish a communication strategy to enable the effective awareness raising of adult protection across agencies and communities.

The Adult Protection Committee and Child Protection Committee work collaboratively on cross cutting areas of improvement work, such as in relation to the development of consistent case review procedures and multi-agency guidance for professionals working with vulnerable 16 -17 year olds. The CPC and APC each have representatives on the other group and minutes are shared to ensure relevant information and initiatives are shared. There are established procedures in place to guide professionals where there are both child and protection concerns.

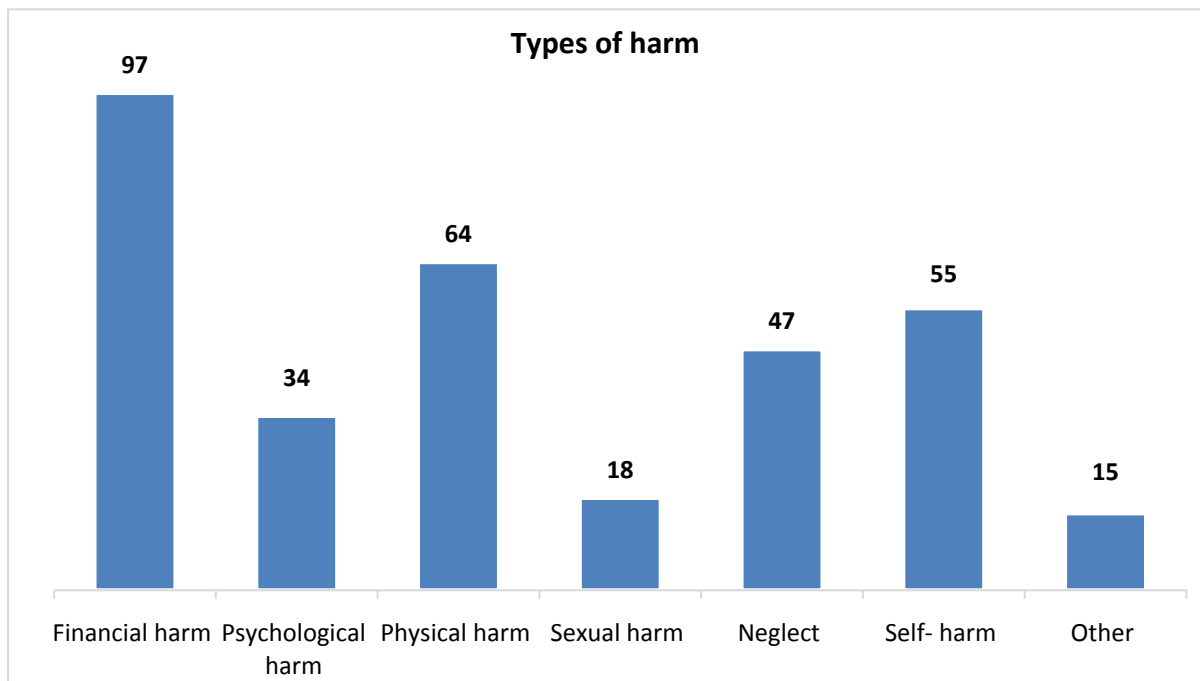
Adult Protection Referrals

1125 referrals were submitted to the adult protection unit over the last year. This is a decrease of 6.5% on the previous year when 1203 referrals were received. The largest number of referrals received per client group continued to be for problems arising from infirmity due to age (32%), followed by Dementia (19%) with 213 reports received.



No further action was taken in 42% of cases with either no risk being identified, inappropriate referral, no support required or support already in place. A further 22% of cases resulted in further action out with the ASP process which could for example be a service/support package being put in place.

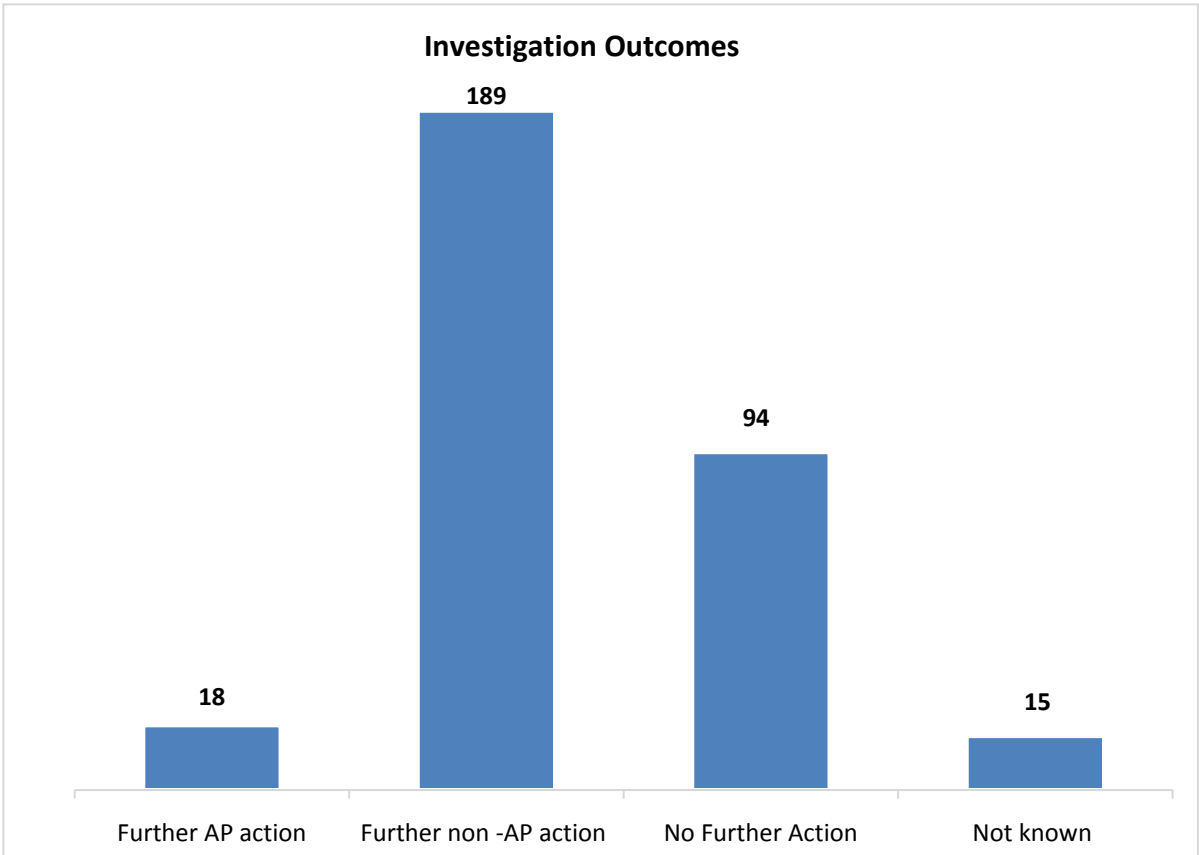
From the all referrals received, 36% of those resulted in investigations completed under the Adult Support and Protection (Scotland) Act 2007. The over 65 age group accounted for 150 out of the 316 investigations.



The main risk factors for adults is financial harm 31%, physical harm 20%, self-harm 17% and neglect 15%.

A suite of performance management information is considered at each meeting of the Operational Sub-group and reported upon, in accordance with a data framework, to the APC. The strategic focus on the range of performance information enables the APC, through its action plan to concentrate on the predominant areas of risk to adults.

Financial harm has continued to increase over several years. The Financial Harm sub group continues to work closely with banks and Trading Standards as well as statutory partners to try to minimise the risk of financial harm and raise awareness. June 2018 was Scams Awareness month which was organised by Citizens Advice who worked closely with the Consumer Protection Partnership to prioritise areas that cause most harm.



There were no protection orders used during the period of this report. Three Large Scale Investigations were conducted which involved multi agency work and cooperation. The commitment from all involved resulted in improving outcomes for the service users and an increased understanding of others’ roles and remits. Within the Health & Social Care Partnership we have continued to build relationships with providers and work collaboratively with them to upskill their staff in ASP ensuring our service users are safe and well cared for. Grampian Threshold Guidance was introduced several years ago for care providers and it is our intention to refresh this guidance and ensure this is embedded in practice across all our providers.

Developments in Adult Protection

Following the Joint Inspection of Older Adults in 2016 and the commission of an internal review of adult protection practice within the Health & Social Care Partnership, a short life

working group was established and has continued to drive forward improvements across the partnership based on the improvement plan that was developed.

Significant work has been undertaken, not only in the partnership but with other statutory partners and agencies across Aberdeen. Over the past year we have developed a culture of learning and development for staff ensuring that effective support, good direction and strong leadership are in place.

Vision

“Aberdeen City Health and Social Care Partnership is committed to ensuring an effective, responsive and inclusive approach to the support and protection of adults at risk of harm”

Key themes of adult protection improvement work 2017-2018

A risk register has been developed for the Adult Protection Committee identifying areas of risk, the controls and mitigations. From this, an APC Action Plan for the newly refreshed committee has been written with identified timescales and measures. As previously advised, the new operational sub group will have the responsibility for driving the work forward. Work is around continuous improvement, strategic planning, public information and communication. Work will be informed by ongoing self-evaluation using performance information, case file auditing, significant case reviews, inspection findings, statistics and practitioner’s knowledge.

A Champions network has been established across health services within the partnership. Several healthcare staff have been trained in adult protection with more staff training arranged. The role of the Champion has been designed and agreed and once rolled out across the partnership, the aim will be to introduce this across all partners.

A GP event, “Overcoming Barriers in Adult Support and Protection and the Care of Vulnerable Adults” was held at Curl Aberdeen on 22nd November 2017. The event was attended by GPs, Nursing staff, Police, SFRS, Advocacy, solicitors and social work staff. Scenarios of ASP cases were looked at using the Action Learning Framework and this highlighted that while we have made progress in raising awareness in ASP, there is still a way to go with upskilling professionals.

The Care Inspectorate and Health Improvement Scotland returned to Aberdeen for a follow up review inspection at the beginning of June 2018. They considered progress on the 8 recommendations made in their inspection report in 2016. The review consisted of a week of file reading, focus groups, meetings with senior managers and some members of the APC. The inspectors also met with a carers group. At the time of writing, the inspection report has not been received but initial feedback has confirmed that progress has been made in all areas apart from the progression of localities within the Health & Social Care Partnership.

Following the publication of the Joint Inspection of ASP across 6 authorities, a Grampian Workshop has been held to consider the findings from the report and key actions have been identified and will be undertaken by Grampian Working Group.

Adult Protection work identified over next year:

- Continued training with an emphasis on joint training across all partners.
- Increased use of and better quality of chronologies and multi-agency chronologies
- Ensuing staff receive specific training in risk assessment and risk management planning
- Champions to be identified in all partnership agencies to raise awareness and a better understanding of the ASP process.
- Communication and Engagement Strategy developed
- To improve the process for individuals and their families/carers by gathering qualitative data about the experience of the ASP process
- To build upon the work done regarding financial harm
- Adult Support and Protection to be integrated in Locality Plans
- Robust performance framework to be developed
- Improving adult and unpaid carers experience of and participation in the adult protection process

Criminal Justice

Criminal Justice Social Work

The Criminal Justice Social Work (CJSW) service sits within the Health and Social Care Partnership, although further work still requires to be done to increase our profile. Aberdeen continues to follow the national and international trend in that offending is on a downward trajectory. This, and several changes to legislation, guidance and practice across the justice system, have impacted on the Criminal Justice Social Work Service and we need to be responsive to the challenges these bring. Whilst a high-level Community Justice Group is working to deliver on the improvements set out in the Local Outcome Improvement Plan, we still need to improve joint working at operational level to be proactive, rather than reactive to change.

In terms of trends, we can report a slight decrease in the number of Criminal Justice Social Work Reports to courts, a decrease in Community Payback Orders (CPO) imposed, but an increase in the number of CPOs with stand-alone Supervision Requirements. In relation to Unpaid Work we are seeing an increase in the number of people who, due to mental/physical health problems, mobility issues, alcohol/drug use and other issues, require indoor placements. There has also been an increase in the number of sex offenders requiring men-only placements. These have proved challenging for the Unpaid Work Team. We continue to provide a range of outdoor placements and, unsurprisingly, did a lot of snow clearing last winter.

Staffing has been a major issue during the past year for a variety of reasons. Local economic issues tend to deter external candidates, so we often recruit newly qualified workers who have undertaken social work placements with us. This does however mean that lack of experience impacts on ability to be trained to use more enhanced risk assessment tools; a high level of training is required and, several years later, they move on to further their horizons or take maternity leave – or both.

Community Justice

The Community Justice priorities for improvement are embedded in the Local Outcome Improvement Plan (LOIP) and CJSW is involved in several of the projects associated with this. These include:

- Project aimed at increasing the number of people referred to relevant services at the Police Custody Suite. Small scale testing was started in relation to engaging individuals with relevant housing/accommodation supports. This project is on hold pending the development of Police Scotland-led multi agency 'Hub' pilots at custody suites
- Project aimed at increasing the number of individuals aged 16 – 25 appropriately diverted from prosecution. The first part of the project has been around improving information sharing arrangements and raising awareness of the benefits of 'diversion' and processes involved, with staff from the relevant organisations. Future efforts will focus on increasing the numbers;
- Employability pilot, aimed at supporting a small number of individuals on a custodial sentence, Community Payback Order with Supervision, or Diversion from Prosecution to progress on the Employability Pipeline. This project is at the early stages of engaging with potential participants prior to close partnership working to support them going forward. This will enable partners to learn from individual 'journeys' to inform potential future service planning aimed at improving outcomes. (A range of evidence is available which shows that being employed can contribute to reducing the likelihood of someone reoffending.);
- Project to improve the quality of Community Payback Orders by increasing the number of Supervision and Unpaid Work exit questionnaires completed by individuals at the end of their Order, and using the feedback to inform service development;
- Project to increase the number of CPO Unpaid Work individual placement providers in within locality. For 11 out of 12 crime categories, the locality was one of the top three home postcode areas of people against whom charges were made (2013-2016). In some cases, it is desirable for an individual to undertake Unpaid Work in their own locality area. However, there are only a very small number of placement providers, which this project aims to address.

An additional emerging project aims to improve collaborative working to support young people in Polmont.

Pre-Disposal

There has been an increase in the number of individuals given Bail Supervision as an alternative to remand. Arrest Referral and Diversion from Prosecution have both been identified as Community Justice areas for improvement. We are looking at the possibility of working with Police Scotland colleagues to deliver an arrest referral service from Kittybrewster Custody Hub. We have already made improvements in relation to Diversion for young people aged 16-25, specifically data collection and a roadshow and practitioner's forum facilitated by the Centre for Youth and Criminal Justice (CYCJ). There is still work to be done to increase referrals from the Procurator Fiscal, but this will be taken forward nationally. It is anticipated that this "down tariffing" approach which addresses issues at the lower end of the criminal

justice system will prevent people from going to court, having convictions and ultimately from going to prison.

Court

The Problem Solving Court has now been independently evaluated and acknowledged as a model for best practice. The referral criteria for the Problem Solving approach have now been reviewed to be more flexible to ideally include more young people as an alternative to both CPOs and custody.

Young People

On the positive side, earlier intervention has meant that the number of young people entering the adult criminal justice system has declined but that those who do so are at the higher end of the needs/risk continuum. The Youth Team has responsibility for Criminal Justice (CJ) work for those aged 16/17 who are care experienced, while the CJSW service has reassumed responsibility for those who are not. It will be obvious from the information above that we consider young people to be a high priority, so we are committed to training CJ staff to work with this age group. Training in the Smart AV Risk Assessment is being rolled out as further training in working with young people was requested.

Accredited Programmes

The Caledonian System is delivered by ACC to both City and Shire. Aberdeen CJSW was actively involved in the national reaccreditation of the Men's Programme and the accreditation of the Women's Support Service. Aberdeen staff have also been involved in the development and delivery of training. The SARA 3 enhanced domestic abuse risk assessment has been rolled out. The Moving Forward Making Changes (MFMC) is delivered by Aberdeenshire CJSW to both City and Shire. There were issues in relation to changes in funding arrangements and how they may impact on the service, but these have now been resolved. Aberdeen City now has two workers fully trained to deliver the pre-group and groupwork component of the programme. This allows for greater flexibility across both Authorities in the delivery of the programme.

MAPPA

MAPPA continues to function well in relation to both sex offenders and those who are Category 3 (MAPPA extension) offenders, i.e. those who by reason of their conviction are subject to supervision in the community and are assessed as posing a high or very high risk of serious harm to the public. New MAPPA Level 1 and Environmental Risk Assessment (ERA) processes have been recently introduced and, although labour intensive, are gradually bedding in.

Women's Services

The Connections Women's Centre has now been operational in Spring Garden for three years. Outcomes for women are generally good and feedback is positive. We have however, identified a cohort of high needs/risk women with whom we need to work differently if we want to reduce their risk of going to prison on a regular basis or for longer sentences. This

project will be taken forward by staff at the Women's Centre over the next year in collaboration with partner agencies.

Learning Disability

The Learning Disability Service continues to respond to the complex and varied needs of the individuals with Learning Disabilities across Aberdeen City. In July 2017 our new Day Service provision opened, marking a new era for the way in which people with more complex needs can be supported in a building-based service. Since its opening the service and staff have continued to develop their links with the local community and plans are being pursued to create a sensory garden for all the community to enjoy. There are a range of local community groups who use the building for their own group activities and our aim is to continue to develop this over the next year. The Centre, known as the Len Ironside Centre has a Business Hub attached to it and this has enabled the integration of our Community Learning Disability Health and Social Work teams. Working from the same office space promotes joint working and supports the integration of systems and processes, enabling a more holistic service provision to those who require support.

On-going awareness raising of the Learning Disability population within the geographic localities identified within the Health & Social Care Partnership continues to be a focus. Links have been made with Locality Managers and Leadership groups and the service continues to raise awareness through events and information sessions.

One of our achievements during 2017-18 was the development of the service's first Learning Disability Strategy, known as A'thegither in Aberdeen. This whole life strategy was commended for its accessibility and engagement by the Integration Joint Board and will be formally launched alongside development of an Action Plan & Commissioning Plan in 2018. We are proud to say that the development of the strategy fully embraced the principles of engagement and meaningful consultation right from its conception and ensured that people with Learning Disabilities, their families, professionals and organisations were instrumental in its development and the finalised strategy was developed in a co-productive manner. The 3 strategic outcomes identified correlate very much with other policy and strategic documents within both the Partnership and the wider Council, focusing on community connections; promoting people's skills and abilities; and improving health & wellbeing. Work is ongoing in established sub-groups to explore the key issues of Transitions, Housing and Complex Care.

Commissioning activity has also been a key focus for us this past year with revised Frameworks for Care at Home and Supported Living now launched. These new agreements have brought new providers into the city whilst also maintaining many of our existing relationships. The Frameworks have clarified the commissioning requirements the service has for certain models of support, with the addition of an Enhanced Supported Living lot ensuring that the provision of care and support of our most complex individuals can be achieved in a transparent and consistent manner. The implementation of the Frameworks has enabled the monitoring procedures to be aligned to the wider monitoring framework used within the centralised procurement service. Commissioning activity for Skills Development, Training and Employability Services was undertaken in conjunction with City based Mental Health Services and Learning Disability Services in Aberdeenshire. This work sought to bring cohesion to the commissioning of such services and to deliver greater choice of provision to the populations of Aberdeen City and Aberdeenshire.

We continue to work closely with providers of services in the City, exploring joint opportunities and offering support where required. The revision of Frameworks has supported an increased benchmark hourly rate with further Scottish Living Wage uplifts continuing to be given subject to funding settlements. Some providers however still find Aberdeen a tough environment to deliver care & support within, with one care home service requiring to be re-provisioned. Support for individuals with more intensive needs will continue to be met through the re-tender of the existing Intensive Support Service Contract; work will take place in 2018 to redefine the service specification and undertake the necessary procurement activity.

Learning Disability Strategy

Work to develop and implement a Learning Disability Strategy for Aberdeen culminated in the IJB approving this on 27th March 2018 to much acclaim. A strategic steering group composed of wider partnership organisations and a number of sub-groups worked over the course of the latter half of the year to produce a succinct, user friendly strategy. A key part of the strategy development was the promotion of wider engagement with the local community and people with a Learning Disability. The launch of the strategy was planned for Learning Disability Week in May 2018 and featured an event where people with Learning Disabilities could showcase their talents. It was a very sociable and enjoyable affair. Work is now in progress on developing an Action Plan and the Steering Group will continue to drive progress on delivery of the strategy's aims.

Mental Health Legislation

The Mental Health (Scotland) Act 2015 which was enacted on 30th June 2017 increases further still the role of the Mental Health Officer (MHO). This Act is essentially an amendment Act and has been introduced to tackle some of the problems with The Mental Health (Care and Treatment) (Scotland) Act 2003. For example, the provision of mandatory MHO reports in certain circumstances when Compulsory Treatment Orders and Compulsion Orders are extended, significant changes to the Named Person provisions, the introduction of a role for MHOs in the transfer of prisoners for treatment and a brand-new provision relating to Victim's Rights. This enactment is thought to be part of the evolution of mental health legislation reflecting a greater emphasis on the rights of people who use services. MHOs are a key component of this movement.

The figures given below suggests an overall decrease in the use of compulsory measures. Such data is difficult to interpret but the increasing duties for MHOs outlined above means we have not seen a corresponding decrease in workload demands on our MHO Service.

Detention in Hospital Intervention

	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017	2017 - 2018
Compulsory Treatment Order	49	65	56	52	62	82	53
Emergency Detention in Hospital	20	30	36	36	28	40	50
Short-Term	156	186	180	157	170	241	203

The Mental Health (Care and Treatment) (Scotland) Act 2003 (the 2003 Act) Section 32, places a responsibility on Local Authorities to appoint sufficient MHOs for their local area to undertake statutory duties. With the integration of Health and Social Care Services this duty remains the responsibility of the Local Authority.

The 2003 Act stipulates that MHOs must be Registered Social Workers working for the local authority who are experienced and who have completed specialist training. Aberdeen City Council (ACC) secures accredited MHO training in partnership with The Robert Gordon University, with the University hosting the academic elements of the course. The Council provides the practice setting and the Practice Assessors who are qualified, practicing MHOs who oversee and assess the knowledge and practice of MHOs in training. In 2016-17, four social workers completed their training and were appointed by the CSWO. A further four are currently undertaking training. Numbers of suitably experienced social workers coming forward for training vary and the demands of the course and on the service in which the worker is based are significant. Practice Assessing is also a demanding role. Recruitment, retention and training of MHOs is an ongoing challenge.

	2013	2014	2015	2016	2017	2018
No. of MHOs	34	32	30	34	34	39
No. of Trainees	No course	4	4	4	4	3

The above figures are intended to provide an overall picture and do not take into account MHOs on Maternity Leave, Sick Leave and those who have moved to promoted, seconded posts. The actual numbers of MHOs providing a service are less than those given above.

There are 32 MHOs located across adult services and 7 in the Out of Hours team. There are 14.7 FTE core MHOs who are paid at a higher grade; these posts are MHO/SW posts and all but one are aligned to multi-disciplinary teams in Adult and Older Adult Mental Health at Royal Cornhill Hospital (RCH). The nonaligned MHO is peripatetic covering where needed. There is one higher graded MHO in the Learning Disability Service. All five Senior Social Worker Posts at RCH are also MHOs. Delayed Discharge monies have been used to create a further temporary half time Grade 14 MHO post to focus on cases where welfare guardianship applications for people in hospital are required. The efficacy of this post is being monitored and will be reviewed. The other MHOs are a mixture of Senior Social Workers, a Service Manager and G13 social workers across adult services.

Mental Health Strategy

The Health and Social Care Partnership is in the process of refreshing the Aberdeen City Mental Health Strategy taking into account the refreshed national strategy which was published in March 2017. Some consultation activity took place towards the end of 2017 with a couple of multi-agency workshops that examined the 40 actions from the national strategy and prioritised them in relation to local needs, identifying the key themes for our local strategy. The long established Mental Health Partnership Group which is a multi-agency group is leading on developing these themes into a strategic document and the aim is to have a first draft of the strategy ready for wider public consultation by the summer of 2018. Following the consultation period, it is hoped that the final strategy will have achieved the necessary approvals and be published by the end of 2018. An action plan will also be developed, and the Mental Health Partnership Group will monitor the delivery of this.

Autism Strategy

Work has commenced to deliver a refresh of the local Autism Strategy & Action Plan for Aberdeen City. This follows the launch of the new National Outcomes & Priorities for Autism by Scottish Government in March 2018. A multi-agency steering group has been established and engagement work planned to establish key priorities and actions for the updated Strategy & Plan.

Adults with Incapacity – Guardianship

Currently for those adults who lack capacity to make decisions or act to safeguard their own welfare, their property or their financial affairs, the Sheriff Court can appoint a guardian under the Adults with Incapacity (Scotland) Act 2000 (the 2000 Act). The local authority has many duties under the 2000 Act including the duty to make application to the Sheriff Court to have the CSWO appointed as Welfare Guardian where this is necessary and no one else is doing so. This duty applies also to financial and property matters, and application must be made to appoint a private solicitor as Financial Guardian. Private individuals can also apply to be appointed as welfare and/or financial guardians. In all cases where welfare powers are sought a report from an MHO is required.

People on Guardianship tend to be diagnosed with dementia, a learning disability or some other condition which affects cognitive abilities such as Huntington's disease, stroke or alcohol related brain damage. In cases where a private individual has been appointed, the local authority has a duty to supervise the guardian at least once a year. Numbers of Guardianships have been increasing year on year. The use of this piece of legislation is also influenced by judgements made in Sheriff and European Courts around deprivation of liberty as it applies to the provision of care and this, alongside the introduction of Self Directed Support is partly responsible for the increase in the use of Guardianship.

- The CSWO is Welfare Guardian for 98 people – down from 110 last year
- Private individuals are welfare guardian for 335 people – up from 312 last year

The overall increase in the use of Guardianship places a growing demand on social work services across the board. There are more Guardianships in place for people with a learning disability than for any other client group. Judgements made in the European Courts around

Deprivation of Liberty have impacted on views about the authority of the 2000 Act. There has been a major consultation by the Scottish Government around the Adults with Incapacity (Scotland) Act 2000 which looks at ways to address the deprivation of liberty issues as well as making the legislation more flexible and quicker to implement. Moves towards supported rather than substitute decision making was also a key aspect of the consultation. There is no doubt that these proposals will have an impact on resources. There will be Short Life Working Groups over the Autumn and tests of the proposals are likely to begin in early January 2019. There is also a review underway to consider how the provisions of the 2003 Act fulfil the needs of people with learning disability and autism.

Older People

2017/18 has seen the Older People/Physical Disability/Rehabilitation Community Care Management service consolidate the four locality-based area teams, working alongside the city-wide Care Management Response Team. There have been increased opportunities to collaborate with our colleagues in the NHS and the wider Partnership with the introduction of initiatives such as the INCA teams in the South and West localities, and the roll out of Acute Care at Home, in the Central locality. Frontline practitioners and managers have been actively participating in the Locality Leadership Groups, as well as various sub groups that have evolved from these, exploring issues such as challenges around care at home provision, and how to reach unpaid carers.

In addition, the Hospital Social Work team based at Aberdeen Royal Infirmary has continued its ongoing integration into the Partnership's Specialist Older Adults and Rehabilitation Service (SOARS). Management of Hospital Social Work is now fully integrated into the wider arrangements in place across SOARS – with appropriate links to the Lead Social Worker for the Partnership.

Practice Improvement/Supporting the Workforce

Practitioners from the Care Management Response Team have been engaged in a test of change alongside NHS colleagues in the Community Adult Assessment and Rehabilitation Service (CAARS) aiming to increase collaborative working and to provide a more targeted and streamlined service to individuals who require access to both these areas of service, ultimately improving the service user experience. This process has involved joint meetings, interagency shadowing, and the establishment of a joint screening tool used by both teams. This is to improve the prioritisation of referrals and ensure individuals are seen timeously and by the most appropriate professional, dependent on need.

There has been a further pilot of new Assessment, Support Plan and Review tools, which has been well received by staff and are now in development by colleagues in Carefirst. With the implementation of the Carers (Scotland) Act 2016, we have now developed the Adult Carer Support Plan tool, and have rolled out information sessions across Adult Services, ensuring staff are fully apprised of new statutory requirements therein. Our commissioned service for adult carers is also now providing an enhanced service, with whom we are working closely to identify and reach unpaid carers to facilitate access to supports and signposting where appropriate.

The SDS core skills training programme has been successfully rolled out and well received by practitioners. Alongside this, we have introduced a Resource Allocation Panel, to support parity of decision making across all areas of service and ensure consistent application of eligibility criteria.

In July the first meeting of our Staff Liaison Group was held. This was introduced to improve the opportunity for meaningful engagement of frontline practitioners in decision making around service transformation, development, and delivery. It is also anticipated that involvement in this forum will afford staff the opportunity for professional development, and a means to enhance their resilience and leadership skills.

Hospital Social Work has now embedded two Care Managers into Woodend Hospital as part of an "Integrated Transitions Team". Working alongside liaison nursing and an NHS flow coordinator, these staff are offering integrated pathways of support and assistance both into and out of specialist rehabilitation services.

Partnership Working to Address Capacity Issues

As has been the case in previous years, there are continued challenges around the ability of Care at Home providers to fully meet assessed need for care. The new Care at Home framework went live as of January 2017, and alongside this the roll out of the commissioner portal. This is an additional interface within the CM2000 operating system, which enables the electronic matching of care requirements to the available resource from the care providers. Our two Resource Co-Ordinators are now fully embedded into their new role, and this innovative approach has seen a subsequent significant reduction in the recorded hours of unmet need, which has demonstrated overall a downward trajectory throughout 2018. Improvements in our ability to provide care at home enables delivery of the Partnership's strategic outcomes, in terms of supporting older people to live at home or in a homely setting for as long as possible, and is further underpinned by the Technology Enabled Care workstream, which frontline staff and managers have been engaged in.

The new Care at Home framework will run until January 2019, and as such we are working with providers going forward to explore models of delivery of care at home that move away from time and task to an outcomes focused delivery model. This is currently being developed alongside our ALEO: Bon Accord Care, whose contract expires at the end of July.

Throughout 2017-18 there has been one Large Scale Investigation undertaken into practice in a care home. A targeted multi-agency approach was effective in supporting the care home to make required improvements, and it has been further supported by collaborative working with the new management and provision of care home drop in sessions by Care Management staff.

A small test of change was undertaken by the Partnership to support diversion from acute hospitals. Predicated on managing winter pressure, 2 'admission-avoidance' care home beds were 'reserved' in a local nursing home for a three-month period for individuals with a combination of increased physical dependency and medical needs that were clinically safe to be managed by primary care. The beds provided wrap around care and support alongside dedicated GP medical cover as an alternative to hospital admission. The three-month pilot

proved to be very successful with over 95% occupancy over the course of the project and qualitative positive feedback from service users and families and other professionals.

A follow up Progress Review to the 2016 Joint Inspection of Older People's Services took place in June 2018, looking specifically at the recommendations from the previous inspection. This involved file reading of Adult Support and Protection cases, and focus groups with service users, unpaid carers, frontline staff, managers, and lead officers within the Health & Social Care Partnership. The written feedback from this has not yet been received, but initial feedback from the Inspectors recognised improvements and progress in respect of delayed discharge; SDS conversations; Adult Support and Protection processes; and staff morale.

Hospital Social Work has continued to drive forward capacity and process improvements in 2017/18 to further reduce the occurrence of delayed discharges across the hospital estate. A further reduction of 30% in bed days lost was recorded in 2017/18 (primarily related to social work and care activity).

Further Development and Improvement in 2017/18

- New assessment, review and support planning tools to be operational.
- Further collaborative working with commissioned service to improve access to supports for unpaid carers.
- Preparation for the implementation of the Carers (Scotland) Act 2016 in April 2018.
- Regular surgeries to be held in all care homes to enable residents, families and staff to discuss standards of care and any concerns.
- Expand the volume of admission-avoidance beds to 4 and these will be operational for a full year.
- Dedicated Mental Health Officer capacity in place to support complex discharges out of hospital in a safe and timely fashion.

Complaints About Social Work / Social Care Services

The CSWO is made aware of the volume and nature of social work complaints received and will be required to occasionally sign off complaints, where the circumstances of the case require it. An excel spreadsheet register and CareFirst version 6 is used to record data on complaints and allows for analysis and ensures that complaint information is available for services and committees as well as informing service improvements. Complaint information and analysis is reported on a quarterly basis, with trend information provided when possible to help aid understanding of the reasons for the complaints.

Since 1st April 2017, social work complaints are handled under the Complaint Handling Procedure (CHP), which was drawn up by the Scottish Public Services Ombudsman (SPSO). Within the CHP, Stage one complaints can be made, which should be responded to within 5 working days, with the ability to extend to 15 in exceptional circumstances. Stage two complaints are intended for investigation of more complex issues where more time is needed – these should be completed within 20 working days. Where an individual is dissatisfied with the response received, they can take the matter forward to the SPSO and a decision will be made on whether further investigation is needed.

In the period April 2017 to March 2018, there were 250 total complaints recorded, 13 Stage one and 237 Stage two complaints. In 2016/17 there were 237 total complaints. These 250 complaints contained a total of 754 separate complaint points. Of these 754 complaint points, 111 points were upheld, 58 were partially upheld, 507 were not upheld, there were 32 where no decision could be made and 49 were withdrawn.

Children's services received 149 complaints, which contained 522 separate complaint points, 60 of which were upheld, 36 partially upheld, 377 were not upheld, 19 where no decision could be made and 30 were withdrawn.

Adult services received 101 complaints, which contained 232 complaint points, 51 of which were upheld, 22 partially upheld, 127 not upheld, 13 where no decision could be made, and 19 were withdrawn.

In 2017/18, 87% of complaints that required acknowledgement within 3 working days, were completed on time. This is in comparison to 97% in 2016/17. This reduction is likely attributable to the fact that less time is now permitted to provide acknowledgements.

In total, 85% of complaints were responded to within the 20-working day deadline, compared to 73% in 2016/17. Children's services responded in time to 85%, compared to 74% in 2016/17 and adult services responded in time to 84% of their complaints compared to 88% in 2016/17.

A total of 7 individuals approached the SPSO for a decision. Only 4 cases were taken on by the SPSO and in two cases, we were asked to reaffirm our apology for errors made and the remaining 2 are still outstanding.

Many factors can influence the number of complaints received and it is difficult to quantify the exact reasons. This can be partly due to the volume of complaints from specific complainants, as well as policy changes and amendments to eligibility criteria for example. The team must react to variations on the volume and complexity of complaints, whilst juggling the other statutory responsibilities, which can at times be challenging and have an effect on compliance.

The Complaints, Rights and Enquiries (CRE) team continue to be actively involved in the investigation of complaints to aid social work staff, which is welcomed by the teams. The CRE team will continue to build on their steady good level of compliance, always with a view to making improvements where possible.

User and Carer Empowerment

Self-Directed Support

The Self-Directed Support (SDS) Team lead by the SDS Coordinator continues to be the hub which gathers and coordinates all feedback in relation to SDS activity and they ensure that action is taken to address new and emerging issues as and when they arise. The implementation of SDS continues to be overseen by the SDS Programme Board which meets monthly and has representation from senior staff from Adult and Children's Social Care,

Finance, the SDS Team and CareFirst. It receives updates on progress, considers any issues or innovations, and directs the appropriate staff to resolve or implement these.

We are now in the final phase of implementation whereby we are mainly monitoring the effectiveness of, and making minor improvements to, the information, processes and procedures already in place. Significant progress has been made in the last 12 months towards the implementation of the Self-directed Support legislation to the point where it is fully embedded in our operational practice and all of our supported young people, adults and where appropriate their guardians or carers have choice and control over the care received.

This has been achieved in 4 main ways: -

1. Training, advice and guidance for staff
2. Improving access to information for supported young people, adults and their guardians or carers.
3. Revised and improved processes, procedures and documentation.
4. Continual feedback and review

Bespoke training for staff has been delivered and staff make good use of the dedicated helpline to access advice and guidance. The main tool for accessing information is the MyLife portal which is a dedicated web portal where everyone can find out all about Self Directed Support and what it means for them whether they are a member of staff, an individual or an organisation. It contains information on legislation and options and on help available for getting financial support. There is also a Resource Directory for services available from Aberdeen City Council, from the Health and Social Care Partnership and from local third and independent sector providers as well as a Frequently Asked Question section and a range of personal testimonies of individual experiences of self-directed support designed to inspire others.

Information leaflets have been developed (including an Easy Read version) and these are available in public places including GP surgeries. The forms that are used to record packages on our electronic case management system CareFirst, have been revised and these facilitate the gathering and reporting on the progress, of the implementation of SDS and the uptake of each of the 4 options.

A review of all Option 1 packages in Adult Services has been completed and this has led to a number of improved care arrangements for service users. We are hoping to extend the review process to option 2 packages.

The Resource Allocation Panels continue to work well and the remit and process has been refined. We are making progress with identifying individual budgets and are looking to improve the reports that the panel provides to senior management.

We are currently reviewing the process for undertaking audits of Direct Payments to ensure this is as streamlined and as simple as possible for both service users and staff. We are in the final stages of implementing a Pre-Paid Card which will greatly improve access to Direct Payment monies and further simplify the financial audit process and requirements.

Workforce

Planning and Development

Employees in Children's Social Work and Council employees working in the Health & Social Care Partnership are eligible to access the full range of corporate learning and development whether online, through qualifications or workshops.

Over the last year, staff have accessed a wide range of opportunities from this corporate menu – including personal and professional development such as Facilitation Skills, customer service skills through workshops such as Behaviour Breeds Behaviour, digital skills through Microsoft Office courses and management development including Improvement Methodology.

Children's Social Work

We are now at the end of the third year of the implementation of the Reclaiming Social Work Model within Children's Social Work and systemic practice has now been adopted as mainstream practice. Filling Consultant Social Work posts has remained a challenge. The Unit model has been adapted to mitigate this by having fewer units than originally intended with larger units with more Social Work posts.

Recruitment in the social care sector remains a challenge in the Northeast and "growing our own" is a key priority within our workforce planning.

Workforce

There continues to be significant difficulties in recruiting Social Workers (especially experienced Social Workers) and Consultant Social Workers / Team Managers across Children's Fieldwork and the service has utilised agency workers to supplement the core workforce. While this has ensured safe practices, it has resulted in higher than wanted changes in Social Worker for children and their families. Over the year our use of agency staff has reduced as we have built up our workforce. The position is similar in the Children's Residential Service where the vacancy rate remains high.

Learning and Development

As our use of systemic practice beds in the need for First Year System Training has diminished.

It is hoped that Clinical Practitioners will be able to attend a Train the Trainers in Systemic Practice course. This will allow them to deliver the First Year Systemic Training to other staff at Aberdeen City Council at no cost.

More recently the review of residential child care has seen a similar commitment to providing training in Dyadic Developmental Psychotherapy (DDP) for staff working in Children's Homes as well as a number of those working in Family & Community Support roles. This training continues to be rolled out.

The Children's Social Work Learning and Development Team Leader is working on the Training

and Development plan. New Courses such as Parenting Assessments and finance for social works are already running. Workshops to improve Professional writing are being rolled out. A Newly Qualified Social Worker (NQSW) Training program now offers 144 hours face to face training per annum. All NQSWs are also offered mentoring one to one or within a group. Social Work staff are signposted to Leadership and management training offered by corporate training, NELC, and online via OIL or External Providers.

Our Practice Placement Program has undergone rationalization. Our Practice Improvement programme remains a key part of our development. This includes a series of half day training events for all staff throughout the year, as well as an annual full day conference. The theme of this year's conference which was held in May, was the health and wellbeing of our service and its staff and included inputs from national speakers as well as Health and wellbeing activities for staff.

In addition to this service specific learning and development, employees within Children's Social Work have access to the corporate learning and development menu outlined above.

Conclusion

Aberdeen City Council and its partners, like most areas, continue to face demand management and financial challenges. Having a strong social work vision and effective leadership is critical to ensuring that our approach to meeting these challenges utilises that services focus on up to date evidence-based models, research informed practice and a strength-based approaches. This will ensure that children's, adult's and criminal justice is making a difference – and that the impact effectively measured.

Graeme Simpson
Chief Social Work Officer
September 2018

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection Committee
DATE	10 October 2018
REPORT TITLE	Appointment of Joint Independent Chair of Adult Protection Committee and Child Protection Committee
REPORT NUMBER	OPE/18/166
DIRECTOR	Rob Polkinghorne
REPORT AUTHOR	Graeme Simpson
TERMS OF REFERENCE	1

1. PURPOSE OF REPORT

The purpose of this report is to advise Committee of the intention to appoint a joint Independent Chair of Aberdeen City's Adult Protection Committee and Child Protection Committee.

2. RECOMMENDATION

It is recommended that Committee:

- 2.1 Endorse the proposal to appoint a joint Independent Chair of Aberdeen City's Adult Protection Committee and Child Protection Committee.

3. BACKGROUND

- 3.1 The Adult Support and Protection (Scotland) Act 2007 requires each Local Authority to convene an Adult Protection Committee. It also requires that the Chair of that Committee be independent of the Council. The Act sets out the legislative duties of the Committee.

- 3.2 The primary legislative duties of the Adult Protection Committee are:-

(a) to keep under review the procedures and practices of the public bodies which relate to the safeguarding of adults;

(b) to give information or advice, or make proposals on the exercise of functions which relate to the safeguarding of adults at risk;

(c) to make or assist in arrangements for improving the skills and knowledge of employees who have responsibilities relating to the safeguarding of adults at risk.

- 3.3 There is no legislative requirement for Child Protection Committees in Scotland. However there several pieces of legislation that place significant duties on local authorities in relation to child protection. Child Protection Committees were first established in each local authority area in Scotland in 1991. The roles and duties of Child Protection Committees are set out in the 2014 National Child Protection Guidance.
- 3.4 Child Protection Committees are locally-based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. They work in partnership with their respective Chief Officers" Groups and the Scottish Government to take forward child protection policy and practice across Scotland.

At present the chair of the Adult Protection Committee is a suitably qualified independent person. His appointment is due to run out in the autumn of 2018. The chair of the Child Protection Committee is a senior officer within NHS Grampian with very relevant practice experience.

- 3.5 The Chief Officers Group (Local Police Commanders and Chief Executives of Health Boards and Local Authorities) have the responsibility for the strategic oversight of both the Adult and Child Protection Committees.
- 3.6 The National Child Protection Guidance makes clear the need for close alignment of both the Adult and Child Protection Committees. This enables the ability to address common agendas, resolve potential conflicts and create synergies.
- 3.7 To further promote this alignment the Chief Officer Group (COG) have decided to move to appoint an independent joint chair of the Adult and Child Protection Committees. This structure operates in some other authorities across Scotland.
- 3.8 The expectation of this joint Chair will be to:
- ensure that both the Child and Adult Protection Committees fulfil their duties
 - ensure that core responsibilities are effectively discharged in accordance with legislation and national guidance.
 - provide the COG with regular reports on the effectiveness of the policy framework and professional practice within the multi-agency partnership of adult and child protection services.
 - ensure the work of both committees informs the wider planning of universal services for children and adults.
 - advise the COG of advanced and emerging practice in the area of protecting children and adults.

4. FINANCIAL IMPLICATIONS

- 4.1 The appointment of an Independent Joint Chair of the Adult Protection Committee and the Child Protection Committee will require a fee and reasonable expenses to be paid to the Chair. A fee is currently paid to the independent chair of the Adult Protection Committee from monies specifically aligned to adult protection. Having benchmarked with other Local Authorities the proposed fee will be £250.00 - £300.00 per day.
- 4.2 Although paid via Aberdeen City Council's payroll, the Chair will be undertaking the role on behalf the multi-agency partnerships across Aberdeen City. The Chief Officers Group have confirmed that the fee and reasonable expenses will be paid from within existing budgets.

5. LEGAL IMPLICATIONS

- 5.1 As noted in 3.1 it is a legislative requirement for the Council to convene an Adult Protection Committee and that the Chair be independent of the Council. The standing of Child Protection Committees has a strong policy context although not a legal requirement.

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	That the Local Authority has sufficient funding to remunerate the independent joint chair.	L	The Chief Officers Group have confirmed that the fee will be paid from within the existing budgets of the contributing partners; namely, the Local Authority, Police Scotland and NHS Grampian.
Legal	It is a legal requirement to appoint an independent chair to the Adult Protection Committee.	L	The move to appoint a joint chair fulfils the legal duties of the local authority and its partners.
Employee	The joint chair will have a critical leadership role to staff working in Adult and Child Protection within Aberdeen City Council and across the wider multi-agency partnerships.	L	The expectations of the role make clear the need for effective leadership.

Customer	Adult and Child Protection services are subject to separate inspections by the Care Inspectorate. These inspections provide assurance to the citizens of Aberdeen City that quality services are in place to identify and protect vulnerable members of the City.	L	One of the duties of the chair will be to highlight to the Chief Officers Group of emerging concerns.
Environment	No risks identified		
Technology	No risks identified.		
Reputational	No risks identified.		

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	The appointment of a Joint Independent Chair to the Adult Protection Committee and Child Protection Committee will ensure that vulnerable children and adults are protected and able to access employment. This will contribute to the economy.
Prosperous People	The appointment of a Joint Independent Chair to the Adult Protection Committee and Child Protection Committee will contribute to the effective protection of vulnerable children and adults. This will support individuals to be kept safe and realise their potential.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	The appointment of a Joint Independent Chair to the Adult Protection Committee and Child Protection Committee will ensure early intervention to safeguard our children and vulnerable adults.
Organisational Design	No Impact
Governance	No Impact
Workforce	No Impact
Process Design	No impact

Partnerships and Alliances	The appointment of a Joint Independent Chair to the Adult Protection Committee and Child Protection Committee will act on behalf of the partnerships that exist across adult and child protection.
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8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Completed – 6-9-18
Privacy Impact Assessment	Not applicable
<u>Children's Rights Impact Assessment/Duty of Due Regard</u>	Not applicable

9. BACKGROUND PAPERS

None

10. APPENDICES

None

11. REPORT AUTHOR CONTACT DETAILS

Name Graeme Simpson
 Email Address gsimpson@aberdeencity.gov.uk
 Tel 01224 523496

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ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection Committee
DATE	10 October 2018
REPORT TITLE	Corporate Parenting
REPORT NUMBER	OPE/18/159
DIRECTOR	Rob Polkinghorne
CHIEF OFFICER	Graeme Simpson
REPORT AUTHOR	Maggie Cruickshank
TERMS OF REFERENCE	<i>Section 13 Public Protection Committee – 1.2 - Terms of Reference</i>

1. PURPOSE OF REPORT

The purpose of the report is to provide an update on how we have addressed and continue to meet our Corporate Parenting responsibilities under the Children and Young People (Scotland) Act 2014, Part 9.

2. RECOMMENDATIONS

That the Committee:-

- 2.1 Agree that elected members who have not attended Corporate Parenting training commit to doing so within the next twelve months.
- 2.2 Request an annual update on the Council's progress in meeting its Corporate Parenting responsibilities during the past year.
- 2.3 Agree to continue to promote the Corporate Parenting agenda within Council business, by raising awareness of the issues affecting Care Experienced Young People (CEYP) and promoting service improvements which will benefit our care experienced young people.
- 2.4 Note the Life Changes Trust commitment to provide the Council with £50,000 per annum for the next two years subject to match funding.

3. BACKGROUND

- 3.1** Corporate Parenting refers to the collective responsibility of the Council, its community partners and other public bodies to provide good parenting for our care experienced children and young people. By ensuring that the needs of care experienced children and young people are being met they are more likely to achieve positive outcomes irrespective of their care experience.
- 3.2** There are currently 548¹ looked after children under the age of eighteen in Aberdeen City. Of these 13% are looked after at home; 20% are in kinship arrangements; 51% are looked after in foster care settings; 3% are with prospective adopters; <10% are looked after in children's homes (in and out of the city); and <1% are in secure accommodation.
- 3.3** The Children and Young People (Scotland) Act 2014 (the 2014 Act), Part 9, makes 'Corporate Parenting' a statutory concept and provides a framework of duties and responsibilities. It also provides for reporting and accountability structures. There are six specific duties termed "corporate parenting responsibilities" in the 2014 Act which every Corporate Parent has to implement with the aim of improving the outcomes of care experienced children and young people. There is a duty to provide support to children who are looked after and specified young people leaving care, up to their 26th birthday. The increase in entitlements highlights the need to have meaningful intervention, change and opportunities to ensure that they have positive outcomes and are supported to be successful learners, confident individuals, responsible citizens and effective contributors.
- 3.4** Corporate Parents have a responsibility to report on how they are meeting their corporate parenting responsibilities under section 58, their planning and collaborating functions under sections 59 and 60, and its other functions, detailed in the 2014 Act. A Corporate Parenting report was provided to the Scottish Government on the 30th March 2018².
- 3.5 Life Changes Trust Funding**
- 3.5.1** In 2015, Aberdeen City was successful in its application to receive funding of £219,117, from the Life Changes Trust (LCT), an independent Scottish charity, to help further develop our Champions Board and associated activities over three years from April 2016. We are now in the final year of the funding
- 3.5.2** The application process helped us produce an ambitious three year Action Plan for both developing the Champions Board and consolidating Corporate Parenting duties over three years³. We provide regular quarterly reports against our Plan to the Trust, who in turn have conducted reviews with us.
- 3.5.3** In August 2018, LCT have advised that they are intending to provide up to two years of additional funding, up to £50,000 per year, with a match funded element. This will enable us to more effectively meet original project outcomes which have been delayed due to the delayed start of the project.

¹ ECS Looked After Children monthly data, July 2018, CareFirst.

² Please see the Scottish Government Corporate Parenting return dated 30 March 18, available in the Member's Library.

³ Please see the Champions Board Action Plan 2016 – 2019, available at <https://aberdeencity.gov.uk/sites/aberdeen-cms/files/2018-01/Corporate%20Parenting%20Action%20Plan%202016-19.pdf>

3.6 Action Plan 2016 – 2019

- 3.6.1 We have completed 92% and are still progressing with 8% of our year one action plan; we have completed 80% and are progressing with 20% of year two; and are progressing with 58% of year three's action plan and have completed 5%.
- 3.6.2 One of our key learning points has been realising how dependent we were on the role of the LCT funded Participation Worker for developing and sustaining consistent relationships with our young people and supporting them in meeting with Corporate Parents. Developing those important relationships is key to the success of our participation strategy and in turn to the realisation of our Plan. There are plans to recruit a new Participation Worker and develop our approach to sustain this moving forward.

3.7 Champions Board

- 3.7.1 The Aberdeen City Champions Board aims to provide care experienced young people with an opportunity to talk directly to decision makers about how best to remove complex barriers to multi-agency working so that innovative solutions can be agreed and implemented in a timely manner. Our Champions Board has met five times in this reporting period; September 17, November 17, January 18, March 18 and June 18. It continues to sustain Chief Officer representation and commitment from key corporate parenting organisations in the city to review their own services to better support care experienced young people and ensure actions agreed are followed through.
- 3.7.2 The Champions Board held its first AGM in January 2018 with the aim of reviewing its robustness and structure to ensure that it is effective and accountable. There is enthusiasm to better understand the needs of our care experienced children and young people and how to be an effective and good Corporate Parent. The Champions Board reporting structure will be embedded into the existing planning structure of the Integrated Children's Services Partnership.

3.8 Young People's Participation

- 3.8.1 Young people's participation continues to be an essential component of our Action Plan. Empowering care experienced children and young people and providing them with the opportunities to develop their confidence, leadership and teamwork skills is a key element of the Plan. The Aberdeen Care Experienced (ACE) Group is one of the ways that our care experienced young people contribute their views about the wider systems in place to meet their needs. ACE is the young people's network and is as far as possible governed by them and their views. Our young people have created brick walls to represent their experiences. There are twelve areas, from Education to Health, that contain bricks representing the young people's positive and negative experiences. They help guide the Champions Board and ensure that their views are represented even in their absence.
- 3.8.2 Closely linked with ACE are activity-based opportunities provided by Sport Aberdeen. Sport Aberdeen provide leisure passes to all care experienced

children and young people and have a dedicated Officer promoting their interests and outcomes. For all activities, there continues to be a dedicated group of young people supporting the work but we are keen to further developed this by offering wider opportunities to increase capacity and competence.

- 3.8.3 Review of the Corporate Parenting participation strategy has been initiated to ensure a better fit with the corporate participation strategy for young people; to widen those invested in the approach; to better link our participation activities to a strong evidence base which is both practical and embedded and informed by children's rights. An initial workshop session has been agreed to launch this review and reset the strategy with the aim of better reflecting a co-produced, strengths based approach to its longer term development.

3.9 Who Cares? Scotland Participation Officer

The LCT funding provided for the appointment of a Participation Worker from Who Cares? Scotland who was to (i) provide a nucleus for young people's participation; (ii) be the facilitator to empower young people take the Champions Board forward; and (iii) be an inspiration for all corporate parents in the city to develop participation within their own organisations. The post has been vacant since June 2018. There will be a refocus and reset of the priorities for the post holder in light of the need to ensure a robust legacy and infrastructure for the final year of LCT funding.

3.10 Children's Rights Service

The Children's Rights Service (CRS) continues to advocate for looked after children and helps get service user feedback about the quality and impact of the service they receive. The CROs manage and coach the Children's Rights Development Assistants (CRDAs) to develop their confidence, knowledge and skills. The CRO and CRDAs work closely with the Who Cares? Scotland Participation Officer to strengthen participation and empower the views of young people in the city.

3.11 Children's Rights Development Assistants

The LCT funding had enabled the appointment of CRDAs who themselves must be care experienced young people. The CRDA contracts are fixed-term for one year and are for six hours per week. The CRDAs are essential in helping represent the views of care experienced children and young people and work on projects related to the Champions Board Action Plan. We currently have five CRDAs with varying care experiences.

3.12 Raising Awareness & LAC Website

- 3.12.1 During this reporting period young people have participated in several consultation events to inform policy and practice. Young people have also helped deliver Corporate Parenting training sessions to Elected Members and key personnel to help raise awareness.

- 3.12.2 An accomplishment is the launch of our LAC Website⁴. This website was developed in collaboration with young people and aims to be a go-to point for care experienced young people to find out about relevant services and information. The website is also designed to provide professionals with information for the benefit of the children and young people they work with. The website content will be monitored and developed by a CRDA.
- 3.12.3 An exciting new mobile app called Mind Of My Own (MOMO) is to be implemented in the next year. MOMO is for looked after children to share their opinions about their experience and have their say in decisions about their lives. MOMO has been used in 60 local authorities. The app will empower young people to communicate their views and help consolidate participation to ensure that children and young people can influence public services and decisions that affect their lives.

3.13 Positive Destinations / Education

- 3.13.1 Since being established in December 2015, the Virtual School has been key to raising the awareness of the needs of our Looked After Children in relation to the Equity and Excellence Agenda set out by the Scottish Government. It has been instrumental in developing and implementing projects, in association with our partners that support us to fulfil our Corporate Parenting Duties.
- 3.13.2 The Virtual School Head Teacher ensures that the needs of our Looked After Children are identified and addressed in Authority policies and Guidelines that relate to children and young people who are accessing Education. Quality Assurance of the implementation of these policies and guidelines in relation to Looked After Children and Young people is supported by the Virtual School Head Teacher. The work of the Virtual School has been recognised by CELCIS resulting in a collaboration that will see the development of a Practice Profile for the role of Designated Managers in schools. The findings of the project will be shared nationally with all schools.
- 3.13.3 To enable their needs to be met some children and young people have an alternative curriculum which requires a more flexible approach. The strong partnership that has now been established with colleagues in the Third Sector, Sport Aberdeen, Further and Higher Education means that colleagues in our schools and social work who are working closely with the children and young people are able to provide a pathway that is more relevant and appropriate.
- 3.13.4 All newly qualified teachers participate in mandatory training delivered by the Virtual School Head Teacher, on understanding their Corporate Parenting duty and the needs of our Looked After Children. CPD activities are also available for classroom practitioners and senior managers to develop their understanding of how best to support Looked After Children and Young people.
- 3.13.5 A pilot project developed between the Virtual School and Aberdeen University has been highlighted by Who Cares? Scotland as 'Promising Practice'. In session 2017/18 the project will be rolled out to Primary schools across the city and involves undergraduate students supporting Looked After Children in the classroom as part of the 'Emerging Literacy' programme being adopted by schools across Aberdeen City.

⁴ <https://aberdeencareexperienced.org.uk/>

- 3.13.6 Partnerships have been secured with both the Wood Foundation and Shell to support the Developing the Young Workforce (DYW) agenda for our Looked After Children and Young people. As the profile of the Virtual school increases, further opportunities are being made available from providers outwith the Local Authority
- 3.13.7 Attendance at school for our Looked After Children has increased and the percentage of exclusion incidents for Looked After Children has decreased during 2017/18⁵.

3.14 Individual Grants

- 3.14.1 The third round (part one) of the Individual Grants scheme funding for care experienced young people was launched in May 2018. The Grants are managed by ACVO, the local Third Sector Interface, who are responsible for the launch, administration and management of the grants. There is a six week timeline for applications to be received and young people aged 14 – 25 can apply for a grant of up to £500 if they are/have been looked after by Aberdeen City Council and had had at least three months care experience.
- 3.14.2 The Individual Grants that opened in May received 73 applications. Of the 73 applications 84% received funding. Some of the funding requests included athletic memberships; personal equipment for a sea cadet and ten of the applications have been return applications from young people that were awarded funding in the last round for driving theory tests and provisional licences. The impact and feedback from young people that have received funding has been very positive.

3.15 Communities, Housing & Infrastructure

- 3.15.1 CEYP are now eligible for statutory Council Tax Exemption. The total number of CEYP who have been awarded a discount or exemption is 51, this figure is expected to increase throughout this financial year as CEYP become liable for Council Tax due to being allocated accommodation or reaching the age of liability (18 years of age). We have a small group of officers who are working through our databases identifying CEYP, determining whether there would be a liability for Council Tax and, if so, an application for an exemption or discount can be applied for, regardless of the Scottish local authority that they are resident within. It is predicted that there will be between 150 - 200 awards by the end of the current financial year.
- 3.15.2 Information relating to the Council Tax exemption has been shared with all frontline staff within the Integrated Children's & Families Service to ensure that should there be a CEYP that they are responsible for eligible for the exemption or within a setting where a discount is available for the householder by virtue of their residence this is applied for. All frontline housing staff within the Council and housing associations have been briefed on the exemption so that they can ensure that an application is sought were appropriate.

⁵ This is taken from live data and may be subject to change following a validation exercise later in the year. This is only to provide an indication of the emerging trend.

- 3.15.3 The protocol relating to housing options for CEYP is under review in light of the continuing care legislation to ensure that any CEYP who remains in the care setting until their 21st birthday will be provided accommodation through the protocol.
- 3.15.4 During the last year there has been improved communication between services which has assisted with the provision of better responses and the avoidance of the CEYP making an inappropriate presentation at our Homelessness service when seeking housing. Through the maintenance of electronic recording of CEYP in line with the revised legislation, should there be any tenancy issues within ACC tenancies, the landlord is able to identify that the individual was care experienced and is able to contact the Youth Team for assistance, if required.

3.16 Next Steps

- 3.16.1 Developing young people's participation and ensuring their voice is at the heart of our Corporate Parenting actions, service design, delivery and improvement continues to be a key priority over the next year.
- 3.16.2 In addition to participation, the development of our Champions Board is a key focus for the year ahead. Ensuring that the Board is fit for purpose, effective and accountable is important for the consolidation of our Action Plan and promoting our organisation as a good Corporate Parent.
- 3.16.3 We will continue to promote care experienced children and young people and raise awareness of our Corporate Parenting responsibilities throughout the organisation and the city. Raising awareness to remove barriers and promote positive outcomes for our care experienced children and young people is one way we will encourage sustainable positive change. The website will continue to be developed and Corporate Parenting training will be delivered.
- 3.16.4 As noted above we are approaching the final year of our Action Plan and funding from the Life Changes Trust. The funding has been instrumental in the developments we have made in the last two years. Funding for the future will need to be sourced. A new Action Plan will need to be developed in compliance with our statutory responsibilities and further policy and guidance will help underpin our Corporate Parenting commitment throughout the organisation.
- 3.16.5 The year ahead will include a Joint Inspection conducted by the Care Inspectorate that will explore, as one of their focus areas, how we are delivering on our Corporate Parenting responsibilities. This will provide the Council with a learning opportunity to take stock of what is going well and areas for improvement.

4. FINANCIAL IMPLICATIONS

- 4.1 There is a recommendation that Council note the commitment from LCT to provide £50,000 per annum for the next two years, subject to match funding.

5. LEGAL IMPLICATIONS

With regard to legal implications, the Corporate Parenting duties included in Part 9 of the 2014 Act are designed to ensure that the attention and resources of various organisations are explicitly focused on the task of safeguarding and promoting the wellbeing of looked after children, young people and care leavers. This Part extends the duties of corporate parents and the reporting responsibilities of local authorities. Aberdeen City Council has a duty to report to Ministers every three years on how it is meeting its corporate parenting responsibilities detailed in the 2014 Act. The first formal submission to the Scottish Government was provided in March 2018. The Council has a responsibility to continue to comply with its statutory obligations.

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	If match funding can't be secured we risk losing support from LCT.	H	The funding will help the Council to continue to meet some of its corporate parenting responsibilities.
Legal	Although no specific risk, the Council has responsibility to comply with its statutory corporate parenting responsibilities.	L	Continue to monitor and report annually on corporate parenting to ensure that we mitigate any breach of our statutory responsibilities.
Employee	Corporate Parenting training sessions have been delivered to key personnel across the Council.	L	Training helps inform personnel of their statutory Corporate Parenting responsibilities.
Customer	Care Experienced Children and Young People are a vulnerable cohort whose needs require to be recognised and met.	L	Training and compliance with corporate parenting responsibilities will help ensure improved outcomes for our care experienced young people.
Environment	None at this time.		
Technology	None at this time.		
Reputational	A failure of Aberdeen City Council to comply and meet its Corporate Parenting responsibilities would reflect negatively on the Council.	L	As above for mitigating legal risk.

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	The impact of being in care will be reduced, enabling care experienced children and young people to better fulfil their educational or employment aspirations within the need to improve the City's Development of a Young Workforce.
Prosperous People	Opportunities for improved outcomes for care experienced children and young people within the city will be maximised by the availability of increased levels of recognition and support.

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	Care experienced children and young people are actively involved in informing the effective delivery of ACCs Corporate Parenting Action Plan. In addition, participation is a key component in developing an effective Champions Board.
Organisational Design	Part 9 of the 2014 Act identifies several organisations as Corporate Parents and extends their responsibilities. Corporate Parents need to comply with their statutory responsibilities and report to the Scottish Government every three years.
Governance	The Champions Board represents Chief Officers from Corporate Parents within the city. Those Chief Officers are encouraged to make sustainable change to help improve the outcomes of our CEYP.
Workforce	The whole of the Council workforce is a Corporate Parent. Training has been provided to key personnel to raise awareness and will continue to be delivered to staff in the coming year.

Process Design	There is a Corporate Parenting Action Plan that has been published in accordance with our statutory responsibilities.
Partnerships and Alliances	The 2014 Act identifies 24 Corporate Parents. In Aberdeen, Corporate Parents are represented at the Champions Board and work together with the aim of improving outcomes for care experienced children and young people in the city.

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	<i>An EHRIA was done for the 2017 Council report and is not required for this Committee report as there are no risks identified at this time.</i>
Privacy Impact Assessment	<i>Not required</i>
Duty of Due Regard / Fairer Scotland Duty	<i>Not applicable</i>

9. BACKGROUND PAPERS

- Scottish Government Corporate Parenting Return, dated 30 March 18, available in the Member's Library.
- Champions Board Action Plan 2016 – 2019, available in the Member's Library.
- Aberdeen Looked After Children's website - <https://aberdeencareexperienced.org.uk/>

10. APPENDICES

Non Applicable

11 REPORT AUTHOR CONTACT DETAILS

Name Andrea McGill / Maggie Cruickshank
Title Service Manager / Principal Planning and Development Officer
Email Address AMcGill@aberdeencity.gov.uk/
MaCruickshank@aberdeencity.gov.uk
Tel 01224 522477 / 01224 522077

ABERDEEN CITY COUNCIL

COMMITTEE	Public Protection
DATE	10 th October 2018
REPORT TITLE	Joint Public Health Protection Plan
REPORT NUMBER	OPE/18/158
DIRECTOR	Rob Polkinghorne
CHIEF OFFICER	Mark Reilly
REPORT AUTHOR	Hazel Stevenson
TERMS OF REFERENCE	3.3

1. PURPOSE OF REPORT

- 1.1 The Public Health etc. (Scotland) Act 2008 places a duty on Health Boards and Local Authorities to co-operate on health protection matters and produce a Local Health Protection Plan. This report seeks Committee approval of the draft Grampian Joint Health Protection Plan for the period 2018 to 2020.

2. RECOMMENDATIONS

That the Committee:-

- 2.1 Approve the Grampian Joint Health Protection Plan appended to this report;
and
- 2.2 Note that the plan will be reviewed in 2020.

3. BACKGROUND

- 3.1 Aberdeen City Council works closely with partners in NHS Grampian, Aberdeenshire Council, Moray Council, and other agencies to deliver services to protect the health of the Grampian population. Health Protection is now the accepted term to describe the work that encompasses the surveillance, investigation, control and prevention of communicable disease and environmental hazards to human health. In terms of Public Health the plan covers the activities carried out by Environmental Health such as air quality, contaminated land, private sector housing, food safety. This area of public health does not cover issues such as addiction to alcohol and drugs or tackling obesity.

3.2 This Joint Health Protection Plan (JHPP) provides an overview of health protection priorities, provision and preparedness for NHS Grampian, Aberdeen City, Aberdeenshire and The Moray Councils as required by the Public Health etc (Scotland) Act 2008. This is the fourth Grampian Joint Health Protection Plan and covers the period from 2018 to 2020 and has been prepared by NHS Grampian in collaboration with Aberdeen City, Aberdeenshire and The Moray Councils.

3.3 In the 2016-18 Plan the three Local Authorities have presented their activities and highlighted various aspects of their work. The JHPP links to other service delivery plans across Grampian and links to the LOIP. The JHPP will contribute to delivery of the LOIP as its contents are focused on reducing inequalities around public health, the environment and increasing sustainability of the city. The main section of the plan describes the national and local priorities for health protection and what actions are planned over the next two years. The appendices provide more detail on the planning infrastructure, resources and operational arrangements, capacity and resilience, and public involvement.

3.4 In addition to Aberdeen City’s Public Protection Committee the JHPP will be considered by the following Councils and NHS Committees:

- NHS Grampian Board
- The appropriate Committees within Aberdeenshire and Moray Councils

4. FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications from the recommendation of this report

5. LEGAL IMPLICATIONS

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

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	No financial risk	L	Resource already in place for delivery
Legal	The Public Health (Scotland) Act 2008 places a statutory duty to	L	Duties the plan encompassed into existing statutory work of the service

	co-operative on health protection matters		
Employee	Competency of staff to carry out required duties under plan	L	Staff already competent
Customer	Public health of the Grampian population not adequately protected	L	Plan outlines NHS Grampian and Local Authorities will co-operate to ensure public health protected
Environment	n/a		
Technology	n/a		
Reputational	Failure to implement may result in reputational damage and may require emergency measures to be put in place to rectify any failings	M	Ensure co-operation on the protection of public health as per the Grampian Health Protection Plan

7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	.In addition to protecting public health of the consumer, the plan will ensure that businesses comply with legislation and therefore reduces the risk of prosecution for them. This will result in a more prosperous economy as a whole.
Prosperous People	People who are adequately protected from threats to their health, safety, mental and economic wellbeing are more likely to prosper than those who are not.
Prosperous Place	The Grampian Joint Health Protection Plan will contribute to a more sustainable place to live and visit.
Enabling Technology	

Design Principles of Target Operating Model	
	Impact of Report
Customer Service Design	N/A

Organisational Design	N/A
Governance	Appropriate oversight of services delivering public protection provides assurance to both the organisation and the public in terms of meeting the Council's statutory duties and contributes to compliance with agreed standards.
Workforce	Employees are aware of responsibility towards health protection and how they are to be delivered. Employees may be able to use this as a tool to identify any areas of professional development.
Process Design	N/A
Technology	N/A
Partnerships and Alliances	Working with neighbouring local authorities and NHS Grampian to ensure that the health of the Grampian population is protected.

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	Not Required as the Joint Health Protection Plan is intended to have an overall positive effect on inequalities in health which it seeks to address through targeted interventions aimed at protecting those most at risk from a variety of communicable diseases and environmental hazards. It does not have a negative effect on human rights
Data Protection Impact Assessment	Not Required as the joint health protection plan does not require the gathering of any personal data
Duty of Due Regard / Fairer Scotland Duty	Not applicable as the Joint Health protection plan does not make any decisions which would fall within the remit of this legislation.

9. BACKGROUND PAPERS

N/A

10. APPENDICES (if applicable)

1.1 Grampian Joint health protection Plan

11. REPORT AUTHOR CONTACT DETAILS

Name Hazel Stevenson

Title Environmental Protection Manager

Email Address hstevenson@aberdeencity.gov.uk

Tel 01224 523390

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Joint Health Protection Plan 2018-2020



Foreword

This Joint Health Protection Plan (JHPP) provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for NHS Grampian, Aberdeen City, Aberdeenshire and Moray Councils as required by the Public Health etc (Scotland) Act 2008. www.opsi.gov.uk/legislation/scotland/acts2008/pdf/asp_20080005_en.pdf

This is the fourth Grampian Joint Health Protection Plan, which covers the period from 1 April 2018 to 31 March 2020 and has been prepared by NHS Grampian in collaboration with Aberdeen City, Aberdeenshire and Moray Councils.

The main section of the plan describes the national and local priorities for health protection and what actions we plan to take over the next two years. The appendices provide more detail on our planning infrastructure, resources and operational arrangements, capacity and resilience, and public involvement.

We hope that you will find this plan of interest and that the actions described will contribute to protecting the health of the people who live and work in Aberdeen City, Aberdeenshire and Moray.



Susan Webb
Director of Public Health
NHS Grampian



Belinda Miller, Head of Service, Economic Development and
Protective Services
Aberdeenshire Council



Jim Grant
Head of Development Services
Moray Council



Mark Reilly
Chief Officer Operations & Protective Services
Aberdeen City Council

This JHPP has been approved by

- NHS Grampian Board
- Aberdeen City Council
- Aberdeenshire Council
- Moray Council

The plan is a public document and is available to members of the public on the NHS Grampian website at www.nhsgrampian.org and on request from

Public Health Directorate
NHS Grampian
Summerfield House
2 Eday Road
Aberdeen AB15 6RE

Email: grampian.healthprotection@nhs.net

This plan is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on (01224) 551116 or (01224) 552245.

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Health Protection: National and Local Priorities and Local Actions

NHS Grampian, Aberdeen City, Aberdeenshire and Moray Councils work closely together with our partner agencies to deliver services to protect the health of the Grampian population. 'Health Protection' is the term used to describe the surveillance, investigation, control and prevention of communicable disease and environmental hazards to human health.

This plan outlines our current and future actions to address the national and local priorities for health protection in Scotland and Grampian, taking account of local risks and challenges and lessons identified from recent outbreaks and incidents.

Since 2014, the Scottish Government has completed a review of Health Protection in Scotland and the NHS Grampian Health Protection Team has become part of the national obligate Scottish Health Protection Network. Currently, two further national reviews are underway: a review of the NHS Public Health function and a Shared Services review. We await their final reports which are likely to influence our priorities for 2018-2020.

Effective communication with all communities in Grampian is an essential component of public health activity. Grampian is an attractive area for inward migration, especially from Eastern Europe and many migrant workers and their families are non-English-speaking when they first arrive. Accordingly, to ensure effective communication with these communities, NHS Grampian has put in place the Language Line telephone interpretation service in over 600 locations and expanded the pool of available face-to-face interpreters. There is also a great deal of relevant healthcare material readily available in the main local ethnic community languages. Specific material can be produced, if required.

The needs of people with communication disabilities are also carefully considered. NHS Grampian provides a wide range of support to help overcome any communication barriers.

1. Managing Threats to the Public's Health

Our overriding priority is to provide a response to incidents that may present a threat to the public's health. This includes responding to both communicable disease and environmental incidents. This response must be available 24 hours of each day and 365 days in a year.

The operational response is dependent on having effective surveillance systems in place to detect changes in communicable disease and environmental exposures and the resources to respond in an effective and efficient way.

We have continued to manage a large number of single cases of communicable disease, outbreaks and incidents over the last couple of years. In 2017, the Scottish Health Protection Network revised the Scottish guidance on the *Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Team, Updated 2017*.

From April 2016 the NHS Grampian Health Protection function has supported Shetland Health Board in meeting its statutory Public Health (Health Protection) responsibilities within and out of hours. This support was reviewed in March 2017 and it was agreed to continue providing the support on a longer term basis.

Action

NHS Grampian will respond to the conclusions of the Scottish Government reviews of Public Health and Shared Services. Together with our three Local Authorities and Shetland Health Board, we will consider the implications for our organisations and our joint working arrangements with the aim of maintaining a sustainable response to threats to public health.

2. Major Infectious Diseases including Pandemic Influenza

Pandemic influenza continues to represent the most significant civil emergency risk in the Cabinet Office National Risk Register of Civil Emergencies (NRR) (2015). Influenza pandemics are intrinsically unpredictable with regard to timing, severity and impact. In comparison with previous influenza pandemics, the H1N1 (2009) influenza pandemic was very mild, but there are no grounds for complacency.

Major infectious disease preparedness is an essential part of integrated civil protection and emergency management. Although a pandemic is most likely to be caused by a new subtype of the Influenza A virus, the required response should be precautionary, but proportional and flexible enough to meet the specific demands of any local major infectious disease incident. NHS Grampian planning is undertaken through the Major Infectious Disease Group, inclusive now of Health and Social Care Partnership.

The nature or magnitude of the wider consequences associated with a Major Infectious Disease Incident may require a multi-agency coordinated response, in addition to the Health Protection response and an integrated Health and Social Care delivery response. Timely and sufficient escalation to tactical and strategic multi-agency coordination is required to manage an effective and efficient joint response. NHS Grampian retains the responsibility for the local investigation and management of the public health aspects of an incident, irrespective of a Resilience Partnership coordinated response.

The Grampian Local Resilience Partnership (GLRP) plan has been revised and the Major Infectious Disease Response Framework was approved in 2017. In 2018, the existing NHS Grampian Major Infectious Disease Plan (2013) will be replaced by an integrated Major Infectious Disease Response Framework for Health and Social Care. Plans and lessons learned are reviewed during real life incidents or are otherwise exercised in differing scenarios.

Actions

- NHS Grampian and Local Authorities are required to maintain up-to-date operational plans, based on the UK Influenza Pandemic Preparedness Strategy 2011.
- Regular exercises should be conducted to test and validate assumptions and ensure that plans are fit for purpose and workable, and that staff are appropriately trained and prepared to activate them. The Personal Protective Equipment (PPE) aspects of the Major Infectious Disease Plan were exercised in March 2017 (Exercise Soteria)
- All sectors of the NHS and partner organisations should have robust Business Continuity Plans (BCPs) in place plus detailed surge capacity where appropriate. These plans can be generic and support a response to both pandemic influenza and other major outbreaks of infectious disease.

3. Immunisation and Vaccine-preventable Diseases

Infant immunisation uptakes have remained good in Moray, exceeding the Scottish average in 2017. Uptakes in Aberdeenshire were slightly lower and very similar to the Scottish average. However, infant uptakes in Aberdeen City have been generally lower than elsewhere in Grampian and in 2017 failed to meet the recommended 95% target uptake at 12 months of age which is advised should be achieved to maintain herd immunity. This is a cause for concern as it means significant numbers of babies are not being afforded the early protection offered by immunisation against a number of serious infections. In addition, the increasing pool of unvaccinated children carries with it an increased potential for community

outbreaks of infection to occur. Work has been undertaken to explore the reasons underlying the reduced vaccination uptakes in Aberdeen City children. A number of factors have been identified and actions are being taken forward aimed at returning vaccinations uptake to the recommended level.

During the period from April 2018 to March 2021 major changes to the way local vaccination services are organized will take place as a result of the national Vaccination Transformation Programme. The purpose of this initiative is to contribute to the re-shaping of primary care services by transferring responsibility for delivery of routine vaccinations from general practice to a dedicated Grampian-wide adult and child vaccination service. It is anticipated that this initiative will provide a service which is able to be more flexible and responsive to the needs and circumstances of patients.

Actions

NHS Grampian will:

- Continue to take forward actions aimed at improving child immunisation uptake in Aberdeen city
- Implement the service delivery changes required as a result of the national Vaccination Transformation Programme
- Continue to review and update our existing policies for vaccine-preventable disease in light of new and emerging evidence
- Implement changes to local child and adult vaccination programmes as required by developments in national vaccination policy.

4. Tuberculosis

The Tuberculosis Framework for Scotland published in October 2017 sets out the Scottish Health Protection Network's strategy in relation to tuberculosis control for the next five years 2017-2021. The development of the Tuberculosis Framework reflects the importance of building on previous successes and continuing work of the 2011 TB Action Plan for Scotland. It adopts an outcomes based approach anchored by effective shared ownership and joint working with a strong focus on challenging inequalities. Over the last 5 years the overall the number of cases of TB in Scotland has decreased with 35 Grampian residents diagnosed with TB in 2017. However more cases are requiring Enhanced Case Management due to complications in managing their care and treatment caused by homelessness, no entitlement to benefits and alcohol and/or drug abuse.

TB continues to be a potentially life-threatening infection requiring several months of complex antibiotic treatment to achieve a cure, so this level of infection in the community remains a cause of concern. Considerable ongoing public health effort is needed to reduce the risk of transmission of this infection within Grampian.

An area of local concern is the recent reduction in uptake of BCG vaccination immediately following birth in infants assessed as being at increased risk of exposure to TB infection. This has resulted from the cessation in August 2016 of administration of BCG vaccination within Aberdeen Maternity Hospital, due to staffing pressures. Evening clinics at Royal Aberdeen Children's Hospital have been instituted as an interim measure but the location and timing of these clinics is not optimal for patients or staff. Work is ongoing to identify a robust and sustainable approach to delivery of BCG vaccination of babies at risk and it is hoped to reinstate this service within Aberdeen Maternity Hospital during 2018-19.

Actions

- NHS Grampian will continue to lead on the management of TB cases, contact tracing and screening of contacts in liaison with Local Authority colleagues where appropriate
- New Entrant screening will continue to be targeted towards those individuals presenting the highest public health risk.
- Work will continue to be taken forward to re-establish BCG vaccination within Aberdeen Maternity Hospital

5. Gastrointestinal Illness

Gastrointestinal (GI) and zoonotic infections continue to pose a clear and present danger in Grampian. The incidence of some GI infections, particularly Shiga Toxin-producing E coli (STEC) O157 and non-O157 STEC infections, is higher in Grampian than the Scottish average. The incidence of some other infections is increasing e.g. Giardia, Hepatitis E infections. The higher incidence of cases may be attributed to the large rural population and large number of households on private water supply in Grampian, which increases the risk of exposure to animal faeces. Newer, more sensitive tests may also be a contributory factor to recent increases in case numbers.

In 2016, laboratory diagnosis of Giardia in NHS Grampian changed from a selective testing system that was focused on stool samples from patients with a history of overseas travel, to a system of universal testing of all stool samples. This change in testing has resulted in a significant increase in the number of laboratory confirmed cases of Giardia. It is anticipated that other diagnostic laboratories may implement similar changes over the next few years to their diagnostic testing for Giardia resulting in a similar increase in laboratory confirmed cases. At present there is lack of evidence on the epidemiology and public health implications of Giardia infection in Scotland. To address this gap in evidence, the Scottish Health Protection Network (SHPN) established a Giardia sub-group to consider the impact of changes in laboratory diagnostic testing from a public health perspective and make recommendations to

the Scottish Health Protection Network Gastrointestinal and Zoonoses (GIZ) group about the appropriate public health follow-up of cases. In 2017, the SHPN-Giardia sub-group recommended a time-limited surveillance of Giardia which will be undertaken by NHS Grampian Health Protection Team. This is likely going to increase the workload of the Health Protection Team (HPT) and other partners, particularly Environmental Health colleagues. A Memorandum of Understanding supports the joint working between the NHS Grampian Health Protection Team and the Environmental Health Teams in each of the Councils.

In 2018, NHS Grampian will pilot an enhanced surveillance for Giardia infection.

Actions

- NHS Grampian HPT will continue to build on partnership working and collaboration with our microbiology colleagues and local authority partners to ensure the general public is protected against the menace of GI illnesses
- NHS Grampian HPT, in collaboration with the three Local Authorities, will continue to build on the success of the public awareness campaign already undertaken
- NHS Grampian, in collaboration with the three Local Authorities, will continue to monitor and collect information and data on GI infections and zoonoses for the purposes of prevention and control and of these diseases
- NHS Grampian, in collaboration with the three Local Authorities will continue to support the work of the Scottish Health Protection Network Gastrointestinal and Zoonoses Group including piloting enhanced surveillance for Giardia

6. Sexual Health and Blood Borne Viruses

Blood borne viruses (BBVs) (Human Immunodeficiency Virus (HIV), hepatitis B, hepatitis C) are a major public health problem in Grampian. In the UK, it is estimated that a significant number of individuals infected with these viruses are unaware of their infection. A significant proportion of these infections are associated with travel to and from countries where the prevalence of BBVs is very high. In 2011, the Scottish Government published a [Sexual Health and Blood Borne Virus Framework 2011-15](#), which has been followed by a [2015 – 2020 update](#). This framework outlines the vision to improve sexual health (SH) and reduce BBVs in Scotland. The framework reiterates the need for partnership and joined-up working with local authority, third sector and other partners to achieve better outcomes for people with sexual health problems and BBV infections.

In Grampian, Sexual Health and BBV work is coordinated by the SH and BBV Managed Care Network (MCN) and the MCN sets priorities based on the SH/BBV framework.

The SH/BBV MCN priorities for the period 2018-2019 are to:

- reduce inequalities in sexual health
- increase uptake of long acting reversible contraception (LARC) across Grampian
- reduce recently acquired hepatitis C virus (HCV) infection and reduce risk of HCV infection among intravenous drug users (IVDU)
- ensure that all individuals infected with HCV are referred for specialist service
- reduce HIV late diagnosis
- continue to support harm reduction programmes including needle exchange provision, and active HCV infection case finding
- reduce undiagnosed BBV infections in Grampian by increasing testing for BBVs in at risk groups including prison inmates, and care and support for those with hepatitis B, hepatitis C and HIV infections

Since the Scottish Government published the SH/BBV framework, NHS Grampian, through the MCN and in collaboration with its partners has:

- completed an HIV needs assessment and subsequently implemented an improvement plan in 2013/14
- rolled out dried blood spot testing (DBST) in non NHS sites including in drug services and voluntary organisations providing needle exchange for people who inject drugs 2009 to date
- completed a Hepatitis B needs assessment 2013/14
- completed a review of abortion and repeat abortion in Grampian (2009-2013) in 2014
- continued work to promote increased BBV testing in primary care, workplace and university settings, 2013 to date
- promoted increased support and care for people living with viral hepatitis and HIV, 2013 to date
- completed a 'Teenage Pregnancy Report (2006 -2015)' in 2016
- established an audit of all newly diagnosed cases of HCV to ensure that all cases have been referred for specialist care, 2016
- established an HIV patient forum in 2017
- piloted BBV testing in community pharmacies using DBST methodology, 2017

Actions

NHS Grampian will:

- continue to develop novel ways to increase BBV testing in the 'hard to reach' at risk population, to ensure early diagnosis and prompt referral to specialist services

- continue to support active HCV infection case finding
- continue to work in partnership with local authority, 3rd sector and other partners to improve the quality of services for people with sexual health and BBV disease in Grampian through the Managed Care Network

7. Healthcare Associated Infection

NHS Grampian continues to align all their programmes of work to the HAI Standards (2015) including the Annual Healthcare Associated Infection (HAI) Work Programme, stewardship of antimicrobials, and acts upon the findings from regular inspections undertaken by the Healthcare Environment Inspectorate

Within all inpatient care facilities, NHS Grampian undertakes a suite of surveillance and monitors local incidence rates and trends for *Clostridium Difficile* Infection, *Escherichia coli* bacteraemias, *Staphylococcus aureus* bacteraemias and surgical site infections. This also provides epidemiological data nationally to formulate relevant Scottish statistics. Surveillance information can be accessed from the Health Protection Scotland web site.

<http://www.hps.scot.nhs.uk/haic/sshqip/index.aspx>

Actions

NHS Grampian is committed to:

- Keeping patients safe by reducing the opportunities for the development of healthcare associated infections, by promoting & collaborating good practice within the multi-disciplinary team structure
- ensuring compliance with infection prevention and control policies, protocols and guidelines
- providing education and training in infection prevention and control for all staff, in all healthcare roles
- implementing quality improvement methodology in the prevention of healthcare associated infection.

8. Water

The NHS Grampian Health Protection Team works with the Environmental Health Departments of the three Local Authorities of Aberdeen City, Aberdeenshire and Moray, and Scottish Water, to monitor and address any issues of water quality for the populations of these local areas. Most water is distributed through the river-sourced mains system managed by Scottish Water and is routinely monitored for pathogens and chemicals of concern. The Health Protection Team and Environmental Health Teams support ongoing risk assessments of water quality in public buildings such as hospitals and schools and in outdoor environments. A significant proportion of domestic and commercial supplies in Aberdeenshire and Moray are on Private Water Supplies (PWS), with quality assurance monitored mostly through Environmental Health Teams. The relatively high proportion

of PWS in Aberdeenshire and Moray Council areas, usually in rural and agricultural settings, place our populations at some degree of increased risk, which is managed collaboratively. Apart from monitoring the water and encouraging safe use of such systems, an assessment is being made of how conversion from PWS to mains supply can be promoted and facilitated. A review of the lead content of water supplies is also progressing for both private and public water supplies.

Actions

NHS Grampian is committed to

- ensuring the continued good quality of water to the population of Grampian managing any risks in relation to water quality through education, monitoring and incident management (when needed)

9. Health Protection Priorities within Local Authorities: Local Health Protection Priorities Carried out by Environmental Health Professionals within Local Authorities

9.1 Environmental Protection

9.1.1 Monitoring and improving air quality

The Scottish Government's Clean Air for Scotland – The Road to a Healthier Future, November 2015 (CAFS) includes, for delivery by Health Boards, the action: 'NHS Boards and their local authority partners will include reference to air quality and health in the next revision of their Joint Health Protection Plans, which should identify and address specific local priority issues'.

Aberdeenshire Council completes annual reports in accordance with Scottish Government guidance. No Detailed Assessments have been required and no Air Quality Management Areas have been declared. The Council monitors nitrogen dioxide levels in a number of urban locations. Appropriate assessments are made of planning applications that may give rise to air quality concerns, including biomass boilers.

https://aberdeenshire.gov.uk/environmental/ProgressReport_2011.pdf

Aberdeen City Council, in liaison with NHS Grampian, will support the implementation of the CAFS actions and specifically promote the provision of local information about air quality, support behaviour change to improve health and air quality, and encourage active travel and alternatives to car travel. Annual reports are completed in accordance with Scottish Government guidance. Three Air Quality Management Areas have been declared: City Centre; Wellington Road

(Queen Elizabeth II Bridge – Balnagask Road); and the Haudigan roundabout/Auchmill Road corridor. An air quality model for Aberdeen is being developed to enable the source apportionment of traffic related emissions and enable future air quality predictions in support of a Low Emissions Feasibility study that will be undertaken in 2018/19.

Moray Council completes annual reports in accordance with the Scottish Government guidance. No detailed assessments for any pollutants were highlighted as being required in the 2017 update report and no Air Quality Management Areas have been declared. Nitrogen dioxide levels are monitored at 17 locations. It is intended to review the locations of the nitrogen dioxide monitoring points during 2018, to reflect any changes in traffic due to the continued development in Moray. The 2017 Annual Progress report can be found at <http://www.moray.gov.uk/downloads/file118297.pdf>

9.1.2 Controlling environmental noise/antisocial behaviour noise

Aberdeenshire Council Environmental Health Service has responsibility for investigating noise complaints. Visits are made out with normal office hours on a planned basis. Arrangements are in place with Police Scotland to work together on certain domestic noise complaints. The Service also liaises with the Council's Community Safety Officers to resolve complaints. <http://www.aberdeenshire.gov.uk/environment/environmental-protection/noise-pollution/>
<http://www.aberdeenshire.gov.uk/communities-and-events/antisocial-behaviour/>

Aberdeen City's Antisocial Behaviour Investigation Team (ASBIT), which provides an out of hour's service to deal with domestic noise complaints, transferred to the Community Safety team in June 2010. The Environmental Health Service investigates all other noise complaints.

Aberdeen came under the scope of the Environmental Noise Directive (END) in 2013 when the City's transportation network was mapped for noise. The strategic maps were used to identify Candidate Noise Management Areas (CNMAs) and Candidate Quiet Areas (CQAs). In 2015, 15 Noise Management Areas and two Quiet Areas went forward. The Aberdeen Noise Action Plan was submitted to the Scottish Government in March 2014.

Moray Council Environmental Health has responsibility for investigating noise complaints. The Antisocial Behaviour Team is part of Environmental Health and its community warden's deal with domestic noise complaints. Visits are made out with normal working hours on a pre-arranged basis. Where enforcement is not an option, mediation is offered where both parties are willing to participate.

9.1.3 Investigation and remediation of contaminated land

Aberdeenshire Council's Contaminated Land team has responsibility for undertaking site investigations under Part IIA of the Environmental Protection Act 1990, and for assessing any potential contamination issues identified from planning applications. There are four formally identified Contaminated Land sites in Aberdeenshire. Site investigation reports and remediation schemes are agreed as part of the planning application process.

<http://www.aberdeenshire.gov.uk/environment/environmental-protection/contaminated-land/>

Aberdeen City Council's Contaminated Land team investigates its area for sites where historic contamination presents a risk to human health or the wider environment. They also assess planning applications to ensure that sites with the potential for contamination are appropriately investigated and, where necessary, remediated to make them suitable for their new use.

Moray Council continues to inspect sites potentially affected by historical land contamination in accordance with the statutory duty under Part IIA of the Environmental Protection Act 1990. Recent investigations have included private gardens in Keith near the town's former gas works and recreational land on an old tip. However, many more potentially contaminated sites are dealt with through the planning process, with applications being screened to ensure the suitability of the sites for the proposed developments.

<http://www.moray.gov.uk/downloads/file88467.pdf>

9.1.4 Investigation and abatement of statutory nuisance

Aberdeenshire Council Environmental Health Service investigates reports of potential statutory nuisance and works with authors of the nuisance, owners and other relevant parties to identify improvements to protect the health of residents, neighbours etc.

<http://www.aberdeenshire.gov.uk/environment/environmental-protection/>

Aberdeen City Council's Environmental Protection Team investigates reports of potential statutory nuisances which may affect the health of residents within the city. The officers will take the appropriate action to abate the nuisance, giving advice or taking enforcement action against owners or authors of the nuisance.

Moray Council Environmental Health investigates complaints of potential statutory nuisances and takes the appropriate enforcement action to abate any nuisances to protect the health of persons who may be affected.

9.1.5 Monitor unauthorised encampments set up by the travelling community.

Aberdeenshire Council Housing Service is responsible for managing unauthorised encampments in accordance with approved policy. The Council's Officer/Member Sub Committee meets regularly to consider issues relating to the travelling community. The Housing Service employs a Gypsy/Traveller Liaison Officer (GTLO) to address the needs of the travelling community and management of unauthorised encampments. Environmental Health deal with any statutory nuisance associated with these encampments.

Within **Aberdeen City**, unauthorised encampments are primarily dealt with by the GTLO. However, Environmental Health regularly works in partnership with them to deal with any statutory nuisances occurring on private land due to encampment.

Moray Council Housing Service has responsibility for dealing with unauthorised encampments and notifies other agencies, including Environmental Health. Unauthorised encampments are dealt with in accordance with the protocol and guidance adopted by the Council.

9.1.6 Pest control

Aberdeenshire Council offers advice on how to deal with infestations. The Environmental Health Service will arrange for surveys and treatment to be carried out where an infestation is affecting a community.

A long term strategy is being implemented to reduce the number of seagulls in town centres. A falconer is employed in 3 town centres from April to September. The council installs nesting deterrents on its own buildings and has an extensive egg and nest removal programme.

Aberdeen City Council's Pest Control Officers provide advice on all pest matters. Where appropriate, the pest control officers will undertake treatments for rodent and insect infestations in domestic and commercial premises. There is a charge for any treatment carried out. The officers can also undertake bird cleaning and bird proofing measures and customized treatment and prevention contracts to commercial premises.

Moray Council's Pest Control Officer offers advice and treats rodent and insect infestations in domestic premises. There is a service level agreement with the authority's Housing, Education and Social Care services to treat pests in these premises. The Pest Control officer also undertakes Animal Health/Welfare and Dog Warden duties.

9.1.7 Promote responsible dog ownership and deal with stray dogs.

Aberdeenshire Council promotes responsible dog ownership through its Green Dog Walker Scheme. The council's Anti dog-fouling strategy seeks to strike a balance between offering advice and enforcement. Additional officers have been authorised to serve fixed penalty notices in respect of dog fouling. The council's three Dog Wardens are increasingly involved in control of dogs issues, necessitating informal and formal enforcement action.

<http://www.aberdeenshire.gov.uk/environment/green-dog-walkers/>

Aberdeen City Council Environmental Protection Team, in conjunction with the City Wardens, carry out visits to Primary 5 pupils in all the city schools to deliver talks on dog fouling and responsible dog ownership. It is hoped that the children will pass the information on to any adults they know who have dogs and also grow up to be more responsible dog owners. The talks are well received by the schools and children. Aberdeen City Council has 2 dog wardens who deal with stray dogs Monday – Friday 9 am to 5pm. Out with this time, Police Scotland are responsible.

Moray Council promotes the Green Dog Walkers Scheme through the Community Wardens along with local communities. The Animal Services Officer and Pest Officer deal with all stray/lost dog issues. The authority actively enforces the Control of Dogs (Scotland) Act 2010.

9.1.8 Minimising the risk of exposure to environmental inevitabilities such as dog fouling, illegal dumping and graffiti.

Aberdeenshire Council's Waste Compliance Officers are responsible for tackling fly tipping. Dog Wardens issue fixed penalty notices (FPNs), whilst also promoting responsible dog ownership. Dog training classes are also run by Aberdeenshire Council.

Within **Aberdeen City** these issues are dealt with jointly by the environmental health and environmental services teams. The City Wardens and Dog Wardens will also carry out patrols and issue FPNs for dog fouling.

Moray Council Environmental Health and Environmental Protection share responsibility for dealing with these issues. The Council removes graffiti free of charge. Community Wardens carry out dog fouling and fly tipping patrols. Although initiatives have been run over to raise awareness and encourage reporting of these issues the reports do not provide details of the dog owner which is required before fixed penalty notices can be served.

9.1.9 Assess impact of wind turbines for noise and shadow flicker to reduce the impact on the health of neighbours.

Aberdeenshire Council Environmental Health has a core team that assesses planning applications and investigates complaints. Appropriate conditions are attached to Planning Permissions. Planning conditions and the council's complaints protocol are to be reviewed in 2018. Policy and procedures are published on the website.

<http://www.aberdeenshire.gov.uk/planning/>

Aberdeen City Council Environmental Health assesses any planning applications related to wind turbines and investigate any complaints.

Moray Council Environmental Health continues to assess planning applications and arrange for the appropriate conditions to be attached to the consents issued. The number of small domestic applications continues to decrease, small to medium single turbine applications remain static, but large wind farms or extensions to wind farms are increasing along with the additional workload involved in also determining the cumulative effect of noise from existing approved installations.

9.2 Built Environment

9.2.1 Identify and address sub-standard housing and improve living conditions.

Aberdeenshire Council Environmental Health is responsible for identifying substandard houses and taking appropriate action, including legal action to improve living conditions. The Service works closely with the Housing Service when complaints are received regarding privately tenanted properties. Action is taken against those landlords who don't manage their properties in accordance with legislation and national standards

<http://www.aberdeenshire.gov.uk/housing/private-housing/>

Within **Aberdeen City**, substandard housing is dealt with by the Private Sector Housing Unit. They are responsible for monitoring the condition of private sector housing stock and ensuring private sector dwellings are maintained in a satisfactory state of repair. Where necessary, officers will take the appropriate action to improve living standards.

Aberdeen City is currently finalising Third Part Reporting Policy to report potential breaches of the Repairing Standard to the Housing and Property Chamber of the First Tier Tribunal. The Private Sector Housing Unit will implement this policy with it being operational from April 2018. This will open a further avenue to deal with Repairing Standard issues within the private rented sector.

Moray Council Environmental Health takes appropriate enforcement action when houses fail to meet the tolerable standard and when complaints are received regarding poor housing conditions and/or disrepair. Environmental Health is also engaged in Council wide initiatives to bring long term vacant properties back into use to help address the current housing shortage.

9.2.2 Provide a means by way of advice, enforcement or grants, to enable housing conditions to be improved.

Aberdeenshire Council's Scheme of Assistance states that advice, practical assistance and financial help can be provided to improve private properties, including disabled adaptations. The Housing Service seeks to help people over the age of 60 and those who have disabilities to carry out improvements and repairs, to allow them to continue to live at home.

In **Aberdeen City**, the Private Sector Housing Unit provides information, advice and practical assistance through the Scheme of Assistance and also administers the process of approving grant applications and making payment of grants for disabled adaptations.

Moray Council Home Improvement Services Team is responsible for the implementation of the Moray Scheme of Assistance and provides advice on the availability of housing grants. An empty homes strategy is implemented, which provides low cost loans to homeowners to bring properties in disrepair back to a reasonable standard and into the active housing stock.

9.2.3 Seek to improve the management and condition of private rented houses through the Landlord Registration Scheme.

Within **Aberdeenshire, Moray and Aberdeen City**, Landlord Registration is carried out by the Housing Service. The service liaises with a range of Council Services and external agencies to ensure landlords are fit and proper. Aberdeenshire Council in partnership with Aberdeen City Council and Landlord Accreditation Scotland organises several training events each year on a range of topics, including property condition and property management, tenancy management and tenancy agreements and notices, to help landlords to adhere to all legislation in relation to the private rented sector.

9.2.4 Seek to ensure houses in multiple occupation (HMOs) are safe and healthy to live in through licensing of properties and close liaison with the Scottish Fire and Rescue Service and other external agencies

Aberdeenshire Council's HMO Officer is responsible for identifying, inspecting and licensing HMOs, and undertaking any enforcement action required. The Officer participates in joint operations in conjunction with Police Scotland, Immigration and Scottish Fire and Rescue Service to target suspected unlicensed HMOs, with a view to dealing with unsuitable landlords and improving the living conditions of occupants.

<http://www.aberdeenshire.gov.uk/housing/private-housing/private-landlords-advice-and-support/>

Within **Aberdeen City**, the Private Sector Housing Unit has responsibility for Houses in Multiple Occupation. Officers deal with all issues regarding standards, enforcement and inspection, and work with Police Scotland and Scottish Fire and Rescue.

Moray Council's HMO Officer in Environmental Health deals with issues regarding the standards of HMOs including inspection and enforcement, working closely with other agencies such as the Scottish Fire and Rescue Service and Police Scotland. Environmental Health acts as consultee for the Legal Service who issue the HMO licenses.

9.3 Home Safety, Health & Safety and Food Safety

9.3.1 Home safety

Within **Aberdeen**, Home Safety transferred to the Community Safety team in July 2011.

9.3.2 Protecting health and consumer interests in relation to food by working with Food Standards Scotland (FSS), local business and other partners to achieve nationally set targets and minimising the risk of food poisoning incidents/ outbreaks through inspection, training and initiatives

Aberdeenshire Council produces an annual Food and Feed Law Enforcement Service Plan and a Review of the previous year's performance, which is approved by elected members of the Infrastructure Services Committee. In addition, the Food Hygiene Information Scheme is operated throughout the Authority. The national Eat Safe award for food businesses maintaining a standard of food hygiene in excess of that required by current food law is promoted, with 60 businesses having attained the award.

Aberdeen City Council produces an annual Food and Feed Service Plan which is approved by elected members of the Public Protection Committee. Resources are focused on high risk establishments and investigation of food borne disease is prioritised. The Food Hygiene Information Scheme is implemented and the Eat Safe award is promoted.

Moray Council produces a Food Law Enforcement Service Delivery Plan annually, which is linked to FSS national initiatives/targets and The Moray Council's corporate plans. The Food Hygiene Information Scheme and Eat Safe are promoted. High priority is given to the investigation of food borne diseases with an internal target of all cases reported by NHS Grampian to be contacted within 24 hours.

9.3.3 Minimising the risk of ill health caused by occupational health exposures (including stress) and workplace safety, through inspection, awareness raising, training etc

Aberdeenshire Council has a specific intervention strategy and Service Plan for occupational health and safety which is reviewed annually. Aberdeenshire continue to hold health and safety drop-in advisory sessions across the area. Officers are in attendance and providing free health and safety advice to local businesses and duty holders. This covers all occupational health and safety.

Aberdeen City has an intervention strategy and plan for occupational health and safety regulation. Interventions are targeted towards high risk activities and accident investigations

Moray Council adheres to the National Local Authority Enforcement Code for its programme of proactive inspections for workplace health and safety and also its other regulatory interventions. The risk based interventions are determined with the use of national and local intelligence.

9.3.4 mework in place to license all skin piercers and/or tattooists to ensure they comply with statutory provisions in particular those relating to the causes and spread of infection.

Aberdeenshire, Aberdeen City and Moray Councils license individuals who undertake skin piercing and tattooing activities as a business under the Civic Government (Scotland) Act 1982 (Licensing of Skin Piercing and Tattooing) Order 2006.

<http://www.aberdeenshire.gov.uk/business/health-and-safety/legislation-and-guidance/body-piercing/>

http://www.moray.gov.uk/moray_standard/page_65936.html

9.3.5 Arrangements in place to inspect and regulate sunbed premises in line with the provisions of the Public Health etc (Scotland) Act 2008

Aberdeenshire Council regulates the sale and hire of sunbeds in line with the statutory provisions which prohibit operators from allowing use of sunbeds on their premises by persons under 18; prohibit operators from allowing unsupervised use of sunbeds on their premises; prohibit the sale or hire of sunbeds to persons under 18. A Test Purchasing exercise using young people took place in April 2016 as part of the Service's overall regulatory function and Service Plan, and found several premises which did not comply with legislation. Appropriate action was taken.

Aberdeen City regulates the use, sale and hire of sunbeds in line with statutory provisions. An initiative targeting these establishments will be undertaken during 2018/19

Moray Council regulates the use, sale and hire of sunbeds in line with the statutory provisions. Over recent years, the number of premises in Moray offering the use of sunbeds has gradually fallen and since 2014 there are only two tanning salons.

9.3.6 Protecting consumers' health in relation to water supplies through monitoring, promotion of the private water supplies grant scheme, provision of advice and enforcement activities.

Aberdeenshire Council has a team of 5 Officers and 3 Admin Officers dealing with issues pertaining to private water supplies. The level of grant payments made annually is around £200K. The Council is working in conjunction with private estates to encourage the adoption of water safety plans, to ensure more effective management of supplies. Planning procedures have been adapted to encourage connections to the public mains. Additional legal responsibilities introduced in October 2017 will be implemented during 2018. These new requirements will increase significantly the number of supplies and premises to be risk assessed. Additional staff have been recruited.

<http://www.aberdeenshire.gov.uk/environment/environmental-protection/private-water-supplies/>
<http://www.privatewatersupplies.gov.uk/>

Aberdeen City Council: The Environmental Protection Team carries out the duties required by the regulations relating to private water supplies, though there are relatively few in this Council area. Uptake of grants to improve water supplies is currently promoted following enquires.

Publicity was undertaken in the first quarter of 2015 with the Drinking Water Quality Regulator to encourage more users to improve their supplies. 15 properties received improvement grants as a direct result of the publicity.

Moray Council presently has 2.5 full time officers involved in private water supplies. During 2017, 30 grants were completed and paid. Work is ongoing to encourage those with approved grants to complete outstanding work. The Water Intended for Human Consumption (Private Supplies) (Scotland) Regulations requires many more supplies to be sampled annually. It is expected that there will be an increase in grant applications due to this.

9.3.7 Minimising the risk of environmental tobacco smoke/ secondary exposure through inspection, enforcement, awareness raising of smoking in public places legislation. Regulate the supply of tobacco/tobacco products to ensure compliance with various statutes through business advice, age-restricted sales test purchasing programmes and enforcement action against the illegal supply of genuine and counterfeit tobacco/tobacco products.

Aberdeenshire Council continues to regulate smoking in public places under the Prohibition of Smoking in Certain Places (Scotland) Regulations 2006 and all enforcement officers within the Service are duly authorised including the Licensing Standards Officers. A No–Smoking policy will apply to all council premises from 2016, similar to that adopted on NHS Grampian premises.

Aberdeen City's Trading Standards service has a programme of providing advice to and making test purchasing from city retailers, gathers information and intelligence on the illegal supply of genuine and counterfeit products and works with the Scottish government on the registration of tobacco retailers. Officers from the Commercial Team within Environmental Health carry out compliance/enforcement visits to ensure that premises are compliant with Smoking Ban legislation including the ban on smoking in vehicles with under -18s present and from August 2018 a ban on smoking on hospital grounds.

Moray Council continues to ensure that premises comply with the legislation banning smoking in public places. Very few complaints of non-compliance are now received, and concern mainly smoking in work vehicles. Trading Standards carries out a tobacco enforcement programme, covering age restrictions with test purchases and 'integrity checks', the ban on vending machines and the investigation into illicit sales of tobacco by unregistered sellers.

9.3.8 Activities concerning alcohol consumption regulation through new licensing standards legislation, including enforcement, education and awareness raising work

Aberdeenshire Council has four Civic Licensing Standards Officers (LSOs) who participate in joint operations with Police Scotland and other agencies to promote responsible drinking and responsible management of licensed premises. Following commencement of the Air Weapons and Licensing Regulations the LSOs became Civic LSOs, taking on a wider licensing remit.

Aberdeen City has two Licensing Standards Officers who are involved in a planned inspection programme and also respond to complaints about licensed premises.

Moray Council Trading Standards has 0.4 full time equivalent (FTE) Licensing Standards Officers who provide advice to businesses on alcohol licensing requirements and deal with complaints from consumers and businesses.

9.3.9 Protecting the health, welfare and safety of the public and animals through raising standards of premises licensed for these purposes and carrying out farm inspections.

Aberdeenshire Council has four Animal Health and Welfare Inspectors responsible for the protection of livestock on farms, at markets, ports and slaughterhouses and during transportation. An Animal Health and Welfare Service Plan is produced annually in consultation with the Animal and Plant Health Agency. Advice and guidance is provided with regard to agricultural shows and events, implementing actions within the national VTec Implementation Plan.

<http://www.aberdeenshire.gov.uk/environment/animal-health/animal-health-and-welfare/>

Aberdeen City Council has two Animal Health and Welfare Inspectors responsible for the protection of livestock during transportation and on farms, as well as licensing animal boarding, dangerous wild animals, riding schools and pet shops.

Moray Council has one Animal Services Officer who undertakes joint programmed farm inspections with Trading Standards to assess animal standards and food/feed safety standards. Reactive visits are also carried out following intelligence or complaints. Consultation has taken place with AHVLA and the existing Animal Health and Welfare Service Plan has been reviewed and updated.

9.3.10 Promoting community health and wellbeing by protecting public health through educational and advisory services

Aberdeenshire Council operates a full training programme throughout the year offering a selection of over 12 food and health and safety courses for businesses, charitable groups and organisations, and members of the public. A core Food and Safety Team promotes and publicises hygienic and healthy eating at annual events throughout Aberdeenshire and presents on wide and varied topics for schools, colleges and community groups.

Aberdeen City Council participates in initiatives to raise awareness of basic food hygiene and public health measures, including ad hoc events such as promoting safe cooking of turkeys at Christmas. Aberdeen City also participates in the Food Standards Scotland's Food Hygiene Information Scheme, publishing the outcomes of inspections online. Promotional activities to encourage active travel, reduce car usage and increase public awareness of air quality issues are also undertaken. Each year a joint initiative between Environmental Health and City wardens is carried out in primary schools within the city in relation to responsible dog ownership and dog fouling.

9.3.11 andemic flu preparedness

In **Aberdeen City, Aberdeenshire** and **Moray** this is organised in partnership with the Emergency Planning Service and the wider Local Resilience Partnerships.

9.3.12 rovide advice on reduction of radon gas levels in premises.

Aberdeenshire Council provides advice on results and improvement works and liaises with Public Health England. Private water supplies in high risk areas are sampled as part of the Type A sample programme.

Aberdeen City is not a recognised area of high radon levels, although updated radon maps identified approximately 50 properties in potential hotspots. General advice is given and direction to the Public Health England website.

The Moray Council offers advice on results of tests for radon and works in conjunction with the Public Health England.

9.3.13 Inspection of ships and other port health responsibilities.

A dedicated protocol for managing potential importation risks of infections through Ports of Entry has been recently revised for the International Airport at Dyce (2017). Similar plans for Harbour Ports of Entry are currently in progress.

Aberdeenshire Council provides a vessel inspection service at the ports of Peterhead and Fraserburgh for the issue of ship sanitation and hygiene certificates. The Council operates Scotland's only Border Inspection Post where imported consignments of frozen fishery products are inspected against EU entry requirements.

Aberdeen City Council provides a Port Health function in relation to Aberdeen harbour and Aberdeen International Airport, including the inspection of significant numbers of vessels in relation to ship sanitation (in the region of 300 ships Per annum).

The Moray Council Trading Standards inspects feed imported into Buckie Harbour and a system is in place for the Environmental Health Service to be notified if any food intended for human consumption (such as grain for the distilling industry) is imported.

9.4 General

9.4.1 Training of students to ensure continuing supply of qualified staff

Aberdeenshire Council employs Environmental Health (EH) students and supports them through the University of West Of Scotland EH degree course. Support is also offered to other students as part of their portfolio requirements.

Aberdeen City Council has a student Environmental Health Officer (EHO) post and intend to recruit two student EHOs utilising matched funding from Food Standards Scotland to sit professional exams in October 2019. Additionally, officers are supported to undertake additional/conversion qualifications to become EHOs. There are also trainee Trading Standards Officers (TTSO) employed within the city, one of whom has just qualified, there is due to complete their studies in 2018 and qualify in 2019. Also in place is a career Progression Scheme to ensure trainees can see a clear path through to qualification.

Moray Council has a graduate training scheme and sponsors students to the completion of the professional qualifications where funding allows.

9.4.2 Consider equalities legislation when introducing new policies and procedures to ensure any adverse impacts are mitigated.

Aberdeenshire Council provides training for all staff and has Service Champions in each section to ensure compliance with legislation.

Aberdeen City Council undertakes Equality and Human Rights Impact Assessments to assess the impact of our policies, procedures and functions on people with protected characteristics within Aberdeen City. This ensures we meet the commitments set out in our Single Equality Scheme. It also helps us to promote equality and good community relations.

Moray Council's Equal Opportunities Officer is always consulted when reports are submitted to Council committees including when new policies and procedures are to be introduced. Moray Council is committed to taking all steps within its power to eliminate discrimination and to promote equal opportunities and good relationships amongst all communities.

Actions

- Aberdeenshire Council will continue to implement the health protection priorities above.
- Aberdeen City Council will continue to implement the health protection priorities above.
- Moray Council will continue to implement the health protection priorities above.

10. Civil Contingencies

NHS Grampian and all three Local Authorities are Category 1 responders as defined under the Civil Contingencies Act 2004. To fulfill our statutory duties under the Act, NHS Grampian and each Local Authority has plans and systems in place to respond to emergencies which threaten the health, safety and welfare of the population of Grampian, and business continuity plans to ensure continued delivery of essential services in the face of disruptive events.

In addition to our own organisations' plans, NHS Grampian and the Local Authorities work in partnership with other responder agencies through Resilience Partnerships, to plan and prepare for coordinated, multi-agency, responses to incidents and emergencies.

Multi-agency planning and preparedness activity takes place at both a local level, at the Grampian Local Resilience Partnership (GLRP) and at regional level as part of North of Scotland Regional Resilience Partnership (NSRRP), supported by professional resilience practitioners from all Category 1 agencies. Partner agencies work together to deliver resilience in the North region: this is done through the NS RRP business plan executed via four Capability Groups and eight subgroups, each with a detailed action plan to deliver on the overarching RRP business plan. North of Scotland RRP takes in Grampian, Tayside and the Highlands and Islands.

Response plans are developed based on risks identified and detailed in the community risk registers, one for each RRP region: North RRP, East RRP and West RRP. Community risk registers are available to download from the Scottish Fire and Rescue Service website <http://www.firescotland.gov.uk/your-safety/community-risk-register.aspx>

In response mode, in situations where there are wider consequences to an incident and where a coordinated multi-agency response is required, NHS Grampian and local authorities come together with other responders (Category 1, Category 2 and other agencies) as a local Resilience Partnership. If the scale or specific circumstances of an incident requires it, a wider regional-level Resilience Partnership may be convened with involvement from appropriate North RRP members and national agencies.

Actions

- NHS Grampian, Aberdeen City Council, Aberdeenshire Council and Moray Council, as Category 1 responder organisations, will continue to ensure compliance with the requirements of the Civil Contingencies Act 2004, and will fulfil their duties and responsibilities under the Act.
- NHS Grampian, Aberdeen City Council, Aberdeenshire Council and Moray Council will continue to build on our respective business continuity management programmes and continue to drive towards resilience to ensure that critical services are

maintained, even when we are faced with disruptive challenges.

- NHS Grampian, Aberdeen City Council, Aberdeenshire Council and Moray Council will continue to work closely with partners in support of the Resilience Partnership to ensure an effective, coordinated, multi-agency response to, and recovery from, emergencies; and to ensure delivery of the North of Scotland RRP strategic objectives.

11. Effective Information Systems for Managing Outbreaks and Incidents

In early 2014, NHS Grampian implemented HPZone, This is a national information management system to support the investigation and management of health protection incidents and outbreaks. This sits as the primary data system for NHS Grampian health protection management, alongside many other NHS networked systems (e.g. laboratories, CHI, clinical systems).

12. Capacity and Resilience

The capacity and resilience of health protection services have been regularly reviewed and all agencies also continue to regularly review their business continuity plans. Please see Appendix 4 for more details.

13. Quality Assurance, Continuing Professional Development, Evidence Based Practice

NHS Grampian, Aberdeen City, Aberdeenshire and The Moray Council continually strive to improve the services we deliver. NHS Grampian meets with local authority colleagues on a monthly basis to review recent incidents. Lessons are identified following outbreaks and incidents and action plans are developed to implement any appropriate changes to practice. Training is provided on a wide range of topics such as infection control and immunisation (single and multi-agency).

Action

- NHS Grampian will continue to contribute to the review and development of national guidance through the Health Protection Network
- NHS Grampian will implement new guidance, when this arises, following an assessment of the benefits and the resource implications.

Appendix 1. Overview of NHS Board and Local Authorities Areas

The area covered by **NHS Grampian** extends to approximately 3,500 square miles of North East Scotland. NHS Grampian is one of 14 territorial Health Boards in Scotland, with a population of 588,100 (NRS, mid-2016 estimate), nearly 11% of the estimated population of Scotland.

In the future, it is predicted that our population will be different from what it is today. For example, in Grampian it is predicted that between 2016 and 2026:

- the overall size of the Grampian population will increase by 8%
- the number of children aged 0-15 years will increase by 8.5%
- the number of people aged 75 years or more will increase by 32%.

(Data from National Records of Scotland, 2012-based figures)

Grampian has three Health and Social Care Partnerships, each of which covers one of the local authority areas of Aberdeen City, Aberdeenshire and Moray.

Aberdeen City Council is a mainly urban port authority with a population of approximately 229,840. The City is the main port for the oil industry within Europe and retains a now diminishing fishing industry.

A relatively large fish processing business sector still exists within the authority, despite the closure of the fish auction market. There is also a meat products factory within the city. Additionally, the city has a diverse catering sector producing a wide range of traditional and ethnic meals, the majority of which are contained within the city centre area. Institutes of higher education provide vibrancy and resource to the city which also has a thriving air and seaport.

The main water source in Aberdeen City is the public water supply, although currently 106 properties within Aberdeen City are served by private water supplies.

Aberdeenshire is a predominantly rural area with a landscape which varies from the mountainous Cairngorms through rich agricultural lowlands to a rugged coastline.

Traditionally, it has been economically dependent upon the primary sector (agriculture, fishing and forestry) and related processing industries. Peterhead and Fraserburgh continue to have a strong fish and fish processing industry as is the meat sector in and around Inverurie. Within the last 45 years, the emergence of the oil and gas industry and the development of the service sector have led to rapid population growth equating

to a 50% rise since 1971.

Aberdeenshire's population stands at 262,190 (NRS, mid2016) with major population centres at Peterhead, Fraserburgh, Inverurie, Stonehaven, Westhill and Ellon. The population currently has a relatively high proportion of under 20s and fewer over 65s compared with the Scottish average, reflecting employment-driven in-migration in recent decades.

Many more detailed statistics on the population, economic profile, land use and census information are available at <http://www.aberdeenshire.gov.uk/council-and-democracy/statistics/>

There are in excess of 8000 private water supplies in Aberdeenshire, supplying 12.9% of the population.

The region has a high number of wind turbine developments. Much of the area is considered to be at risk from radon.

The Moray Council covers the eighth largest local authority area in Scotland, stretching from the Moray Firth coast down to the mountain summits in the Cairngorm National Park in the south. Moray is mainly a rural area, comprising 70% open countryside and a further 25% woodland.

The 2011 census shows the population of Moray was 93,295, with approximately 66% living in the five main towns of Elgin, Buckie, Forres, Keith and Lossiemouth.

Moray is the centre of Scotland's malt whisky industry, with over 50 distilleries and the area also supports a number of other global businesses, including Baxters, Walkers Shortbread and Johnstons of Elgin. A significant percentage of the economy of Moray is reliant on the RAF Lossiemouth base and the Army barracks at Kinloss.

Although Moray is categorised as one of the least deprived local authority areas in Scotland, with one data zones in the lowest 15% level of deprivation, it has 94% of the Median gross annual pay of Scotland and British Isles. Around 73% of the working population are employed in Moray.

There are 828 private water supplies in Moray, serving approximately 1870 properties as at 31 March 2018

Appendix 2 Health Protection: planning infrastructure

Joint NHS and Local Authority plans					
Plan	Last review	Next review	Last test	Planned	Notes and areas for development
Infectious Disease Incident Plan	July 2014	See notes	Used regularly	In regular use	To be reviewed in light of updated SGHD guidance on Management of Public Health incidents: Guidance on Roles and Responsibilities of NHS Led Incidents Management Teams, 2017.
Public Health response to an Environmental Incident	April 2014	2018		To be agreed	
Blue Green Algae plan	June 2013	2018	Used regularly	None planned	
Scottish Waterborne Hazard Plan	2016	National	Used regularly	National Scottish Water plan, implemented locally. Last Scottish Waterborne Hazard Plan Exercise in Grampian: 20 th October 2017	
Procedure for Management of Infectious illness on aircraft arriving at Aberdeen	2016	2019		None planned	Good working relationship between NHS Grampian and Aberdeen City Council for dealing with port health issues at Aberdeen Airport and harbor as they arise. Established infection control procedures at Aberdeen Airport (in review).
Procedure for cases of illness in vessels arriving at Aberdeen	September 2016	2018 in progress	Used regularly	None planned	
Aberdeenshire Seaport plan	2011	2018		To be agreed	As a small number of cruise ships now dock in Peterhead Harbour a seaport plan has been developed by Aberdeenshire Council and NHS Grampian.

Multi-agency plans through the Resilience Partnership (Local Resilience Partnership and Regional Resilience Partnership)	
Plan	Notes and areas for development
Grampian LRP Interim Response and Recovery Arrangements	Generic framework for the multi-agency response and recovery arrangements of the Grampian Local Resilience Partnership. Planned reviews and updates incorporate relevant lessons from exercises and responses to incidents. Arrangements will be further reviewed in light of the National Response and Recovery Arrangements
Grampian LRP Flooding Response Plan	The Grampian LRP Flooding Response Plan is to be reviewed and updated in the light of lessons identified in the response to severe flooding incidents in Grampian.
Grampian LRP Major Infectious Disease Response Framework	The major Infectious Disease Response Framework details the local arrangements for a coordinated multi-agency response to the wider consequences associated with a major Infectious Disease Incident, including pandemic influenza.
Grampian LRP Scientific and Technical Advice Cell (STAC) Plan	Flexible Grampian LRP arrangements for the collation and provision of authoritative information and agreed advice to multi-agency coordination groups, based on ongoing dynamic risk assessment of health and environmental hazards and technical failures.
Grampian LRP Care for People Plan (combined)	The Grampian LRP Care for People Plan is an overarching framework for response to care for people issues and is supported by individual local authority Care for People plans. A number of lessons identified during the response to severe flooding incidents in Grampian will be taken forward as part of the plan's review by the Care for People group.
Grampian LRP Fuel Plan	This plan describes the arrangements for the effective coordination of the joint efforts of the Resilience Partnership to minimize the impact of any disruption to fuel supplies on business function and service delivery. Reviewed and updated to include updates on Designated Filling Stations across Grampian.
GLRP Rescue Support Group	Protocol developed to provide for coordination of rescue planning and response arrangements. Community asset register under development to support local and regional rescue.
Site specific plans including offsite plans for COMAH sites in Grampian	Control of Major Accident Hazards Regulations 1999 (COMAH Regulations)
NSRRP Coastal Pollution Plan	Regional level plan being progressed to replace local coastal pollution response and recovery plans.

NSRRP Public Communications Plan	Regional level plan for the provision of a coordinated, multi-agency, public communications response to an incident in any or all areas of the NSRRP.
NSRRP Mass Fatalities Framework (under development)	This framework, at North of Scotland regional level, details arrangements for dealing with mass fatalities resulting from an emergency in the North of Scotland Regional Resilience partnership (NSRRP) area. Further development of the framework will reflect lessons taken from the regional exercise in March 2016.
NSRRP CBRN Response and Recovery Plan	Regional level plan being progressed to replace local CBRN response and recovery plans.
NSRRP Telecommunications Plan for Scotland	Regional level plan setting out the initial arrangements for dealing with an incident in connection with the failure telecommunications paying particular attention to a loss of the '999' service in the North of Scotland Regional resilience partnership (NSRRP) area.
Scottish RRP's Framework for Exotic Notifiable Animal Diseases Contingency Plans (under development)	Work is underway at a national level to develop a single Response Plan to replace the local Animal Diseases Plans.

Single Outcome Agreement

The Single Outcome Agreement (SOA) Framework underpins funding provided to local government and sets out a national performance framework based around the five strategic objectives of the Scottish Government: wealthier and fairer; smarter; healthier; greener; safer and stronger. These are underpinned by national outcomes, national performance indicators and local performance indicators. The SOA demonstrates how each of the 32 Councils and their Community Planning Partners contribute to delivering the national outcomes, prioritised by the Scottish Government. Environmental Health must champion the role of the local authority in public health and specifically health protection within the SOA and Community Planning agenda.

Local Authority plans		
	Last review	Next review
Aberdeen City		
Local Outcome Improvement Plan	2016-2026	2026
Strategic Business Plan 2017/18	2016	2018
Communities and Housing Service Plan	2017	2018
Food and Feed Regulatory Service Plan 2018-2019	2018	2019
Health and Safety Intervention Plan 2018-2019	2018	2019
Air Quality Action Plan	2017	2018
Trading Standards Operational Service Plan	2017	2018
Aberdeen Agglomeration Noise Action Plan	2014	2018
Contaminated Land Strategy	2016	2021
Air Quality Progress Report Assessment	2017	2018

	Last review	Next review
Aberdeenshire		
Food and Feed Law Enforcement Service Plan	2016	2018
Air Quality Updating and Screening Assessment	2015	2016
Health and Safety Service Plan	2015	2016
Health and Safety Enforcement Policy	2015	2016
Food Law Intervention Policy and Procedure	2015	2018
Animal Health and Welfare Service Plan	2017	2018
Contaminated Land Strategy	2011	As required.
Aberdeenshire Community Plan and Single Outcome Agreement	2015	2016
Infrastructure Services Business Plan	2013	2016
The Moray Council		
Moray 2026 A Plan for the Future includes Single Outcome Agreement	2017	2019
Food Enforcement Service Delivery Plan	2017	2018
Food Safety Incident Procedure	2017	as required
Food Related Infectious Disease Procedure	2017	as required
Food Law Intervention Procedures	2013	under review
Food Sampling Policy	2017	as required
Air Quality Updating and Screening Assessment	2017	as required
Contaminated Land Strategy	2013	as required
Environmental Health Enforcement Policy	2018	as required
Health & Safety Enforcement Policy	2003	as required
Animal Health and Welfare Service Plan	2017	as required

Appendix 3 Health Protection: resources and operational arrangements

(a) *Outline the resources (health board and local authority) available to provide health protection services (CD & EH) – staffing (expressed as whole time equivalents/full-time equivalents), job titles, roles and responsibilities (statutory and non-statutory), including management, technical and professional staff. Indicate the numbers of health board and local authority competent persons, as designated under the Public Health etc. (Scotland) Act 2008*

NHS Grampian - as at January 2018 and expressed as whole time equivalent

General Health Protection

2.2 WTE Consultants in Public Health Medicine (CPHM)

2.6 WTE Health Protection Nurse Specialists

Tuberculosis

1.0 WTE TB Nurse Specialist

1.0 WTE TB Nurse

0.4 WTE Health Protection Nurse Specialist

Blood Borne Viruses

1.0 WTE MCN Manager

1.0 WTE Project Manager

1.0 WTE Public Health Researcher

0.4 WTE Public Health Nurse Specialist

0.3 WTE Health Protection Nurse Specialist

0.2 WTE Consultant in Public Health Medicine

Administration

2.8 WTE Administrative staff

13 staff are designated as Health Board competent persons*

This describes the staff normally available during the day but does not reflect the staff available in an emergency. The Public Health Business Continuity Plan prioritises the response to communicable disease and environmental hazards. In emergency situations an enhanced rota or shift system can be put in place short term to ensure resilience of response and allow for adequate rest periods, drawing on staff in the Public Health Directorate and the wider NHS system if necessary. Mutual Aid agreements are in place with the North of Scotland NHS Boards.

The **Health Protection Team** (HPT) works with a wide range of agencies to protect the health of the population of Grampian including:

- NHS, Local Authorities and Emergency Services
- Animal Health and the Scottish Agricultural College
- Health Protection Scotland, including the Health Protection Network and other National Services Scotland entities and the Scottish Government Health Directorate
- Scottish Water, Drinking Water Quality Regulator (DWQR), Food Standards Scotland, Scottish Environmental Protection Agency (SEPA) and Health and Safety Executive (HSE)
- Voluntary organizations.

The HPT undertakes the surveillance, investigation and management of control of communicable disease and non-infectious environmental hazards. They lead on the development and implementation of strategy, programmes and action plans for specified areas such as Hepatitis C, Tuberculosis and Immunisation programmes. They provide public health advice to NHS colleagues, Local Authorities, universities and other agencies, individuals, the public and private businesses such as nurseries, care homes and schools. The team provides education and training to a wide range of students and professional groups in the NHS and other agencies, including care homes and contributes to health protection audit and research

Aberdeen City

Aberdeen City has 26.9 FTE competent persons* designated under the Public Health etc (Scotland) Act 2008 (comprising 10.82 designated competent persons in the Commercial Team and 4.9 in Environmental Protection). In addition, there are another 23.4 posts within Environmental Health (commercial), 4 FTE administrative staff who contribute to public health functions plus Trading Standards Enforcement staff who work on tobacco enforcement. Staff are split across two teams, Environmental Protection and Commercial, but work closely together. Other Council services are involved in health protection matters as appropriate.

Aberdeenshire

Aberdeenshire has 23 competent persons* and 33.5 FTE further technical persons who contribute to public health functions.

Moray Council

The Moray Council has 10 competent persons* designated under the Public Health etc (Scotland) Act 2008 and a further 14 FTE staff who contribute to public health functions.

Aberdeen Scientific Services Laboratory (ASSL)

ASSL has 2 competent persons under the Food Safety Act 1990* and 15 FTE further professional/specialist/administration staff who contribute to public analyst functions.

* see below for definition of competent persons

Extract from ‘The Public Health etc. (Scotland) Act’ Designation of Competent Persons Regulations 2009

Criteria and Qualifications for Health Board Competent Persons

For a person to be eligible for designation as a health board competent person, that person must:

- be employed by or have a contract for services with a health board in Scotland; and
- be a registered medical practitioner on the General Medical Council’s Specialist Register in the specialty of public health medicine with a minimum of 6 months’ work experience in health protection; or
- be a registered medical practitioner who has held a substantive consultant post in the UK NHS in public health medicine prior to 1st January 2008 with a minimum of 6 months’ work experience in health protection; or
- be a nurse, registered with the Nursing and Midwifery Council, with a minimum of 2 years work experience in health protection; or
- be registered as a public health specialist on the UK Public Health Register, having gained access to the Register by the training route, with a minimum of 6 months’ work experience in health protection; or
- be registered as a public health specialist on the UK Public Health Register, having gained access to the Register by the portfolio route, with a minimum of 2 years’ work experience in health protection

Criteria and Qualifications for Local Authority Competent Persons

For a person to be eligible for designation as a local authority competent person that person must:

- be employed by a local authority in Scotland; and
- be an environmental health officer, meaning a person holding the Diploma in Environmental Health awarded by the Royal Environmental Health Institute of Scotland (or equivalent), with a minimum of 2 years’ experience working as an environmental health officer within a local authority or equivalent.

Criteria and Qualifications for Public Analyst Competent Persons under the Food Safety Act 1990

For a person to be eligible for designation as a Public Analyst competent person that person must:

- be employed by a Public Analyst Service in Scotland; and
- be an Public Analyst, meaning a person holding the Masters of Chemical Analyses awarded by the Royal Society of Chemistry, with a minimum of 2 years’ experience working as an Public Analyst within a local authority or equivalent: or
- be a Food Examiner, meaning a person holding the required qualifications and experiences as defined by The Food Safety (Sampling and Qualifications)(Scotland) Regulations 2013

b) Briefly outline the IT and Communications Technology available to the NHS Board and local authority(ies) to facilitate health protection (CD&EH) work, including the management of incidents and outbreaks.

	NHS Grampian	Aberdeen City	Aberdeenshire	The Moray Council
Hardware				
Desktop and laptop computers	✓	✓	✓	✓
Printers (black and white and colour)	✓	✓	✓	✓
Photocopiers	✓	✓	✓	✓
Fax machines	✓	✓	✓	✓
Office and mobile telephones	✓	✓	✓	✓
Access to language line	✓	✓	✓	✓
Personal digital assistant	Limited		✓	
Pagers	✓	✓	✓	
Audio-teleconferencing equipment	✓	✓	✓	✓
Video-conferencing equipment	✓	✓	✓	✓
On call laptops	✓	Limited		
Control Room	✓			
Network access from home out with normal hours	Limited	Limited	Limited	Limited
Software				
MS Office (Word, Excel, PowerPoint, Access)	✓	✓	✓	✓
Internet and secure email	✓	✓	✓	✓
HPZone (a national NHS incident management system)	✓			
SIDSS (Scottish Infectious Disease Surveillance System)	✓			
Access to electronic information resources and databases: ECOSS (Electronic Communication of Surveillance in Scotland), SCI Store (to access laboratory results), SCI Gateway, SHPIR (Scottish Health Protection Information Resource), TRAVAX (travel advice), Toxbase (toxicology Database), SEISS (Scottish Environmental Incident Surveillance System), NHS Scotland e-library.	✓			
Uniform system for recording and management				✓

(c) Outline the organisational arrangements in place to facilitate good collaborative working between the NHS, local authorities and other health protection partners, e.g. the veterinary service, Scottish Water etc. How often do the teams meet? How are public health incidents reviewed and lessons shared locally?

The NHS Grampian Health Protection Team, Infection Prevention and Control Nurses, Infection Control Doctor/Consultant Medical Microbiologist Consultant Medical Virologist and Environmental Health Officers (EHOs) from Aberdeen City, Aberdeenshire and The Moray Council meet monthly to review all communicable diseases, outbreaks and environmental incidents. The Divisional Veterinary Manager, Animal Health and the Public Analyst, Aberdeen Scientific Services Laboratory have a standing invitation to attend.

The NHS Grampian CPHM, EHOs from Aberdeen City, Aberdeenshire and The Moray Council meet with Scottish Water six monthly to review public and private water quality.

NHS Grampian aims to host the Medical, Veterinary and Environmental Health liaison/educational meetings once a year. Attendees in past have included public health, vets from both Animal Health and the Scottish Agricultural College, EHOs, clinical staff, Infection Prevention and Control nurses, Health Protection Scotland, Scottish Water, Scottish Environmental Protection Agency and Food Standards Agency.

(d) Outline the arrangements to respond out of hours, including staffing and job titles (NHS and local authority), including management, technical and professional staff.

NHS Grampian

Two tier rota in place staffed by Health Protection Nurse Specialists (HPNS), Specialty Registrars, Consultants in Public Health Medicine (CPHMs) and a Consultant in Public Health (CPH). A CPHM or CPH is always available. 13 staff are designated as Health Board competent officers. Administrative support is available on a voluntary basis. Expert advice is available from Health Protection Scotland at all times.

A Memorandum of Understanding supports the joint working between the NHS Grampian Health Protection Team and the Environmental teams in each of the Councils.

Aberdeen City

The Environmental Health Officers provide an emergency out of hour's duty officer service on a rota basis. The Duty Officer is available to respond out with normal office hours and contact details are supplied to partner organisations and emergency services. If the Duty Officer requires assistance, they have access to contact details of the whole environmental health team, including the management team. There is capacity to put together a team of frontline staff to respond to a situation arising out of hours should this be required.

Aberdeenshire

An out of hours telephone number is available to partner organisations. Calls are handled by the centre out with normal office hours. The centre then contacts the relevant officer and a decision is made on the most appropriate course of action.

Moray Council

There is currently no 24 hour on call response for the Environmental Health Service. The Council has an out of hours contact number (08457 565656) and the Environmental Health Manager is the first point of contact.

(e) Outline the arrangements for reviewing Health Protection Standard Operating Procedures or Guidance. How often does this take place?

Guidance is reviewed as required when prompted by change in epidemiology, new national guidance, lessons identified from outbreaks and incidents.

(f) Outline the corporate arrangements for ensuring the maintenance of knowledge, skills and competencies for staff who have health protection duties in both the NHS Board and local authorities, including keeping up to date for out of hour's duties. How is this recorded? How often are the arrangements reviewed?

NHS Grampian

- Local on call guidance provided and updated regularly and new guidance issued as required On call training provided on a regular basis as part of the ongoing Continuing Professional Development (CPD) programme
- Multi agency workshops for example, management of E coli O157 and outbreaks of disease
- Attendance at Health Protection Scotland courses and other national training e.g. Chair of Scientific and Technical Advice Cell, Major Incident, Loggist and Recovery training and exercises
- Staff review, agree and record personal CPD log and other evidence requirements during appraisals as well as agreeing individual objectives; this follows professional regulatory expectations at specialist national level and locally.
- Additional training needs are identified at weekly and monthly reviews of incidents. On call staff contribute to daytime response.

Aberdeen City

- Generic training plans in relation to Food Safety
- Annual Performance Appraisals result in the formulation of Personal Development Plans which incorporate compulsory structured food hygiene training along with any other identified training needs (Training needs may also be identified as a result of quality monitoring)
- Staff are encouraged to participate in the professional CPD schemes, and compulsory CPD is recorded
- A skills training matrix
- Regular technical meetings in the various environmental health disciplines are held to update staff and discuss pertinent issues, including review of any incidents
- Budget provision is made for essential professional training and competence maintenance

- Staff participating in the environmental health duty rota have received training, and support is available to them from other staff in the team should they need advice on how to deal with any particular incident.

Aberdeenshire

- Training needs are identified during the officer's annual Employee Assessment Review.
- Staff undertaking food hygiene inspections are required to achieve 10 hours of relevant training per year. Staff attend focus groups, team meetings, seminars and training courses where available.
- Many of the staff take part in the Royal Environmental Health Institute of Scotland (REHIS) scheme of CPD and attain or maintain Chartered Status. Service Manager, Team Managers and Senior EHOs are required to show a continuing commitment to CPD. This is the subject of ongoing monitoring.
- An out of hours emergency contact list is maintained and regularly reviewed. Staff on the out of hours list are equipped with laptops and have access to network and database for out of hours response.

Moray Council

- Training needs are identified during the Employee Review and Development Programme.
- All EHOs participate in Continuing Professional Development (most through the REHIS scheme)
- Staff undertaking Food Hygiene inspections are required to achieve 10 hours of structured food hygiene training per year.
- Staff attend REHIS seminars, internal focus groups and staff meetings where changes to legislation, codes of practice and guidance are discussed.

Appendix 4 Health protection services: capacity and resilience

NHS Grampian

- Capacity and resilience were reviewed after our response to pandemic influenza. Business Continuity Plans were reviewed and updated in 2017
- Mutual aid arrangement in place with Northern Boards and reviewed and updated in 2017 as evidenced by agreement signed by Chief Executives
- arrangements are in place with NHS Shetland to cover the Health Protection function when their CPHM is on regular leave and routine off-days until 31st March 2019 when the arrangement will be further reviewed
- A Director of Public Health has been appointed for NHS Grampian and NHS Shetland.

Aberdeen City

- Resilience and capacity have been tested during several large scale outbreaks over recent years
- Workforce planning and succession management through a programme of retraining authorised officers to become EHOs is helping to maintain levels of professional staff within the Service
- The operation of the service will be closely monitored and adjustments made if needed to maximise service delivery
- Informal agreements exist for joint working with neighbouring authorities at times of excessive demand.

Aberdeenshire

- The Environmental Health Service food law enforcement activity is audited by Food Standards Scotland as part of their ongoing audit programme
- A business continuity plan for Infrastructure Services has been developed and is subject to regular review.

Moray Council

- The Environmental Health Section is audited periodically by the Food Standards Scotland
- In 2013, the Environmental Health Section was restructured as part of the Council's Designing Better Services efficiency programme and this resulted in the number of Principal EHO's and area teams both being halved down to two
- A business continuity plan has been developed and is subject to regular review.

Appendix 5 Health Protection: public involvement and feedback

Communicating with the public regarding perceived and actual risks to health is an integral part of managing any incident or outbreak and we work closely with Corporate Communications colleagues in the NHS, Local Authorities and other agencies to promote effective good communication with the public. A representative of the Corporate Communications Team attends all outbreak and incident control meetings.

NHS Grampian uses discussion with those affected during outbreaks and incidents to inform how and what we communicate to the public through the media. For example, discussion with the individuals involved and, where appropriate, religious and community leaders, hotels, care homes and employers have allowed us to tailor messages to best effect.

Aberdeen City's

Protective Services have put in place a customer feedback survey to allow members of the public to comment on the service provided. Any significant change to the service is consulted with stakeholders before implementation.

Aberdeenshire Council has a clear strategy to involve others in the development of services through regular Citizens Panel Surveys and Community Planning Partnership. The Corporate communications team is available for handling media enquiries. Feedback from customers is essential in improving the service the Council provides and there are many formalised ways for members of the public to have their say. <http://www.aberdeenshire.gov.uk/contact/index.asp>

Moray Council uses a Citizens Panel to obtain public perceptions and opinions on a wide range of services. The Council also utilises Survey Monkey for feedback on the quality of service provided both to members of the public and to businesses. Through the Community Planning Partnership, the Community Engagement Group advises how the theme groups can provide information or obtain opinions on a range of subjects from communities.