

**ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL  
WORK OFFICER 2016-2017**

**ABERDEEN CITY COUNCIL**

## **1. Foreword**

I am pleased to present the Chief Social Work Officer's Annual Report for Aberdeen City for 2016-2017. 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 2016-2017 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 fulfill these responsibilities, the CSWO has direct access to elected members, reporting through the Education and Children's Services Committee, the Chief Officer of the HSCB 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 Head of Children's Social Work 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 to the two Lead Service Managers in Children's Social Work the Director of Operations, and Lead Social Worker, Aberdeen Health and Social Care Partnership, all of whom are registered social workers.

Since the last Chief Social Work Officer's Annual Report, there have been significant changes in the delivery of social work within the City. The Aberdeen City Health and Social Care Partnership have moved from shadow status to full implementation, and Children's Social Work has embedded the work of the Reclaiming Social Work model. In addition a new children's social work commissioning strategy has been developed with services being recommissioned on the basis of need, value for money, and informed by current social work research, policy and practice. And a new, evidence based model of children's residential care has been implemented, with a revised staffing structure that values residential employees and invests in their development. This is an evidence model with a track record in improving outcomes for children and young people. All of these developments have the potential to fundamentally change the delivery landscape of social care and social work across the City and across our partner agencies.

However, these changes are being delivered against a challenging economic and financial backdrop. The City Council facing significant budget pressures and difficult decisions have to be made about the future shape and size of service provision. 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. Some pressure has been eased due to the downturn in the local economy, resulting in a small increase in applications for certain posts. However, professional social work posts remain hard to fill and some services are holding more vacancies than planned. Approaches to filling posts and tackling workforce priorities are outlined later in the report.

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 Head of Children's Social Work, whilst Adult and Criminal Justice social work resides within the Health and Social Care Partnership and is overseen by the Director of Operations. 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 Head of Service 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.

To address some of these difficulties, the CSWO, sponsored by the ACC Chief Executive, commissioned the Good Governance Institute to undertake a review of public protection governance. This work is resulting in a revised multi-agency governance structure that will provide assurance to elected members and CEOs. In addition, the Health and Social Care Partnership has appointed a Lead Social Worker who reports to the CSWO, but whose line manager is the Director of Operations. This is going some way to address the complex and expanded role of the CSWO, but the role remains challenging.

**Bernadette Oxley**

Head of Children's Social Work and Chief Social Work Officer

## **2. Summary Reflections - Key challenges and developments during the past year**

### **Reclaiming 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.

The Reclaiming Social Work model is 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. This is why we have made a number of changes to enable social workers to work more collaboratively within newly formed systemic units and concentrate on social work, not unnecessary bureaucracy.

#### *Putting it into practice*

Planning for the introduction of Reclaiming Social Work began in 2013, with final approval being given in January 2015 and implementation commencing in June 2015. 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, have commissioned specialist recruitment consultants, and introduced a mentoring scheme to support staff develop the skills necessary to apply for Consultant Social Worker posts. Whilst recruitment remains a challenge in the North East, particularly in the social care sector, we are confident that the posts will be filled and that the positive experience of those units already in place will roll out across the service. The model is being independently evaluated with positive evidence from staff and, crucially, the people who use our services that the model is effective.

#### **The Aberdeen City Health and Social Care Partnership**

The Aberdeen City Health and Social Care Partnership is at the end of its first year after going "live" on 1 April 2016. Considerable work has been undertaken forming the structure of the partnership and setting out the transformation priorities for the coming year.

A focus this year has been developing the strategic plan, which provides the high level narrative of the vision and ambitions for the Health and Social Care Partnership. The challenge has been to translate this into service transformation and the priorities are as follows:

- Acute Care at Home
- Supporting Management of Long Term Conditions – Building Community Capacity
- Modernising Primary and Community Care
- Culture Change/ Organisational Change
- Strategic Commissioning and Development of Social Care
- Information and Communication Technology and Technology Enabled Care (included within a wider work programme also including infrastructure and data sharing)

The Partnership also has responsibilities as a Community Planning partner and will focus on:

- Raising awareness of adult support and protection and increasing the number of referrals.
- Continuing to reduce delayed discharges and ensuring safe and appropriate packages of care. At the end of our first full Partnership year, the number of people in hospital each month with “standard” delays reduced by 22% and the total number of avoidable hospital bed days reduced by 47%.
- Reducing the number of alcohol related hospital admissions and widen access to interventions and support. Alcohol consumption and related harm is a significant public health issue in Scotland and the rate of alcohol related hospital admissions in Aberdeen City is statistically higher than Scotland overall.
- Improving palliative care
- Eighty-eight percent of care for people in the last six months of their life takes place at home or in a homely setting. This is comparable to Scotland overall, but the aim is to drive improvements in palliative and end of life care which reflects best practice and accords as much as possible with the needs and wishes of patients and their families.
- Increasing choice and improving the take up of self-directed care. This remains low compared to other partnerships and is a priority for 2017/18. Further detail regarding the Health and Social Care Partnership is contained within the body of this report.

### **3. Partnership Structures/Governance Arrangements**

#### **Integrated Children’s Services**

The Aberdeen City Children’s Services Joint Inspection Action Plan was completed by June 2016, with a final report being taken to the Children’s Services Committee on 8 September. In line with the Children and Young People (Scotland) Act 2014, Statutory Guidance, Section 3, over this same period our Integrated Children’s

Services Partnership began the development of the new Aberdeen City ICS Plan 2017 - 2020.

During the last year we have been working with our partners, children, young people and their parents to develop a plan that best reflects their views.

We have held workshops, stakeholder engagement events, focus groups and surveys to gather as broad a collection of views as possible in shaping our priorities; reviewed both our immediate and extended membership to ensure that we had the right partners to deliver our proposed improvements; and analysed key data to highlight important areas of focus for improvement.

The plan was finally published on the 1<sup>st</sup> April 2017 and formally launched at our annual ICS Conference on 12<sup>th</sup> June 2017. Key themes over the next three years will be:

- 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 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, Reclaiming Social Work 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 quarterly reports on progress and improvement. This will ensure timely performance updates and recommendation which will then be delivered and monitored through our Improvement and Performance Group. The ICS Partnership's first annual self-evaluation will be published on 1 April 2018.

### *The Health and Social Care Partnership*

Aberdeen City Council has delegated a range of statutory functions in respect of social care services to the Integration Joint Board (IJB). These functions have been delegated and not transferred and legal responsibility for these functions still sits with the City Council, under the direction of the IJB.

The Chief Social Work Officer's responsibilities in relation to local authority social work provision continue to apply to functions which have been delegated under the integration arrangements. The Health and Social Care Partnership has appointed a Lead Social Worker, who reports to the Chief Social Work Officer with regard to the governance arrangements, continuous improvement, quality assurance and management of adult social care services. The Lead Social Worker is a member of the Care and Clinical Governance Group, and the CSWO has a freestanding invite to attend the meetings.

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 Group and a Clinical and Care Governance Committee (C&CG) have been established to oversee the 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.

Summary Table Headline Indicators

Cat	Title	UB Baseline	Current Position	% Change	Scotland	Latest Period	Trend Points	Long Term Trend
Safe	Falls rate per 1,000 population aged 65+ (Annualised)†	19.1	18.9	-1.3%	21	2016/17	7 Annual	
	Percentage of adults supported at home who agreed they felt safe	83%	83%	NA	84%	2015/16	2 Biennial	
	Number of new referrals to initial investigation under adult protection	98	106	+8.2%	-	2016/17 Q4	8 Quarters	
	Percentage of social care complaints responded to in time*	62%	84%	+35.5%	-	2016/17 Q2	6 Quarters	
	Number of NHS complaints and % responded to in time	104 (76.0%)	106 (70.8%)	-6.9%	-	2016/17	4 Annual	
Well Led	Percentage of adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	77%	77%	NA	75%	2015/16	2 Biennial	
	Average number of days to sickness lost per employee in social care (rolling 12 months)*	11.6	13.0	+12.1%	-	Jan-17	Monthly Rolling 12	
	Average percentage of work hours per month lost to sickness absence - NHS staff	5.0%	4.9%	-2.9%	5%	2016/17 Q4	8 Quarters	
Effective	Premature mortality rate per 100,000 persons*	464	464	NA	441	2015	6 Annual	
	Emergency admission rate (per 100,000 population, Annualised)	9,977	9,620	-3.6%	11,874	2016/17	7 Annual	
	Emergency bed day rate (per 100,000 population Annualised)	100,979	102,269	+1.3%	106,531	2016/17	6 Annual	
	Readmission to hospital within 28 days (per 1,000 population Annualised)	88.4	86.9	-1.7%	96	2016/17	6 Annual	
	Total % of adults receiving any care or support who rated it as excellent or good	82%	82%	NA	81%	2015/16	2 Biennial	
	Percentage of health and care resource spent on hospital stays where the patient was admitted in an emergency	23.5%	23.1%	-1.7%	21%	2016/17	6 Annual	
	Proportion of care services graded 'good' (4) or better in Care Inspectorate inspections*	79%	79%	NA	83%	2015/16	2 Annual	
	Number alcohol brief interventions	1047	1030	-1.6%	-	2016/17 Q4	8 Quarters	
Responsive	Percentage of adults supported at home who agreed that they are supported to live as independently as possible	82%	82%	NA	84%	2015/16	2 Biennial	
	Total combined % carers who feel supported to continue in their caring role	42%	42%	NA	41%	2015/16	2 Biennial	
	Percentage of adults with intensive care needs receiving care at home	55%	55%	NA	62%	2016/17	5 Annual	
	Number of days people spend in hospital when they are ready to be discharged (per 1,000 population) 75+ only	1,765	1,156	-34.5%	915	2016/17	5 Annual	
	Number of delayed discharges per month at census, Standard and Code 9.	86	58	-32.6%	-	Mar-17	12 Monthly	
	Number and proportion of eligible people taking up self directed support	227 (6.9%)	233 (7%)	+1.4%	-	Mar-17	2 Half Yearly	
	Number of unmet social care hours	1878	1462	-22.2%	-	2016/17 Q4	4 Quarterly	
Caring	Percentage of adults able to look after their health very well or quite well	96%	96%	NA	94%	2015/16	2 Biennial	
	Percentage of adults supported at home who agreed that they had a say in how their help, care, or support was provided	78%	78%	NA	79%	2015/16	2 Biennial	
	Percentage of people with positive experience of the care provided by their GP practice	86%	86%	NA	87%	2015/16	2 Biennial	
	Percentage of adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	80%	80%	NA	84%	2015/16	2 Biennial	
	Proportion of last 6 months of life spent at home or in a community setting†	88.2%	88.1%	-0.1%	87%	2016/17	5 Annual	

\* Latest information available is before current period



## 4. Social Services Delivery Landscape for Aberdeen

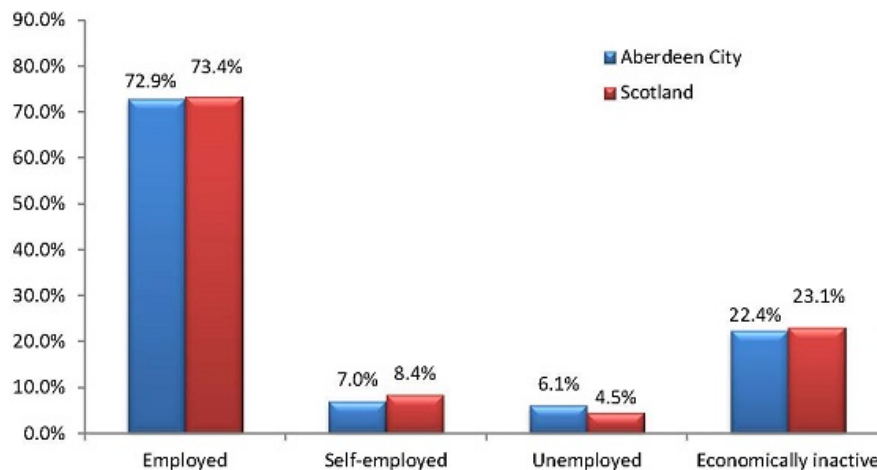
### About Aberdeen

#### *Aberdeen's Economy*

Aberdeen is one of the most competitive, innovative and economically productive cities in the UK, and provides Scotland with 15% of its Gross Value Added (GVA). Much of the success of Aberdeen has been built on the traditional oil and gas sector; it also has a successful small business economy. Since the end of 2014, the local economy has suffered as a result of the global oil price decline. Business growth is slowing and, while this downturn is not the first of its kind, it highlights a growing and urgent need to diversify the economy to ensure economic sustainability.

Due to the historical success of the City workers in Aberdeen benefit from average salaries that are almost £6,000 higher than the Scottish average, and unemployment levels are low. Some of the most affluent areas of Scotland are within Aberdeen City, but equally within the City boundaries are some of Scotland's most deprived areas.

Between April 2016 and March 2017, 72.9% of Aberdeen City residents aged 16-64 were employed, which is slightly lower than the Scottish average of 73.4%.



Despite low headline deprivation figures, 37% of households in Aberdeen are in fuel poverty (fuel poor and extremely fuel poor), 18% of children in Aberdeen are living in poverty. The majority of children that are living in poverty are living in a working household.

### *Aberdeen's Population*

The estimated population of Aberdeen City in June 2016 was 229,840. This was 510 lower than the previous year with the main contributor to this being negative net migration to the City. The drop in population between 2015 and 2016 also brings to an end an 11-year period of year-on-year increases.

The population of Aberdeen City children and young people aged 0-24 is set to increase from 67,371 to 72,324 (7.4%), by the year 2039.

In terms of age profile, Aberdeen City has a high proportion of the population in 16–24 and 25–44 age groups. They account for almost half (46.2%) of the total population of Aberdeen City. Compared to Scotland as a whole, Aberdeen has a relatively high proportion of young adults – those in the 16-29 year age group make up nearly a quarter (24.2%) of Aberdeen's total population. The comparable figure for Scotland is 18.2%. In contrast, Aberdeen has a smaller proportion of older people. Those aged 60 years and over make up only 20.3% of Aberdeen's population compared to 24.4% for Scotland.

In the period up to 2039, the population of Aberdeen City is projected to rise to 267,963. It is forecast that the 65+ age group in Aberdeen City will increase by 39.7% and the number of children (aged 0-15 years) is projected to increase 16.7%.

In Aberdeen City (2013-2015), life expectancy at birth for women is 80.9 years and for men it is 76.6 years. These figures are slightly lower than Scottish averages of 81.1 years for women and 77.1 years for men. Life expectancy has increased for both men and women over the past 12 years. The increase has been higher for men (2.5 years) than for women (1.0 years). However, rates of increase have been lower in Aberdeen City than for most other local authority areas. As a result, Aberdeen's position relative to other council areas has worsened in the past 10 years – dropping from 17th to 24th in the rankings for males and from 11th to 20th for females.

Life expectancy is strongly associated with deprivation. In Aberdeen City, life expectancy at birth was 71.4 years for men in the 15% most deprived areas of the city compared to 77.7 years for men in the 85% least deprived areas. For women, the respective figures were 77.9 years and 81.6 years.

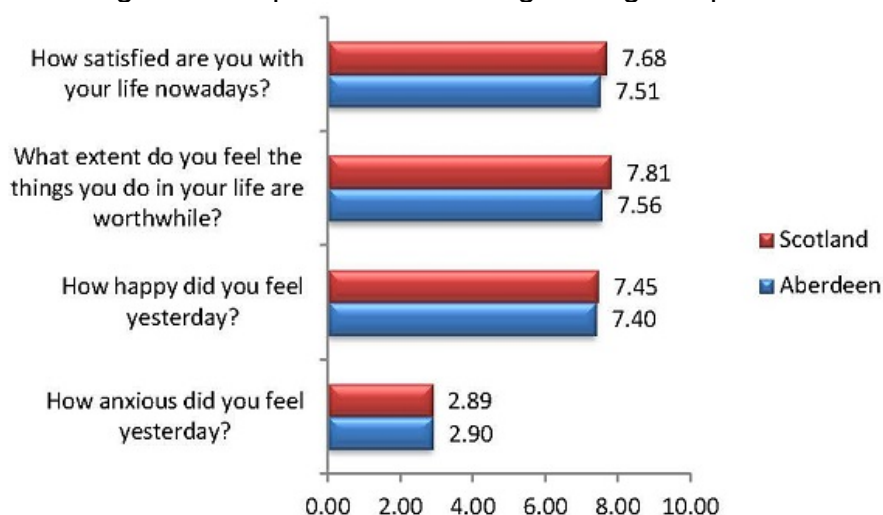
Life expectancy at birth is an estimate of the average number of years a new-born baby would survive if they experienced an area's age specific mortality rates throughout their life. Healthy life expectancy at birth is higher for women than for men. In Aberdeen City, males born in the period 2009-2013 had a life expectancy at birth of 76.9 years and a healthy life expectancy of 65.0 years, giving an expected period of 'not healthy' health difference of 11.9 years. For women, the figures were 81.2 years and 67.4 years, giving an expected period of 'not healthy' health difference of 13.8 years. Compared to other local authority areas, healthy life expectancy in Aberdeen City ranks slightly above mid-point – ranking 15th (out of 32) for males and 14th for females.

As with life expectancy, healthy life expectancy is strongly associated with deprivation. In Scotland, for both males and females, healthy life expectancy decreased with increasing deprivation, and length of time in 'not healthy' health increased with increasing deprivation. Additionally, the gap between men and women also increased with increasing deprivation

There are strong associations between health, health-behaviours and level of deprivation. Those with the highest levels of deprivation are more likely to have poorer health and health-behaviours. The Scottish Index of Multiple Deprivation (SIMD) is the Scottish Government's official tool for identifying small area concentrations of multiple deprivation across all of Scotland. It assesses information from 7 domains (health, income, employment, education/skills/training, housing, access to services and crime) to provide an overall measure of deprivation based on the small area geography known as data zones. The Scottish Government uses a 15% cut-off to define the most deprived data zones. By that measure, 9 (3.2%) of Aberdeen's 283 data zones were among the most deprived in Scotland.

When only the health domain of the SIMD is considered, the picture for Aberdeen City is slightly worse with 17 (6.0%) of Aberdeen's 283 data zones being in the 15% most deprived data zones in Scotland. All 9 of these data zones are in the priority localities identified by the Community Planning Aberdeen.

Personal wellbeing data has been collected by the Office for National Statistics since 2012, four measures were identified (see graph) on a scale of 0 to 10, where 0 being the least point and 10 being the highest point.



## **Children's Social Work Public Social Partnership**

Children's Social Work provides statutory services to children, families and young people in need of care and protection, including child protection investigation and assessment, services for children who are disabled and family support, as well as providing respite care, residential care, fostering, adoption and kinship care. Some of these are delivered by the Service itself whilst others are purchased from external providers.

During 2016, Children's Social Work adopted the Public Services Partnership (PSP) model for recommissioning the majority of the services that it purchases from external providers. This was to ensure a robust approach to commissioning and procurement processes, value for money, and to stimulate the market to develop innovative approaches. The subsequent recommissioning process has been sub-divided into a number of phases:

**Phase One:** Early help for families, children and young people.

**Phase Two:** Intensive support for families, children and young people.

**Phase Three:** Services for children who are disabled and their families.

**Phase Four:** Services for children & young people and their families in need of specialist assessments.

Service specifications for Phases One & Two were developed during 2016 following extensive consultation with existing service providers, other representatives of the third sector and Children's Social Work staff. Independent consultation was also commissioned with children and families who used the existing services.

These service specifications then fed into the tendering process which was launched in November 2016 and closed in early January 2017. Evaluations were subsequently undertaken, which included the involvement of a panel of care experienced young people.

Successful bidders were announced earlier this year and it is anticipated that the new services will be launched in October 2017. Contracts for the resulting services will be for five year periods with anticipated overall savings reinvested into the Reclaiming Social Work model.

Planning for Phases Three & Four was launched in early 2017 using a similar process and involved a higher level of consultation with people who use services. It is anticipated that the tendering process for Phase Three will be launched in autumn 2017 with the new services being implemented from spring 2018. A decision about the timescale for Phase Four will follow before the end of this year.

## **Health and Social Care Partnership Commissioning (HSCP)**

Strategic Commissioning is fundamental to the ambition to work with partners across all sectors in reshaping the services to address the common challenges that the Partnership faces. A coherent commissioning approach is pivotal to improved personal experiences and outcomes for the people who use our services.

Other anticipated benefits include a more resilient, local marketplace, innovative and effective care models, and contractual arrangements that are fit for purpose.

During 2016/17 the HSCP have:

- Established a Market Facilitation Steering Group to oversee the development of our agreed facilitation principles and activities
- Provided additional funding to Scottish Care to enhance their developmental capacity for working with the care at home/care home sectors
- Established a range of work streams to develop service specifications for key commissioning activities

The Integration and Transformation Programme Board considered and agreed the six priority strategic commissioning areas. The areas of focus have been identified due to the significance of the markets fragility and the opportunities to develop a more integrated service. A draft Strategic Commissioning Implementation Plan has been developed which will incorporate our commissioning intentions and a market facilitation statement. The draft plan once approved by the IJB will be subject to public consultation across our sectors, localities and stakeholders. Responsibility for overseeing implementation of the plan will be with the Strategic Commissioning Programme Board.

## 5. Finance

In 2011, Aberdeen City Council undertook a Priority Based Budgeting (PBB) exercise that reviewed all its costs over a five year period. As a result of this, a transformation programme was implemented, including the development of alternative family services and locally based preventative services to reduce the number of out of authority placements for children; the redesign of Learning Disability services with new models for accommodation with support and day opportunities; and the establishment of a Local Authority Trading Company, known as Bon Accord Care Ltd.

These actions, along with prudent financial management and monitoring, have ensured that the service continues to operate within available resources.

The current Council five Year Business Plan lays out the net budget for social work services until 2021-22, showing a decrease of 7.6% from 2016-17. This is based on current assumptions of future government funding.

SOCIAL WORK SERVICES	2015-16 £'000	<b>2016-17 £'000</b>	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
Total Budget	127,332	<b>122,830</b>	123,055	119,406	116,757	114,708	113,464
Adults	88,199	<b>86,300</b>	83,308	79,143	75,978	73,699	72,225

Children	37,517	<b>36,530</b>	39,747	40,263	40,779	41,009	41,239
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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 continue to meet commitments within budget, with the out of authority placements budget being reprofiled this year to reflect demographic changes and increases in residential care charges.

Our recommissioned services combined with the implementation of Reclaiming Social Work model, with its emphasis on systemic solutions, means that we are actively addressing demand. Our strength based approach, and our focus on early help will focus on reducing the need for more costly, high level, targeted interventions.

Like many Local Authorities, Aberdeen City Council is facing significant cost pressures and it is the role of the CSWO to ensure budget savings do not compromise safety and quality in the delivery of child protection and children's social work.

### **Overview of joint financial planning and management of financial arrangements for the HSCP**

Due diligence processes have been applied to the creation of the consolidated Aberdeen City Health and Social Care Partnership budget for the 2016/17 financial year. This is to ensure that the budget provided for the Partnership is sufficient, identifies current and historical pressures and demands and allows the Partnership to proceed on a sound financial basis.

In subsequent years the Chief Officer and the Chief Financial Officer will develop a business case for its resources in line with the method set out in the Integration Scheme.

The budget for the Partnership will be derived from the funding allocated to the IJB from Aberdeen City Council and NHS Grampian Health Board. In 2017/18 the majority of funding will continue to be used as per existing budgets but in future years the IJB may choose to use the funds to provide services in an alternative manner. This would involve the reallocation of funding between health and social care budgets.

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 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. This gives a total delegated budget of £254.345m for 2016/17 for the Aberdeen City and Social Care Partnership budget.

Again, it is the role of the CSWO to ensure that any budget decisions in the Partnership do not compromise quality or safety in the delivery of services.

## **6. Service Quality and Performance**

### **Performance Frameworks**

#### *Children's social work performance framework and approach to improvement*

The Children's Services Management Team actively reviews performance information on a quarterly basis, at least, and commissions thematic service audits and reviews of particular datasets. These are used to shape and re-design parts of the service or key processes within it.

Performance dashboards, which were first developed to report key performance information from Teams and Units across the Children's Social Work in 2016 are being continuously reviewed in line with our service redesign and are being rolled out in three phases during 2017. This is to enable the quality of the data to be assured across all management tiers and to ensure that the system will provide drivers to improving performance throughout the service.

The first phase of the performance dashboards went live on 1st April 2017 and covered six Social Work units, one Children's Home and three Permanence and Care Teams. Implementation of the framework has also been shared with the Education and Children's Services Directorate Leadership Team where it was warmly welcomed.

Phase two of the roll out will be completed during the summer and includes two further Children's Homes, six more Social Work Units, the Joint Child Protection Team and the Children with Disabilities service.

The final phases that will see performance dashboards covering services such as Family & Community Support, Children's Rights, IROs and Corporate Parenting will be completed between October and December 2017 with the aim of the whole Children's Social Work service performance management framework being in place by early 2018.

The programme of regular thematic audits, which has also commenced during the last year, focused at children looked after at home and the use of chronologies in their care planning. An action plan is in place to address the audit's findings. Further thematic audits are planned for later this year and into 2018.

### *HSCP Performance Framework*

The IJB depends on having 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 the IJB's aims and objectives depends on there being 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. The approach has been to develop a structured framework for managing information to ensure the right information reaches the right people at the right time. The HSCP is operating in a constantly changing environment and what is measured now to assess performance is likely to develop as data is pooled between health and social care, particularly at locality and community level. During the first year indicators that help to assure performance of current practice and support continuous improvement have been drawn upon. 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 it can still use it to understand progress and inform performance ambitions. The national and local indicators in use are contextualised around a balanced performance framework adapted from the Care Quality Commission.



## **Risk Management**

### *Risk*

Prior to 'Go live' last year, the IJB approved its Board Assurance Framework to provide the necessary assurance associated with good governance that the partnership had 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.

The regulatory framework within which the IJB operates the vision, values and principles that the assurance processes set out are designed to support have been established. The HSCP have a model where individuals, groups and committees, plans, reports, and reporting processes are mapped at different organisational levels, against two broad assurance requirements: compliance and transformation. This enables the board to be assured of the quality of its services, the probity of its operations and of the effectiveness with which the board is alerted to risks to the achievement of its strategic priorities.

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 any and all 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 risk to integration. 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 (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.

The partnership's commitment to being a high performing organisation requires governance systems which will encourage and enable innovation, community engagement and participation and joint working.

Systems for assurance and escalation of concerns are based on an understanding of the nature of risk to an organisation's goals and to the appetite for risk-taking.

The development of a mature understanding of risk is thus fundamental to the development of governance systems. The innovative nature of Health and Social Care Integration Schemes also requires governance systems which support complex arrangements, such as hosting of services on behalf of other IJBs, planning only of services delivered by other entities, accountability for assurance without delivery responsibility, and other models of care delivery and planning. This framework has been constructed in the light of these complexities and the likelihood that it may be important to amend and revise the systems as our understanding of the integration environment develops.

## **7. Delivery of Statutory Functions**

### **Children's Social Work**

Children's social work is part of the Education and Children's Services Directorate led by a single Directorate Leadership Team. Over the past year there has been good evidence of how Education and Social Work services have come together to plan, pull resources and deliver services to vulnerable children.

As part of the implementation of Reclaiming Social Work, we have completed a review of our commissioned services. The outcome of this was to progress a Public Social Partnership (PSP). Phase 1, of the PSP will focus on Early Help services and Phase 2 on Intensive Support services. Contracts have been awarded for both Phases and the new services will commence in early autumn 2017. Over the remainder of 2017 work is progressing in relation to Phase 3 which will focus on services to children with a disability. It is anticipated that this new contract will commence for the start of the 2018-19 year.

A key aim for 2017-18 will be to fully implement the Reclaiming Social Work model. Recruitment of sufficiently qualified and experienced staff to the key role of Consultant Social Workers has been a challenge. In response and in collaboration with HR colleagues, we have progressed an internal development programme for staff aspiring to be Consultant social workers. This will not be a quick fix, but over the coming six months will see a number of staff supported to take up these roles allowing for more Units to go live. The pace at which we roll out subsequent phases of the new service model is dependent on the recruitment of staff.

As an interim measure, the service has developed a 'hybrid structure' whilst efforts to recruit Consultant Social Workers continues. The hybrid structure has resulted in staff yet to move to a unit, relocated to a team and location they have been matched to. The team will practice systemic social work and utilise the training invested in them. This decision has been informed by the wish to minimise disruption and change for the people who use services, ensure clear line management structures and accountability and allow staff to begin to practice in the area of service delivery to which they have been matched.

Implementation of Part 4 (Named Person) and Part 5 (the Child's Plan) of the Children & Young People (Scotland) Act 2014 have implications for children's social work as well as the universal services of health and education. It will be important that the eligibility criteria for children's social work reflects these statutory changes and sets out how we will work with other agencies to deliver effective services to all children who meet the eligibility criteria.

We are working closely with colleagues in the universal services to ensure that local guidance is clear and we have participated in training ahead of the implementation of these aspects of the Act.

Extension of entitlement to continuing care and aftercare for care experienced young people under the Children & Young People (Scotland) Act 2014, will pose a challenge for children's social work. Whilst we wholeheartedly recognise and support the catalyst for these legislative changes, that is the acknowledgement that the longer term outcomes for care experienced young people are among the poorest in society, these provisions do pose challenges for children's social work.

For example, registering our Children's Homes to care for both adults and children; providing care for 12 - 13 year olds within the same setting as 20 - 21 year olds; supporting foster carers to not only provide support for adolescents and teenagers, but also for young adults; recruiting foster carers to compensate for those caring for young people for longer periods; and taking account of the fact that young adults may be in employment or have an entitlement to their own benefits when determining the allowance paid to carers.

We are preparing for these challenges and as part of the implementation of Reclaiming Social Work we have already established a Youth Team whose core responsibilities will include providing aftercare support for care leavers. The Team will also forge positive links with other services both within the Council and externally. The change in statutory responsibilities will place added demands on the Youth Team, and it is anticipated that there will be additional capacity issues over the coming years which we will continue to monitor and respond to. In preparation for this we are doing modelling work to understand the number of young people who may wish to take advantage of these entitlements. In addition, we are working on the financial arrangements for supporting continuing care placements as well as understanding how many foster carers will be willing to support young adults and how a variety of residential settings will manage this change.

Kinship care, which is when a child is looked after by their extended family or close friends when they cannot remain with their birth parents, should be the first consideration when a child requires to be accommodated. Research highlights that children placed in kinship placements generally have better outcomes than children placed in other care settings. However the research also highlights the practical and financial challenges experienced by kinship carers. The Children & Young People (Scotland) Act 2014 sought to formalise aspects of the support provided to kinship carers and extended the scope of those children who qualify for kinship support.

Whilst additional funding has been provided by the Scottish Government to provide parity between kinship carers and foster carers the additional funding is unlikely to cover full cost of implementing these changes.

The increased expectations around assessing kinship carers and providing practical and financial supporting to them will have resource implications for the Alternative Family Care Service. We do not underestimate the complexity of the care task that kinship carers provide and we will need to undertake assessments timeously and provide flexible and responsive support, if we are to ensure that kinship placements do not disrupt contributing to poorer outcomes for children.

Like most urban authorities, Aberdeen City Council has more children who require adoption than it has approved adopters. Positive relations exist with neighbouring authorities who are often in the opposite position. This allows for prospective adopters to be directed to us where we can assume responsibility for assessing their suitability. Whilst these placements offer the best long term outcomes for children who cannot be cared for by their family, the cost of purchasing adoptive placements can be significant. It will therefore be incumbent upon us to ensure that every effort is made to source a local placement within the three month time frame.

The Reclaiming Social Work redesign established a team whose focus is the recruitment and assessment of carers (adopters and foster carers). This will ensure every effort is made to recruit carers locally for children who require adoption. The ability to attract sufficient numbers of adopters to meet the demand of children requiring an adoptive placement remains challenging though and the economic downturn in the city has resulted in a drop in the number of enquiries from people interested in adoption.

Over the course of the coming year it is our intention to: implement the next phase of Reclaiming Social Work with further small groups of social workers working in Social Work Units, although full implementation is unlikely to be completed before late 2017; introduce the first tranches of a Public Social Partnership approach to the commissioning of support services from third sector providers to work alongside the Social Work Units; begin to see a managed reduction in the numbers of children placed in out of authority placements as planned for within the delivery of the Reclaiming Social Work Model and complete the re-design of residential services.

## **Child Protection**

The Aberdeen City Child Protection Committee (CPC) was established in June 2013, from the disaggregation of the North East Scotland Child Protection Committee that covered three local authority areas. The CPC is chaired by the Aberdeen City's Lead Nurse. The CPC 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 and the Reporter to the Children's Hearing, the Alcohol & Drugs Partnership, 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's Operational sub-committee is responsible for driving forward the work of the child protection programme. It is chaired by the Child Protection Programme Development Manager. A child sexual exploitation (CSE) sub group has been established for two years and its remit has recently been extended to incorporate child trafficking. The Operational sub-committee fulfills the function of the Safe outcome group of the Integrated Children's Services Board.

In the course of the last year, the CPC has established two further sub-committees; the Significant Case Review sub-committee and the Learning & Development sub-committee.

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.

Following the completion of a Joint Children's Services inspection in 2015, the CPC endorsed a child protection programme consisting of the CPC contribution to the joint action plan 2015-2016 and a separate action plan relating to CSE. This was concluded in 2016 and a new child protection programme encompassing the period 2016 – 2019 is now in course of delivery and on-going development.

### *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 31st 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.

Number of children on the Aberdeen City CPR 31.07.11 to 31.07.17						
31.07.11	31.07.12	31.07.13	31.07.14	31.07.15	31.07.16	31.07.17
96	86	92	73	98	118	80

Children remain on the CPR for as long as necessary, 81% were de-registered within 12 months and 43.5% within 6 months, a total of 202 children in 2016 – 2017.

Twenty-seven children who were registered over the year from 1st August 2016 to 31st July 2017 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.

The majority of children on the CPR (64%) 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.

Ten percent 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 41%; domestic abuse 37.5% and parental drug misuse 30% (as at 31.07.17). Neglect is recorded as a risk factor in 25% of cases and non-engaging family in 17.5% 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.

The 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, Operational Sub Committee and any other relevant groups are invited.

### *Child Protection Programme delivery 2016 – 2017*

- Making best use of child protection data in order to review performance, benchmark with other authorities; identify trends and areas for improvement. An extensive audit was conducted over March - May 2017 to better understand the reasons for fluctuating numbers on our CPR and the learning incorporated into our CP Programme.
- There has been much emphasis on ensuring practitioners have relevant up-to date guidance at their disposal. Guidance by practitioners for practitioners on the following topics has recently been refreshed and is in course of relaunch; Working with Vulnerable Babies and their Families, Working with Sexually Active Young People, Working with Non Engaging Families, Working with Families Misusing Drugs or Alcohol, Working with Young People demonstrating Sexually Harmful Behaviour. These sit alongside our CSE Strategy and Extended Guide and our Short Guide to CSE.
- The web site/ pages for the CPC continue to be developed to provide relevant, up to date information in relation to child protection.
- Bespoke learning events to respond to local need have been held. An event in November 2016 entitled “Confidence in Practice” focussed on professional “stickability” and the use of the national risk framework. 152 professionals attended the event with 56 from Aberdeen city. Of those, there was a fairly even spread of attendees from social work, NHS and the 3rd sector. Other events have focussed on CSE (March 2017), Awareness Raising around Significant Case Reviews (March 2107) and Child Protection and Disability (June 2017).
- Significant and Initial Case reviews have been high on the agenda. The SCR subcommittee 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. Two sub-groups have been established to report to the CPC on whether the current planning to address neglect has a commonality/consistency, and whether that planning results in the reduction of the risk of significant harm.

### *Child Protection Programme delivery 2017 onwards*

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

- Child protection and neglect
- Developing multi agency guidance and awareness raising of child trafficking,
- Addressing child protection and disability
- Domestic abuse and child protection issues
- Improving children’s and families experience of and participation in the child protection process
- Responding to Scottish Government’s national Child Protection Improvement Programme. Implementing improvements following the findings of the multi-agency case file audit and
- 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.

## Changing demand for children's social work services

As of 31<sup>st</sup> March 2017 children's social work services were supporting 1717 children and young people.

	31 <sup>st</sup> March 2012	31 <sup>st</sup> March 2013	31 <sup>st</sup> March 2014	31 <sup>st</sup> March 2015	31 <sup>st</sup> March 2016	<b>31<sup>st</sup> March 2017</b>
No. of children open to Social Work	1802	2016	2064	1829	1805	<b>1717</b>

## Family and Community Support Services

Service Development has continued during 2017 with Family & Community Support Services undertaking a review of their provision, refocusing some of their role and remit as we continue to implement the Reclaiming Social Work model across Children's Social Work Service. There has been a continuing focus on Intensive Support Services which offer a community based alternative to children considered on the "edge of care".

iFIT (Intensive Family Intervention Service) has continued to deliver an intensive response to crisis within families to prevent, where possible, children being accommodated out with their family. Key to this has been their ability to provide early morning and evening support when families need it most. Much of the work is focused on improving relationships and reducing risk. The team has been piloting elements of the Signs of Safety model using the Improvement Methodology and small tests of change. So far, this model of working has been viewed positively by both the staff team and the families they work with. Consequently this has encouraged us to "spread" the small tests of change to other sites/services within Family & Community Support which will help us consider how Signs of Safety might be more formally rolled out.

The Family Support Service which operates out of 3 Resource Centers - Tillydrone, Deeside and Williamson have also been developing new elements of their service including how we better support Kinship Carers. The Children & Young People (Scotland) Act 2014 sought to formalise aspects of the support provided to kinship carers and extended the scope of those children who qualify for kinship support. It has long been recognised that extended family often have to quickly assume the care of grandchildren/nieces/nephews because of growing concerns for their care and welfare at home. Support to be offered will include group work, one to one support which may be a combination of emotional and practical support as well as family work to support changing dynamics and needs. The team is working closely with the Alternative Family Care Team who is responsible for the formal assessment of Kinship Carers.



The Family & Community Support Service has been working closely with colleagues as we progress towards the implementation of Phases 1 & 2 of the PSP – Early Help and Intensive Support. The team is looking forward to working alongside 3rd Sector Colleagues in the newly developed RAFT (Reaching Aberdeen Families Together) and Includem which is a new service to the city.

## **Looked After Children**

The total number of Looked After Children has in the past year increased by 40 to 594. This represents 35% of all children open to children's social work. Aberdeen City has undertaken significant work to ensure the numbers of Looked After Children sit within the National average and the figures reflect this. In addition, Aberdeen now sits slightly below the city average figures for the same group. As part of the service's commissioning strategy, it has further engaged a third sector provider to work intensively with an identified group of young people in out of authority placements and return them to the City. This will reduce the above figure by 12 by March 2018. At the time of writing, 6 young people have already returned. Whilst there has been a 50% decrease in the use of such placements since 2010, the aim is to continue to safely reduce the numbers. The redesign of the in-house Family & Community Support service along with a newly commissioned Intensive Support Service has placed the service in a far stronger position to deliver on this expectation. In addition, the placements panel that reviews and makes decisions about out of authority placements has been redesigned and applies greater rigour to the process. This is already having a positive impact on decision making.

The overwhelming majority of Looked After Children continue to be placed in a 'family' home. As at 31<sup>st</sup> March 2017, 524 children were cared for within a family setting; 119 (20%) were cared for by parents; 115 (19%) by friends/relatives; and 290 (49%) by foster carers/adopters. 70 (12%) 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.

The proportion of children and young people accommodated in community based placements has risen over the past year. 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.

Recruitment difficulties to Consultant Social Work posts have slowed the implementation of Reclaiming Social Work. However, as the service continue to address it through service redesign and in house recruitment strategies, allowing the model to fully bed in, we anticipate the numbers of children accommodated by the authority to reduce. Given the continuing financial pressures, particular emphasis will be placed on out of city residential placements.

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.

This new legislation aims to deliver improved long term outcomes for care experienced young people.

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 Throughcare Home managed by Action for Children.

Due to significant challenges in recruitment, one of our homes has been non-operational for most of the year. Recruitment activity remains a key priority to build up the capacity of the residential staff pool to enable the home to re-open in the coming year. Work to refurbish the Throughcare Unit was delayed due to concerns about the quality of the work and suitability of the premises, but has now been successfully completed.

In 2015 the Scottish Government announced a new qualification for residential staff. Implementation of this has been put on hold and the Council awaits clarification from the Scottish Government as the intended future direction.

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 and remains an area for improvement.

## 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 the last 5 years, showing a 28% reduction in the number of offences and a fall 26% in the number of young people who have committed offences.

	2012/13	2013/14	2014/15	2015/16	2016/17
No. of Offences	3230	2961	2758	2523	<b>2324</b>
No. of Crime Files	1942	1788	1583	1551	<b>1331</b>
No. of Juveniles	1113	981	898	965	<b>824</b>

For the second year running the number of offences committed by 8-15 year olds exceeds the number of offences committed by 16-17 year olds – 1289 compared to 1035. The number of young people referred to SCRA on offence grounds has shown a slight increase from 73 to 90. However this still represents a 70% drop from the position in 2010/11.

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. An Intensive Support Service (ISS) makes a range of provision available, including services provided by Third Sector colleagues.

WSA processes are continually reviewed and the approach strengthened. This has highlighted that the links between Youth Justice and Adult Criminal Justice need to improve. Due to the infrequency that children's social work staff submit reports to Court reports in relation to 16/17 year olds, reports are being shared with adult criminal justice colleagues to quality assure and ensure that young people are not being "up tarified" in terms of recommendation.

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:

- Input from the CYCJ re CARM meetings
- Input from Christine McCarllie in relation to Young People who exhibit sexually harmful behavior
- AIM2 and ASSET Assessment training

The Family and Community Support Service have developed the IFIT (Intensive Family Intervention Team) Service to 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 third sector providers of intensive support services.

The multi-agency "Responsible Group" which has responsibility for delivering on the Youth Offending Strategy has following a period of inactivity has been re-launched under a joint chair of Police and Children's Social Work.

Over the next year the group aims to:

- reduce the number of young people placed in residential provision out of Aberdeen City and utilise recommissioned services that provide Intensive Support, building on evidence of what works and reflective of the current need;
- Support the newly commissioned Intensive Support Service, delivered by Includem to return an identified number of young people placed in secure and residential care to Aberdeen City and to prevent further young people being placed in such settings.

Collaborative work continues with Police Scotland colleagues to ensure that young people, and particularly Looked After and Accommodated children, are not inappropriately targeted and criminalised. This continues to be a key priority for the service.

## Corporate Parenting

With the recent legislation, both the range of public bodies required to act as Corporate Parents and the responsibilities that they have to plan and collaborate to promote the wellbeing of care experienced young people, have been extended. For example, local authorities are required to develop a corporate parenting plan detailing how they intend to deliver on their responsibilities. 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.

This has been an exciting year for Corporate Parenting as the LCT award provided renewed enthusiasm, momentum and commitment. For example, significant milestones from the plan have been achieved and opportunities taken to strengthen participation in the city with a growing network of professionals working together to support care experienced young people. Whilst improvements have been made, there is more work to do in relation to all corporate parents fully understanding their responsibilities to Looked After and Accommodated Children. This remains a key priority for Aberdeen.

### *Champions Board*

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 care experienced children and young people and provide them with opportunities to develop their confidence, leadership and teamwork skills.

### *ACE Group and Children's Rights Development Assistants*

To achieve this, a fortnightly group was established for care experienced young people, which was subsequently branded by the group themselves as ACE (Aberdeen's Care Experienced). The 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. The group provides the platform to present the issues and areas for improvement to the Board's subsequent meetings. Our young people continue to inspire and impress us with their commitment and enthusiasm. They recently delivered a presentation of their work at a National Champions Board Event in Dundee in recognition that Aberdeen is leading on this work and supporting other Local Authorities to develop their Boards and develop their work programmes.

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 a number of 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.

They are given projects and tasks related to the Corporate Parenting action plan and the Champions Board.

Throughout the year young people from the ACE Group have participated in several other events to inform policy and practice and there has been Community Planning Partnership wide interest in the Group and in the role of the CRDAs with many requests for them to be involved in consultations on service policy and practice.

### *Individual Grants*

An individual grants scheme for care experienced young people was launched in September 2016, funded jointly by LCT and the City Council. Young people aged 14 - 25 can apply for a grant of up to £500 if they were looked after by Aberdeen City Council and have had at least three months care experience. Uniquely though, 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 as well as the Who Cares? Scotland Development Officer and representatives from Education, Children's Social Work and ACVO, assess and decide on the applications.

At the first round there were 90 applications in total of which 43% were for driving lessons; 21% for clothes; 20% for furniture/decorating; 10% for laptops/college equipment; and 5% for miscellaneous. Forty-three awards of funding were subsequently made, ranging between £50 and £500. Two further funding opportunities will be available during the next twelve months. Aberdeen is the first Local Authority to be doing this and is providing guidance and advice to other Councils.

### *Positive Destinations / Education*

The latest data set for 2015/16 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 Looked After Children 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 high use of part time timetables, which disadvantages this group. There is currently a 20% disparity between the attainment of Looked After Children and their peers as outlined previously in this report.

An incentive that will contribute to the long term positive outcomes for Looked After Children is the implementation of the Dolly Parton's Imagination Library. This is a

monthly book gifting scheme for Looked After Children aged under five

Of the 138 eligible Looked After Children aged under five, 75% are enrolled in the Library and are receiving an age appropriate book every month.

### *Family Firm*

Family Firm opportunities continue to focus on the Keen4Work programme that is delivered by Aberdeen City Council in partnership with Action for Children. The programme offers twelve week work experience opportunities in addition to an Employability Award qualification for care experienced young people. During 2016, 39 care experienced young people were supported by Keen4Work, eight of whom completed placements and three of whom gained employment.

Family Firm opportunities are interlinked with the aim of Aberdeen Guarantees in promoting positive destinations to the most vulnerable groups at risk of negative destinations. In developing Family Firm opportunities the links and communication to the Aberdeen Guarantees team has proved vital in getting the right opportunity for the right young person. In addition, Family Firm opportunities are advertised and included on the Aberdeen Guarantees website.

### **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 over 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.

<b>Use of Secure Accommodation – Number of children placed in a year</b>						
<b>PLACEMENTS</b>	2011-12	2012-13	2013-14	2014-15	2015-16	<b>2016-17</b>
Total New Placements	6 (5 children)	5	3	10 (9 children)	7 (9 children)	<b>6</b> <b>(4 children)</b>
Paced by Court	3	1	1	1	0	<b>0</b>
Placed by Hearing & CSWO	3	1	0	2	0	<b>1</b>
Placed by CSWO	0	3	2	7	7	<b>5</b>
Hearing request - Declined	1	2	2	2	1	<b>1</b>

The criteria for secure care is set out in legislation and the CSWO as decision maker declined to implement one authorisation from a Children's Hearing on the basis there was insufficient evidence that the grounds were met.

While it is encouraging that there is a downward 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 give consideration to 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.

	2012-13	2013-14	2014-15	2015/16	<b>2016/17</b>
Number of Emergency Transfers	12	16	17	10	<b>10</b>

### Adoption and Fostering

The CSWO/Head of Children's Social Work is the Agency Decision Maker. This is a statutory role to consider the approval of plan's that are 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 in this context to thoroughly review the information and be assured that the recommendations from the Panel are the right ones for the child. As such, some recommendations will not be agreed or further information required.

	2012/13	2013/14	2014/15	2015/16	<b>2016/17</b>
Adopters approved	19	14	34	29	<b>14</b>
Adoption Plans approved	19	19	32	24	<b>23</b>
Children adopted	24	21	19	28	<b>25</b>
Foster carers approved	13	6	7	9	<b>4</b>

In March 2014 Aberdeen City were chosen as one of the pilot authorities to be



involved in 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. 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.

Aberdeen City is taking a multi-agency approach to making changes that can reduce or eradicate delays in the decision-making for children who require permanence. The service has begun to see a reduction in the length of time it is taking for children's plans to be agreed. The implementation of Reclaiming Social Work has had a positive impact on plans being timeously progressed, and as the structure embeds, further improvements are anticipated. This excellent work has been the subject of National recognition and in November 2016, the children's social work service won a prestigious, National award.

The need to have an increased supply of foster carers and adopters is critical to meeting the needs of local children who cannot be cared for by their family. It is estimated there is a need for 800 foster carers in Scotland. The service operates in a very competitive environment with a number of Independent Fostering Agencies operating in the area. The whole service re-design as part of Reclaiming Social Work has seen the establishment of a team dedicated to the recruitment, assessment and preparation of new carers (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 good work of the Fostering and Adoption Team was recognised in a highly positive Care Inspectorate inspection in August of this year.

The downturn in the oil industry has seen an associated downturn in the numbers coming forward interested in adoption. Conversely, there is an initial indication that there has been marginal increase in the numbers coming forward for foster care whose applications will be formally considered in the coming weeks.

In 2016/17 there were 159 children, in external foster placements, commissioned by Aberdeen City Council. Reducing this number, supporting more children to remain within their family or placing them with our own foster carers is key feature of the Reclaiming Social Work model and will actively contribute to shifting the balance of care.

### **Adult Support and Protection**

The Lead Social Worker has now taken over responsibility for Adult Support and Protection (ASP) for the HSCP. Work has commenced to review the governance of adult protection in line with the new arrangements for the partnership. The Terms of Reference for the Adult Protection Committee are being revised and the establishment of a Public Protection Chief Officers Group will allow more robust accountability and oversight of Adult Protection in Aberdeen. Performance management and practice improvement will be overseen by the Clinical & Care Governance Group.

Around 140 Council Officers have been trained to a level that allows them to carry out adult protection investigations and discharge specific legislative functions, an increase in 15 Council Officers from the previous year. A rolling programme of training is in place to ensure the professional development of staff and Council Officer Support Groups have been revised to provide specialist support and training, sharing of good practice and peer support for complex cases. It is now also mandatory for Council Officers to attend an 'Adult Support and Protection Refresher course every two years run by the Aberdeen Adult Protection Unit.

In recognition of the increasing complexity of the nature of adult protection investigations, a third Advanced Council Officer training course was held late in 2016. This course provided Council Officers with additional skills and confidence in working with complex issues, including capacity, consent, undue pressure and a focus on risk assessment and risk management.

The 'Keeping Yourself Safe from Harm' course continues to be delivered by the NHS Joint Training Coordinator and the Grampian Speech and Language Therapist who developed this Training for Trainers course.

There has been significant interest nationally in this course and the materials. The courses have been designed to enable pairs of staff from local authority, third sector and independent sectors to run hour long courses, to enhance the understanding and awareness of harm and how those who experience care can keep themselves safe. More of these courses are planned, they are received very well by adults who experience care and raising awareness this way has been a priority of the APC. A number of courses have been delivered with people with learning disabilities and course materials are being developed for use with older people.

Work around promoting awareness has resulted in increased referrals from individuals themselves, family members, the public, care homes, care at home staff, NHS staff, Fire and Rescue Service staff and the Ambulance Service. More ASP referrals are now received from the Ambulance Service, indicating that their staff awareness of ASP has been enhanced.

Following a Joint Inspection of Older People's Services in 2016, the Chief Officer of the Aberdeen City Health and Social Care Partnership commissioned an Internal Review of Adult Support and Protection. The reason for this review was to give assurance and commitment to having robust procedures and structures in place for adults at risk of harm and for this to be embedded within all our services across the partnership. The review involved the file reading of all 91 open ASP cases and 25 closed cases as well as workshops and interviews with staff at all levels. In response to the twelve recommendations from this review, a Short Life Working Group was established to consider the recommendations and an Improvement Plan with work being progressed over the next year. The CSWO was kept sighted on this work.

## ASP Referrals

Over the past year 1203 referrals were received by the Adult Protection Unit (APU), a significant rise of 14 per cent compared with the previous year. This resulted in 330 Investigations being commenced under the Adult Support and Protection (Scotland) Act - 162 of these being for people aged 65 and over. The number of Investigations by client group was predominantly people with infirmity due to age, followed by people with mental health issues as follows:

Client groups	No. of investigations by client groups
Dementia	42
Mental health problem	52
Learning disability	30
Physical disability	48
Infirmity due to age	107
Substance misuse	7
Other	44
<b>Total</b>	<b>330</b>

## Type of Harm

The largest reported type of principal harm which resulted in an Investigation is financial harm. This has been increasing significantly over a number of years. A Financial Harm sub group was set up several years ago and work has included training, guidance and closer working with banks and Trading Standards to try and address financial harm. Undue pressure around financial harm is also an increasing aspect. The APU Coordinator requested from the National Adult Protection Coordinator that further training and guidance was required in this area. This request was echoed nationally and in February 17 the Scotland seminar on 'Undue pressure in the context of banning orders' was found to be most helpful in advancing learning on this. A Council Officer Support Group in Aberdeen was then held to share this learning using seminar recordings.

The second highest type of harm investigated was physical harm which is consistently above the other harm types.

<b>Type of principal harm which resulted in an investigation (as defined under the ASP Act) between 1 April 2016 and 31 March 2017</b>	
<b>Type of principal harm which resulted in an investigation</b>	<b>Number of investigations</b>
Financial Harm	97
Psychological harm	34
Physical harm	64
Sexual harm	18
Neglect	47
Self-harm	55
Other	15
<b>Total</b>	<b>330</b>

## Outcomes

<b>Outcome of referrals received between 1 April 2016 and 31 March 2017</b>	
<b>Type of Outcome</b>	<b>Number of Referrals</b>
Further AP action	410
Further non-AP action	522
No further action	271
Not known	
<b>Total</b>	<b>1203</b>

<b>Outcome of Investigations carried out between 1 April 2016 and 31 March 2017</b>	
<b>Type of Outcome</b>	<b>Number of Referrals</b>
Further AP action	41
Further non-AP action	197
No further action	83
Not known	9 (pending)
<b>Total</b>	<b>330</b>

There were no Protection Orders used during the period of this report. Three Large Scale Inquiries were conducted involving significant multi agency work and cooperation. This has resulted in enhanced multi agency working relationships and understanding of others' roles and remits. The CSWO provided professional advice and was kept fully briefed on the work. The CSWO is also provided with monthly data on all outstanding adult protection fieldwork on a monthly basis.

## Future Plans

The Aberdeen City Adult Protection Committee Biennial Report 2014-2016 provided to the Scottish Government, highlighted a lot of the work that has been undertaken by the partners to not only raise awareness of adult protection but to continuously improve how we identify and respond to harm. Both the APC and the short life working group have clear action plans incorporating the considerations of the internal review and how we progress with adult protection within the changing landscapes.

The aim now is to strive for excellence in Adult Protection across Aberdeen. Keeping people safe from harm in Aberdeen is a priority for all partners. As more is understood about the nature and type of harm, there is an ever increasing need to be able to respond appropriately, making sure that all partners are involved. The Report also notes the need to continue to work with communities to make sure that citizens feel safe and included. The outcome being worked towards is to provide a responsive, timely service to adults at risk of harm.

Over the next two year period, further challenges are recognised for the APC in relation to how ASP work is linked with that of the Local Outcome Improvement Plan for Community Planning in Aberdeen, the Health and Social Care Partnership, and their respective strategic priorities. Key challenges identified in the Biennial Report are:

- Enhance and embed partnership working and service integration within the new Aberdeen Health and Social Care Partnership
- Take an active role in the development of the Partnership to ensure that adult support and protection is fully incorporated
- Continue to work to address the challenge of financial harm
- Making sure that the staff of all partner agencies have a well-developed understanding of ASP, recognising that this is everyone's business
- Awareness raising which will continue to feature in the APC Action Plan, in particular for service users and carers and the wider public
- Capacity of partner agency representatives to commit the time and effort they want to undertake ASP work – when faced with competing demands and responsibilities they encounter in other parts of their day jobs
- Continue to strengthen GP engagement across the City. The involvement of the Clinical and Depute Clinical Leads on the APC is crucial to this
- Consistency of data recording on a national basis to allow comparative data to be considered
- Ensuring a stronger national direction in relation to ASP since the disbanding of the national Policy Forum
- Strengthening NHS involvement in the Acute Sector
- Gathering qualitative data about the experience of the ASP process for individuals and their families / carers, to help improve processes to make them more person centred and user led.

The CSWO has an open invitation to the APC and attends as necessary.

## Criminal Justice

### *Criminal Justice Social Work*

The Criminal Justice Social Work service now sits within the Health and Social Care Partnership and is a Community Justice partner under the aegis of the CPP.

Quarterly contact has been maintained between the previous NCJA partners for the purposes of performance monitoring, benchmarking, quality assurance and sharing best practice.

Aberdeen continues to follow the national and international trend in that offending continues on a downward trajectory.

### *Arrest Referral and Diversion from Prosecution*

These have been identified as a Community Justice area for improvement. We have already made improvements in relation to Diversion, setting up a direct referral route to Mental Health services, increasing numbers referred by the PF and commissioning a restorative justice service from the third sector. It is anticipated that a “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. There is however, a considerable amount of work to undertake with Community Justice partners to create the culture within which to develop this further.

### *Courts*

The location of the Pre-Disposal Team adjoining the Sheriff Court has enabled us to provide an enhanced service to both courts and clients. We are currently working in partnership with the Scottish Court Service to pilot a Problem Solving Approach with individuals with complex needs, have a minimum of 7 previous convictions and are at risk of custody. Initial outcomes are positive but the project will be subject to evaluation by the Scottish Government.

The number of Criminal Justice Social Work Reports requested by the Court in 2016/17 shows a slight decrease, although this is more marked in relation to women, probably due to the “rolling up” of charges in the Problem Solving Court. The number of Community Payback Orders imposed has continue to increase in relation to men but dropped by approximately 33% for women.

	2013-14	2014-15	2015-16	<b>2016-17</b>
CJSW Reports to Court	1,550	1,291	1,443	<b>1,414</b>
Community Payback Orders	1,054	1,116	1,132	<b>1,206</b>

Individuals subject to Community Payback Orders with Unpaid Work and Other Activity Requirements continue to undertake a range of tasks across the city; making colourful planters from reclaimed wood and filled with flowers to enhance the city centre environment, painting community centres, taking sheltered housing residents for their shopping, making craft items for sale with the profits going to charity and so much more. We try to incorporate skills training into placements wherever possible and a number of unpaid workers achieve certification/ qualifications such as CSCS and SQA.

We aim to be as responsive as possible to requests for work from the unpaid work team as identified by Aberdeen residents, Councilors, MPs, MSPs, charities, environmental services and other ACC services.

The introduction of Community Payback Orders in 2011 significantly shifted the balance of statutory orders away from supervision but this is the first year since where that balance has begun to be redressed. This reflects the higher level of needs presented by many clients particularly those with learning difficulties, mental health and psychological problems for which specialist services may not be accessible.

### *Domestic Abuse*

The Caledonian System continues to offer effective intervention with higher level domestic abuse perpetrators plus support for women and children harmed. There are currently 78 on the Men's Programme and 134 receiving support from the Women's service.

The Caledonian System is currently subject to reaccreditation with recommendations from last year's evaluation being incorporated into the process. The Aberdeen Caledonian Systems Manager is seconded into the reaccreditation team.

Work is also being undertaken to produce a programme for lower level domestic abuse offenders which will also be suitable for the men aged 16 to 30 who come through the problem solving court.

### *Women's Services*

The Connections Women's Centre has now been operational in Spring Garden for over two years and feedback has been almost universally positive. In addition to working with women in the criminal justice system, the Centre also provides support to women who have been harmed by domestic abuse. In addition to our community based service, our Women's Support Workers continue to meet with Aberdeen women in Scottish prisons on a regular basis. A strong working relationship is developing with staff at HMP Grampian.

## **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. These offenders are the “critical few” who require high levels of multi-agency support and management. We are very fortunate to have extremely good relationships with our partners in this respect with excellent communication, information sharing and joint working.

The CSWO attends MAPPA meetings as necessary and to ensure quality as part of the public protection element of the role.

The CSWO is also a member of Aberdeen City’s Criminal Justice Board.

## **Learning Disability**

During the past year the Learning Disability Services continue to adapt and respond to the needs and outcomes of the individuals it supports amongst the challenges posed in the market place as well as financial pressures. The opening ceremony of our new Aberdeen Adult Learning Disability Centre took place in March 2017. The £4.3 million purpose-built centre will provide support and activities for approximately 50 adults with severe learning and physical disabilities. The facility is replacing the previous outdated centre and has the highest specifications throughout to ensure those attending the centre receive creative, fun and stimulating indoor and outdoor opportunities to help them enjoy fulfilling lives. Individuals attending the centre will have access to:

- an expansive outdoor sensory garden, with raised beds of scented plants, featuring winding paths and picnic areas;
- a hi-tech computer room, with touch-screen technology and software which can be activated simply by eye or mouth movements by the most severely disabled of the centre-goers;
- a specially adapted kitchen for service-users to learn basic lifestyle skills;
- a café area where they can serve up self-made snacks and drinks, and learn new social skills;
- a special sensory room with a water bed, a voice-activated light screen, an interactive “bubble tube”, coloured light projectors, and fibre-optic equipment to stimulate the senses;
- a large dining room/lounge which can double up as a theatre, complete with curtains and a stage, for staff and service-users to lay on drama and pantomimes.

The new centre – which is the size of a small primary school – also features a calming quiet room, an art and craft room, a laundry, a first aid room and meeting rooms.



## *Market Pressures*

Last year we made the commitment to support provider organisations to deliver good outcomes for individuals in a flexible and responsive manner whilst addressing legislative demands regarding working practices. We have continued to meet with Providers throughout this year to strengthen our working relationships with them. Whilst this has been acknowledged positively by providers as being very supportive and helpful, we have still experienced a large voluntary provider leave Aberdeen city as well as 2 local organisations handing back their services for a number of reasons.

During the past year we have also experienced challenges when looking for Care at Home support for Adults with Learning Disabilities. Many of the providers on the Learning Disability Framework were unable to meet this need which placed a further demand on the already stretched Care at Home providers used within Older People and Physical Disability Services.

The Learning Disability Framework for “Support with personal care and housing” was implemented in 2015. This Framework also had a part for ‘Lifestyle Support’ which was previously referred to as day supports. These supports were hoped to be more innovative in promoting greater choice for people however this has not evolved and instead, the Framework continues to deliver traditional models of service. It is acknowledged that this Framework could be more successful and may address some of the aforementioned challenges if it changed to separate service arrangements rather than focus on client groups so this is an area for further development during the next 12 months.

Providers continue to experience challenges in recruitment and retention of staff whilst also juggling the competing requirements in relation to the living wage and increased costs associated to the sleepovers. These challenges and rising costs have been acknowledged nationally and locally and a process to identify eligible providers to receive 6.4% uplift and then a subsequent 2.8% was implemented.

Over the next year we will continue to focus on considering and exploring more creative, innovative and cost effective options to sleepover provision whilst maximising the varied technologies which are continually being developed and improved.

## *Changing need*

We currently have a service in Aberdeen which supports a number of individuals who have very high and complex needs; however it is evident that this is an area for further development. Over the next year we will explore and consider how we meet the needs of those individuals who have complex and at times behaviour which can be described as challenging.

Last year we made the commitment to the mapping of services currently being provided and the financial costs associated to these services. This has enabled us to begin to highlight and address duplication of service delivery, models of support which may not be fit for the future as well as accommodation and environmental challenges we need to overcome.

There are many individuals who will be transitioning into Adult services in the future who have complex health care needs and as the Aberdeen Health and Social Care Partnership, we need to ensure that we have accommodation which is flexible to meet those needs as well as provider capacity, skill and expertise.

### *Learning Disability Strategy*

Work is ongoing in the development and implementation of a Learning Disability Strategy for Aberdeen. A strategic steering group composed of wider partnership organisations and representatives has been established and is in the process of setting the vision and aim for the strategy. This is complemented by a variety of sub-groups, composed of representatives with expertise in particular priority areas, who will develop the key actions and recommendations of the strategy. A key part of the strategy development is the promotion of wider engagement with the local community and people with a Learning Disability, a separate group has been established to explore how engagement can be maximised and continued as ongoing best practice.

### **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 in order 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 support this trend as the steady increase in the use of Mental Health legislation also reflects greater awareness of the rights of people who use services.

Detention in hospital intervention	2011-2012	2012-2013	2013-2014	2014-2015	2015-2016	<b>2016-2017</b>
Compulsory Treatment Order	49	65	56	52	62	<b>82</b>
Emergency Detention in hospital	20	30	36	36	28	<b>40</b>
Short-term	156	186	180	157	170	<b>241</b>

The Mental Health (Care and Treatment) (Scotland) Act 2003 Section 32 (the 2003 Act) places a responsibility on Local Authorities to appoint sufficient Mental Health Officers (MHOs) for their local area to undertake statutory duties. With the integration of Health and Social Care Services this duty still 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 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 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	<b>2017</b>
No. of MHOs	34	32	30	34	<b>34</b>
Trainees	NO COURSE	4	4	4	<b>4</b>

The above figures are intended to provide an overall picture and do not take in to 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 28 MHOs located across adult services with 19.5 working within Mental Health teams and 6 in the Out of Hours team. There are 14.7FTE core MHOs who are paid at a higher grade; these posts are MHO/SW posts and are mostly aligned to multi-disciplinary teams in Adult and Older Adult Mental Health at Royal Cornhill Hospital. There is one higher graded MHO in Learning Disability Services and one Peripatetic MHO. All Senior Social Worker Posts at RCH are also MHOs.

### **Adults with Incapacity – Guardianship**

Currently for those adults who lack capacity to make decisions or take action 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 also can 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 and 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 110 people – up from 99 last year.  
Private individuals are welfare guardian for 312 people – up from 286 last year.

The increasing use of Guardianship places a growing demand on social work services across the board. There are more Guardianship's 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. Upcoming consultations by the Scottish Government herald major changes to the law in this area and are likely in the longer term to see the introduction of supported as opposed to substitute decision making for adults who lack capacity. In the shorter term mechanisms to authorise the holding of adults who lack capacity in general hospitals for medical treatment and in care homes for care may be introduced. All of these proposals will increase the duties on the local authority in general and MHOs in particular.

## **Mental Health Strategy**

The Health and Social Care Partnership is in the process of refreshing the Aberdeen City Mental Health Strategy and this will take into account the newly launched Scottish Government 10 year strategy. The long established Mental Health Partnership Group which is a multi-agency group will lead on renewing our local strategy and action plan.

The new national strategy is wide ranging and the main focus is on working to improve:

- Prevention and early intervention;
- Access to treatment, and joined up accessible services;
- The physical wellbeing of people with mental health problems;
- Rights, information use, and planning.

The Scottish Government's intention is "that we must prevent and treat mental health problems with the same commitment, passion and drive as we do with physical health problems". There are 40 actions in the new Scottish Mental Health Strategy and these will inform the local strategy and subsequent action plan.

## Older People

Throughout 2016/17, the improvement and transformation agenda has continued within the integrated landscape. In Older People, Physical Disability and Rehabilitation, the previous five community based teams have now been established into four locality based area teams: CM North, CM South, CM Central, and CM West. The Hospital Social Work team has continued to integrate itself further with NHS and Partnership colleagues within the hospital sites in the City.

### *Practice Improvement/Supporting the Workforce*

The city-wide Care Management Response Team (CMRT) has now been in existence for over a year. This team was established to address continuing challenges in delivering an assessment and intervention service for urgent and high priority referrals. CMRT continues to respond to urgent requests for assessment, to identify needs and confirm care and support arrangements as quickly as possible. The team is currently in a review and evaluation phase, looking at the efficacy of the team in terms of our ability to respond to urgent referrals and the wider impact across the service, as well as further areas for improvement within the Team.

The establishment of five community teams into four has enabled us to maximise the use of additional Senior Care Manager resource to further develop areas of service. This includes work commenced in 2016 to develop our Assessment, Support Plan and Review tools, as well as our existing tools for carers assessments to comply with the requirements of the Carers (Scotland) Act 2016, particularly with regards to Adult Carer Support Plans.

As part of our practice improvement agenda, an SDS training programme has been developed and piloted, to be incorporated into our existing core skills training and development programme. Managers and practitioners from our service have been involved in the development of this programme which will be rolled out across all areas of Adult Services.

A mentoring scheme is being introduced to provide support to employees entering the service, and incorporating group learning and group supervision sessions whereby experienced managers will provide input on a rotational basis. With OD colleagues we are looking at re-introducing specific supports to newly qualified social workers, with the potential to extend this to other newly qualified workers as the integrated teams become established.

To further joint working and integration for hospital discharge, the Hospital Social Work team has increased its staffing in the integrated discharge hub at Aberdeen Royal Infirmary. Additionally, given the success of the integrated working at the Aberdeen Royal Infirmary site, planning is now in place to create a smaller scale discharge hub at Woodend Hospital as well. It is hoped that this will support further improvements in delayed discharge performance, with there already having been significant progress made over the past year (the number of people in hospital each month with standard delays reduced by 22% and the total number of avoidable hospital bed days reduced by 47%).

A service-wide development afternoon was held in June, and following on from this we are working with colleagues in Organisational Development to look at how we support and build the resilience of staff, consolidate a confident workforce and enhance the development of professional skills and expertise.

### *Partnership Working to Address Capacity Issues*

Challenges remain around the ability of Care at Home providers to fully meet assessed need for care. The role of Resource Co-Coordinator was therefore developed in 2016 and appointed to in January 2017 in recognition of the challenge of addressing the hours of unmet care need in the City. This role has centralised the co-ordination of care searches, and has seen some success in targeting available resource to reduce hours of unmet need. We are also in discussions with care providers, exploring the potential benefit of an innovative approach to allocation of resource through an additional interface within the CM2000 operating system, which will enable the electronic matching of care to available resource. It is anticipated that the introduction of this system will free up staff time, enabling us to target this resource to support Adult Support and Protection work and to undertake care home and care at home reviews.

The current Care at Home contract expires at the end of 2017 and as such work continues with Care at Home providers to explore models of care delivery as we move into localities. In particular, it is hoped that the proposed revised Care at Home framework will enable a move away from time and task to an outcomes focused emphasis on person centred care, embedding the Partnership's strategic outcomes and supporting older people to live at home or in a homely setting for as long as possible.

Hospital Social Work has also developed its role in coordinating and managing more of the Interim and Intermediate resources of the Partnership – ensuring best use of these resources as demand increases.

Over the course of 2016-17 there has been one Large Scale Investigation undertaken into practice in a care home. Staff worked very closely with partners from Health, the Care Inspectorate and our arm's length external organisation to ensure that standards of care have improved. This placed considerable pressure on Older People's care management teams both in terms of the resource required to support this piece of work, as well as the challenge of managing the complexity of the situation. Staff commitment to see this piece of work through, going above and beyond the usual expectations of their job, was highly commendable and has been acknowledged throughout the Partnership.

### *Further Development and Improvement in 2016/17*

- Ongoing work to streamline paperwork and assessment, review, and support plan tools.
- All staff to undertake the new SDS training.
- 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.
- Consideration of alternatives to existing respite solutions.

### **Aberdeen City Alcohol and Drugs Partnership**

The Aberdeen City ADP meets on a quarterly basis. It has representation from a range of stakeholders, including:

- The Chair of the Alcohol, Drugs and BBV forum - which is an open forum for members of the community to share their views on local alcohol and drugs issues.
- Aberdeen in Recovery (AIR) – an alcohol and drugs peer recovery support group
- Civic Forum – a city wide community representative group

The ADP is tasked with helping deliver on nationally set Scottish Government outcomes for alcohol and drugs. It also works to deliver on its alcohol and drugs strategies and on priorities contained in its Delivery Plan 2015-18. This latter document contains four priorities: Prevention; Early Intervention; Reducing Deaths; Quality.

Third Sector alcohol and drug services are due to be re-commissioned during 2017. To this end public consultation took place earlier in the year to support the preparation of service specifications. The commissioning process is currently ongoing.

Aberdeen City operates an:

- Integrated Alcohol Service (IAS)
- Integrated Drug Service (IDS)
- Third Sector Alcohol and Drug Services (Direct Access and Recovery Focused Service) currently provided by Alcohol & Drugs Action Aberdeen

Services have multi-disciplinary staff teams, including Doctors, Nurses, Social Workers and Support Workers.

In 2016/17 there were 874 people referred to the IAS and 791 people referred to the IDS. During this time the IAS and the IDS consistently met Scottish Government health waiting times targets for alcohol and drugs services, which require that at least 90% of people are seen within three weeks from initial referral to treatment commencing.

The IAS and IDS has consistently met Scottish Government NHS treatment waiting times targets over the last year.

### *Work with the Care Inspectorate*

Early in 2016, the Care Inspectorate began a programme of work, across the whole of Scotland, to support the validation of Alcohol and Drug Partnerships and services' self-assessment of performance and progress in implementing and embedding the National Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol services.

The Care Inspectorate programme included: questionnaires for service users and staff; a self-evaluation template; case file reading; and meetings with service users, staff and ADP members.

The Care Inspectorate has since provided local feedback for each individual ADP area in Scotland. This information has identified both a number of strengths and areas for improvement. This will clearly help inform the ADP's self-assessment and improvement processes going forward which in turn will directly inform the development of its future Delivery Plan (2018-2021).

### *Work on dealing with people found drunk & incapable (D&I).*

Partnership processes with respect to individuals found drunk and incapable were tested and enhanced in response to the closure of the Designated Place of Safety (DP) at the end of April 2016.

The D&I process is now designed to deliver both preventative and support aspects based on individual presentations utilising the Vulnerable Person Database (VPD), and alcohol service liaison based within the Community Safety Partnership Hub.

Although this process was designed to specifically deal with D&I incidents, alcohol is recognised to have a considerable impact on a wider range of issues. This new process with enhanced partnership working at its core has resulted in a wider range of referrals, as well as improvements in the identification of individuals requiring other assistance and support generally e.g. anti-social behaviour and high fire risk.

### *Custody Suite – In-Reach Service Development*

Alcohol & Drugs Action as the commissioned third sector service were also tasked to develop an in-reach support and welfare service within the new Police Scotland Custody Suite at Kittybrewster. The pilot phase demonstrated the need to develop links with a variety of support options across the City and has been successful in providing continuity of support to a high number of vulnerable individuals.

### *Delivery of alcohol brief interventions*

There is good evidence that the delivery of Alcohol Brief Interventions (ABI) can help reduce alcohol consumption. The Scottish Government set NHS Boards targets around ABIs. The ABI target for Aberdeen City in 2016/17 was 2884. Over the year, a total of 3,905 ABIs were delivered.



### *Supply of naloxone*

Naloxone can temporarily reverse the effects of an opioid overdose and can therefore save life. Over the year, 695 naloxone kits were supplied to key individuals across Aberdeen. This represents a significant positive increase from the previous year of around 28%.

### **Complaints about Social Work / Social Care Services**

The CSWO is kept up-to-date on the volume and nature of social work complaints received, and will occasionally sign off on responses where the circumstances require senior management approval. Using an excel spreadsheet register and CareFirst version 6 to record data on complaints allows for analysis and ensures that complaint information is available for services and committees and to inform service improvements.

Complaint trend information and analysis is reported quarterly to both the Council's Education and Children's Services Committee and the Clinical and Care Governance Committee of the Health and Social Care Partnership. Complaint information is also reported separately to the CSWO and the HSCP Chief Officer and forms part of the CSWO performance dashboard.

A regulated process applied to the methods and timescales for responding to complaints by persons who received or were in need of social care service and those under consideration during the period 2016-17 are within this report. This report considers statutory complaints where the requirement was for a formal investigation and a full written response under the procedure; appeals against original statutory complaint decisions and complaints heard by the Complaints Review Committee.

From 1st April 2017 this process changed, with alterations to the stages of the process, timescales and appeal rights. This will be reflected within future CSWO reports.

In the period April 2016 to March 2017, 237 statutory complaints were recorded (compared with 138 in 2015/16 and 78 for 2014/15).

These 237 complaints contained a total of 570 separate complaint points. Of these 570 complaint points, 72 points were upheld, 52 were partially upheld, 386 were not upheld, 35 where no decision could be made and 25 were withdrawn.

Children's Services received 145 complaints which contained 419 separate complaint points, 46 of which were upheld, 37 partially upheld, 290 were not upheld, 33 where no decision could be made and 13 were withdrawn.

Adult services received 82 complaints, which contained 136 complaint points, 23 of which were upheld, 10 partially upheld, 90 not upheld, 2 where no decision could be made, and 11 were withdrawn.

There were 10 complaints which covered both Children's and Adults Services, which had 15 complaint points, 3 of which were upheld, 6 not upheld, 5 partially upheld, and 1 was withdrawn.

In 2016/17, 97% of complaints that required acknowledgement were completed on time within the 5 working day timescale. This is in comparison to 87% in 2015/16.

In total, 73% of complaints were responded to within the 28 day deadline compared to 70% in 2015/16. Children's Services responded in time to 74% and adult services responded in time to 88% of their respective complaints. Of the 10 joint complaints, 43% were responded to on time.

In 2016/17, 42 cases were taken to appeal stage in comparison to 24 in 2015/16.

In 2016/17, 12 cases proceeded to a complaints review committee compared to 2 in 2015/16.

Many factors can influence the number of complaints received and it is difficult to quantify the exact reasons. The rise in the number of complaints in 2016-17 can partly be attributed to particular complainants who have made regular and voluminous complaints, as well as tightening of eligibility criteria resulting in individuals no longer receiving a service, which results in complaints. Generally speaking the team has to react to the complaints that are made and deal with fluctuation in volume as best they can. On occasion, a sharp increase in complaints, varying staff availability and annual leave commitments can make it difficult to meet timescales.

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 last year's compliance both in terms of acknowledgement and response times and they will endeavour to make further improvements in 2017/18.

## **8. User and Carer Empowerment**

### **Self-directed Support**

Aberdeen City continues to drive forward 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 is being 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 developed and rolled out and we have a dedicated helpline where staff can access advice and guidance. The training covers all aspects of offering the 4 options to individuals assessed as meeting the eligibility criteria for social care services. It was designed based on feedback received from previous years and also aims to address professional dilemmas and challenges staff might encounter when discussing the various options with families.

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 the legislation and the options, on help available for getting financial support, and has 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.

MyLife has been live since the summer of 2016 and has undergone a number of developments since then. The portal was simplified to improve user experience and ease of navigation; information is now accessible in fewer clicks; each section has simplified titles with additional explanatory subtexts; and the overall format was reviewed in an effort to make the website more user-friendly. Existing information was revised and updated and additional information added. A new section on the portal's home page details what the latest updates are so these can be seen at a glance.

New information leaflets have been developed (including an Easy Read version) and these will soon be made widely 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.

Funding from the Scottish Government has been used to employ a dedicated team to carry out reviews of all existing Direct Payment care and support packages. Some of these packages were arranged prior to the systems and procedure for SDS being available to staff and the review process is intended to provide assurance that everyone has been offered the 4 options, is employing the option of their choice and is receiving the care most appropriate to their preferences and needs.

Resource Allocation Panels, separate ones for Children and Adults, were introduced towards the end of 2016. A Lead Service Manager chairs these meetings and the panels review new and re-assessed funding applications along with care management staff, the SDS Coordinator, and colleagues from Finance, with a view to ensuring that the relevant levels of assessed care and support needs are met within identified budgets and that there is a degree of consistency in decision making across client groups.

Work continues on the implementation of the pre-payment card which in essence is a debit card which can be pre-loaded with DP funds and used to make identified purchases. Prepaid payment cards have a sort code and account number associated with them which enables the cards to be used with greater functionality and security. Payments can be made from the card by direct debit or standing order; this includes paying of Care Providers, paying the wages of a Personal Assistant and purchasing services identified within the supported persons support plan. Prepaid cards give supported people the required control over how and what their money is spent on, whilst giving the Council the ability to monitor spend. The supported person will no longer have to submit financial monitoring statements as the system has the functionality for the council to carry out proportionate monitoring of the DP.

The 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 the information, processes and procedures already in place. Over the next 12 to 18 months we will review the progress made and take a decision on how long the implementation governance arrangements require to remain in place.

Greater joint work is taking place across children's and adults social work to ensure consistency of practice in relation to SDS.

### **The Wellbeing Team**

Over the course 2016 the wellbeing team of adult social care and the public health team from the former Community Health Partnership aligned themselves within the HSCP. Individuals in respective teams were already working together on projects at locality level so the process involved a joint session using 3rd Horizon thinking, attending respective team meetings and staff development sessions as well as individual team development sessions. The wellbeing team undertook a process of learning from their experiences to identify future areas of practice. This process also involved the use of improvement methodology and the team now has a driver diagram outlining key areas of how they work. Limited evaluation from previous projects has made it more difficult to identify projects to scale up and how that should happen. Analysis of referrals in Care First between 2016-17 to the wellbeing team from primary care and community based staff was undertaken and a report has been

shared with key senior staff.

As the organisational structure for HSCP was formally announced at the beginning of the year, with the Lead for Public Health and Wellbeing being a member of the senior team for operations, the two respective teams became one integrated team under public health and wellbeing from the beginning of April 2017. The shared learning, development and closer working relationships during 2016 have led to better understanding of different models and new ways of working. An organogram is now in place with individual team priorities outlined in one overall public health and wellbeing plan for 2017/18. As such, we envisage this will be the final year of contributing to the annual CSWO report.

During 2016/17 the Aberdeen partnership of local sports providers also took on the leadership for further development and delivery of the Golden Games. The programme was also evaluated with support from members of the health intelligence team within the corporate public health of NHS Grampian. The contribution of specific projects and members of wellbeing team to a project led through primary care, Silver City, has been well recognised both within HSCP and at national level. Specific activity has also helped shape an understanding of future capacity for link worker roles within primary care.

Team members continue to work in partnership to support initiatives which enable communities to engage in activities which will increase their wellbeing and quality of life and their contribution is being well recognised by Heads of Locality. The partners and colleagues that the team have engaged with have increased over the past 12 months to now include; Active Aberdeen Partnership, CFINE, The Robert Gordon University, Aberdeen University, North East College, local churches, the Public Health Team, Allied Health Professionals, Stroke Association, freelance exercise professionals, Bon Accord Care, Alzheimer's Scotland, Aberdeen Football Club Community Trust, Age Scotland, the Health and Care Village, Royal Cornhill Hospital, Woodend Hospital, City Hospital, Chaplaincy Listening Service, Aberdeen Royal Infirmary, GP practices, care homes, Aberdeen Council of Voluntary Organisations, Voluntary Services Aberdeen, Communities, Housing and Infrastructure, local commercial business and many others to increase the number of older people engaged in their communities, many with long term conditions.

Some examples of what we did in 2016/17:

- Sheltered Housing complexes across localities in the city have seen an increase in wellbeing engagement and opportunities by generating local ownership for the participation, management and sustainability of the activity;
- The Meaningful Activities network continues to thrive and has reached more people living in their own homes and in care homes with long term conditions. The network has further developed into community locations across the city by promoting inclusion and engagement. This has been achieved by working with partners to create a community that is more flexible to specific needs and conditions including dementia;
- We continue to support volunteers and empower them to meet needs in local areas. Some of the training for volunteers that has been provided includes; Functional Fitness MOT's, Technogym, Emergency First Aid, Moving and Handling, Dementia Awareness, Adult Support and Protection.

- The work of the Wellbeing Team and partners has been recognised at a national level in the 2017 Scotland Dementia Awards by being shortlisted for 'Boogie at the Bar' in the 'Best Community Support Initiative'.
- We have promoted good practice and learning increasing the availability of Wellbeing Manuals in localities. We have continued to use creative approaches to overcome shortfall and barriers in community settings to increase older people and volunteers taking further ownership, self-management and responsibility for their own health and wellbeing.

The main challenges faced in 2016/17 revolved around the changing direction of the team as the Health and Social Care partnership was developing whilst also dealing with increasing requests for wellbeing team members across services. Whilst it could be said that this highlights a positive effect of the work of the team it also highlights the challenge envisaged for 2017 of enabling the system to focus on wellbeing as a whole with the person at the centre. As the HSCP progresses into its locality model we will also endeavor to identify more robust indicators of wellbeing and community resilience.

## **9. Workforce Planning and Development**

### **Children's Social Work**

The implementation of Reclaiming Social Work delivers a new way of working for the entire Children's Social Work Service. This has required comprehensive training for existing staff as well as taking cognisance of the fact that potential external applicants are unlikely to have undertaken training or have a qualification in systemic practice. Professional social work employees are being trained in this method and as new social work units go live, all staff are benefiting from a comprehensive induction programme that covers the reclaiming vision, systemic practice, role definition, practical guidance and information on how the new team will operate and team building.

In September 2016 Education & Children's Services Committee approved a redesign of the Children's Residential Service. The redesign proposed new roles within the residential service but also set out a clear philosophy of care. This philosophy has been shared with third sector providers who deliver a children's residential service within the city. To support this transformational change Dyadic Developmental Psychotherapy (DDP) training is being delivered to staff to enable them to have the skills and knowledge that underpins the philosophy of care. (This training is fully compatible with the Reclaiming Social Work model). The DDP training is inclusive of the fostering service. This training will actively contribute to improving the outcomes of children who require the care of the local authority

The Scottish Government have put on hold the proposed SCQF level 9 award for staff in residential child care. It is presently unclear when a resolution to this position will be announced but has the potential to have a significant impact on for the residential service.

The service has been adversely affected by the limited learning and development programme available to children's social work staff due to contractual issues with an external provider. This has now been addressed through CSWO intervention and an in-house Learning & Development Team has been re-established. This will allow the service to design and broaden improved development opportunities for staff. For example, it will include both the provision of core skills training as well as more in-depth and professional qualifications such as the Certificate in Child Protection delivered by Stirling University. The service is also working with Human Resources (HR) colleagues to provide an in-house development programme that will support staff move into key posts within the Reclaiming Social Work structure. The new learning and development post we have now reestablished will be critical to developing our relationship with Robert Gordon University to ensure a seamless transition for newly qualified social work staff into the service.

## **Workforce**

There continue 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 been reliant on agency workers to supplement the core workforce and maintain safe practice. The position is similar in the Children's Residential Service where the vacancy rate remains high.

A Recruitment / Workforce Workstream for Children's Social Work comprising Social Work, HR and Communications representatives to consider these issues and to look at creative solutions has been developed. A range of initiatives have been undertaken including working with the Robert Gordon University to attract new social work graduates, having a recruitment stall at social work conferences and careers events across Scotland and England, producing a promotional video, and publishing articles about the positive impact of the Reclaiming Social Work model in the trade press. The Head of Service/CSWO has delivered presentations at National conferences attracting positive feedback on social media, and the service has been invited back to the Stirling University 'Excellence in Practice' conference for a second time. In addition, a recruitment partner was engaged to undertake a national targeted search exercise for Consultant Social Workers, but with limited success. The feedback from this exercise is that geography is the major barrier. Aberdeen is seen as too remote, with a requirement to relocate (rather than commute) and this, coupled with a continued high cost of living is a major barrier to recruitment for the Council.

In order to address this and to ensure robust succession planning, a development programme for aspiring Consultant Social Workers has been launched which is available to all Social Workers who feel ready to take the next step into a management role. The structured programme offers successful candidates a range of development, learning and supported 'on the job training' in all aspects of the Consultant Social Worker role. At the end of the programme, successful candidates will progress to permanent Consultant Social Worker positions.

## **Learning & Development**

Key to the introduction of Reclaiming Social Work has been the on-going



commitment to providing training for front line staff in systemic practice. By the end of 2016 over 150 staff had undertaken the one year Certificate in Systemic Family Therapy course, whilst additional short courses had been provided for other groups of staff including senior managers.

Each new Reclaiming Social Work Unit that has been opened has included a comprehensive five day induction programme for the staff involved. This has focused on how their practice will change as well as giving them an opportunity to get to know both each other and the workload that they are assuming responsibility for.

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. Our Practice Improvement programme remains a key part of the overall plan. This includes a series of half day, thematic training events for all staff throughout the year, as well as annual full day conference. The theme of this year's conference, held in May, was Health and Wellbeing, focusing on the children and families and young people who use our services and of our staff. It included inputs from National speakers as well as presentations from the providers of our newly commissioned services. Bringing the learning and development function back into Aberdeen City Council has enhanced our ability to offer high quality training and development opportunities for our staff, provide enhanced support to newly qualified social workers, and to ensure that the Continuous Professional Development (CPD) requirements for registered social workers are met.

### **Aberdeen City Health and Social Care Partnership**

A workstream has been set up within the Partnership to progress workforce planning. This is being coordinated by the Workforce Plan Development Group (WFPDG). A terms of reference has been agreed for the Group which sets out the following purpose:

1. To review the current workforce plan for the Aberdeen Health and Social Care Partnership in light of the new national guidance on workforce planning to be released in Spring 2017.
2. To compile an action plan that will detail what the Partnership needs to do to be able to effectively workforce plan, on an ongoing basis, from the point at which the four localities are suitably established. This plan will then be submitted to the Partnership's Executive Group for consideration of resources required and approval.

The national guidance was not released in spring 2017 and is being published in various parts throughout this calendar year. The WFPDG will review the Partnership's local workforce plan against each part as it becomes available. At the time of writing, a consultation is taking place within the Partnership to inform this ongoing review of the plan.

The 'preparatory' action plan mentioned in number 2 is currently close to completion. This highlights the work that needs to be done to workforce plan effectively in the future and covers areas such as:

- Data collection and analysis
- Harmonising NHS Grampian and Aberdeen City Council approaches to workforce planning

- Working with third and independent sector partners to effectively workforce plan
- Learning and development support

When the action plan is complete, it will be presented to the Partnership's Executive Team for consideration and resourcing.

## **Employee Engagement**

iMatter is a staff engagement tool which has been rolled out across the Aberdeen City Health & Social Care Partnership (ACHSCP). Its purpose is to measure the level of employee engagement within the Partnership and encourage managers to work with teams and employees to create actions which will improve areas where employee engagement is low and maintain and celebrate areas in which employee engagement is already high.

The iMatter Employee Engagement questionnaire was sent out to every member of staff within the ACHSCP in July 2017. 73% of staff have completed the questionnaire at the time of writing.

The results of the Partnership's iMatter report and subsequent actions will also be used as a benchmark for the ACHSCP's Employee Engagement Strategy.

## **Learning and Development and Training**

A wide range of learning and development activity is happening across the Health and Social Care Partnership. A joint training group has been established to support staff to develop new and innovative forms of training such as community nurses training carers in dealing with palliative care.

Aston is a team diagnostic tool and the Partnership's Development Facilitation Team has been trained in Aston Team Journey and is now rolling this out to interested teams. There are also a range of tools being used such as Belbin and Transactional Analysis in supporting teams to work well.

A wide range of workshops have taken place over the last year which have assisted the Partnership to move forward agendas such as Self Directed Support, Adult Support and Protection, Public Health and Community Nursing.

The Development Facilitation Team are trained to provide various levels of coaching and mentoring and these opportunities are available to all staff in the Partnership to uptake on an ongoing basis.

In addition to the above, there is a range of training such as people handling and first aid as well as support with SVQ qualifications provided to staff across the partnership by the Council's arm's length trading company, Bon Accord Care.

Induction sessions are open to all new employees in Health or Social Care on a monthly basis. The executive team are involved in the session, which includes a question and answer session. This has been well received.

## **10. Improvement Approaches and examples/case studies of improvement activities**

### **Reclaiming Social Work**

The roll out of the Reclaiming Social Work structure began as planned in February 2016 and has now been running for the first full year of a three to five year change programme. All staff are now matched into their new posts and we have:

- Implemented a revised structure for the Alternative Family Care Service.
- Established a further 7 Social Work Units.
- Established 3 Permanence and Care teams using systemic practice.
- Established a Youth Team that uses systemic approaches to work with care leavers and 16 - 18 year olds who are in the Criminal Justice system.
- Established revised Children with Disabilities team to focus on the management of children's care packages.
- Implemented two newly commissioned Public Social Partnerships services looking at early intervention and intensive support.
- Planned for the expansion of the unit model going forward.

Direct feedback from people who use our services and staff in the Units implemented from February 2016 onwards has been extremely positive and encouraging. Families have spoken of feeling a difference in how social work staff interact and engage with them. The Unit model is beginning to evidence that social work staff are managing risk more effectively and supporting families to identify solutions to their own difficulties. It is a strength based model and it is anticipated that this will lead to more children being supported to safely remain within their family and community, and over time and contribute to a reduction in the numbers of children accommodated by the local authority.

Covalent software has been developed to improve the collection of outcome based performance data for the children's social work service. This IT based work has not been without difficulty, but we are now in a position to report on the impact of Reclaiming Social Work in 2018/19.

### **Conclusion**

Aberdeen City Council and its partners, like a number of areas, continues to face demand management and financial challenges. However, strong social work leadership is ensuring that the use of up to date evidence based models, research informed practice and a strength based approach to children's and adult's social work is making a difference – and that the impact effectively measured.

