

A meeting of the Environment & Regeneration Committee will be held on Thursday 4 May 2023 at 2pm.

Members may attend the meeting in person or via remote online access. Webex joining details will be sent to Members and Officers prior to the meeting. Members are requested to notify Committee Services by 12 noon on Wednesday 3 May 2023 how they intend to access the meeting.

In the event of connectivity issues, Members are asked to use the *join by phone* number in the Webex invitation and as noted above.

Please note that this meeting will be live-streamed via YouTube with the exception of any business which is treated as exempt in terms of the Local Government (Scotland) Act 1973 as amended.

Further information relating to the recording and live-streaming of meetings can be found at the end of this notice.

IAIN STRACHAN
Head of Legal, Democratic, Digital and Customer Services

BUSINESS

****Copy to follow**

1. Apologies, Substitutions and Declarations of Interest	Page
PERFORMANCE MANAGEMENT	
2. 2022/23 Environment & Regeneration Revenue Budget as at 28 February 2023 Report by Chief Financial Officer and Director, Environment & Regeneration	p
3. Environment & Regeneration Capital Programme 2022/25 - Progress ** Report by Director, Environment & Regeneration and Chief Financial Officer	p
4. Environment & Regeneration Committee - Environment and Regeneration Committee Delivery and Improvement Plan 2023/26 ** Report by Director, Environment & Regeneration	p
NEW BUSINESS	
5. Fore Street Car Parking Charges Petition Report by Director, Environment & Regeneration	p
6. Proposed 20mph Speed Limits Around Schools Report by Head of Service – Roads & Environmental Services	p

7.	Pedestrian Crossing, Lochwinnoch Road, Kilmacolm Petition Report by Head of Service – Roads & Environmental Services	p
8.	Contract Awards 1 October 2022 – 31 March 2023 Report by Director, Environment & Regeneration	p
9.	Greater Glasgow & Clyde Joint Health Protection Plan Report by Director, Environment & Regeneration	p
10.	Food Service Plan and Food Standards Scotland Audit Report by Director, Environment & Regeneration	p
ROUTINE DECISIONS AND ITEMS FOR NOTING		
11.	Housing Update Report by Director, Environment & Regeneration	p
12.	The Stopping Up of Road and Footpath, Inverclyde (Arthur Street, Greenock) Order 2022 Report by Director, Environment & Regeneration	p
<p>The documentation relative to the following items has been treated as exempt information in terms of the Local Government (Scotland) Act 1973 as amended, the nature of the exempt information being that set out in the paragraphs of Part I of Schedule 7(A) of the Act whose numbers are set out opposite the heading to each item.</p>		
NEW BUSINESS		
13.	Property Asset Management – Private Report by Director, Environment & Regeneration making recommendations in respect of a number of property assets.	Paras 6 & 9 p
ROUTINE DECISIONS AND ITEMS FOR NOTING		
14.	Commercial and Industrial Portfolio Management Report Report by Director, Environment & Regeneration providing an update on the management of Inverclyde Council's commercial and industrial portfolio.	Paras 6 & 9 p

The reports are available publicly on the Council's website and the minute of the meeting will be submitted to the next standing meeting of the Inverclyde Council. The agenda for the meeting of the Inverclyde Council will be available publicly on the Council's website.

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If you are participating in the meeting, you acknowledge that you may be filmed and that any information pertaining to you contained in the recording or live-stream of the meeting

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If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact the Information Governance team at dataprotection@inverclyde.gov.uk

Enquiries to – **Colin MacDonald** – Tel 01475 712113

3.0 BACKGROUND AND CONTEXT

3.1 The revised 2022/23 budget for Environment and Regeneration, excluding earmarked reserves, is £23,274,450. This is an increase of £2,116,000 from the approved budget, prior to transfers to earmarked reserves. Appendix 1 gives details of this budget movement.

3.2 2022/23 PROJECTED OUT-TURN (£197,00 Underspend – 0.85%)

The reason for the movement of £89,000 from Period 9 is due to an increase in turnover, offset by an increase in central repairs and residual waste disposal charges. The main variances contributing to the projected net underspend are listed below.

- a) £177,000 shortfall in Planning Income. This is a combination of historical trends and current staffing shortages. £110,000 was allocated as part of the 2022/23 Budget to reduce the income target but the shortfall in income remains in line with 2021/22. A budget pressure of £125,000 has been approved from 2023/24.
- b) £81,000 shortfall in Burials and Cremation Income. This is after the allocation of £50,000 to reduce the income target as part of the 2022/23 Budget. A further budget pressure of £125,000 has been approved from 2023/24.
- c) £59,000 shortfall in Trade Waste Income which is in line with previous years. Trade Waste was reviewed as part of the Delivering Differently Programme with a report from officers included at the last meeting.
- d) A projected underspend in the Workforce Development Fund of £58,000 due to the availability of external grants. The full budget has been taken as a saving from 2023/24.
- e) A projected underspend in Tourism grants of £33,000 due to decrease in the number of applications. A saving of £24,000 has been approved from 2023/24.
- f) £84,000 shortfall in Parking income and £30,000 shortfall PCN income due to less activity following reintroduction of charging.
- g) Projected over recoveries in waste across scrap metal and tipping charges £146,000.
- h) Projected overspend in Refuse Collection agency costs £135,000 partly offset by a reduction overtime and turnover from vacant posts.
- i) Projected overspend in residual waste disposal of £145,000 charges due to an increase in tonnages.
- j) Projected overspend in central repairs of £250,000 due to an increase in works carried out.
- k) A projected over recovery of £867,000 against the turnover target due to delays in recruiting certain posts.

The above figures exclude the significant increase in utility costs which are being managed and reported in 2022/23 via the Policy & Resources Committee.

3.3 EARMARKED RESERVES

Appendix 4 gives an update on the operational Earmarked Reserves, ie excluding strategic funding models. Spend to 28 February 2023 on these operational Earmarked Reserves is £2,285,000 (72.6% of projected spend). A comprehensive review of all earmarked reserves was undertaken as part of the 2023/25 Budget, with a number of write backs approved in December 2022.

4.0 PROPOSALS

4.1 The above figures for 2022/23 include the additional cost in 2022/23 of £639,000 vired from the inflation contingency in relation to the increase in the Council's waste contract.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendations are agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty			X
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

There are no legal implications arising from this report.

5.4 Human Resources

There are no HR implications arising from this report.

5.5 Strategic

There are no Strategic implications arising from this report.

6.0 CONSULTATION

6.1 The figures in this report are based on the discussions with budget holders.

7.0 BACKGROUND PAPERS

7.1 None.

Environment & Regeneration Budget Movement - 2022/23**PERIOD 11: 1st April 2022 - 28th February 2023**

Service	Approved Budget		Movements			Revised Budget
	2022/23 £000	Inflation £000	Virement £000	Supplementary Budgets £000	Transferred to EMR £000	2022/23 £000
Regeneration, Planning & Public Protection	6,602	244	1		(265)	6,582
Property Services	2,124	199	(34)	75		2,364
Roads & Environmental	12,543	1,624	3			14,170
Corporate Director	154	4	0			158
Totals	21,424	2,071	(30)	75	(265)	23,275

Movement Details

£000

External Resources

0

Inflation

Roads Client - external power	49,140
Roads	50,000
Property	50,000
Vehicle Maintenance - Fuel expenditure	200,000
Vehicle Maintenance - Fuel income	(200,000)
Fuel	181,430
Waste contract increase	639,000
Pay inflation	1,102,830

2,072,400

Virements

AMP	(46,000)
CCTV Contract from AMP	6,000
Insurance	24,250
Rankin Park to Communities	(15,740)

(31,490)

Supplementary Budgets

LHEES redetermination	75,000
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75,000

2,115,910

ENVIRONMENT AND REGENERATION COMMITTEE**REVENUE BUDGET MONITORING REPORT****SUBJECTIVE ANALYSIS****PERIOD 11: 1st April 2022 - 28th February 2023**

Subjective Heading	Approved Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out- turn 2022/23 £000	Projected Over/(Under) Spend	Percentage Variance %
Employee Costs	16,945	17,941	17,066	(875)	-4.88%
Property Costs	3,801	3,899	4,196	297	7.62%
Supplies & Services	4,133	4,294	5,344	1,050	24.45%
Transport & Plant Costs	2,391	2,844	2,832	(12)	-0.42%
Administration Costs	485	469	771	302	64.45%
Payments to Other Bodies	6,608	7,338	7,374	36	0.49%
Other Expenditure	1,909	1,954	1,934	(20)	-1.02%
Income	(14,847)	(15,199)	(16,175)	(976)	6.42%
TOTAL NET EXPENDITURE	21,424	23,539	23,342	(197)	-0.84%
Transfer to Earmarked Reserves *	0	(265)	(265)	0	0.00%
TOTAL NET EXPENDITURE EXCLUDING EARMARKED RESERVES	21,424	23,274	23,077	(197)	-0.85%

ENVIRONMENT AND REGENERATION COMMITTEE**REVENUE BUDGET MONITORING REPORT****OBJECTIVE ANALYSIS****PERIOD 11: 1st April 2022 - 28th February 2023**

Objective Heading	Approved Budget 2022/23 £000	Revised Budget 2022/23 £000	Projected Out- turn 2022/23 £000	Projected Over/(Under) Spend	Percentage Variance %
Regeneration, Planning & Public Protection	6,602	6,847	6,491	(356)	-5.19%
Property Services	2,124	2,365	2,477	112	4.74%
Roads & Environmental	12,543	14,170	14,339	169	1.19%
Corporate Director	154	158	35	(123)	-77.75%
TOTAL NET EXPENDITURE	21,424	23,539	23,342	(197)	-0.84%
Transfer to Earmarked Reserves *	0	(265)	(265)	0	0.00%
TOTAL NET EXPENDITURE EXCLUDING EARMARKED RESERVES	21,424	23,274	23,077	(197)	-0.85%

ENVIRONMENT AND REGENERATION COMMITTEEREVENUE BUDGET MONITORING REPORTMATERIAL VARIANCESPERIOD 11: 1st April 2022 - 28th February 2023

<u>Out Turn</u> <u>2021/22</u> <u>£000</u>	<u>Budget</u> <u>Heading</u>	<u>Subjective Head</u>	<u>Budget</u> <u>2022/23</u> <u>£000</u>	<u>Proportion</u> <u>of Budget</u> <u>£000</u>	<u>Actual to</u> <u>28-Feb-23</u> <u>£000</u>	<u>Projection</u> <u>2022/23</u> <u>£000</u>	<u>(Under)/Over</u> <u>Budget</u> <u>£000</u>	<u>Percentage</u> <u>Variance</u> <u>%</u>
	REGENERATION, PLANNING & PUBLIC PROTECTION							
905	Planning Overall	Employee Costs	984	828	828	719	(265)	(26.93)%
2,472	Public Protection Overall	Employee Costs	2,861	2,406	2,253	2,705	(156)	(5.45)%
425	Admin	Employee Costs	555	467	493	533	(22)	(3.96)%
							(443)	
82	Comm. Ind. & Misc. Properties	Property Costs	44	41	57	77	33	75.00%
							33	
0	RI Employee Core	PTOB	23	13	0	0	(23)	(100.00)%
58	Training	PTOB	73	55	0	15	(58)	(79.45)%
16	Tourism	PTOB	56	37	11	23	(33)	(58.93)%
							(114)	
(422)	Planning sales, fees & charges	Income	(627)	(470)	(425)	(450)	177	(28.23)%
							177	
	PROPERTY SERVICES							
937	BSU	Employee Costs	1,048	882	796	956	(92)	(8.78)%
754	Technical Services	Employee Costs	956	805	648	760	(196)	(20.50)%
							(288)	
33	Office Accommodation - Water	Property Costs	61	61	30	38	(23)	(37.70)%
289	Office Accommodation - Rates	Property Costs	415	415	385	385	(30)	(7.23)%
1,257	Central Repairs	Property Costs	1,313	1,187	1,255	1,563	250	19.04%
							197	
257	BSU - Direct Purchases	Supplies and Services	164	150	353	416	252	153.66%
344	BSU - Subcontractors	Supplies and Services	220	202	326	456	236	107.27%
							488	
114	Technical Services - Agency Costs	Administration Costs	0	0	81	87	87	0.00%
							87	
(979)	BSU - Rech Int Public Buildings	Income	(810)	(677)	(967)	(967)	(157)	19.38%
(615)	BSU - Income Work won in Tender	Income	(603)	(553)	(274)	(743)	(140)	23.22%
(33)	BSU - Recharges Internal Clients	Income	(145)	(133)	(30)	(286)	(141)	97.24%
(95)	Physical Assets - Rental Income	Income	(101)	(101)	(49)	(78)	23	(22.77)%
							(415)	

ENVIRONMENT AND REGENERATION COMMITTEEREVENUE BUDGET MONITORING REPORTMATERIAL VARIANCESPERIOD 11: 1st April 2022 - 28th February 2023

<u>Out Turn</u> <u>2021/22</u> <u>£000</u>	<u>Budget</u> <u>Heading</u>	<u>Subjective Head</u>	<u>Budget</u> <u>2022/23</u> <u>£000</u>	<u>Proportion</u> <u>of Budget</u> <u>£000</u>	<u>Actual to</u> <u>28-Feb-23</u> <u>£000</u>	<u>Projection</u> <u>2022/23</u> <u>£000</u>	<u>(Under)/Over</u> <u>Budget</u> <u>£000</u>	<u>Percentage</u> <u>Variance</u> <u>%</u>
	ROADS & ENVIRONMENTAL							
1,425	Env Services - Street Cleaning	Employee Costs	1,458	1,230	1,192	1,414	(44)	(3.02)%
882	Env Services - Vehicle Maintenance	Employee Costs	797	673	587	696	(101)	(12.67)%
1,633	Env Services - Refuse Collection	Employee Costs	1,615	1,363	1,317	1,579	(36)	(2.23)%
1,474	Env Services - Management	Employee Costs	1,385	1,271	1,254	1,498	113	8.16%
222	Env Services - Civic Amenities	Employee Costs	139	118	139	161	22	15.83%
	Env Services - Grounds Maintenance	Employee Costs	1,633	1,377	1,337	1,542	(91)	(5.57)%
							(137)	
61	Env Services - Pottery Street - Security	Property Costs	35	32	50	61	26	74.29%
							26	
49	Roads Parking - Basic Contract	Supplies and Services	51	47	20	31	(20)	(39.22)%
325	Roads Client - Payments to Lighting Contractor	Supplies and Services	308	282	176	258	(50)	(16.23)%
71	Roads Client - Flooding	Supplies and Services	55	51	76	76	21	38.18%
							(49)	
90	Env Services - Ref Coll - Agency Costs	Administration Costs	0	0	113	135	135	
							135	
454	Env Services - Waste Strategy - DMR	PTOB	463	425	359	427	(36)	(7.78)%
119	Env Services - Waste Strategy - Green Waste	PTOB	80	77	115	119	39	48.75%
27	Env Services - Waste Strategy - Food Waste	PTOB	53	49	12	18	(35)	(66.04)%
2,930	Env Services - Waste Strategy - Residual Waste Contact	PTOB	3,567	2,997	2,528	3,712	145	4.07%
							113	
(278)	Roads Parking - Income (PCNS)	Income	(231)	(212)	(133)	(198)	33	(14.29)%
(236)	Roads Parking - Sales, Fees and Charges	Income	(236)	(216)	(29)	(152)	84	(35.59)%
(614)	Env Services - Crem - Cremations Income	Income	(743)	(674)	(581)	(691)	52	(7.00)%
(658)	Env Services - Refuse Collection- Trade Income	Income	(649)	(454)	(430)	(590)	59	(9.09)%
(23)	Env Services - Veh Main- Tyre Recharges	Income	0	0	(21)	(26)	(26)	0.00%
(69)	Env Services - RTS- Scrap Metal	Income	(31)	(28)	(56)	(71)	(40)	129.03%
(340)	Env Services - RTS- Tipping charges	Income	(298)	(273)	(342)	(404)	(106)	35.57%
(348)	Env Services - Waste Strategy Green Waste	Income	(370)	(370)	(544)	(347)	23	(6.22)%
(268)	Roads - Sales Fees and Charges	Income	(232)	(215)	(202)	(262)	(30)	12.93%
							49	

ENVIRONMENT AND REGENERATION COMMITTEEREVENUE BUDGET MONITORING REPORTMATERIAL VARIANCESPERIOD 11: 1st April 2022 - 28th February 2023

<u>Out Turn</u> <u>2021/22</u> <u>£000</u>	<u>Budget</u> <u>Heading</u>	<u>Subjective Head</u>	<u>Budget</u> <u>2022/23</u> <u>£000</u>	<u>Proportion</u> <u>of Budget</u> <u>£000</u>	<u>Actual to</u> <u>28-Feb-23</u> <u>£000</u>	<u>Projection</u> <u>2022/23</u> <u>£000</u>	<u>(Under)/Over</u> <u>Budget</u> <u>£000</u>	<u>Percentage</u> <u>Variance</u> <u>%</u>
0	CORPORATE DIRECTOR CORPORATE DIRECTOR	Employee Costs	151	124	7	29	(122) <u>(122)</u>	(80.79)%
Total Material Variances							(263)	

EARMARKED RESERVES POSITION STATEMENT

Appendix 4

COMMITTEE: Environment & Regeneration

<u>Project</u>	<u>Total</u>	<u>Phased Budget</u>	<u>Actual</u>	<u>Projected</u>	<u>Amount to be</u>	<u>Lead Officer Update</u>
	<u>Funding</u>	<u>P11</u>	<u>P11</u>	<u>Spend</u>	<u>Earmarked for</u>	
	<u>2022/23</u>	<u>2022/23</u>	<u>2022/23</u>	<u>2022/23</u>	<u>2023/24</u>	
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>& Beyond</u>	
					<u>£000</u>	
Renewal of Clune Park Area	2,417	0	81	120	2,297	Spend to date relates to legal support and security costs.
Youth Employment	180	138	129	180	0	MA programme salaries and training programme ongoing. Full spend anticipated 22/23.
Repopulating/Promoting Inverclyde/ Group Action Plan	257	112	146	158	99	NRS £128k & Greenock Central Strategy £30k. Proposal to be developed for £99k balance.
Employability Initiatives	133	102	97	133	0	MA programme salaries and training programme ongoing. Full spend anticipated 22/23.
Climate Change	231	50	21	50	181	£50k 22/23 for project development, balance towards net zero.
Roadside Trees	31	31	23	31	0	Ongoing programme of works.
COVID - Jobs Recovery	3,077	0	625	1,194	1,883	Existing MA, Kickstart, graduate, Future Jobs, part contribution to new MA programme and apprentice wage subsidy programme. Expenditure to date against projection under review.
Roads Assessments due to parking prohibitions contained in the Transport Scotland Act 2019.	23	23	0	23	0	Planned programme this financial year.
Omicron Business Support Funding - Parking	170	170	170	170	0	Budget utilised to cover suspension of parking charges to 30/09/22.
Omicron Business Support Funding - Business Support Initiatives	579	250	44	52	527	Business Support initiatives aimed at retaining employment, workforce development, business development, equipment and infrastructure investment approved at ER Aug 22
SG Employability Grant NOLB	1,035	0	949	1,035	0	MA programme salaries and training programmes.
Total Category C to E	8,133	877	2,285	3,146	4,888	

Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Director, Environment and Regeneration	Report No:	ERC/RT/GMcF/22.650
Contact Officer:	Gail MacFarlane	Contact No:	01475 714800
Subject:	Fore Street Car Parking Charges Petition		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 A report entitled "Fore Street Car Parking Charges" was considered by The Petitions Committee on 10 November 2022 where the Petitioner sought:

"As of the 3rd October 2022 parking charges will be applied to Fore Street Car Park in Port Glasgow. There will be free parking 0-3hrs and then £2 a day beyond 3 hours. This long stay car park has always been free to park and services the local community and business nearby including Port Glasgow Health Centre. These charges unfairly affect the staff of nearby businesses and the Health Centre who are providing vital services for the community of Port Glasgow. We are petitioning Inverclyde Council to reconsider charges on this car park subject to any statutory consultations as the impact on staffing and future staffing of these services could be greatly impacted by this change."

1.3 The Petitions Committee considered the request and decided that the issues raised in the petition had merit and remitted it to the Interim Director Environment & Regeneration to submit a report to a future meeting of the Environment & Regeneration Committee with recommendations on this matter. This report fulfils this requirement.

2.0 RECOMMENDATIONS

2.1 It is recommended that Committee:

- a. Notes the contents of the report in relation to the petition;
- b. Agrees the current parking tariff remains in Fore Street car park;
- c. Notes that there is a process in place which allows the NHS to formally request that Inverclyde Council regulates their private car park via a Traffic Regulation Order ("TRO") and offer to agree associated costs; and
- d. Notes that each of the three Doctors' surgeries will be entitled to apply as businesses for permits under the proposed Business Parking Permit scheme discussed in the body of the report, should that scheme be implemented.

Gail MacFarlane
Head of Service – Roads & Environmental Services

3.0 BACKGROUND

- 3.1 At its meeting on 10 November 2022 The Petitions Committee considered a petition, created by an individual residing in the Inverclyde Council area seeking the Council to reconsider charges on the car park at Fore Street, Port Glasgow.
- 3.2 The full description of this petition entered by the Petitioner and shown on the website is as follows:
- “As of the 3rd October 2022 parking charges will be applied to Fore Street Car Park in Port Glasgow. There will be free parking 0-3hrs and then £2 a day beyond 3 hours. This long stay car park has always been free to park and services the local community and business nearby including Port Glasgow Health Centre. These charges unfairly affect the staff of nearby businesses and the Health Centre who are providing vital services for the community of Port Glasgow. We are petitioning Inverclyde Council to reconsider charges on this car park subject to any statutory consultations as the impact on staffing and future staffing of these services could be greatly impacted by this change.”
- 3.3 Although the existing car park TRO affects all users of the car park, the Petitioner who made representation at The Petitions Committee, Ms C Jamieson, is a GP at the Health Centre and made representation for NHS and pharmacy staff and patients only, with little consideration for other car park users. Her key points were:
- The Health Centre consists of 3 GP Practices, podiatry, physiotherapy, treatment rooms, district nurses;
 - There are 100 staff coming and going on a daily basis;
 - The car park also offers access to 2 pharmacies on Fore Street and John Wood Street;
 - Prior to the introduction of parking charges in this car park there was never a struggle to park;
 - Disabled patients need access to the Health Centre;
 - The Health Centre have experienced difficulty with recruitment;
 - It places financial pressure on those using the car park for more than 3 hours, several days a week;
 - Inappropriate parking within the NHS car park has caused issues for staff using the car park, for delivery access and potentially for ambulances;
 - The signage in the car park is not clear and is adding to stress of users including visiting staff and patients;
 - There is only one Pay & Display machine in the car park and it only accepts coins; and
 - The Petitioner feels CMAL have been treated differently to the NHS due to CMAL being given private spaces in the car park.
- 3.4 As at the date of publication of the report to The Petitions Committee, this petition had received 302 signatures. As it had within the publication period received more than 100 signatures, the petition was brought forward for consideration by The Petitions Committee, all as provided for in the Council’s Petitions Criteria.
- 3.5 The decision was that the Petitions Committee considered the issues raised in the petition had merit and remitted it to the Interim Director Environment & Regeneration to submit a report to a future meeting of the Environment & Regeneration Committee with recommendations on this matter.
- 3.6 The current parking system was introduced to stimulate economic activity in our town centres.
- 3.7 The Fore Street car park in Port Glasgow is a public off-street car park located between Port Glasgow Library and Port Glasgow Health Centre and also offers parking for local shops, businesses and the Swimming Pool located on Fore Street, Bay Street, John Wood Street and

further afield. It has 86 parking spaces, including 6 disabled bays and 2 Electric Vehicle Parking Places which are available to the public to use. There are a further 21 spaces which are private and form parking for the refurbished library building. Prior to the introduction of the current system, there was little or no churn in this car park as it was frequently used by commuters using Port Glasgow Station.

- 3.8 Adjacent to the Health Centre there is a separate car park within the ownership of the NHS. This has 21 marked bays including 3 disabled bays and approximately 6 unmarked bays adjacent to the footway at the side of the Swimming Pool.
- 3.9 The Inverclyde Council (Off-Street Parking Places) Order 2013, as amended, is the TRO currently in force throughout the off-street car parks across Inverclyde and includes Fore Street car park. Until 2 October 2022 the car park was free of charge and time limit. On 3 October 2022 new parking charges were introduced. The new tariff is in effect from Monday to Friday from 8am to 6pm. It offers free parking for 0-3 hours or £2 per day for stays of 3+ hours. The TRO does not include the 27 spaces owned by the NHS or the 21 private spaces which form parking for the refurbished library building. The map in Appendix A shows the extent of the car park covered by the TRO.
- 3.10 The car park to the southeast of the Health Centre is privately owned by the NHS. It would be possible for Inverclyde Council, upon request from the NHS, to include this in a TRO. This would mean Council employed Parking Attendants could manage the car park for a nominal annual fee of say £1,000. If the NHS saw fit, this car park could be for permit holders only (NHS staff). The NHS would need to decide who is eligible to park here if this was the case to allow permits to be issued.
- 3.11 The three Doctors' surgeries at this location are businesses. As well as the core product, there are a number of supporting services made up of both NHS and HSCP staff. It is clear that across the NHS portfolio parking charges vary. If Members were minded to support free parking at this location it would not be unreasonable for other HSCP and indeed wider Council staff to expect free car parking, whether that be at other health centres or indeed operational facilities. This could result in an undermining of the whole "raison d'être" of the car parking policy – to create economic stimulus in the town centres through car parking churn, as well as budgetary implications.
- 3.12 The Committee will be aware of the proposed Business Parking Permit Scheme, the proposed terms and conditions of which were approved by the Committee on 9 March 2023. Such a scheme has not been implemented as the necessary Traffic Regulation Order process, which includes public consultation, possible objections and a hearing to deal with any unresolved objections, has not yet been completed. However, should the scheme be implemented in the terms currently proposed, each of the three doctors' surgeries, as "businesses" in terms of the scheme, be entitled to apply for up to 2 permits.

4.0 PROPOSALS

- 4.1 It is not proposed to introduce free parking to the Fore Street Car Park, Port Glasgow.
- 4.2 If approved by Members, Officers will contact the NHS to establish whether they are minded to seek inclusion of the their Private Car Park within a TRO, which would be administered for a nominal £1,000p.a.
- 4.3 Should the Business Parking Permit Scheme be implemented in the terms proposed, each of the three doctors' surgeries will be afforded access to this scheme to allow each surgery to apply for up to two parking permits, each at a cost of £125+VAT per permit.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendations are agreed:

SUBJECT	YES	NO	N/A
Financial	x		
Legal/Risk	x		
Human Resources		x	
Strategic (LOIP/Corporate Plan)		x	
Equalities & Fairer Scotland Duty		x	
Children & Young People's Rights & Wellbeing		x	
Environmental & Sustainability		x	
Data Protection		x	

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
02506	Parking	2023/24	£2k		Signs & road markings, to regulate the NHS section of car park.

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
02506	Parking	2023/24	(£0.75)k		Business parking permits purchased if : a) scheme is implemented in proposed terms; and b) 6 permits are requested by the GP Practices.
02506	Parking	2023/24	(£1k)		Management fee for NHS car park if requested by NHS

5.3 Legal/Risk

A variation to the Off-Street TRO is required for the introduction of business parking permits, a process involving: promotion and publication of an order; a period of public consultation; and a hearing to deal with any unresolved objections.

5.4 Human Resources

None.

5.5 Strategic

None.

5.6 Equalities and Fairer Scotland Duty

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no EqIA is required.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

5.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
--	--

X

NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

--

YES

X

NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

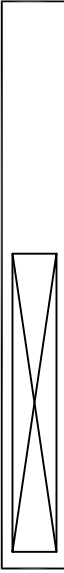
6.0 CONSULTATION

6.1 The Head of Legal, Democratic, Digital & Customer Services and the Chief Financial Officer have been consulted on this report.

7.0 BACKGROUND PAPERS

7.1 A report entitled “Fore Street Car Parking Charges” was considered by the Petitions Committee on 10 November 2022. With regards business parking permits a report entitled “2023/25 Budget Update & Proposals” was considered by the Inverclyde Council on 15 December 2022.

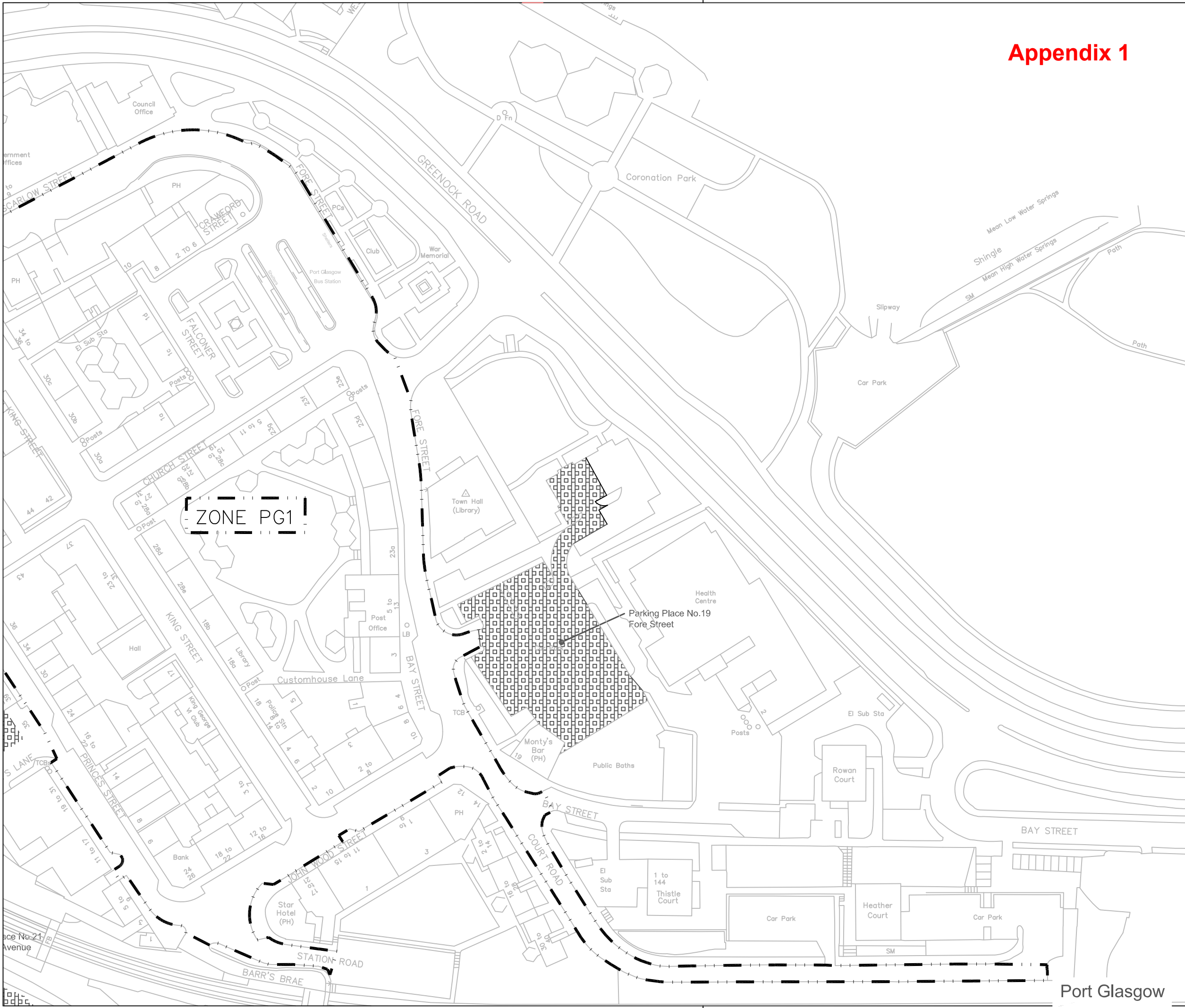
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Appendix 1

Key

- Extent of off-street parking place
- Resident Parking Permit Area



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Seal

Stat	Purpose of Issue	Date	Auth
-	REMOVAL OF SECTION OF PARKING PLACE	EP JAN '20	EP GL
-	INTRODUCE RPP ZONE PG1	EP JAN '20	EP GL

Rev	Description	By	Date	Chk'd	Auth
-	INTRODUCE RPP ZONE PG1				

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THE INVERCLYDE COUNCIL
 (OFF-STREET PARKING PLACES)
 (VARIATION No. 11) ORDER 2020

EFFECTIVE DATE:

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A3	1:1250	EP	EP	GL
Status	Drawing Number	Date	Date	Date
P	TR/TRO/C134-011	JAN '20	JAN '20	JAN '20
Rev				

Port Glasgow

Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Head of Service – Roads & Environmental Services	Report No:	ERC/RT/GMcF/22.649
Contact Officer:	Gail MacFarlane	Contact No:	01475 714800
Subject:	Proposed 20mph Speed Limits Around Schools		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

- 1.2 A report entitled “Implementation of 20mph Speed Limits in Residential Areas” was considered by the Environment and Regeneration Committee on 13 January 2022 where one of the decisions was “that approval be given following assessment of each school location part time 20mph limit around schools be delivered in 2023/24”.
- 1.3 An initial review has been undertaken of schools throughout the area and it has been found that the majority would benefit from full-time 20mph speed limits. Whilst a few may benefit from part-time 20mph speed limits.
- 1.4 This report seeks the approval of the extents of the speed limits proposed following discussion with Police Scotland.

2.0 RECOMMENDATIONS

2.1 It is recommended that Committee:

- a. Agrees the proposed extents of the Speed Limit Orders and remits it to the Head of Roads and Environmental Services and the Head of Legal, Democratic, Digital & Customer Services to arrange for the promotion and implementation of the SLOs in accordance with the new SLO procedure.
- b. Agrees that Officers of Roads and Environmental Services and Legal, Democratic, Digital & Customer Services phase the SLOs prioritising areas with highest volumes and speed using identified roads around schools and on available funds.

Gail MacFarlane
Head of Service – Roads & Environmental Services

3.0 BACKGROUND

- 3.1 A report entitled “Implementation of 20mph Speed Limits in Residential Areas” was considered by the Environment & Regeneration Committee on 13 January 2022 where one of the decisions was “that approval be given following assessment of each school location part time 20mph limit around schools be delivered in 2023/24”.
- 3.2 Following an initial assessment of the schools throughout Inverclyde it is apparent that most of the school areas would benefit from full-time 20mph speed limits rather than part-time speed limits. The reason being that they are in residential area where the community would benefit from reduced speeds at all times.
- 3.3 Whilst a minority of routes which have a more strategic purpose such as where there are little or no residential frontages onto the road, however, there is a significant level of schoolchildren using the road at the start and end of the day or at lunchtime would be more suited to a part-time 20mph speed limit.
- 3.4 As well as helping to improve safety around schools and the adjacent residential areas this would have the additional benefit of reducing the carbon footprint of signs by minimising the amount of material used in the signs and the energy consumed.
- 3.5 The proposed speed limits are provided in Appendix 1. These were discussed with Police Scotland to seek their support for the change to the speed limits as they are the enforcing authority.
- 3.6 As there are 22 Speed Limit Orders (SLO) proposed it will be necessary to phase the Orders due to the workload each Order requires. It is proposed that Officers of the Roads and Legal Services will agree the phasing of these Orders by prioritising areas with highest volumes and speed using identified roads around schools and on available funds.

4.0 IMPLICATIONS

- 4.1 The table below shows whether risks and implications apply if the recommendations are agreed:

SUBJECT	YES	NO	N/A
Financial	x		
Legal/Risk	x		
Human Resources		x	
Strategic (LOIP/Corporate Plan)		x	
Equalities & Fairer Scotland Duty		x	
Children & Young People’s Rights & Wellbeing		x	
Environmental & Sustainability		x	
Data Protection		x	

4.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

	CWSR	2023/24	£50k	N/A	20mph in around schools, signs and lines and legal fees
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Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
	Roads Revenue	2023	£2k		Maintenance of signs, lines & traffic calming and electricity costs. Contained within existing budgets
	Roads Lighting Revenue	2023	£1k		Electricity for terminal signs and part-time signs

4.3 Legal/Risk

Speed Limit Orders (SLOs), which include public consultation with an opportunity for formal objections, will be required to allow the speed reductions to be legally enforced by Police Scotland. The SLO procedure approved by the Environment & Regeneration Committee on 9 March 2023 will be followed when promoting these Orders. Unresolved objections would be subject to a hearing.

It is proposed the SLOs are phased due to the number of Orders and the workload required for each.

4.4 Human Resources

None.

4.5 Strategic

None.

4.6 Equalities and Fairer Scotland Duty

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

YES	
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no EqIA is required.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO

4.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

4.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

X	YES – assessed as relevant and a Strategic Environmental Assessment is required.
	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

4.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

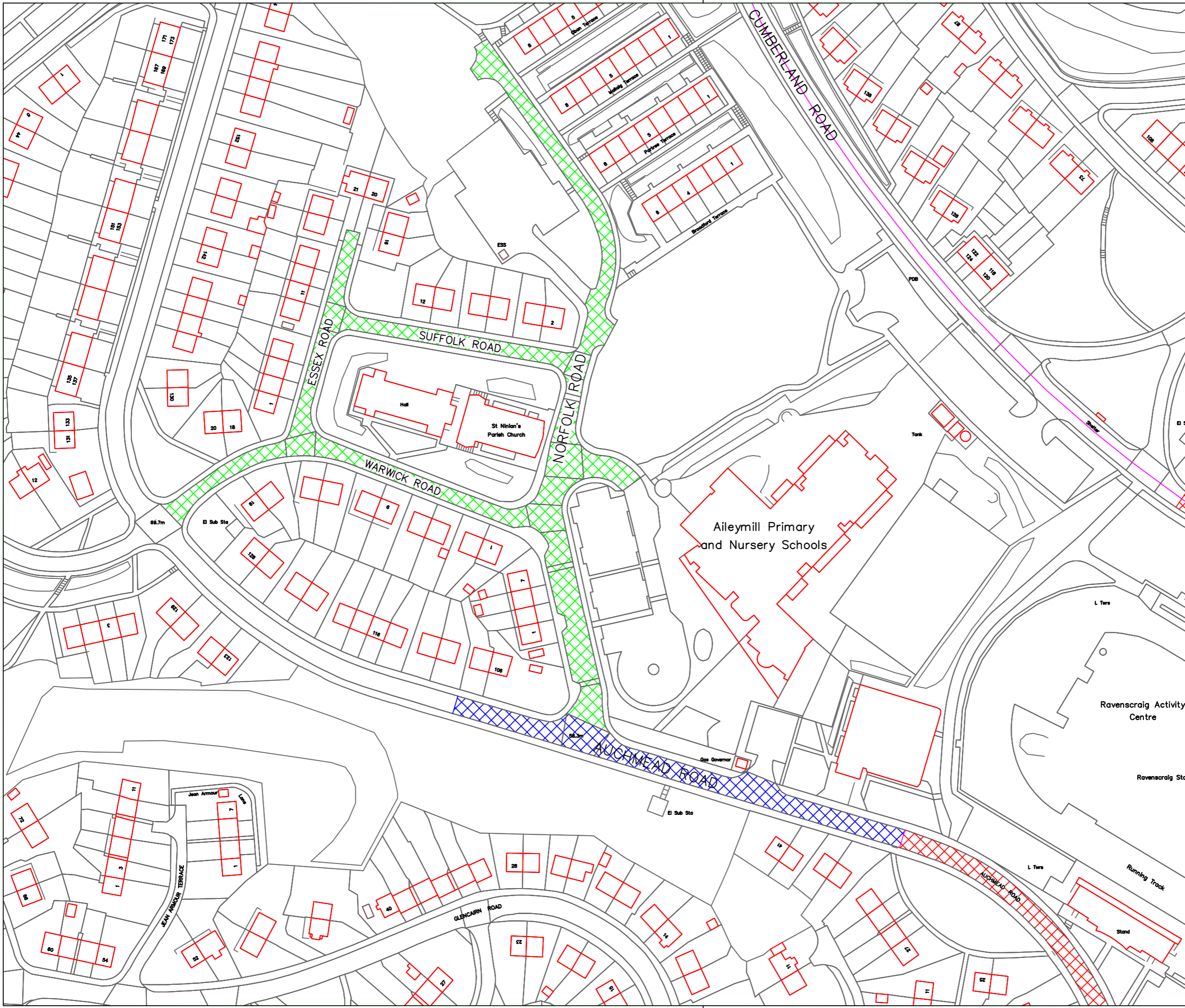
5.0 CONSULTATION

5.1 The Head of Legal, Democratic, Digital & Customer Services and the Chief Financial Officer will be consulted on this report.

6.0 BACKGROUND PAPERS

- 6.1 A report entitled “Implementation of 20mph Speed Limits in Residential Areas” was considered by the Environment and Regeneration Committee on 13 January 2022.

DO NOT SCALE



Key

- PROPOSED FULL TIME 20MPH SPEED LIMIT
- PROPOSED PART TIME 20MPH SPEED LIMIT
- EXISTING 20MPH SPEED LIMIT



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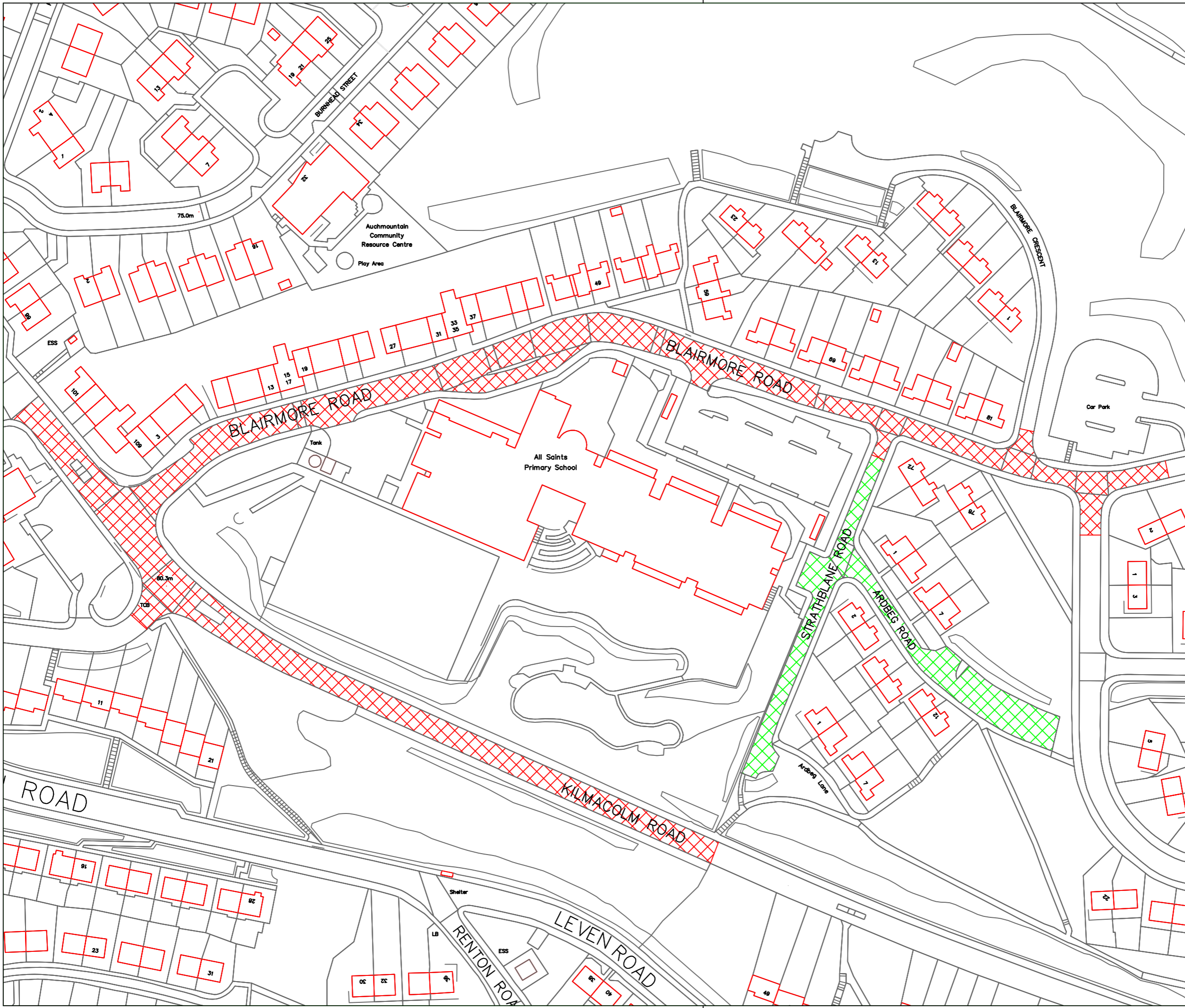
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**AILEYMILL PRIMARY SCHOOL, GREENOCK
 PROPOSED 20MPH SPEED LIMIT**




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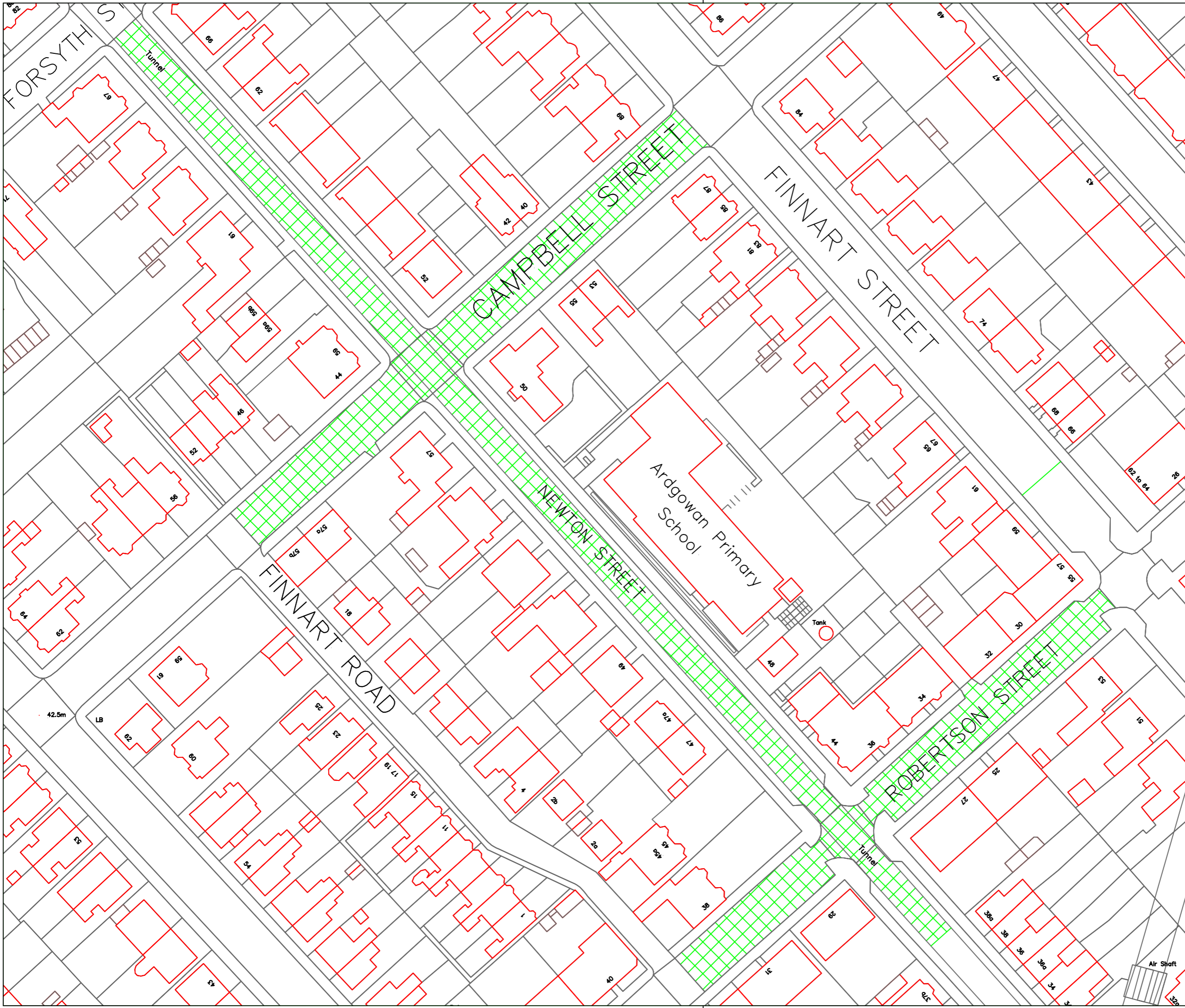
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**ALL SAINTS PRIMARY SCHOOL, GREENOCK
 PROPOSED 20MPH SPEED LIMIT**




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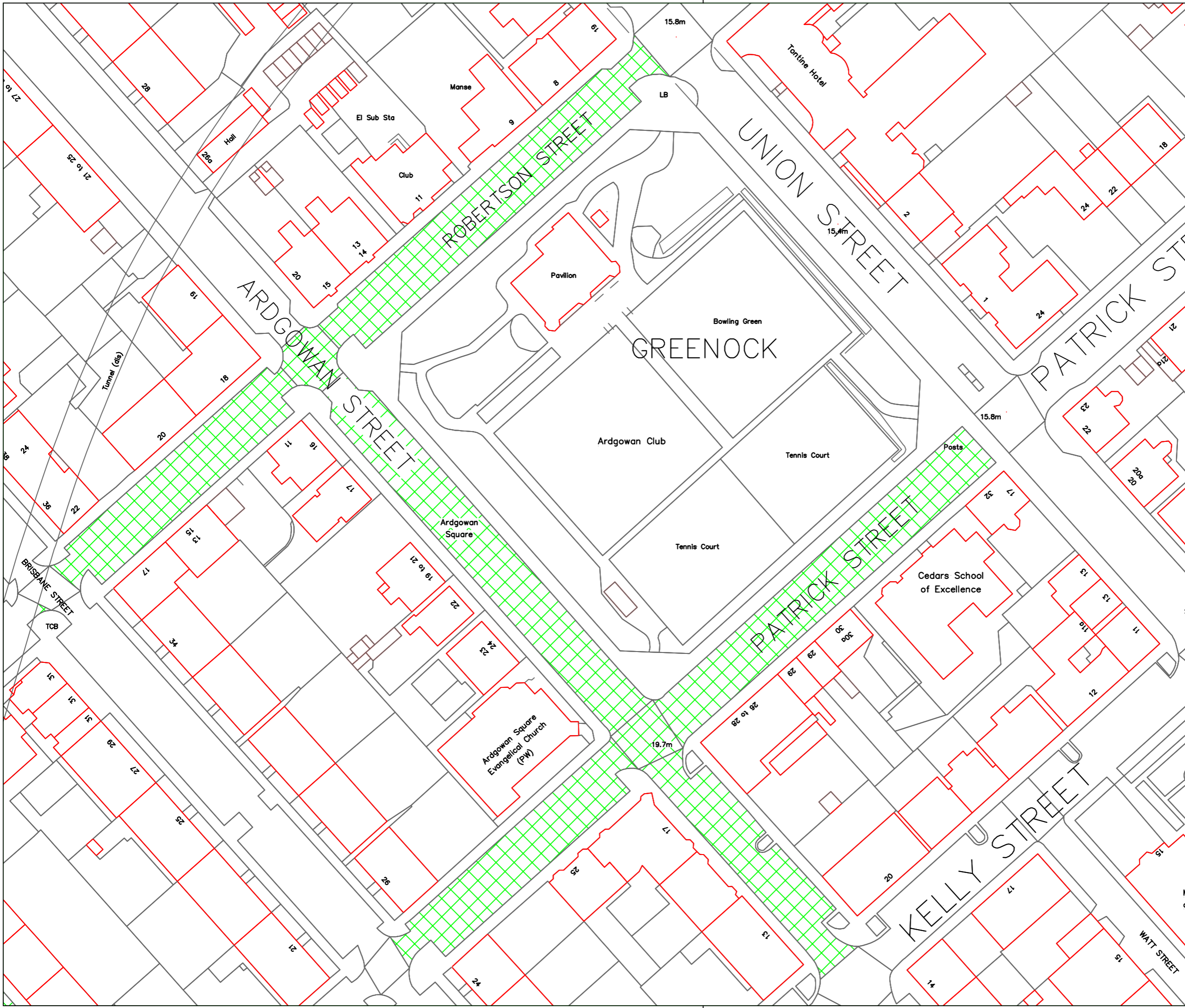
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**ARDGOWAN PRIMARY SCHOOL, GREENOCK
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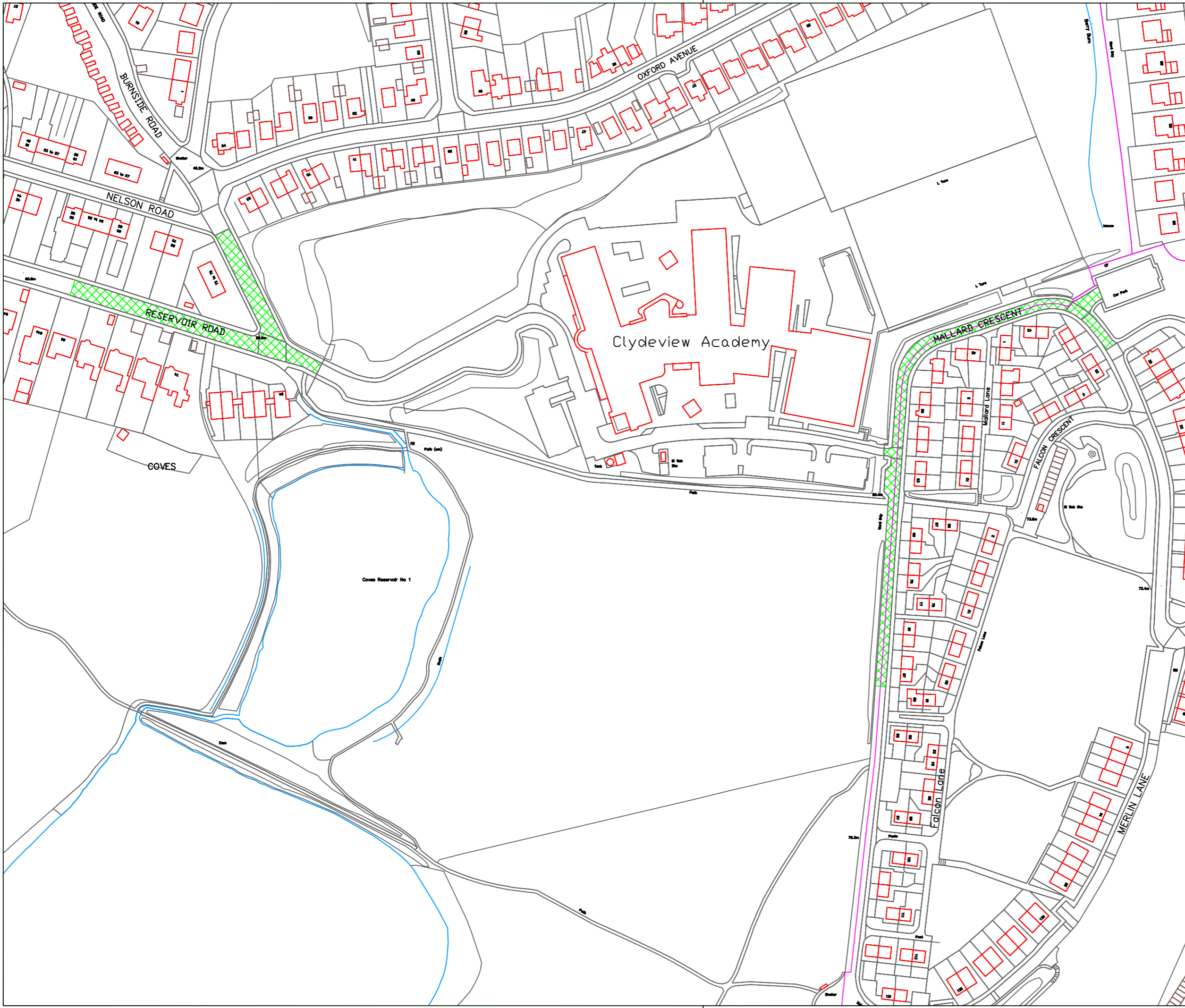
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**CEDARS SCHOOL OF EXCELLENCE,
 GREENOCK
 PROPOSED 20MPH SPEED LIMIT**




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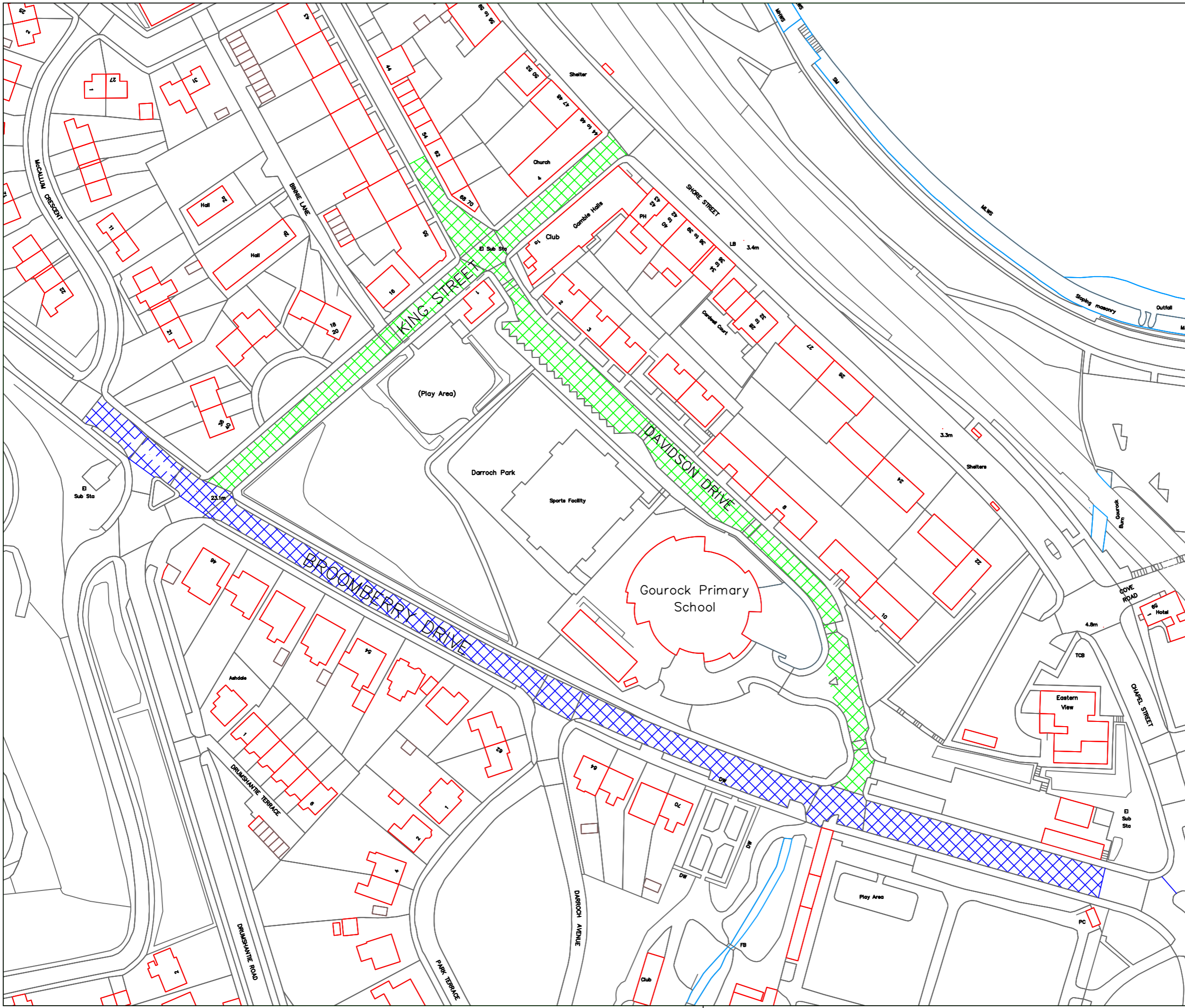
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**CLYDEVIEW HIGH SCHOOL, GOUROCK
 PROPOSED 20MPH SPEED LIMIT**

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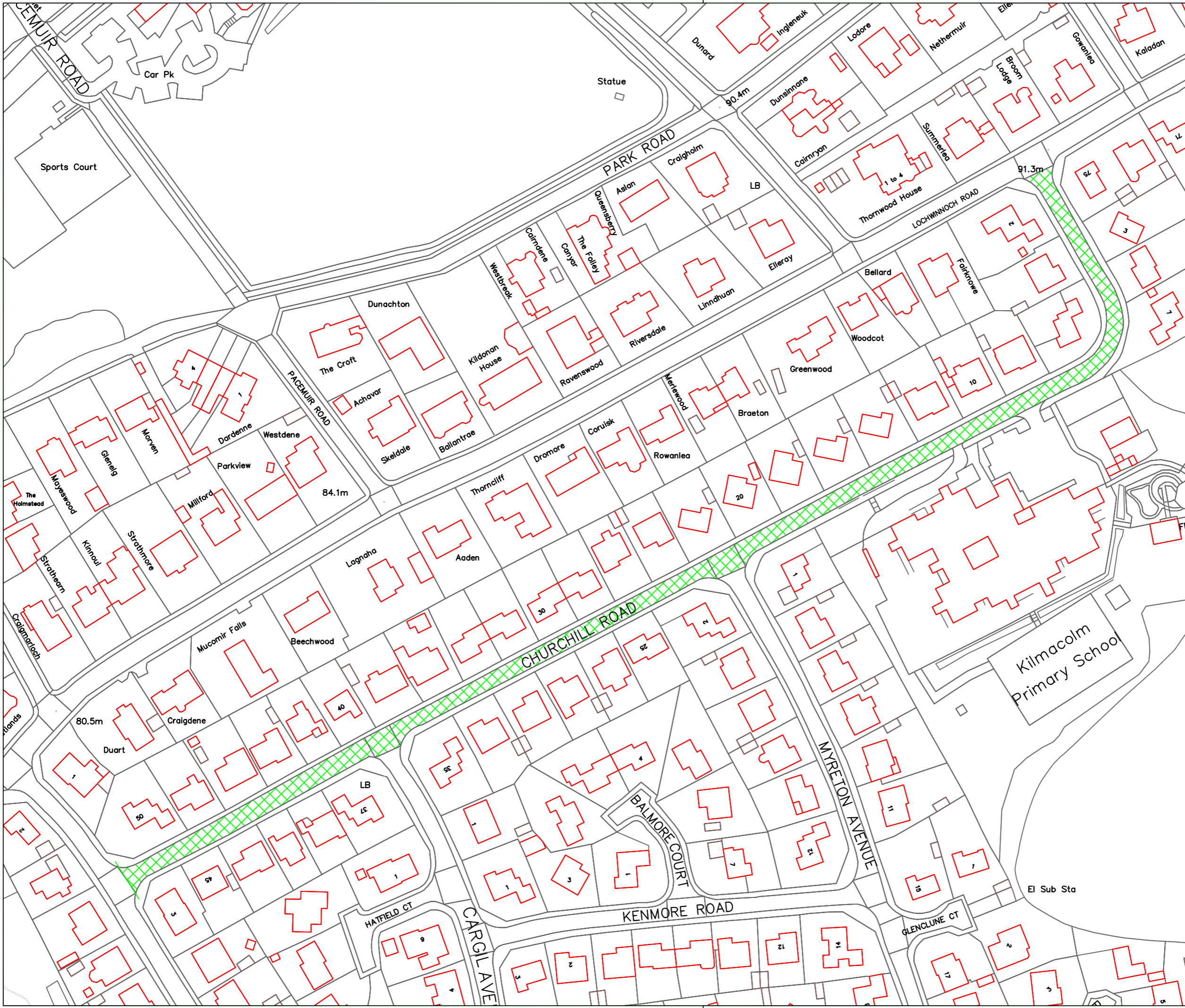
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 PROPOSED 20MPH SPEED LIMIT**

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


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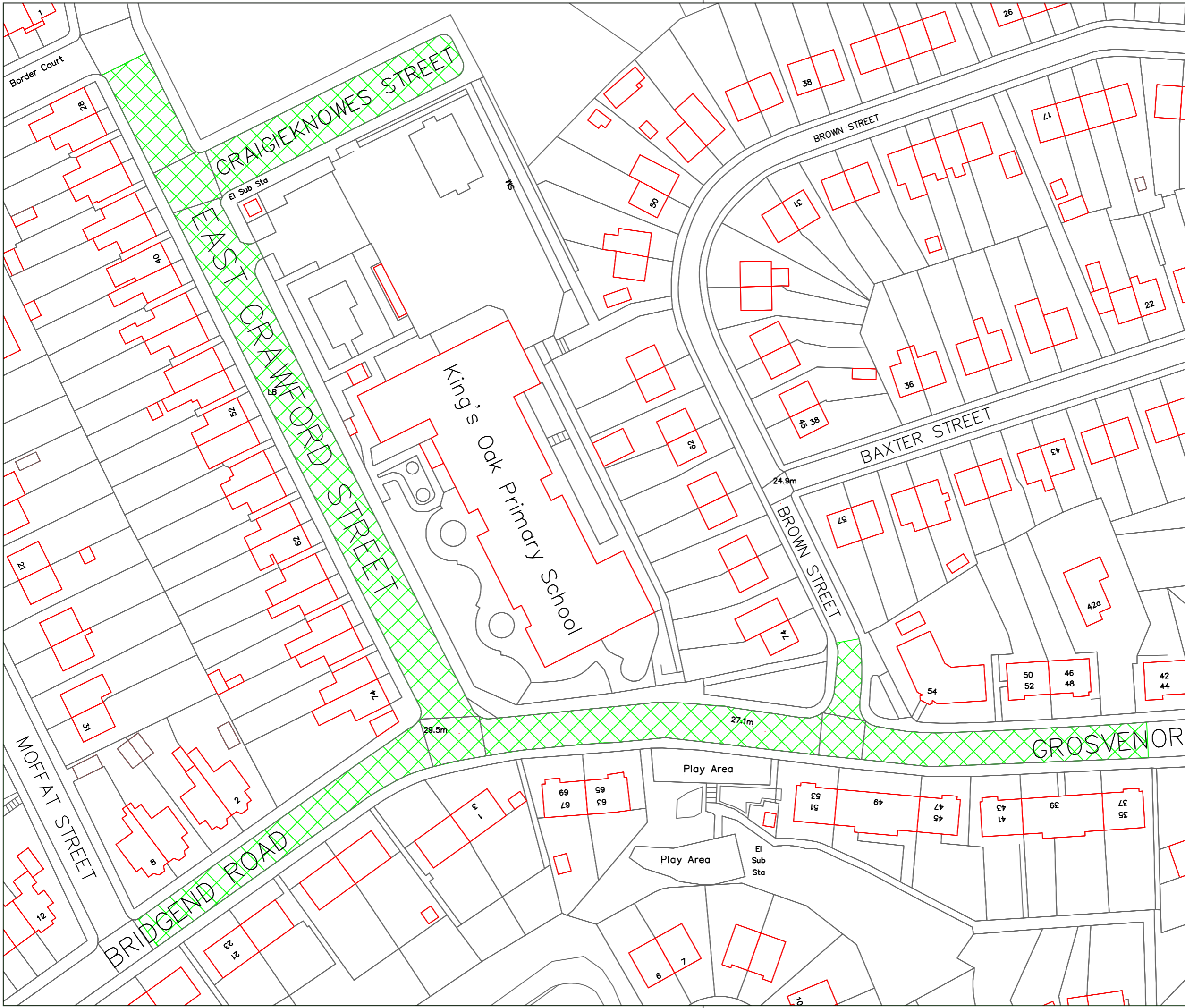
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**KILMACOLM PRIMARY SCHOOL, KILMACOLM
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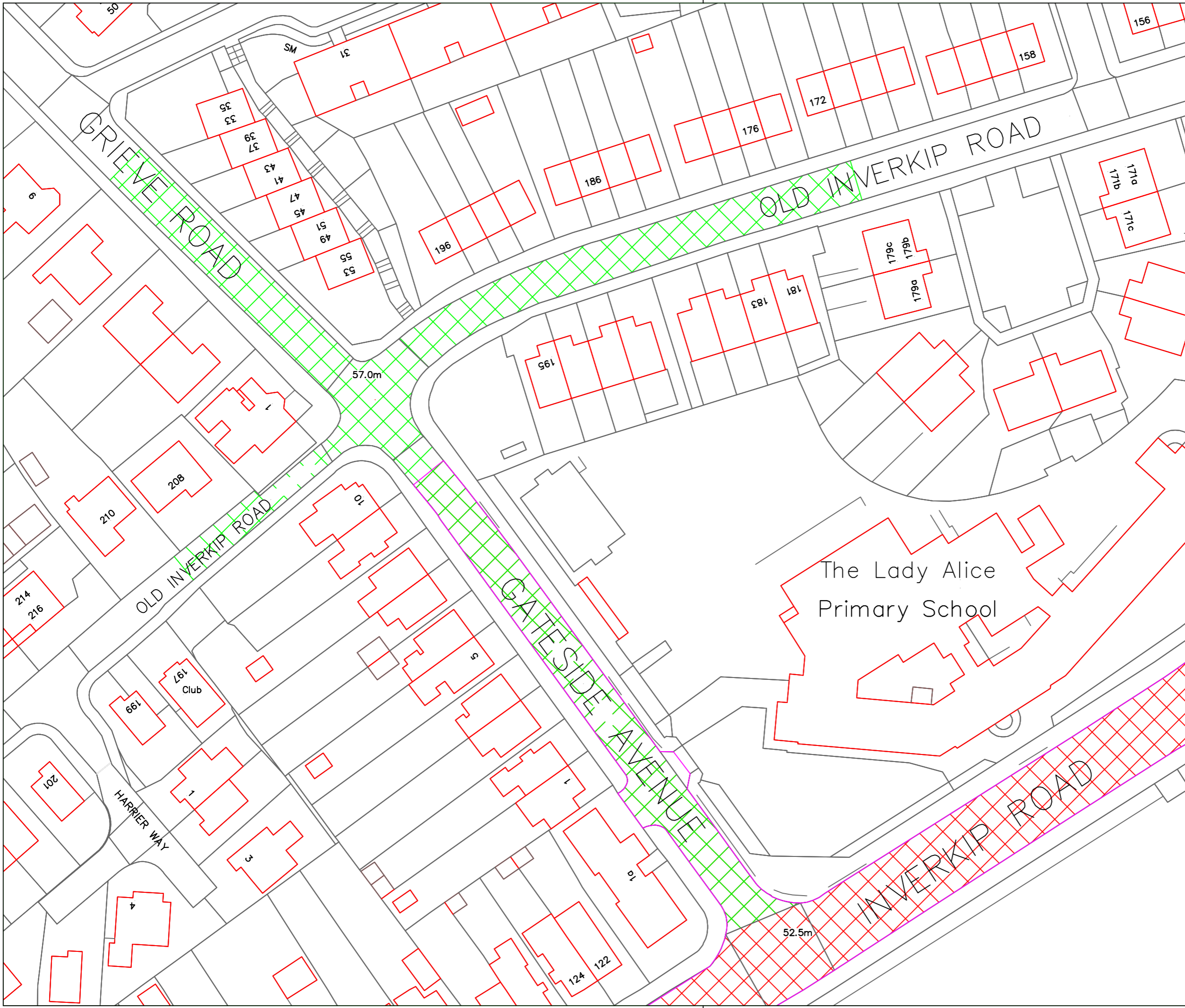
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**KINGS OAK PRIMARY SCHOOL, GREENOCK
 PROPOSED 20MPH SPEED LIMIT**




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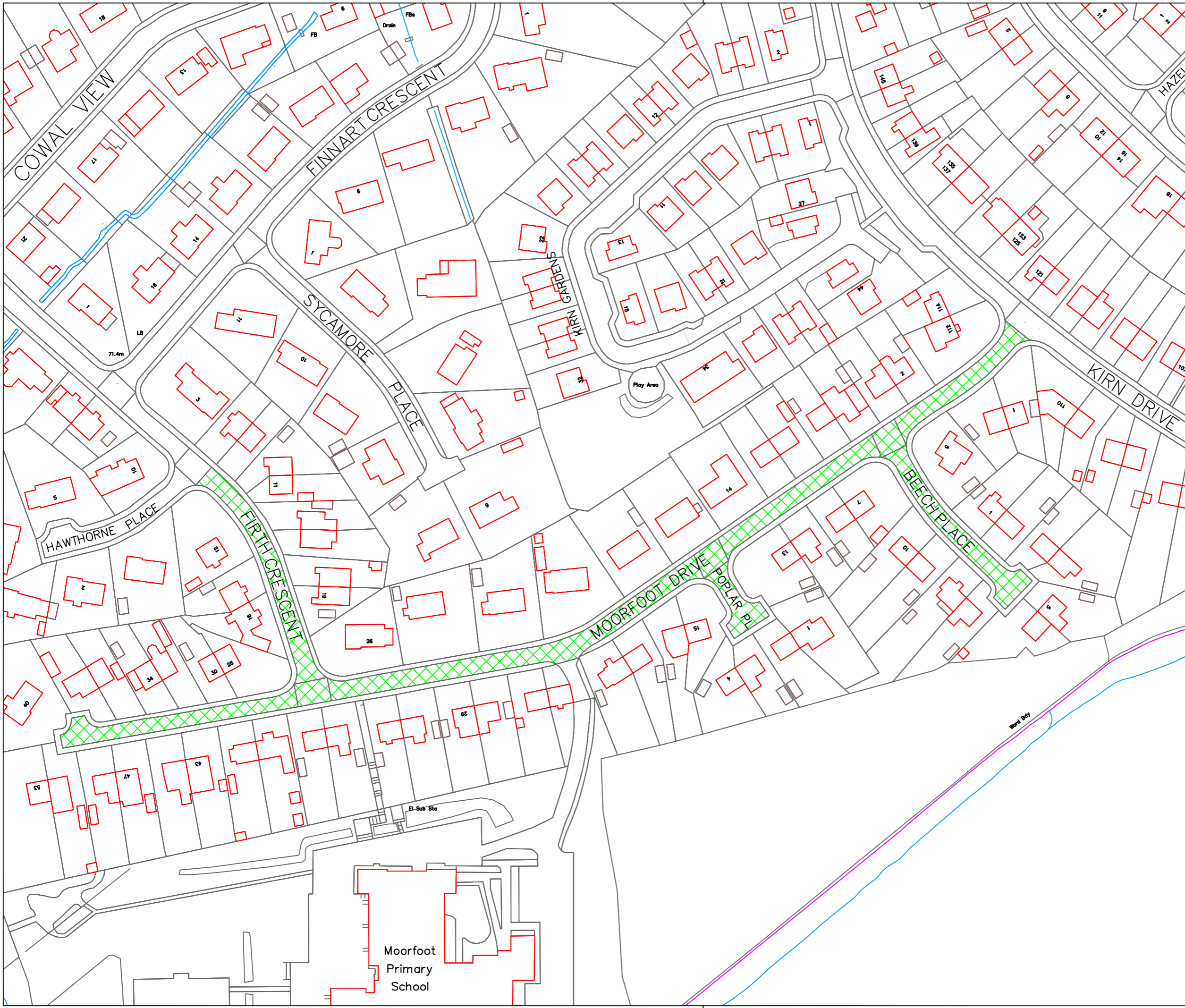
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**LADY ALICE PRIMARY SCHOOL, GREENOCK
 PROPOSED 20MPH SPEED LIMIT**




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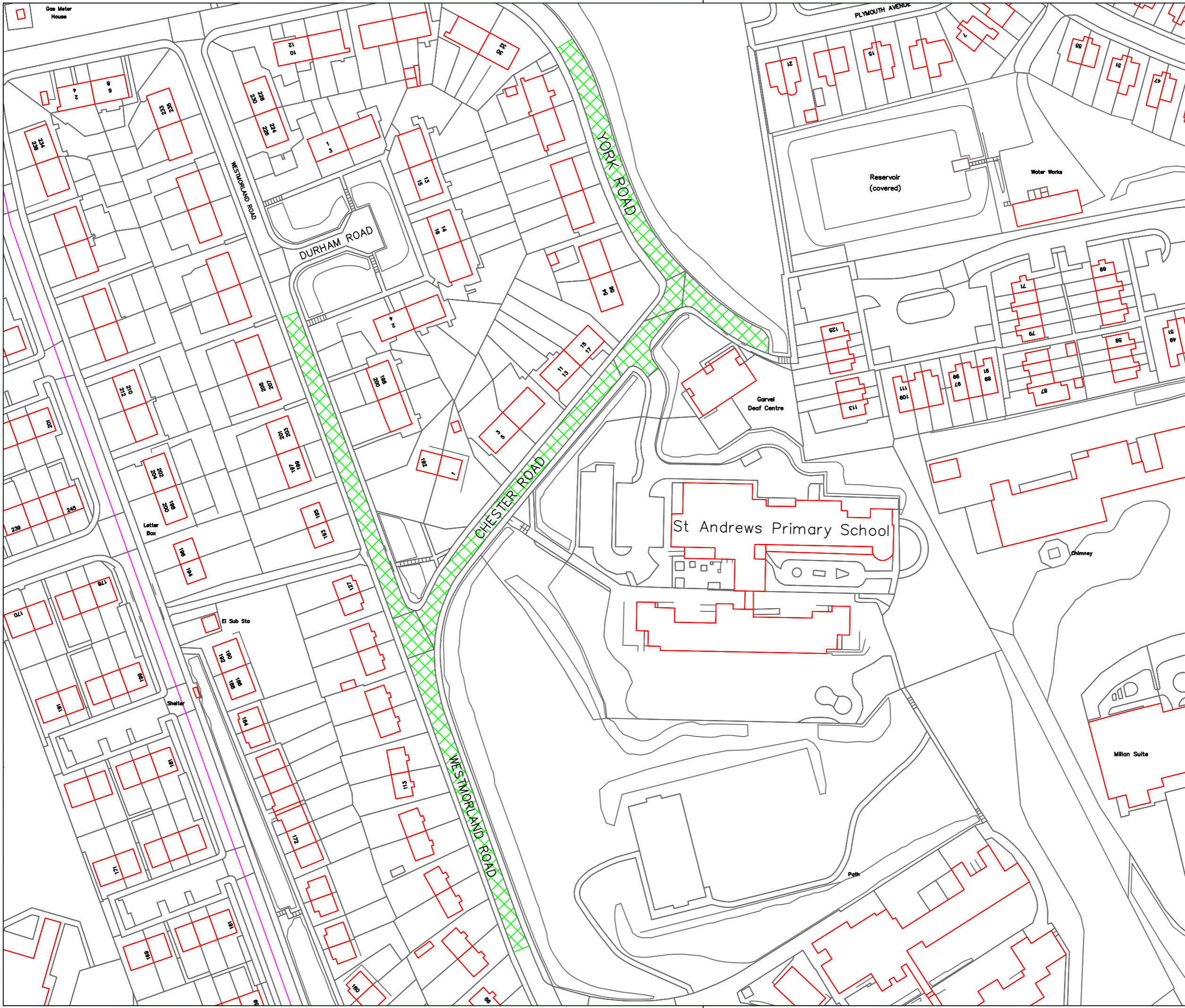
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**MOORFOOT PRIMARY SCHOOL, GOUROCK
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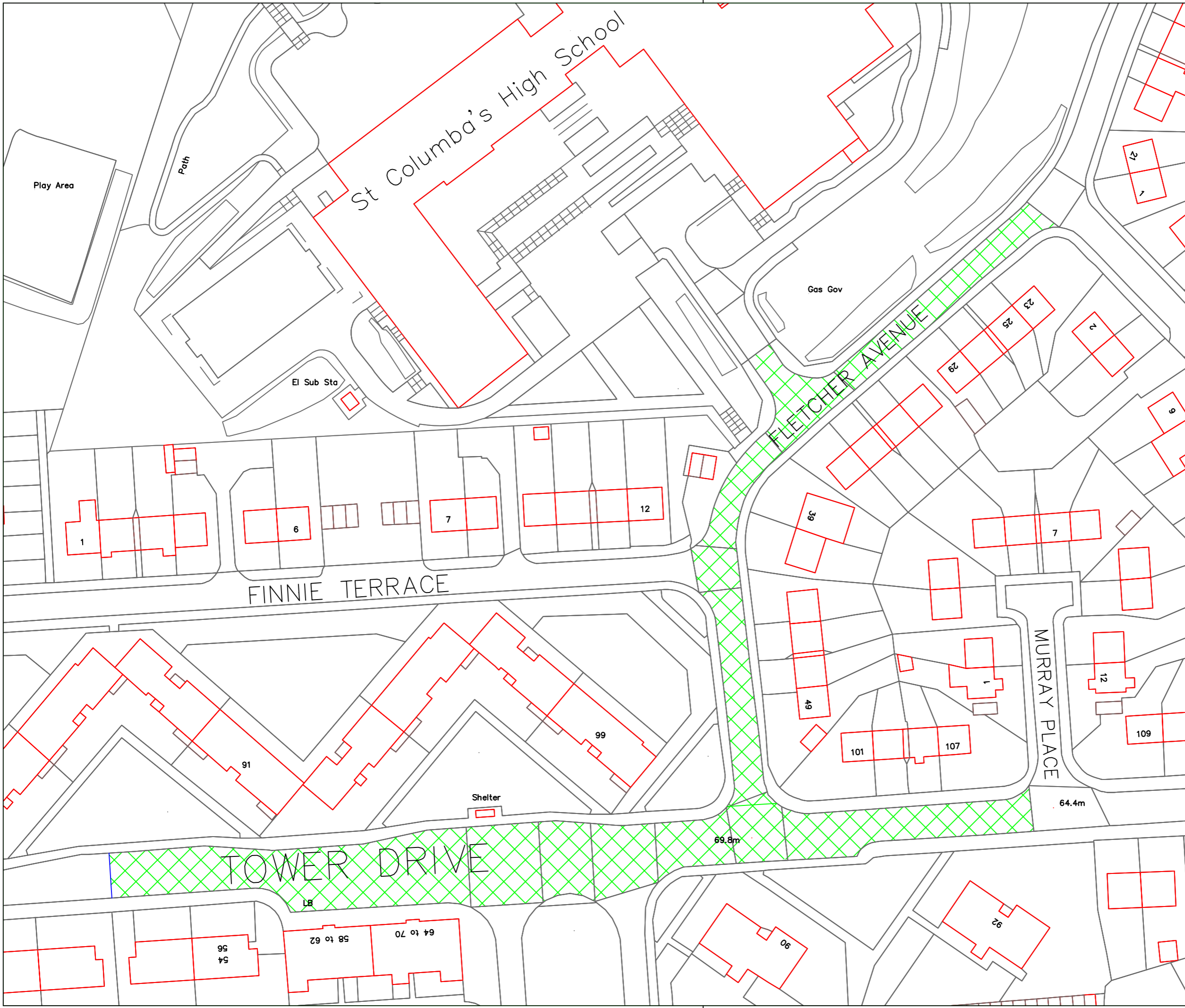
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**ST ANDREW'S PRIMARY SCHOOL, GREENOCK
 PROPOSED 20MPH SPEED LIMIT**




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**ST COLUMBA'S HIGH SCHOOL, GOUROCK
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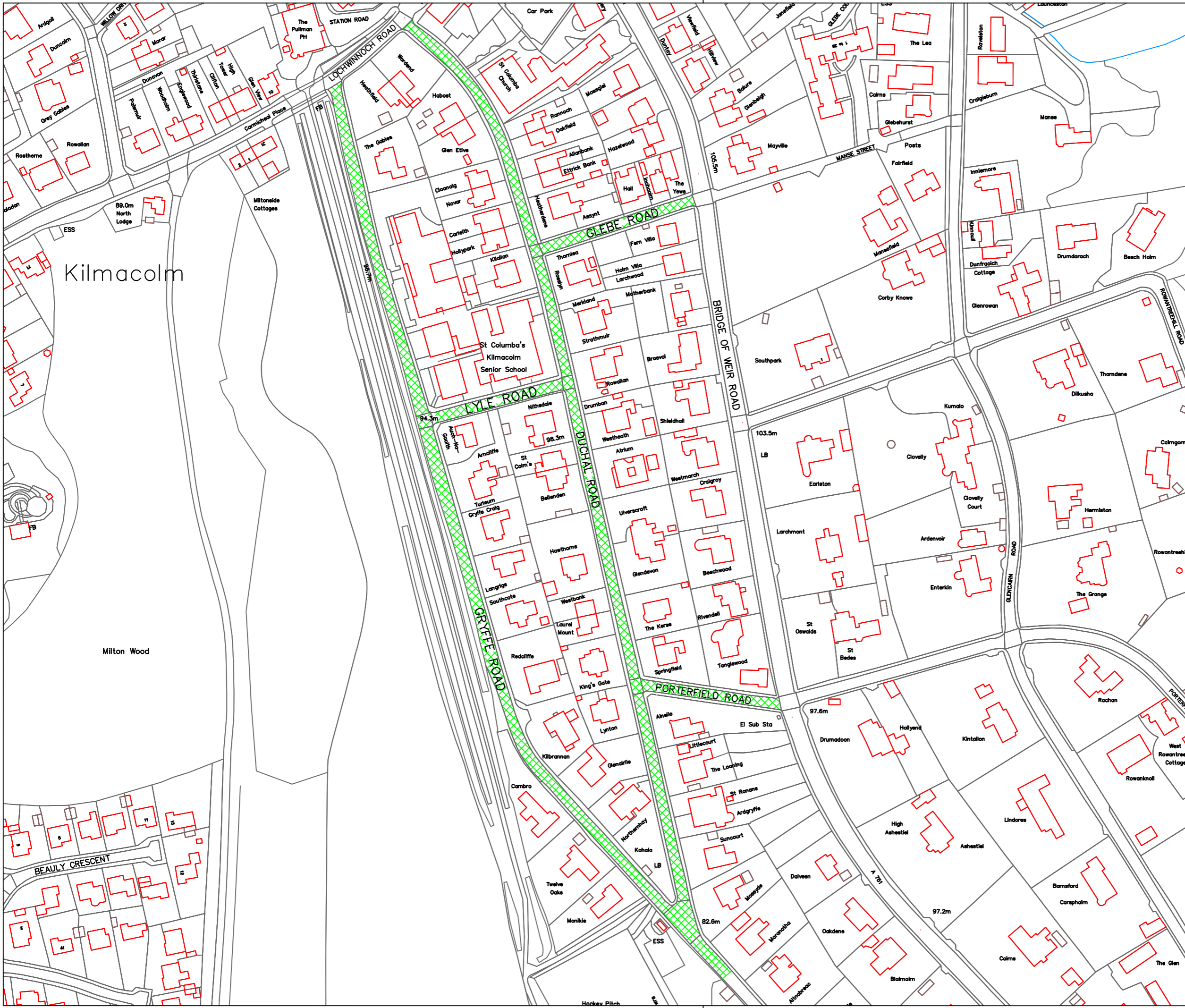
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**ST COLUMBA'S JUNIOR SCHOOL, KILMACOLM
 PROPOSED 20MPH SPEED LIMIT**




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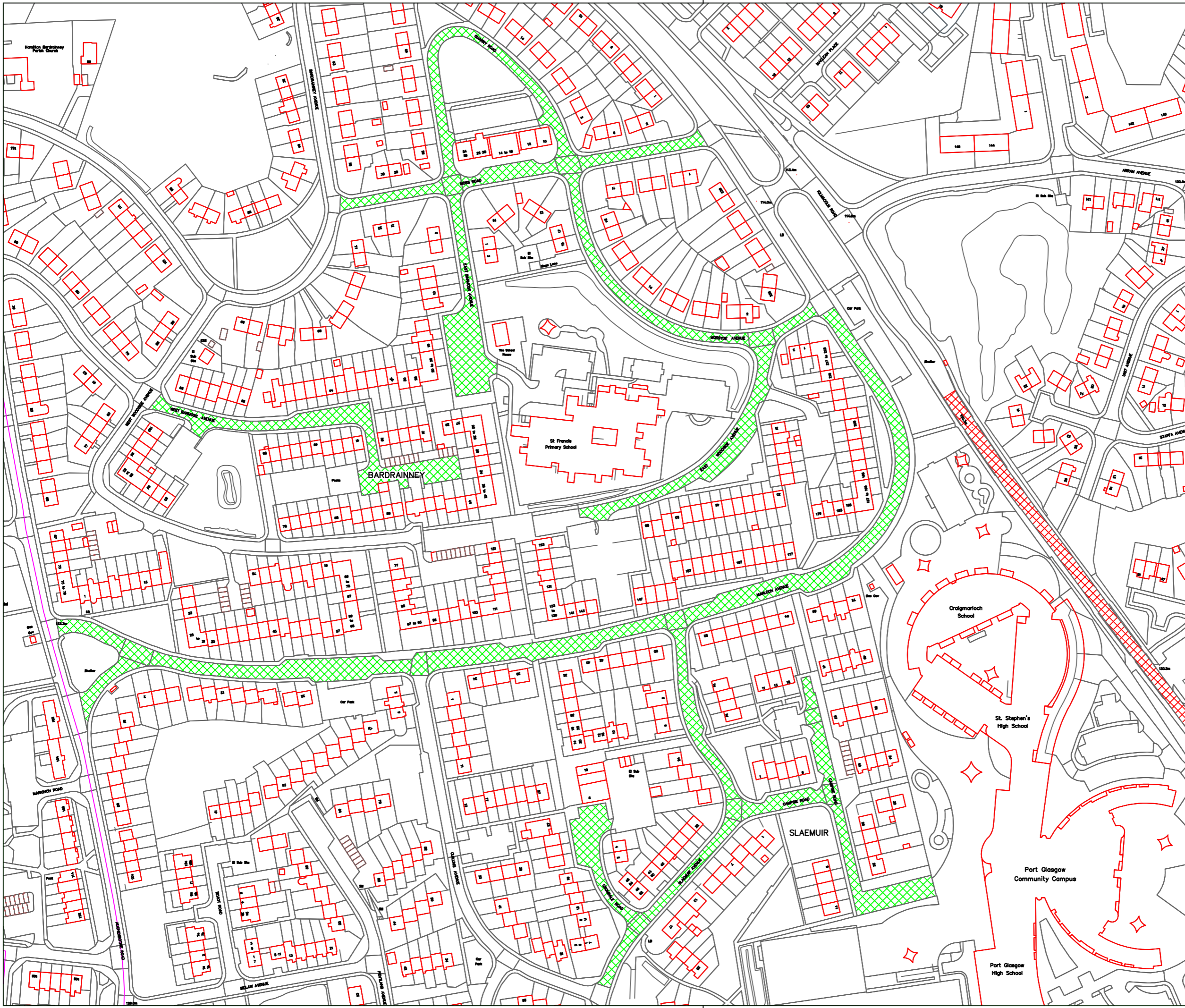
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**ST COLUMBA'S SENIOR SCHOOL, KILMACOLM
 PROPOSED 20MPH SPEED LIMIT**




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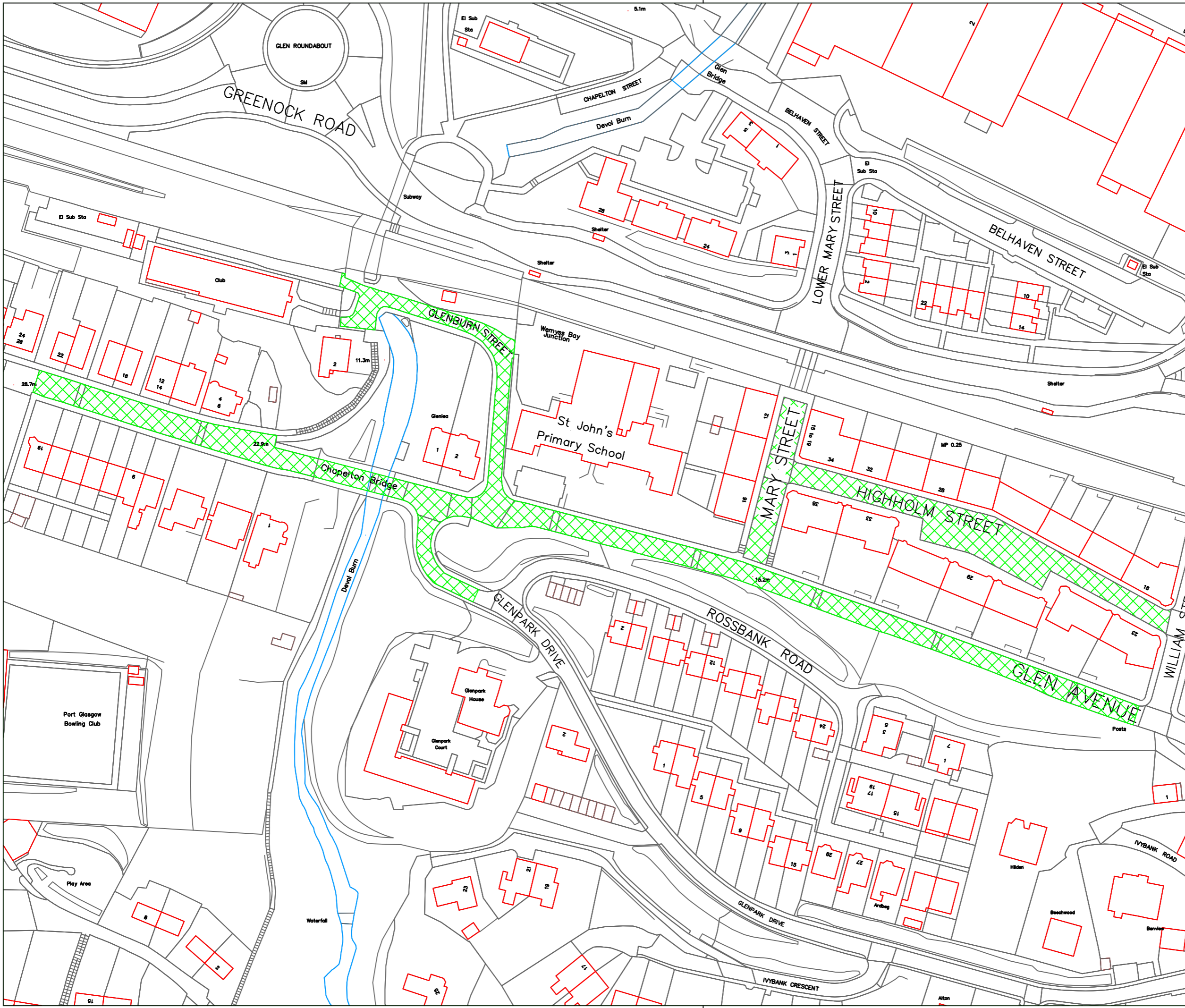
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**ST FRANCIS PRIMARY SCHOOL & JOINT CAMPUS, PORT GLASGOW
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


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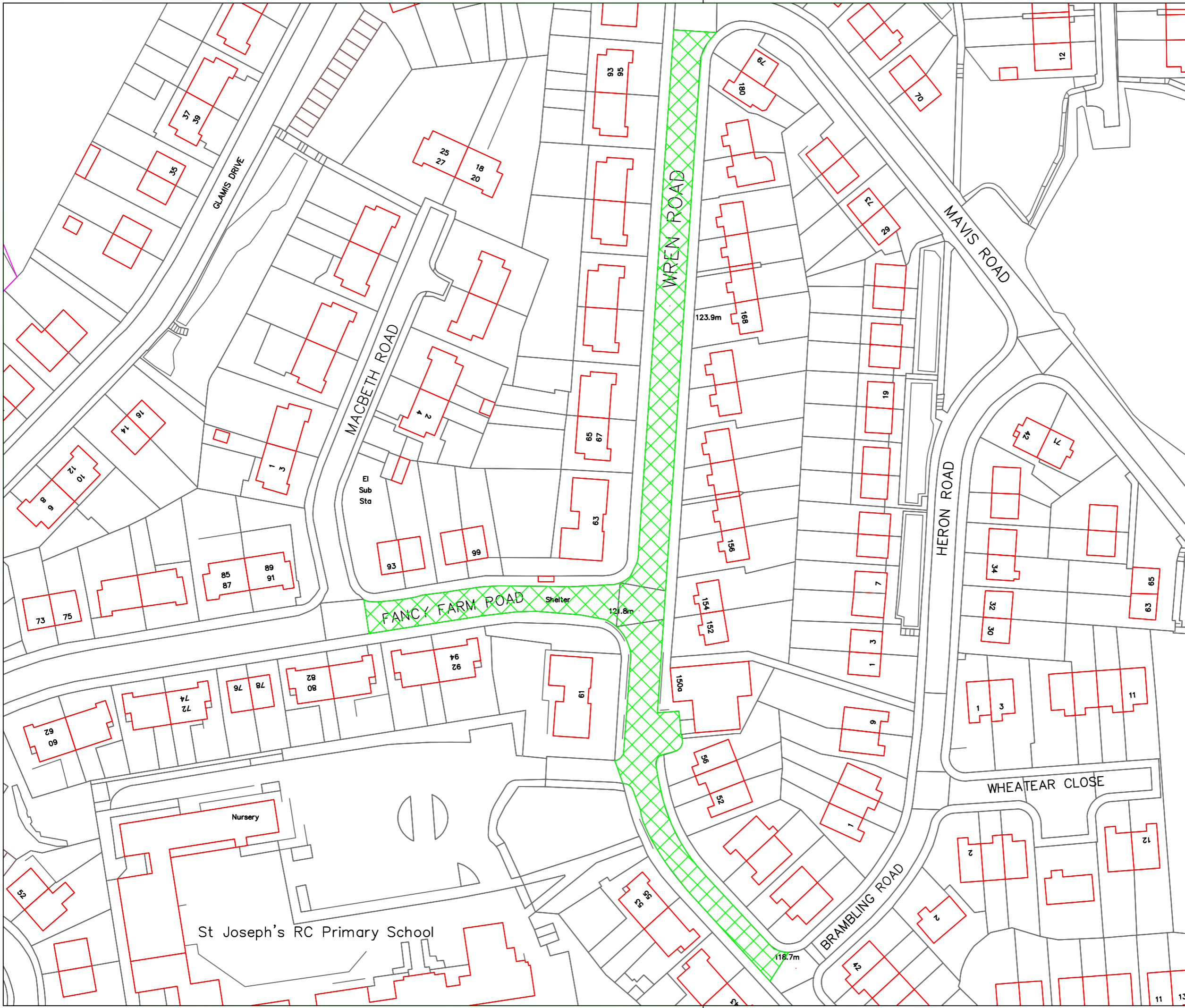
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**ST JOHN'S PRIMARY SCHOOL, PORT GLASGOW
 PROPOSED 20MPH SPEED LIMIT**




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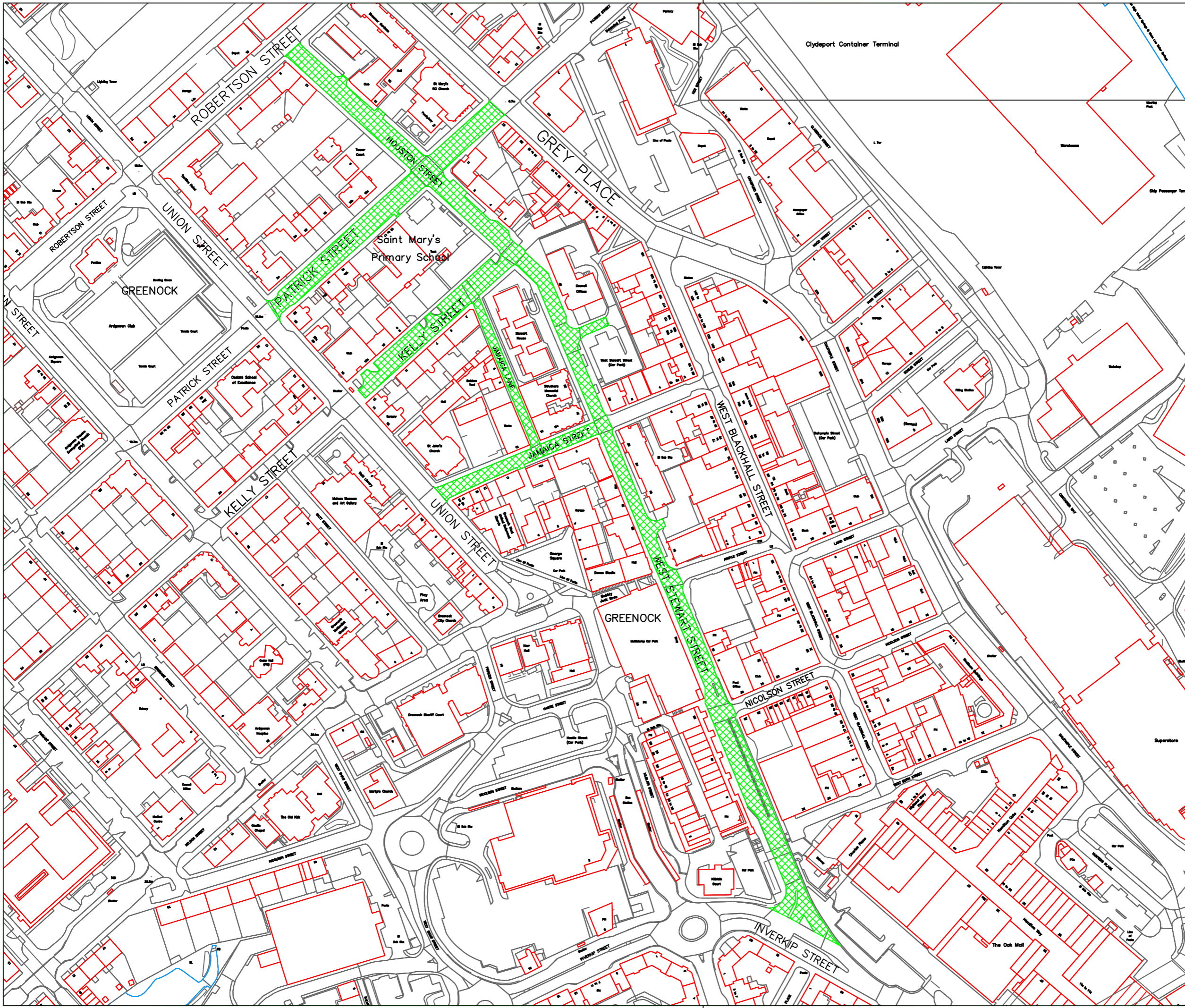
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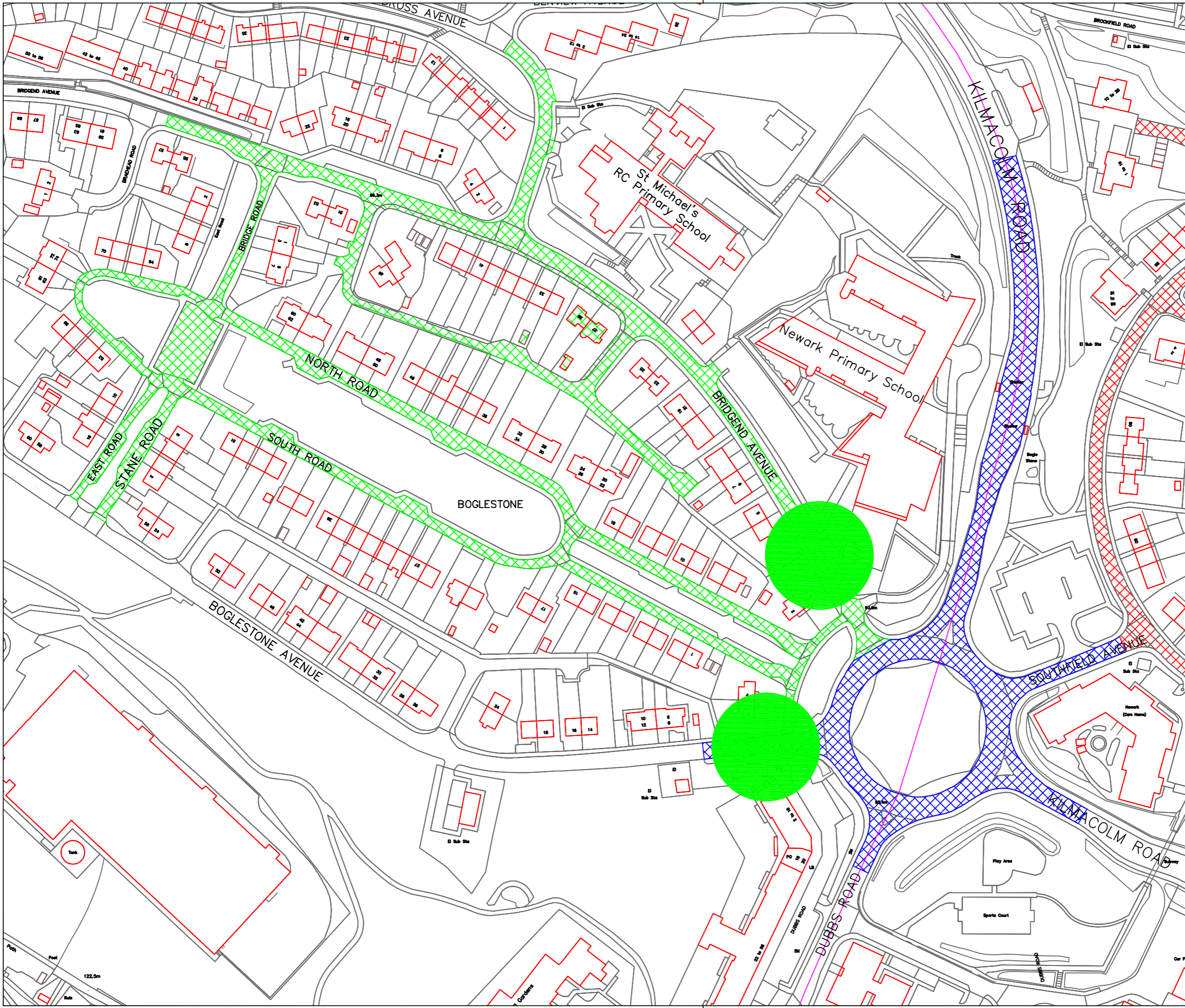
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**ST MARY'S PRIMARY SCHOOL, GREENOCK
 PROPOSED 20 MPH SPEED LIMIT**




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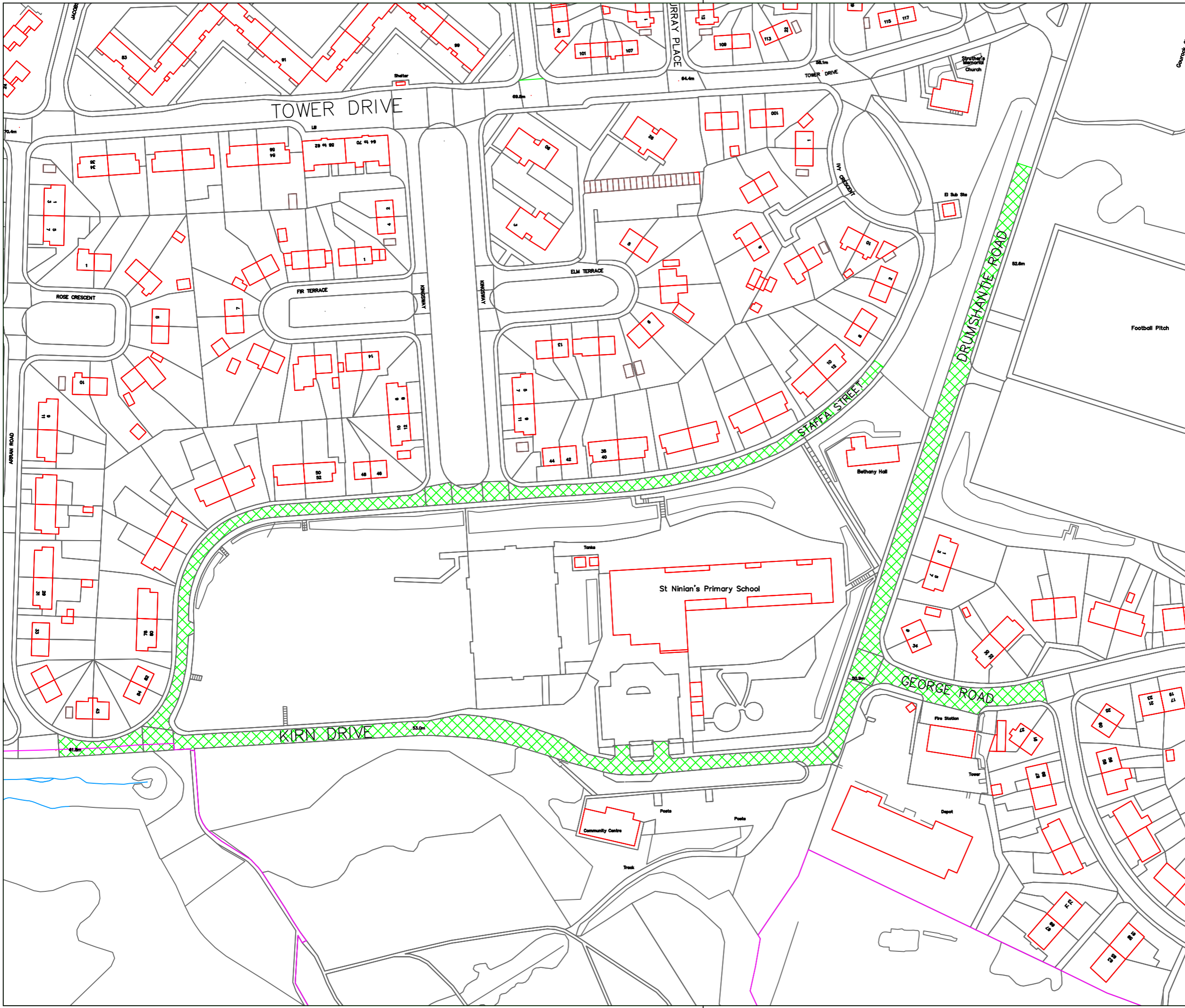
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**ST MICHAEL'S & NEWARK PRIMARY SCHOOL,
 PORT GLASGOW
 PROPOSED 20MPH SPEED LIMIT**




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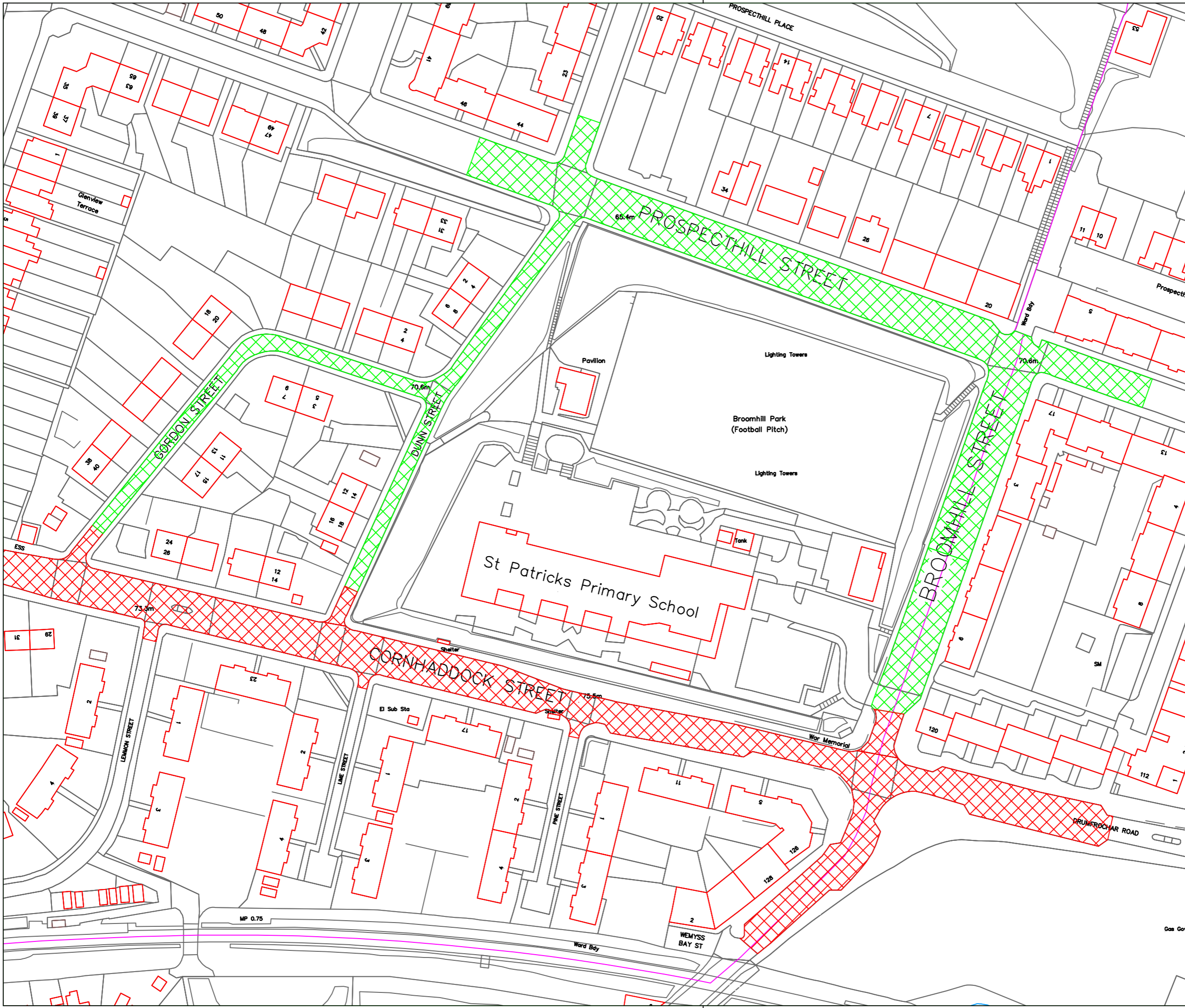
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**ST NINIAN'S PRIMARY SCHOOL, GOUROCK
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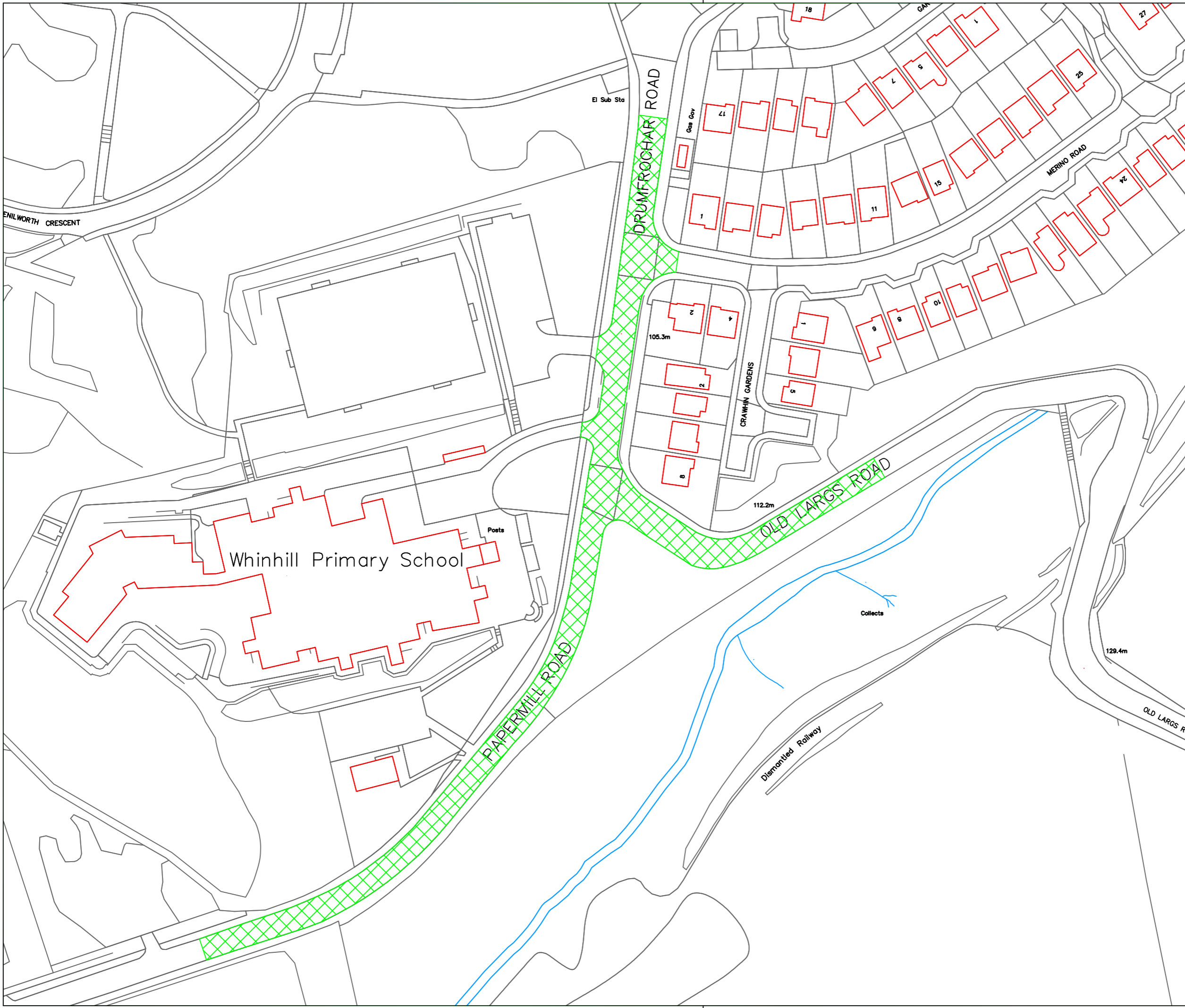
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**ST PATRICK'S PRIMARY SCHOOL, GREENOCK
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**WHINHILL PRIMARY SCHOOL, GREENOCK
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Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Head of Service – Roads & Environmental Services	Report No:	ERC/RT/GMcF/22.651
Contact Officer:	Gail MacFarlane	Contact No:	01475 714800
Subject:	Pedestrian Crossing, Lochwinnoch Road, Kilmacolm Petition		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 A report entitled “Pedestrian Crossing, Lochwinnoch Road, Kilmacolm” was considered by The Petitions Committee on 16 March 2023 where the Petitioner sought:

“We are petitioning the Local Council to consider the construction of a new Pelican Crossing on the Lochwinnoch Road, Kilmacolm in the vicinity of the local shops. Over a period, the volume of road traffic through our village has increased significantly. At times, crossing the road is a major challenge and more worryingly a safety risk especially to younger and older members of our community”.

1.3 The decision was that The Petitions Committee considers the issues raised in the petition have merit and remits it to the Shared Head of Roads & Environmental Services to submit a report to a future meeting of the Environment & Regeneration Committee with recommendations on this matter.

1.4 Following a review of the number of pedestrians crossing adjacent to the car park access the Roads Service do not believe there is justification for moving the crossing 20m northeast.

2.0 RECOMMENDATIONS

2.1 It is recommended that Committee:

- a. Notes the contents of the report in relation to the petition; and
- b. Agrees that the crossing should remain in its current location due to the small difference in pedestrians crossing on the opposite side of the junction with the car park access.
- c. Notes that officers will continue to liaise with SCOTS and Transport Scotland to consider the development of a pedestrian crossing assessment criteria.

Gail MacFarlane
Head of Service – Roads & Environmental Services

3.0 BACKGROUND

3.1 At its meeting on 16 March 2023 The Petitions Committee considered a petition handed in to the Council by an individual residing in the Inverclyde Council area. It had gathered in excess of 100 signatures and sought that the Council consider the construction of a new Pelican Crossing on the Lochwinnoch Road in Kilmacolm in the vicinity of the local shops. As it had within the publication period received more than 100 signatures, the petition was brought forward for consideration by The Petitions Committee, all as provided for in the Council's Petitions Criteria.

3.2 The full description of this petition entered by the Petitioner and shown on the website is as follows:

"We are petitioning the Local Council to consider the construction of a new Pelican Crossing on the Lochwinnoch Road, Kilmacolm in the vicinity of the local shops. Over a period, the volume of road traffic through our village has increased significantly. At times, crossing the road is a major challenge and more worryingly a safety risk especially to younger and older members of our community".

3.3 The decision was that The Petitions Committee considers the issues raised in the petition have merit and remits it to the Shared Head of Roads & Environmental Services to submit a report to a future meeting of the Environment & Regeneration Committee with recommendations on this matter.

3.4 Prior to the meeting Roads & Environmental Services considered the request and provided the response provided in Appendix 1.

3.5 In the past the assessment of crossing points was undertaken in accordance with "Local Transport Note 1/95 The Assessment of Pedestrian Crossings". This considered the number of passengers crossing together with the number of vehicles using the road. It used the formula below:

PV^2

where P = Number of pedestrians

V = Number of vehicles

3.6 In 2018 Transport Scotland commissioned a study entitled "Review of Pedestrian Crossing Guidance LTN 1/95". The recommendation of the study was:

"that pedestrian crossing assessment guidance be revised to be more structured and evidence based than LTN 1/95. The revised guidance should be developed in consultation with key stakeholders. The findings of this study can input into the development of the guidance."

3.7 Following an enquiry to Transport Scotland's Standards Team they indicated that Chapter 6 of the Traffic Signs Manual has superseded LTN 1/95 and Transport Scotland do not have any proposals to produce alternative guidance.

3.8 Having reviewed the guidelines in Chapter 6 of the Traffic Signs Manual it is apparent that they are very subjective and offer no firm assessment process. This means that whilst one person could justify a signalised crossing another person may form a different view. For this reason Officers do not feel that it offers sufficient information to determine when a signalised crossing is justified.

3.9 Officers will continue to liaise with SCOTS and Transport Scotland to consider the development of a pedestrian crossing assessment criteria.

- 3.10 At the meeting of the Petitions Committee Councillor McCabe pointed out that since the installation of the improved crossing on Lochwinnoch Road adjacent to the Cargill Centre the Co-operative shop has moved from its location near Duchal Road to a site adjacent to Smithy Brae. Councillor felt this may have had an impact on the desire line of pedestrians within Lochwinnoch Road.
- 3.11 A pedestrian count was undertaken in September 2022 at several locations along the shopping area. It found the total number of pedestrians crossing as follows between 7am and 7pm as follows:

Location	Total pedestrians crossing (12 hours)	Peak hour pedestrians crossing
Between Duchal Road and Elphinstone Court	207	33 (12:20-13:20 hours)
Between Elphinstone Court and Pedestrian Crossing Build-Out at Cargill Centre	342	55 (14:20-15:20 hours)
Pedestrians Crossing Build Out at Cargill Centre	749	123 (15:40-16:40 hours)
Between Pedestrian Crossing Build-Out at Cargill Centre and Co-Op Food	816	113 (15:55-16:55 hours)
Between Co-Op Food and A76	261	46 (15:00-16:00 hours)

From this data it is apparent that the number of pedestrians crossing Lochwinnoch Road is highest on both sides of the access to Lochwinnoch Road car park. Over 12 hours there are 67 more pedestrians crossing near the Co-Op than at the pedestrian crossing build out, however, during the peak hour (pedestrian peak hour) more pedestrians cross at the build out.

- 3.12 Given there is little difference between the number of pedestrian crossing during the peak hour Officers do not feel there is justification for relocating the pedestrian crossing build out at a cost of approximately £15,000. Those who are concerned about crossing Lochwinnoch Road are advised to walk an extra 20m to cross at the build out.

4.0 IMPLICATIONS

- 4.1 The table below shows whether risks and implications apply if the recommendations are agreed:

SUBJECT	YES	NO	N/A
Financial		x	
Legal/Risk	x		
Human Resources		x	
Strategic (LOIP/Corporate Plan)		x	
Equalities & Fairer Scotland Duty		x	
Children & Young People's Rights & Wellbeing		x	
Environmental & Sustainability		x	
Data Protection		x	

4.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments

4.3 Legal/Risk

Were the location of the Pedestrian Crossing referred to in the report to be changed, it would be necessary to promote a variation of the "The Inverclyde Council (Various Roads) (Port Glasgow, Kilmacolm & Quarriers Village) (Waiting Restrictions) Order 2013" TRO to vary the limited waiting parking restrictions of the pedestrian crossing build outs. The promotion of such a variation would include a public consultation exercise with an opportunity for formal objections. Unresolved objections would be subject to a hearing.

4.4 Human Resources

None.

4.5 Strategic

None.

4.6 Equalities and Fairer Scotland Duty

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, no EqIA is required.

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
--	--

X	NO
---	----

4.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

4.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

4.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

5.0 CONSULTATION

5.1 The Head of Legal, Democratic, Digital & Customer Services and the Chief Financial Officer has been consulted on this report.

6.0 BACKGROUND PAPERS

6.1 A report entitled "Pedestrian Crossing, Lochwinnoch Road, Kilmacolm" was considered by the Petitions Committee on 16 March 2023.

Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Director, Environment & Regeneration	Report No:	ENV028/23/SJ/DA
Contact Officer:	David Aitken	Contact No:	01475 712964
Subject:	Contract Awards - 1 October 2022 to 31 March 2023		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to advise the Committee of contracts awarded for the supply of goods or materials, provision of services and execution of works during the period 1 October 2022 to 31 March 2023.

2.0 RECOMMENDATIONS

2.1 That the Committee note the contracts awarded by the Council during the period 1 October 2022 to 31 March 2023.

Stuart Jamieson
Director, Environment & Regeneration

3.0 BACKGROUND AND CONTEXT

3.1 The Council has adopted a process, within its Standing Orders Relating to Contracts (20.4), to ensure that all Contract Awards, Direct Awards, Negotiated Contracts and Modifications are reported on a six monthly basis to Committee. The financial thresholds for reporting were revised in March 2022 as part of the Council's review of key governance documents. The revised thresholds for reporting are as per Contract Standing Order 8.1 for contracts that exceed the amounts below:

- Supplies and Services £50,000;
- Works £250,000.

It is also a requirement of this governance process to report the outcome of any blacklisting protocol applications.

3.2 Appendix 1 provides details of contracts awarded for the period 1 October 2022 to 31 March 2023 where the estimated price of the contract exceeds £50,000 for the supply of goods or materials/ the provision of services and where the estimated price of the contract exceeds £250,000 for the execution of works.

3.3 Appendix 2 provides details of direct awards; direct call-offs from frameworks; ICT negotiated contracts; and contract modifications made in the period 1 October 2022 to 31 March 2023 where the value of the contract exceeds £50,000 for the supply of goods or materials/ the provision of services.

3.4 There have been no blacklisting protocol applications during the period 1 October 2022 to 31 March 2023

4.0 PROPOSALS

4.1 That the Committee note the contracts awarded by the Council during the reporting period.

5.0 IMPLICATIONS

5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

There are no implications arising as a result of this report.

5.4 Human Resources

There are no direct human resources implications arising as a result of this report.

5.5 Strategic

None.

5.6 Equalities and Fairer Scotland Duty

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required. Provide any other relevant reasons why an EqIA is not necessary/screening statement.
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(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

X	NO – Assessed as not relevant under the Fairer Scotland Duty for the following reasons: Provide reasons why the report has been assessed as not relevant.
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5.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

5.8 Environmental/Sustainability

Public procurement is expected to contribute to climate change targets in compliance with the sustainable procurement duty including annual reporting on how policies and activities contribute to compliance with Public Body duties required by the Climate Change (Scotland) Act 2009.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

6.1 None.

7.0 BACKGROUND PAPERS

7.1 None.

DATE OF AWARD	TITLE	PROCUREMENT ROUTE	NAME OF SUCCESSFUL TENDERER	LOCATION OF SUCCESSFUL TENDERER	TOTAL CONTRACT AMOUNT	CONTRACT TERM	SME YES/NO	NUMBER OF LOCAL COMPANIES WHO SUBMITTED A TENDER	CONTRACT LOTTED YES/NO
CONTRACT AWARDS									
21/10/2022	Lighting Column Replacement 2022/2023	Open Tender - Non-Regulated	Lightways (Contractors)	Larbert	£227,266	26 Weeks	Yes	0	No
11/11/2022	Road Lightning and Traffic Sign Lightning Maintenance	Open Tender - Regulated	Centregreat Limited	Bridgend	£599,014	3 Months	No	0	No
15/11/2022	Regeneration of Clune Park Estate Port Glasgow	Open Tender - Regulated	Brodies LLP	Edinburgh	£109,525	6 Months	No	0	No
16/11/2022	Digital Telecare - Supply and Delivery of Digital Alarm Units and Peripherals (Mini-Comp)	Framework Call Off - Mini Competition	Legrand Electric Limited	Birmingham	£531,626	2 years	No	0	No
08/12/2022	Gottar Water Flood Prevention	Open Tender - Non-Regulated	WI & A Gilbert Limited	Dalry	£331,689	4 Months	Yes	0	No
24/01/2023	Supply and Delivery of Road Stone Materials (Mini-Comp)	Framework Call Off - Mini Competition	Hillhouse Quarry Group Limited	Troon	£1,789,006 (Schedule of Rates)	24 Months	No	0	No

DATE OF AWARD	TITLE	SUPPLIER	LOCATION OF SUPPLIER	TOTAL CONTRACT AMOUNT	CONTRACT TERM	SME YES/NO
DIRECT AWARDS						
18/10/2022	The Provision of an Integrated Children's Service	Barnardo's	London	£240,900	1 Year	No
10/11/2022	Provision of a Gateways Recovery Service	Scottish Association for Mental Health	Glasgow	£286,000	1 Year	No
09/12/2022	Provision of a Carers Support Service	Inverclydes Carer Centre	Greenock	£97,996	4 Months	Yes
30/01/2023	Provision of an Early Intervention and Family Support	Children 1st	Edinburgh	£195,712	1 Year	Yes
30/03/2023	Provision of a Financial Fitness Advice and Information Service	Financial Fitness Resource Team	Greenock	£121,260	1 Year	Yes
31/03/2023	Provision of a Wellbeing Support Worker Service for Families - Children with ASN	Barnardo's	Edinburgh	£86,000	1 Year	No
31/03/2023	Provision of a Community Engagement including a Shopmobility and Digital Inclusion Service	Your Voice	Greenock	£552,160	4 Years	Yes
DIRECT CALL OFF FROM FRAMEWORK						
30/03/2023	Shared Additional Voluntary Contributions (AVC's) and Lifestyle Savings Managed Schemes	SME HCI Limited	Essex	£125,000	5 Years	No
ICT NEGOTIATED CONTRACTS						
NA	NA	NA	NA	NA	NA	NA
MODIFICATIONS						
01/03/2023	Provision of a Property Valuation Service	Avison Young (UK) Limited	Glasgow	£85,950	3 Years	No

Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Director, Environment & Regeneration	Report No:	ENV027/23/SJ/MM
Contact Officer:	Martin McNab	Contact No:	01475 714246
Subject:	Greater Glasgow & Clyde Joint Health Protection Plan		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 To seek Committee approval for the 2023-25 Joint Health Protection Plan agreed jointly with Greater Glasgow & Clyde Health Board.
- 1.3 The Public Health etc. (Scotland) Act 2008 requires Health Boards and Local Authorities to cooperate in preparing Joint Health Protection Plans. The plan attached at Appendix 1 has been agreed by officers working with Greater Glasgow & Clyde Health Board and colleagues from the other local authorities in the health board area. In terms of Governance the Plan is owned by NHS Greater Glasgow and Clyde but agreed jointly with the 6 local authorities. The plan is due to be approved by the Health Board in April 2023 so approval by this Committee is subject to the Board's approval. The plan is attached at Appendix 1.
- 1.4 Clearly the major health protection issue since the last plan has been the Covid-19 pandemic. The last JHPP in fact ran up until 2020 with its replacement obviously being delayed significantly by the pandemic. Close working relationships between the NHS GGC health protection team and the six local authorities fostered before the pandemic both through the local working groups and the Scottish Health Protection Network were strengthened during the pandemic.
- 1.5 The other major change since the last plan has been the vesting of Public Health Scotland (PHS). PHS came into existence in April of 2020 during the first lockdown and unsurprisingly the overwhelming focus of its first two years and beyond was on the pandemic response. A settled "peacetime" relationship between local authorities, health boards and PHS is still developing.

2.0 RECOMMENDATIONS

- 2.1 That the Committee approves the Joint Health Protection Plan subject to the approval of NHS Greater Glasgow & Clyde.

Stuart Jamieson
Director, Environment & Regeneration

3.0 BACKGROUND AND CONTEXT

3.1 The Public Health etc. (Scotland) Act 2008 requires Health Boards and Local Authorities to cooperate in preparing Joint Health Protection Plans. The plan attached at Appendix 1 has been agreed by officers working with Greater Glasgow & Clyde Health Board and colleagues from the other local authorities in the health board area. These are Inverclyde, Renfrewshire, West Dunbartonshire, East Dunbartonshire, Glasgow and East Renfrewshire.

3.2 Health Protection is defined in the plan and involves:

- Ensuring the safety and quality of food, water, air and the general environment,
- Preventing the transmission of communicable diseases, and
- Managing outbreaks and other incidents which threatened the public health.

Health protection issues are generally dealt with in partnership between the Health Board Public Health Protection Unit (PHPU), local authority Environmental Health services and, where necessary, Public Health Scotland.

3.3 The Council has a significant Public Health role. While many Council services contribute to the health protection function the lead service in the Council for health protection is Environmental Health. Inverclyde Council's Environmental Health function is split over three teams in the Public Protection section of the Planning, Regeneration and Public Protection service.

4.0 IMPLICATIONS

4.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

4.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (if Applicable)	Other Comments
N/A					

4.3 Legal/Risk

The preparation of a Joint Health Protection Plan is a requirement placed on Health Boards and Local Authorities by the Public Health etc. (Scotland) Act 2008. The plan belongs to the relevant Health Board but is prepared in partnership with the local authorities and is approved by both the board and each local authority.

4.4 Human Resources

None.

4.5 Strategic

None.

4.6 Equalities and Fairer Scotland Duty

None.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

4.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

4.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

4.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

5.0 CONSULTATION

- 5.1 The plan was prepared jointly by NHS Greater Glasgow & Clyde and the six local authorities making up the Board's area.

6.0 BACKGROUND PAPERS

- 6.1 Greater Glasgow & Clyde Joint Health protection Plan 2018-20 Environment & Regeneration Committee 30 August 2018, **ENV018/18/MM**

Greater Glasgow and Clyde Joint Health Protection Plan 2023-2025

NHS Greater Glasgow and Clyde

East Dunbartonshire

East Renfrewshire

Glasgow

Inverclyde

Renfrewshire

West Dunbartonshire

1 Foreword

The Public Health etc. (Scotland) Act 2008 requires NHS Boards, in consultation with Local Authorities, to produce a Joint Health Protection Plan which provides an overview of health protection (communicable disease and environmental health) priorities, provision and preparedness for the NHS Board area. Guidance on the content of joint health protection plans has been published by the Scottish Government.

This plan covers the period from 1 April 2023 to 31 March 2025. Last published in 2018, the intention is update every two years, in line with government guidance, and was due to have been updated in Spring 2020.

No-one needs to be reminded of the far-reaching impacts of the Covid-19 pandemic. Though we weren't able to publish an update of the plan during the pandemic, the JHPP was an invaluable resource to enable, and advocate for, the joint working and mutual support that allowed our teams to deliver new, expanded and adapted services in the context of unprecedented demand, changing policy direction, and unparalleled restrictions on society.

We are now in a position to begin building back, and through our joint working progress a reinvigorated proactive work plan. Though this document concentrates on health protection activity, it should be seen in the context of our other strategic work, including "Turning the Tide" our 10 year public health strategy.

The plan is a public document and is available to members of the public on the NHS Greater Glasgow and Clyde website and on request. We hope that you will find this plan to be of interest, and of value, and that its production will contribute to protecting the health of the people who visit, work and live in Greater Glasgow and Clyde.

Dr Emilia Crighton

Interim Director of Public Health

NHS Greater Glasgow and Clyde

IN MEMORIAM

In 2022, the Public Health (Health Protection) Liaison Working Group lost two long standing and valuable members. Joe Harkin (East Dunbartonshire) and Martin Keely (West Dunbartonshire) both passed away unexpectedly. They exemplified the depth of experience, commitment, and camaraderie that makes the joint working in this plan possible.

2 Signatories

Authority	Authorised signatory	Position	Approving committee	Date
NHS Greater Glasgow and Clyde	Emilia Crighton	Interim Director of Public Health	Population Health & Wellbeing Committee	
East Dunbartonshire	Evonne Bauer	Executive Officer	Place Neighbourhood and Corporate Assets Committee	
East Renfrewshire	Caitriona McAuley	Director of Environment	Cabinet	
Glasgow City	George Gillespie	Executive Director, Neighbourhoods, Regeneration & Sustainability	Environment, Sustainability and Carbon Reduction City Policy Committee	
Inverclyde	Martin McNab	Public Protection Manager	Environment & Regeneration	
Renfrewshire	Mary Crearie	Director of Communities, Housing and Planning Services	Communities and housing policy board	
West Dunbartonshire	Alan Douglas	Chief Officer, Regulatory & Regeneration	Corporate Services Committee	

3 Purpose

This plan has been prepared following the requirements set out in the Public Health etc. (Scotland) Act 2008. The seven signatory organisations have prepared this plan in collaboration and consultation. This plan is herewith referred to as the Joint Health Protection Plan (JHPP).

The purposes of the plan are:-

- i. To provide an overview of health protection priorities, provision and preparedness for NHS GGC and partner Local Authorities.
- ii. To outline the joint arrangements which NHS GGC and partner Local Authorities have in place for the protection of public health.
- iii. To improve the level of “preparedness” to respond effectively to a health protection incident and emergency.
- iv. To clarify the priorities for the period of the plan 2023 – 2025.
- v. To develop learning across the agencies.
- vi. To provide a mechanism for reviewing and recording outcomes and achievements.

The plan will be reviewed annually by representatives from Environmental Health and Health Protection and any necessary changes made and reported to the JHPP signatories. The plan will only be formally changed and updated every 2 years in accordance with legislative requirements.

4 Introduction

4.1 Public Health

Public health, as defined by Acheson, and adopted by the Faculty of Public Health is “the science and art of promoting and protecting health and well-being, preventing ill-health and prolonging life through the organised efforts of society.”¹

Traditionally public health has been divided into three domains – health protection, health promotion and health services public health, supported by public health intelligence. Though the JHPP deals only with the first of the domains, the domains overlap, interact and provide mutual support in improving and protecting the public’s health.

4.2 Health Protection

Health Protection is a term used to encompass a set of activities within the Public Health function. It involves:

- Ensuring the safety and quality of food, water, air and the general environment
- Preventing the transmission of communicable diseases
- Managing outbreaks and the other incidents which threaten the public health.

The profile of Health Protection has increased significantly in recent years with issues such as immunisation, food borne infections, pandemic flu, COVID-19, healthcare associated infection and other communicable diseases regularly being in the public eye. The quality of public protection from hazards demands a workforce, educated and trained to the highest standards².

4.3 Environmental health

Environmental Health has been defined as: “... that area of Public Health activity which strives to improve, protect & maintain health & well being through action on the physical environment and on life circumstances.”³

¹ Independent Inquiry into Inequalities in Health: Report; The Stationery Office; 1998

² NHS Education Scotland <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/public-health/health-protection.aspx>

³ Old Report; 2006 (commissioned by Royal Environmental Health Institute of Scotland)
<https://www.rehis.com/about/whats-rehis>

5 Overview of NHS Board and Local Authorities

Descriptions of the seven partner organisations are included below. Detailed population statistics including population trends, deprivation and life expectancy of the population for NHS GGC and by Local Authority, as well as key indicators of health and social determinants of health are contained in an appendix to this plan.

5.1 NHS Greater Glasgow and Clyde

NHS Greater Glasgow and Clyde Health Board is responsible for the health needs of the population living within the Board's remit. Its purpose is to:

"Deliver effective and high quality health services, to act to improve the health of our population and to do everything we can to address the wider social determinants of health which cause health inequalities."

The Health Board provides strategic leadership and performance management for the entire local NHS system in the Greater Glasgow and Clyde area and ensures that services are delivered effectively and efficiently. It is responsible for the provision and management of the whole range of health services in this area including hospitals, general practice, and public health. NHS GGC works alongside partnership organisations including Local Authorities and the voluntary sector. NHS GGC serves a population of 1.14 million and employs around 39,000 staff – it is the largest NHS organisation in Scotland and one of the largest in the UK.

5.2 East Dunbartonshire

East Dunbartonshire lies to the north of Glasgow City and is bounded by the Campsie Fells and Kilpatrick Hills. East Dunbartonshire's main settlements are Bearsden, Milngavie, Lenzie, Kirkintilloch and Bishopbriggs. It also has a number of small rural villages including Twechar, Milton of Campsie, Lennoxton, Torrance and Balmore. It covers an area of 67 square miles and has a population of approximately 108,900.

The Forth and Clyde Canal as well as the River Kelvin flow through the area attracting recreational visitors as does Scotland's best known long distance footpath, the West Highland Way that begins in Milngavie before traversing through Mugdock Country Park and the Campsie Fells.

Although East Dunbartonshire, as a whole, is less deprived than other authorities in Scotland, there are a number of specific areas within East Dunbartonshire that fall below the Scottish average.

5.3 East Renfrewshire

East Renfrewshire is situated to the south of the city of Glasgow and its significant town centres include Barrhead, Clarkston, Giffnock and Newton Mearns.

It is a relatively affluent area with approximately with over half of residents working in managerial, professional or technical professions. The majority of residents work in Glasgow and less than a fifth of residents live and work in East Renfrewshire. There is an increasing pattern of more people settling in East Renfrewshire than leaving which has an impact on the demographic profile of the area and the challenges that this brings.

The quality of East Renfrewshire's built and natural environment is relatively high with low levels of air pollution and over three quarters of residential properties within 200m of greenspace.

The Council's strategy is to consolidate and regenerate the urban areas focussing upon delivering the 3 objectives of:

1. Creating Sustainable Places and Communities;
2. Promoting Sustainable and Inclusive Economic Growth; and
3. Promoting a Net Zero Carbon Place.

5.4 Glasgow City Council

Glasgow is a city with a great history built around the River Clyde and on the strength of its people and is the most ethnically diverse city in the country. It is a city of contrasts, with parts of the city still affected by poverty and inequality. There are significant long term health challenges which stop citizens from reaching their full potential. Glasgow's vision is to have a world class city with a thriving, inclusive, economy where everyone can flourish and benefit from the city's success. The priority of the Council is to reduce inequality by creating inclusive growth through jobs and investment, tackling poverty and poor health in the city and improving neighbourhoods.

5.5 Inverclyde

Inverclyde covers an area of 61 square miles stretching along the south bank of the estuary of the River Clyde. Inverclyde is one of the smaller local authorities in Scotland. The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay, which lie to the south west of the area, and the villages of Kilmacolm and Quarrier's Village which are located further inland.

The Council recognises that there are a number of challenges for the area, including population decline. Inverclyde has had the largest population decline of all Scottish council areas over the period 2001 to 2021. Fewer births than deaths is the major driver of population decline locally, however a more positive picture is emerging with regard to migration with the number of people moving into the area estimated to be higher than the number moving out between mid-2016 to mid-2017, mid-2018 to mid-2019 and most recently mid 2020-mid 2021. The age profile of Inverclyde's population is similar to that of Scotland, with an ageing population that is predicted to grow, particularly in the over 75 age group.

Similar to many areas in Scotland, particularly where there has been a decline in traditional industries, Inverclyde suffers from areas of deprivation and inequality.

5.6 Renfrewshire

Renfrewshire Council is situated to the west of Glasgow on the south bank of the River Clyde and covers around 103 square miles. Renfrewshire borders Inverclyde Council to the West, North Ayrshire Council to the south and East Renfrewshire is located to the south east. Renfrewshire has a population of over 179,000, making it the tenth largest council in Scotland in terms of its population.

Paisley has the largest population of around 77,000, and forms the commercial and transport hub for Renfrewshire. The town of Renfrew lies to the north of Paisley and Johnstone to the west. Glasgow International Airport is located to the north of Paisley and is easily accessed from the M8 Motorway and Paisley Town Centre. It is one of Scotland's busiest airports. It is a key part of the transportation infrastructure of Scotland and is a major contributor to Renfrewshire's economy.

Renfrewshire Council is committed to its role as a health improving organisation and recognises its responsibility in working with partners to improve the health of local communities. This focus is essential due to the significant health inequalities that exist in Renfrewshire, linked often, to levels of deprivation within communities.

5.7 West Dunbartonshire

West Dunbartonshire is a diverse area with a rich industrial heritage still evident in the local communities today. Across the three main areas of Clydebank, Dumbarton and the Vale of Leven we see diversity from the densely populated urban centre of Clydebank to the more rural setting of the Loch Lomond and Trossachs National Park, sitting in and beyond the northern edge of the Authority.

The Council's Strategic Plan 2022-2027 identifies a number of key priorities. A common theme, across all the priorities is stronger integration of strategies and interventions aimed at addressing key challenges and realising opportunities. This is particularly true in promoting health and wellbeing, where those factors, often described as key determinants, influence options, choices and patterns of behaviour, which in turn shape health and wellbeing outcomes. Building on the collaborative strength of the Council's Covid-19 response is recognised as a vital element between agencies, the third sector and within communities.

6 Health protection: planning infrastructure

Locally, the Public Health (Health Protection) Liaison Working Group (the “Med-Vet”) provides an area wide forum for discussion of the surveillance and investigation of infectious diseases (including outbreaks) and environmental hazards affecting, or with the potential to affect the health of, the general population, and to ensure that appropriate procedures are carried out during this process.

The group’s remit is:

- To provide an area wide multidisciplinary forum to monitor, report, discuss and recommend actions to protect the health of our population.
- Sharing of intelligence on infectious intestinal disease in humans and animals, and surveillance of environmental hazards in air, water and land which have the potential to impact or is already damaging to the health of our population
- To agree basic minimum standards for the investigation of infectious gastrointestinal disease in the human population, and ensure that appropriate follow up action takes place
- To monitor our performance against agreed standards
- To ensure outbreak control plans are fit for purpose
- To participate in exercises to ensure that all partners are familiar with appropriate responses
- To provide a forum for discussion of issues raised by the Scottish Government, Health Protection Scotland and other relevant bodies which will have a potential to impact on the above
- To monitor untoward events and outbreaks and ensure that our systems are modified appropriately

Membership is drawn from:

- Public Health Protection Unit (PHPU) Medical and Nursing Staff
- Local Authority Environmental Health departments
- Public Health Scotland
- Diagnostic, reference and public analyst laboratories
- Infection Prevention and Control
- Scottish Water
- Drinking Water Quality Regulator
- Scottish Environment Protection Agency
- Animal and Plant Health Agency
- Scotland’s Rural College Veterinary Consulting Service

The JHPP is not a stand alone document and existing plans relevant to health should be considered incorporated into the JHPP, and are not reiterated here.

There are a series of health protection plans that are prepared by the Health Board, singly or in partnership with Local Authorities and other agencies detailed in Table 1. Additionally there are a further series of plans maintained by each Local Authority which follow in Table 2. These plans are in addition to documents produced at a national level which guide health protection response, including *Managing Public Health Incidents*, *Scottish Waterborne Hazards Plan*, and *Scottish Framework for Exotic Notifiable Animal Disease*.

Table 1: Summary of health protection plans

Plan	Owner	Last updated	Review date	Exercised
Incident Management Plan	Med-Vet Group	2022	2025	2021, Next exercise planned for 2023
Blue-green algae plan	Med-Vet Group	2017	2022 (Main plan) Annually (inland waters risk assessment)	N/A – as the plan is used regularly during the algal bloom season, exercising is not required.
Pandemic influenza	NHS GGC LRP	April 21 Nov 21	2023 or sooner if new guidance is available	Exercised 2020 used during COVID 19
Major incident	NHS GGC	Nov 2021	Oct 22	Elements of the plan were tested in 2021 as part of the exercising for COP26
Mass casualty	SG Health Resilience	2021	Ongoing (6 monthly reviews)	Elements of the plan were tested in 2021 as part of the exercising for COP26
Glasgow Airport Port Health Procedures	Glasgow Airport Ltd	2022	2025	joint training session at Glasgow Airport in October 2018, implemented in June and October 2019
Port Health guideline	NHS GGC, Renfrewshire, Inverclyde	2017	2023	

Table 2: Summary of Local Authority plans applicable to health protection

	East Dunbartonshire	East Renfrewshire	Glasgow City	Inverclyde	Renfrewshire	West Dunbartonshire
1. Official Food Controls Service Plan	✓	✓	✓	✓	✓	✓
2. Private sector strategy	✓	✓	✓	✓	✓	✓
3. Pandemic influenza	✓	✓	✓	✓	✓	✓
4. Rabies	✓	✓	x	✓	✓	✓
5. Contaminated land strategy	Under development	✓	✓	✓	✓	✓
6. Health and safety enforcement service plan	✓	✓	x	x	✓	✓
7. Council emergency plan	✓	✓	✓	✓	✓	✓
8. River Clyde flood management strategy	✓	✓	✓	✓	✓	✓
9. Fuel poverty strategy	x	✓	✓	✓	✓	✓
10. Local Outcome Improvement Plan (LOIP)	✓	✓	✓	✓	✓	✓
11. Locality/ Place Plans requirement under the LOIP for deprived areas	✓	Under development	✓	✓	✓	✓
12. Local Development Plan	✓	✓	✓	✓	✓	✓
13. Local Housing Strategy	✓	✓	✓	✓	✓	✓
14. Air Quality Strategy/ Progress Report/ Management Area Plans	✓	✓	✓	✓	✓	✓
15. Sustainability & Climate Change Framework / Action Plan Including as applicable: - Carbon management strategy - Sustainability strategy, - Green network Strategy	✓	✓	✓	✓	✓	✓
16. Open Space Strategy	✓	✓	✓	x	✓	✓

6.1 Scottish Health Protection Network

The parties to the JHPP also participate through the Scottish Health Protection Network (SHPN). Since 2015, the SHPN obligate network has provided a national forum of professionals working in health protection from different backgrounds, working in different places (local and national), and having different responsibilities for public health.

The SHPN has recently undergone an independent review, that found whilst the network is highly valued, and has well regarded and used outputs, it could increase its impact and required further resource to do so. The headline conclusion of the independent review team was:

The Scottish Health Protection Network is unique. It must not be lost, diluted or allowed to disintegrate. Instead, it should be cherished, strengthened and widely publicised.

The signatories to the plan fully support these conclusions, and commit to continuing to support the network through the implementation of the reviews findings, recognising the SHPN as the lynchpin in the national health protection planning infrastructure. It is recognised that to do this requires staff resource to participate in relevant groups and supporting the development of health protection guidance.

7 Health protection activities

7.1 Local and national priorities

The Public Health Priorities for Scotland as published in 2018 highlight the continuing importance of protecting the health of the population from serious risks and infectious diseases through vaccination, infection control and incident response, and the ability to respond to emerging threats, but do not identify specific priority areas for health protection.⁴ The Health Board and Partners are also cognisant of the priorities as stated from time to time by Scottish Government and chief professional officers.

Key priority areas include:

- Pandemic response
- Healthcare associated infections;
- Antimicrobial Resistance (AMR)
- Vaccine preventable diseases;
- Gastro-intestinal and zoonotic infections
- Blood borne viruses
- Tuberculosis (TB)
- Environmental exposures which have an adverse impact on health⁵;
- Climate and sustainability
- Migration and health
- The ongoing consequences of UK withdrawal from the European Union
- Food safety

In addition, the following were considered to be important to improve the delivery of health protection services by both the NHS and Local Authorities:

- Capacity and resilience of health protection services in responding to actual or potential significant threats to public health
- Developing means to assure the quality of health protection services
- Continuing professional development especially with regard to strengthening evidence based good practice
- Improving communications with the public on risks to health and securing a greater degree of involvement in health protection services

Actions on the key priority areas, and other health protection responsibilities include:

7.1.1 Pandemic disease/Covid-19

A comprehensive suite of pandemic flu plans based on national and international guidance, frequent flu planning “exercises”, are continually updated to ensure readiness for future pandemics. These plans support the West of Scotland multi-agency pandemic influenza planning process, which is led by the Local Resilience Partnerships, close working with key partners ensuring a consistent and collaborative approach to planning.

⁴ The Scottish Government (2018) Public Health Priorities for Scotland. Edinburgh <https://www.gov.scot/publications/scotlands-public-health-priorities/>

⁵ These are referred to as “non-communicable hazards” in the remainder of the JHPP

The last two and a half years have been dominated by the Covid-19 pandemic, the most significant health shock worldwide since the 1919 influenza pandemic. Covid has impacted on every aspect of our lives – individual and community health, delivery of services, education, and economic growth

The signatories to the plan have worked together, along with other partners, including police, fire, and other statutory and voluntary organisations, through resilience partnerships to respond to the Covid pandemic, by for example:

- delivering the Test and Protect (contact tracing) services
- providing information, advice and support to businesses, industry and communities on Covid mitigation measures
- Joint working through incident management process
- Visits to commercial, industrial and public sector buildings and workplaces, to assess, advise and enforce control measures
- Setting up of temporary mortuary facilities
- Supporting education departments and head teachers to manage Covid in schools
- Care for people for those shielding or isolating – including welfare checks, assistance with food / shopping arrangements, prescription deliveries, utilities issues, financial matters, welfare issues, library materials, and general household / property matters.
- Support for calls to most socially isolated.
- Administration of isolation support and business grants

Two areas of work deserve being highlighted further – work undertaken to deliver the largest mass vaccination drive in living memory, and the design, set up and running of community testing services. The latter included innovative models for delivery, including being among the first community asymptomatic testing pilots (Renfrewshire), combined asymptomatic and symptomatic testing sites (West Dunbartonshire) and mobile testing buses (East Renfrewshire).

This work was facilitated through an operational sub group of the GGC area pandemic resilience partnership.

7.1.2 Healthcare associated infection

Prevention and control of infection continues to have the highest priority within NHS GGC and the Board Infection Control Committee (BICC), in conjunction with clinical service providers and estates and facilities colleagues, develops an annual infection prevention and control programme and associated work plan to co-ordinate and monitor all the activity of the infection control teams and committees in preventing and controlling infection through effective communication, education, audit, surveillance, risk assessment, quality improvement and development of local guidance and procedures. The programme addresses the national and local priorities for infection prevention and control and extends throughout all three domains of public health: healthcare, health protection, and health promotion.

PHPU and environmental health departments work alongside and support the Infection Prevention and Control Teams (IPCT). The Board's progress against the programme of work is reported at each committee meeting. The most up to date version of the IPC annual report, and Standard Operating Procedures (SOPs) can be accessed on the Infection Prevention and Control section of the NHSGGC website

Good practice in Infection Prevention and Control does not rest solely within the remit of our IPCT. Every member of staff has a professional responsibility to prevent healthcare associated infection and is accountable for their actions in relation to this. This plan recognises that cases of infectious disease and outbreaks in healthcare settings and cases and outbreaks in the community may be linked, and require a cross-boundary response.

The Scottish Infection Prevention Workforce: Strategic Plan 2022 – 2024 was published December 2022. This strategy covers IPCT, Antimicrobial Stewardship, and IPC aspects of health protection teams. We will work together to support the strengthening of infection prevention and control through this framework.

7.1.3 Antimicrobial resistance

Antimicrobial resistance (AMR), the ability of microbes to develop resistance to antimicrobials, rendering infections more difficult and in some rare instances, impossible to treat, is recognised as a global public health threat, compounded by the current lack of new antibiotics being developed.⁶ The scale of the AMR threat, and the need to contain and control it, is widely acknowledged by country governments, international agencies, researchers and private companies alike.

Tackling antimicrobial resistance 2019–2024 - The UK's five-year national action plan was published in January 2019.⁷ It sets out the UK's 2019–2024 national action plan to tackle AMR within and beyond our own borders. The plan was designed to ensure progress towards the 20-year vision on AMR, in which resistance is effectively contained and controlled. It focuses on three key ways of tackling AMR:

- reducing need for, and unintentional exposure to, antimicrobials;
- optimising use of antimicrobials; and
- investing in innovation, supply and access.

These are underpinned by actions across different areas, ranging from reducing infection and strengthening antibiotic prescribing stewardship to improving surveillance and boosting research.

Specific initiatives that are being taken forward out with the acute setting in NHS GGC include:

- Following delivery of the Scottish Reduction in Antimicrobial Prescribing Programme (ScRAP) to all GP practices and a number of care homes in 2017/18, targeted audits and education continue as required.
- Guidelines are in use and available in various formats, and utilised in GP system prescribing support.
- Target prescribing indicators: a 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015/16 data as the baseline (items/1000/day).
- GP practices receive data reports from National Services Scotland on their antimicrobial prescribing three times a year, which supports discussion and review. This compliments other local and national data access.

⁶ https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2647/documents/1_SONAAR-report-2017-revised-november-2019.pdf

⁷

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf

7.1.4 Vaccine preventable diseases

Information on national immunisation programmes, including the timetable of routine childhood immunisations, can be found by visiting

<http://www.immunisationscotland.org.uk/when-to-immunise/immunisation-schedule.aspx>

Uptake rates for routine childhood, HPV and teenage booster vaccines in the national programme are available from <http://www.isdscotland.org/index.asp>

The ongoing challenge is to encourage and maintain high uptake of vaccines, including covid and 'flu, in target groups across the Health Board area.

Immunisation programmes in NHS GGC are coordinated by the Health Protection team providing leadership, programme management, education and training and support to primary care, children and families teams and school immunisation teams who administer the vaccines.

Scottish Government announced a Vaccination Transformation Programme (VTP) in early 2017, with the aim of ensuring the health of the Scottish public through the modernisation of the delivery of vaccinations, empowering local decision making and supporting the transfer of vaccination from General Practice to alternative models of delivery, was completed in April 2022. The Scottish Vaccination & Immunisation Programme, will take the learning from the VTP and the coronavirus vaccination programme into a new operational and performance framework, led by Public Health Scotland.

7.1.5 Gastro-intestinal and zoonotic infections (GIZ)

There is close joint working between NHS GGC and Local Authority Environmental Health professionals on GIZ, including through an agreed enteric investigation protocol, the outbreak control plan, and training events and exercises. Gastro-intestinal infections are the largest single group of infectious diseases that benefit from the joint working between the signatories of this plan. The Health Board and Local Authority Environmental Health professionals work closely with colleagues from national agencies such as Food Standards Scotland, HPS, and animal health in responding to incidents and outbreaks, and the development of guidelines, including via the SHPN topic groups.

The West of Scotland Regional Resilience Partnership has reformed their animal health sub-group to aid in the co-ordination of resilience activities in relation to zoonotic disease. In addition, national plans are available e.g. rabies, which are regularly exercised, and which support local preparedness for zoonotic infections.

Escherichia coli O157 and other Shiga toxin-producing E. coli (STEC)

STEC (also known as verotoxic *E. coli*, VTEC) is the most serious enteric infection that is regularly notified to health protection services, with approximately 40 cases a year notified to PHPU. STEC require a rapid co-ordinated response to minimise risk of further transmission and to identify potential source. The final report on the Scottish VTEC Action Plan⁸, and the revised Scottish STEC public health guidance were published at the end of 2018⁹. Parties to the JHPP were involved in the development of these documents, which aim to reduce the risk of STEC across Scotland and ensure the best evidence based response from all agencies.

⁸ <https://www.hps.scot.nhs.uk/web-resources-container/delivering-the-vtece-coli-o157-action-plan-for-scotland-final-report/>

⁹ <https://www.hps.scot.nhs.uk/web-resources-container/guidance-for-the-public-health-management-of-escherichia-coli-o157-and-other-shiga-toxin-producing-stec-infections/>

7.1.6 Bloodborne Viruses (BBV)

NHSGGC's approach to BBVs is guided by the Scottish Government Sexual Health and Bloodborne Virus Framework 2015-2020, which is currently being updated, following interruption due to the Covid-19 pandemic

Hepatitis C

New drug therapies have radically changed hepatitis C prognosis, and for the majority of people infected it can be cured with 12 weeks of treatment. Much of the Health Board's effort is focussed on finding and treating people so that they can be cured and to contribute to the Scottish elimination targets.

In 2019, the Minister for Public Health in Scotland announced new national annual Hepatitis C treatment targets (3000 people to be treated a year for the period 2020-2024) and a target date for elimination in Scotland (2024), six years ahead of WHO expectations. Prior to COVID-19, NHS GGC consistently exceeded its treatment targets, and efforts are underway to get that back on track. The Viral Hepatitis Managed Care Network co-ordinates and directs specific programmes around testing, treatment and care such as routine testing; case-finding of people who are lost to follow-up and developing appropriate models of care, including community outreach in Addictions settings. Prevention is focused on Injecting Equipment Provision to people who inject drugs and on treatment as prevention.

HIV

There is very effective treatment which means that people living with HIV can live long and healthy lives and those who achieve and maintain an undetectable viral load are unable to transmit the virus to others. This is known as 'treatment as prevention' and is a key component of our prevention strategy.

Prevention programmes are in place to raise awareness, encourage testing and prevent both initial and onward transmission. This includes a comprehensive Free Condom Service and a targeted clinical and health improvement programme aimed at men who have sex with men

In 2015, an outbreak of HIV was identified among people who inject drugs (PWID) in the Greater Glasgow and Clyde (GGC). Interventions to limit further transmission, include outreach treatment services, community prescribing of HIV medication and a sustained focus on testing those at risk.[2] PrEP (Pre-Exposure Prophylaxis) aimed at people who are HIV negative but at high risk of acquiring the infection is being piloted for people who inject drugs to prevent sexual transmission.

7.1.7 Tuberculosis (TB)

TB cases across Scotland have fallen over the last decade, with a 40% decrease in cases since the peak in 2010. NHS GGC has the highest rate of TB in Scotland, at 8 per 100,000 population in 2021, representing around half of all cases in Scotland. In NHS GGC, case numbers have levelled off over the last few years to around 100 cases per year. However, TB cases are becoming more complex, with about half of all cases requiring enhanced case management (ECM)

The current TB Framework (updated version V1.1 published in May 2018), builds on the Scottish Government TB Action Plan, published in 2011. The TB Framework sets out the SHPN's strategy in

^[2] <https://www.nhsggc.org.uk/your-health/public-health/public-health-protection-unit-phpu/bloodborne-virus/hiv/hiv-infections-in-people-who-inject-drugs-update-2019/>

relation to tuberculosis control for the period 2017-2021. Specifically, the Framework supports this by:

- Encouraging engagement with those most at risk of tuberculosis to ensure that they are able to benefit from our NHS services
- Seeking to ensure that effective treatments, interventions, support and services are provided to people when they need them, while at all times working in partnership with our stakeholders to ensure that services provided are evidence based and appropriate
- Striving to ensure that people are able to maintain high levels of health, good relationships and positive wellbeing including adequate housing and nutrition.

The Framework can be found at

<https://www.hps.scot.nhs.uk/web-resources-container/tb-framework-for-scotland/>

7.1.8 Non-communicable hazards

Environmental Health is concerned with the effects on health of a wide range of chemical and physical risk factors. These may be present **either in the indoors or out of doors environment**. Increasingly, this area of public health protection is concerned with the wider health impacts of natural and built environment and on mitigating the impacts of climate change.

Exposures to chemical or physical agents differ in a number of other ways from exposures in association with lifestyle or occupation, as follows:

- Concern is usually with low-level exposures which are difficult to measure and difficult to link to disease;
- Exposures often occur to complex mixtures rather than just to a single agent;
- It may be difficult to estimate historical levels of exposure;
- Measurement of small effects associated with low-level exposures on common diseases may be difficult and may be beyond the capability of conventional epidemiology.
- Pathway of exposure may be uncertain or difficult to establish. Pathways include the inhalational, ingestion and dermal contact pathways.

Issues in non-communicable hazards in the area of NHS GGC include the following:

Air pollution is an example of an environmental exposure with a well-known epidemiology, particularly in relation to particulate matter (PM10 and PM 2.5). Other pollutants of concern include nitrogen oxides (NOx) and the “greenhouse gas”, carbon dioxide.

All Local Authorities have a duty to regularly review and assess air quality within their area and report the findings to the Scottish Government on an annual basis. Statutory air quality objective levels for specified pollutants are set out in the Air Quality (Scotland) Regulations 2000 and subsequent amendments. Where objective levels are not being achieved the area must be designated an Air Quality Management Area (AQMA) and an Air Quality Action Plan (AQAP) published, outlining action measures the Council are taking forward to improve air quality in those areas, leading to higher overall standards of air quality.

Glasgow City Council and the Scottish Government are partners in the introduction of the first Low Emissions Zone (LEZ) in Scotland, as part of a plan to introduce LEZs to Scotland’s four largest cities. The main aim of the LEZ in Glasgow will be to bring air quality into compliance with the national standards. The LEZ came into effect in Glasgow city centre on 31 December 2018. Glasgow’s LEZ is being phased in and to start with, will only apply to local service buses. On 31 December 2022, on

full implementation, all vehicles that enter the zone will be required to meet specified exhaust emission standards.

Waste disposal: Landfill has historically been a common way of disposing of domestic, industrial and hazardous waste, although the use of landfill for this purpose will decrease dramatically in the near future. The Scottish Government Zero Waste Strategy, first published in 2010, includes targets for waste reduction and for 70% of the remaining waste to be recycled, with a maximum of 5% going to landfill, by 2025.

The Glasgow Recycling & Renewable Energy Centre (GRREC) is a state-of-the-art residual waste treatment facility located at Polmadie in Glasgow, which became operational in 2019. The GRREC is a key component of the Council's response to the climate emergency and designed to help drive Glasgow towards becoming a more sustainable city.

Historically, all residual waste (waste that cannot be re-used or recycled) would have been landfilled. The environmental challenges associated with landfill are well-documented; in particular their impact on climate change through the release of greenhouse gases as biodegradable waste breaks down. As the Council moves away from landfill as the main way to manage residual waste, the GRREC provides a modern and sustainable treatment solution that is aligned to the Council's ambition of becoming a carbon neutral city.

Figures on domestic waste disposal are published by SEPA and are available at <https://www.sepa.org.uk/environment/waste/waste-data/waste-data-reporting/household-waste-data/>.

Environmental asbestos exposure: Asbestos is well established as an environmental risk factor with a widely accepted epidemiological framework for risk assessment. Asbestos has been widely used in the urban built environment and exposures may occur in a range of situations, including factory fires and demolition of blocks of flats. A study of the possible health effects of asbestos from the demolition of high rise flats in Glasgow has demonstrated that risks from such activities are extremely low, though precautionary environmental monitoring during works has been carried out.

Smoke free hospitals: Scotland has been a leader in removing smoking from public places, and this has been supported through the work of signatories to this plan. New legislation now makes it an offence to smoke outside hospital buildings, and the local partners are working together to promote and enforce this change. A sub-group of Med-Vet, with Local authority and NHS Health Improvement team representation is taking this work forward.

7.1.9 Climate and sustainability

The 26th session of the Conference of the Parties (COP 26) to the United Nations Framework Convention on Climate Change (UNFCCC) took place in November 2021, in Glasgow, UK. NHS GGC and the relevant Local Authority environmental health teams contributed to the health role in the multi-agency command centre, and other organisational "cells" to support the success of the largest diplomatic and civil society event ever held in the UK. The Glasgow Agreement provides an opportunity to build on the legacy of COP26, and to embed sustainability and climate adaptation and mitigation into all workstreams.

7.1.10 UK withdrawal from the European Union

The impact of the UK's withdrawal from the EU will directly affect the work of Environmental Health. Export Hubs have been set up to facilitate Scottish businesses exporting their trades and commodities. Both port and inland local authorities continue to monitor compliance of foodstuffs which are imported and exported. Proposals to increase checks on imported food from the EU were due to come into force in 2022 but have been delayed until late 2023 at the earliest. If these are fully brought in then they may yet require significant resource input from Environmental Health services with the development of additional Border Inspection Posts (BIPs).

The majority of legislation enforced by Environmental Health is derived from European legislation including food law, occupational health and safety, water quality, air quality, contaminated land etc. Most laws and regulations have now been amended for domestic purposes whilst maintaining previous standards however implementation of these have at times been delayed due to the conflict in Ukraine and the impact on consumer markets. There may further changes to the legislative landscape in the coming years.

7.1.11 Migrant health

There is a long history of migration into the West of Scotland, with communities developing over many decades and generations. This inward movement continues, and Greater Glasgow and Clyde includes some of the most ethnically diverse communities in Scotland, with an increase in the BME population from 3.6% in 2001 to 7.5% in 2011, well above the Scottish national average.

Some of the migrant groups and the communities they live in are more vulnerable than the general population, due to a number of factors including deprivation and living conditions, prior access to healthcare (including vaccination), barriers to accessing services (such as culture, language, stigma), limited social networks and isolation, and their own lived experiences. These vulnerable communities require additional support of public health services compared to more settled populations.

The war in Ukraine has increased the number of new migrants into the West of Scotland, supported by the Scottish Government's role as a visa "super sponsor". Local Authorities have led on the inspection and licensing of accommodation. Work streams across a whole range of services have been progressed rapidly with joint working between local government and health and social care partnerships, and will continue to require significant resource from partners during the period of this plan.

7.1.12 Food safety

Scottish Authorities Food Enforcement Rebuild (SAFER) has been launched by Food Standards Scotland (FSS) as a collaborative approach to modernise the national approach to managing the public health risk from food safety.

It has been recognised that there is significant risk of the capacity in local environmental health services failing to provide the resource to meet all aspects of the statutory requirements of the Food Law Code of Practice. To mitigate this risk FSS are seeking to work with LA's to redefine and develop a framework for Food Law that will deliver the following aims:

- Public health protection & assurance
- Sufficient , sustainable and dynamic resource
- Alternative qualification pathways
- A Food Law delivery model focused on risk and non-compliance
- Vital training and practical guidance.
- Technological and digital solutions.

This is essentially starting with a blank sheet of paper and is the biggest change to food law delivery since the Pennington Report. It will require significant resource to complete and FSS have asked LA's to:

- Release Environmental Health staffing resource to help design and deliver the SAFER programme
- Continue to deliver core functions whilst the programme is developed. FSS will provide relaxations during the process.
- Re-invest the resources saved through SAFER back into food law enforcement
- Protect existing resources for food law enforcement to ensure public health protection and assurance in the food industry

How this impacts the wider EH resource and capacity is unknown at present but should become apparent as the SAFER projects moves forward in 2023. A programme plan is being worked on which should give an indication of the pathways and timescales to completion.

7.2 Local Authority Environmental Health

Examples of local health protection priorities carried out within Local Authorities by Environmental Health Officers and other professional staff, are outlined below. Many are requirements of statute, in order to protect the health of individuals living and working in our communities. In addition to specific priorities listed below, Local Authorities work to prepare for and respond to emerging threats in collaboration with NHS GGC and HPS.

- Reducing harmful air pollutants, such as particulate matter and NO₂;
- Statutory Nuisance (including controlling environmental noise, , odours, drainage/sewage problems, waste water spillage, minor housing disrepair, etc);
- Communicable disease control;
- Investigation and control of contaminated land; including actively promoting contaminated land remediation using the Councils' planning and development processes;
- Housing standards (including private sector, housing conditions, building disrepair);
- Drinking water quality;
- Pest control;
- Protecting health and consumer interests in relation to food by working with partner organisations and local business, implementing nationally set standards and minimising the risk of food poisoning incidences and outbreaks through inspection, training and initiatives; these activities include tackling the problem of food fraud, and an increasing focus on improving diet and nutrition.
- Maintaining the health of the working population through regulation of workplace safety and through inspection, awareness raising, training etc., and minimising the risk of ill health caused by occupational health exposures including stress,;
- Minimising the risk of exposure to environmental incivilities such as dog fouling, litter, illicit tipping, graffiti – there being a growing body of evidence that links stress to aspects of mental health and wellbeing, but also to physical disease- psychosocial dimension;
- Minimising the risk of environmental exposure to tobacco smoke, including secondary exposure through inspection, enforcement (e.g. preventing sale of tobacco to under 18s with colleagues from Trading Standards), awareness raising of smoking in public places legislation;
- Activities concerning alcohol consumption regulation through licensing standards legislation – including enforcement, education and awareness raising work;
- Protecting the health, welfare and safety of the public through raising standards of premises licensed for the sale of alcohol together with premises licensed for other purposes, e.g. tattooists and skin piercers;
- Protecting the health, welfare and safety of the public through regulating standards at events licensed for public entertainment; Promoting community health and well-being by protecting public health through educational and advisory services.
- Working with Scottish Water to support delivery of the 2015-2027 improvement plan (“Quality and Standard 4”) and with the Drinking Water Quality Regulator (DWQR) on standards of private water supplies.
- Activities related to animal health, including tick-borne diseases and the risk of rabies in imported animals, which remains very low due to existing control programmes

7.3 Unique health protection risks and challenges within NHS GGC

7.3.1 Contaminated land

The issue of contaminated land causes considerable public anxiety not only because of effects on health but because of possible effects on housing markets. Contaminated land may represent a risk factor for health in local populations although the nature and scale of the risk depend on the type of contamination. The contamination is usually the result of historical use of land for industrial purposes.

In Glasgow, parts of the south east of the city and in to South Lanarkshire are contaminated with chromium as a result of the operations of the former chromium industry in the area. Several epidemiological studies have been carried out in the affected areas, and to date no detrimental effects on health have been demonstrated. In 2019, Clyde Gateway carried out remediation works with the aim of reducing hexavalent chromium contamination in the West Burn and Polmadie Burn, linked to historic chemical works in the area. These works are part of a wider strategy to deal with historic contamination and bring about the development and regeneration of the area.

Similarly, West Dunbartonshire have addressed areas of contamination through local development plans, redeveloping sites along the Clyde waterfront, including the former John Brown's shipyard and adjoining sites, collectively identified as Queens Quay in Clydebank, the Carless site in Old Kilpatrick, the Exxon site in Bowling and Dumbarton waterfront. Inverclyde also continue to address contaminated land and brownfield sites.

7.3.2 Lead in drinking water within Schools and nurseries

Lead does not occur naturally in any significant quantities in water supplies. However higher than normal lead levels can occur when pipes in properties – particularly if built pre-1970 – come into contact with lead supply pipes.

Scottish Water provides the public water supply in Scotland and it has responsibility for the part of the service pipe and connection within the street. Where they encounter lead pipes within their ownership, they automatically replace those with modern materials.

All school and nursery premises constitute public buildings where members of the public may consume drinking water. There are established mechanisms, as required by the Public Water Supplies (Scotland) Regulations 2014, between Scottish Water and Environmental Health teams, to enforce remedial works.

A team of Scottish Water, NHS and local authority staff are checking water supplies are lead-free at more than 1500 independent nurseries, after school club and schools. Testing in public sector schools is carried out by relevant local authorities. As the global pandemic hit investigations had already been completed at 46% of the establishments identified, with samples taken from 2,820 taps and work ongoing to resolve any issues identified.

When the scheme has been completed, drinking water supplies at all independent schools and private nurseries in Scotland will meet the standard for lead, supporting the health and educational attainment of pupils.

7.3.3 Glasgow Region City Deal

The Glasgow City Region City Deal is an agreement between the UK Government, the Scottish Government and eight Local Authorities across the Glasgow City Region comprising: East Dunbartonshire; East Renfrewshire; Glasgow City; Inverclyde ; North Lanarkshire; Renfrewshire; South Lanarkshire; and West Dunbartonshire Councils. The Glasgow City Region City Deal will fund major infrastructure projects; create thousands of new jobs and assist thousands of unemployed people back to work; improve public transport and connectivity; drive business innovation and growth and generate billions of pounds of private sector investment.

The City Deal will provide:

- **Improved infrastructure** – £1.13 billion fund to support the delivery of improved transport and connectivity across Glasgow and the Clyde Valley and key development and regeneration sites.
- **Growth in life sciences** – establishment of world class research and development and commercialisation facilities.
- **Supporting business innovation** – providing additional business incubator and grow-on space for entrepreneurs across the Region enabling more small and medium enterprises to grow.
- **Tackling unemployment** – creation of thousands of new jobs and establishment of programmes to provide targeted support to 16-24 year olds and vulnerable residents, and testing new ways of boosting the incomes of people on low wages to make them more self-reliant.

7.3.4 Port health

Within the Board area there is a large international airport (Glasgow International airport) and a large seaport (Greenock), as well as smaller seaports. Glasgow Airport has direct flights to many international destinations including Europe, the Middle East and the Americas. Port of Greenock operates year round as a major freight terminal, and between April and October has increasing numbers of cruise ships. A new cruise berthing facility was opened in Greenock in 2021 with a new terminal building opening in time for the 2022 cruise season. Both of these developments were supported by the Glasgow City Deal. West Dunbartonshire provides for Port Health at its Clydebank port location at Rothesay Dock, receiving commercial shipping.

There are long established plans between NHS GGC and Renfrewshire Council for Glasgow Airport, and with NHS GGC and Inverclyde for dealing with incidents involving the Port of Greenock. These plans regularly reviewed and updated. Plans will be reviewed to ensure contingency and public health resilience for the Clydebank port.

There has been an expectation that aircraft and port regulations will be updated since the introduction of the Public Health etc (Scotland) Act 2008. The desire to develop these alongside updates in other UK jurisdictions, has delayed this review. Current plans and arrangements will be reviewed and updated if necessary as a result of any changes to the regulations.

7.3.5 Impact of Tourism & Cultural Events

There has been an increase in the number of visitors to Scotland generally but specifically to locations in the NHS GGC area. This is through an increase in cruise ships arriving through the Port of Greenock in Inverclyde as well as the increase in international flights at Glasgow airport in Renfrewshire. The number of hotels rooms in the area has increased. The influx is particularly apparent during the summer months when there are a number of music festivals in the Glasgow area.

This can present particular health protection challenges such as the importation of unfamiliar or non-endemic communicable diseases, opportunities for transmission during mass gatherings, and the potential for mass exposure to point source environmental hazards. It also requires maintenance of good relationships across health board boundaries, across the 4 Nations, and, via the International Health Regulations National Focal Point, further afield.

7.3.6 Private water supplies

Environmental Health teams are responsible for regulating private water supplies. Private water supplies are those which are not provided by Scottish Water. The source of the water may be from springs, wells, boreholes, rivers or lochs. These can supply residential properties or commercial premises which vary from food businesses to rented cottages. The supplies are sampled according to a risk assessment to test for chemical and microbiological contamination to ensure their safety for public use. Enforcement action is taken where necessary to secure improvements to failing supplies and follow up cases of waterborne disease or contamination in the supply

7.3.7 Control of Major Accident Hazards (COMAH) Sites

Within the NHS GGC boundary there are six upper tier COMAH sites. In accordance with COMAH legislation, each of these sites has a multi-agency off-site incident management plan. These plans are developed by resilience partners, which include the Health Board and relevant Local Authorities, as well as emergency services and other agencies. These plans are updated and tested on a regular basis in accordance with the relevant legislation.

The sites are

- Provan gasworks (Glasgow)
- NuStar-Clydebank terminal (West Dunbartonshire)
- Chivas Brothers Dumbuck (West Dunbartonshire)
- Chivas Brothers Dalmuir (West Dunbartonshire)
- Beam Suntory and John Dewar and Sons Ltd, Westthorn Site (Glasgow)
- Diageo, Blythwood (Renfrewshire)

Additionally, NHS GGC have a mutual aid agreement in place with NHS Highland to provide initial response and subsequent support for incidents relating to HMS Naval Base Clyde (Faslane/Coulport).

7.4 Significant incidents and outbreaks in recent years

Table 3: Significant incidents and outbreaks with joint health protection response from 2018 to 2022 (not otherwise covered in the plan).

Situation	Dates	Description
Glasgow 2018 European Championships	2018	Glasgow 2018 European Championships were held 1st – 12th August 2018. Six groups of events, involved 3025 athletes, and a total of 8500 participants, including officials and others. Eight venues across the NHS GGC area were used for three groups of sports (aquatics, cycling and gymnastics), with rowing and triathlon based in Lanarkshire, and golf in Ayrshire. NHS GGC and NHS Lanarkshire shared health role in the multi-agency command centre.
Port Health call outs	2018-2019	Renfrewshire Council EHD and NHS GGC PHPU jointly responded to a number of Port Health call outs to Glasgow International Airport. Each situation requires individual risk assessment, and advice given includes personal hygiene, environmental cleaning and other aspects of infection control. No wider threat to public health was identified in these incidents.
Clusters of gastrointestinal pathogens identified through Whole Genome Sequencing (WGS)	2018-2019	<p>Following the introduction of routine whole genome sequencing (WGS) of gastrointestinal pathogens in Scotland, a number of case clusters were identified, (with isolates of identical/ near identical sequences indicating a common source), with cases spread across different Scottish NHS boards, and/ or across the UK.</p> <p>The investigation of several clusters involving GGC residents (for a range of pathogens including e-coli, salmonella and shigella), were supported jointly by the respective environmental health teams and NHS GGC PHPU, through case interviews (including trawling questionnaires to identify potential food sources), and inspection and environmental sampling at implicated food premises where indicated.</p>
Non A-E Hepatitis	2022	A cluster of cases of hepatitis of unclear origin were identified by paediatricians at the Royal Hospital for Children in Glasgow. Research by the University of Glasgow identified preceding adenovirus infection as a possible trigger along with a possible genetic predisposition. Trawling questionnaires were conducted locally and extensive testing was conducted by laboratory colleagues to identify potential causative agents.

Situation	Dates	Description
Incidents in childcare, school and higher education settings	2018-2019	<p>NHS GGC PHPU and environmental health and other Local Authority colleagues routinely collaborate to investigate incidents in childcare, school and higher education settings. Examples of such incidents in the last two years included:</p> <p>Hepatitis A diagnosis of a primary school pupil: Mass vaccination arranged for pupils and staff in school, and environmental health advice was provided to the school regarding hygiene measures.</p> <p>Schistosomiasis diagnosis of a secondary school pupil following a school trip to Malawi: Advice was provided to all other pupils and staff involved in the trip (common exposures) to get screened for Schistosomiasis in primary care</p> <p>Contacts of a measles case, who had attended a school event at a local University: contacts were identified and advice provided in collaboration between HPS, NHS GGC PHPU and the schools whose pupils had attended the event.</p> <p>Norovirus outbreaks in schools and nurseries: Support and infection control advice by environmental health and NHS GGC PHPU is routinely given to schools and nurseries experiencing norovirus outbreaks (with increases in norovirus activity in such community settings usually seen over the winter months).</p>
Zoonotic incidents / incidents related to pet exposures	2018-2019	<p>Over the last two years, a small number of cases of zoonotic infections in the GGC area for which domestic pets were identified as the most likely cause of infection were investigated jointly.</p> <p>This included cases of psittacosis (with pet birds as the likely source) and Seoul Hantavirus (with pet rats as the likely source). EHOs visited any affected household as appropriate to assess the circumstances, and advise in collaboration with PHPU on the appropriate control measures and infection control advice.</p> <p>Several staff of a veterinary practice received post-exposure prophylaxis for rabies after handling an aggressive dog, which originally stemmed from an eastern European country where rabies is endemic. The dog was euthanized and a post-mortem was conducted to exclude rabies.</p> <p>An imported Romanian dog with brucellosis required extensive contact tracing in collaboration with PHS and West Dumbartonshire EHOs. Several veterinary practices were contacted and referrals made to HPTs in Ayrshire and England</p>
Polmadie and West Burn contamination	2019	<p>Clyde Gateway, in collaboration with the Scottish Environment Protection Agency (SEPA) and Glasgow City Council have carried out remediation works to reduce hexavalent chromium contamination in the West Burn and Polmadie Burn, linked to historic chemical works in the area.</p>

8 Health protection: resources and operational arrangements

8.1 Staffing and ICT resources

“Competent person” is a designation under the Public Health etc (Scotland) Act 2008 and subsequent regulations, and indicates an individual designated by the Health Board or Local Authority, who is empowered to use the relevant powers listed under the Act. In NHS GGC there are 16 individuals who are designated as competent persons, supported by a further nine staff members (including TB specialist nurses, epidemiology and analytics staff, civil contingencies planning unit and other senior staff).

Table 4 demonstrates the numbers of competent persons and other staff in each organisation as full time equivalents. Staffing resource may fluctuate during the period covered by the plan.

Table 4 Competent persons and other staff contributing to the public health protection function by Local Authority

	Competent persons designated under the Public Health etc (Scotland) Act 2008 (FTE)	Others who contribute to public health protection functions (FTE)
NHS GGC	15.2	15.4
Glasgow City	26	52.7
East Dunbartonshire	11	2
West Dunbartonshire	11	9
East Renfrewshire	5	4
Renfrewshire	11 + 1 vacant	11.5
Inverclyde	8	8

All partners have access to IT equipment relevant to their roles, including desktop and laptop computers, mobile telephones and email. In common with all other NHS territorial boards, PHPU uses the HPZone case and incident management system to manage workflow and to act as the formal record of PHPU response. Additional statistical and epidemiological software and tools are available in PHPU to assist in outbreak response.

8.2 Out of hours/on-call arrangements

8.2.1 NHS GGC

NHS GGC maintain a 24/7 public health service. During office hours (Mon-Fri 9am to 5pm) duty Health Protection Nurse Specialist (HPNS) or Consultant in Public Health Medicine (CPHM) can be contacted via the PHPU office. Outside office hours the on-call public health services can be accessed via the NHS GGC switchboard. There is a CPHM available at all times, and they are able to mobilise additional resource in accordance with incident management plans. It is anticipated that ongoing organisational change work will provide increased weekend daytime capacity.

8.2.2 East Dunbartonshire

During office hours (Monday to Friday 9am to 5pm) Environmental Health staff can be contacted on 0300 123 4510 and by email on environmental.health@eastdunbarton.co.uk. Out of hours a member of the management team can be contacted by telephoning the above number.

8.2.3 East Renfrewshire

The Council has no specific out-of-hours Environmental Health provision. However, the Council is part of the Civil Contingencies Service which has on-call officers and, within the Council's Emergency Plan, there are arrangements that enable the Council's 24-hour Contact Centre to contact key Environmental Health staff should there be an emergency.

8.2.4 Glasgow City

A call centre responds to calls 24/7 and during office hours (Mon-Fri, 9am-5pm) information will be forwarded to Environmental Health Officers. An Environmental Health Officer may be available at weekends (9am-5pm) and there may be one EHO available between 5pm and 3.00am every night (excluding public holidays). The call centre will forward information to the appropriate officers at weekends and after 5pm. Between 3.00am and 9am the call centre will direct all emergency calls to one of four Assistant Managers or the Group Manager.

8.2.5 Inverclyde

Office hours are 8:45 – 16:45 Monday to Thursday and 8:45-16:00 on Friday. Out of hours contact in the event of an outbreak or incident is by direct contact with the Public Protection Service Manager, the Health Protection Team Leader or the Public Health & Housing Team Leader. For emergencies and incidents which extend beyond a single service response the council's Civil Contingency Service provide a 24/7 response which would include the activation of a Council Incident Officer (CIO) to manage the council's response.

8.2.6 Renfrewshire

Renfrewshire Council Environment & Communities operates an emergency on call service. Outside of office hours a mobile telephone number is manned 24 hours for response to health protection emergencies. This is staffed by EHOs on a rotational basis and all officers are listed as Competent Persons. The on call service covers Port Health emergencies at Glasgow Airport which are responded to jointly by Renfrewshire Council EHOs and Consultants in Public Health Medicine from NHS GGC. Renfrewshire Council has an Emergency Contacts Directory which lists all appropriate persons in Renfrewshire Council for contact in an emergency

8.2.7 West Dunbartonshire

Contact with WDC Environmental Health during normal working hours is via phone or email (0141 951 7957 environmental.health@west-dunbarton.gov.uk). WDC has a system of emergency contact (phone and email) for Environmental Health in the event of public health incidents and emergencies arising out-of-hours through the Civil Contingencies Service. This system provides for contact of senior officers with capacity to initiate a service response. WDC Emergency Controller – Council Out of Hours Emergency Contact 0800 197 1004

8.3 Standard Operating Procedures

The PHPU within NHS Greater Glasgow and Clyde and the six Local Authorities have Standard Operating Procedures (or similar) which are subject to regular review. Many of these relate to health protection, food safety and food hygiene. SOPs are subject to regular audit. The Med-Vet Group has produced a joint protocol for the epidemiological investigation and surveillance of infectious intestinal diseases which is followed by both the Board and the Local Authorities. It describes how PHPU and colleagues in the Local Authorities deal with cases of infectious intestinal diseases such as salmonella and E coli O157.

8.4 Maintaining knowledge and skills

8.4.1 NHS GGC

All consultants and registrars who take part in duty rota are required to maintain their skills and record continuing professional development (CPD) activities with the Faculty of Public Health (FPH) or alternative Royal College. FPH carry out random audits of members' CPD returns. Maintenance of CPD records is also checked at yearly appraisals carried out in the Board. This is in keeping with current General Medical Council (GMC) requirements on revalidation and appraisal for doctors.

Similar arrangements are in place for HPNS, in accordance with the Agenda for Change Knowledge and Skills Framework process and nursing revalidation.

8.4.2 Local Authorities

Local Authority Environmental Health professionals generally have a Performance Development Review, or equivalent, on an annual basis. The majority of EHOs undergo ongoing training to maintain the necessary skills and competencies on a wide range of public health and environmental matters, including health protection. In addition, there are specific requirements in terms of ongoing CPD and experience required for food enforcement. Many environmental health professionals also take part in the Royal Environmental Health Institute of Scotland (REHIS) scheme of CPD, and can gain and maintain Chartered Status as an Environmental Health Officer.

Local Authority Environmental Health services participate in a number of liaison groups, e.g. West of Scotland Food Liaison Group, West of Scotland Health and Safety Liaison Group, Public Health and Housing Working Group and the Central and West of Scotland Pollution Control Group. At these liaison groups, new legislation, guidance, consultation documents, common issues of interest and difficulties that authorities are experiencing are discussed and common approaches determined. These groups also provide a network where Environmental Health Professionals can contact other group members outwith meetings for advice and information.

8.4.3 Joint training

The Med-Vet Group routinely shares details of relevant training opportunities and conferences, and arranges joint visits to appropriate site visits (ie water treatment works, waste management). Joint training sessions between GGC PHPU and Local Authority environmental health staff are also held.

9 Health protection services: capacity and resilience

In the GGC area there are a number of emergency plans that are reviewed, exercised and updated on a regular basis, which are detailed earlier in this plan.

PHPU works closely with the NHS GGC Civil Contingencies Planning Unit. All signatories to this plan are members of the multi-agency West of Scotland Regional Resilience Partnership and the appropriate Local Resilience Partnership(s).

Four Local Authorities are members of a Joint Civil Contingencies Service (CCS). This is based in Paisley and covers East Renfrewshire, Inverclyde, Renfrewshire and West Dunbartonshire Council areas. The CCS provided the secretariat and supported a number of working groups covering the whole NHS Board area during the pandemic.

A memorandum of understanding exists between the West of Scotland NHS Boards (NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde, NHS Highland (for Argyle and Bute) and NHS Lanarkshire) to provide mutual aid in public health emergency situations.

In addition, NHS Ayrshire & Arran, NHS Dumfries & Galloway, NHS Greater Glasgow & Clyde and NHS Lanarkshire have agreed to work together to provide appropriate personnel to form a Scientific and Technical Advice Cell (STAC) to advise the West of Scotland Regional Resilience Partnership in emergency situations. A similar memorandum of understanding exists between the thirteen Local Authorities of the West of Scotland Regional Resilience Partnership. This enables councils to support each other during emergencies if required.

9.1 Public Health Workforce

It is recognised locally and nationally that there have been both historic and current challenges in recruiting and retaining specialist health protection workforce, across all partners and agencies. There has been some legacy benefit from the pandemic response, with Scottish Government providing support for there to be an improved resilience and capacity in health protection teams. Though most of the structures across Test, Trace, Isolate and Support programmes have now been stood down, there have been a small number of additional permanent staff, for example new nursing and data analyst roles in PHPU. However this needs to be seen in the context of historical under-resourcing of health protection teams, remaining gaps in consultant level staffing across Scotland, and the very tight financial position, which is affecting all public services.

Prior to the pandemic a number of short, medium and long term actions were proposed to increase the resilience of the Environmental Health Workforce which was suffering from an ageing staff demographic and a fall off of new entrants to the profession. Although there was support for a number of these at varying levels the impact of the pandemic together with the subsequent stresses on the Scottish Government budget has meant that there has not been as much progress in some areas as might have been hoped for.

One area where there has been significant progress is in the change in the Environmental Health degree, currently offered by the University of the West of Scotland. This has moved to encompass the practical training required by REHIS prior to professional qualification as a sandwich year. Previously graduates had to find training places after their degree often against a background of local government cuts. This resulted in a failure for some to enter the profession with a concomitant impact on the popularity of the Environmental Health course. It is hoped that the sandwich element will make it easier for graduates to enter the profession and have a knock on effect on the popularity of Environmental Health as a career option.

10 Health Protection: public involvement and feedback

There are a number of different ways that the Health Board and Local Authorities consult and engage regularly with the public. These include follow up telephone calls regarding public satisfaction with services; customer feedback questionnaires - such as pest control or environmental health premise inspections; Citizens' Panel surveys, online methods of feedback for patients (Care Opinion and NHS GGC Online Feedback), carer audits, patient interviews etc.

In line with the Patient Rights (Scotland) Act 2011, NHS GGC seeks patient feedback, comments, complaints and concerns on an ongoing basis and through a range of different methods, to improve patients experience of using health services, and to support people to become more involved in their health and health care. The range of different methods used to elicit feedback and the governance structure, as well as findings on common themes and actions taken in response are published annually.¹⁰

NHS GGC PHPU has been exploring means of improving patient and public involvement with a view to improving service delivery. It is anticipated that a more active approach to seeking feedback on the above activities will be taken. This is likely to include the use of survey software or phone call using translator services for those who do not speak English. Whilst many interactions with public health only comprise one phone call, certain situations do arise for which ongoing support for the affected individuals is necessary. As such, key points to assess are not only the clarity of the information provided, but also the usefulness of the support given and how this can be improved. This exercise is anticipated to be undertaken in 2023 with the support of NHS GGC Patient and Public Involvement (PPIT) Team. Key actions to undertake in the coming year include:

- Identification of acceptable means of communication to seek feedback in-keeping with staffing, IT and budget constraints.
- Agreement amongst PHPU staff regarding questions to be included in any feedback exercise.
- Maintaining an ongoing relationship with the PPIT.
- Establishment of governance processes to incorporate feedback into service quality improvement activities.

Below are some examples of public involvement and feedback exercises within the signatories to this plan.

- A sample of service users are contacted and their views on the level of satisfaction obtained. The Council's Facebook page is also used to provide information on Council services, including Environmental Health. Residents can then use this to raise local issues with the Council
- Environmental Health consults, engages and encourages participation in service improvement, and satisfaction levels are gauged through direct face to face contact, community engagement events, directed survey and open invite through web services and social media.
- Peer support and patient engagement programme for adults attending for HIV Treatment and Care. The HIV Prevention Treatment and Care group is planning to co-opt a patient representative onto its steering group. The Stigma Reporting process allows those living with HIV to feedback if they have experienced HIV related Stigma and Discrimination within the NHS.

¹⁰ https://www.nhsggc.org.uk/media/254892/patient_feedback_annual_report_2018-2019.pdf

- Waverley Care is commissioned by NHS GGC to deliver HCV Patient Information and Support services and also the African Health Project. Both of these contracts include user engagement to help understand the needs of the population and target interventions/services effectively.
- Direct public involvement through lay representatives on formal bodies and working groups, for example infection control committees.
- To ensure effective and appropriate communication with the public on perceived and actual risks to health, the communication teams of the Health Board and the respective Local Authorities form an important part of problem assessment groups and incident management teams.
- As part of the Vaccine Transformation Programme, and to ensure that the public were involved from the outset in the discussions on service design for vaccine delivery, a national study was carried out in 2018 to explore the public views of vaccination delivery¹¹. Eighteen extended focus groups were conducted across six NHS Health Board areas including NHS GGC.
- The NHS GGC PHPU team and the Local Authority environmental health teams, interview members of the public who are affected by notifiable infections to identify the likely source of infection, to organise any required prophylaxis and control measures, and to provide infection prevention and control advice to ensure that the infection is not passed on. Any questions and concerns by these individuals are addressed during these conversations, and individuals are encouraged to get back in contact through phone or email (details provided on pathogen information leaflets) if they have any follow up questions.
- In addition to responding to immunisation enquiries from healthcare professionals, the NHS GGC PHPU team routinely respond to enquiries from members of the public (via email as well as through telephone conversations), including recording and addressing any issues with access to immunisations.
- Governance sign off for the JHPP involves public representation by councillors as elected officials, through the relevant Local Authority committees (see p.2).
- The JHPP is a public facing document and the relevant webpage for the JHPP2018-20 on the NHS GGC website was viewed 181 times (to January 2020).

¹¹ <http://www.healthscotland.scot/media/2492/exploring-public-views-of-vaccination-service-delivery.pdf>

11 Outline work plan

In addition to the day-to-day strategic and reactive health protection work undertaken by the partner agencies, which have been outlined in this plan, an action plan of specific activities is developed and taken forward over the life of each plan by the partner agencies and the wider “Med-Vet” group.

Highlights of progress against the work plan for 2018-20 and 2020-22 (unpublished).

- The Outbreak Control Plan, its supporting documents and procedures have been reviewed and updated. It has been renamed “Incident Management Plan” and has received one major and two minor updates since the publication of the 2018 plan. It has also been adopted by the NHS GGC Infection Prevention and Control Team, so a single outbreak/incident management plan is used across the Board.
- Enteric protocols and generic enteric forms have been reviewed and updated to ensure that they are aligned to current practice, and regular audits of performance in management of enteric cases continue on an annual basis. Partners to this plan are also engaging with the SHPN work to harmonise data collection for enteric pathogens across Scotland.
- Plans, policies and SOPs have been updated in line with the updated E.coli public health guidance issued by the Scottish Health Protection Network in December 2018.
- The Med-Vet Group routinely shares details of relevant training opportunities and conferences, and arranges joint visits to appropriate site visits (e.g. water treatment works, waste management), and this will continue in 2020-22. A rolling programme of joint training sessions between GGC PHPU and Local Authority environmental health staff was progressed over the lifespan of the JHPP2018-20. Plans to continue this work, and to develop opportunities to complete part of EHO work based training at the GGC PHPU were paused due to the pandemic
- Efforts to strengthen and harmonise where possible mechanisms for patient and public involvement in health protection activity are ongoing (see section Health protection: public involvement and feedback)
- Work with Health and Social Care Partnerships over the last two years has ensured all parties are aware of the process for mobilising response to outbreaks and incidents, and this work will continue (e.g. through involvement in the exercise of the outbreak control plan).
- The public health reform process has been concluded, with the creation of PHS during the pandemic. We will continue work directly with PHS, and through SHPN as the new national public health agency develops and settles into its position in the whole system health protection response.

An outline of key areas of work to be undertaken during the course of the 2023-25 plan are summarised below. The Public Health (Health Protection) Liaison Working Group (the Med-Vet Group) are commissioned by, and have delegated responsibility on behalf of, the Director of Public Health to develop detailed action plans for each of these areas of work:

- The Incident Management Plan will be tested in a full scale incident management exercise in 2023, followed by its review and revision in 2024;
- The enteric investigation protocol will be reviewed and revised in 2023 to align to current practice and outcomes of regular audits of performance in management of enteric cases;
- The blue-green algae (cyanobacteria) plan will be reviewed following the expected publication of updated national guidance later in 2023;
- The Port Health procedures, including procedures relating to animal health, will be reviewed, updated and subjected to exercise;
- Given the growing threat from avian flu to commercial flocks and wild birds, we will develop joint avian influenza response plans early 2023;
- We will monitor the implementation of the recent changes to the Scotland smoke-free hospitals legislation, especially in relation to the enforcement aspects of the legislation.
- In keeping with JHPP Scottish Government Guidance, we will carry out structured patient feedback with support of the NHS GGC PPIT.
- We will recommence joint health protection training sessions between partners and explore of training placement opportunities between partners.

Annex: NHS Greater Glasgow and Clyde summary population profile

01 October 2022

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Key points

The population of NHS Greater Glasgow and Clyde (GGC) increased by nearly 7% over the last 15 years, though the most recent mid-year estimates saw a stagnation in growth. Demographic challenges for health services include an upward shift in age distribution over time and a high proportion of the GGC population living in deprived data zones. GGC is home to a substantial proportion of residents from ethnic minority groups. All population estimates are subject to change, pending the results of the 2022 census for Scotland.

Period life expectancy at birth decreased for the most recent period (2018-2020), driven by COVID-19, and for males also driven by drug deaths. Life expectancy is lower for residents of more deprived areas, i.e. lives are being cut short. Scottish burden of disease estimates for GGC residents illustrate the difference in health loss across age groups and the shift with age in conditions most influential for health losses.

There are significant differences in the population distribution by age, deprivation and ethnicity between and within the six partnership Local Authorities – this heterogeneity of the population needs to be taken into account to achieve equity in health service provision and access.

Current population projections show continued growth and ageing of the GGC population over the next 10-25 years for GGC. The reliability of projections decreases over time, and projections tend to be less reliable in periods of rapid change.

1 Population distribution

The latest available population data for Scotland is based on mid-year population estimates as released by National Records Scotland (NRS), which are subject to change, with revisions planned taking account of the additional information gained from the census results. Results from the Scotland 2022 census are expected to become available in 2023.

1.1 GGC trend in total population over time, by Local Authority

Data source: [Population Estimates Time Series Data | National Records of Scotland \(nrs.scot.nhs.uk\)](https://nrs.scot.nhs.uk/population-estimates/time-series/)

NHS Greater Glasgow and Clyde (GGC) health board has a total population of 1,185,040 residents, according to the latest available NRS mid-year population estimates for 2021. Glasgow City accounts for more than half of the population of GGC (53.6%) and thus heavily influences all statistics for GGC overall (Table 1).

The population of GGC increased by 6.9% over the 15 year period from 2006 to 2021. Glasgow City and East Renfrewshire saw the largest relative increase in their respective population over this time (11.7% and 7.6% increase respectively), whereas the population of Inverclyde and West Dunbartonshire decreased (-6.8% and -4% respectively).

NRS has released an interactive dashboard¹², which shows the underlying components of population change (natural change, net migration and others) which drive these changes. Between 2011 and 2021, the increase in population for East Dunbartonshire and East Renfrewshire was mainly driven by positive net migration from within Scotland. The main driver of population increase for Glasgow City over that time period was international migration (net within Scotland migration was negative for Glasgow City over that period). The most influential driver for the population decrease in Inverclyde and West Dunbartonshire over this period was natural change (fewer births than deaths), and negative net migration within Scotland (the latter was a more influential contributor to population decrease in West Dunbartonshire than Inverclyde).

In 2021 (for the first time since 2006) Glasgow City saw a small decrease in population compared to the previous year (-0.1%), and the population for GGC overall also decreased marginally (-0.02%). All six partnership Local Authorities (LA) saw a negative natural change (more deaths than births recorded) from the 2020 to 2021 mid-year estimates. The overall increase in the population for East Dunbartonshire, East Renfrewshire and Renfrewshire for the 2021 compared to 2020 estimates was due to net inwards migration exceeding the negative natural change in these LAs (see Figure 8 in [Mid 2021 Population Estimates, Scotland, Report \(nrs.scot.nhs.uk\)](https://nrs.scot.nhs.uk/population-estimates/mid-2021/)).

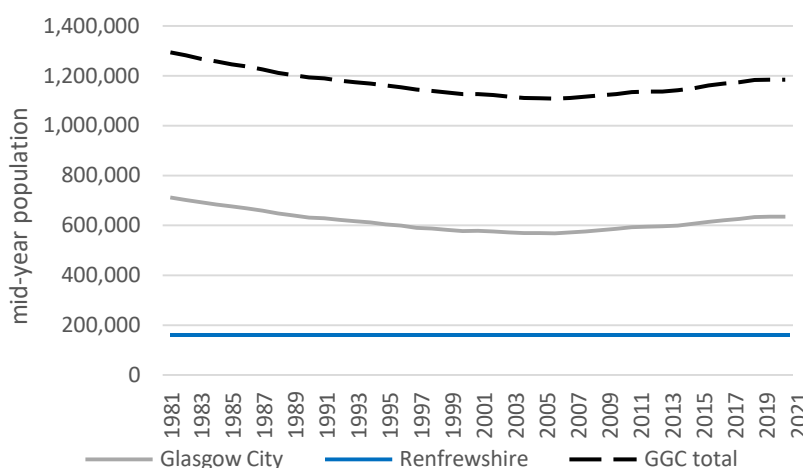
¹² [Population Estimates of Scotland - National Records of Scotland \(shinyapps.io\)](https://shinyapps.io/population-estimates-scotland/)

Table 5: GGC mid-year population estimates 2021, and changes compared to 2006 and 2020 (source: NRS)

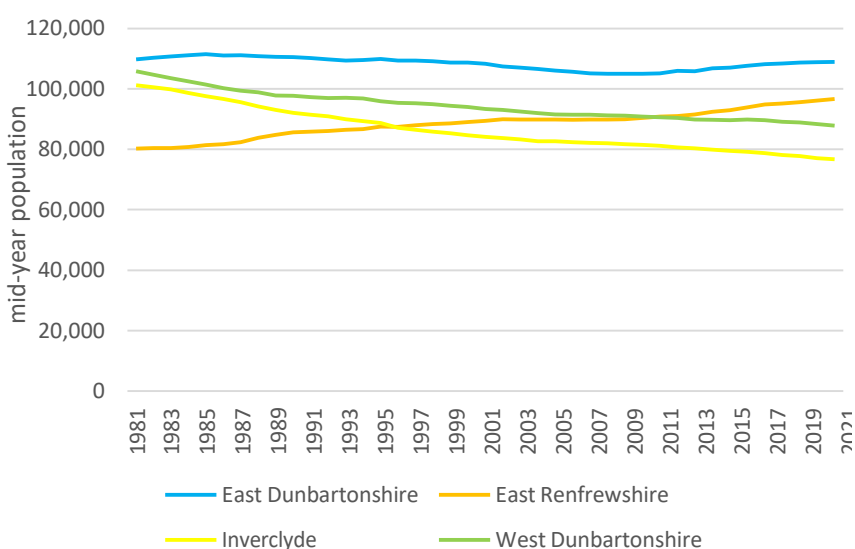
Local Authority	mid-year population estimate 2021 (% of GGC population)	percentage change in population over 15 years (2021 v 2006)	percentage change in population over last year (2021 v 2020)
East Dunbartonshire	108,900 (9.2%)	3.1%	0.1%
East Renfrewshire	96,580 (8.1%)	7.6%	0.5%
Glasgow City	635,130 (53.6%)	11.7%	-0.1%
Inverclyde	76,700 (6.5%)	-6.8%	-0.5%
Renfrewshire	179,940 (15.2%)	5.1%	0.3%
West Dunbartonshire	87,790 (7.4%)	-4.0%	-0.6%
GGC total	1,185,040 (100.0%)	6.9%	0.0%

Figure 1: GGC population mid-year estimates by Local Authority over time, 1981 to 2021 (source: NRS). Figure split to allow visualisation of trends through different y-axis scales 1a) GGC total, Glasgow City and Renfrewshire; 1b) East Dunbartonshire, East Renfrewshire, Inverclyde and West Dunbartonshire

1a)



1b)

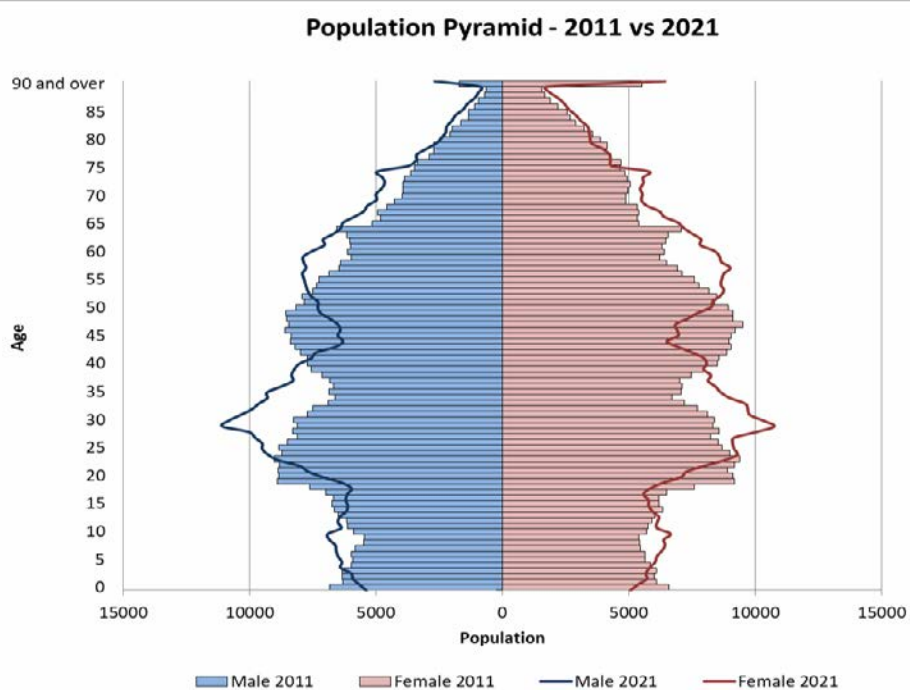


1.2 GGC population distribution by age

Data source: [Population Estimates Time Series Data | National Records of Scotland \(nrscotland.gov.uk\)](https://nrs.scotland.gov.uk/population-estimates-time-series-data)

1.2.1 Population by age over time, 2021 versus 2011

Figure 2 shows the population distribution of GGC by age group in 2021 compared to 2011. This shows that whilst the majority of the GGC population remained in the working age groups, there has been an upwards shift in age distribution. The 16-24 year old age group saw a decrease (13%, ~20,000 persons) between 2011 and 2021. The largest absolute increase (~38,800 persons, 12%) occurred in the 25 to 44 year olds. Whilst the number of people 85 years and over increased by only ~3,900 individuals over that time, this poses the largest relative increase by age group (18% increase). Figure 3: GGC population pyramid by age and sex, 2021 compared to 2011 (source: NRS)



1.2.2 Population distribution by age and Local Authority, 2021

Figure 4 shows the differences in population by age group between the partnership LAs, based on the 2021 mid-year estimates. East Dunbartonshire has the highest proportion of residents aged 65 years or older (23%), East Renfrewshire has the highest proportion of children 15 years or younger (20%), but also a relatively high proportion of residents aged 65 years and older (21%). Glasgow City has the highest proportion of those aged 16 to 64 years (71%), and the lowest proportion of those aged 65 or older (14%). shows a population pyramid by age and sex, which further illustrates this shift in age distribution over time.

Figure 2: GGC population distribution as a percentage by age group, mid-year estimates for 2021 compared to 2011 (source: NRS)

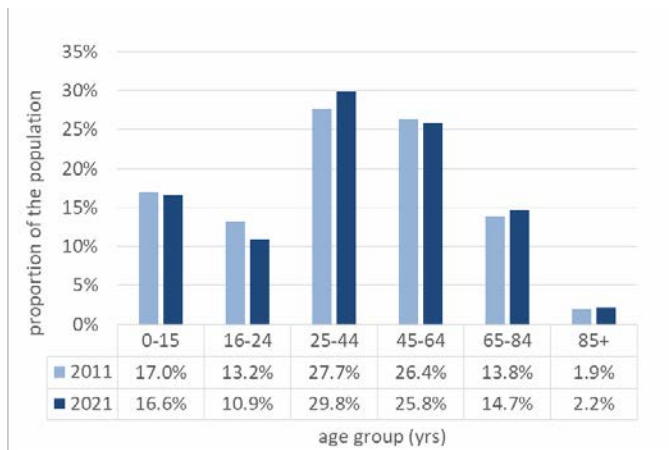
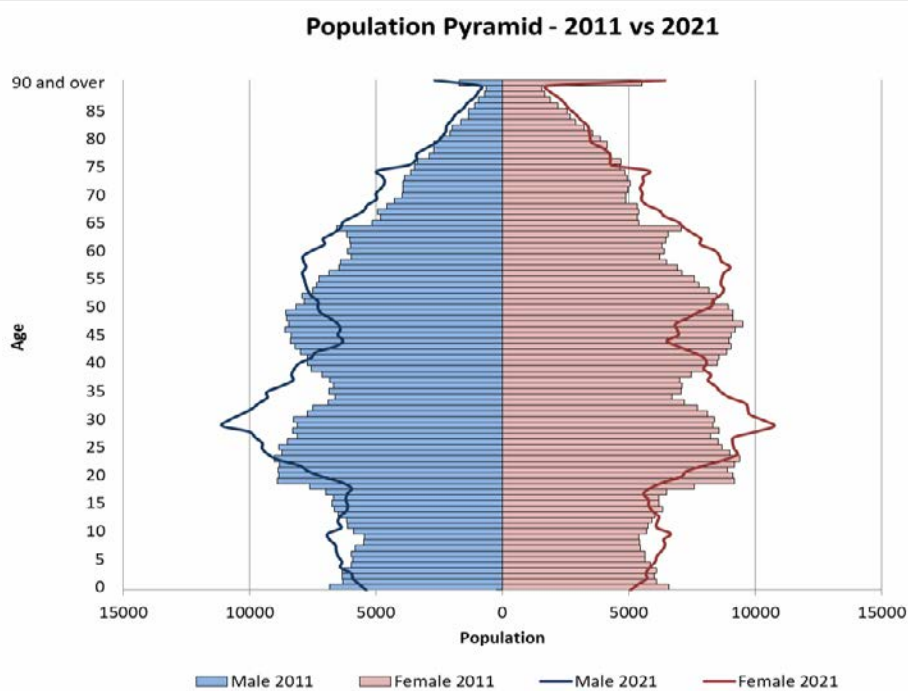


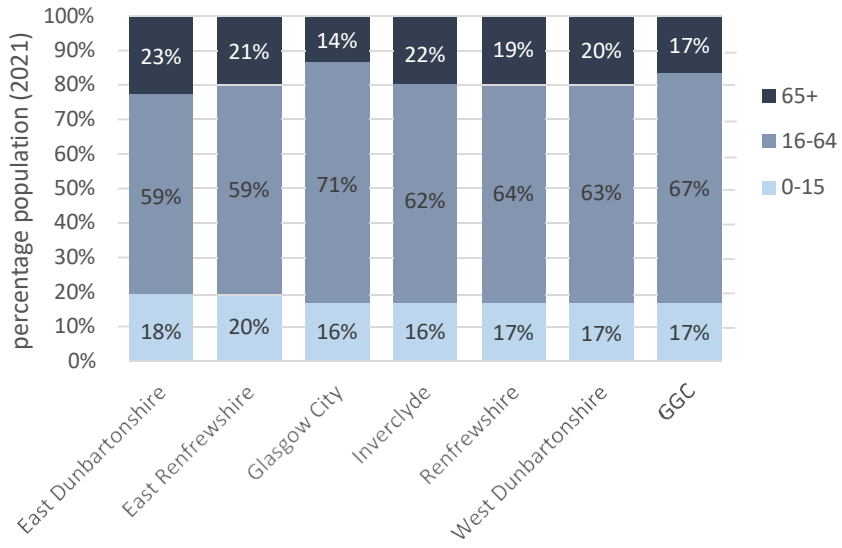
Figure 3: GGC population pyramid by age and sex, 2021 compared to 2011 (source: NRS)



1.2.3 Population distribution by age and Local Authority, 2021

Figure 4 shows the differences in population by age group between the partnership LAs, based on the 2021 mid-year estimates. East Dunbartonshire has the highest proportion of residents aged 65 years or older (23%), East Renfrewshire has the highest proportion of children 15 years or younger (20%), but also a relatively high proportion of residents aged 65 years and older (21%). Glasgow City has the highest proportion of those aged 16 to 64 years (71%), and the lowest proportion of those aged 65 or older (14%).

Figure 4: GGC population distribution in 2021, by age group and Local Authority (source: NRS)



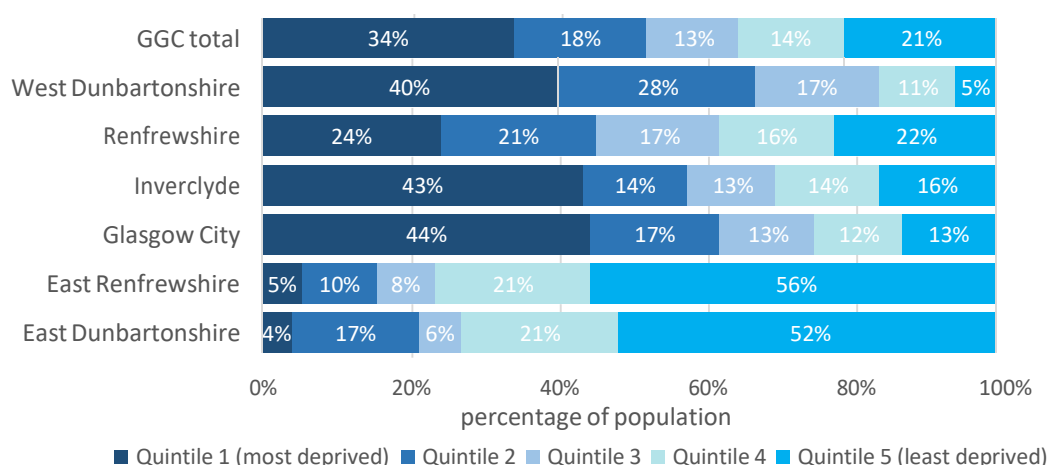
Population distribution by Scottish Index of Multiple Deprivation 2020

Data source: [Population Estimates by Scottish Index of Multiple Deprivation\(SIMD\) | National Records of Scotland \(nrscotland.gov.uk\)](#)

Deprivation in Scotland is measured using the Scottish Index of Multiple Deprivation (SIMD). The SIMD is a relative measure of deprivation across 6,976 small areas (called data zones). The ranking is updated at intervals, most recently in 2020 (SIMD 2020v2). If an area is identified as ‘deprived’, this can relate to people having a low income but it can also mean fewer resources or opportunities. SIMD looks at the extent to which an area is deprived across multiple (seven) domains: income, employment, education, health, access to services, crime and housing. Data zones are ranked from 1 (most deprived) to 6,976 (least deprived) according to the SIMD. Each SIMD quintile contains 20 per cent of Scotland’s data zones, with Quintile 1 containing the 20% most deprived zones, and Quintile 5 the 20% least deprived zones. This section uses the 2020 annual mid-year population estimates for SIMD 2020v2 areas in Scotland (2011 Data Zone based). The 2021 mid-year population estimates by SIMD will be released later in August 2022.

Based on 2020 mid-year estimates, over a third (34%) of the population of NHS Greater Glasgow and Clyde are resident in the most deprived quintile of Scottish data zones (Quintile 1). *Figure 5* shows the differences in deprivation profile across the six partnership LAs. Glasgow City, followed by Inverclyde have the highest proportion of residents who live in the most deprived quintile of data zones (44% and 43% respectively). Glasgow City continues to have a higher proportion of residents in the most deprived quintile of data zones than other Scottish cities¹³. In East Renfrewshire and East Dunbartonshire more than half of residents live in the most affluent quintile of Scottish data zones (56% and 52% respectively), with only a small proportion (5% and 4% respectively), living in the most deprived quintile of data zones. *Figure 6* shows the heterogeneous distribution of deprivation across NHS Greater Glasgow and Clyde, as a map. Within Glasgow City, the North East Locality has the highest proportion of residents in the most deprived data zones¹⁴. Interactive maps are also available via the Scottish Government on <https://simd.scot/#/simd2020/>

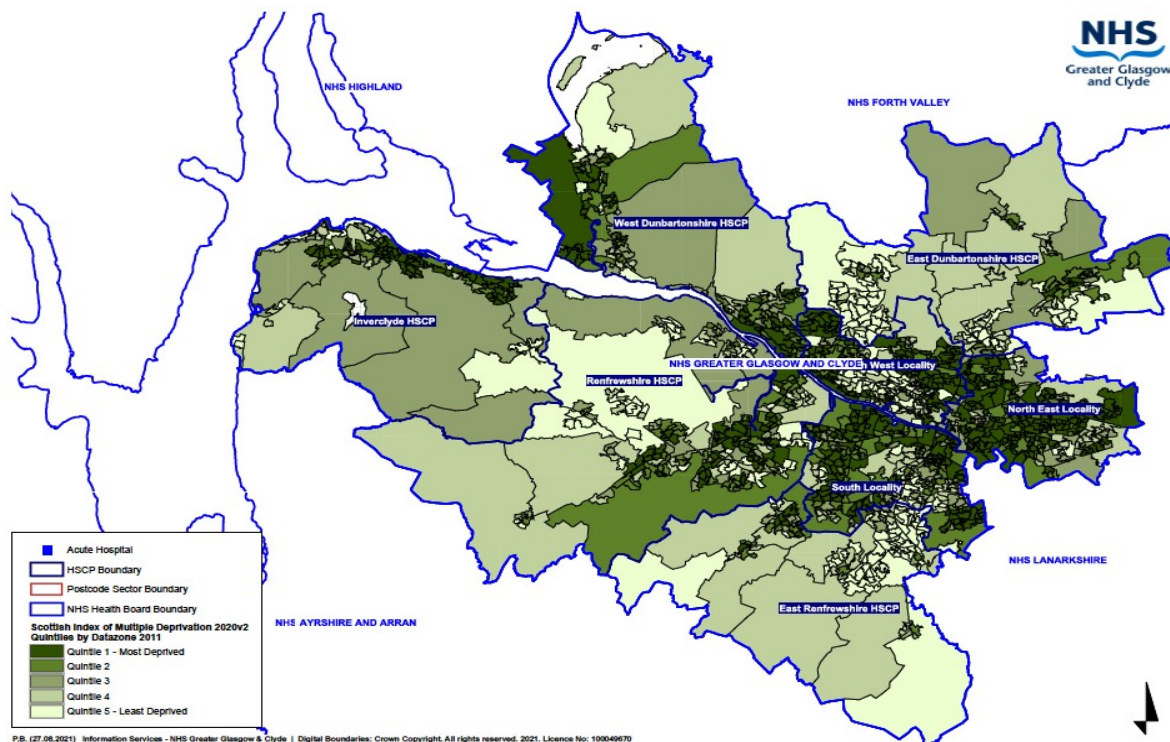
Figure 5: Mid-year 2020 population estimates by Local Authority and percentage distribution across SIMD2020 quintile (source: NRS)



¹³ [Health in a changing city Glasgow 2021 - report.pdf\(gcph.co.uk\)](#)

¹⁴ [HSCP Demographics and Needs Profile June 2022](#)

Figure 6: Map of SIMD quintiles 2020v2 attribution of data zones (data zone 2011) for NHS Greater Glasgow and Clyde

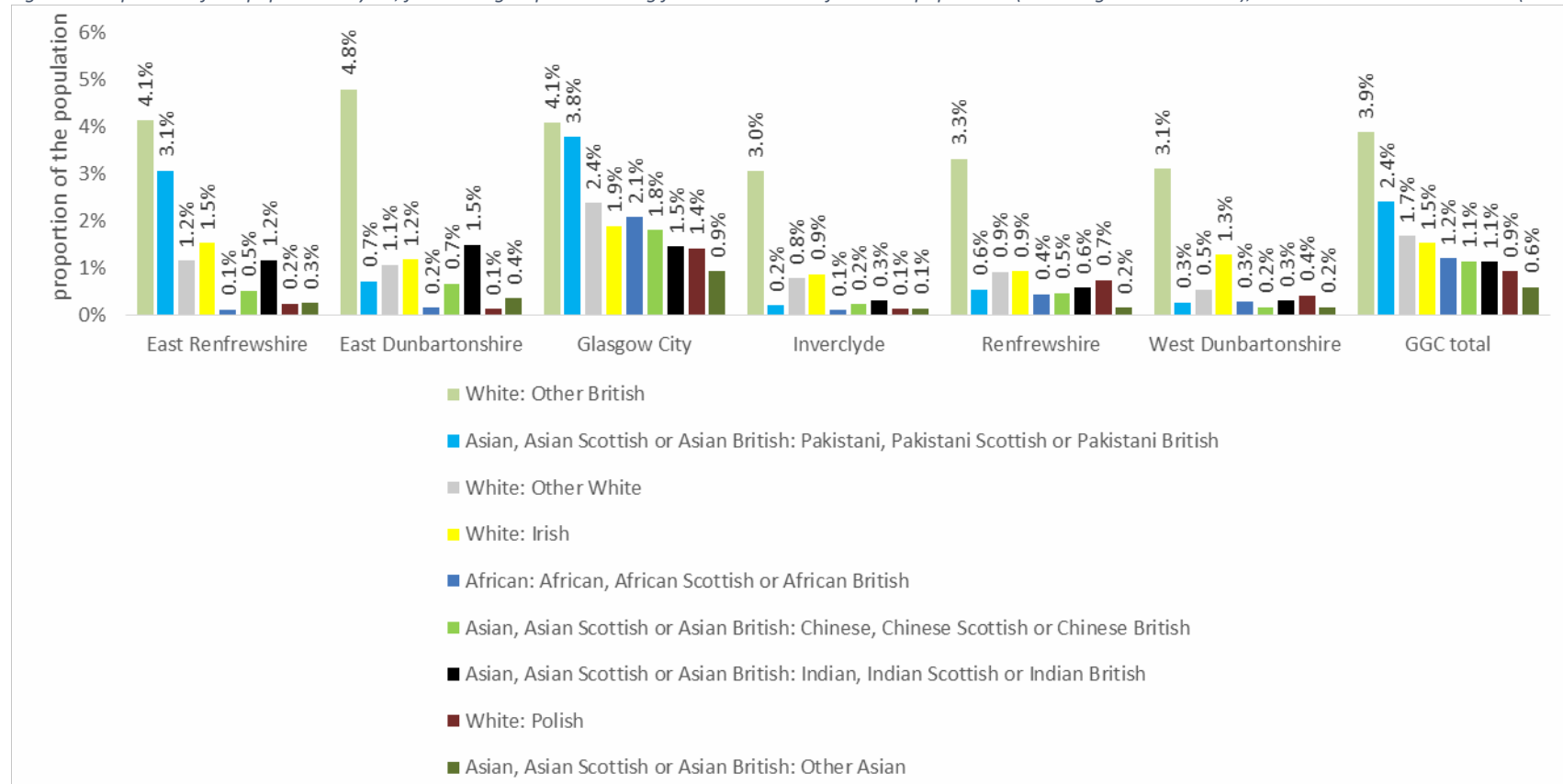


1.3 Population distribution by ethnicity

Data source: <https://www.scotlandscensus.gov.uk/>

According to the most recent published Scottish census estimates (2011), 84.4% of the GGC population identified as white Scottish, ranging from 78.6% in Glasgow City, to 93% in West Dunbartonshire. *Figure 7* shows the distribution by LA over ethnic groups which accounted for 0.5% or more of the GGC population (other than white Scottish). Due to the time elapsed since the last census, ethnicity estimates should be interpreted with caution. NRS mid-year population estimates show international migration as the main driver of population increase for Glasgow City between 2011 and 2021 (see section 1.1).

Figure 7: Proportion of the population by LA, for ethnic groups accounting for 0.5% or more of the GGC population (excluding white: Scottish), based on census 2011 results (source: NRS)



2 Period life expectancy

Data source: [Life Expectancy in Scotland, 2019-2021 | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/files//statistics/life-expectancy-in-scotland/19-21/life-expectancy-19-21-report.pdf)

Period life expectancy is often described as how long a baby born now could expect to live if they experienced today's mortality rates throughout their lifetime. This does not take into consideration future changes that may affect how long a person will live, e.g. developments in medicine or changes in legislation. Period life expectancy is thus not an accurate prediction of how long a person born today will actually live, but it is a useful measure of population health at a point in time and is most useful for comparing trends over time, between areas of a country and with other countries. This section uses data from the most recent available NRS estimates of life expectancy (2019-2021), the next annual update will be released in September 2023.

2.1 Period life expectancy over time and by Local Authority

Figure 9 shows the differences in period life expectancy at birth between the partnership LAs. Life expectancy at birth for East Dunbartonshire and East Renfrewshire was consistently higher over time, than in other partnership LAs, for both males and females. Life expectancy for males for these two LAs is comparable to the life expectancy in females in the other four LAs. Glasgow City has the lowest life expectancy for women and men respectively. The steepest decline in life expectancy for the most recent period (2019-2021) was seen for males in West Dunbartonshire. A decline in life expectancy in Inverclyde for both males and females started earlier, than the decline for the most recent period seen across most LAs. Life expectancy for females in Inverclyde recovered slightly for the most recent period (2019-2021) compared to previous estimates.

Figure 8 shows the period life expectancy at birth in GGC and Scotland by sex over time, from 1991-1993 up to 2019-2021 estimates. It shows that life expectancy for GGC residents was consistently lower than for Scotland overall, and life expectancy was higher for females than for males. Life expectancy increased over time and there was a gradual decrease in gap between females and males over this period. The graph also illustrates a plateauing of life expectancy from 2012-14 to 2017-2019, and a decrease in life expectancy at birth for 2018-20 and 2019-21 for both GGC residents, as well as Scotland overall. Scotland level data shows that the most important driver for the decrease in life expectancy for the most recent two periods (2018-2020, 2019-2021) were COVID-19 deaths. For males drug related deaths also contributed substantially to the decrease in period life expectancy for these latest estimate¹⁵.

Figure 9 shows the differences in period life expectancy at birth between the partnership LAs. Life expectancy at birth for East Dunbartonshire and East Renfrewshire was consistently higher over time, than in other partnership LAs, for both males and females. Life expectancy for males for these two LAs is comparable to the life expectancy in females in the other four LAs. Glasgow City has the lowest life expectancy for women and men respectively. The steepest decline in life expectancy for the most recent period (2019-2021) was seen for males in West Dunbartonshire. A decline in life expectancy in Inverclyde for both males and females started earlier, than the decline for the most

¹⁵ <https://www.nrscotland.gov.uk/files//statistics/life-expectancy-in-scotland/19-21/life-expectancy-19-21-report.pdf>

recent period seen across most LAs. Life expectancy for females in Inverclyde recovered slightly for the most recent period (2019-2021) compared to previous estimates.

Figure 8: Period life expectancy at birth in GGC and Scotland by sex over time (periods labelled: 2012-14, 2017-19, 2019-2021; source: NRS)

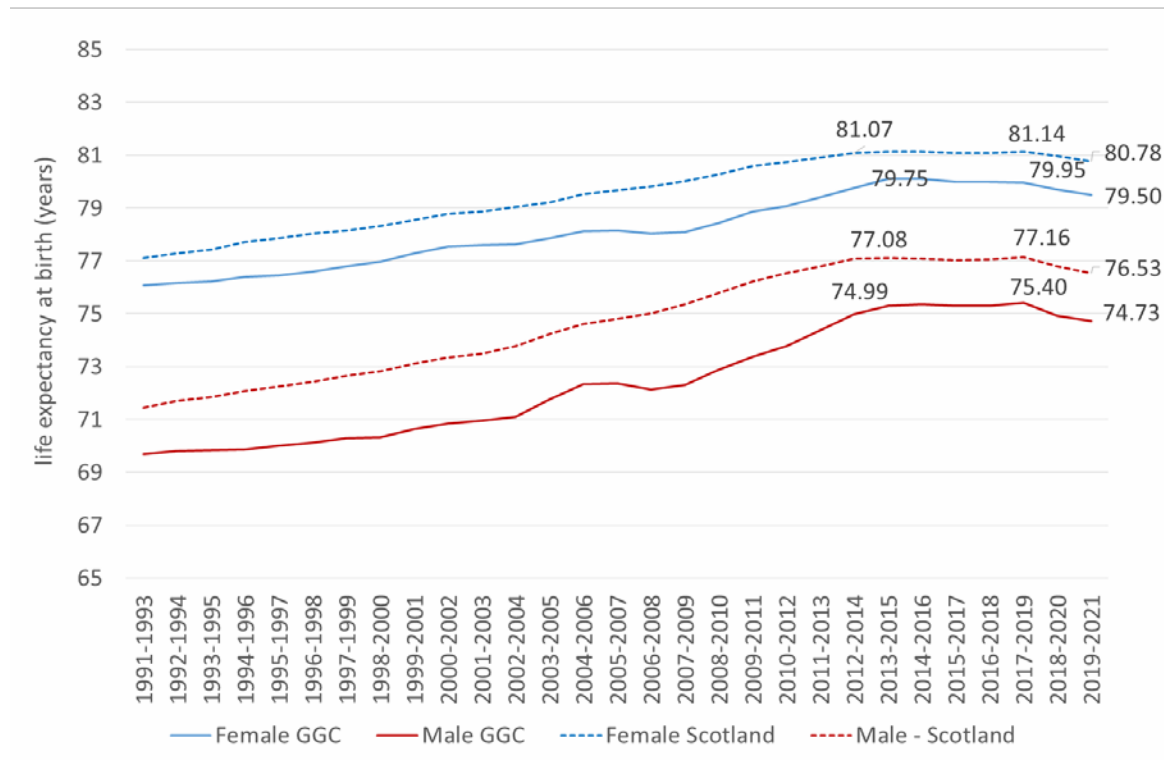
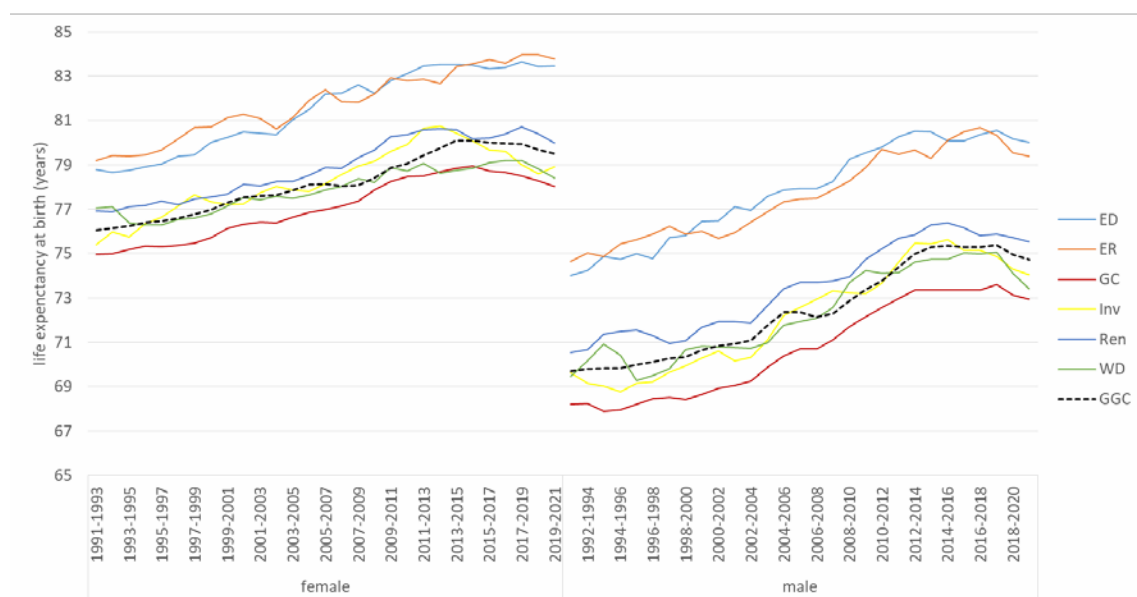


Figure 9: Period life expectancy at birth in GGC by sex and partnership Local Authority over time (source: NRS)

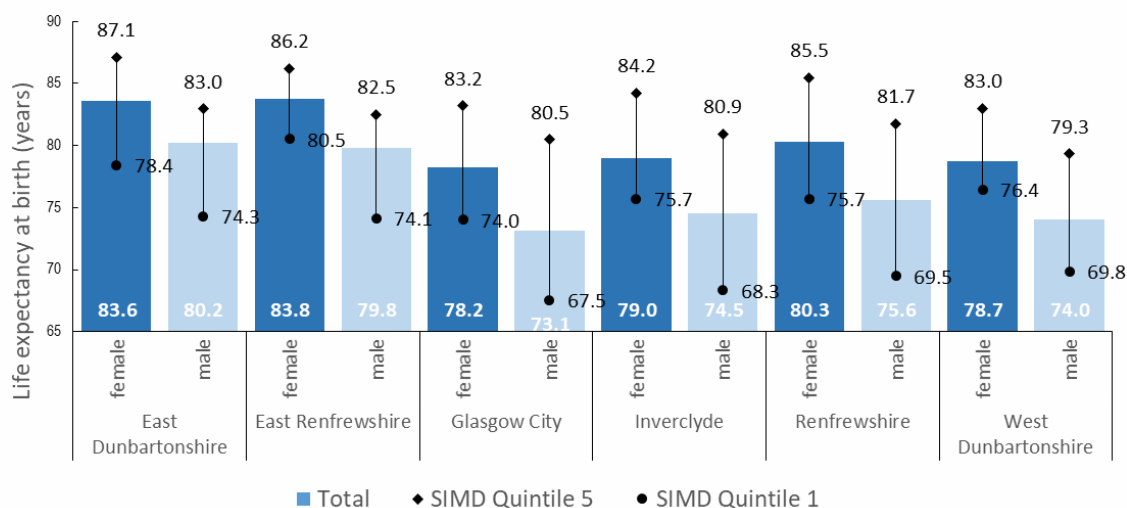


2.2 Period life expectancy (2017-2021) by Local Authority and SIMD quintile

Within each LA¹⁶, period life expectancy decreases, meaning lives are being cut short, with increasing deprivation. *Figure 10* shows that for the most recent available data break down by partnership LA and SIMD quintile (2017-2021), the lowest life expectancy was consistently seen for residents of SIMD quintile 1 (most deprived), and the highest in SIMD quintile 5 (least deprived) in both males and females. The gap in life expectancy between most (Quintile 1) and least deprived quintile (Quintile 5) was generally bigger for males than females.

For males, life expectancy was over a decade shorter in the most compared to the least deprived quintile in Glasgow City, Inverclyde and Renfrewshire (shorter in most v least deprived quintile by 13.0 years, 12.6 years and 12.3 years respectively). For females, life expectancy was close to a decade shorter in the most compared to the least deprived quintile for Renfrewshire and Glasgow City (shorter in most v least deprived quintile by 9.8 years and 9.2 years respectively). The gap in life expectancy between most and least deprived quintile was smallest for females in East Renfrewshire and West Dunbartonshire (shorter in most v least deprived quintile by 5.7 years and 6.6 years respectively), and for males in East Dunbartonshire (shorter in most v least deprived quintile by 8.6 years).

Figure 10: Period life expectancy at birth (2017 to 2021) by sex and partnership Local Authority and most (Quintile 1) versus least (Quintile 5) deprived SIMD Quintile (source: NRS)



¹⁶ Life expectancy estimates at the health board level by SIMD quintile are not included in the routine NRS outputs.

3 Burden of disease

Data source: Scottish burden of disease study: <https://scotland.shinyapps.io/phs-local-trends-scottish-burden-diseases/>

The [Scottish Burden of Disease \(SBOD\) study](#) monitors how diseases, injuries and risk factors prevent the Scottish population from living longer lives in better health. The Burden of disease (BOD) assessment standardises estimates of ill-health (years lived with disability - YLD) and early death (years of life lost - YLL) in a composite measure called Disability-Adjusted Life Years (DALYs), also referred to as health loss.

The BoD assessment thus provides a summary measure about which diseases and injuries have the greatest impact on population health and wellbeing, by combining data on deaths and ill health to estimate the total impact of health loss. This approach also allows comparison of the population level impact of very different diseases and conditions, and it is worth considering the contribution of incidence, duration and severity of a condition to the overall estimated burden. High estimates of DALY may for example arise from a small number of deaths, if they occur at a young age (more years of life lost compared to the best case scenario of life expectancy, than deaths occurring in older age groups). High estimates of DALY may also arise from conditions with a comparatively low severity for each individual affected, but with a very high incidence (and or a long duration), leading to a large overall estimate of health loss at the population level. There are a number of caveats to the burden of disease estimates, including that the methodology does not account for co-morbidities, and thus overall estimates of burden of disease need to be interpreted with caution. The latest published Scottish burden of disease estimates (2019) do not as yet account for the impact of COVID-19.

Figure 11 shows the leading causes of health loss for GGC in 2019, as an age adjusted rate per 100,000 population. This shows the increasing burden of disease with age, as well as the shift in the most important causes of health loss by age group, and how this differs by sex. For those aged 65 or older, Alzheimer's and dementia, ischaemic heart disease, cerebrovascular disease, lower respiratory tract infections, Chronic Obstructive Pulmonary Disease (COPD) and lung cancer are the leading causes of health loss for males and females. For the working age population (25-44 years and 45-64 years) drug use disorders, and depression are amongst the leading causes of health loss for males and females in both of these age groups. For females, lower back and neck pain, as well as anxiety disorders are also leading causes of health loss for 25-44 and 45-64 year olds, and headache disorders and lung cancer in the 25-44 year old and the 45-64 year old age group respectively. For males, alcohol disuse disorders and cirrhosis and liver disease are amongst the leading causes of health loss for 25-44 year olds and 45-64 year olds respectively. Self-harm and interpersonal violence, and lower back and neck pain are also amongst the leading causes of health loss for the 25-44 year old males, with ischaemic heart disease and other cancers¹⁷ contributing as leading causes of health loss for 45-64 year old males.

Figure 12 shows the leading causes of health loss in absolute number of DALYs, by age group and sex for GGC in 2019. It demonstrates that a high proportion of the absolute burden of disease is

¹⁷ other cancers refers to cancers other than: Oesophageal cancer, Stomach cancer, Colorectal cancer, Liver cancer, Pancreatic cancer, Lung cancer, Breast cancer, Ovarian cancer, Prostate cancer, Kidney cancer, Bladder cancer, Non-Hodgkin's lymphoma, Multiple myeloma and Leukaemia

currently attributable to those in the working age groups and those 65 to 84 years of age. As the population ages, the high rate of burden of disease seen in the older age groups in Figure 10, combined with increasing numbers of individuals in an older age group, will increase the proportion of the burden of disease attributable to the older age groups, and is likely to increase the overall burden of disease. Table 2 shows the corresponding data to Figure 11 and

Figure 12 on number and age adjusted rates of DALYs for the leading causes of health loss for GGC by age group and sex.

Figure 11: Leading causes of health loss as age adjusted rate of DALYs per 100,000 population, by age group and sex in GGC, 2019 (source: PHS)

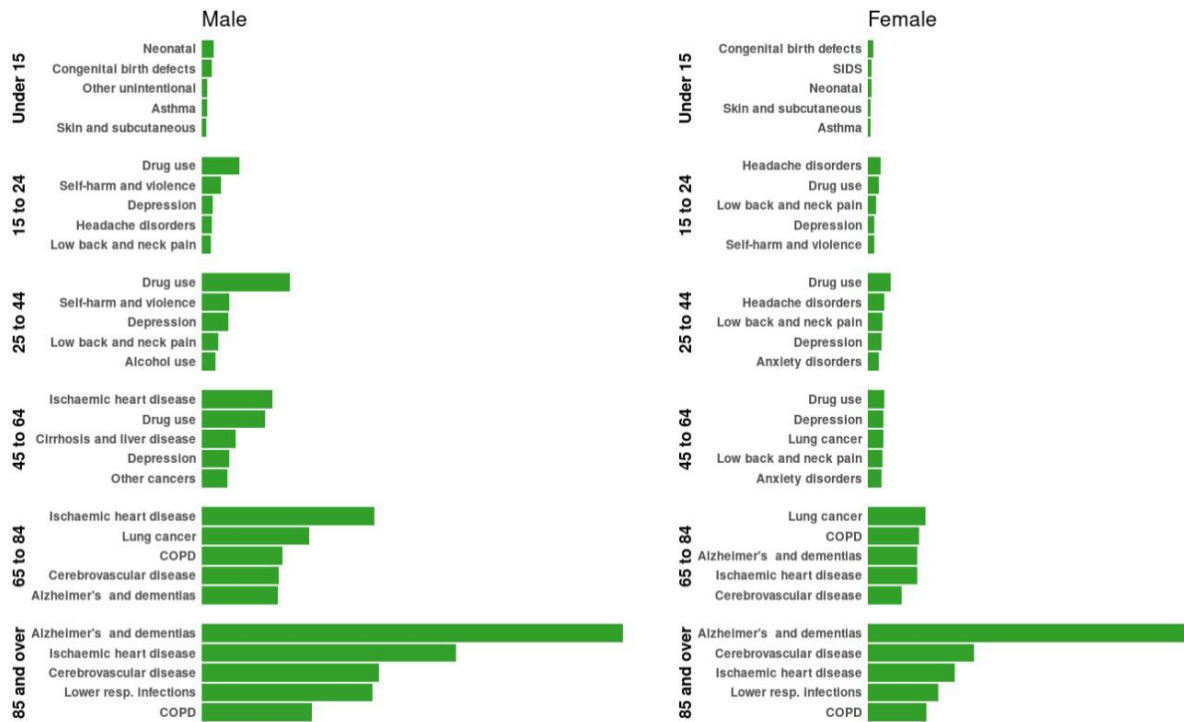


Figure 12: Leading causes of health loss as number of Disability adjusted life years (DALYs) by age group and sex in GGC 2019 (source: PHS)

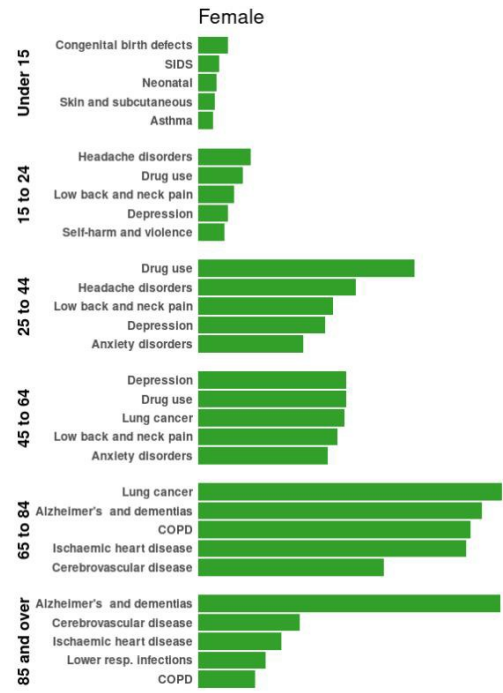
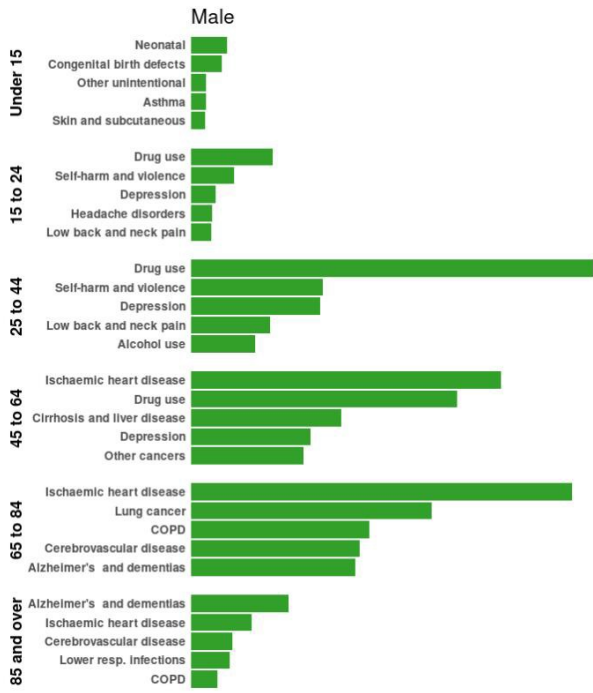


Table 6: Leading causes of health loss as number of Disability adjusted life years (DALYs) and as age adjusted DALY rate per 100,000 population by age group and sex in GGC 2019 (source: PHS)

age group (years)	males			females		
	leading causes of health loss	age adjusted DALY rate per 100,000 population	number of DALYs	leading causes of health loss	age adjusted DALY rate per 100,000 population	number of DALYs
0-14	Neonatal disorders	923.8	918.8	Congenital birth defects	711.4	654.7
	Congenital birth defects	785.2	769.4	Sudden infant death syndrome	480	453.2
	Other unintentional injuries	400.7	372.8	Neonatal disorders	434.9	410.2
	Asthma	390.8	370.2	Skin and subcutaneous diseases	401.4	364.5
	Skin and subcutaneous diseases	363.1	348.6	Asthma	372.2	331.6
15-24	Drug use disorders	2751.5	2055.9	Headache disorders	1548.2	1137.9
	Self-harm and interpersonal violence	1429.5	1088.4	Drug use disorders	1381.1	977.1
	Depression	800	623	Low back and neck pain	1077.3	788.7
	Headache disorders	737.3	542.9	Depression	861.1	648.9
	Low back and neck pain	682.2	508.8	Self-harm and interpersonal violence	763.7	573
25-44	Drug use disorders	6511.7	10159.5	Drug use disorders	2883.2	4699.1
	Self-harm and interpersonal violence	2026.9	3314.3	Headache disorders	2022.2	3435.4
	Depression	1967.5	3267.1	Low back and neck pain	1776.6	2926.8
	Low back and neck pain	1214.9	1992.6	Depression	1686.2	2753.2
	Alcohol use disorders	1034.4	1628.5	Anxiety disorders	1402.7	2289.8
45-64	Ischaemic heart disease	5186.1	7817.8	Drug use disorders	2037.2	3218.6
	Drug use disorders	4682.3	6720.6	Depression	1978.7	3225.3
	Cirrhosis and other chronic liver diseases	2526.4	3780.5	Lung cancer	1927.7	3185.7
	Depression	2044.5	3014.5	Low back and neck pain	1865.4	3029.3
	Other cancers*	1903.8	2837.4	Anxiety disorders	1727	2818
65-84	Ischaemic heart disease	12682	9620.7	Lung cancer	7079	6599.8
	Lung cancer	7933.1	6064	Chronic obstructive pulmonary disease	6288.7	5911.4
	Chronic obstructive pulmonary disease	5986.6	4496.9	Alzheimer's disease and other dementias	6102.2	6168.6
	Cerebrovascular disease	5709.2	4253.2	Ischaemic heart disease	6095	5829.3

	Alzheimer's disease and other dementias	5616.3	4138.7	Cerebrovascular disease	4132.6	4029.3
85+	Alzheimer's disease and other dementias	31010.8	2460	Alzheimer's disease and other dementias	39004.8	6560.2
	Ischaemic heart disease	18718.7	1526.1	Cerebrovascular disease	13114.9	2209.8
	Cerebrovascular disease	13077.2	1050.5	Ischaemic heart disease	10686.8	1817.2
	Lower respiratory infections	12579.4	984.6	Lower respiratory infections	8692.9	1466.3
	Chronic obstructive pulmonary disease	8123.3	668.3	Chronic obstructive pulmonary disease	7163.7	1236.1

*"other cancers" refers to cancers other than Oesophageal cancer, Stomach cancer, Colorectal cancer, Liver cancer, Pancreatic cancer, Lung cancer, Breast cancer, Ovarian cancer, Prostate cancer, Kidney cancer, Bladder cancer, Non-Hodgkin's lymphoma, Multiple myeloma and Leukaemia

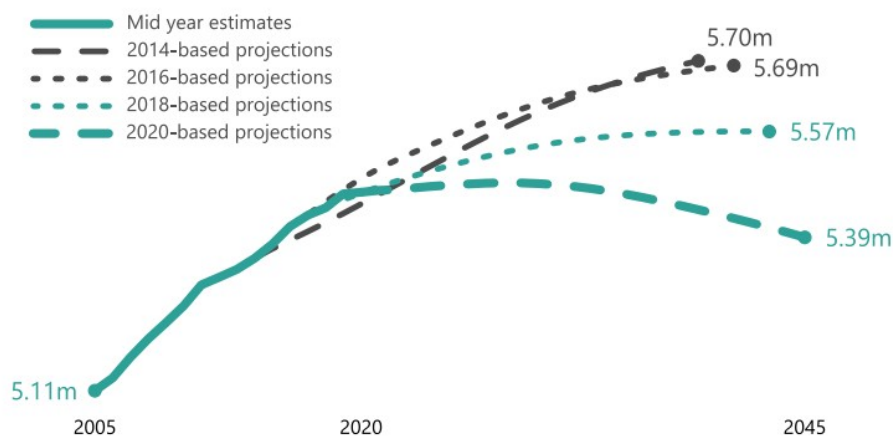
4 Population projections

Data source: [Population Projections | National Records of Scotland \(nrscotland.gov.uk\)](https://nrsotland.gov.uk/population-projections)

NRS produces population projections at regular intervals to support planning and provision of public services as well as policy development. Population projections have limitations that need to be taken account of in their application. They are calculated based on a set of underlying assumptions, which build on current trends. The reliability of projections decreases over time, and projections tend to be less reliable in periods of rapid change. Projections for areas with small populations tend to be less reliable than those for areas with large populations. Projections of the number of adults (particularly elderly people) are usually more reliable than those for children because they are based on people who are already living in Scotland. Migration tends to fluctuate more than fertility or mortality, and it is harder to measure, so there tends to be more uncertainty around the migration figures.

Interim 2020-based national projections for each UK country were published in January 2022. They were classed as 'interim' to recognise the period of uncertainty in the mid-2020 base year and the uncertainties in setting long-term demographic assumptions following the onset of the coronavirus pandemic. No variant projections were produced, and they were not followed by sub-national population projections. Therefore, the latest set of sub-national population projections remain 2018-based, and form the basis of this section. It should be noted that the Scotland level projections from 2020 show a slower increase in population to 2028 (compared to the 2018 based projections), and project a decline in the Scottish population between 2028 and 2045. The 2018 projections, still show a continuing (albeit slow) increase in the Scottish population to 2043 (*Figure 13*). The next set of projections (2021 based) is planned for release in 2023.

Figure 13: Comparison of successive population projections for Scotland (source: [NRS](#)).



4.1 Population projections for NHS Greater Glasgow and Clyde to 2043

The 2018 based sub-national population projections showed a continuing growth in the population of GGC with the population increasing by ~2% over the 10 years to 2028 (1,200,718) and by ~4% over the 25 year projection time frame to 2043 (1,220,659). They showed a continuing upward shift in the age distribution over this time period (Figure 14). The proportion of the population aged 85 years or older was projected to increase to 3.3% by 2043, and 18% of the population was projected to be in the 65-84 year old age group by then. The proportion of the population aged 15 years or younger, and the proportion aged 16-24 years, was projected to progressively decrease to 15% and 10% respectively to 2043 (Figure 14).

Figure 14: Population pyramid showing 2018 based population projections for NHS Greater Glasgow and Clyde to 2028 and 2043 (source: NRS)

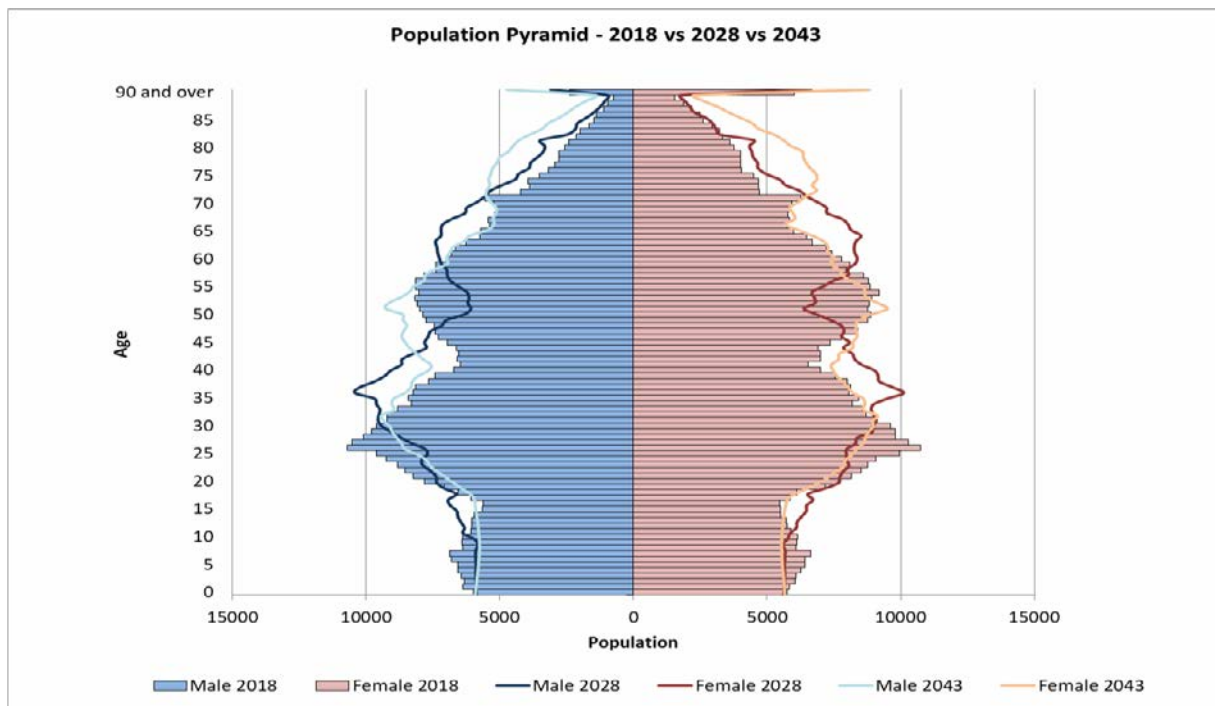
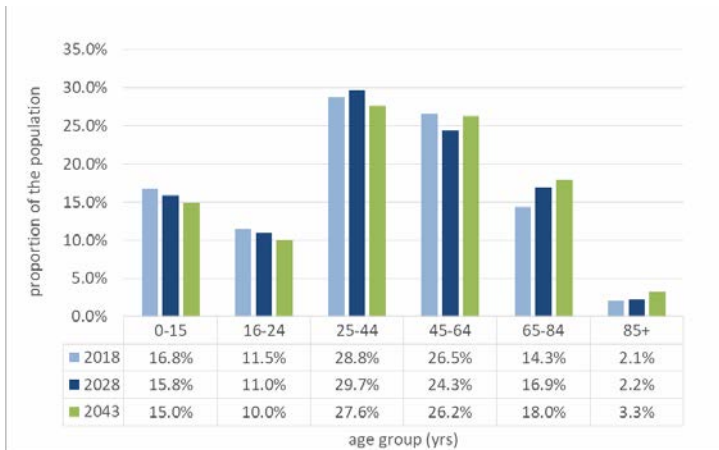
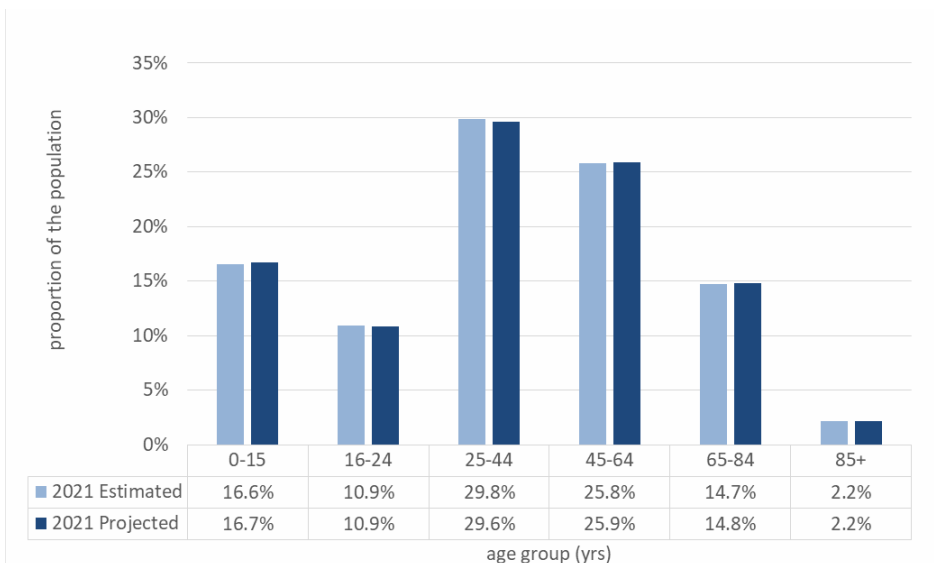


Figure 15: GGC population distribution for as a percentage by age group, 2018 mid-year estimates and projections to 2028 and 2043 (source: NRS)



The most recent estimates for the 2021 mid-year population overall (1,185,040) diverged only minimally from the population projections for 2021 (1,185,013) that were made as part of the longer term 2018 base year projections. The most recent estimates for the 2021 population show a slightly smaller proportion of the population of children aged 15 years or younger, and for adults age 45-64 years and 65-84 years, and a slightly higher proportion of adults aged 25-44 years old, compared to the 2018 based projections for 2021 (Figure 16). Based on this comparison, there was no reason to reject the use of the 2018 based projections.

Figure 16: GGC population distribution for as a percentage by age group, 2021 mid-year estimates versus 2018 based projections for 2021 (source: NRS)



Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Director, Environment & Regeneration	Report No:	ENV025/23/MM
Contact Officer:	Martin McNab	Contact No:	01475 714246
Subject:	Food Service Plan and Food Standards Scotland Audit		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The Food Law Code of Practice requires Local Authorities to complete an annual Service Plan detailing the interventions programme for the coming year. They should ensure such a programme is adequately resourced and the overall plan is subject to approval timeously at the appropriate governance level within the Local Authority. The plan for 2023-24 is attached at Appendix 1.
- 1.3 In August 2022 Inverclyde Council was audited by Food Standards Scotland (FSS) with the final Audit Report being issued early in 2023. A copy of the report is attached for information at Appendix 2. The 2023 Food Service Plan completes an outstanding audit action to detail our approach to incorporating new Food Businesses and documenting revisits.
- 1.4 Members will note that the FSS audit has given Inverclyde an amber rating. Officers are of the view that all of the recommendations were of a minor nature with some having been accepted in previous audits with Inverclyde receiving a green rating. It would appear however that FSS policy on audit outcomes has shifted. No authorities have received a “green” rating in the current round of audits. It may be that this reflects greater concerns in FSS about the potential for “third party” audits from the EU post the UK’s EU exit.

2.0 RECOMMENDATIONS

- 2.1 That Committee approves the Food Service Plan
- 2.2 That Committee notes the final audit report from Food Standards Scotland

Stuart Jamieson
Director, Environment & Regeneration

3.0 BACKGROUND AND CONTEXT

- 3.1 The Food Service Plan is an explicit requirement of the Food Law Code of Practice which local authorities are audited against by Food Standards Scotland (FSS), the competent body for food law in Scotland. The plan outlines the inspection programme and the resources available to complete it to satisfy FSS that there are sufficient resources available for local authorities to fulfil their obligations under the Code of Practice.
- 3.2 The Service Plan is generally approved by the Head of Service however as this year's plan implements a specific audit requirement from Food Standards Scotland it is being presented to members for approval.
- 3.3 The audit of the Food Service's implementation of the Interventions Food Law Code of Practice is part of a round of audits currently being carried out by Food Standards Scotland. Members should be aware that no audits to date have resulted in authorities receiving a "green" status. All of the procedural issues raised in the Inverclyde audit report have been addressed with the approval of the new Food Service Plan closing off the final recommendation.
- 3.4 In common with a number of other professional groups in local government there are significant issues with the recruitment and training of Environmental Health Officers (EHOs). This has led to a focus from FSS on the ability of Councils to carry out their obligations under the Code of Practice with some authorities which have significant staffing issues receiving red ratings in audits. Although this is not currently an issue in Inverclyde the amber rating received in the audit is indicative of a disinclination from FSS to rate any authorities as green in the current climate.

4.0 PROPOSALS

- 4.1 That Committee approves the 2023-24 Service Plan.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

5.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

5.3 Legal/Risk

All local authorities are audited periodically by Food Standards Scotland in its role as the “Competent Authority” for Food Law in Scotland. Any serious shortcomings would have been brought to the Committees attention previously however in the view of officers the issues raised were all minor and procedural.

5.4 Human Resources

None.

5.5 Strategic

None.

5.6 Equalities and Fairer Scotland Duty

None.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report’s recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report’s recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

5.7 Children and Young People

Has a Children’s Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children’s rights.

5.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

5.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

6.0 CONSULTATION

6.1 None.

7.0 BACKGROUND PAPERS

7.1 None.

1. Service Aims and Objectives

<p>1.1 Aims and Objectives</p>	<p>The aims of Inverclyde Council's Planning, Regeneration and Public Protection Service in relation to Food Control are</p> <ul style="list-style-type: none">• To complete the planned inspection programme for 2023/24 – this continues to be a revised programme owing to the COVID pandemic which caused the suspension of the regular programme in March 2020. The programme runs for 12 months until March 2024. The revised programme has been created with reference to the Scottish Food Enforcement Liaison Committee (SFELC) Recovery Process Guidance. Further information on the programme is included in Appendix 1• To work with local businesses in as open and transparent a manner as possible in order to help them where necessary, improve the safety of food and level of compliance with relevant legislation in line with the service's Food Law Enforcement Policy. Our aim is that our enforcement will always be targeted, proportionate, consistent and transparent.• To respond efficiently to complaints about food quality, food premises, food labelling or food composition, originating from premises or purchases made within Inverclyde.• To play a full role in the West of Scotland Food Liaison Group and to co-operate in full with SFELC, Food Standards Scotland and The Society of Chief Officers of Environmental Health (SoCOEH) to improve consistency and best practice in the role of food enforcement among Scottish local authorities.• To continue to provide advice and guidance on all food law matters to the businesses of Inverclyde.
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<p>1.2 Links to corporate objectives and plans</p>	<p>In carrying out the above effectively the service will contribute to the following themes and outcomes of Inverclyde Council's Plan 2023-2028:</p> <p>Theme 1: People</p> <ul style="list-style-type: none"> • People are supported to improve their health and wellbeing • Our most vulnerable families and residents are safeguarded and supported <p>Theme 3: Performance</p> <ul style="list-style-type: none"> • High quality and innovative services are provided, giving value for money • Our most vulnerable families and residents are safeguarded and supported <p>The service also contributors to the Inverclyde Alliance Partnership Plan 2023/33 as follows:</p> <p>Theme 3: Healthy People and Places</p> <ul style="list-style-type: none"> • People live longer and healthier lives
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2. Background

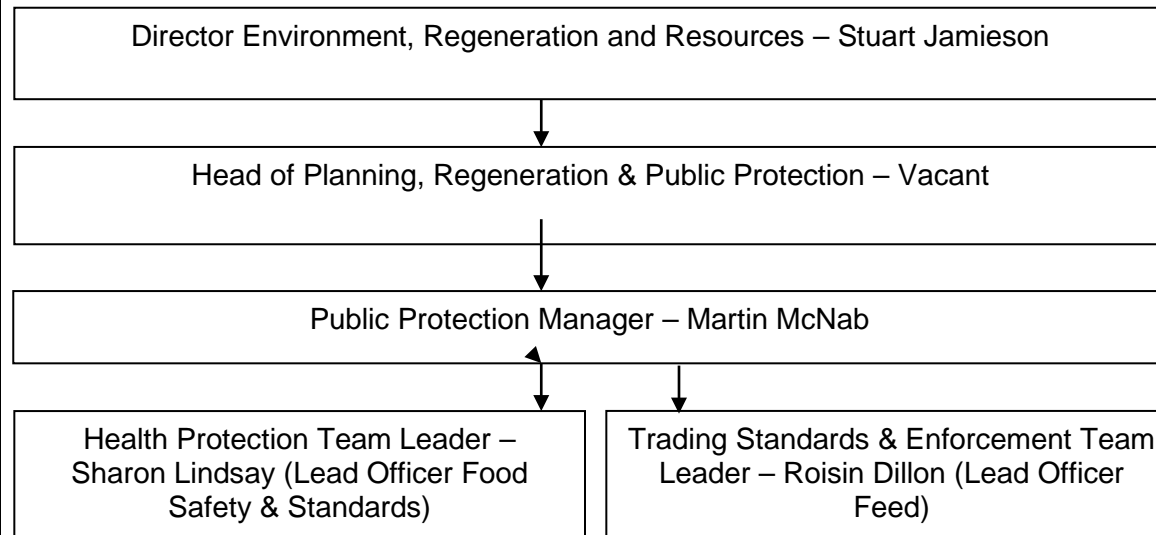
<p>2.1 Profile of the Local Authority</p>	<p>Inverclyde covers an area of 61 square miles stretching along the south bank of the estuary of the River Clyde. Inverclyde is one of the smaller local authorities in Scotland. The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay, which lie to the south-west of the area, and the villages of Kilmacolm and Quarrier's Village which are located further inland.</p> <p>The Council recognises that there are a number of challenges for the area, including population decline. According to the NRS Mid-2021 population estimates, Inverclyde's estimated population was</p>
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76,700 as at 30th June 2021, which is 1.4% of the total population of Scotland. Inverclyde has had the largest population decline of all Scottish council areas over the period 2001/21. Fewer births than deaths is the major driver of population decline locally, however a more positive picture is emerging with regard to migration with the number of people moving into the area estimated to be higher than the number moving out between mid-2016 to mid-2017, mid-2018 to mid-2019 and most recently mid 2020-mid 2021. The age profile of Inverclyde's population is similar to that of Scotland, with an ageing population that is predicted to grow, particularly in the over 75 age group which is set to increase by 55.5% over the next 20 years.

Similar to many areas in Scotland, particularly where there has been a decline in traditional industries, Inverclyde suffers from areas of deprivation and inequality. In the 2020 Scottish Index of Multiple Deprivation 21 (18.4%) of Inverclyde's 114 data zones were in the 5% most deprived data zones in Scotland; this was almost double the level in 2016 when 11 data zones were in the 5% most deprived. Of the seven SIMD domains in SIMD 2020, levels of multiple deprivation in relation to Income, Employment and Health are all particularly high.

2.2 Organisational Structure

The food service falls within the Health Protection Team in the following directorate structure:



Planning, Regeneration & Public Protection is part of the Environment and Regeneration Directorate

	reporting to the Environment and Regeneration Committee.
2.3 Scope of the Feed and Food Service	<p>The Health Protection Team within Public Protection is responsible for delivering all aspects of Food Safety and Standards enforcement within Inverclyde. The team also has responsibility for Health and Safety at Work, Port Health, Infectious Disease Control, Private Water Supplies, Noise Control and Air Quality.</p> <p>The Health Protection Team consists of four Environmental Health Officers, a Food Safety Officer and an enforcement officer.</p> <p>2 EHOs and the Food Safety Officer are primarily involved in food enforcement. Other EHOs and enforcement staff including those from other teams can provide additional capacity should this be required.</p>
2.4 Demands on the Feed and Food Service	<p>Within Inverclyde at 1st April 2023 there were 670 food premises of various types and sizes over which the Council has enforcement responsibility.</p> <p>This includes two premises approved under product specific legislation giving each of these businesses a unique Approval Number. Both are involved in meat products production with one producing meat preparations.</p> <p>Of the 707 premises by classification on 1 April 2023 there were 2 primary producers, 18 manufacturers/packers, 14 distributors, 145 retailers, 185 restaurants & caterers, 89 caring establishments, 10 hotels/guest-houses, 20 mobile food units, 68 pubs/clubs, 81 take-away, 32 schools/colleges and 6 fishing vessels.</p> <p>The food service is currently delivered from Wallace Place, Greenock; normal working hours are 8 a.m. – 6 p.m. Monday to Friday however staff carry out a number of enforcement visits out of hours and at weekends. In the event of a food related emergency, senior members of Public Protection staff are contactable out of hours. Contact numbers are available to both Food Standards Scotland and Greater Glasgow & Clyde Health Board, the latter through the joint Incident Control Plan.</p> <p>The COVID pandemic was a significant additional external factor impacting on the service although the suspension of the food programme in March 2020 allowed resources to be diverted to assisting businesses navigate the various restrictions. As the situation has improved, the resources required for COVID have reduced and the bulk of resources can now be focussed fully on routine Environmental Health work.</p>

	<p>Following EU exit the UK is now a 3rd country when trading with the EU. The operator of the port of Greenock has applied to become a Border Control Post to allow certain goods from the EU to be imported through Greenock. The joint work done in this area by the Port, the Council and other agencies (primarily Food Standards Scotland (FSS) and the Animal and Plant Health Agency (APHA) has been superseded by the UK Government's decision to suspend the imposition of new import controls until at least the end of 2023. We are currently unclear what controls if any will be required at that time. At the time of writing it remains to be seen if the port wishes to progress the development of a Border Inspection Post to allow imports of high risk food and other products from outwith the EU.</p>
2.5 Regulation Policy	<p>The Food Service operates in line with a Food Law Enforcement Policy to ensure that compliance with food law is achieved in a proportionate, transparent and consistent manner. This policy is kept under regular review.</p>

3. Service Delivery

3.1 Interventions at Food Establishments	<p>Food businesses are assigned a rating under the Food Law Rating System set out in the Interventions Food Law Code of Practice (Scotland) 2019.</p> <p>In general terms Group 1 businesses are larger or more complex businesses including manufacturers, exporters and distributors.</p> <p>Group 2 businesses are mostly caterers including restaurants, cafes and takeaways.</p> <p>Group 3 are retailers and other lower risk businesses.</p> <p>Within these groupings, each business is rated according to levels of compliance with A being the most compliant and E the least compliant. This rating determines how frequently the businesses should receive an intervention. A detailed breakdown of planned interventions for 12 months until end of March 2024 is shown in Appendix 1.</p> <p>Inverclyde carried out 99 revisits in the course of 22/23 and would expect a similar number in 23/24.</p> <p>There were 71 new businesses registered during 22/23 – new businesses will be marked as proposed premises on our information system and allocated to officers at team meetings. Priority will be given to perceived higher-risk businesses as determined by information on the registration form.</p>
3.2 Food Complaints	<p>The food service deals with a varying number and type of food complaints from both members of the public about locally purchased food and from other enforcement authorities regarding locally produced food.</p> <p>All complaints are handled in line with our documented policy and are thoroughly investigated. The</p>

	<p>majority of complaints do not result in formal action. In certain circumstances however they may be referred to the procurator fiscal in accordance with the Enforcement Policy.</p> <p>In 2022-23 the service dealt with 30 complaints of which 22 related to the hygiene of food premises.</p>
<p>3.3 Home Authority Principle and Primary Authority Scheme</p>	<p>At present Inverclyde Council has a formal Home Authority agreement with one business based in the area. As with the enforcement policy this requires review to ensure that it remains appropriate following the hiatus caused by Covid 19. Informal arrangements exist with a number of other businesses and we would always seek to respond to all enforcing authority questions on food produced and labelled within Inverclyde in accordance with our enforcement policy.</p>
<p>3.4 Advice to Business</p>	<p>The food service is proactive in advising businesses in the course of normal contacts. We provide advice to businesses considering operating in Inverclyde and can advise on layout and structural finishes. We encourage local businesses to engage with our service on labelling issues and can engage with Trading Standards colleagues and provide weights and measures advice prior to labels being produced.</p>
<p>3.5 Feed and Food Sampling</p>	<p>Inverclyde participates in sampling programmes instituted by a number of bodies, such as the West of Scotland Food Liaison Group and SFELC.</p> <p>All of the analysis is carried out by Glasgow Scientific Services which is a NAMAS accredited laboratory.</p> <p>Inverclyde has a documented policy for sampling. An annual sampling programme is produced as part of the policy.</p> <p>The chemical samples included food samples, food complaints and radiation samples. Sampling is carried out to monitor food poisoning incidents, complaints, manufacturing processes and general hygiene trends. It is strongly based on locally produced foods.</p> <p>Inverclyde has a major port in the Greenock Ocean Terminal which was to become a Border Control Post for the import of goods, including food, from the EU and other countries as previously mentioned. Depending on the type of controls planned in future and also whether there is any proposal to bring in high risk foodstuffs from outside the EU at the port there could be a significant shift of sampling resource to imported foods.</p>

	In 2022/23 61 food samples were taken for bacteriological quality and 65 for composition.
3.6 Control and Investigation of Outbreaks and Food Related Infectious Disease	<p>The Food Section liaises with Greater Glasgow & Clyde Health Board through the Consultant in Public Health Medicine in the investigation of food poisoning incidents within Inverclyde. A protocol is in place dealing with the investigation of isolates. In case of a major outbreak an Incident Control Plan is in place which operates in line with the Guidance on the Management of Public Health Incidents.</p> <p>A major outbreak of food poisoning would inevitably have a long-term impact on the day-to-day work of the section given the relatively low staff numbers. Mutual aid agreements with other authorities in the West of Scotland Regional Resilience Partnership are in place to mitigate the effects of such an event.</p>
3.7 Feed/Food Safety Incidents	Inverclyde is part of an electronic alert system operated by Food Standards Scotland. Contact can be made with the Service Manager and Environmental Health Team Leaders on a 24-hour basis. The Food Section is committed to fully implement the Code of Practice with regard to food safety incidents. Incoming Food Alerts are automatically cascaded to all members of the team.
3.8 Liaison with Other Organisations	<p>To ensure that enforcement action taken by Inverclyde's Food Section is consistent with those of neighbouring authorities, the Food Section participates in the West of Scotland Food Liaison Group which represents 13 of Scotland's 32 authorities and includes representatives from Glasgow Scientific Services, and through the liaison group with the Scottish Food Enforcement Liaison Committee (SFELC) and Food Standards Scotland.</p> <p>There is close Liaison with Greater Glasgow & Clyde Health Board and the other authorities in its area at the Public Health (Health Protection) Liaison Working Group. This group include representatives from Animal Health, SEPA, Scottish Water and Public Health Scotland.</p>

<p>3.9 Food Safety and Standards promotional work, and other non-official controls interventions</p>	<p>We endeavour to distribute any promotional work through the Council's Communications section. Any new legislation will be the subject of targeted mail shots.</p>
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4. Resources

<p>4.1 Financial Allocation</p>	<p>Estimated Staffing Costs for 2023-24 - £134000</p> <p>Travel & Subsistence - £800 (estimated)</p> <p>IT – Food & Feed enforcement's share of annual software licence fees is estimated at £2,000 per annum.</p> <p>Sampling – Overall the Service spent approximately £70000 on sampling in 2021/22 (there is a minimum charge to GSS regardless of the number of samples taken) of which approximately 75% or £52000 is allocated to food sampling. In 2023/24 a similar sampling budget is available for the service as a whole.</p> <p>Other costs including property costs, printing etc. estimated at £8000.</p> <p>No growth is expected beyond any increase in salary costs. It is clearly difficult to estimate the increase in salary costs at this time.</p>
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4.2 Staffing Allocation	<p>At the time of writing there are a total of 2.42 qualified FTEs working in Food. These are made up of a proportion of the working time of 5 staff in total. Of those 4, 3 are authorised at the highest level (to serve EPN/HEPN etc.) and 2 at a medium level (service of IN/HIN/RAN etc).</p> <p>A further 0.2 FTE contribute to the service as support staff/management</p>
4.3 Staff Development Plan	<p>All staff members attend external events for CPD as far as availability allows. Being a relatively small service, staff CPD in food & feed enforcement can largely be gained through a combination of FSS low-cost training events and internal staff development e.g. consistency exercises. Full records are kept of staff training and these are reviewed regularly to ensure that staff with a need to attend particular courses (e.g. FSS HACCP auditing etc.) are identified and given preference when places become available.</p>

5. Quality Assessment

5.1 Quality assessment and internal monitoring	<p>The Food Section currently has a system for monitoring the quality of food hygiene inspection. These are reviewed on a regular basis to take account of any changes in external factors, e.g. Code of Practice requirements.</p> <p>As a small authority, the use of a formal quality system is considered to require a disproportionate amount of officer time and expense to achieve any benefit.</p>
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6. Review

6.1 Review against the Service Plan	<p>It is our intention to review service delivery against this plan and report on performance as appropriate.</p>
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6.2 Identification of any Variation from the Service Plan	The Team Leader Health Protection will identify any variance from the plan and identify the reasons e.g. large food poisoning outbreak or national food crisis.
6.3 Areas of Improvement	Where a review of the service plan highlights an area for improvement this will be incorporated in the plan for the following year.

Appendix 1

Full Time Equivalent Officer Resource

The team comprises 2 EHOS and 1 Food Safety Officer. We have estimated two EHOs spend 0.6 of their Full Time Equivalent time on Food Law. We also have EHOs from other teams doing some food work - 2 spend 0.2 of FTE time. The Food Safety Officer is Food Law only but works 4 days a week (0.82) so we have a total FTE for the service of 2.42.

The guidance on restart suggests that 220 working days is a typical estimate for a year, therefore the FTE for Inverclyde is:
 $2.42 \times 220 = 532.4$ days

With reference to the Official Control Verification Guidance, 1 day is estimated to be equivalent to 7 hours officer time so this provides a total FTE of $532.4 \times 7 = 3,726.8$ FTE hours.

Intervention Times

We have benchmarked the total time taken to inspect each Business Group including travel, admin both before and after, enforcement action, any subsequent revisits, etc. against East Renfrewshire Council which is of a similar size to Inverclyde.

Business Group	Intervention Time (hrs)
1A	14
1B	18
1C	23
1D	27
1E	32
2A	7
2B	7
2C	8
2D	11
2E	14
3A	3

3B	5
3C	6
3D	7
3E	13

Priority Descriptors from Food Recovery Guidance

Priority 1 – All Group 1 businesses within Cop intervals. Unrated Group 1 within 6 months.

Priority 2 – Group 2D and 3D within 6 months. Unrated Group 2 within 12 months

Priority 3 – Group 2C within 18 months, Group 3C within 36 months. Unrated Group 3 within 24 months

Priority 4 – Group 2B within 24 months, Group 3B within 48 months

Priority 5 – Group 2A within 48 months

Priority 6 - Group 3A within 60 months

Current State of Play

The table below shows the interventions due before end of March 2024 (in red). Explanatory detail below the table. Programmed inspections are those businesses which have now been inspected and are back in the food inspection program. Priority 4 inspections are those being brought back in under the recovery plan.

Inspections of priority 1, 2 and 3 businesses were carried out during the first and second stages of the Covid recovery plan between October 2021 and March 2023. There are 31 Priority 3 businesses which were not inspected in 22/23 owing to additional resource required in other businesses.

Business Group – Code of Practice (CoP) interval in brackets	Programmed Inspections	Priority 4 Inspections (including unrated)	Priority 3 Inspections carried over	Total Interventions Due by March 2024	Hours Required
1A (18 months)	1			1	(1x14) 14
1B (12 months)	2			2	(2x18) 36
1C (6 months)					
1D (3 months)					
1E (1 month)					
Unrated Grp 1		1		1	(1x23) 23
2A (24 months)	1			1	(1x7) 7
2B (18 months)	79	156		235	(235x7) 1,645
2C (12 months)	75*		21	96	(96x8) 768
2D (3 months)	9**			9	(9x11) 99
2E (1 month)					
Unrated Grp 2		16***		16	(16x8) 128
3A (60 months)					
3B (36 months)					
3C (24 months)	12		10	22	(22x6) 132
3D (3 months)					
3E (1 month)					
Unrated Grp 3		8		8	(8x6) 48
Total	179	181	31	391	2,900

* Assumed all Group 2C businesses (75) remain 2C or improve, requiring no further interventions during 2023/24.

** Assumed Group 2D businesses (9) become 2C or better (12 monthly or longer) after inspection.

*** Assumed all unrated Group 2 businesses become 2C or better requiring no further interventions during 2023/24.

Strategy until end of March 2024

To complete all programmed inspections, inspecting all Priority 4 businesses and all current unrated businesses by the end of March 2024.

Our experience in 2022/23 was that unrated Category 2 premises became mostly 2Bs and Cs with one 2D. Therefore, we have assumed that all unrated Group 2 businesses will become 2C or better after inspection which would make them next due for inspection in 2024/25 or later. In last year's plan we had anticipated all 2D (3-month frequency) premises to become 2C (12-month frequency) or better after intervention. We had also anticipated 2C premises remaining the same or improving. In reality, some 2C businesses became - and some 2D businesses stayed - 2D or became 2E (1 month frequency). We carried out 18 2D inspections, 1 3D inspection and 3 2E inspections which we had not accounted for in last year's plan. It is possible that a proportion of Group 2 businesses will follow the same pattern this year and require a considerable amount of additional work which cannot be fully accounted for.

Overall - with the movement of businesses up and down the ladder and new businesses - we did 339 food law inspections against a planned total of 274. This has left the service with a number of businesses which were not visited in 22/23 and will therefore be carried over into this year's plan.

We have assumed that all unrated Group 3 businesses will become 3C or better after inspection and risk rating which would make them next due for inspection in Year 2025/26 or later.

This gives a total inspection program of 391 visits. The breakdown is in the table above and requires an estimated FTE officer requirement of 2,900 hours. We also have 2 Approved premises which manufacture meat products. They sit outside the scope of the Food law Rating System – intervention approach is modelled on the Official Control Verification scheme which estimates 20 hours for each business. We have 2 such business due for intervention during 2023/24. The total resource time required for planned interventions is therefore 2,940 hours.

Other Food Law Work

Estimated annual times in hours for additional food law work is detailed below:

Sampling –	
Micro Formal	10 hours
Micro Informal	30 hours
Chemical Formal	10 hours

Chemical Informal	30 hours
Food Complaints	120 hours
Food Incidents	10 hours
Food Alert for Information	5 hours
Food Alerts for Action	10 hours
Infectious disease investigation	50 hours
Complaints against service	10 hours
Food Business registration	120 hours
CPD/Training	120 hours
Management of Food Info Scheme	30 hours
Export Health Certificates	60 hours
Planning/Licensing	60 hours
Total	<u>675 hours</u>

Adding this figure to the interventions total gives a total resource requirement of $2940 + 675 = \underline{3615}$

As this is lower than the calculated FTE of 3,726.8 hours, there is a resource surplus of 111.8 hours or 0.07 FTE. As this is an estimate relying on a number of individual resource requirement estimates the service is confident that the programme can be delivered using resource from within the service as required, notwithstanding the uncertainty of businesses moving to a greater frequency of inspection following a visit.

Inverclyde Council – Audit of Local Authority implementation of Interventions Food Law Code of Practice (Scotland)

Food Law Enforcement Services

August 2022

Final Report issued 04th January 2023



Foreword

Audits of Local Authorities food law enforcement services are part of Food Standards Scotland's arrangements to improve consumer protection and confidence in relation to food and feed. These arrangements recognise that the enforcement of UK food law relating to food safety, hygiene, composition, labelling, imported food and feeding stuffs is largely the responsibility of Local Authorities. These Local Authority regulatory functions are principally delivered through Environmental Health and Trading Standards Services.

The audit scope is detailed in the audit brief and plan issued to all Local Authorities under reference [FSS/ENF/22/011](#) on 22 July 2022. The main aim of the audit scheme is to maintain and improve consumer protection and confidence by ensuring that Local Authorities are providing an effective food law enforcement service. This audit was developed to verify and validate the implementation by Local Authorities of the following planned arrangement: the Interventions – Food Law Code of Practice (Scotland) 2019 (hereafter referred to as the Interventions Code 2019).

The Audit scheme also provides the opportunity to identify and disseminate good practice and provide information to inform Food Standards Scotland policy on food safety, standards and feeding stuffs.

Specifically, this audit aimed to;

- Verify that Local Authorities have implemented the Interventions Code 2019 and fully transferred all applicable food establishments to a food law risk rating.
- Verify Local Authorities' application and adherence to the Interventions Code 2019.
- Identify and disseminate good practice applied by Local Authorities.
- Identify information, evidence and potential recommendations to aid future Food Standards Scotland's policy and operational development.

Food Standards Scotland audits assess Local Authorities' conformance against retained [Regulation \(EU\) 2017/625](#) and the [Food Law Code of Practice \(Scotland\) 2019](#) and the [Interventions Food Law Code of Practice \(Scotland\) 2019](#)

It should be acknowledged that there will be considerable diversity in the way and manner in which Local Authorities may provide their food enforcement services reflecting local needs and priorities.

Following the audit, it is expected that for any recommended points for action the

Local Authority will prepare and implement an action plan, which will incorporate a root cause analysis of any non-compliance.

Root cause analysis is a technique that senior management should use to identify the root causes of non-conformities identified at the audit have been effectively addressed. An important aspect is that there is a need to ensure that the non-conformity does not recur. This should be achieved by the accurate identification of the cause(s) of the non – conformity (i.e. the root cause) and the introduction of effective preventative action.

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1.0 Introduction

- 1.1 The primary objective of this audit was to verify and validate the implementation by Local Authorities of the following planned arrangement: the Interventions – Food Law Code of Practice (Scotland) 2019 (hereafter referred to as the Interventions Code 2019).
- 1.2 The Interventions Code 2019 was issued under Section 40 of the Food Safety Act 1990 (“the Act”), Regulation 24 of the Food Hygiene (Scotland) Regulations 2006 and Regulation 6 of the Official Feed and Food Controls (Scotland) Regulations 2009, which empowers Scottish Ministers to issue Codes of Practice concerning the execution and enforcement of Food Law by Food Authorities.
- 1.3 The Interventions Code 2019 sets out instructions, processes and criteria to which Food Authorities are required to have regard to when they carry out Official Controls relating to all Registered Food Businesses. The Interventions Code 2019 does not apply to establishments at the level of Primary Production or Approval.
- 1.4 Implementation of the Interventions Code 2019 represents Phase 2 of a wider project by Food Standards Scotland to review and overhaul the Food Law Code of Practice (Scotland) 2019.
- 1.5 The Interventions Code 2019 introduced the Food Law Rating System (FLRS). The FLRS combines the rating systems for Food Hygiene and Food Standards into one Food Law Intervention scheme based upon a new Food Business Performance Model that targets resources on high to medium risk and non-compliant businesses. The initial agreed implementation date was 1st July 2019 with ratings to be assigned as Inspection Programmes progressed. Further detail is provided within [FSS-ENF-19-007](#).
- 1.6 During the Covid-19 epidemic Inspection Programmes were halted but as part of the Covid-19: Local Authority Recovery project, four deadlines were set by which Local Authorities were required to undertake specific tasks. Two of these deadlines related specifically to implementation of the Code with a target completion date of 1st July 2021:
 1. Desktop Transfer (of Registered Businesses to FLRS)
 2. Creation of an Intervention Programme (as required by the Interventions Code)
- 1.7 The audit aim will primarily cover the following points:

- Verification that official controls are being carried out in compliance with planned arrangements.
- Verification that planned arrangements are applied effectively.

1.8 The final report will be made available on the Food Standards Scotland website at: www.foodstandards.gov.scot/food-safety-standards/regulation-and-enforcement-food-laws-scotland/audit-and-monitoring#la

Reason for the Audit

- 1.9 The provisions for exercising the audit function are provided for in Article 3 of the Food (Scotland) Act 2015. Under that Article, the general functions of Food Standards Scotland include a requirement to monitor the performance of, and promote best practice by, enforcement authorities in enforcing food legislation. Similar powers are also contained within Regulation 7 of the Official Feed and Food Controls (Scotland) Regulations 2007.
- 1.10 Retained Regulation (EU) 2017/625 on official controls performed to ensure the verification of compliance with feed or food law also includes a requirement for competent authorities to carry out internal audits or to have external audits carried out.
- 1.11 To fulfil this requirement Food Standards Scotland, has established external audit arrangements in respect of competent authorities. These arrangements are intended to ensure competent authorities are providing an effective and consistent service for the delivery of official controls and are meeting the general criteria laid out in retained Regulation (EU) 2017/625.
- 1.12 The previous Audit of Inverclyde Council's Food Service was undertaken by Food Standards Scotland in January 2017. The food related audit prior to that was in 2015.

Scope of the Audit

1.13 The audit scope covered:

- Verification that Local Authorities have implemented the Interventions Code 2019
- The verification of application and adherence to, the Interventions Code 2019
- An assist in the identification and dissemination of good practice with regards to the Interventions Code 2019

- The provision of information, evidence and potential recommendations to aid future FSS policy and operational development.

- 1.14 The audit examined Inverclyde Council's arrangements for official controls in relation to Retained Regulation (EU) 2017/625, the Interventions Food Law Code of Practice (Scotland) 2019 and the Food Law Code of Practice (Scotland) 2019 on the verification of compliance with feed and food law.
- 1.15 The audit took place on-site over the course of two days.

2.0 Executive Summary

- 2.1 The Authority has an up to date (2022/2023) Service Delivery Plan in place. The Service plan was well documented, adequately resourced and approved, however, certain requirements of the code of practice such as incorporating new Food Businesses and revisits were not documented.
- 2.2 Although it appears that all requirements of new Food Business Registration are followed by the Authority, there was no documented procedure on Food Business Registration. An up to date list of registered food establishments within the Local Authority area is available upon request.
- 2.3 All applicable food establishments within the Local Authority area are now receiving a food law intervention as per the Interventions Code 2019. The Authority has followed the Local Authority Recovery Programme post pandemic and is currently inspecting businesses in Priorities 3 & 4 of the programme.
- 2.4 No specific timescales for corrective actions were being highlighted in inspection reports. At the conclusion of every Intervention, an Authorised Officer should document and discuss any contravention of Food Law with the Food Business Operator (FBO) highlighting the timescale for corrective action.
- 2.5 Revisits were not carried out for a small number of interventions reviewed. It is recommended that revisits are carried out where required and in line with the Code of Practice.
- 2.6 The Authority has an internal quality monitoring system in place, however, this work ceased during the pandemic and has not been reinstated in full.
- 2.7 Verification checks were carried out professionally and in accordance with the Interventions Code 2019 and Food Law Code of Practice (Scotland) 2019.

Level of Assurance

2.8 As detailed in the Audit Charter Document of March 2020 (reference FSS/ENF/18/001) the audit has been assigned as below:

Reasonable Assurance Controls are adequate but require improvement	Some improvements are required to enhance the adequacy and effectiveness of procedures. There are weaknesses in the risk, governance and/or control procedures in place but not of a significant nature.
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3.0 Audit Findings

3.1 The findings reported below detail both corrective and preventive actions which are not confined to addressing specific technical requirements, but also include system-wide measures. Conclusions address the compliance with the planned arrangements, the effectiveness of their implementation and the suitability of the planned arrangements to achieve the stated objectives as appropriate.

3.2 Section 2. Registration of Food Business Establishments

Section	Audit Findings – Food Business Registration
2	<p>An online Food Business Registration service is available on the Local Authority’s website. This briefly highlights the legal requirement of registration and provides the department’s contact details if further information or assistance with the process is required by Food Business Operators.</p> <p>The Food Business Registration form provided covers all the requirements of registration as outlined in the Code of Practice.</p> <p>An up to date list of registered food establishments within the Local Authority area is available upon request and the Authority has data analyst support within the department who can easily run this list along with other Management Information System (MIS) reports.</p>
2	<p>Although it appears that all requirements of new Food Business Registration are followed by the Authority, it was acknowledged that there was not a dedicated procedure on Food Business Registration at the time of the audit. It is recommended that a procedure is put in place documenting the Registration process and detailing the requirements set out in Section 2 of the Interventions Code. (See Recommendation 1).</p>

Recommendation

1. Provide a Food Business Registration Procedure.

3.3 Section 3. Interventions

Sub section	Audit Findings – Service Planning, Interventions Programme
3.1.5	The Authority provided a current 2022/2023 Service Delivery Plan which was determined by the Authority as adequately resourced and approved by the Environment, Regeneration & Resources Committee in August 2022.
3.8.2	The Service Plan did not contain details of new Food Business establishments and how these are to be included in the intervention programme. As per the Interventions Code 2019, the Authority's Service Plan must contain details on how new Food Business establishments are to be included in the Authority's planned Intervention Programme. (See Recommendation 2).
3.1.6	The Service Plan included a detailed intervention programme outlining the Food Business establishment profile and the number of interventions programmed for the current year. However, it did not include an estimation of the number of revisits that will be made. It is recommended that this figure be estimated and included in the intervention programme. (See Recommendation 3).
3.11	The Authority has documented its out of hours requirements in its service plan. The normal working hours are 8am – 6pm Monday – Friday, however, staff carry out a number of enforcement visits out of hours and at weekends.
3.3	Inspections are carried out without prior warning and this requirement is documented in the Authority's food law inspection policy. If an appointment is made, the date and/or timing of the inspection shall be arranged for the optimum time to allow specific processes or operations to be viewed in line with the purposes of the inspection, or for personnel to be in attendance with time available for the inspection process and discussions.
3	The Authority has a comprehensive Food Law Inspection Policy which details the requirements and responsibilities involved in delivering programmed food law inspections in accordance with the Food Law Code of Practice (Scotland) 2019 and the Interventions Code 2019.
3.7	Two unannounced verification checks were carried out during the audit. The first was a revisit to a retail corner shop with an onsite deli style kitchen, serving breakfast rolls and prepacked sandwiches. The officer had carried out a programmed inspection earlier in the month and a

	<p>number of food law contraventions were followed up with. The officer demonstrated a good knowledge of the legislative requirements and specifically issues relating to allergens and new legislative requirements for prepacked for direct sale products.</p> <p>The second verification check was also a revisit. This visit was chosen as there were food standards issues noted on the last programmed inspection that required a follow up. Upon arriving at the establishment, there had been a change in management since the last inspection. The officer conducted the visit appropriately and professionally, addressing all previous food law matters and dealing with issues arising during the visit.</p>
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Recommendation
2. Ensure the Service Plan details how new food businesses will be incorporated into the Intervention Programme.
3. Include an estimation of the number of revisits that will be made in the Intervention Programme.

3.4 Section 4. Food Law Rating System

Sub Section	Audit Findings
3.7.1	All food establishments (<i>with the exception of Approved establishments and primary producers</i>) are now receiving a full food law intervention as per the Interventions Code 2019. The desktop transfer was completed as part of the Local Authority Recovery Programme. Priorities 1 & 2 of the Recovery Programme have been achieved and the Authority is currently working in Priorities 3 & 4.
3.7.1 & 4	<p>Ten food business establishments were selected for review during the audit. The last intervention for each of the ten premises was assessed by means of its accompanying documentation and computer record. For all ten establishments, the last inspection form, letter and risk rating was assessed for compliance against the standard of the Interventions Code of Practice 2019.</p> <p>All seven compliance categories as outlined in the Interventions Code compliance matrix were found to be assessed and a food law risk rating allocated correctly.</p>
3.7.3 & 4.1	An appropriate and detailed food law intervention form is used by officers to gather and record information on the inspection. The form is completed online and is coded with standard phraseology with the option to also insert an officer's own wording. Of the inspection forms assessed, detailed notes were recorded along with the scope of the inspection, and

	<p>demonstrations were made of both compliance and non-compliance with food law.</p> <p>It was, however, noted on review, that the inspection form does not identify the risk rating given after the intervention. For the purposes of quality management, it is recommended that the risk rating is recorded on the inspection form and clearly illustrates how the score is being derived from the evidence gathered and documented on the inspection form.</p> <p>As per the Authority's inspection form, there is a requirement to review two high risk allergen meals / new menu items for compliance against food standard allergen information. This was noted by the auditors as a good practice, however, for five inspections reviewed, the inspections forms showed that this was not being completed. We recommend that this assessment is made during all food law inspections and recorded appropriately on the inspection form.</p>
2.3.1	The Authority does not implement an alternative enforcement strategy for Group 3 Band A rated establishments. All registered food establishments within Inverclyde Council receive an intervention in accordance to its risk rating frequency.

Recommendation

There were no recommendations for this section.

3.5 Section 5. Action Following an Intervention: Minimum Standards of report writing and record keeping

Sub Section	Audit Findings
6.1	The outcome of every programmed inspection assessed was reported in writing to the FBO by means of a letter following the inspection. These were all reported in a timely manner and documented the contraventions found and also included recommendations of good practice.
4.1.10 & 14.6.2 Food Law Code of Practice	It was found during the intervention documentation review that specific timescales for corrective actions were not being provided. For nine of the ten inspections reviewed, there was no specific timescale for corrective actions provided for the contraventions highlighted. The Authority instead provide a standard paragraph at the end of the schedules which states that the requirements should be addressed by the time of the next inspection and where compliance with legislation has been found to be poor, a revisit may be carried out. For some more serious contraventions for example cross contamination, there was no prioritisation given for the businesses as to which contraventions needed to be addressed

	immediately or within a dedicated timescale. At the conclusion of every Intervention, the Authorised Officer should document and discuss any contravention of Food Law with the FBO highlighting the timescale for corrective action. (See Recommendation 4).
4.1.10 & 28.4 (Food Law Code of Practice)	Of the interventions reports reviewed, four interventions were awarded an Improvement Required rating under the Food Hygiene Information Scheme (FHIS) and did not have a planned revisit scheduled or carried out. Where a business is allocated an FHIS Improvement Required rating, it states that major contraventions or reoccurring contraventions from previous inspections affecting consumer safety have been found. This would indicate that there are contraventions that need to be addressed either urgently or within a timely manner. It is the auditors' recommendation that the Authority's policy is updated to reflect the requirements of the code and Food businesses that fail to comply with significant or serious statutory requirements must be subject to appropriate enforcement action and revisit inspection. (See Recommendation 5).
6.1.2	It was found during the review, that inspection letter headings reference food hygiene legislation. Inspection letters should be reviewed to include referenced headings to food law legislation. (See Recommendation 6).

Recommendation

4. A timescale for corrective action should be highlighted to the Food Business Operator for Food Law contraventions.

5. Revisits should be carried out where there is failure to comply with significant and serious statutory requirements or a number of requirements that taken together indicate ineffective management.

6. The inspection letter requires a review and update to include references to Food Law.

3.6 Section 6. Internal Monitoring

Section	Audit Findings
39 Food Law Code of Practice	The Authority's service plan states that there is a system for monitoring the quality of Food Hygiene inspections. However, this has not being carried out since food law interventions restarted post pandemic. To ensure that officers are scoring consistently and for areas mentioned above, such as timescales and that revisits are carried out, the auditors recommend that quality checks and internal monitoring checks are reinstated to ensure consistency across the service and to ensure that any issues are identified and corrected where required. (See Recommendation 7).

Recommendation	
7. Re-establish the internal monitoring system.	

3.7 Section 7. Items to take back to FSS

Section	Audit Findings
	No items raised in this section.

4.0 Annex A – Action Plan

Action Plan for Inverclyde Council’s Audit of Local Authority Implementation of Interventions Food Law Code of Practice (Scotland).

Inverclyde Council Recommended Point for Action	Planned Actions	Target Date for Completion	Responsible Officer(s)
1. Provide a Food Business Registration Procedure.	Draft procedure has been completed.	Completed on 25 th Oct 2022 <i>Audit Assurance: Recommendation Closed. Satisfactory evidence has been provided to demonstrate this recommendation has been completed.</i>	Team Leader Health Protection
2. Ensure the Service Plan details how new food businesses will be incorporated into the Intervention Programme.	Will include a paragraph in the Service Plan for next year as to how new food businesses are incorporated in the Intervention programme.	Next year’s plan – end of March 2023	Environmental Health Officer
3. Include an estimation of the number of revisits that	Will use this year’s revisit number as a guide to project into next year’s plan. However, this	Next year’s plan – end of March 2023	Environmental Health Officer

Inverclyde Council Recommended Point for Action	Planned Actions	Target Date for Completion	Responsible Officer(s)
will be made in the Intervention Programme.	may have to be adjusted as this year's inspections include many historically poor premises (e.g., takeaways) which hadn't been inspected since pre-COVID which may give an unrepresentative figure for revisits. Will assess at year end.		
4. A timescale for corrective action should be highlighted to the Food Business Operator for Food Law contraventions.	<p>The Food Law Code of Practice (14.6.2) says significant and serious contraventions should have a definitive timescale. The Interventions Code (4.1.10) doesn't mention serious and significant contraventions or definitive timescales. Could you clarify which Code takes precedence for this requirement? We will look at a proposed timescale for those contraventions we consider to be significant and serious and add these to our standard paragraphs. This will require discussion on which contraventions are serious and significant and then manually editing the relevant standard paragraphs. Given the resource implications we have set a target date of 31 March 2023. We propose to retain the general paragraph for other contraventions which do not fall into the category of significant and serious.</p> <p>On the 22nd November 2022, a further meeting with FSS/Inverclyde was held to discuss this point. It was agreed to include a timescale for corrective actions for all</p>	End of March 2023	Environmental Health Officer

Inverclyde Council Recommended Point for Action	Planned Actions	Target Date for Completion	Responsible Officer(s)
	contraventions of food law in accordance with the Interventions Code 4.1.10.		
5. Revisits should be carried out where there is failure to comply with significant and serious statutory requirements or a number of requirements that taken together indicate ineffective management.	We feel officer discretion and judgement is paramount in deciding when a revisit is required. However, as part of ongoing internal monitoring, a check will be made of FLRS scores. Any rating which includes a score higher than 3 will be checked for a revisit and, if no revisit done, this will be discussed with the relevant officer. Both Enforcement Policy and Inspection Policy have been updated to reflect this.	End of October 2022	Environmental Health Officer
6. The inspection letter requires a review and update to include references to Food Law.	Will ensure that Food Information Regulations (FIR) are in the headings.	End of November 2022	Environmental Health Officer
7. Re-establish the internal monitoring system.	1 st file check has been carried out & will continue to be carried out monthly.	End of October 2022 <i>Audit Assurance: Recommendation Closed. Satisfactory evidence has been provided to demonstrate this recommendation has been implemented.</i>	Environmental Health Officer

5.0 Acknowledgements

The Audit Assurance Team would like to acknowledge the help and co-operation of all staff involved for their assistance while conducting this audit.

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Food Standards Scotland
Audit Assurance Branch

04 January 2023

Abbreviations

EU	European Union
FBO	Food Business Operator
FHIS	Food Hygiene Information Scheme
FIR	Food Information Regulations
FLRS	Food Law Rating System
FSS	Food Standards Scotland
MIS	Management Information System

Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Director, Environment & Regeneration	Report No:	ENV024/23/MM
Contact Officer:	Martin McNab	Contact No:	01475 714246
Subject:	Housing Update		

1.0 PURPOSE AND SUMMARY

- 1.1 For Decision For Information/Noting
- 1.2 The purpose of this report is to update members on progress on the Local Housing Strategy, on progress to date in Inverclyde on Energy Efficient Scotland Area Based Scheme (ABS) (formerly known as HEEPS) and on the high-level findings of the private sector Local House Condition Survey (LHCS).
- 1.3 The process for the development of the Local Housing Strategy (LHS) for 2023-28 is nearing its conclusion. Prior to approval of the final LHS by members however the draft must be submitted to the Scottish Government for Peer Review. Currently it is our intention to bring the final LHS to Committee following the summer recess with the high level findings to be presented at an all members briefing in April.
- 1.4 Section 4 of this report updates members on Inverclyde's progress on Energy Efficient Scotland Area Based Scheme (ABS) (formally known as HEEPS). Area based schemes focus on non-traditional build types (e.g. those not amenable to energy saving measures such as cavity wall insulation) in lower SIMD areas. In the 10 years since HEEPS/ABS funding was instigated over £15m in funding from the Scottish Government has been brought into Inverclyde with over 2,500 properties improved, mainly by the installation of exterior wall insulation, but latterly also by the provision of solar photovoltaic panels.
- 1.5 As part of the LHS process the Council commissioned a private sector Local Housing Condition Survey (LHCS). This serves to inform the LHS on the condition of privately owned housing and identifies areas where particular focus is required to address housing issues including Below Tolerable Standard (BTS) housing. A high-level summary of the findings of the LHCS is attached at Appendix 5.

2.0 RECOMMENDATIONS

- 2.1 That the Committee notes the update on the Local Housing Strategy and receives a final draft for approval after the Peer Review process is complete.
- 2.2 That the Committee notes the progress on energy efficiency measures provided through the Area Based schemes in Inverclyde.

2.3 That the Committee notes the high-level findings of the Local House Condition Survey.

Stuart Jamieson
Director, Environment & Regeneration

3.0 BACKGROUND AND CONTEXT

- 3.1 The Housing (Scotland) Act 2001 places a statutory requirement on local authorities to produce an LHS which sets out its strategy, priorities and plans for the delivery of housing and related services. The Act also states that the LHS must be supported by an assessment of housing provision and related services, that it must be submitted to Scottish Ministers, and that local authorities must keep their LHS under review.
- 3.2 Development of the Inverclyde LHS has been underway since spring 2022 and the final draft is nearing completion. As a stock transfer authority many of the actions in the LHS will require close working with partners, particularly RSLs, so the additional time taken to gain consensus on the LHS action plans in order that the LHS is a meaningful strategy for Inverclyde is considered to be time well spent. The next stage for the LHS is the submission of the final draft to the Scottish Government for Peer Review prior to consideration by Committee.
- 3.3 Area based schemes (formerly HEEPS) have now been in existence for 10 years, targeting privately owned, non-traditional build properties in areas of high fuel poverty. In that period over £15M in funding has been attracted to Inverclyde with over 2,500 properties improved. Section 4 of this report together with appendices 1-3 give further detail.
- 3.4 As part of the LHS process it is necessary to carry out periodic surveys of the condition of privately owned housing to inform the LHS. The survey for Inverclyde has just concluded and the high-level findings are available in appendix 5.

4.0 ENERGY EFFICIENT SCOTLAND AREA BASED SCHEMES (FORMERLY HEEPS)

- 4.1 Since 2013 Inverclyde Council has secured a total of £15,183,105.69 funding from the Scottish Government (SG) for Energy Efficient Scotland Area Based Scheme (ABS) (formally known as HEEPS). The funding is to provide energy efficiency measures, predominately External Wall insulation (EWI) and Solar Photovoltaic (PV) panels, to homeowners. To date 2,641 houses in Inverclyde have been made energy efficient due to ABS programmes.

A further £1,454,960 has been awarded for 2023/24.

The objectives of ABS funding are to:

- Provide measures to private households in or at risk of fuel poverty that help to reduce energy usage and costs
- Deliver the Fuel Poverty Strategy and Energy Efficient Scotland programme
- Enable and support eligible homes receiving support from ABS to have achieved an EPC rating of C or better by 2030
- Ensure that householders, installers/workers and their families are protected against the risk of COVID-19 transmission
- Secure Energy Company Obligation (ECO) and other funding/investment to maximise the impact of ABS projects and funding

Appendix 1 details funding received in Inverclyde through the programme from 2013-14 to 2023-24.

Appendix 2 details the total number of houses improved under the scheme.

Appendix 3 details the areas where programmes have been carried out in Inverclyde.

Appendix 4 shows comparative allocations and spend for Scottish LAs from 2013-2022. Inverclyde Council was the third best performing Council in terms of spend/allocation and 15th in terms of overall spend.

- 4.2 Criteria set by the Scottish Government is for councils to work with Registered Social Landlords (RSLs), when possible, on collaborative programmes and as such it is quite often the RSL which will be the driving force behind a programme. The RSL pays for their own property and IC provides ABS funding towards the cost to the homeowner.

Local RSL's are asked to identify areas within their future investment programmes that may be suitable for a collaborative EWI programme of works. However, it is understood that not all housing association investment works can integrate into ABS programmes, therefore, the opportunity is also available for RSL's to submit additional proposals under the heading of a 'Special Project'. The SG will award additional funding to support Special Projects if appropriate.

- 4.3 IC cannot rely purely on RSLs identifying programmes within the allocated funding timeframes, therefore, 'back up' programmes are in place to ensure that the funding allocated to Inverclyde is spent and not returned to the SG, if a RSL has properties in the 'back up' area they will be invited to join the programme. The current programme of works is in the Park Farm area of Port Glasgow, it is an area recognised as having poor housing and is within the lowest 20% SIMD areas with low levels of income leading inevitably to fuel poverty and ill health. The Park Farm programme will continue into 2023/24.

- 4.4 Local Authorities may have to provide evidence in support of the area/measures mix identified for programmes, including:

- Energy Saving Trust home analytics data
- Local house condition survey information
- Evidence from the Home Energy Efficiency Database (HEED)
- Evidence from SIMD and Cavity Insulation Guarantee Agency
- Evidence from LOIPs
- Other administrative data on subjects such as child poverty, school meals, benefits entitlements etc.

- 4.5 It is appreciated that area based schemes do have their limitations. To be viable a number of similar properties which meet the current Scottish Government criteria are required to run a sustainable programme. Not all properties in SIMD areas will qualify and technological solutions in this area are evolving at a rapid rate. Even so significant steps have been made in reducing vulnerabilities to fuel poverty working within the constraints of the current schemes. It is hoped that work on the Local Heat and Energy Strategy (LHES) will identify other measures that could contribute to the reduction of fuel poverty.

- 4.6 It is planned to carry out an Internal Wall Insulation (IWI) programme for private homeowners living in pre 1919 tenements within the lowest SIMD data zones in the central of Greenock. This will assist low-income householders suffering from fuel poverty to improve their energy efficiency. It will be a free scheme through ABS and ECO funding and will include a redecoration allowance. RSLs within these areas have been invited to join this programme. This is the second attempt to carry out this programme, there was no response to the first attempt in spite of writing directly to over 400 property owners. It is hoped that better publicity together with the current pressure of fuel prices will lead to a better response.

Due to the Publicly Available Specification (PAS) 2035 on energy retrofit measures and SG ABS guidance homeowner's contributions could be capped, we are currently waiting on further instruction from the SG on moving forward.

5.0 INVERCLYDE PRIVATE SECTOR HOUSE CONDITION SURVEY 2022/23

- 5.1 The Housing (Scotland) Acts require Local Authorities from time to time to carry-out assessments on the condition of housing in their area, in particular to identify below tolerable standard (BTS) properties. A detailed knowledge of the condition of housing stock is also required to inform the Local Housing Strategy. In order to assess the condition of the private housing stock in the area the Council requires to commission a local housing condition survey (LHCS). This survey also provides household information and an assessment of the energy efficiency of the properties. The last LHCS was in 2010/11 and the intention had been to carry out a survey in 2020-21 to inform the 2023-28 Local Housing Strategy. For obvious reasons the survey could not be carried out in 2020-21 and instead was carried out in 2022-23.
- 5.2 The fieldwork for the survey was completed in early March 2023, the fieldwork taking longer than expected partially as a result of a widespread hesitation to take part which required a number of additional approaches to householders in order to generate a statistically satisfactory sample size. A high-level summary of the findings of the LHCS is included at Appendix 5. The detailed findings will inform the final draft of the Local Housing Strategy.

6.0 IMPLICATIONS

- 6.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk		X	
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty		X	
Children & Young People's Rights & Wellbeing		X	
Environmental & Sustainability		X	
Data Protection		X	

6.2 Finance

One off Costs

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report	Virement From	Other Comments
N/A					

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact	Virement From (If Applicable)	Other Comments
N/A					

6.3 Legal/Risk

None.

6.4 Human Resources

None.

6.5 Strategic

The preparation of a Local Housing Strategy is a major strategic obligation on the Council. The action plans under the LHS should, if successful, contribute significantly to the housing led regeneration of Inverclyde.

6.6 Equalities and Fairer Scotland Duty

Both the LHS and the area based schemes should contribute to addressing inequalities across Inverclyde, the latter addressing fuel poverty specifically.

(a) Equalities

This report has been considered under the Corporate Equalities Impact Assessment (EqIA) process with the following outcome:

	YES – Assessed as relevant and an EqIA is required.
X	NO – This report does not introduce a new policy, function or strategy or recommend a substantive change to an existing policy, function or strategy. Therefore, assessed as not relevant and no EqIA is required

(b) Fairer Scotland Duty

If this report affects or proposes any major strategic decision:-

Has there been active consideration of how this report's recommendations reduce inequalities of outcome?

	YES – A written statement showing how this report's recommendations reduce inequalities of outcome caused by socio-economic disadvantage has been completed.
X	NO – Assessed as not relevant under the Fairer Scotland Duty.

6.7 Children and Young People

Has a Children's Rights and Wellbeing Impact Assessment been carried out?

	YES – Assessed as relevant and a CRWIA is required.
X	NO – Assessed as not relevant as this report does not involve a new policy, function or strategy or recommends a substantive change to an existing policy, function or strategy which will have an impact on children's rights.

6.8 Environmental/Sustainability

Summarise any environmental / climate change impacts which relate to this report.

Has a Strategic Environmental Assessment been carried out?

	YES – assessed as relevant and a Strategic Environmental Assessment is required.
X	NO – This report does not propose or seek approval for a plan, policy, programme, strategy or document which is like to have significant environmental effects, if implemented.

6.9 Data Protection

Has a Data Protection Impact Assessment been carried out?

	YES – This report involves data processing which may result in a high risk to the rights and freedoms of individuals.
X	NO – Assessed as not relevant as this report does not involve data processing which may result in a high risk to the rights and freedoms of individuals.

7.0 CONSULTATION

7.1 Significant consultation has been carried out with partners and the public in the development of the LHS.

8.0 BACKGROUND PAPERS

8.1 None.

Appendix 1

INVERCLYDE COUNCIL - ENERGY EFFICIENT SCOTLAND AREA BASED SCHEMES - SUMMARY OF FUNDING AWARDS

YEAR	AMOUNT	ADDITIONAL FUNDING	TOTAL FUNDING	CUMULATIVE TOTAL
2013-2014	1,023,008.00		1,023,008.00	1,023,008.00
2014-2015	1,254,860.00	212,374.85	1,467,234.85	2,490,242.85
2015-2016	1,584,171.00	150,000.00	1,734,171.00	4,224,413.85
2016-2017	1,071,260.85	575,000.00	1,646,260.85	5,870,674.70
2017-2018	1,225,258.85	288,500.00	1,513,758.85	7,384,433.55
2018-2019	1,249,023.00	321,429.00	1,570,452.00	8,954,885.55
2019-2020	1,106,694.00	187,940.14	1,294,634.14	10,249,519.69
2020-2021	1,255,975.00	256,739.00	1,512,714.00	11,762,233.69
2021-2022	1,462,261.00		1,462,261.00	13,224,494.69
2022-2023	1,458,611.00	500,000.00	1,958,611.00	15,183,105.69
2023-2024				
TOTAL	<u>12,691,122.70</u>	<u>2,491,982.99</u>	<u>15,183,105.69</u>	

INVERCLYDE COUNCIL - ENERGY EFFICIENT SCOTLAND AREA BASED SCHEMES - NUMBER OF HOUSES MADE ENERGY EFFICIENT

YEAR	Owner Occupied	RSL	Total	
2013/14	176		69	245
2014/15	230		505	735
2015/16	217		93	310
2016/17	243		59	302
2017/18	187		70	257
2018/19	186		6	192
2019/20	138		15	153
2020/21	169		18	187
2021/22	101		0	101
2022/23	159		0	159
	1806		835	2641

INVERCLYDE COUNCIL - SUMMARY OF ENERGY EFFICIENT SCOTLAND AREA BASED SCHEMES - COMPETED AREAS

	Owner Occupied	RSL	Total
HEEPS - Areas Targeted 2013-2020			
Roxburgh/Wellington	238	69	307
Bow Road	77	24	101
Bardrainney	164	37	201
John Street	11	73	84
Balfour Street	32	20	52
Broomhill	196	470	666
Wellpark (Shaw Place)	40	23	63
West Moreland Athol Steel - Pilot	2	2	4
Auchmead Road	3	9	12
Slaemuir	6	18	24
Parkfarm	48	28	76
Larkfield	137	12	149
Overton	41	7	48
Devol	137	6	143
Larkfield Athol Steel (York Road) 2nd Pilot	2	2	4
Strone (Gray Street)	11	2	13
Cowdenknowes	390	33	423
Larkfield Athol Steel - 3rd Pilot			0
Internal Wall Insulation/Low Cost Measures/Emergency	11	0	11
Parkfarm	260		260
	1806	835	2641

HEEPS: Area Based Schemes - Budget Allocations and Spend (2013 - 2022)

	2013-2022		
Council	2013-2022 Core Allocation	2013-2022 Final Spend	Percentage difference between core allocation and final spend
Glasgow	£ 47,613,698.00	£ 35,650,340.27	-25.13
Aberdeenshire	£ 24,794,653.00	£ 26,324,367.95	6.17
Edinburgh	£ 31,767,261.00	£ 24,463,032.55	-22.99
Highland	£ 23,587,154.00	£ 21,822,859.82	-7.48
Fife	£ 22,689,520.00	£ 19,973,917.00	-11.97
North Lanarkshire	£ 21,341,090.00	£ 19,609,556.13	-8.11
Argyll and Bute	£ 16,359,255.00	£ 18,101,204.88	10.65
Dumfries & Galloway	£ 17,372,526.00	£ 17,075,118.75	-1.71
Dundee	£ 17,057,039.00	£ 16,394,981.05	-3.88
Renfrewshire	£ 17,341,634.00	£ 16,233,751.00	-6.39
South Lanarkshire	£ 20,673,594.00	£ 15,107,535.79	-26.92
South Ayrshire	£ 11,476,784.00	£ 14,182,329.04	23.57
East Ayrshire	£ 12,356,839.00	£ 14,054,237.41	13.74
Aberdeen City	£ 16,349,016.00	£ 14,010,167.19	-14.31
Inverclyde	£ 11,232,341.00	£ 13,296,042.05	18.37
North Ayrshire	£ 14,393,819.00	£ 13,209,434.62	-8.23
Eilean Siar	£ 13,977,637.00	£ 13,065,754.00	-6.52
Stirling	£ 10,003,117.00	£ 12,493,683.00	24.90
Perth and Kinross	£ 16,030,604.00	£ 12,208,021.90	-23.85
Scottish Borders	£ 12,792,860.00	£ 11,064,918.58	-13.51
West Lothian	£ 9,643,638.00	£ 10,538,263.17	9.28
Falkirk	£ 10,563,356.00	£ 9,463,372.59	-10.41
Angus	£ 10,985,570.00	£ 8,883,946.19	-19.13
Moray	£ 11,563,233.00	£ 8,446,495.35	-26.95
Shetland	£ 9,140,354.00	£ 7,525,607.14	-17.67
Midlothian	£ 7,111,636.00	£ 7,409,486.21	4.19
West Dunbartonshire	£ 7,813,654.00	£ 7,092,416.00	-9.23
Orkney	£ 11,241,916.00	£ 6,222,348.43	-44.65
Clackmannanshire	£ 5,578,204.00	£ 5,271,078.64	-5.51
East Lothian	£ 7,442,185.00	£ 4,655,662.80	-37.44
East Renfrewshire	£ 6,299,504.00	£ 3,006,292.38	-52.28
East Dunbartonshire	£ 7,115,659.00	£ 2,245,644.06	-68.44

INVERCLYDE COUNCIL PRIVATE SECTOR
HOUSE CONDITION SURVEY 2022/23

HEADLINE SURVEY FINDINGS

Prepared on behalf of:

Inverclyde Council

Prepared by:



David Adamson & Partners Ltd.

March 2023

Ref: E

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1. SURVEY BACKGROUND

- 1.1 David Adamson & Partners Ltd. was commissioned by Inverclyde Council to complete a review of private sector housing and household conditions across the Council area. Information from the survey provides an up-to-date benchmark for private sector housing conditions against national housing standards and provides a detailed base of information for the review and further development of private sector housing strategies and support.
- 1.2 The study has involved a comprehensive survey programme across a sample of 1,500 dwellings. The sample size was set to support survey reporting not only for the entire Council area but for local housing market areas (LHMA); housing stock and sample distributions are illustrated in Table 1. The sample was further stratified to account for specific town centres and service request areas.

HOUSING MARKET AREA	LHMA AREA	Total	Sample
		dwellings	dwellings
INVERCLYDE EAST	Greenock Central East	5264	257
	Port Glasgow	5922	289
	Gourock	4961	242
INVERCLYDE WEST	Greenock South West	6322	308
	Inverkip & Wemyss Bay	2533	123
	West Greenock	3494	171
INVERCLYDE EAST	RURAL Kilmacolm & Quarriers Village	2278	110
TOTAL ALL AREAS		30774	1500

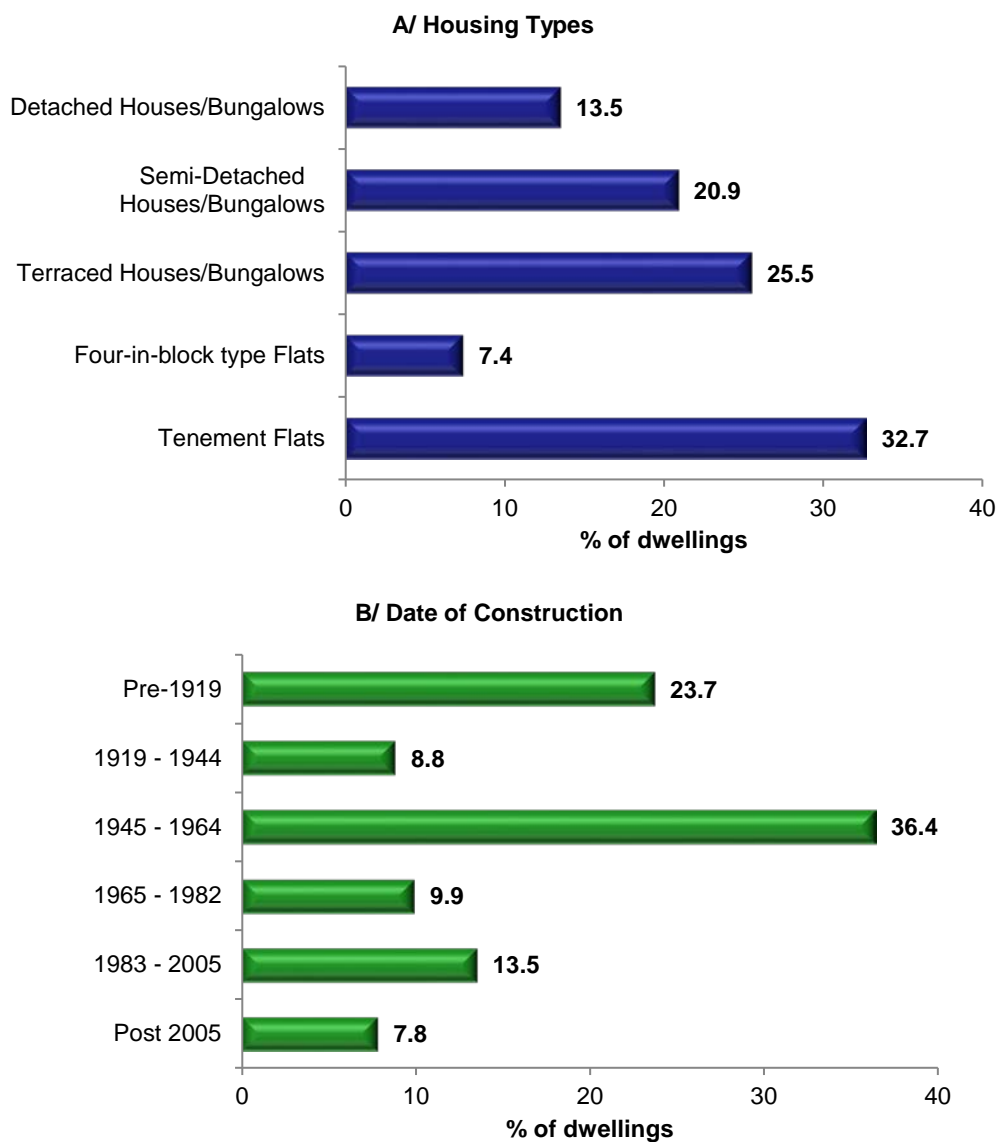
- 1.3 The house condition survey programme has been designed and implemented according to Scottish Government guidelines. Dwellings have been surveyed both externally and internally not only for housing condition but for energy efficiency using RdSAP (SAP 2012 Version 9.94). House condition assessments have included general repair condition and performance against the Tolerable Standard and Scottish Housing Quality Standard (SHQS). In addition to the condition assessments, approximately 20% of occupying households were interviewed examining their socio economic and demographic structure and their underlying attitudes to their housing conditions and circumstances. Key linkages between housing conditions and household characteristics include relationships between poor condition and household vulnerability (social/economic), and fuel poverty.

2. PRIVATE SECTOR HOUSING STOCK

2.1 Using information provided by Inverclyde Council and outputs from the survey programme permits the profiling of overall private sector housing characteristics. The Inverclyde Council area has an estimated private sector housing stock of 30,774 dwellings.

2.2 Private sector housing stock is slightly dominated by traditional one and two storey houses and bungalows (59.9%) with the remaining 40.1% of private dwellings (12,339) in flats. The housing stock demonstrates a varied age profile; 23.7% of private dwellings were constructed pre-1919 with an additional 8.8% constructed in the inter-war period and 21.3% constructed since 1982.

FIGURE 1: PRIVATE SECTOR HOUSING STOCK BY TYPE AND AGE



3. PRIVATE SECTOR HOUSEHOLDS

- 3.1 Private sector housing stock in Inverclyde houses approximately 30,774 resident households and a private sector household population of 57,057 persons. Average household size is estimated at 1.85 persons. Private sector households are predominantly small in size. 13,832 households (44.9%) are single person in size, an additional 10,241 households (33.3%) contain two persons. Only 2,095 households (6.8%) contain four or more persons.
- 3.2 Private sector households exhibit an ageing demographic profile as illustrated by the age distribution of heads of household and household type composition. 11,336 households (36.8%) have a head of household aged 65 years or over, 4,380 heads of household (14.2%) are aged between 55 and 64 years. The average age of heads of household is estimated at 55 years. Ageing demographics are reflected in household compositions – 6,150 households (20%) are single pensioner in type; 5,109 households (16.6%) are older smaller households.
- 3.3 Demographic and social characteristics vary by tenure reflecting a younger more mobile private-rented sector against an older owner-occupied sector. The average age of owner-occupied heads of household is estimated at 60 years compared to 42 years for heads of household in the private-rented sector. Other key demographic and social differences are as follows:
- *35.1% of private-rented households have a head of household aged under 35 years as opposed to only 6.9% of owner-occupied households. Conversely 48.6% of owner-occupied heads of household are aged 65 years or over compared to 5.0% of private-rented households;*
 - *4.4% of private-rented households are single parent in type compared to 1.0% of owner-occupied households; and*
 - *45.6% of private-rented households have been living in their current dwelling under 2 years; the comparative figure for owner-occupiers is 16.3%. 29.4% of owner-occupiers have been resident in their current dwelling over 20 years whilst 0.5% of private-renters have been in the same dwelling for over 20 years.*

TABLE 2: PRIVATE SECTOR HOUSEHOLDS BY AGE OF HEAD OF HOUSEHOLD AND HOUSEHOLD TYPE						
	Owner-Occupiers		Private-Rented		TOTAL	
	H/holds	%	H/holds	%	H/holds	%
AGE OF HEAD OF HOUSEHOLD						
Under 25 years	45	0.2	421	5.1	467	1.5
25 - 34 years	1506	6.7	2495	30.0	4000	13.0
35 - 44 years	3264	14.5	2705	32.5	5969	19.4
45 - 54 years	3644	16.2	978	11.8	4622	15.0
55 - 64 years	3074	13.7	1307	15.7	4380	14.2
65 years and older	10922	48.6	413	5.0	11336	36.8
HOUSEHOLD TYPE						
Single Adult	4188	18.7	3494	42.0	7682	25.0
Single Parent	214	1.0	368	4.4	582	1.9
Single Pensioner	5782	25.8	368	4.4	6150	20.0
Small Family	2430	10.8	1942	23.3	4372	14.2
Older Smaller	5063	22.5	45	0.5	5109	16.6
Large Adult	1339	6.0	77	0.9	1416	4.6
Small Adult	3226	14.4	1692	20.3	4918	16.0
Large Family	213	0.9	333	4.0	546	1.8
ALL HOUSEHOLDS	22455	100.0	8319	100.0	30774	100.0

3.4 16,097 households (52.3%) have a head of household in full or part-time employment; 869 heads of households (2.8%) are registered unemployed and 11,887 heads of household are economically retired (38.6%). 6,813 households (22.1%) are in receipt of means tested or disability related benefits and can be considered economically vulnerable. The mean household income within the owner-occupied sector is estimated to be £35,731 per annum compared with £25,665 within the private-rented sector.

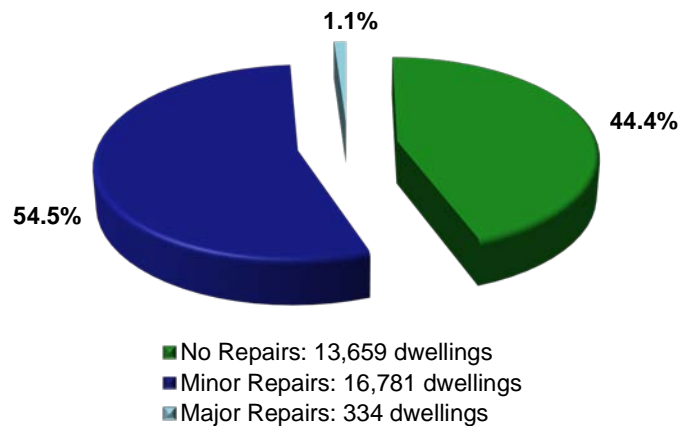
3.5 Economic circumstances vary between the owner-occupied and private-rented sectors. Demographic differences indicate significantly higher levels of economic retirement within the owner-occupied sector. Levels of employment and economic activity are higher for the younger private-rented sector although rates of economic vulnerability are also higher.

TABLE 3: PRIVATE SECTOR HOUSEHOLDS BY ECONOMIC ACTIVITY AND ECONOMIC VULNERABILITY						
	Owner-Occupiers		Private-Rented		TOTAL	
	H/holds	%	H/holds	%	H/holds	%
LENGTH OF RESIDENCY						
Under 1 year	2228	9.9	2009	24.2	4237	13.8
1 - 2 years	1436	6.4	1783	21.4	3219	10.5
3 - 5 years	2909	13.0	2421	29.1	5331	17.3
6 - 10 years	4202	18.7	1905	22.9	6107	19.8
11 - 20 years	5079	22.6	155	1.9	5234	17.0
Over 20 years	6601	29.4	45	0.5	6646	21.6
ECONOMIC VULNERABILITY						
Not Economically Vulnerable	19501	86.8	4460	53.6	23961	77.9
Economically Vulnerable	2954	13.2	3860	46.4	6813	22.1
ECONOMIC ACTIVITY						
Full time work (>= 30 hours)	9838	43.8	4637	55.7	14475	47.0
Part time work (< 30 hours)	1052	4.7	570	6.9	1622	5.3
Registered unemployed	0	0.0	869	10.4	869	2.8
Permanently sick / disabled	0	0.0	1319	15.9	1319	4.3
Looking after home	247	1.1	278	3.3	524	1.7
Wholly retired	11318	50.4	568	6.8	11887	38.6
Student	0	0.0	78	0.9	78	0.3
ALL HOUSEHOLDS	22455	100.0	8319	100.0	30774	100.0

4. HOUSING CONDITIONS – EXTERNAL ELEMENTS

4.1 External housing conditions are generally good across the housing stock typified by localised or minor disrepair rather than major investment needs. The pattern identified is symptomatic of a need for enhanced routine maintenance rather than major repair or improvement. Only 334 dwellings (1.1%) exhibited major external repairs above the SHQS compliance threshold; 16,781 dwellings (54.5%) require minor or localised repairs with the remaining 13,659 dwellings exhibiting no disrepair (44.4%).

FIGURE 2: EVIDENCE OF EXTERNAL DISREPAIR



Minor repairs, which suggest element deterioration are primarily associated with roof coverings, chimneys, rainwater goods, wall finishes and dwelling windows.

4.2 By LHMA there is quite a divergence in the proportion of dwellings with no external disrepair. In West Greenock LHMA only 5.3% of dwellings have no disrepair compared to 74% in Inverkip & Wemyss Bay.

FIGURE 3: NO DISREPAIR EXTERNALLY BY LHMA

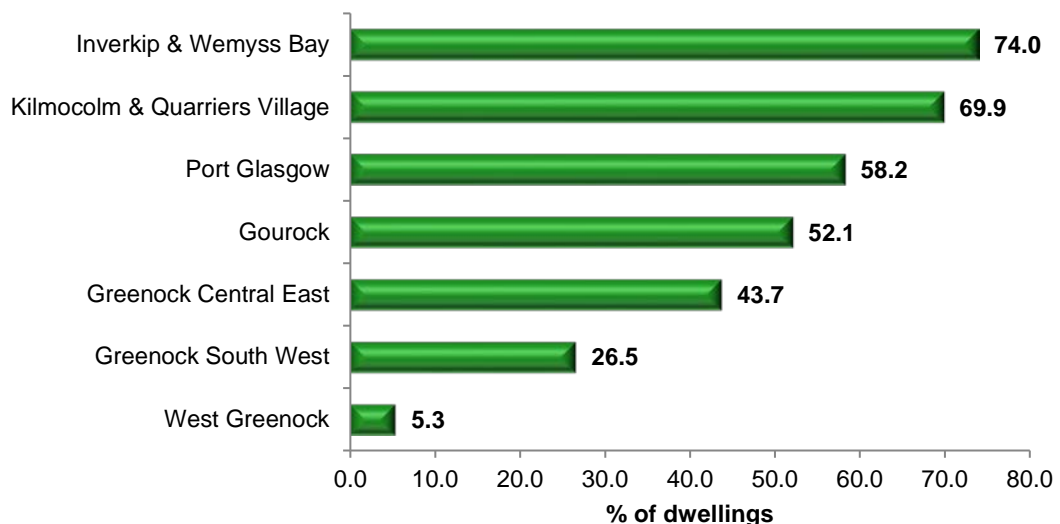


TABLE 4: EXTERNAL ELEMENTAL REPAIR PROFILE								
	REPAIR CONDITION							
	No Repair / N/A		Localised Repair (0-5%)		Minor Repair (6-20%)		Major Repair (21-100%)	
	dwgs	%	dwgs	%	dwgs	%	dwgs	%
BUILDING ELEMENT								
Principal Roof Structure	30106	97.8	605	2.0	28	0.1	35	0.1
Secondary Roof Structure	30774	100						
Principal Roof Cover	23434	76.1	6455	21.0	828	2.7	56	0.2
Secondary Roof Cover	29747	96.7	1027	3.3				
Chimney Stacks	22598	73.4	7905	25.7	182	0.6	89	0.3
Flashings	29862	97.0	816	2.7	28	0.1	67	0.2
Soffits/Fascias/Barges	27829	90.4	2501	8.1	413	1.3	31	0.1
Gutters	22042	71.6	8478	27.5	226	0.7	28	0.1
Downpipes	26357	85.6	4163	13.5	241	0.8	14	0.0
Soil Vent Pipes	29419	95.6	1271	4.1	84	0.3		
Wall Structure	29523	95.9	1176	3.8	75	0.2		
Foundations	30746	99.9	28	0.1				
Principal Wall Finish	24740	80.4	5338	17.3	696	2.3		
Secondary Wall Finish	29786	96.8	899	2.9	89	0.3		
External Pointing	25192	81.9	5554	18.0			28	0.1
DPC	30746	99.9			28	0.1		
Underground Drainage	30760	100	14	0.0				
Windows	28402	92.3	2363	7.7			9	0.0
Access Doors	29541	96.0	1119	3.6	105	0.3	8	0.0

5. HOUSING CONDITIONS – INTERNAL ELEMENTS

5.1 Any existing internal defects are either localised or minor in nature, with internal finishes to walls, floors and ceilings being the primary issues noted. There is significant variation in rates of internal disrepair by LHMA; only 10.8% of dwellings in Port Glasgow LHMA exhibit no internal disrepair compared to 86.6% of dwellings in Kilmacolm and Quarriers Village.

FIGURE 4: NO DISREPAIR INTERNALLY BY LHMA

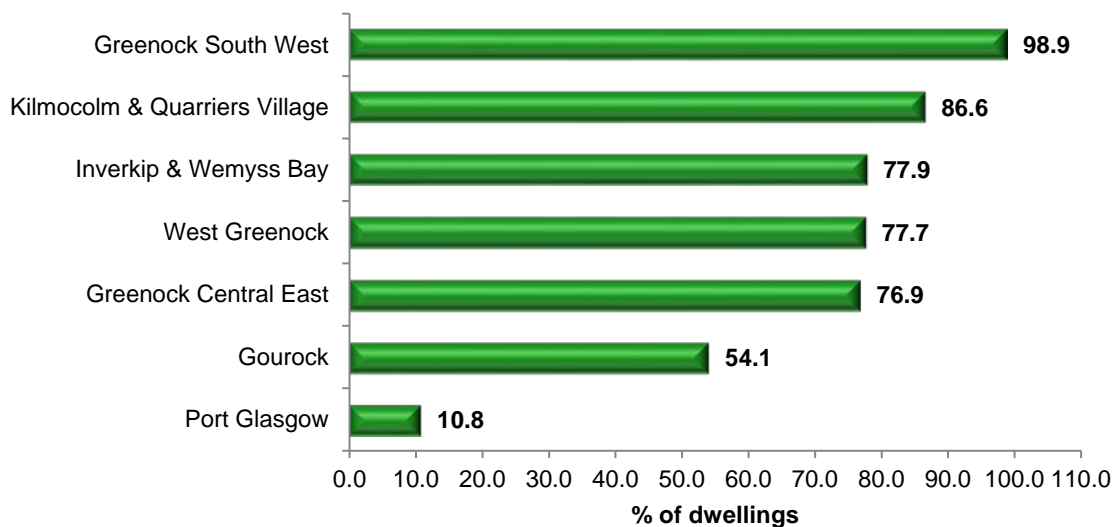


TABLE 5: INTERNAL ELEMENTAL REPAIR PROFILE

	REPAIR CONDITION							
	No Repair / N/A		Localised Repair (0-5%)		Minor Repair (6-20%)		Major Repair (21-100%)	
	dwgs	%	dwgs	%	dwgs	%	dwgs	%
INTERNAL FINISHES AND JOINERY								
Floor structure	30743	99.9	3	0.0	28	0.1		
Floor finish	26521	86.2	4221	13.7	32	0.1		
Wall finish	21722	70.6	9052	29.4				
Ceiling finish	23701	77.0	7014	22.8	60	0.2		
Internal door	29523	95.9	1247	4.1	3	0.0		
Fireplace/flue	30712	99.8			62	0.2		
Internal stairs	30743	99.9			31	0.1		
Internal wall structure	30668	99.7			75	0.2	31	0.1
Party wall structure	30729	99.9			45	0.1		
Private balcony	30774	100						

6. HOUSING CONDITIONS – SHQS

6.1 Dwelling performance against the Scottish Housing Quality Standard is illustrated in Table 6.

TABLE 6: SHQS COMPLIANCE				
	INVERCLYDE 2022/23			
	Compliant		Non-Compliant	
	dwgs	%	dwgs	%
SHQS QUALITY CATEGORIES				
BTS	19051	61.9	11723	38.1
Serious Disrepair	30739	99.9	35	0.1
Energy Efficient	21978	71.4	8796	28.6
Modern Facilities/Services	30728	99.8	46	0.2
Healthy, Safe, Secure	28866	93.8	1908	6.2
OVERALL SHQS	13451	43.7	17323	56.3

6.2 Housing conditions in Inverclyde within the private sector are not comparable to the most recent Scottish national figures for 2019 as a number of changes to the SHQS definition have been introduced since this date. For example, in 2019 it is estimated that just 2% of national private sector occupied dwellings failed the tolerable standard, whereas in Inverclyde in 2022/23 over 38% fail this aspect. This increased non-compliance rate is related to the introduction of new heat and CO detection requirements.

Local conditions and performance are strongly influenced by the tolerable standard and energy efficiency requirements.

6.3 **BTS HOUSING** – 11,723 dwellings were assessed as BTS in the course of the survey with the overwhelming majority relating to a lack of smoke and heat alarms (11,720 dwellings).

6.4 **SERIOUS DISREPAIR** – Although over 55% of private sector dwellings exhibit some level of external disrepair, the majority is minor and in only 35 dwellings is the level of disrepair significant enough to make the dwelling non-compliant with the SHQS repair criteria.

6.5 **ENERGY EFFICIENT** – 8,796 dwellings (28.6%) fail to comply with the energy efficiency requirements of the Scottish Housing Quality Standard.

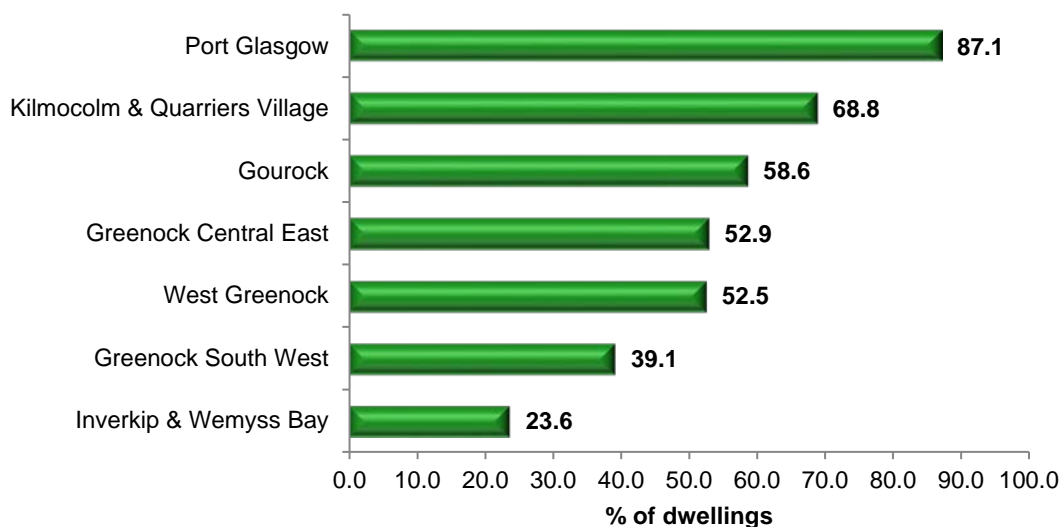
The average SAP rating for private housing in Inverclyde is 70, above the private sector all Scotland average in 2019 of 62. Average annual CO₂ emissions are estimated at 3.6 tonnes equating to total annual emissions of 112,090 tonnes.

6.6 **AMENITIES/FACILITIES** – Just 46 dwellings fail the amenity requirements of the Scottish Housing Quality Standard.

6.7 **HEALTHY, SAFE, SECURE** – 1,908 dwellings (6.2%) fail the health, safety and security requirements of the Scottish Housing Quality Standard. The largest individual areas of failure include:

- *Common Door Entry* – 1,309 dwellings (4.3%); and
- *Secure Common Doors* – 864 dwellings (2.8%) non-compliant.

FIGURE 5: SHQS NON-COMPLIANCE BY LHMA

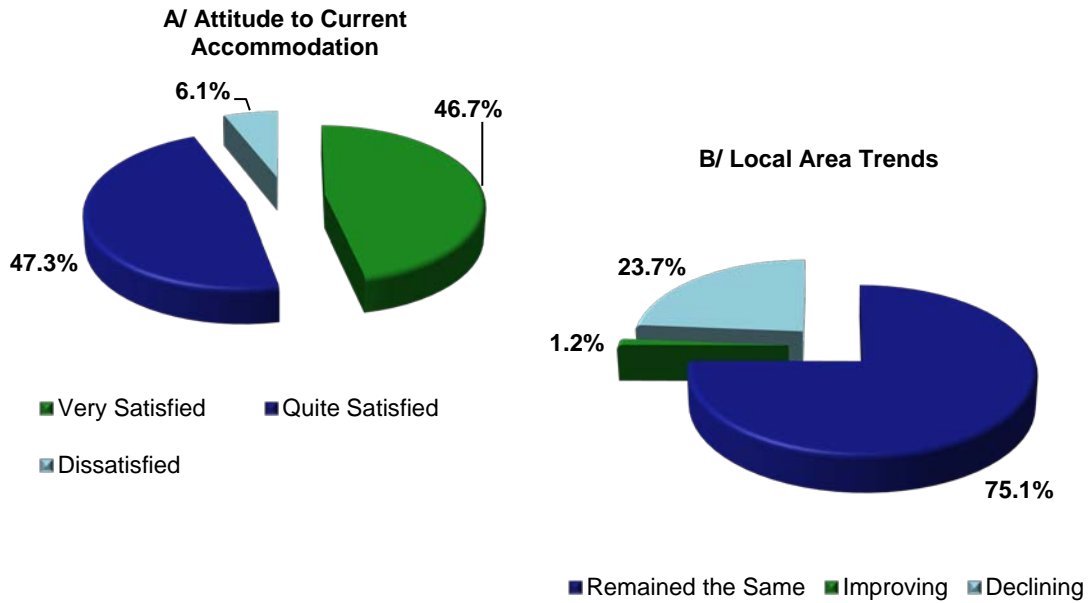


6.8 By LHMA, Port Glasgow has a significantly higher rate of SHQS non-compliance with 87.1% of dwellings failing to meet all the requirements.

7. HOUSEHOLD ATTITUDES

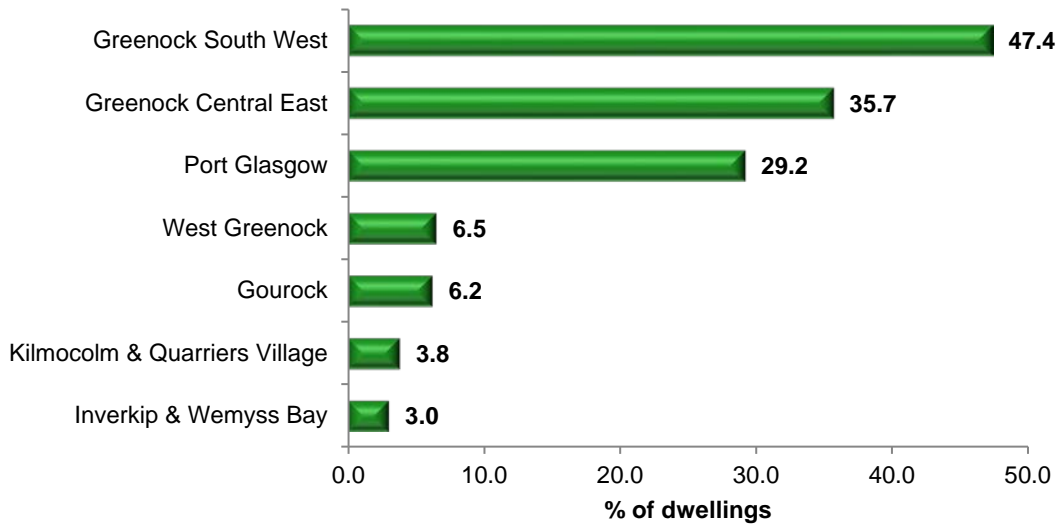
7.1 Household attitudes to housing and local residential environment are positive. 28,913 households (94%) are satisfied with their current accommodation, 28,736 households (93.4%) are satisfied with their local area. Whilst the majority of households perceive little change in their local area over the last 5 years – 23,103 households (75.1%) – 7,303 households (23.7%) think their area has declined.

FIGURE 6: HOUSING AND AREA ATTITUDES



7.2 Almost half of households in Greenock South West believed their area had declined in the last five years compared to 3.0% in Inverkip and Wemyss Bay.

FIGURE 7: AREA DECLINE BY LHMA



Report To:	Environment & Regeneration Committee	Date:	4 May 2023
Report By:	Director, Environment & Regeneration	Report No:	ENV022/23/SJ/SM
Contact Officer:	Sean Mc Daid	Contact No:	01475 712412
Subject:	The Stopping Up of Road and Footpath, Inverclyde (Arthur Street, Greenock) Order 2022		

1.0 PURPOSE AND SUMMARY

1.1 For Decision For Information/Noting

1.2 The purpose of this report is to request the Committee to consider the order The Stopping Up of Road and Footpath, Inverclyde (Arthur Street, Greenock) Order 2022 (hereinafter “the Order”) which was made on 25th October 2022 in terms of Sections 207 and 208 of the Town and Country Planning (Scotland) Act 1997 (hereinafter “the Act”) and then to remit the Order to the Inverclyde Council for approval and confirmation. A copy of the Order is attached as Appendix 1 to this report.

1.3 Officers are satisfied that it is necessary to authorise the stopping up of the road and the footpath at Arthur Street, Greenock to permit the erection of a Class 3 unit with ancillary drive through and associated works at Ground at Arthur Street, Greenock in accordance with planning permission reference 20/0106/IC which was granted on 11th October 2021 in terms of the Act.

1.4 The Order was made on 25th October 2022 and published in the Greenock Telegraph and Edinburgh Gazette for public consultation on 1st November 2022, with the last date for objections being 29th November 2022. At the end of the consultation period, one objection was received. Further to discussions between the developer and the objector, the objection has now been withdrawn and there are no maintained objections to the Order.

2.0 RECOMMENDATIONS

It is recommended that the Committee:

2.1 Approve the Order and agree to remit same to the Inverclyde Council for the confirmation and thereafter grant delegated authority to the Head of Legal, Democratic, Digital & Customer Services to take all necessary action in connection with the confirmation of the Order.

Stuart W. Jamieson
Director, Environment & Regeneration

3.0 BACKGROUND AND CONTEXT

- 3.1 Planning permission 20/0106/IC was granted on 11th October 2021 for the proposed erection of a Class 3 unit with ancillary drive through and associated works at land at Arthur Street, Greenock. The site referred to in the planning application is to the south-west of the Cartsburn Roundabout and incorporates Arthur Street.
- 3.2 It is a condition of planning permission that the stopping up of the road and footpath at Arthur Street, Greenock is required. The approved development requires 581 square metres or thereby of road and 89 square metres or thereby of footpath at Arthur Street, Greenock to be stopped up. This is shown on the plan accompanying the Order as attached at Appendix 1 to this report.
- 3.3 Local authorities are empowered to make Stopping Up Orders in terms of the Act and in terms of the Council's Scheme of Delegation, the Head of Regeneration and Planning is responsible for the grant of planning consent and, if necessary, Stopping Up Orders in implementation of same.
- 3.4 Following the making of the Order, the procedures set out in the Act required the Order to be advertised in the Greenock Telegraph and the Edinburgh Gazette, with Notices sent to the landowner and any statutory undertaker who has apparatus on the footpaths which are to be stopped up. If there are no maintained objections to the Order, authority thereafter requires to be sought from the Environment and Regeneration Committee in order to confirm the Order before it comes into effect.
- 3.5 As noted above, one objection was received in relation to the Order; however, it has subsequently been withdrawn. Accordingly, there are no maintained objections to the Order.

4.0 PROPOSALS

- 4.1 A copy of the Order which officers are recommending for approval and confirmation is attached at Appendix 1 of this report.

5.0 IMPLICATIONS

- 5.1 The table below shows whether risks and implications apply if the recommendation(s) is(are) agreed:

SUBJECT	YES	NO	N/A
Financial		X	
Legal/Risk	X		
Human Resources		X	
Strategic (LOIP/Corporate Plan)		X	
Equalities & Fairer Scotland Duty			X
Children & Young People's Rights & Wellbeing			X
Environmental & Sustainability			X
Data Protection			X

5.2 Finance

There are no financial implications arising from this report. The cost of advertising the Order in the newspapers is met by the developer.

5.3 Legal/Risk

The Order complies with the Act as detailed above. The stopping up of the road and footpath as shown in the Order attached at Appendix 1 is required to ensure proper implementation of planning permission 20/0106/IC. Failure to complete the statutory process to stop up the road and footpath will mean that the planning permission could not be lawfully implemented.

5.4 Human Resources

There are no human resources implications associated with the Order.

5.5 Strategic

There are no Strategic implications associated with the making of the Order.

6.0 CONSULTATION

6.1 In terms of the statutory requirements, the Order was advertised in the Greenock Telegraph and the Edinburgh Gazette with full details of the proposals being made available for public inspection during normal office hours at the Customer Service Centre, Municipal Buildings.

7.0 BACKGROUND PAPERS

7.1 None.

THE INVERCLYDE COUNCIL

TOWN AND COUNTRY PLANNING (SCOTLAND) ACT 1997

**THE STOPPING UP OF ROAD AND FOOTPATH, INVERCLYDE (ARTHUR STREET,
GREENOCK) ORDER 2022**

The Inverclyde Council, in exercise of the powers conferred on it by Sections 207 and 208 of the Town and Country Planning (Scotland) Act 1997, being satisfied that it is necessary to authorise the stopping up of the road and the footpaths hereinafter specified in this Order to permit the erection of a Class 3 unit with ancillary drive thru and associated works at Ground at Arthur Street, Greenock in accordance with planning permission reference 20/0106/IC granted under Part III of the said Act, hereby make the following Order:-

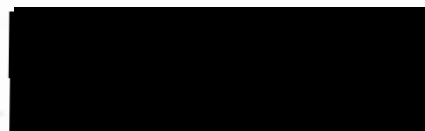
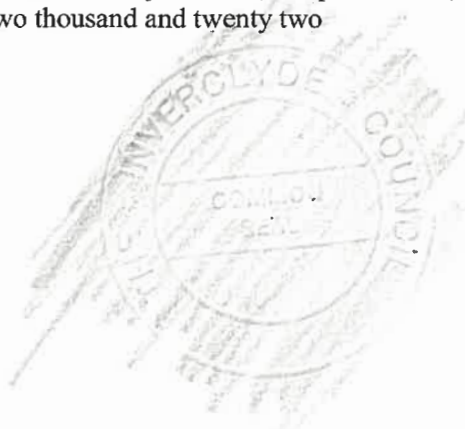
1. This Order may be cited as “The Stopping Up of Road and Footpaths, Inverclyde (Arthur Street, Greenock) Order 2022” and shall come into operation on the date of confirmation or such other date as may be appointed by the Scottish Ministers.
2. In this Order:-

“Road” means the lengths of road in the area of Inverclyde which are specified in the Schedule to this Order.

“Footpaths” means the lengths of footpaths in the area of Inverclyde which are specified in the Schedule to this Order.
3. The Interpretation Act 1978 shall apply for the interpretation of this Order as it applies for the interpretation of an Act of Parliament.
4. The stopping up of the Road and the Footpaths is hereby authorised.
5. Where, immediately before the date of this Order, there are any rights of statutory undertakers or telecommunications code system operators in respect of any apparatus of theirs which is under, in, over, along or across the Road or the Footpaths, such undertakers shall thereafter without prejudice to the provisions of Section 224 and 225 of the Act, as read with Section 213(5) of the Act, have the same rights in respect of that apparatus as they had immediately before that date.

The person or persons carrying out development which affects the Road and the Footpaths shall be bound and obliged to pay the costs and expenses incurred by the statutory undertakers or telecommunications code system operators who deem it necessary to make special provision (by way of protection or otherwise) for or relocate any apparatus of theirs which is under, in, on, over, along or across the Road or the Footpaths.

SEALED with the Common Seal of The Inverclyde Council and subscribed for and on its behalf by Victoria Mary Pollock, Proper Officer, at Greenock on the Twenty fifth day of October, Two thousand and twenty two



SCHEDULE

ROAD TO BE STOPPED UP



The area of ground to be stopped up extending to Five hundred and eighty one square metres (581m²) or thereby Metric Measure is shown outlined in red and coloured blue on the plan docketed "Town and Country Planning (Scotland) Act 1997, Sections 207 and 208, Stopping Up of Road and Footpaths, Inverclyde (Arthur Street, Greenock) Order 2022" annexed and executed as relative to this Order.

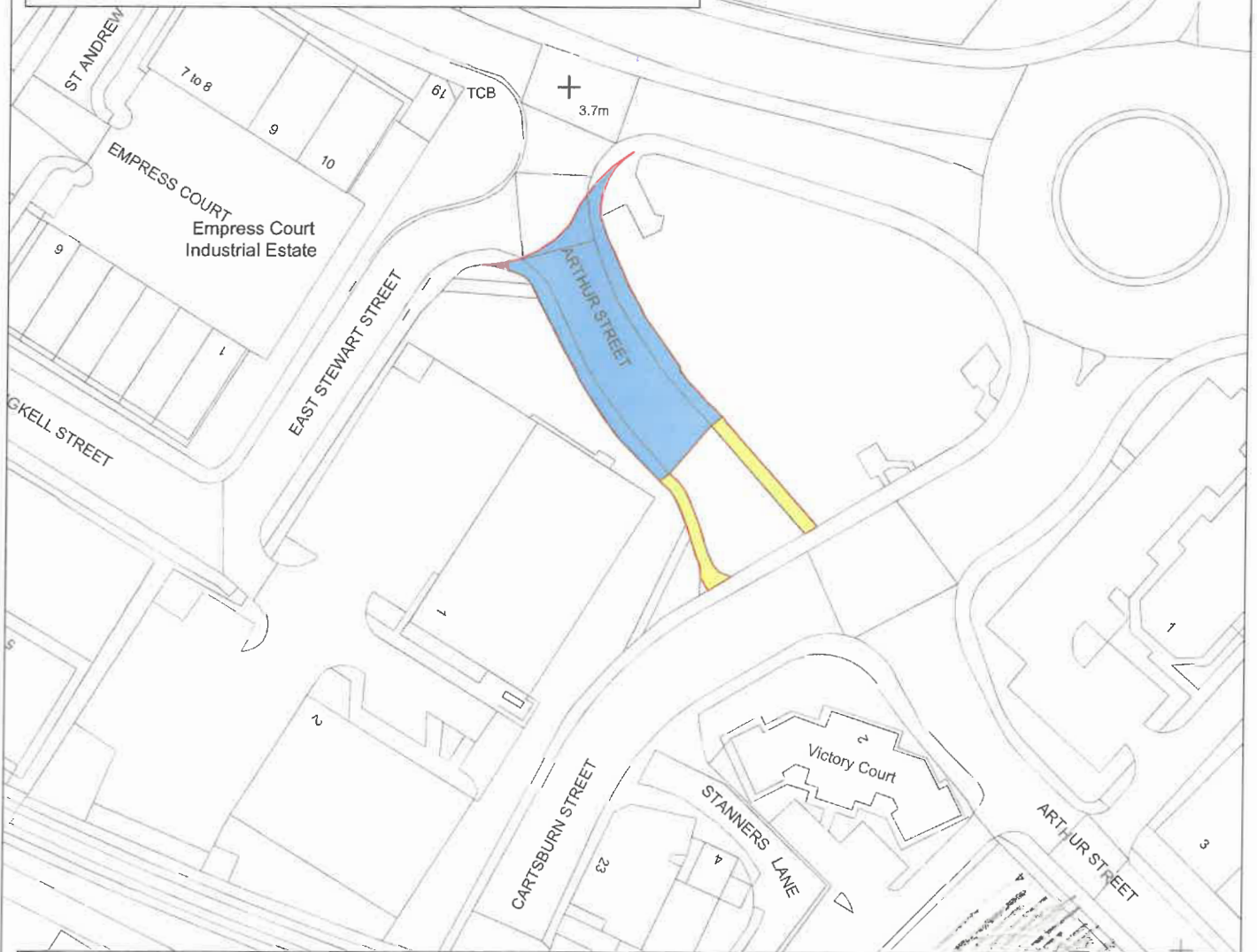
FOOTPATHS TO BE STOPPED UP

The areas of ground to be stopped up extending to Eighty nine square metres (89m²) or thereby Metric Measure are shown outlined in red and coloured yellow on the plan docketed "Town and Country Planning (Scotland) Act 1997, Sections 207 and 208, Stopping Up of Road and Footpaths, Inverclyde (Arthur Street, Greenock) Order 2022" annexed and executed as relative to this Order.



Town and Country Planning (Scotland) Act 1997
Section 207 and 208
Stopping Up of Road and Footpath
Inverclyde (Arthur Street, Greenock) Order 2022

-  - road / footways (581 square metres or thereby)
-  - footpaths (89 square metres or thereby)



At Greenock 25 OCTOBER 2022

This is the plan referred to in the foregoing Order of even date

Proper Officer  Redacted - signature
'V. Pollock'

Inverclyde Council
Regeneration & Planning

SCALE 1:1000
GMcC OCT 2022

