# Notice of meeting and agenda

## Corporate Policy and Strategy Committee

### 10.00am Tuesday 6 August 2013

Dean of Guild Court Room, City Chambers, High Street, Edinburgh

This is a public meeting and members of the public are welcome to attend

### Contact

email: louise.p.williamson@edinburgh.gov.uk

Tel: 0131 529 4264

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## 1. Order of Business

1.1 Including any notices of motion and any other items of business submitted as urgent for consideration at the meeting.

## 2. Declaration of Interests

2.1 Members should declare any financial and non-financial interests they have in the items of business for consideration, identifying the relevant agenda item and the nature of their interest.

## 3. Deputations

If any

## 4. Minutes

4.1 Minute of the Corporate Policy and Strategy Committee of 11 June 2013 (circulated) – submitted for approval as a correct record.

## 5. Key Decisions Forward Plan

5.1 Corporate Policy and Strategy Committee Key Decisions Forward Plan August to October 2013 (circulated)

## 6. Business Bulletin

If any

## 7. Executive Decisions

7.1 Welfare Reform – Further Update – report by the Director of Corporate Governance (circulated)

7.2 Corporate Health and Safety Policy - report by the Director of Corporate Governance (circulated)

7.3 Agreement on Time Off and Provision of Facilities for Trade Union Representatives – report by the Director of Corporate Governance (circulated)

7.4 Review of Events Governance – joint report by the Directors of Corporate Governance and Services for Communities (circulated)

7.5 Public Protection in Edinburgh – Annual Reports - report by the Chief Social Work Officer (circulated)

7.6 Response to Scottish Government Consultation on Draft Statutory Guidance and Regulations Linked to Self-Directed Support – report by the Director of Health and Social Care (circulated)

7.7 Health Inequality Framework and Action Plan – report by the Head of Legal Risk and Compliance (circulated)

7.8 Public Bodies (Joint Working) (Scotland) Bill

(a) Executive Summary - report by the Director of Health and Social Care (circulated)

(b) City of Edinburgh – Proposed Response – report by the Chief Executive (circulated)

## 8. Routine Decisions

If any

## 9. Motions

If any

**Carol Campbell**

Head of Legal, Risk and Compliance

## Committee Members

Councillors Burns (Convener), Cardownie (Vice-Convener), Burgess, Chapman, Child, Nick Cook, Edie, Godzik, Ricky Henderson, Hinds, Lewis, Mowat, Rankin, Rose and Ross.

## Information about the Corporate Policy and Strategy Committee

The Corporate Policy and Strategy consists of 15 Councillors and is appointed by the City of Edinburgh Council. The Corporate Policy and Strategy Committee usually meet every four weeks.

The Corporate Policy and Strategy Committee usually meet in the Dean of Guild Court Room in the City Chambers on the High Street in Edinburgh. There is a seated public gallery and the meeting is open to all members of the public.

## Further Information

If you have any questions about the agenda or meeting arrangements, please contact Louise Williamson, Committee Services, City of Edinburgh Council, City Chambers, High Street, Edinburgh EH1 1YJ, Tel 0131 529 4830, email louise.p.williamson@edinburgh.gov.uk .

A copy of the agenda and papers for this meeting will be available for inspection prior to the meeting at the main reception office, City Chambers, High Street, Edinburgh.

The agenda, minutes and public reports for this meeting and all the main Council committees can be viewed online by going to www.edinburgh.gov.uk/cpol.

# Minutes Item No 4.1

# Corporate Policy and Strategy Committee

## 10.00 am, Tuesday, 11 June 2013

**Present**

Councillors Burns (Convener), Cardownie (Vice-Convener), Burgess, Chapman, Child, Nick Cook, Edie, Godzik, Ricky Henderson, Hinds, Lewis, Mowat, Rankin, Rose and Ross.

## 1. Lothian Council for Inclusive Living "Your Call" Service

(a) Deputation – Lothian Council for Inclusive Living

The deputation expressed concern for the service's future. Due to a lack of funding they would soon be unable to provide their current Counselling service. They outlined the type of services which they provided and details of their volunteer counsellors and service users.

The deputation urged the Council to support their application for Section16b funding from the Scottish Government.

(b) Motion by Councillor Aitken

The following motion had been submitted by Councillor Aitken in terms of Standing Order 16.1:

"Committee notes:

Your Call is one of the services provided by the Lothian Centre for Inclusive Living. Your call is a national counselling service which has been operating since 2008. Counsellors work as volunteers and they are all disabled people themselves and are professionally trained. The service was the first national telephone counselling service for disabled people in Scotland. The Council has never funded this service but recognises its importance and excellent service and is disappointed that it might disappear next month due to lack of funding.

The Committee instructs:

1. The Convener of Health Wellbeing and Housing to write to the Scottish Government supporting Section 16b Grant Application for 1 year funding.

2. Council Officers to meet with LCiL to discuss what short term help can be given to keep this service going until the Grant Application has been decided."

**Decision**

To approve the motion by Councillor Aitken.

## 2. Minute

**Decision**

To approve the minute of the Corporate Policy and Strategy Committee of 14 May 2013 as a correct record.

## 3. Corporate Policy and Strategy Committee Key Decisions Forward Plan June to August 2013

The Corporate Policy and Strategy Committee Key Decisions Forward Plan for June to August 2013 was presented.

**Decision**

To note the Key Decisions Forward Plan for June to August 2013.

(Reference – Key Decisions Forward Plan June to August 2013, submitted)

## 4. Corporate Policy and Strategy Committee Business Bulletin 11 June 2013

The Corporate Policy and Strategy Business Bulletin for 11 June 2013 was presented.

**Decision**

To note the Business Bulletin.

(Reference – Business Bulletin 11 June 2013, submitted.)

## 5. Welfare Reform – Further Update

The Committee had agreed a number of recommendations as part of the Council's actions to mitigate the impact of Welfare Reform.

An update was provided on the progress being made by the Council and partners to develop arrangements to mitigate, where possible, the negative impact of the UK Government's welfare reforms.

**Decision**

1) To note the continuing progress on the assessment of Welfare Reform and actions to develop partial mitigation strategies.

2) To refer reports on continuing financial pressures and associated risks arising out of implementation of Welfare Reform to the Finance and Budget Committee.

3) To note that the Director of Services for Communities would report to the Health, Housing and Social Care Committee in June 2013 on the Advice Services review.

4) To note that the next progress update report would be 6 August 2013 (with a separate briefing to Committee members in early July).

5) To agree that future bi-monthly reports include details of the accumulated running costs.

(References – Corporate Policy and Strategy Committee 4 December 2012 (item 4); report by the Director of Corporate Governance, submitted.)

## 6. Revised Whistleblowing Policy

Details were provided on proposals for the adoption of a Whistleblowing Policy which would replace the current Policy on Public Interest Disclosure in order to strengthen existing whistleblowing procedures and to meet the requirements of the Public Interest Disclosure Act 1988.

**Decision**

To refer the report by the Director of Corporate Governance to the Finance and Budget Committee without recommendation.

(Reference – report by the Director of Corporate Governance, submitted.)

## 7. The Future Management and Ownership of Easter Craiglockhart Hill Local Nature Reserve (LNR) and Adjacent Green Spaces

In response to a motion by Councillor Burns, the Committee had agreed to investigate the opportunities for, and public opinion on, the future ownership and Management of the Easter Craiglockhart Hill Local Nature Reserve and those other green spaces on the Hill that were presently in private ownership.

Details were provided on the outcome of an extensive public consultation on possible land management options and the legal and other implications of the options available to the Council.

**Decision**

1) To explore securing title to those open spaces on Easter Craiglockhart Hill that would enhance landscape connectivity and retain public access.

2) To support the Council working with local residents and site users to ensure community involvement in the future management of the Hill's open spaces. This to include further consideration of community ownership or leasing of some or all of the secured public land to a community representative group, along the lines of Option 4a in the report by the Director of Services for Communities.

3) To refer any further financial matters pertaining to the transfer of open space land at Easter Craiglockhart Hill to either the Finance and Budget Committee or Full Council.

(References – Corporate Policy and Strategy committee 6 November 2012 (item 5); report by the Director of Services for Communities, submitted.)

## 8. McCrae's Battalion Trust – Commemorative Service at Contalmaison Cairn – 1 July 2013

Approval was sought for the Council to be represented at this year's commemorative service at Contalmaison, France, on 1 July 2013.

**Decision**

To approve the attendance of Councillor R Henderson at the commemorative Service at Contalmaison on 1 July 2013.

(Reference – report by the Director of Corporate Governance, submitted.)

## 9. Crackdown on Legal Loan Sharks

The Petitions Committee had referred a report detailing the feasibility of five proposed actions which had been identified within the petition 'Crackdown on Legal Loan Sharks' as possible Council contributions to protect people from the actions of Payday Loan companies

**Decision**

1) To note the report by the Head of Legal Risk and Compliance.

2) To recognise that the Council could make a contribution to curbing the excesses of the payday loan industry.

3) To agree that options for a financial literacy campaign be developed.

4) To agree that existing promotion and support for Credit Unions be continued.

5) To agree that access to payday loan websites be blocked on Council computer systems.

6) To agree that Edinburgh Trading Standards Service continue to support The Office of Fair Trading (OFT) enforcement actions following the compliance review of the payday loan sector.

7) To agree the establishment of an Officer Working Group to take forward agreed actions including further research on the following items as per the recommendations of the Petitions Committee and report back to the Corporate Policy and Strategy Committee within one calendar year:

   i) the historic input the Council has had in setting up credit unions

   ii) details of previous literacy campaigns

   iii) the UK wide licence system and what further work was being undertaken to regulate this area.

(References – Petitions Committee 3 June 2013 (item 5); reports (2) by the Head of Legal, Risk and Compliance and the Director of Services for Communities, submitted.)

# Key decisions forward plan Item No 5.1

## Corporate Policy and Strategy Committee

August 2013 to October 2013

| Item | Key decisions | Expected date of decision | Wards affected | Director and lead officer | Coalition pledges and Council outcomes |
|---|---|---|---|---|---|
| 1. | Welfare Reform – Update | 6 August 2013 | All | Director: Alastair Maclean<br>Lead officer: Danny Gallacher, Head of Corporate and Transactional Services<br>Danny.gallacher@edinburgh.gov.uk | CO24-26 |
| 2. | New agreement for time off and provision of facilities for trade union representatives | 6 August 2013 | | Director: Alastair Maclean<br>Lead officer: Philip Barr, Head of Organisational Development<br>philip.barr@edinburgh.gov.uk | CO24-26 |
| 3. | Review of Events Governance | 6 August 2013 | All | Director: Alastair Maclean<br>Lead officer: Karen Kelly, Head of Corporate Programmes Office<br>karen.kelly@edinburgh.gov.uk | CO24-26 |
| 4. | Corporate Health and Safety | 6 August 2013 | All | Director: Alastair Maclean | CO24-26 |

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| Item | Key decisions | Expected date of decision | Wards affected | Director and lead officer | Coalition pledges and Council outcomes |
|---|---|---|---|---|---|
| | Policy | | | Lead officer: Philip Barr, Head of Organisational Development<br>philip.barr@edinburgh.gov.uk | |
| 5. | Compliance, Risk and Governance – Corporate Debt Policy | 3 September 2013 | All | Director: Alastair Maclean<br>Lead officer: Danny Gallacher, Head of Corporate and Transactional Services<br>Danny.gallacher@edinburgh.gov.uk | CO24-26 |
| 6. | Progress report - 2012 Employee Survey Update | 3 September 2013 | | Director: Alastair Maclean<br>Lead officer: Philip Barr, Head of Organisational Development<br>Philip.barr@edinburgh.gov.uk | CO24-26 |
| 7. | Review of Policies | 3 September 2013 | | Director: Alastair Maclean<br>Lead officer: Carol Campbell, Head of Legal, Risk and Compliance<br>Carol.campbell@edinburgh.gov.uk | CO24-26 |

# Corporate Policy and Strategy Commitee

**10.00am, Tuesday, 6 August 2013**

# Welfare Reform – further update

| | |
|---|---|
| **Item number** | 7.1 |
| **Report number** | |
| **Wards** | All |

## Links

| | |
|---|---|
| **Coalition pledges** | |
| **Council outcomes** | |
| **Single Outcome Agreement** | SO2 |


**Alastair D Maclean**

Director of Corporate Governance

Contact:

Danny Gallacher – Head of Corporate and Transactional Services

E-mail: danny.gallacher@edinburgh.gov.uk | Tel: 0131-469-5016

Alan Sinclair, Welfare Reform Manager

E-mail: alan.sinclair@edinburgh.gov.uk | Tel: 0131-469-5486


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# Executive summary

## Welfare Reform – further update

### Summary

This report continues the series of bi-monthly updates on Welfare Reform and on the progress being made by the Council and partners to develop arrangements to mitigate, where possible, the negative impact of the UK Government's welfare reforms on people in low income jobs and out of work.

In May the Scottish Government published information on the overall spend on Community Care Grants and Crisis Grants for all Local Authorities for the first month of the new Scottish Welfare Fund.

Also, discussions are underway with Procurement about the Scotland Excel contract for the provision of the Scottish Welfare Fund to potentially take over from our current arrangements with Bethany Christian Trust.

The new regulations for people receiving Housing Support who are considered to be "under-occupying" their home were applied from 1 April 2013. The Council has taken various steps to advise people affected by these changes. Discretionary Housing Payments (DHP) provide short term emergency funding to tenants receiving Housing Benefit and this fund is being used to support the most vulnerable citizens.

The DHP policy document was approved at the Corporate Policy and Strategy Committee on 14 May 2013.

Lord Freud, Minister for Welfare Reform, wrote to all Local Authority Chief Executives on 20 June 2013 advising that the inappropriate re-designation of bedrooms by a local authority in relation to the under-occupation regulations brought in from 1 April 2013 could lead to restriction or non-payment of the Housing Benefit Subsidy to that Local Authority.

Preparations are underway to set up a joint working group to monitor the implementation and impact of various changes and to contribute to consideration of further measures to support tenants.

Initial discussions with Registered Social Landlords indicate that they are unlikely to follow the Council's initiative on not evicting tenants for non-payment of rent due to the under-occupancy regulations. This will be explored further within the joint working group.

The Welfare Reform Strategic Planning Group continues to meet monthly, bringing together Council and stakeholders from advice services and third sector to provide a co-ordinated response to manage and mitigate the negative effects of Welfare Reform.

### Recommendations

It is recommended that the Corporate Policy and Strategy Committee:

1. notes the continuing progress on assessing the impact of welfare reforms and actions for developing partial mitigation strategies;
2. agrees to refer reports on continuing financial pressures and associated risks arising out of implementation of Welfare Reform to the Finance and Budget Committee; and
3. notes the next progress update report will be 1 October 2013.

## Measures of success

The success of the programme to mitigate the effects of Welfare Reform will continue to be measured through:

- reductions in forecast loss of income; and
- customer satisfaction with advice and advocacy services provided relating to benefit changes, including increased benefit take up and minimised losses by ensuring people get their full entitlement under the new arrangements

## Financial impact

As reported previously the increasing numbers of people experiencing hardship is expected to lead to increased demand for services in many areas of the Council and partner and advice agencies. There is also a risk to Council income, particularly from rents arrears, changes to subsidy levels for temporary accommodation and service charges. Further work is being undertaken to quantify likely financial impacts and to identify funding sources or budgetary options for the investment required in mitigation measures.

Known risks include:

- loss of rental income to Housing Revenue Account (HRA) arising from Housing Benefit under-occupation reforms and Direct Payment under Universal Credit.
- Scottish Welfare Funds will be insufficient to meet demands from customers.
- DHP budget is insufficient to meet demands due to changes in welfare reform.
- the spend on Council Tax Reduction Scheme exceeds the available funding.
- Reduced DWP Administration Subsidy due to the abolition of Council Tax Benefit.
- Reduced DWP Administration Subsidy due to the phasing out of Housing Benefit.
- An anticipated reduction of expenditure by 20% on current levels by the replacement of Disability Living Allowance by Personal Independence Payments.
- increased demand on advice and advocacy both for the Council and Third sector advice agencies.

## Equalities impact

The UK Government has prepared Equalities and Human Rights assessments for the welfare reform proposals. The Council will undertake an EHRIA when necessary for any of its proposals.

## Sustainability impact

Welfare Reform is expected to have general implications for environmental and sustainability outcomes, for example in relation to fuel poverty and financial exclusion.

## Consultation and engagement

Ongoing involvement of Council officials continues to take place with the UK and Scottish Governments, directly and through COSLA, with the DWP, the Third Sector, the NHS and other partners, to prepare for welfare reform changes.

Emphasis continues to be on engagement with citizens, both in and out of work, who rely on benefit income and tax credits. The priority is to continue to provide information, advice and support, directly by the Council and in conjunction with independent advice agencies and major partners.

The Council continues to participate in a number of groups with the DWP looking at the impacts or Welfare reform, namely Local Authority Transition Working Group (LATWG), Practitioners Operational Group (POG), as well as COSLA's Welfare Reform Local Authority Representatives Group

## Background reading / external references

Recent reports to committee:

Welfare Reform – further update – Corporate Policy and Strategy Committee, 11 June 2013

Welfare Reform – further update - Corporate Policy and Strategy Committee, 16 April 2013

Welfare Reform - Scottish Welfare Fund arrangements – Finance and Budget Committee, 21 March 2013

Welfare Reform – further update – Corporate Policy and Strategy Committee, 22 January 2013

Welfare Reform - update – Corporate Policy and Strategy Committee, 4 December 2012

Estimates on the impact of Welfare Reform on claimants in Scotland, Edinburgh and other local authorities:

Scottish Government: *UK Government cuts to welfare expenditure in Scotland*, March 2013; available at: http://www.scotland.gov.uk/Resource/0041/00417011.pdf

Scottish Local Government Forum Against Poverty/ Rights Advice Scotland: *People, Councils and the Economy 2nd Edition: An assessment of the impact of proposed changes to the UK Benefits System on people, councils and the economy in Scotland*,

March 2013; available at:
http://www.scottishpovertyforum.org.uk/PCE2%20March%202013v2.pdf.

Sheffield Hallam University: *The Impact of Welfare Reform on Scotland*, by Christina Beatty and Steve Fothergill, Centre for Regional Economic and Social Research, April 2013. Report commissioned by the Scottish Parliament Welfare Reform Committee; available at:
http://www.scottish.parliament.uk/S4_Welfare_Reform_Committee/Reports/wrR-13-02w.pdf

The Government Response to the Communities and Local Government Select Committee Report: Implementation of Welfare Reform by Local Authorities

Presented to Parliament by the Secretary of State for Communities and Local Government by Command of Her Majesty June 2013

https://www.gov.uk/government/publications/government-response-to-the-communities-and-local-government-select-committees-report-implementation-of-welfare-reform-by-local-authorities

# Welfare reform – update

## 1. Background

1.1 The Corporate Policy and Strategy Committee agreed on 22 January 2013 to continue monitoring the Council's actions to mitigate the impact of Welfare Reform and requested further update reports every two months, the last report being made at 11 June 2013 meeting.

## 2. Main report

2.1 The Council continues to actively engage with the Scottish Government and other national and local organisations to develop an effective co-ordinated approach to mitigate the negative impacts of welfare reform. Progress on issues is reviewed below.

3. **Mitigation Actions**

3.1 **Advice Services in Edinburgh** – The Scottish Legal Aid Board has been asked by the Scottish Government and the Money Advice Service (MAS) to run a new funding programme. The programme will focus on improving access to advice for people in Scotland with a view to promoting achievement of particular priority outcomes and is in addition to the current grant funding programme. The Scottish Government and MAS have agreed that the Board will focus on specific priorities for funding, and there were three main funding streams under which applications were invited:

- **Stream 1 – community-wide advice. Open for applications 14 May to 23 June 2013**

  Stream 1 of the programme is designed to focus funding on projects that could provide advice, information and representation for people across a geographic area, with a focus on help to resolve benefit and complex debt problems and to provide targeted assistance to help people successfully make the transition to the new benefits system.

  Applications under Stream 1 were welcomed from organisations well placed to directly deliver the advice provision within the project remit; including local authority advice providers, third sector organisations, and law centres. Partnership applications were particularly welcomed which encourage and embed co-ordinated provision of advice and where organisations play to their respective strengths.

  There is a suggested maximum grant of around £200,000 for an 18-month period although higher awards will be considered, particularly for nation-wide

projects. There is a maximum of around **£3.95million** available under Stream 1.

- **Stream 2 – helping tenants of social landlords. Open for applications 14 May to 23 June 2013**

  Stream 2 of the programme focuses specifically on **advice for tenants of social landlords**. Project proposals should aim to provide advice, information and/or representation for social tenants dealing with the impact of changes to the benefit system, particularly those changes which are likely to impact on their ability to manage their housing costs or to sustain their tenancies.

  Under Stream 2, proposals **must** be led by social landlords, either as the organisation delivering the project, or as the lead organisation in partnership with an advice provider. Partnership applications are particularly welcomed, including partnership projects which would deliver help to tenants of more than one social landlord.

  There is a suggested maximum grant of around £150,000 for an 18-month period although higher awards will be considered in some cases, e.g. for projects with national or broad geographic coverage. There is a maximum of **£2.5million** available for projects under Stream 2.

- **Stream 3 – thematic stream. Open for applications 14 May to 16 June 2013**

  Stream 3 aims to **tackle barriers in accessing advice or to test new ways of resolving problems** related to debt, financial management and social welfare law for specific groups of people.

3.2 The Board has approved funding at an upper limit of expenditure of £7.45million by way of grants in the period to the end of March 2015 for this new programme, made up of £5.1million available from Scottish Government and £2.35million available from MAS.

3.3 A joint bid for stream 1 has been submitted by The Advice Shop, Citizens Advice Edinburgh, CHAI, Granton Information Centre and Cyrenians Homelessness Prevention Service.

3.4 A joint bid for stream 2 has been submitted by the Council and EdIndex partners to establish a dedicated team to assist current social housing tenants who are affected by the new under occupancy legislation. The focus of the team will be to help reduce levels of under occupation and overcrowding through in depth housing options advice and to identify long term solutions for those who have been awarded short term DHP.

3.5 A further bid for stream 2 has been submitted by Prospect Community Housing, CHAI, CEC South West Neighbourhood Office and Cyrenians Homeless Prevention Project.

3.6 A Joint bid for stream 3 has been submitted by McMillan Cancer Support and The Advice Shop.

## 4. Benefits cap

4.1 This is a measure introduced by the Government which places a maximum amount that a claimant can receive in total from State Benefits, Tax Credits and Housing Benefit. The limit is £350 per week for a single person and £500 per week for a married couple or single parent.

4.2 The UK Government introduced the cap on a pilot basis in four London Boroughs from 15 April 2013. The national implementation will now be managed over a 10 week period split into two tranches:

- Tranche 1 will include all local authorities with 275 or less households to be capped and the capping will commence from 15 July 2013; and
- Tranche 2 will include all local authorities with 276 or more households to be capped. In Scotland, this will be Edinburgh and Glasgow only. Clearance of Tranche 1 will inform the precise start date though this is likely to commence week beginning 12 August 2013 with an anticipated completion date of 30 September 2013.

4.3 Reports are being prepared to advise Services for Communities, Local Registered Social Landlords, Private Landlords and Children and Families of the households affected.

4.4 Discussions on a communication plan are underway.

## 5. Scottish Welfare Fund (SWF)

5.1 Information on the Scottish Welfare Fund was provided to Committee on 11 June 2013. At the end of May 2013 a total £99,676 has been awarded for Community Care Grants against an estimated monthly budget of £119,088. Expenditure on Crisis Grants was £18,309 against an estimated monthly budget of £63,157. These figures are well within the budgeted spend for a full month.

5.2 As both the Community Care Grant and the Crisis Grant were well within budget for April 2013 it was decided on 13 May 2013 to consider awards at the medium and high priority levels.

5.3 As the level of Crisis Grants remained well within budget for May 2013, awards are now also considered at the low priority level. If the Community Care Grant continues to remain in budget this too may be considered at the low priority level.

5.4 The target for assessing applications for Community Care Grants is 15 working days. Applications are continuing to be assessed within 5 working days.

5.5 The target for assessing applications for Crisis Grants is 2 working days. Applications are continuing to be assessed, c. 90% on the day the customer telephones to make their claim, with the remainder being dealt with within 2 working days.

5.6 To date there have been 3 Community Care Grant 2nd tier review panel meetings; 2 were upheld in favour of the Council and 1 in favour of the appellant. A further 2 meetings were scheduled in June 2013.

5.7 To date there has been 1 Crisis Grant 2nd tier review panel meeting, this was upheld in favour of the Council.

5.8 The current arrangement with Bethany Christian Trust for the supply of furniture and white goods continues to work very well. Bethany continues to contact customers within 2 days of receiving confirmation from the Scottish Welfare Fund Team regarding the goods for which the customer qualifies. The feedback from customers continues to be positive.

5.9 A meeting is being arranged with Scotland Excel and the Council's procurement team to discuss the recent awarding of a national supplier for furniture and white goods. An update will be provided in the next progress report.

5.10 The Scottish Government provided details of the awards of Community Care Grants and Crisis Grants for all Scottish Local Authorities up to 30 April 2013, as detailed below:

**OVERALL SPEND - CCG &CG combined from April 2013**

| Local Authority | CCG & CG total | CCG & CG total | CCG & CG total | CCG & CG total | CCG & CG total | CCG & CG total |
|---|---|---|---|---|---|---|
| | Annual Budget £ | Monthly Budget £ | April 2013 Actual Spend £ | May 2013 Actual Spend £ | May 2013 Actual Spend as a % of Monthly Budget | YTD Actual Spend as a % of Annual Budget |
| | | | | | | |
| Aberdeen City | 899,841 | 74,986 | 15,764 | 25,883 | 35 | 5 |
| Aberdeenshire | 464,735 | 38,727 | 7,097 | 10,957 | 28 | 4 |
| Angus | 419,071 | 34,922 | 30,907 | 32,506 | 93 | 15 |
| Argyll & Bute | 372,760 | 31,063 | 9,084 | 41,419 | 133 | 14 |
| Clackmannanshire | 360,392 | 30,032 | 13,393 | 12,687 | 42 | 7 |
| Dumfries & Galloway | 623,237 | 51,936 | 13,113 | 73,045 | 141 | 14 |
| Dundee City | 1,336,637 | 111,387 | 34,856 | 75,664 | 68 | 8 |
| East Ayrshire | 925,502 | 77,125 | 31,071 | 75,110 | 97 | 11 |
| East Dunbartonshire | 336,815 | 28,071 | 15,826 | 9,888 | 35 | 8 |
| East Lothian | 390,238 | 32,520 | 8,880 | 11,795 | 36 | 5 |
| East Renfrewshire | 257,919 | 21,493 | 3,104 | 8,270 | 38 | 4 |
| Edinburgh, City of | 2,187,628 | 182,303 | 80,587 | 122,349 | 67 | 9 |
| EileanSiar | 47,963 | 3,995 | 1,591 | 3,197 | 80 | 10 |
| Falkirk | 927,822 | 77,319 | 13,843 | 22,330 | 29 | 4 |
| Fife | 1,859,993 | 154,999 | 58,261 | 61,871 | 39 | 6 |
| Glasgow City | 7,721,116 | 643,427 | 155,065 | 182,932 | 28 | 4 |
| Highland | 800,673 | 66,722 | 10,324 | 14,426 | 22 | 3 |
| Inverclyde | 732,537 | 61,044 | 26,913 | 30,923 | 51 | 8 |
| Midlothian | 385,338 | 32,112 | 11,365 | 11,006 | 33 | 6 |
| Moray | 387,117 | 32,262 | 29,652 | 22,975 | 71 | 14 |
| North Ayrshire | 1,068,524 | 89,044 | 39,733 | 41,112 | 46 | 8 |
| North Lanarkshire | 2,956,014 | 246,334 | 29,612 | 58,407 | 23 | 3 |
| Orkney Islands | 56,320 | 4,693 | 182 | 7,918 | 169 | 14 |
| Perth & Kinross | 592,924 | 49,410 | 10,777 | 18,467 | 37 | 5 |
| Renfrewshire | 1,148,857 | 95,737 | 43,137 | 67,030 | 70 | 10 |

| | | | | | | |
|---|---|---|---|---|---|---|
| Scottish Borders | 406,547 | 33,879 | 12,929 | 22,377 | 66 | **9** |
| Shetland Islands | 59,492 | 4,958 | 1,958 | 409 | 8 | **4** |
| South Ayrshire | 712,905 | 59,408 | 17,575 | 26,493 | 45 | **6** |
| South Lanarkshire | 2,143,781 | 178,648 | 91,272 | 64,321 | 36 | **7** |
| Stirling | 516,564 | 43,047 | 7,615 | 18,900 | 44 | **5** |
| West Dunbartonshire | 829,587 | 69,132 | 34,954 | 60,016 | 86 | **11** |
| West Lothian | 1,066,391 | 88,865 | 27,528 | 55,960 | 63 | **8** |
| **Scotland Total** | **32,995,240** | **2,749,600** | **887,968** | **1,290,643** | **47** | **7** |

## 6. Welfare Reform Issues affecting Council Tenants and Housing Services

6.1 **Council Tenants and Housing Services** – Monitoring the impact of Welfare Reform on tenants shows that at the end of May 2013 there were 3,566 (18%) Council tenants affected by the Social Sector Size Criteria or Under Occupation regulations.

6.2 This equates to 3,146 tenants (88%) having a 14% reduction and 420 tenants (12%) having a 25% reduction in Housing Benefit.

6.3 Prior to the 1 April 2013 which was the implementation date for Under Occupation, 969 (27%) of affected tenants were in arrears; by the end of May and this had increased to 2561 (72%), the remaining 1005 (28%) are managing to pay their rent in full.

6.4 The changes have had a significant impact on rental income and it is estimated that in the eight weeks following the 1 April 2013, around £390,000 (69%) of the £560,000 of rent due, has not been collected following the introduction of the under occupancy rules.

6.5 The focus for staff remains to assist those tenants who are having difficulty managing to pay their rent and to ensure they continue to receive advice and information to help them make an informed choice on what is the best option for their household.

6.6 The next step is to focus on preparing for the introduction of Universal Credit and the impact that direct payment of benefit will have for tenants and the Council. Planning for the implementation of Universal Credit will include changes to the rent services and operational systems to manage monthly direct payments that minimise the impact on income collection. Work will also look to achieve a shift in payment culture to move more tenants on to secure payment methods and work to ensure that tenants can access suitable financial products and services.

6.7 **Under-Occupation Regulations** – the Committee previously agreed to set up a Welfare Reform Working Group to include elected members, representatives from Corporate and Transactional Services, Services for Communities, RSL's and tenants representatives. The role of the working group is to monitor the implementation and impact of various benefits changes and to contribute to consideration of further measures to support tenants.

6.8 A draft remit for the group has been drawn up which is due to be sent to members of the coalition for approval before inviting others and establishing the first groupmeeting.

6.9 Early indications from RSL's indicate that they are unlikely to adopt a similar policy to the Council with respect to evictions related to under occupancy. Due to the length of time it will take for arrears to build up as a direct result of the reduced amount of Housing benefit payable it will be some time before it will be known if this is having any impact on the Council's homeless service.

6.10 Appendix 1 is a letter from Lord Freud to all Chief Executives dated 20 June 2013 which highlights the DWP's concerns about the possible inappropriate redesignation of properties in relation to the under-occupancy regulations. The letter makes it clear that Local Authorities could see a significant reduction in the amount of Housing Benefit subsidy paid where it is deemed that there has been inappropriate redesignation of properties. The Corporate Policy and Strategy Committee on 16 April 2013 requested a report on the redesignation of bedrooms. This will be presented at the Health, Wellbeing and Housing Committee on 10 September 2013.

6.11 Further updates on any impact will be given to Committee in the future.

6.12 **Discretionary Housing Payments (DHP)** - Information on DHP was provided in the previous report to Committee on 11 June 2013. A team of 4 dedicated officers was set up on 1 April 2013. This team was increased by a further 3 from 24 June 2013 and this will be reviewed as the outstanding requests reduce.

6.13 There are currently around 10-20 new requests being received daily.

6.14 The DHP budget for 2013/14 is £1,347,299. As at 21 June 2013 there has been a total DHP spend of £156,850 with a committed spend of £331,750 to 31 March 2014. A total DHP of £858,698 remains unallocated.

6.15 As at close of business on 5 June 2013, there have been a total of 1134 DHP claims assessed, 831 ongoing awards, 19 one-off payments and 284 refusals. The majority of claims that are refused are due to the claimant having sufficient income. This equates to 75% of applications receiving an award, a rate that is markedly higher than the Scottish average of 44%.

6.16 A total of £66,148 has been paid to Council tenants and £25,863 has been paid to RSL tenants in relation to under occupancy.

## 7. Temporary and Supported Accommodation

7.1 The current subsidy arrangements for temporary accommodation owned by the Council will remain as long as the claimant is in receipt of Housing Benefit. This means that the current charges will be fully covered by Housing Benefit subject to the Benefits Cap as well as the under-occupancy regulations.

7.2 The payment arrangements will change once these cases transfer to Universal Credit. Details of how exactly this will operate are not yet clear.

## 8. Welfare Reforms affecting Disabled People

8.1 As previously reported to Committee on 11 June, there have been two main reforms:

- the ongoing replacement of **Incapacity Benefit** and related benefits by **Employment and Support Allowance** (ESA), with more stringent medical tests, greater conditionality and time-limiting of non-means tested entitlement for all but the most severely ill or disabled: the DWP intends to complete this process by 2014; and
- the phased replacement of **Disability Living Allowance** (DLA) by **Personal Independence Payments** (PIP), including more stringent and frequent medical tests, as the basis for financial support to help offset the additional costs faced by individuals with disabilities.

8.2 Since June 2013, the DWP through the Advice Shop has been providing Introduction to PIP presentations and answering related questions.

8.3 From 10 June 2013, DWP will no longer accept new claims for DLA from anyone aged 16-64, unless they are making a renewal claim from a fixed term DLA award which is due to expire before the end of February 2014. New claims will be for PIP.

8.4 From 7 October 2013, existing recipients of DLA will begin to be transferred to PIP and from October 2015 all the remaining claimants in receipt of a DLA award will be invited to make a claim for PIP. DWP will randomly select those recipients of DLA in receipt of an indefinite award or a fixed term award, and notify them about what they need to do to claim PIP. They will invite claims as early as possible from recipients who have turned 65 after 8 April 2013, when PIP was first introduced. The intention is that this process will be completed by October 2017.

8.5 The new benefit is expected to bring an anticipated reduction of expenditure by 20% on current levels.

8.6 An anticipated 55% of current DLA recipients will receive reduced benefit or will be refused PIP when the reassessment takes place.

8.7 The new benefit has a three stage claim process and a two stage appeal process, compared with the current one stage for each.

8.8 There will be no automatic re-assessment for PIP. If people in receipt of DLA are invited to claim PIP and do not do so, their DLA award will be stopped, new claims will have to be lodged and most people will have to go through the new medical assessment before a decision is made.

8.9 Using Government figures, the Council's Welfare Rights Service has estimated that by October 2015 an estimated 4,000 DLA recipients will have been reassessed and DWP projections suggest:

- 27% will get a higher rate of benefit than before
- 14% will see no change
- 59% will be awarded less benefit or will be refused benefit

8.10 By May 2018 the reduction in income for disabled people in Edinburgh is estimated at over £19million per annum (based in current 2013/2014 benefit rates).

8.11 The replacement of DLA by PIP will place significant additional demands on Advice Services for assistance with

- the initial and subsequent claim processes;
- advice and support in attending medical assessments;
- the new mandatory reconsideration process;
- assistance with lodging appeals, representation at appeals and appeals to the Upper Tribunal; and
- increased levels of debt.

8.12 Social care and housing staff are also likely to face increased demand, and it is likely that General Practitioners and other Health Professionals will be asked for additional supporting evidences.

8.13 With reduced incomes many people with disabilities will find it increasingly difficult to sustain themselves in the community and may present further demands on services.

8.14 There is significant increasing demand for benefits maximisation, advice and advocacy, both for Third Sector agencies and for the Council's advice services and this will likely escalate as Welfare Reform progresses. It is likely that the Council's contact centre will also experience increasing demand from people with benefits queries or without funds, in addition to pressure on social work, housing and homelessness.

8.15 There has been considerable funding invested in advice services in Edinburgh.

8.16 The Council's Budget meeting agreed on 7 February 2013 to additional funding of £250,000 for welfare benefits advice and advocacy services and £100,000 for income maximisation, to help meet the increasing demand on Third Sector agencies and the Council's own Advice Services due to Welfare Reform.

8.17 The Council has re-focussed Social Justice Fund allocations to voluntary organisations in 2013/14 to give greater priority to access to employment and income maximisation within the total funding of £324,635.

8.18 The Corporate Policy and Strategy Committee on 26 February 2013 agreed to additional grant funding of £67,000 shared equally between the following three Welfare Rights advice projects

- Welfare Rights and Health Project
- CHAI Advice Service
- Granton Information Centre

## 9 Council Tax reduction Scheme (CTRS)

9.1 Information on the CTRS was provided in the previous report to Committee on 16 April 2013. The total fund for 2013/14 is £29,121,000 and the projected annual spend as at 31 May 2013 was £28,178,342 (CTRS is paid to the end of the financial year).

9.2 The current system which mirrors the old Council Tax Benefit Scheme is in place for 2013/14. There will be further discussions as part of the Ministerial deliberation on the 2014/15 Local Government Settlement as a whole. The position should become clearer as these discussions conclude over the summer.

9.3 COSLA has been analysing information on 2012/13 subsidy from Councils to verify DWP estimates, and will continue to work with Scottish Government and Councils to monitor the funding position during 2013/14.

## 10. Universal Credit (UC)

10.1 An update was given to committee on 11 June 2013. The pilot in the North West of England, which began on 15 April 2013 in one local authority, is continuing. The other 3 local authorities are due to go live in July 2013. The national roll-out is expected to start on 28 October 2013. Implementation will be strictly controlled and volumes are likely to be very small initially.

10.2 A detailed timetable is still awaited for the roll-out of Universal Credit and we do not yet know when claimants in Edinburgh will be affected; however significant numbers are unlikely to be affected until February/March 2014. A fuller report on Universal Credit will be provided when a timetable is received from the DWP.

10.3 Scottish councils have been willing to engage with DWP on how they can support people as UC is introduced. It is very clear that this requires a serious commitment by DWP in terms of the level of resources made available, the role councils along with their partners play and the extent to which this can fit with the Council's priorities in terms of how communities are supported. Work is ongoing with the Scottish Government, COSLA, and other partners.

## 11. Pension Credit

11.1 There is no update from the Pensions Service about the roll-out of Pension Credit. However, it is likely to start in October 2015.

## 12. Direct Payment Demonstration Project (DPDP)

12.1 The Direct Payment Demonstration Project with Dunedin Canmore Housing Association was due to finish at the end of June 2013. However, it has been agreed with DWP that it will be extended for a further 6 months in order to test further engagement, communication, rent collection and support mechanisms, to monitor the effect of Under Occupation and prepare for Universal Credit.

12.2 The extension allows Dunedin Canmore to:

- revert to an 8 week switch back arrangement to compare and test the implications of lengthier engagement processes;
- adjust some support and engagement practices;

- test new communication practices; and
- provide case studies or thematic assessments of specific scenarios.

12.3 IPSOS/MORI will undertake a further and more detailed survey of tenants involved as well as review the reasons for non engagement or non payment amongst certain categories of tenants.

12.4 The Council have agreed to continue their involvement in DPDP extension and are open to the learning experience.

12.5 Dunedin Canmore and the Council continue to work closely with the DWP to assess the full impact and consequences of the DPDP.

13. **Welfare Reform Strategic Planning Group**

13.1 The group continues to meet monthly to strategically plan to mitigate the possible negative effects of Welfare Reform.

13.2 The Welfare Reform Manager continues to attend DWP Working Groups on Welfare Reform in general and Universal Credit in particular. He also attends meetings with COSLA and Scottish Government on Welfare Reform issues.

13.3 The Welfare Reform Manager has presented updates on the Scottish Welfare Fund to all political groups on the Council and is happy to offer further updates on any aspect of Welfare Reform as needed or requested.

## 3. Recommendations

3. It is recommended that the Corporate Policy and Strategy Committee:

3.1.1 notes the continuing progress on assessing the impact of welfare reforms and actions for developing partial mitigation strategies;

3.1.2 agrees to refer reports on continuing financial pressure and associated risks arising out of implementation of Welfare Reform to the Finance and Budget Committee; and

3.1.3 notes the next progress update report will be 1 October 2013.

**Alastair D Maclean**

Director of Corporate Governance

## Links

| | |
|---|---|
| **Coalition pledges** | |
| **Council outcomes** | |
| **Single Outcome Agreement** | **SO2** - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health |
| **Appendix** | Appendix 1 - Letter from Lord Freud, Minister for Welfare Reform |

**Appendix 1: Letter from Lord Freud**

Department for Work & Pensions

Minister for Welfare Reform
4th Floor
Caxton House
Tothill Street
LONDON
SW1H 9DA

**0207 340 4000**

**www.dwp.gov.uk**

**ministers@dwp.gsi.gov.uk**

20 June 2013

Local Authority Chief Executives

**Re-designation of properties and the removal of the Spare Room Subsidy**

As you may be aware there have been a number of reported cases of local authorities re-designating their properties, without reducing the rent to reflect the loss of a bedroom. Such action could lead to incorrect Housing Benefit subsidy claims being submitted to my Department at the end of the financial year.

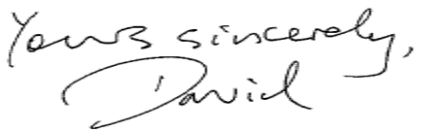
In principle my Department has no objections to re-designating properties where there is good cause to do so, for example where a property is significantly adapted to cater for a disabled persons needs. However, we would expect the designation of a property to be consistent for both Housing Benefit and rent purposes. Blanket redesignations without a clear and justifiable reason, and without reductions in rent, are inappropriate and do not fall within the spirit of the policy.

Between 2000 and 2010 expenditure had doubled in cash terms, reaching £21 billion. Unreformed, by 2014-15 Housing Benefit would cost over £25 billion. By removing the Spare Room Subsidy £500 million a year can be saved through greater efficiency and better use of social housing stock. It is therefore vital that local authorities adhere to their statutory responsibility to implement this policy on behalf of the Department.

I would like to stress that if it is shown properties are being re-designated inappropriately this will be viewed very seriously. If the Department has cause to believe this is the case we will commission an independent audit to ascertain whether

correct and appropriate procedures have been followed. I wish to state clearly that these audits would be separate from the subsidy audits already undertaken, which carry out sample checks on the assessment of Housing Benefit.

Where it is found that a local authority has re-designated properties without reasonable grounds and without reducing rents, my Department would consider either restricting or not paying their Housing Benefit subsidy.



**Lord Freud**

**Minister for Welfare Reform**

# Corporate Policy and Strategy Committee

**10.00am, Tuesday, 6 August 2013**

# Corporate Health and Safety Policy

| | |
|---|---|
| **Item number** | 7.2 |
| **Report number** | |
| **Wards** | |

## Links

| | |
|---|---|
| **Coalition pledges** | P27; P33 |
| **Council outcomes** | C024; CO26; C027 |
| **Single Outcome Agreement** | SO1; SO2 |


**Alastair Maclean**

Director of Corporate Governance

Contact: Ron Young, Interim Health & Safety Manager

E-mail: ron.young@edinburgh.gov.uk | Tel: 0131 529 7858


EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

# Executive summary

## Corporate Health and Safety Policy

### Summary

A new Corporate Health and Safety Policy is proposed which provides clear direction and accountability for the management of health and safety within the Council.

Health and safety governance and compliance arrangements will continue to be developed and monitored as part of the efficient, effective transformation programme, in particular the compliance, risk and governance work streams. This will ensure alignment with strengthened risk management arrangements with appropriate oversight and auditing council-wide.

### Recommendations

1. To approve the new Corporate Health and Safety Policy for implementation.
2. To note health and safety governance and compliance arrangements will continue to be developed as part of the efficient, effective transformation programme.

### Measures of success

The success of the new policy will be demonstrated by:

- a clear understanding of ownership and accountability for health and safety risk among managers and employees;
- upskilled technical specialists offering clear advice and recommendations to managers;
- a reduction in reportable accidents;
- a reduction in enforcement notices from the relevant enforcing authorities;
- a reduction in litigation, and
- positive partnership working with the trade unions on health and safety matters.

### Financial impact

There is no overall financial impact for the Council.

### Equalities impact

There are no adverse equality issues arising from this report which will impact on employee groups with protected characteristics as defined by the Equality Act 2010. The equalities relevance score is 3. A full Equalities Impact Assessment will be produced 12 months after implementation.

## Sustainability impact

The creation of safer working conditions and a healthier workforce will benefit the overall health, safety and wellbeing of our staff and the communities they serve.

## Consultation and engagement

Consultation with the Trade Unions has taken place and a Local Collective Agreement for the new policy has been secured.

## Background reading / external references

None.

# Main report

## Corporate Health and Safety Policy

### 1. Background

1.1 The Council is required to have a Health and Safety Policy and to ensure that it is reviewed appropriately to take account of legislative changes and changes to the Council's organisational and decision making structures.

1.2 A new Corporate Health and Safety Policy has been developed to replace the existing policy implemented in March 2009.

### 2. Main report

2.1 The proposed new Corporate Health and Safety Policy has been developed to take account of recent legislative requirements and the current risk environment.

2.2 The new policy is designed to place clear responsibility and accountability for health and safety at the appropriate levels of the Council's management structure.

2.3 The new policy sets out requirements to:

- make adequate resources available to successfully manage health and safety;
- provide relevant reports to show adequate and proportionate health and safety performance;
- utilise the Performance Review and Development (PRD) framework to measure and record management performance on health and safety targets and objectives;
- identify and commit to implement mandatory health and safety training where required;
- promote wellbeing at work by working closely with our Occupational Health Service provider to reduce the risks of work-related ill health through timely intervention and monitoring, and
- ensure meaningful consultation with the trade unions on employee health, safety and wellbeing initiatives.

2.4 Consultation with the Trade Unions has taken place and a Local Collective Agreement for the new policy has been secured.

2.5 A new Health and Safety Strategy for the Council has also been developed which sets out the Council's vision for continuous improvement and the programme of actions intended to establish a positive health and safety culture within the Council. This strategy will be made available on the Council's Orb Intranet site.

2.6 The roll-out of the new policy will be in line with the Council's framework for employment policy implementation and will be jointly agreed with the trade unions.

2.7 Health and safety governance and compliance arrangements will continue to be developed and monitored as part of the efficient, effective transformation programme, in particular the compliance, risk and governance work streams. This will ensure alignment with strengthened risk management arrangements with appropriate oversight and auditing Council-wide.

## 3. Recommendations

3.1 It is recommended that the Corporate Policy and Strategy Committee:-

3.1.1 approves the new Corporate Health and Safety Policy for implementation; and

3.1.2 notes that health and safety governance and compliance arrangements will continue to be developed as part of the efficient, effective transformation programme.

**Alastair Maclean**

Director of Corporate Governance

## Links

| | |
|---|---|
| **Coalition pledges** | **P27** - Seek to work in full partnership with Council staff and their representatives |
| | **P33** - Strengthen Neighbourhood Partnerships and further involve local people in decisions on how Council resources are used |
| **Council outcomes** | **C024** - The Council communicate effectively internally and externally and has an excellent reputation for customer care |
| | **CO26** - The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives |
| | **C027** - The Council supports, invests in and develops our people |
| **Single Outcome Agreement** | **SO1** - Edinburgh's Economy Delivers increased investment, jobs and opportunities for all |
| | **SO2** - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health |
| **Appendices** | 1. Draft new Corporate Health & Safety Policy |

**Appendix 1**

# Corporate Health and Safety Policy

**Draft - May 2013**

# 1. Corporate Health and Safety Policy Statement

## 1.1 **Introduction**

The City of Edinburgh Council is committed to delivering effective and successful Health and Safety management throughout the Organisation. Health and Safety is an integral part of everyday working practice within the Council and this Policy sets the framework of how we will manage our risk.

In compliance with the relevant Health & Safety legislation we will take all reasonably practicable steps to provide and maintain a safe and healthy workplace for our staff and any others who may be affected by our activities.

We seek to continuously improve on our Health and Safety performance and promote a positive safety culture by:

- Allocating adequate resources to meet the requirements of this Policy.
- Providing and maintaining safe equipment and safe systems of work.
- Providing arrangements for the safe handling, storage and transport of Articles and substances;
- Providing our staff with and maintaining a safe and healthy working environment, including safe access and exit.
- Working with safety in mind to prevent exposing our staff and others to risk by assessing the jobs we do and everything we use during work activities for significant risk and suitability for the task.
- Making sure our staff are properly supervised and have received the necessary instruction and training to enable them to work competently and safely.
- Encouraging and enabling everyone to participate in Health and Safety matters through meaningful consultation and developing partnerships with Trade Union safety representatives and other relevant parties.
- Actively promoting an Occupational Health and wellbeing function, through pre-screening, health surveillance and preventative and pro-active health awareness measures.
- Reviewing Council safety performance through an effective programme of audit and reporting.

1.2 This Policy will be reviewed on a regular basis but at least annually.

**Chief Executive: Sue Bruce**

Signature: Date:

## 2. Organisation

We are committed in the belief that everyone has a role to play in managing Health and Safety. As such we expect our staff to work with us in achieving our Health and Safety aims by following the guidance in this document and to effectively discharge the delegated Health and Safety responsibilities of the positions they hold.

This section shows the specific Health and Safety roles and responsibilities delegated to key positions within the Council. The senior key roles and responsibilities are shown diagrammatically at Appendix 1.

### 2.1. Leader of the City of Edinburgh Council

The Leader will take steps to champion the need for the Councils work to be conducted in accordance with this Policy and Health and Safety procedures.

### 2.2. Finance and Budget Committee/Corporate Policy and Strategy Committee

These Executive Committees will collectively have an overview of the arrangements for Corporate Health and Safety and will work to ensure that decision-making is in accordance with the Council's Policy and procedures for Health and Safety. The Committee will nominate one of its members as Convener of the Corporate Health and Safety Group.

### 2.3. Elected Members

Members must always consider the potential Health and Safety implications when deciding Council actions. This applies to all committees and during contact with employees and members of the public.

### 2.4. Chief Executive

The Chief Executive has overall responsibility for the Council's Health and Safety performance and the implementation of this Policy. This responsibility will be discharged by:

- Paying due cognisance to this Policy and its requirements.
- Delegating responsibilities to Directors to implement and maintain suitable and sufficient Health and Safety arrangements within their respective directorates to effectively manage risk.
- Having the Council's Health and Safety performance periodically reviewed.
- Using the Performance Review and Development (PRD) framework within the Council to measure and record Directors performance against Health and Safety targets and objectives.

### 2.5. Directors

Directors will have delegated responsibilities for Health and Safety within their Directorates and spheres of control. In particular, Directors will:

- Make adequate resources available to successfully manage Health and Safety within their Directorate.
- Ensure that procurement arrangements consider Health and Safety implications.
- Champion the development and implementation of the necessary Health and Safety systems, procedures and arrangements to effectively comply with the requirements of this and other relevant policies.
- Delegate appropriate responsibilities to Heads of Service and other key managers, as necessary for the effective management of Health and Safety risk at all levels in their Service Areas.
- Implement an effective internal Health and Safety performance monitoring and measuring system in relevant Service Areas and ensure action points are addressed in good time.
- Utilise the PRD framework to measure performance of their senior managers, managers and supervisors against Health and Safety targets and objectives.

2.6. **Director of Corporate Governance**

In addition to the responsibilities outlined above, the Director of Corporate Governance will undertake the role of 'Health and Safety Champion' within the Corporate Management Team to oversee how Health and Safety issues are managed. This includes maintaining an adequately resourced Corporate Health and Safety Section within the OD Division of Corporate Governance.

The Director of Corporate Governance will chair the Joint Health, Safety and Wellbeing Consultative Group, consisting of the Head of Organisational Development, Employee Relations, Directorate Champions and the Trade Union Joint Staff Side Secretary and the Teachers Side Secretary, to oversee the implementation of this Policy and the monitoring of the Council's Health and Safety management systems.

2.7. **Director of Services for Communities**

In the corporate offices listed below, the Director of Services for Communities has the responsibility to ensure that evacuation procedures, management of the common circulation areas (stairs and corridors), the condition of the building fabric and the testing of equipment as specified by legislation (e.g. lifts, pressure vessels etc.) is carried out in line with legal requirements. These duties are undertaken by facilities management in the following offices:

| | |
|---|---|
| • Waverley Court | • 1 Cockburn Street |
| • City Chambers | • McDonald Road |
| • Lothian Chambers | • Murrayburn Depot |
| • Chesser House | • Westwood House |

In other Council buildings, the responsibility for workplaces and evacuation procedures rests with the particular Director (e.g. the Director of Children and Families is responsible for schools). In the case of shared workplaces, procedures and arrangements must be co-ordinated by the relevant Directors to ensure the safety of everyone working in, or visiting these locations.

2.8. **Heads of Service, Managers and Supervisors**

Directors shall appropriately delegate Health and Safety responsibilities to their respective management teams, including Head Teachers, within their directorate Health and Safety arrangements.

In general, the person with operational responsibility for the work or activity being undertaken is responsible for ensuring that a reasonably practicable level of Health and Safety management is applied during this work or activity.

2.9. **Directorate Health and Safety Champions**

Directors must delegate an appropriate senior manager to act as the Directorate Health and Safety Champion to take a strategic role for Health and Safety management within that particular service. Their role is to co-ordinate the Health and Safety effort across the directorate and to lead in Health and Safety planning, reporting and review.

Champions should plan meet with their Corporate Health and Safety Business Partner on a regular basis to review progress and discuss service needs.

Directorate Health and Safety Champions will be offered appropriate training in operational Health and Safety to allow them to effectively discharge the above duties. (e.g. IOSH Managing Safely)

2.10. **Operational Units and schools level - Health and Safety Co-ordinators**

Heads of Service must appoint Health and Safety Co-ordinators within operational units, including schools to take the lead role for Health and Safety within their operational area.

Co-ordinators will be required to participate in Health and Safety management activities on behalf of their operational area and in partnership with the Head of Service.

This supporting role does not remove the delegated responsibilities that Unit managers and Section managers have for Health and Safety management. The co-ordinator role will include:

- membership of the directorate Health and Safety group (committee) and attending all meetings or ensuring representation;
- Working in partnership with the Head of Service, unit manager to develop an annual Health and Safety plan for the Unit/Section;
- Co-ordinating the implementation of the directorate and/or unit action plan within their operational area;
- Representing and championing the views of their operational area at Health and Safety related meetings, particularly during the formulation of the directorate annual Health and Safety action plan;
- Liaising with the relevant Corporate Health and Safety Business Partner;

- Ensuring that effective consultation takes place within the unit on any proposals, new procedures or Policy produced by the Council or directorate;
- Ensuring that Health and Safety is a regular agenda item of unit management team meetings;
- Monitoring, through the unit management team, the implementation of Health and Safety policies and procedures;
- Contributing to the development of directorate and corporate policies and procedures for Health and Safety.

2.11. **Organisational Development – Corporate Health and Safety Section (CHSS)**

The CHSS acts as the Council's "Competent Person" for the purposes of Regulation 7 of the Management of Health and Safety at Work Regulations 1999.

The CHSS provides a support and advisory function to everyone in the Council. Through the use of directorate Health and Safety Business Partners, they will support continuous improvement of the Council's Health and Safety arrangements by actively monitoring and reporting on directorate Health and Safety performance.

The primary function of the CHSS is to support and advise on Health and Safety matters. The day to day responsibility for managing Health and Safety rests with directorate management.

They will liaise with and act as the principal point of contact with external bodies regarding Health and Safety, including the Health & Safety Executive, the relevant Fire & Rescue Service and the National Health Service

The Corporate Health and Safety Manager reports to the Head of Organisational Development and is an ex-officio member of the Corporate Health, Safety and Wellbeing Engagement Group.

2.12. **Organisational Development Division – Leadership and Development**

In partnership with directorate Learning and Development Teams, the Corporate Leadership and Development Team will be responsible for co-ordinating the provision of Health and Safety training at all levels in the Council.

2.13. **Employee Participation**

The Council recognises the importance of employee involvement and the need to secure employee and trade union participation in establishing Health and Safety policies, procedures and arrangements, using the established Health and Safety groups (committees) as appropriate. The Council will provide safety representatives appointed by recognised Trade Unions with reasonable paid time off and facilities to carry out their role in accordance with the relevant legislation.

### 2.14. **Employee Responsibilities**

We all have an important part to play in protecting ourselves and others. Health and Safety responsibilities are based on legal and moral obligations and as such failure to follow Council Health and Safety policies and procedures is subject to the Council's disciplinary process. In particular, everyone is required to:

- Take reasonable care for the Health and Safety of themselves and others who may be affected by their acts or omissions;
- Follow Health and Safety related instructions, rules and procedures;
- Co-operate with managers and supervisors on Health and Safety matters;
- Not to interfere with, or misuse anything provided in the interest of health, safety and wellbeing. This includes personal protective equipment (PPE) provided for your safety;
- Make full and proper use of any PPE and clothing provided to you in accordance with instructions and training received;
- Report any loss or obvious defect to PPE to your supervisor or manager;
- Use machinery, equipment, safety device etc. in accordance with instructions and training received;
- Report to your manager, supervisor, or if they are unavailable, your Trade Union Safety Representative any work situation that could present a serious or immediate danger to Health and Safety, or any matter considered to present a potential failure of current arrangements for Health and Safety;
- Report any accident or violent incident you have witnessed to your supervisor or manager immediately;
- Follow any laid down emergency procedures in the event of imminent danger, such as emergency evacuation of the workplace.

# 3. Arrangements for Health and Safety Management

The arrangements for Health and Safety management are applicable to all activities and services throughout the Council. Documentation, including guidance, generic risk assessment forms are contained in the Council's Health and Safety system, accessed through the Council's Intranet. The system is maintained by the Corporate Health and Safety Section and is regularly reviewed and revised to reflect legislative requirement and good practice in Health and Safety management.

### 3.1. **Health and Safety Strategy and Policy**

*Corporate Health and Safety Strategy and Policy* –The Health and Safety Strategy Plan sets out the Councils vision for continuous improvement and the consolidation of a "safety culture" within the Council.

The Health and Safety Policy clearly sets out the Council's framework for Health and Safety management. Every Council service, including schools is required to actively pursue the strategy and Policy aims and objectives and to implement Health and Safety management systems within their own areas of responsibility.

*Directorate Health and Safety management systems* – Every directorate is required to establish directorate Health and Safety systems and processes to include sufficient arrangements for them to comply with the requirements of the Corporate Health and Safety Policy. These systems and processes must detail the responsibilities and accountability of the staff delegated to ensure this compliance.

## 3.2. Organising Health and Safety

Managers are responsible for the implementation of the Corporate Health and Safety Policy and Directorate systems and processes.

Specific Health and Safety roles and responsibilities are delegated to specific positions as detailed in this section. Other responsibilities of management are detailed in directorate Health and Safety processes.

We will consult with our staff by having Health and Safety on the agenda in team meetings and 1:1's. Appropriate membership of corporate and directorate groups and meetings which include the recognised Trade Union safety representatives will also meet regularly.

Corporate Health and Safety documentation has been developed and is made available in electronic and hard copy format. The Intranet, directorate newsletters, notice boards and signage are all methods we will use for communicating on Health and Safety.

Health and Safety training is core to working safely and is a prime requirement for the effective and competent management of risk. It significantly contributes to accident reduction and ill health prevention. Every new employee will undertake a Health and Safety induction course relevant to their work activities as soon after joining the Council as possible. Where defined by risk assessment, job description or on promotion, relevant agreed Health and Safety training will be mandatory.

Suitable clauses outlining Health and Safety responsibilities will be included in job descriptions appropriate to individual roles. Where change is required this will be in consultation with the relevant Trade Unions.

The PRD framework is be used to set and measure performance against targets and objectives. This must include Health and Safety where this is appropriate for the job description of the employee concerned or a specific role set out in Policy arrangements.

The Council aims to promote the wellbeing of employees and seeks to reduce the incidence of work-related ill-health by the adoption of work practices and appropriate support arrangements that contribute to the health and wellbeing of employees. We will put in place appropriate contracts with occupational health specialists to act as the competent person for matters relating to occupational health.

Corporate and directorate groups/committees are established to help develop, monitor and review the Council's Health and Safety improvement initiatives.

Membership of these groups will be drawn from management representatives and Trade Union representatives. Directorate groups/ committees will meet an agreed number of times per year. All groups should feed relevant information to the Corporate Health, Safety and Wellbeing Engagement Group which is chaired by the Head of Organisational Development.

### 3.3. Planning and Implementation

To assist in continuous improvement on Health and Safety performance, directorates are required to develop, maintain and report on a Health and Safety action plan. The plans will be developed by the directorate working group / Health and Safety Committees and their progress reported to relevant Directors annually.

In line with the corporate risk assessment strategy, suitable and sufficient risk assessments must be conducted for all significant risks. They should be completed and recorded by adequately trained and qualified staff. When complete, they must be brought to the attention of everyone who could be affected by the assessed process.

To ensure that they are still relevant, risk assessments will be reviewed regularly (at least annually) to account for any significant changes but at least annually.

In addition to general risk assessment, there are times when more in-depth and specific assessments have to be made. Examples of these include but are not limited to:

- The control of Legionella
- Exposure to vibrating machinery
- Exposure to hazardous substances
- Manual handling operations
- The use of display screen equipment
- The use of personal protective equipment
- Exposure to noise
- Fire safety
- The provision of Work equipment
- The selection and use of lifting equipment
- Violence to Employees in the workplace

Corporate and Directorate Health and Safety procedures and guidance are the standards for implementing control measures for specific Health and Safety risks. Corporate procedures apply Council wide and when applicable directorates must adopt them. All Health and Safety procedures are reviewed regularly and updated as appropriate and are subject to a document control system.

### 3.4. Measuring Performance

Proactive Health and Safety monitoring is a key line management function. Using corporate Health and Safety systems, Health and Safety performance must be formally measured by managers and supervisor inspection routines.
Incident and accident reporting and investigations should also follow the corporate procedures and reported to the Corporate Health and Safety Section as soon as practicable.

The Corporate Health and Safety Section will actively measure directorate performance against Policy and procedure by a regular programme of audits and when necessary, through incident or accident investigation.

### 3.5. Reviewing Performance

Health and Safety performance is reported to and reviewed by Directorate Senior Management Teams and the Corporate Management Team.

Performance is measured against key indicators and targets and the achievement of Health and Safety action plans.

Health and Safety performance will also be reported through the network of corporate and directorate Health and Safety committees.

### 3.6. Auditing

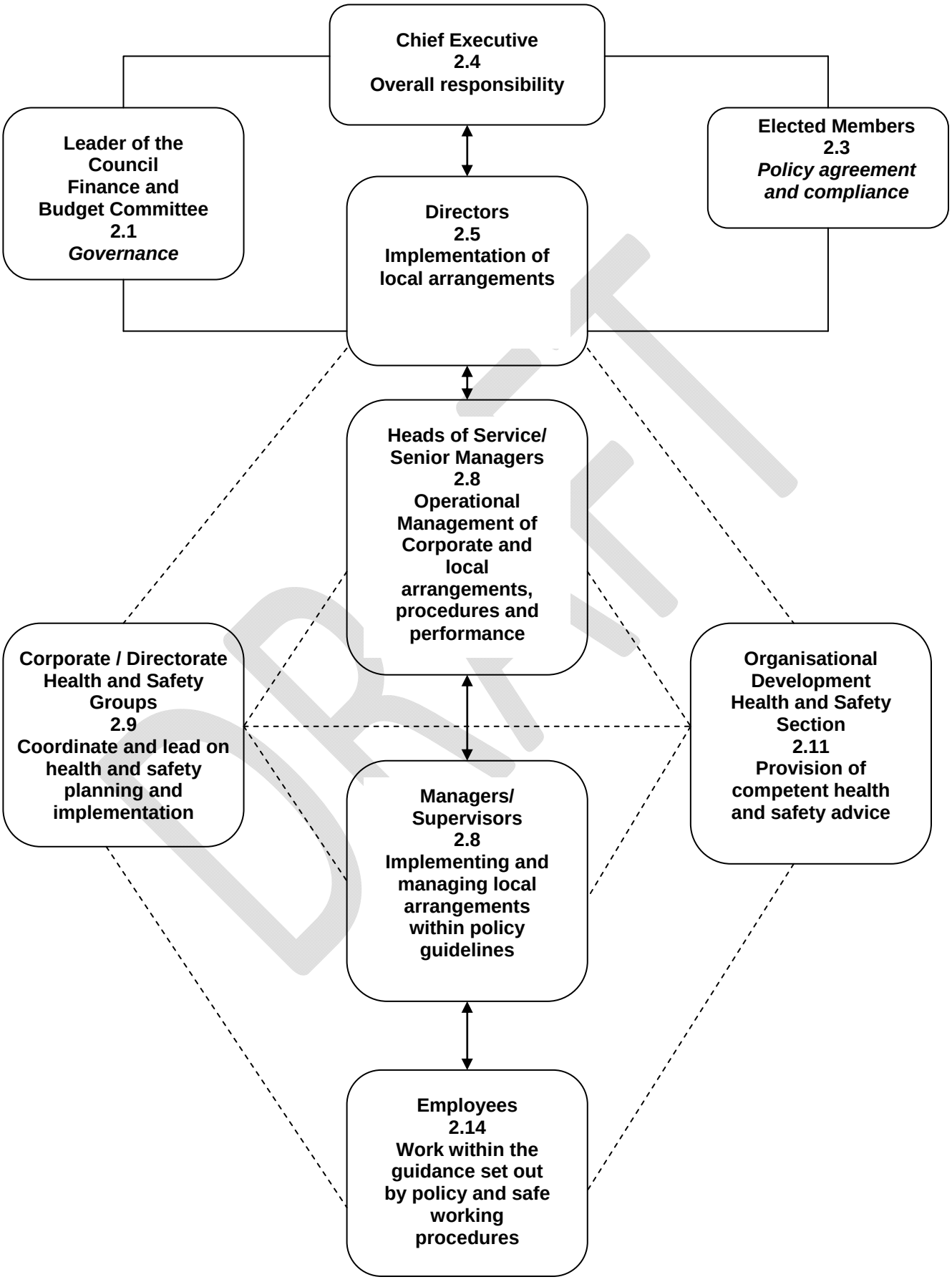
The Corporate Health and Safety Section will undertake performance audits across all directorates utilising the Council's Health and Safety auditing system. Audits will be based on directorate performance against corporate and local policies and procedures. Directors will agree suitable auditing programmes based on the risk profile of the directorate and will ensure that subsequent audit action plans are effectively managed.

## 4. Local Collective Agreement

4.1 This document is a Local Collective Agreement between the Council and the recognised Trade Unions. Every effort will be made by both parties to ensure that this document will be maintained as a local collective agreement and adjusted by agreement to meet changing future needs. In the event of a failure to reach agreement both parties reserve the right to terminate this local agreement by giving four months notice in writing. In such circumstances the terms of the local agreement will cease to apply to existing and future employees.

## Key Health and Safety Management Roles

**Appendix 1**



# Corporate Policy & Strategy Committee

**10.00 am, Tuesday, 6 August 2013**

# Agreement on Time Off and Provision of Facilities for Trade Union Representatives

| | |
|---|---|
| **Item number** | 7.3 |
| **Report number** | |
| **Wards** | |

## Links

| | |
|---|---|
| **Coalition pledges** | P27 |
| **Council outcomes** | CO24, CO26, CO27 |
| **Single Outcome Agreement** | SO1 |

**Alastair Maclean**

Director of Corporate Governance

Contact: Elaine Wishart, Organisational Development Leader

E-mail: elaine.wishart@edinburgh.gov.uk | Tel: 0131 469 3911

EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

# Executive summary

## Agreement on Time Off and Provision of Facilities for Trade Union Representatives

### Summary

The Council is currently operating with three Local Collective Agreements on Time Off for Trade Union Duties (i.e. Trade Union Representatives, Health and Safety Representatives and Learning Representatives). A new Local Collective Agreement which consolidates arrangements for the three groups has been successfully negotiated. The new agreement includes:

- agreed levels of time off based on membership numbers;
- agreed constituencies and ratios;
- arrangements for the different types of representation i.e. branch level Representatives, Shop Stewards, Health and Safety Representatives and Learning Representatives;
- fixed time off for conference attendance;
- contractual arrangements; and
- common objectives.

### Recommendations

The Corporate Policy & Strategy Committee is recommended to:

1. Note the report; and
2. Confirm approval of the Local Collective Agreement.

### Measures of success

- Clarity of and appropriate trade union costs.
- Clarity in the arrangements for trade union roles and responsibilities.
- More accurate recording of time off for trade union duties and activities.
- Increased flexibility for a partnership approach.

### Financial impact

- No overall adverse financial implications for the Council.

### Equalities impact

- There are no adverse equality issues arising from this report which will impact on employee groups with protected characteristics as defined by the Equality Act 2010. The equality relevance assessment score is 0.

## Sustainability impact

- No impact

## Consultation and engagement

- A series of consultation meetings were held with the Trade Unions during April and May 2013 and the Local Collective Agreement was confirmed in writing on 1 July 2013.

## Background reading / external references

- None

# Report

# Agreement on Time Off and Provision of Facilities for Trade Union Representatives

## 1. Background

1.1 A report to the City of Edinburgh Council in February 2012 noted that the Corporate Management Team would consider introducing measures to accurately quantify trade union costs and consider the implementation of a new agreement on time off for trade union duties and the provision of facilities.

1.2 In August 2012 the Corporate Management Team approved a centralised budget for staff undertaking trade union duties at a corporate level. This was established for the financial year 2012/13.

1.3 The same report approved a review of the three current polices on Time Off for Trade Union Duties, namely: Policy on Time Off Work for Trade Union Duties and Activities; Policy on Time Off for Work Health and Safety Representatives; and Policy on Time Off Work for Trade Union Learning Representatives with a view to consolidating them into one agreement.

1.4 Negotiations with the Trade Unions have concluded with a Local Collective Agreement being confirmed in writing on 1 July 2013.

1.5 This is the first time the Council has implemented a consolidated time off and facilities agreement for Trade Unions representing all Council employees.

1.6 The time off and facilities arrangements for the recognised teaching unions remain unchanged and are incorporated into the new Local Collective Agreement.

## 2. Main report

2.1 The Council is committed to the principle of collective bargaining and promotes the benefits of a partnership approach to working with the recognised Trade Unions.

2.2 Some of the recognised Trade Unions have provided numbers of City of Edinburgh Council members. Current membership levels are as follows:

- UNISON: 6965 members
- Unite: 1205 members
- GMB: 124 members

- Union of Construction and Allied Trades and Technicians (UCATT): 12 members
- Educational Institute of Scotland (EIS): 3564 members

We are unable to provide accurate membership numbers for the other smaller teaching unions.

2.3 The Agreement on Time Off and Provision of Facilities for Trade Union Representatives (the Agreement) is attached at **Appendix 1.** A Managers' Toolkit will also be developed in conjunction with the Trade Unions.

2.4 The Agreement gives funded facility time to the Joint Staff Side Secretary and the Teachers Side Secretary of one full time equivalent (f.t.e.) per post holder. **Note.** One f.t.e. = 36 hours per week.

2.5 The Agreement provides funded facility time for each Trade Union based on a ratio of one f.t.e. per 1200 members. This means that the allocation for each Trade Union is as follows:

- UNISON: 5.8 f.t.e.
- Unite: 1.0 f.t.e
- GMB: 0.2 f.t.e.
- UCATT: 0.2 f.t.e.

2.6 The Agreement recognises that the level of representation accross service areas should be adequate and proportionate to trade union membership numbers and geographical distribution. The ratio for Shop Steward recognition is one Shop Steward per 37 members.

2.7 At the time of writing the number of Representatives is:

- UNISON: 131 Shop Stewards and 36 Health and Safety Representatives
- Unite: 22 Shop Stewards (some of whom may also be Health and Safety Representatives)
- GMB: one Shop Steward
- UCATT: one Shop Steward

The teaching unions are unable to provide us with the number of Shop Stewards currently accredited.

2.8 The mechanisms for recording and approving time off for all levels of representatives will be defined in a Managers' Toolkit which will provide managers and representatives with clear guidance on the required processes.

2.9 Each Trade Union has an additional fixed allowance of time off (expressed as an f.t.e.) for branch level Representatives to attend national conferences or their regional equivalent.

2.10 The Agreement explains the contractual implications for staff who are provided with funded facility time.

2.11 The common objective and the conduct required of Representatives are clearly defined.

2.12 A joint implementation plan has been agreed with the Trade Unions which will include:

- The development of a Managers' Toolkit; and
- Managers' briefing sessions.

2.11 The Agreement allows the Trade Unions to request a temporary increase in funded facility time where the level of trade union activity increases as a result of management activity e.g. major change projects or reviews.

## 3. Recommendations

3.1 The Corporate Policy & Strategy Committee is recommended to:

1. Note the report; and
2. Confirm approval of the Local Collective Agreement.

**Alastair Maclean**

Director of Corporate Governance

Contact: Elaine Wishart, Organisational Development Leader

E-mail: elaine.wishart@edinburgh.gov.uk | Tel: 0131 469 3911

## Links

| | |
|---|---|
| **Coalition pledges** | P27 -Seek to work in full partnership with Council staff and their representatives. |
| **Council outcomes** | CO24 - The Council communicates effectively internally and externally and has an excellent reputation for customer care.<br>CO26 -The Council has efficient and effective services that deliver on objectives.<br>CO27 The Council supports, invests in and develops our people. |
| **Single Outcome Agreement** | SO1 -Edinburgh's economy delivers increased investment, jobs and opportunities for all. |
| **Appendices** | Appendix 1 – Agreement on Time Off and Provision of Facilities for Trade Union Representatives |

**APPENDIX 1**

# The City of Edinburgh Council

## Agreement on Time Off and Provision of Facilities for Trade Union Representatives

(covering all recognised Trade Unions)

**Contents** **Page**

# The City of Edinburgh Council

## Agreement on Time Off and Provision of Facilities for Trade Union Representatives

(covering all recognised Trade Unions)

## 1. Definitions

For the purposes of this agreement the following definitions will apply throughout:

1.1 A **recognised Trade Union** is an organisation that consists wholly or mainly of workers of one or more descriptions and whose principal purposes include the regulation of relations between workers and employers, having been recognised by an employer as such.

1.2 A **Trade Union Representative** is an employee who has been elected in accordance with the rules of a recognised Trade Union to be a Representative in a particular service area or workplace and has been duly notified as such to the Council in writing.

1.3 A **Trade Union Learning Representative** is an employee elected in accordance with the rules of a recognised Trade Union and whose function is to advise union members about training, educational and development needs and has been duly notified as such to the Council in writing.

1.4 A **Branch Official** is an employee of the Council who has been elected or appointed in accordance with the rules of their union to be a representative of all or some of the union's members. As a senior representative within the union, a Branch Official will be granted funded facility time, either on a full or part time basis, by the Council.

1.5 A **Shop Steward** is an employee of the Council who has been elected or appointed in accordance with the rules of their union to be a workplace representative of all or some of the union's members within a single location or covering a prescribed constituency.

1.6 A **Health And Safety Representative** is an employee of the Council who has been elected or appointed in accordance with the rules of their union to represent all or some of the union's members and has been duly notified as such to the Council in writing.

1.7 The Council recognises that different titles may be adopted by the Trade Unions to describe the different trade union roles. For the purposes of this agreement the term "**Representative"** covers all of the above roles.

1.8 A **Full Time Equivalent (f.t.e.)** is the amount of working time available to one employee in one week i.e. 36 hours.

## 2. Introduction

2.1 The City of Edinburgh Council (the Council) understands that it is to the mutual benefit of the Council and its employees to recognise Trade Unions for the purposes of collective bargaining, consultation and the conduct of industrial relations in general, health and safety matters and the support that can be given to employee development by Trade Union Learning Representatives.

The Council also recognises it is also of mutual benefit for the Council and the Trade Unions to be committed to the principle of working in partnership at local, regional and national levels.

2.2 The purpose of this Agreement on Time Off and Provision of Facilities for Trade Union Representatives ("the Agreement") is to support a partnership approach which promotes the effective involvement of employees, by engaging with their Trade Unions at the earliest possible stage in processes that involve influencing decisions, information sharing, problem solving and learning and development. That support will include the provision of reasonable time off and the provision of a reasonable amount of facilities. The Agreement provides a baseline level of Trade Union facilities. Specific arrangements to deal with expectations of increased trade union involvement in change, review or other initiatives are also set out in the Agreement.

2.3 It is understood that the role of Trade Union Representatives is complex and includes roles which are varied and in some cases roles that are specific, i.e. Health and Safety Representatives and Trade Union Learning Representatives. The Agreement provides for reasonable time off and the provision of facilities for all Trade Union Representatives. Also, recognising that National Delegate Conferences set policy and positions across all employment sectors, an additional fixed allowance will be given to all recognised Trade Unions to facilitate Branch Officer level attendance at such conferences or their Service Level equivalent where national conferences do not operate.

2.4 It is also recognised that representation exists at various levels and therefore what is reasonable will be determined by the specific role undertaken by individuals.

2.5 A list of Trade Unions recognised by the Council for collective bargaining purposes is attached as **Appendix 1.** It is the Council's practice to reflect national collective bargaining arrangements and therefore the list will be reviewed as required to ensure this position is maintained.

2.6 In the event of an amalgamation or other organisational changes within or between Trade Unions, the list will be amended following agreement

at national level and thereafter by the Council's Joint Consultative Group (JCG).

2.7 In the spirit of partnership working, it is anticipated that neither managers nor Trade Union Representatives will conduct themselves in a way that could disrupt normal working without engaging the Council procedures that provide for dispute resolution and which guide employee behaviours and standards of conduct.

2.8 All Trade Union Representatives covered by the agreement are employees of the Council and as such will comply with the Employee Code of Conduct and associated policies and procedures whilst carrying out trade union duties or activities as elected representatives.

2.9 When disciplinary action against a Trade Union Representative is contemplated a senior representative or full time official of the Trade Union will be notified in the first instance.

2.10 Unpaid time off will be granted to accredited recognised Trade Union Representatives to support Edinburgh Branch trade union members not employed by the Council.

2.11 Paid time off will be granted to Trade Union Representatives with funded facility time to represent members within Lothian Joint Valuation Board.

## 3. Common objective

3.1 The Council and the recognised Trade Unions have a common objective to ensure the long term effectiveness and successful delivery of services to the citizens of Edinburgh.

3.2 Both parties recognise that pursuit of this common objective can be best achieved through meaningful engagement between the Council and the Trade Unions using a partnership working approach and engaging in non-adversarial industrial relations in a spirit of compromise rather than conflict.

3.3 In pursuit of the common objective the Council will:

- promote and encourage Trade Union membership;
- recognise the Trade Unions as the employee representatives within the Council for the purposes of collective bargaining, consultation and health and safety matters;
- allow reasonable time off to undertake trade union duties and/or activities (including those specific duties associated with Health and Safety Representatives and Trade Union Learning Representatives); and
- support the training and development of Trade Union Representatives within their roles.

3.4 In pursuit of the common objective the Trade Unions will:

- in circumstances where differences are raised by individual unions, or where unions raise matters of mutual concern, aim to resolve them using the Council's relevant procedures before taking any form of industrial action;
- work together to present a common Staff Side position where matters involve all unions and work collectively to resolve them using the Council's relevant procedures before taking any form of industrial action; and.
- In circumstances where differences cannot be resolved, ensure lawful balloting takes place in pursuit of seeking membership support for industrial action.

## 4. Scope

4.1 The Agreement will apply equally to all recognised Trade Unions.

4.2 The Agreement is underpinned by a legislative framework **(see Appendix 2)** which provides Trade Unions with statutory rights including:

- an entitlement to receive certain information for collective bargaining purposes;
- the right to be consulted on certain processes, e.g. transfer of undertakings, potential redundancies;
- the right to request reasonable time off to undertake trade union duties and activities;
- the right to request reasonable time off to undertake appropriate workplace related trade union training;
- the right to appoint Health And Safety Representatives; and
- the right to appoint Trade Union Learning Representatives.

4.3 The Council and the Trade Unions representing employees other than teachers have agreed that Health and Safety Representatives appointed by a Trade Union will represent the interests of all employees, within the locations they cover i.e. including non-union members. Teaching Safety Representatives will only represent the interests of their own members.

## 5. Appointment or changes of Representatives

5.1 Throughout the course of the year, each Trade Union will be responsible for informing the Council of changes in their Representatives, including resignations and appointments.

5.2 **Appendix 3** outlines the information required and process that should be used to notify the HR & Payroll Service Centre (HR&PSC).

## 6. Partnership Working

6.1 Partnership working within the Council ensures regular and meaningful engagement with the Trade Unions in a variety of forums involving, discussions with:

- the political administration;
- the Chief Executive and corporate level managers;
- Organisational Development managers;
- service managers; and
- the Council's Health and Safety Officers.

The above list is illustrative and not exhaustive

## 7. Training and Development of Trade Union Representatives

7.1 It is the responsibility of the Trade Unions to ensure that their Representatives are sufficiently trained to carry out their duties. At the point of accreditation, the Trade Union will be required to confirm details of the training received or provide notice to the Council of the date by which the Representative will complete training. This training should ideally be completed within the six months following their date of election. Where training is not available within this timescale, the Trade Union will be responsible for advising the line manager and confirming the first date of available training.

7.2 The Council will provide training and briefing sessions for relevant Representatives on new Local Collective Agreements, Council Policies and Manager's Guidance where appropriate.

7.3 The Council's health and safety training packages will also be available for Health and Safety Representatives to undertake on request as appropriate.

## 8. Time Off for Trade Union Duties and Activities

8.1 The Council recognises that Representatives are entitled to reasonable time off to undertake their functions and to attend approved training opportunities relevant to those functions.

8.2 The Council and the Trade Unions agree as a fundamental principle that each request for time off must be reasonable and will be balanced against the operational requirements of the service.

8.3 It is jointly recognised that where Representatives are undertaking trade union **duties** that reasonable time off with pay will be granted.

8.4 Where Representatives are undertaking trade union **activities** reasonable time off without pay will be granted.

8.5 **Appendix 4** illustrates examples of trade union **duties** and **activities**.

8.6 Wherever possible, approval of time off and the provision of facilities will be the subject of agreement between individual Representatives and their line manager. In the case of Branch Officials the Agreement provides for a pre-determined amount of time off which is outlined in paragraphs 9.1 and 10.1 below.

8.7 The provisions in this agreement fully comply with the ACAS Code of Practice on Time Off for Trade Union Duties and Activities.

## 9. Funded Facility Time for the Joint Staff Side Secretary/Teachers' Side Secretary

9.1 The Council will provide funded facility time to the Joint Staff Side Secretary and to the Teachers' Side Secretary. This time will be **two f.t.e.** i.e. **one f.t.e.** per post holder.

## 10. Funded Facility Time for Branch Officials

10.1 The Council will provide an agreed level of funded facility time to each Trade Union. The level of funded facility time will be reviewed annually prior to the commencement of the financial year. The Head of Organisational Development will agree a funding level shown as an f.t.e. for each non teaching union. This level will take account of the Trade Union membership levels following submission of membership information**. In agreeing an equitable and reasonable level of funded facility time for each of the Trade Unions the Council will apply a ratio of one f.t.e. for every 1200 City of Edinburgh Council members. (Note.** One f.t.e. = 36 hrs)

**Fixed additional facility time for attendance at National Delegate Conferences or Regional equivalents.**

10.2 An **additional 0.1 f.t.e.** will be added to the agreed f.t.e. allowance to facilitate the attendance of four Unison Branch Officials at National Delegate Conferences.

10.3 An **additional 0.025 f.t.e.** will be added to the agreed f.t.e. allowance of other recognised Trade Unions to facilitate attendance at National or Regional conferences.

10.4 The Head of Organisational Development will confirm f.t.e. allocations to the Trade Unions on an annual basis at the commencement of the financial year.

10.5 It will be at each Trade Union's discretion to determine how the funding is disbursed. However, when it is established who will receive a

specific level of funded facility time, it will be incumbent on each Trade Union to confirm this to the Head of Organisational Development. In addition any changes during the year will be the subject of additional notification.

10.6 **Exceptional increases in Trade Union duties.**

- Where increases in trade union activity are necessitated by the initiation of management activity involving organisational reviews, change management or other management initiatives, the Trade Unions can request the Head of Organisational Development to authorise an interim increase in facility time for named Trade Union Representatives.

- Where it is demonstrated that the increased activity cannot be absorbed within the pre-existing time off allowances, increased facility time can be approved. Where interim increases are approved for specific circumstances, a return to normal levels of facility time will be **automatic** when the specific circumstances end.

**Teachers' Side**

10.7 The pre-existing levels of school based facility available for Representatives of the Trade Unions constituting the Teachers Side are agreed within the Joint Teachers Side Negotiating Committee. (See also Teachers' Side Secretary at 9.1 above)

10.8 For Representatives of the Teaching Trade Unions, the following arrangements apply in respect of paid time off for trade union duties. These scales apply for each school week and are based on one Representative per union per educational establishment. Where there is more than one Representative per union the time off allocation will be apportioned between them:

| **Number of members represented** | **Amount of time off** |
|---|---|
| 5 - 50 | 40 minutes per week |
| 51 - 75 | 80 minutes per week |
| 76 + | 120 minutes per week |

10.9 Agreement should be reached with the head teacher at school level on how this time allocation should be organised over the school year, taking into account the requirement for class cover and the need to minimise any disruption for pupils.

**Return to work following full time funded facility time**

10.10 Following the end of a period of funded facility time, the Branch Official will return to his/her former post on his/her existing terms and conditions of service. In the event of the post being affected by any restructuring or reorganisation leading to redeployment and/ or, redundancy, the Branch Official will be treated the same as any other employee whose substantive posts are similarly affected.

**Contractual matters**

10.11 The duration of the period of funded facility time will be treated as continuous service and the Branch Officials will receive their normal salary and normal incremental progression will apply, as appropriate. During the period of funded facility time the Trade Union will be responsible for the payment of all travelling and subsistence expenses.

10.12 A Branch Official can work up to 10 Keeping In Touch Days (KIT days) during their period of funded facility time, without bringing their facility time to an end or extending its length.

10.13 The days can be used in a single block or separately for any activity that helps keep an employee informed and involved with events happening in the workplace, for example undertaking normal duties or a work project, attending team meetings or training/development events etc.

10.14 The use of KIT days is optional; a manager cannot insist that an employee carries out any work during the period of funded facility time and an employee cannot insist on being given work to do. Where practicable, both the manager and employee should discuss and agree the activities and timing of KIT days during the period of funded facility time.

10.15 Any Branch Official in receipt of funded facility time will be responsible for informing their line manager details of annual leave and notification of sickness absence, special leave etc.

10.16 Annual leave and sickness absence will be recorded on the electronic HR system by the line manager of the relevant Branch Officials. Any issues relating to discipline, capability or attendance etc. will be managed by the Council, as the employer, and in line with Council policies and procedures.

10.17 The calculation of pay for the time taken for trade union duties should be undertaken with due regard to the type of payment system applying to the union representative including, as appropriate, Working Time Payments, and contribution based pay. Where pay is linked to the achievement of performance targets it may be necessary to adjust such targets to take account of the reduced time the Representative has to achieve the desired performance. During the period of fully funded

facility time progression to the top of the development zone will be in accordance with the Modernising Pay Handbook performance criteria.

10.18 When a Branch Official is in receipt of part funded facility time, agreement on time off and the provision of facilities will be the subject of approval between individual Representatives and their senior manager both for the part funded facility time and any further reasonable requests for time off that may be made.

## 11. Time Off for Relevant Training

11.1 Representatives are permitted reasonable paid time off during working hours to undergo training relevant to their trade union duties. The under noted courses will be approved, subject to the exigencies of the service.

The Head of Organisational Development will be required to approve time off to attend relevant trade union training courses for all Branch Officials.

Heads of Service, in conjunction with line managers, will approve time off to attend training for all other Representatives.

**Time Off for Training for Shop Stewards**

- TUC Introductory Stage 1 and 2 Training Courses or equivalent; and
- Other relevant Training Courses approved by the TUC or their Trade Union where time off has been agreed by either the Head of Service or the Head of Organisational Development.
- Newly elected Shop Stewards from the recognised Trade Unions will be granted release from any work responsibilities for a period of up to 14.4hrs (four half days) hours over a one month period following their election to allow them to shadow a Branch Officer or Senior Steward in their duties**.**

### Trade Union Learning Representatives

11.2 The Council accepts that Trade Union Learning Representatives are entitled to reasonable time off work with pay, subject to the exigencies of the service, to undergo initial training to satisfy the statutory training condition appropriate to their role.

11.3 It is also recognised that ongoing training relevant to the functions of a Trade Union Learning Representative may be required. Trade Union Learning Representatives will also be entitled to reasonable time off work with pay to undertake ongoing training, subject to the over-riding principle that requests for time off are balanced against the needs of the service.

11.4 Any ongoing training should be relevant to the particular role of the Trade Union Learning Representative, taking account of the roles and responsibilities of the employees to be advised by the Trade Union Learning Representative and the nature of advice likely to be given.

**Health and Safety Representatives**

11.5 The Council accepts that Health and Safety Representatives are entitled to reasonable time off work with pay, subject to the exigencies of the service, to undergo training relevant to the carrying out of their functions as follows:

| **Time Off for Training of Health and Safety Representatives** |
|---|
| • TUC Health and Safety Stage 1 and 2 Training Courses or equivalent; and<br>• Other relevant specialised health and safety training approved by the TUC or their Trade Union where time off has been agreed by either the Head of Service or the Head of Organisational Development. |

11.6 In addition to the above, Health and Safety Representatives may access the schedule of the Council's health and safety training courses which are available, as appropriate.

11.7 It will be the responsibility of the Head of Organisational Development to consider each request for time-off to attend any health and safety training course for all Branch Officials.

## 12. Representatives: Constituencies and membership ratios

12.1 The Council recognises the right of trade union members to elect Representatives to act on their behalf in accordance with the terms of the Agreement. The election of Representatives will be in accordance with the respective rules of the recognised Trade Unions.

12.2 The level of representation across service areas should be adequate and proportionate to trade union membership numbers and geographical distribution.

12.3 On an annual basis, the Trade Unions will agree with the Head of Organisational Development, the number of accredited Representatives within the Council who will have access to time off for trade union duties and activities. In support of this discussion and dependant on the election arrangements within the relevant Trade Unions, all of the Trade Unions will be required to submit the following information annually:

- Overall membership numbers;
- Confirmation of existing Branch Official's allocation of funded facility time expressed as an f.t.e.;
- Information on elected representatives i.e. numbers of Shop Stewards, Trade Union Learning Representatives and Health & Safety Representatives including names, payroll number and workplace location;
- Dates for all national/ regional conferences, training events and all other known scheduled events; and
- Proposals for funded facility time for the following year (in f.t.e.'s).

12.4 This information will form the basis for discussions between each Trade Union and the Head of Organisational Development (or nominee) to agree appropriate numbers of Shop Stewards, Health and Safety Representatives and Trade Union Learning Representatives for each service area. It will also inform the discussion on the total funded facility time for elected Branch Officials.

12.5 Reviews of agreed levels of representation and funded facility time outwith the annual cycle may be undertaken if circumstances justify it.

12.6 Should a Trade Union fail to supply membership information as required, reference will be made to the number of members whose trade union subscriptions are deducted from payroll.

12.7 In agreeing a reasonable level of representation for each of the Trade Unions the Council will, as a general rule, apply a ratio of 1 Shop Steward for every 37 members. Reference will also be made to:

- overall membership numbers;
- the size of the workplace and the number of workplace locations;
- the variety of different occupations;
- the operation of shift systems; and
- the national rules of the respective Trade Unions.

12.8 In schools the Head Teacher will make adequate arrangements to ensure that there is appropriate representation in every school.

12.9 In determining appropriate numbers of Health and Safety Representatives, reference will be made to the nature of the work and its inherent dangers, in addition to the above factors.

12.10 Trade Union Learning Representatives will be approved on a case by case basis in each department taking account of the number of employees and workplace locations etc.

## 13. Facilities

13.1 The Council will make available to Representatives reasonable facilities necessary for them to carry out their duties efficiently and communicate effectively with their members.

13.2 Facilities can only be taken up by Representatives who have received official confirmation of their accreditation by their Trade Union, and this has been confirmed to the Council.

13.3 As a minimum, the Council will ensure that Representatives have reasonable access to the following facilities, without charge, in the performance of their trade union duties:

- accommodation for meetings;
- internal telephone calls and reasonable external calls;
- a PC and other office equipment;
- reasonable use of photocopying facilities;
- reasonable secure filing space;
- notice boards; and
- use of internal communication systems, including internal mail, courier, e-mail and intranet services.

13.4 Any information created or held on Council ICT systems will be considered to be owned by the Council. This includes e-mail and internet communications. Representatives should not consider any electronic information to be private if it has been created or stored on Council ICT systems.

13.5 In addition, suitable IT equipment to enable remote access to the Council's intranet will be provided (until provision is enabled to access the Council's intranet without the need for a dedicated laptop and a VPN). This provision will extend to the Joint Trade Union Side Secretary and the Teachers' Side Secretary only.

## 14. Policy Review

14.1 The policy will be jointly reviewed in the light of operational experience and any relevant legislative change.

## 15. LOCAL COLLECTIVE AGREEMENT

15.1 This document is a Local Collective Agreement between the Council and the recognised Trade Unions and replaces all pre-existing arrangements. Every effort will be made by both parties to ensure that this document will be maintained as a Local Collective Agreement and adjusted by agreement to meet changing future needs. In the event of a failure to reach agreement both parties reserve the right to terminate this local agreement by giving four months notice in writing. In such

circumstances the terms of the local agreement will cease to apply to existing and future employees.

**Signatories**

| **Management Side** | **Trade Union Side** |
|---|---|
| **……** | **……..** |
| **Head of Organisational Development** | **Joint Staff Side Secretary** |
| **……** | **……..** |
| **Employment Law and** | **Teachers' Side Secretary** |
| **HR Policy Manager** | |

**Appendix 1**

## List of recognised Trade Unions in the City of Edinburgh Council

**Unison** Recognised for collective bargaining purposes in respect of employees covered by the following SJNC Chief Officials/SJC for Local Government Employees:

- Chief Officials and their Deputies
- Local Government Employees (Red Book)

**Unite** Recognised for collective bargaining purposes in respect of employees covered by the following SJC for Local Government Employees:

- Local Government Employees (Red Book)
- Building & Civil Engineering Operatives
- Engineering Craft Operatives
- Craft Operatives

**GMB** Recognised for collective bargaining purposes in respect of employees covered by the following SJC for Local Government Employees:

- Local Government Employees (Red Book)
- Building & Civil Engineering Operatives
- Engineering Craft Operatives
- Craft Operatives

**UCATT (Union of Construction Allied Trades and Technicians)**

Recognised for collective bargaining purposes in respect of employees covered by the following SJC - Craft

- Building & Civil Engineering Operatives
- Engineering Craft Operatives

**EIS (Educational Institute of Scotland)**

Recognised for collective bargaining purposes for employees covered by the SJNC Scheme of Salaries and Conditions of Service for Teaching Staff in School Education.

**SSTA (Scottish Secondary Teachers Association)**

Recognised for collective bargaining purposes for employees covered by the SJNC Scheme of Salaries and Conditions of Service for Teaching Staff in School Education.

**NASUWT** Recognised for collective bargaining purposes for employees covered by the SJNC Scheme of Salaries and Conditions of Service for Teaching Staff in School Education.

**VOICE** Recognised for negotiation purposes at the LNCT

**AHDS (Association of Head Teachers and Deputes in Scotland)**

Recognised for negotiation purposes at the LNCT

**Scottish Learning Society**

Recognised for negotiation purposes at the LNCT

**Appendix 2**

## LEGISLATIVE FRAMEWORK

Relevant sections of:-

- Trade Union and Labour Relations (Consolidation) Act 1992 – TULR(C)A
- Employment Act 2002
- Employment Act 2008
- Employment Relations Act 1999
- Employment Rights Act 1996
- Trade Union Recognition (Method of Collective Bargaining) Order 2000 (SI 2000/1300)
- The Safety Representatives and Safety Committees Regulations 1977 (SI 1977/500), as amended by the Employment Rights (Dispute Resolution) Act 1998
- The Management of Health and Safety at Work Regulations 1992 (SI 1992/2051)
- Equality Act 2010

**Appendix 3**

## Notification of new Trade Union Representative appointments or changes to Representatives

In relation to appointments, the Trade Union should forward HR&PSC confirmation of:

- the name of the Representative, workplace and payroll number;
- role, i.e. Branch Official, Shop Steward, Health and Safety Representative or Trade Union Learning Representative; and
- name of Representative replaced.

The Trade Unions should also inform the Head of Organisational Development of the:

- the name of the Representative;
- work area/employment group represented;
- service area which the Representative has responsibility for; and
- confirmation that membership levels support either the provision of a replacement or additional Representative.

A central database of all Representatives will be maintained for reference purposes.

Representative accreditation will also be confirmed in writing by the relevant Trade Union to the line manager of the Representative.

No Representative will be entitled to access time off for trade union duties and activities or facilities until confirmation of their accreditation by their Trade Union has been confirmed to their line manager.

The Council recognises the rights of Trade Union Members and Local Representatives to have the assistance of full time Trade Union Officers who will be permitted to advise and assist members and Representatives.

With the exception of full time paid Trade Union Officers, all Representatives must be employees of the Council.

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**Appendix 4**

## Illustrative Examples of Trade Union Duties and Activities

### 1. Time Off for Trade Union Duties

1.1 The Council recognises that Representatives are entitled to reasonable time off with pay, subject to the needs of their Service, to undertake duties, and the necessary preparatory work, concerned with:

- negotiations with the Council on relevant matters; or
- other functions which the Council has agreed the Trade Unions may perform.

1.2 The following list is neither exclusive nor exhaustive but illustrates the nature of the duties and associated preparatory work for which time off with pay may be granted:

- discussions with managers on terms and conditions of employment, working practices or job duties e.g. pay, grading, hours of work, equal opportunities issues, use of machinery/equipment, job descriptions;
- discussions on physical conditions or the working environment, e.g. nature of the work location;
- discussions on matters relating to recruitment, redeployment, retirement or dismissal decisions e.g. recruitment and selection policy, early retirement applications, redundancy consultation;
- dealing with disciplinary and grievance cases, including attending formal hearings as a Representative;
- attending induction meetings to explain to new employees the role of the Trade Union in the workplace;
- Trade Union branch meetings on any relevant matters concerned with negotiations with the Council;
- informing union members of the progress of such discussions, subject to the prior authorisation of any workplace meetings;
- attending meetings with other Representatives and full-time Trade Union officers, on any relevant matters concerned with negotiations with the Council; and
- attending consultation meetings e.g. Departmental Joint Consultative Committees (DJCC).

### 2. Time Off for Trade Union Learning Representatives Duties

2.1 The Council recognises that accredited Trade Union Learning Representatives are entitled to take reasonable paid time off to undertake the duties of their role. The main functions for which paid time off as a Trade Union Learning Representative will be allowed are:

- analysing learning or training needs;

- providing information and advice about learning or training matters;
- arranging learning or training;
- promoting the value of learning or training;
- consulting the employer about carrying on any such activities;
- preparation to carry out any of the above activities; and
- undergoing relevant training.

2.2 Trade Union Learning Representatives will be expected to liaise with the Council to ensure training activities are complementary and that the scope for duplication is minimised.

## 3. Time off for Health & Safety Representatives Duties

3.1 The Council recognises that accredited Health & Safety Representatives are entitled to appropriate paid time off to carry out health & safety functions and duties and to attend relevant training courses.

3.2 The main functions for which paid time off as a Health & Safety Representative will be allowed to undertake with the approval of management are:

- representing employees in discussions with the Council on health, safety or wellbeing issues;
- being involved with risk assessment procedures (in conjunction with management);
- attending health and safety consultative committees;
- inspecting the workplace (in conjunction with management);
- investigating potential hazards (in conjunction with management);
- investigating notifiable accidents, diseases, dangerous occurrences (in conjunction with management); and
- investigating employees' complaints.

## 5. Time Off for Trade Union Activities

5.1 The Council recognises that Representatives are entitled to reasonable time off without pay, subject to the exigencies of the Service, to take part in trade union activities. The Council also recognises that, to operate effectively and democratically, Trade Unions require the active participation of members and that such participation will promote the proper representation of members' interests.

5.2 Whilst recognising that there is no entitlement to paid time off for trade union activities, Heads of Service will consider sympathetically requests for time off with pay from Representatives and trade union members, particularly for example where this will help to ensure workplace meetings are fully representative. The timing of such workplace meetings should be arranged to minimise the disruptive effect on the Service as far as possible. Where unpaid time off is

granted, employees participating in the Flexible Working Hours Scheme may wish to consider using accrued flexi time to attend meetings.

5.3 Only Branch Officials and Shop Stewards will be granted time-off with pay to attend Trade Union conferences, namely:

- annual conferences where Local Government issues are being addressed, including STUC and TUC; and
- branch or district meetings of the Trade Union dealing with Local Government issues.

5.4 Trade union activities are those activities relating to the running of and participation in the affairs of the union and are separate from those relating to the employer. The following list is neither exclusive nor exhaustive but illustrates the nature of activities for which time off without pay may be granted:

- annual conferences or Trade Union meetings where Local Government issues are not being specifically addressed;
- specifically convened meetings or conferences of the policy making body of the trade union which do not directly concern Local Government issues;
- branch or district meetings which do not directly concern Local Government issues; and
- voting in properly conducted ballots on industrial action and union elections, including Representative Elections.

# Corporate Policy & Strategy Committee

**10am, Tuesday 6 August 2013**

# Review of Events Governance

| | |
|---|---|
| **Item number** | 7.4 |
| **Report number** | |
| **Wards** | All |

## Links

| | |
|---|---|
| **Coalition pledges** | P24 |
| **Council outcomes** | CO20 |
| **Single Outcome Agreement** | SO1 |


**Alastair Maclean**

Director of Corporate Governance

**Mark Turley**

Director of Services for Communities

Contact: Karen Kelly, Head of Corporate Programmes

E-mail: karen.kelly@edinburgh.gov.uk | Tel: 0131 469 3184


EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

# Executive summary

## Review of Events Governance

### Summary

The purpose of this report is to inform members of the commencement of a short review of the governance and management of events, and to provide an indication of the emerging scope of the review.

### Recommendations

It is recommended that the Corporate Policy & Strategy Committee:

3.1.1 Notes the intention to carry out a review of events governance as set out in this report; and

3.1.2 Notes that the outcome of the review will be reported back to this committee on 5 November 2013.

### Measures of success

A measure of success will be a more streamlined and transparent approach to events governance.

### Financial impact

The review will involve contributions from staff mainly in Corporate Governance and Services for Communities and at no additional cost to the Council.

### Equalities impact

There are no impacts on equalities as a result of this report but an impact assessment will be undertaken as part of the review.

### Sustainability impact

None.

### Consultation and engagement

The review will include consultation and engagement with officers, elected members and potentially external event organisers. Further detail is provided in the report.

### Background reading / external references

None.

# Report

# Review of Events Governance

## 1. Background

1.1 The Council has an events strategy which is designed to deliver a variety of well established and new events across the city which interest residents and visitors alike. The intention is to improve quality of life, attract interest in the city from investors and tourists, and reflect the importance of Edinburgh as a capital city. The city secures new events through competitive bidding, supports requests from organisations who wish to promote an event in Edinburgh, and responds to unplanned events which usually arise because of Edinburgh's status as the capital city.

1.2 The governance and management of events is distributed across a variety of services including Culture and Sport, Licensing, Transport, Corporate Property, Planning and Building Standards, Parks and Greenspace, Finance. This can naturally lead to inconsistency and in 2009 the Council approved a report which set out a number of actions to improve the planning and management arrangements in relation to approving events within the city.

1.3 A number of actions have been taken forward, notably:

- Establishment of the Events Management Group, with officer membership across Council services, providing a shared forum for oversight and co-ordination of the city's events;
- Adoption of the Edinburgh Parks Events Manifesto, intended to allow a strategic and proactive approach to planning and managing events within Edinburgh's parks and greenspaces.

1.4 However there remains a view that there is a lack of consistency and transparency across the different types of events for which applications are made and the process which requires to be followed. Also the stated intention of establishing a one door approach to provide one route into the Council for events promoters, and a single events budget, has not been fully realised.

## 2. Main report

2.1 Whilst arrangements have been put in place to manage and co-ordinate events in the city, there is a perception that good practice is not being consistently applied, that there is not always clarity in relation to the process for approval of events, and that there is scope to improve the customer experience for event organisers.

2.2 It is therefore intended to carry out a review to recommend clear and consistent policies and processes to be applied in determining which events will take place in the city. This will be done in the context of supporting the intention of the Events Strategy. The review will also make recommendations for the establishment of a "one stop shop" approach for event organisers.

2.3 The review will be led by the Corporate Programmes Office with contributions from officers in Services from Communities and Corporate Governance and is intended to produce the following deliverables:

- A clear definition of an event for the purpose of determining when an approval process is required;
- A clear and transparent application and decision making process for approving events, which includes both forward planning for known events and suitable arrangements for unforeseen events;
- An assessment of the current charging arrangements;
- Recommendations for establishing a "one stop shop" approach for event organisers when dealing with the Council.

2.4 It is not intended to conduct an audit of all current events to establish whether they have met the criteria but it is expected that through the course of the review specific examples will be highlighted. The focus of the review will be to deliver improvement going forward.

2.5 Fact finding for the review, including stakeholder meetings, has already commenced and is expected to continue until mid August with a draft report being prepared by the end of August. Recommendations will then be tested with stakeholders with a final report being available for the Corporate Policy & Strategy Committee on 5 November 2013.

## 3. Recommendations

3.1 It is recommended that the Corporate Policy & Strategy Committee:

3.1.1 Notes the intention to carry out a review of events governance as set out in this report; and

3.1.2 Notes that the outcome of the review will be reported back to this committee on 5 November 2013.

**Alastair Maclean**

Director of Corporate Governance

**Mark Turley**

Director of Services for Communities

## Links

| | |
|---|---|
| **Coalition pledges** | P24 – Maintain and enhance support for our world famous festivals and events. |
| **Council outcomes** | CO20 – Culture, sport and major events – Edinburgh continues to be a leading cultural city where culture and sport play a central part in the lives and futures of citizens. |
| **Single Outcome Agreement** | SO1 – Edinburgh's economy delivers increased investment, jobs and opportunities for all. |
| **Appendices** | None |

# Corporate Policy and Strategy Committee

**10am, Tuesday, 6 August 2013**

# Public Protection in Edinburgh – Annual Reports

| | |
|---|---|
| **Item number** | 7.5 |
| **Report number** | |
| **Wards** | |

## Links

| | |
|---|---|
| **Coalition pledges** | P1, P12, P32, P34 |
| **Council outcomes** | CO5, CO15 |
| **Single Outcome Agreement** | SO4 |

**Michelle Miller**

Chief Social Work Officer

Contact: Michelle Miller, Chief Social Work Officer

E-mail: michelle.miller@edinburgh.gov.uk | Tel: 0131 553 8520

EDINBVRGH
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# Executive summary

## Public Protection in Edinburgh – Annual Reports

### Summary

Edinburgh's Chief Officers' Group is responsible for the leadership, governance and performance management of the multi-agency aspects of public protection in Edinburgh. It comprises senior representatives from the Council, NHS Lothian and Police Scotland, and is currently chaired by the Council's Chief Executive.

This report presents members with the annual reports for each of the five committees/partnerships in Edinburgh, which together oversee the main multi-agency public protection activity in the city.

### Recommendations

It is recommended that Committee:

1 considers the annual reports from each of the 'public protection' committees attached as appendices 1 to 5; and

2 notes the importance of ensuring an integrated approach across the Council and between the Council and its key partners NHS Lothian, Police Scotland and voluntary sector organisations, to allow for effective, shared prioritisation for resource allocation.

### Measures of success

Edinburgh's Chief Officers' Group has continued to play a key role in bringing this related public protection activity together under its governance to ensure essential links are made at operational, tactical and strategic levels.

The Chief Officers' Group receives quarterly performance reports from the five committees/partnerships.

Work across all areas is underpinned by the Multi-agency Strategy for Public Protection in Edinburgh.

## Financial impact

There are no financial implications arising from this report, however, public protection in Edinburgh is a significant responsibility for all partner agencies and one which demands considerable resource allocation.

## Equalities impact

There is no direct equalities impact arising from this report.

## Sustainability impact

There are no sustainability impact issues arising from this report

## Consultation and engagement

Where relevant this is detailed within each of the annual reports.

## Background reading / external references

Each of the annual reports listed in the appendices.

# Report

# Public Protection in Edinburgh – Annual Reports

## 1. Background

1.1 Edinburgh's Chief Officers' Group is responsible for the leadership, governance and performance management of the multi-agency aspects of public protection in Edinburgh. It comprises senior representatives from the Council, NHS Lothian and Police Scotland, and is currently chaired by the Council's Chief Executive.

1.2 The establishment of the Chief Officers' Group is consistent with Scottish Government guidance on the management of child protection, and its wider remit in Edinburgh reflects the essential inter-relationship between adult and child protection, the management of dangerous offenders, domestic abuse and drug and alcohol strategies.

1.3 The Chief Officers' Group has established a schedule of meetings throughout the year to consider its committees' business plans, quarterly performance information and annual reports.

1.4 Each of the 5 committees' annual reports is attached as a separate appendix to this report. A summary of the key achievements from each committee is set out below.

## 2. Main report

2.1 The agreed priorities in Edinburgh's multi-agency public protection strategy are to develop:

- an efficient data sharing system, which does not duplicate information and ensures appropriate access to all relevant information by all relevant staff
- an integrated and consistent multi-agency assessment process for all protection services
- and integrated, multi-agency strategy for:
    - alcohol and drugs
    - domestic abuse

- adult and child protection and offender management improvement activity

- a focus on early intervention, prevention and personalised services for all service user groups (adults and children)

- improved integration of services and disciplines, both inter- and intra-agency

- increased capacity for outcome-focused, multi-agency quality assurance and contracts compliance systems

2.2 Five main committees oversee the multi-agency public protection related activity in Edinburgh:

- Child Protection Committee – chaired by Police Scotland

- Adult Protection Committee – chaired by NHS Lothian

- Offender Management Committee – chaired by the City of Edinburgh Council

- Drug and Alcohol Partnership – chaired by the City of Edinburgh Council

- The Violence Against Women Partnership – co chaired by Police Scotland and NHS Lothian

2.3 Each committee has an important role to play in the implementation of the agreed public protection strategy, and in addition, has developed performance reporting, business planning and annual reporting mechanisms to reflect its specific area of responsibility. Each committee has a similar structure of sub-committees covering staff training and development, and quality assurance. There is one communications sub-committee covering the work of all committees.

## The Edinburgh Child Protection Committee

2.4 The annual report is attached at Appendix 1. The report is completed under the nine key headings from *Protecting Children and Young People: Child Protection Committees* (Scottish Government, 2005). Key achievements and future actions are laid out under each heading. The Child Protection Committee remains determined to maximise our service provision and demonstrate improved outcomes for children across Edinburgh.

2.5 Some key achievements from the report include:

- The Care Inspectorate report "Services for Children and Young People in the City of Edinburgh", published on 29 April 2013. Of the eight areas considered, seven were evaluated as 'good', with one area evaluated as 'very good'. This marks very significant positive progress from the 2007 HMIE inspection findings.

- The inter-agency learning and development strategy has been revised; it now incorporates additional opportunities to reflect identified practitioner need and demand.

- New learning and development opportunities are being delivered, including those attached to the revised 'Children Affected by Problem Substance Misuse' guidelines and those concerned with forced marriage, human trafficking, court skills and vulnerable babies.

2.6 Some key areas for improvement include:

- Work to GIRFEC principles in ensuring long-lasting improvements, through effective use of the child's plan.
- Safeguard more effectively children and young people looked after by the Council; and review arrangements for looked after children who are, or are threatened with homelessness, including consideration of the need for supported accommodation for vulnerable young people in Edinburgh.
- Develop guidelines on identifying risk across agencies at an early stage and implement measures of support, including managing transitions into adult services.
- Revise the methodology for undertaking Significant Case Reviews and implement recommendations.
- Implement the new guidance *Getting it Right for Children in Edinburgh Affected by Parental Problem Alcohol and Drug Use*, which replaces the Children Affected by Problem Substance Misuse guidance.

## The Edinburgh Adult Protection Committee

2.6 The annual report is attached at Appendix 2. The key achievements for the committee over the past year include:

- The development of a range of accessible tools and templates, which can be used to improve service user participation in the adult protection case conference process, and which allow their views to be expressed.

- Public and staff awareness regarding financial harm from rogue traders and bogus callers has been raised.

- Joint working between NHS Lothian, prison-based social workers and prison staff at HMP Edinburgh has been improved. Three public protection (child and adult) awareness sessions have been delivered to NHS Lothian staff based at the prison, and support has been provided to develop an adult protection protocol and public protection training modules to prison officers. Prison social workers and prison health staff have attended the multi-agency adult support and protection trainings.

- Information sessions have been delivered to GPs. The sessions were well received, and some GPs have made contact regarding patients at risk of harm.

- The standard 28 days from Inter-agency Referral Discussion to initial case conference was achieved during 2012, apart from two conferences in April and August.

2.7 Some key areas for improvement include:

- Based on findings of research and recent reports, enable a more effective engagement with people whose life circumstances are characterised by mental ill-health, substance misuse and homelessness, who are not subject to formal supervision, who do not engage with services, and who often fall outwith agencies' criteria for service provision (this is an area of improvement, which applies equally to offender management).

- Awareness raising among all staff groups and the public about adult protection, including continuous review of training course contents and materials.

- Develop a suicide review protocol for those cases, which have not been known to psychiatric services and/or not subject to another review process.

- Develop further the Care Programme Approach, which aims to provide a co-ordinated structure for the robust care planning for patients with complex mental health needs.

## The Edinburgh Offender Management Committee

2.7 The annual report is attached at Appendix 3. The management of dangerous offenders has direct and important links to adult and child protection. However, organisational structures, funding arrangements and lines of accountability have the potential to create disconnect at both operational and strategic level if not kept under regular review. The establishment in Edinburgh of the Offender Management Committee in 2008 and its reporting to the Chief Officers' Group

are intended to ensure effective integration of this element of public protection with the other equally important elements.

2.8 Some key achievements from this report include:

- Preventing re-offending through appropriate intervention and payback services is well under way: reconviction rates in Edinburgh are below the Scottish average.
- Services are designed to meet specific needs of priority groups, e.g. dedicated services for women, young people, families, substance misusing adults, Caledonian Edinburgh, sex offenders.
- The Scottish Government has allocated funds for a Women's Community Justice Centre to be established in Edinburgh, delivering services to women across Lothian and Borders. This will allow a greater focus on reintegration planning for women released from custody who are not subject to statutory supervision.
- As a result of the Scottish Government's Reducing Re-offending Change Fund, there will be a national public social partnership mentoring scheme for women offenders, with capacity for 90 mentees across Lothian and Borders.

2.9 Some key areas for improvement include:

- Create more opportunities for service users to make improvements regarding their employment, training and education.
- Procure an Offender Recovery Service for Edinburgh to work with offenders who have substance misuse problems to address these and reduce offending behaviour. Continuity of care will be provided from the community, to prison and back into the community, using a holistic, recovery-centred approach.
- Develop stronger links to the Edinburgh Planning Partnership to ensure reducing (re)offending is a shared priority commitment in the Single Outcome Agreement.
- As for adult protection, based on findings of research and recent reports, enable more effective engagement with people whose life circumstances are characterised by mental ill-health, substance misuse and homelessness, who are not subject to formal supervision, who do not engage with services, and who often fall outwith agencies' criteria for service provision.

## The Edinburgh Drug and Alcohol Partnership

2.9 The annual report is attached at Appendix 4. The Alcohol and Drug Partnership brings together the city's key bodies dealing with the different aspects of alcohol and drug misuse to tackle the increasing challenges posed. The Partnership includes the City of Edinburgh Council, NHS Lothian, Police Scotland and the third sector. The Partnership allocates funding to agencies offering treatment and rehabilitation.

2.10 Some key achievements from the report include:

- Edinburgh's highly developed recovery community is expanding and thriving. A pathway has been developed for Edinburgh through which people with substance misuse issues can receive treatment and rehabilitation and also receive practical support relating to employability, maintaining relationships etc. Integration in to the recovery community enables people to reduce the harm drugs and alcohol do; and in many cases move on to satisfying and healthy lives. The development of the hubs has contributed to a very significant improvement in our performance for access to treatment targets. The target is 90% of people to begin treatment within 3 weeks of referral. In March 2013, Edinburgh reached 96%, up from 76% in May 2012.

- The Partnership has worked with Children and Families to establish a joint Commissioning Plan. The plan sets out a clear framework for commissioning services against outcomes. It is anticipated that following consultation, the plan will be adopted formally in October 2013.

- Agreement to recruit a coordinator post to help with services for young people with alcohol and drug problems.

- Drug Treatment and Testing Orders (DTTO): since the rapid assessment report pilot initiative began in November 2012, the average time from an assessment request from Court to a female offender commencing an order has reduced from 21 working days to 3 working days. Early indications suggest that the attendance rate for assessments has improved significantly.

- Edinburgh continues to have the lowest rate of drug related deaths of the four major Scottish cities per 1,000 population.

2.11 Some key areas for improvement include:

- Increase the number of people who receive support.

- Ensure that essential services in areas such as housing, mental health and financial inclusion are able to support those in recovery.

- Develop an action plan to ensure improved access to parenting support, improved coordination of existing services and increased capacity to support children affected by parental substance misuse.

- Coordinate service provision for young people with substance misuse problems across the city; this includes developing joint referral, assessment and allocation processes, and aligning success measures.

## The Violence Against Women Partnership

2.11 The annual report is attached at Appendix 5. This is the first year that the Violence Against Women Partnership has reported to the Chief Officers' Group and been included within this report.

2.12 The key functions of the Partnership are outlined in the constitution, which can be found as an appendix to the annual report at Appendix 5. The Partnership oversees activity carried out in its sub groups. The structure of the Partnership has been reviewed and the following sub groups were agreed in March 2013.

- Training and development

- Domestic abuse

- Sexual violence and exploitation

2.13 Some key achievements from the annual report include:

- An event was organised to develop a pathway for children affected by domestic abuse.

- The Mentors in Violence Prevention programme has been further developed at Portobello High School and very positive feedback is being received with an ongoing commitment to sustain and expand the number of schools and services involved.

- Mapping of services in Edinburgh for women affected by commercial sexual exploitation and development of information resources.

- A domestic abuse lead officer has been in post since December 2012.

- The NHS continues to introduce and support the routine enquiry of domestic abuse within key settings with ongoing plans to develop integrated responses to women affected by both substance misuse and domestic abuse.

- A multi-agency coordinated community response model has been piloted in the south and east of Edinburgh since December 2011 and plans to go city wide are underway.

2.14 Key areas for improvement include:

- Develop a performance framework across all partners, to provide a clearer picture of current service provision and to agree shared outcomes.
- Develop a shared policy across health, police, the Council and the voluntary sector, which highlights domestic abuse as a priority and agrees to the development of a coordinated and consistent response in Edinburgh.
- Map current processes and services in order to identify value, duplication and delays; this exercise will highlight where reducing steps in the system can improve flow and capacity, and achieve better outcomes.
- Coordinate workforce training across all agencies to establish a shared understanding of domestic abuse, the pathway in Edinburgh and the part each agency plays.
- Develop a domestic abuse action plan, which outlines the steps towards the coordinated community response model.

## 3. Recommendations

3.1 It is recommended that Committee:

- considers the annual reports from each of the 'public protection' committees attached as appendices 1 to 5
- notes the importance of ensuring an integrated approach across the Council and between the Council and its key partners NHS Lothian and Police Scotland to allow for effective, shared prioritisation for resource allocation; and
- notes the areas of improvement identified for each committee.

## 4. Appendices

1. Edinburgh Child Protection Committee Annual Report 2012-2013

2. Adult Protection Committee Annual Report 2012-2013

3. Edinburgh Offender Management Committee Annual Report 2012-2013

4. Edinburgh Alcohol and Drug Partnership Annual Report 2012-2013

**Michelle Miller**

Chief Social Work Officer

## Links

| | |
|---|---|
| **Coalition pledges** | P1 – Increase support for vulnerable children, including help for families so that fewer go into care<br>P12 – Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes<br>P32 – Develop and strengthen local community links with the police<br>P34 – Work with police on an anti-social behaviour unit to target persistent offenders |
| **Council outcomes** | CO5 – Our children and young people are safe from harm or fear of harm, and do not harm others within their communities<br>CO15 – The public is protected |
| **Single Outcome Agreement** | SO4 – Edinburgh's communities are safer and have improved physical and social fabric |
| **Appendices** | Appendix 1: Edinburgh Child Protection Committee Annual Report 2012-13<br>Appendix 2 – Edinburgh Adult Protection Committee Annual Report 2012-13<br>Appendix 3 – Edinburgh Offender Management Committee Annual Report 2012-13<br>Appendix 4 – Edinburgh Alcohol and Drugs Partnership Annual Report 2012-13<br>Appendix 5 – Edinburgh Violence Against Women Partnership Annual Report 2012-13 |

# Edinburgh Child Protection Committee
# Annual Report 2012-2013

## Contents

## Preface

All agencies in Edinburgh are committed to the development and continuous improvement of services for children. This is demonstrated by the joint approach at a strategic and operational level and re-enforced through the structural arrangements of the Children's Partnership, the Child Protection Committee, the Chief Officers Group and the Edinburgh, Lothians and Borders Executive Group (ELBEG). Progress is continuing with our early intervention strategy through the implementation of Getting it Right for Every Child (GIRFEC) in Edinburgh.

As Chief Officers we fully appreciate the challenge of ensuring Edinburgh's children are safe as well as providing a platform from which all children in Edinburgh can reach their full potential. We have made good progress towards achieving our aims since the publication of the 2011-2012 annual report. However, we are aware that we committed to continuous improvement. This annual report reflects on the successes and ongoing areas of continuous improvement being pursued in partnership.

The Care Inspectorate published its report, Services for Children and Young People in the City of Edinburgh: Report of a Pilot Joint Inspection, on 29 April 2013. On a scale from *Unsatisfactory* to *Excellent*, we ranked **Good** for 7 out of 8 Quality Indicators and **Very Good** for 1 Quality Indicator. We will take on board the areas for development identified by the inspection team and we will build upon our success. An improvement plan following inspection has been drafted. We are committed to the continuous improvement of our processes for multi-agency self-evaluation, performance monitoring and planning.

As Chief Officers, we extend our appreciation of the continuing efforts of all agencies in Edinburgh working together to protect children and young people. This work is challenging and complex, however, it is an area in which we are committed to achieving excellence.

We endorse the contents of the Child Protection Committee annual report for 2012-2013.

# Introduction

As we report on the activities of the Edinburgh Child Protection Committee for the period of 2012-2013, we reflect on the aims highlighted within the annual reports produced in previous years.

We have seen significant changes in the way services work together to protect our children. The partnership of responsible agencies that make up Edinburgh's Child Protection Committee has high expectations for our performance going forward, with a strong emphasis on continuous improvement.

This focus on improvement includes the recognition that the protection of children and adults at risk of harm and the management of the risk posed by violent offenders are cross-cutting and overlapping issues; none of which can be dealt with individually by any one agency, service or single-focus partnership. Although the Child Protection Committee, Adult Protection Committee, Offender Management Committee, Violence Against Women Partnership and Alcohol and Drug Partnership all have a core focus for their work, we recognise the dependence of individuals and communities on each of these partnerships working together seamlessly.

Our vision for the protection of children is articulated in our Children and Young People's Plan and the Single Outcome Agreement, together with our key strategic objectives.

The Child Protection Committee remains determined to maximise our service provision and demonstrate improved outcomes for children across Edinburgh. Our Child Protection Improvement Plan has demonstrated progress over the 12-month period under review.

The format of our annual report remains consistent with the 2011-2012 report. The Committee wants to emphasise an outcome-focused regime, based on a clear understanding of need through evaluation. In producing this report cognisance has been taken of:

1. The functions of Child Protection Committees as set out in "Protecting Children and Young People: Child Protection Committees" January 2005.

2. The criteria specified in the European Foundation for Quality Management (EFQM) framework, namely the ability to specify our current position in areas such as leadership, strategy, policies and results whilst taking cognisance of the route to be taken to improve.

3. The Care Inspectorate Quality Indicators for services for children and young people.

4. The responsibility for the inspection of services to protect children now lying with the Care Inspectorate.

5. The revised National Guidance for Child Protection in Scotland (2010).

This report will reflect on practice and will look forwards. We have to further consolidate the improvements we have made to-date and are now setting out our priorities for the future.

## Demographics

Edinburgh is a city of contrasts, encompassing both urban and rural settings. The spectrum of social environments presents inherent challenges in delivering consistent services to all.

Within the city, 6.5% of data zones (Scottish Index of Multiple Deprivation) fall within the 15% most deprived areas of Scotland, compared with 4.6% in comparable authorities. Over 14,000 children have parents or carers who are dependent on key benefits. In addition, increasing numbers of children live within families affected by substance use.

The overall population for Edinburgh has continued to grow with a +37,690 rise in population from 2000-2010. The 2011 General Register Officer mid-year estimate states that, with a population increase of +1.9%, Edinburgh has experienced the largest population increase in comparison to all other Scottish local authority areas.

Approximately 17% of Edinburgh's population are under the age of 16. Approximately 2% of Edinburgh's 16+ population attend school, which equates with the national average.

A high proportion of pupils attend independent schools, estimated at 24% in secondary schools and 14% in primary schools. 4-5% of children attend special education provision.

Another feature of our city is the ethnic and cultural diversity, not only in terms of the local population, but also in terms of Edinburgh's short-term employment of young people in the tourist industry, as well as the transient tourist population.

Child Protection referrals dropped from 1811 in 2011-2012 to 1492 in 2012-2013. The number of children with their names listed on the Child Protection Register has also seen a slight decrease from 266 in 2011-2012 to 259 in 2012-2013. We have seen a slight increase in the number of Child Protection Case Conferences (CPCCs) in the period under review, with a total of 1160 CPCCs held in 2012-2013 compared with 1149 in 2011-2012. This breaks down into 107 pre-birth; 352 initial; 687 review; and 14 transfer CPCCs.

## Child Protection Committee Structure

The Edinburgh Child Protection Committee (the Committee) is made up of senior representatives from across all key areas concerned with the care and protection of children. Guidance issued by the Scottish Government requires every local authority area to have a Child Protection Committee.

Strong links exist between the Committee and the Edinburgh Children's Partnership (the Partnership). The vision for both the Committee and the Partnership is to ensure that all children and young people in Edinburgh enjoy being young and achieve their potential. The Partnership's strategic objectives are to ensure that all children and young people:

- have the best start in life
- are successful learners, confident individuals and responsible citizens making a positive contribution
- have improved life chances, especially those at risk
- are physically and emotionally healthy
- are safe from harm or fear of harm
- are free from the effects of poverty

In line with the GIRFEC well-being indicators, the Partnership has the aim of ensuring children and young people are safe, healthy, active, nurtured, achieving, responsible, respected and included. The Committee has a key role in achieving these aims along with the Partnership, recognising that the environment for some children in Edinburgh is more challenging, requiring additional measures to ensure children are protected from harm.

The governance of the Committee is the responsibility of the Edinburgh Chief Officers Group. The committee structure, membership list and remit are outlined in Appendix 1.

The Committee meets every two months and has the following key responsibilities:

- Public Information
- Policies, Procedures and Protocols
- Management Information
- Quality Assurance
- Promotion of Good Practice
- Training
- Communication and Co-Operation
- Planning and Connections
- Listening to Children and Young People

The sub-committees of the Committee consist of the following (attached as appendix 2):

- Quality Assurance Sub Committee
- Learning and Development Sub Committee
- Joint Protection Committees Publicity Group

The details of key achievements and future actions planned within the areas specified are outlined within the main body of this annual report.

## Edinburgh Child Protection Committee Functions

This section will be completed under the nine key headings from the Scottish Government's Protecting Children and Young People: Child Protection Committees (2005).

# 1. Public Information

The Committee is required to produce and disseminate public information relating to protecting children and young people. As such the Committee will develop, implement and regularly review a communications strategy that includes the following elements:

- Raising awareness of child protection issues within communities, including children and young people
- Promoting to the public at large the work of agencies in protecting children; and
- Providing information about where members of the public should go if they have concerns about a child and what could happen.

The Committee is also required to determine the level of public knowledge and confidence in child protection systems within their area and address any issues as required within business plans.

The Communications sub-committee was re-configured in 2011, as the *Protection Committees Publicity Group*, with representation from the Edinburgh Child Protection Committee, the Edinburgh Adult Protection Committee, the Edinburgh Offender Management Committee and the Edinburgh Alcohol and Drug Partnership. This group is chaired on a rota basis by one of the communications managers from the City of Edinburgh Council, NHS Lothian or Police Scotland.

## Key Achievements

The Committee continues to produce and disseminate public information in relation to protecting children. Key achievements include:

- The revision of the multi-agency communication strategy.
- The strategy, with its associated action plan, ensures a robust process linked to raising public and awareness amongst our multi agency workforce.
- The revision of public protection information material in consultation with customers and key stakeholders, including workshops at primary and secondary schools.
- Strong linkages between Edinburgh's Public Protection Committees, such as in the development of generic public awareness materials and in the joint approach to domestic abuse, forced marriage, substance misuse, female genital mutilation and honour based violence.
- Public protection material disseminated to the general public, families and service providers
- A multi-agency presence at the 2012 Edinburgh Mela festival.

## Future Actions

The Protection Committees Publicity Group are leading on the development of a public protection website for the City of Edinburgh, This will offer a public protection landing page, with access to key resources.

The initial phase of the public awareness campaign for Adult Protection has been launch. The generic campaign is scheduled for launch in September 2013. The first phase of the Domestic Abuse and Child Protection launch is scheduled for November 2013, to coincide with the national 16 days of action campaign.

## 2. Policies, Procedures and Protocols:

The Committee will:

- Support constituent agencies to have in place their own up to date policies and procedures.
- Regularly develop, disseminate and review inter-agency policies and procedures.
- Ensure protocols are developed for key issues where agreement is required.

### Key Achievements

The Committee is committed to developing, reviewing and implementing policies, procedures and protocols to achieve measurable outcomes for children. Key achievements include:

- Implementation of the Edinburgh and Lothians Inter-Agency Child Protection Procedures, in-line with the National Guidance for Child Protection in Scotland (2010).
- Ownership for the upgrade and maintenance of the e-IRD system; an electronic means of recording Inter-Agency Referral Discussions on a shared pro-forma for both Child and Adult Protection.
- A revised remit for the IRD review group to include formal recording processes, which consider risk assessment, decision making, any further actions, learning and development issues, and quality assurance.
- Police Scotland. The revision and development of the Dispute Resolution Protocol for Child Protection Case Conferences.
- The 2013 Care Inspectorate report of the Pilot Joint Inspection stated that "the Committee is very effective in improving processes and practices for protecting children and young people and its work integrates well with the Edinburgh Children's Partnership".

### Future Actions

The Committee will fully support the implementation of the Edinburgh and Lothians Guidance *Getting it Right for Children in Edinburgh affected by Parental Problem Alcohol and Drug Use*, which replaces the Children Affected by Problem Substance Misuse guidance.

The Committee will continue to liaise with the Edinburgh Alcohol and Drug Partnership in the promotion of the revised *Getting Our Priorities Right* document, published by the Scottish Government in April 2013.

This Committee will support the replacement of the Joint Protocol which exists between Lothian and Borders Police and relevant 5 Local Authorities on children and young people missing from local authority care, with an Edinburgh focussed policy. This would aim to introduce processes that encourage improved planning, communication, decision-making and risk assessment; with the aim of better safeguarding those children and young people in Local Authority care.

## 3. Management Information

The Committee will retain an overview of management information from all key agencies relating to the protection of children and young people. The Committee will:

- Have an overview of information relating to children and young people on the Child Protection Register
- Receive regular management information reports, which include analysis of trends
- Identify and address the implications of these management reports
- Ensure that management information informs the inter-agency child protection strategy.

### Key Achievements

The Committee, through the Quality Assurance Sub Group, has invested in the creation of meaningful management and performance information. This is produced in the form of a balanced scorecard. Collecting and monitoring this information has impacted significantly on the service delivery and is contributing to Edinburgh's challenging improvement agenda. Key achievements include:

- Ongoing review and development of the balanced scorecard through the Quality Assurance Sub Group of the Committee to provide meaningful management information, which allows for service redesign to improve performance, delivery and outcomes.
- The revision and development of the Child Protection Improvement Plan.
- A self-evaluation process linked to the Care Inspectorate quality indicators and the National Guidance for Child Protection in Scotland (2010).

### Future Actions

The Committee will ensure that relevant and robust management information is collated to enable continuous improvement in Edinburgh.

The 2012-2013 Child Protection Improvement Plan will be a focus for the 2012-2013 business plan.

## 4. Quality Assurance

Whilst individual agencies have responsibility for the quality assurance of their own service, the Committee has responsibility for the development and implementation of inter-agency quality assurance mechanisms. The Committee will:

- Agree, implement and review multi-agency quality assurance mechanisms for inter-agency work, including auditing against the framework for standards.
- Ensure that the quality assurance mechanisms directly contribute to the continuous improvement of services to protect children and young people.
- Contribute to the preparation for the integrated system of inspection of children's services.
- Consider the findings and lessons from inspection on a national basis.
- Co-ordinate significant case reviews as necessary.
- Report on the outcome of the quality assurance processes and make recommendations to the Committee and the Chief Officers Group.

### Key Achievements

The Committee's quality assurance systems have played a key role in our performance improvements. The Quality Assurance Sub-group monitors performance on a monthly basis and makes recommendations for improvement activity to the Committee and to individual partner agencies. This in-turn is monitored by the multi-agency public protection Chief Officers' Group.

Key achievements in the area of quality assurance include:

- The enhancement of the social work case file audit system to allow an increased focus on quality and outcomes, rather than on outputs
- Children and young people who have their name removed from the Child Protection Register receive continued support through the ongoing implementation of the child's plan under GIRFEC arrangements.
- The commissioning of Barnardos to provide independent advocacy arrangements to children and young people involved in the child protection process,
- The appointment of a highly regarded independent consultant to chair a significant case review in Edinburgh and provide a detailed report of findings.
- The 2013 Care Inspectorate report of the Pilot Joint Inspection noted very effective quality assurance measures within Child Protection.

### Future Actions

The Committee is dedicated to the continuous improvement of child protection services and intends to build on the performance management mechanism by designing a robust continuous process of self-evaluation, using a public protection framework. This will consider protection across the lifespan and will take into account cross-cutting issues. This will support the development of clearly defined and measurable outcomes for vulnerable, or at risk, people and it will supplement our multi-agency improvement plans.

- Further development and roll-out of advocacy services for children and young people involved in the child protection process.
- Further development of the e IRD system; to include improved functionality, data protection and system interrogation,
- Revised methodology for undertaking Significant Case Reviews, accounting for recent research developments, including engaging with staff and family members.

## 5. Promotion of Good Practice

The Committee has the responsibility to identify and promote good practice, address areas for improvement and encourage learning. The Committee will:

- Identify and disseminate lessons from practice, including the review of significant cases.
- Ensure that practice issues directly inform training and staff development.
- Identify opportunities to share good practice across a wide spectrum whether locally, regionally or nationally.

### Key Achievements

The Committee routinely seeks opportunities to identify and promote good practice in child protection, whether locally, further afield within the Edinburgh, Lothians and Borders Executive Group area and nationally. Key achievements in this area include:

- The ongoing implementation of GIRFEC in Edinburgh.
- Strong links with the Scottish Government Policy team and the national Child Protection Coordinator, based at WithScotland. This has included involvement in the refresh of the National Guidance for Child Protection in Scotland (2010).
- The development of opportunities to learn from good practice across the country, through involvement with the Children's Commissioner, WithScotland, the National Lead Officers network, the Scottish Child Protection Committee Chairs Forum and through interaction with the Edinburgh, Lothian and Borders Public Protection Partnership Office.
- Multi-agency seminars, to disseminate findings and to share learning and best practice from Significant Case Reviews.

### Future Actions

Exemplars of good practice will be highlighted and disseminated following the conclusion of each aspect of self-evaluation.

# 6. Training and Staff Development

Training and staff development for those working with children and families must be undertaken at both a single agency and inter-agency level, particularly in respect of child protection. The Committee is responsible for promoting, commissioning and assuring the quality and delivery of inter-agency training. The Committee will:

- Retain an overview of single agency child protection training and consider the implications of inter-agency training.
- Plan, review and quality assure inter-agency training and development activities.
- Implement and review annually, a programme for inter-agency child protection training.
- Ensure relevant and consistent inter-agency training is provided for practitioners, managers, non-statutory agencies and Child Protection Committee members.

## Key Achievements

Learning and development is a key activity in the development of a confident and competent workforce for the delivery of high quality services to protect children and young people. The three core agencies of health, social work and police have invested in a tripartite Learning and development budget for the delivery of inter-agency training across Edinburgh. Key achievements in this:

- The development of an inter-agency learning and development strategy, with materials to meet the needs of statutory and non-statutory agencies.
- The maintenance of a dedicated budget to enable Edinburgh to meet the demands of inter-agency learning and development across organisational boundaries.
- The ongoing delivery of training at various levels across Edinburgh, meeting the needs of practitioners, managers and child protection specialists.
- Continuing to incorporate GIRFEC principles into child protection training to meet the needs of practitioners.
- Multi-agency input into the development of a risk taking behaviour event.
- Joint Investigative Interview courses and refresher training co-ordinated by the ELBEG Public Protection Partnership Office and delivered with the support of tutors from across the ELBEG area.
- Joint training events with Shakti, the Edinburgh Adult Protection Committee and the Edinburgh Violence Against Women Partnership on Forced Marriage, Female Genital Mutilation and Honour Based Violence.
- 6 pilot sessions conducted on the delivery of a joint Child Protection and Adult Protection course.
- Joint working with Services for Communities to ensure that all frontline, public facing staff receives basic awareness training in Child Protection.
- The delivery of training in working effectively with families who are evasive or resistant to engage.

## Future Actions

Edinburgh values high quality training and continues to demonstrate the drive to deliver a programme linked to local and national inter-agency objectives. As we enter 2013-2014 a continued process of evaluation of the impact of training will be conducted to ensure the investment in training meets the needs of all partners.

Further opportunities will be explored to share training opportunities with Edinburgh's other public protection committees and voluntary sector partners.

Additional learning and development opportunities, including the creation of e learning packages, on the new *Getting it Right for Children in Edinburgh affected by Parental Problem Alcohol and Drug Use* guidance, which replaces the Children Affected by Problem Substance Misuse guidance.

Taking learning from pilot sessions into account, develop and implement a level 1 awareness raising session to cover Adult Protection, Child Protection and Domestic Abuse.

Increase accessibility to e-learning.

## 7. Communication and Co-operation

Effective communication and co-operation, both within agencies and between professionals, is essential to the protection of children. The Committee will:

- Demonstrate effective communication and co-operation at Child Protection Committee level.
- Actively promote effective communication and collaboration between agencies.
- Identify and, whenever possible, resolve any issues between agencies in relation to the protection of children and young people.
- Demonstrate effective communication across the inter-agency spectrum.
- Identify opportunities to share knowledge, skills and learning with other Public Protection Committees.

### Key Achievements

The Committee continues to have representation from all key agencies involved with children and families from the statutory and voluntary sector.

Through the continued implementation of the communication strategy, the Committee aims to enhance interaction between agencies. Key achievements in the area of communication and co-operation include:

- The creation of the Public Protection Committees communication strategy.
- The work of the joint Public Protection Committees Publicity Group in the planning, coordination and launch of the Public Awareness Campaign.
- The identification of 4 areas of key priority for the public awareness campaign:
  - Domestic Abuse
  - Substance Misuse
  - Safe Use of Social Media
  - Issues linked to Forced Marriage, Honour Based Violence, Human Trafficking and Female Genital Mutilation.
- The continued close links with the Children and Young People's Strategic Partnership and the GIRFEC project team. The 2013 Care Inspectorate report of the Pilot Joint Inspection notes that the work of the Committee integrates well with the Edinburgh Children's Partnership.
- The continued pro-active interaction with neighbouring Child Protection Committees and the ELBEG Public Protection Partnership Office, enabling the sharing of practice and learning opportunities.
- The sharing of learning and best practice through WithScotland, the national Lead Officers network and Scottish Child Protection Committee Chairs Forum.
- The maintenance of the Child Protection Case Conference dispute resolution arrangements.
- The maintenance of the IRD review group to quality assure decisions and actions taken at IRD on a multi-agency basis.
- The bringing together of the Lead Officers for Child Protection, Adult Protection and Domestic Abuse into the Quality and Standards section of the Department of Health and Social Care.

### Future Actions

There is a commitment to ongoing active participation and representation with Scottish Government Child Protection Policy team, WithScotland, the National Lead Officers network, the Scottish Child Protection Committee Chairs Forum and interaction with the ELBEG Public Protection Partnership Office.

There is an ongoing commitment from the partner agencies to deliver on the actions laid out in the Child Protection Improvement Plan, which will include a significant level of sharing of knowledge and expertise and partnership working.

## 8. Planning and Connections

The Committee links into a number of multi-agency structures and ensures relationships are robust and productive. The Committee will:

- Clearly identify the key links with other bodies and ensure such links are strong and productive.
- In conjunction with other bodies, identify issues where joint working would be beneficial or duplication could be avoided and ensure that action is taken to address these issues.
- Implement and regularly review the effectiveness of joint protocols linked to child protection.

### Key Achievements

The Committee recognises the need to build strong links to multi-agency partnerships and to ensure a collaborative and collective approach in relation to child protection activities. Key achievements include:

- The continued interaction of the Chief Officers Group within Edinburgh, providing a clear public protection governance structure for child protection, adult protection, domestic abuse and offender management.
- Strong links with the Edinburgh Children's Partnership.
- The interaction of the Committee Chair and Lead Officer at a national level through the national Lead Officers network and the Scottish Child Protection Committee Chairs Forum.
- Pro-active interaction with ELBEG Public Protection Partnership Office and neighbouring Child Protection Committees.
- Ongoing liaison with the Care Inspectorate link inspector.
- The Committee was represented on the group responsible for the refresh of the National Guidance for Child Protection in Scotland (2010) Contribution to revised of the 'Getting Our Priorities Right' document

### Future Actions

Through ongoing links with academic institutions, the Scottish Child Protection Committee Chairs Forum, the National Lead Officers network, WithScotland and the Scottish Government, the Committee will continue to contribute to national discussions and consultations.

The Committee is continuing to work closely with the other public protection committees and the alcohol and drug partnership to explore opportunities for joint working, sharing of resources and to avoid duplication of work.

## 9. Listening to Children and Young People

The Committee recognises the need to ensure children and young people are engaged in the development of services and the dissemination of public information. The Committee will:

- Ensure work is informed by feedback from children and young people.
- Engage with children and young people in the development and implementation of public information and communication strategies.

### Key Achievements

Work conducted during the period of 2012-2013 demonstrates the value placed on the involvement of children and young people. Key achievements include:

- Recognition through the performance improvement plan that interaction with children and young people is key to understanding need and achieving positive outcomes.
- Alignment between the Child Protection Performance Improvement Plan and the Integrated Children and Young People's Plan.
- Independent advocacy services for children and young people in the child protection process, provided by Barnardos. A project, including involvement of the Children's Commissioner and a range of children and young people who are, or have been, 'Looked After' or had their names listed on the Child Protection Register, continues to examine how we increase the involvement of children and young people in decisions about their lives.
- Involvement of children and young people in the development of new Child Protection materials Involvement of children and young people in the public awareness campaign.

### Future Actions

With the Support of the Children's Commissioner, identify and engage with children and young people in a meaningful way and on an ongoing basis, to improve how we increase the involvement of children and young people in decisions about their lives.

Interpret the findings from engagement activities in a meaningful way to inform improvement and service planning.

## Conclusions

The Edinburgh Child Protection Committee annual report for 2012-2013 is designed to demonstrate the key role of the Committee in ensuring that the inter-agency response to the protection of Edinburgh's children is cohesive, structured and working towards continuous improvement. The report summarises some of our key achievements throughout the period under review.

We are clear, however, that despite a number of successes to date, we are on a continuous journey of self-evaluation, learning and improvement. We maintain close working relationships with all agencies in the statutory, voluntary and independent sectors and are determined to ensure we retain an outcome-focused approach to child protection matters.

Whilst we acknowledge the range of challenges we face, we are excited about the opportunities ahead. The 2013-2014 Child Protection Improvement Plan will continue to focus on our key priority areas for development.

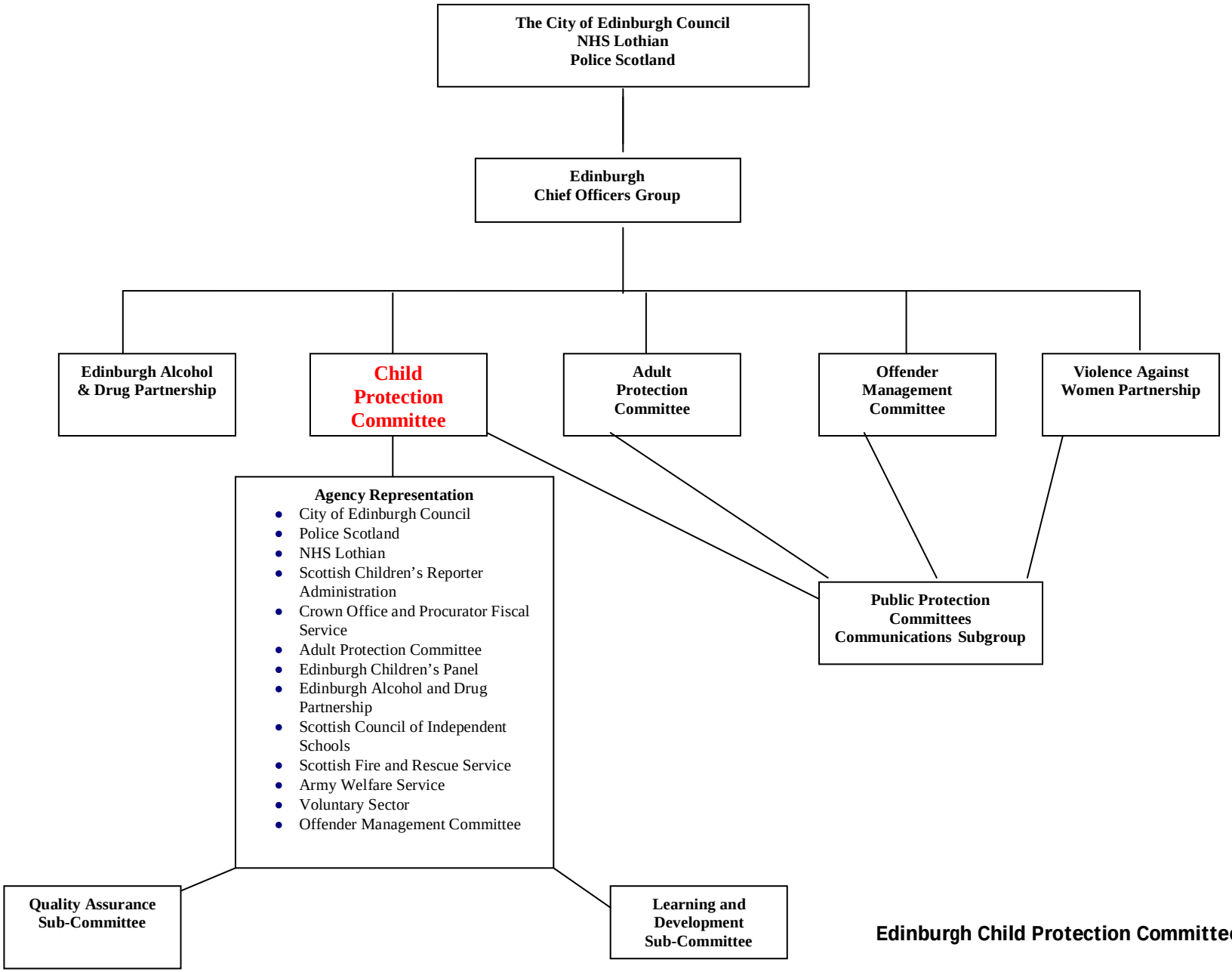
## APPENDICES

**Appendix 1 – Child Protection Committee Structural Schematic and Membership list**

**Appendix 2 – Remits and Membership list of Committee Sub Group structure**

**Appendix 3 – Child Protection Register Statistics**

## Appendix 1 - Child Protection Committee Structural Schematic and Membership list:



## Appendix 2 – Remit and Membership of Committee Sub Group structure

## Edinburgh Child Protection Committee Quality Assurance Sub- Committee

### Purpose

1. To operate a quality assurance framework that allows the Child Protection Committee to monitor the effectiveness of local child protection services.
2. To operate a performance reporting framework and a system for self-evaluation in support of the above.
3. To implement a system of regular multi-agency case file reviews.
4. To oversee significant case reviews, commissioned by the Child Protection Committee; and to consider appropriate recommendations to the Child Protection Committee.
5. To monitor the implementation of any recommendations arising from reviews agreed by the Child Protection Committee.
6. To develop multi-agency improvement plans in response to external inspection reports or internal assessment processes.
7. To monitor the progress of member agencies' implementation of agreed improvement plans.

### Membership

Membership will include representation from the following agencies/ services:

- NHS Lothian / Edinburgh Community Health Partnership
- Police Scotland
- Department of Children and Families
- Department of Health and Social Care
- Scottish Children's Reporter Administration
- Edinburgh, Lothian and Borders Executive Group, Public Protection Partnership Office
- Lead Officer – Child Protection

Input from the voluntary sector representative on the Child Protection Committee will be sought as appropriate. Officers from other services/agencies may be co-opted onto the sub-group as required, subject to the approval of the relevant agency.

### Meetings

The sub-group will meet at a frequency determined by the requirements of the agreed tasks, but not normally less frequently than the Child Protection Committee.

Meetings will be minuted and will be reported to the Child Protection Committee.

# Edinburgh Child Protection Committee Learning and Development Sub-Committee

## Purpose

1 To develop a learning and development strategy that allows the Child Protection Committee to monitor the effectiveness of child protection training across the agencies.

2 To coordinate the training strategy within member agencies.

3 To develop a system for delivering multi-agency training and evaluating its effectiveness.

4 To oversee the training needs of the voluntary sector.

5 To develop multi-agency improvement plans in response to external inspection reports or internal assessment processes.

6 To monitor the progress of member agencies' implementation of agreed improvement plans.

7 To liaise with the other subgroups of the Child Protection Committee in order to avoid duplication of work.

## Membership

Membership will include representation from the following agencies/ services:

- NHS Lothian
- Police Scotland
- City of Edinburgh Council (Children and Families)
- City of Edinburgh Council (Health and Social Care)
- City of Edinburgh Council (Services for Communities)
- Voluntary sector
- Edinburgh, Lothian and Borders Executive Group, Public Protection Partnership Office
- Lead Officer – Child Protection

## Meetings

The sub-group will meet at a frequency determined by the requirements of the agreed tasks, but not normally less frequently than the Child Protection Committee.

Meetings will be minuted and will be reported to the Child Protection Committee.

## Edinburgh Public Protection Committees Publicity Group

### Purpose

A planned and co-coordinated communications strategy is needed to

1. Raise public awareness of child protection issues and services
2. Establish a system to share information and communicate effectively with and between agencies and staff at all levels to raise awareness of child protection issues (includes ECPC Newsletter)
3. Share best practice examples (includes producing leaflets)

### Membership

Membership will include representation from the following agencies/ services:

- NHS Lothian
- Police Scotland
- City of Edinburgh Council (Children and Families)
- City of Edinburgh Council (Health and Social Care)
- Voluntary Sector
- Edinburgh, Lothian and Borders Executive Group, Public Protection Partnership Office
- Lead Officer – Child Protection

Officers from other services/agencies may be co-opted onto the sub-group as required, subject to the approval of the relevant agency.

### Meetings

The sub-group will meet at a frequency determined by the requirements of the agreed tasks. This will normally consist of monthly meetings.

Meetings will be minuted and will be reported to the Child Protection Committee

## Appendix 3 – Child Protection Register Statistics

### Children with their names listed on the Child Protection Register (aged 0-15 years)

| | 2012 | | 2011 | 2010 | 2009 |
|---|---|---|---|---|---|
| | No. on register | Rate per 1000 population | Rate per 1000 population | Rate per 1000 population | Rate per 1000 population |
| **Edinburgh** | **227** | **3.1** | **3.4** | **3.6** | **4.1** |
| **East Lothian** | **62** | **3.3** | **3.2** | **3.7** | **4.5** |
| **Midlothian** | **117** | **7.5** | **10.2** | **6.2** | **5.9** |
| **West Lothian** | **118** | **3.4** | **2.7** | **3.4** | **3.1** |
| **Scottish Borders** | **37** | **1.9** | **1.7** | **1.6** | **2.3** |
| **Aberdeen** | **87** | **2.5** | **2.8** | **3.6** | **5.5** |
| **Dundee** | **82** | **3.4** | **3.8** | **2.9** | **4.0** |
| **Glasgow** | **436** | **4.4** | **3.6** | **3.0** | **3.1** |
| **Scotland** | **2,706** | **3.0** | **2.8** | **2.8** | **2.9** |

Reporting arrangements to the Scottish Government have changed. Therefore, figures prior to 2011 are as at 31 March and from 2011 onwards are as at 31 July

Working together to protect Edinburgh's children




THE CITY OF EDINBURGH COUNCIL

**Item no**
**Report no**

**Title : Adult Protection Committee Annual Report**

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**Chief Officers' Group Meeting: June 2013**

## 1. Purpose of Report

1.1 To provide Edinburgh Chief Officers Group with an Annual Report from the Edinburgh Adult Protection Committee for the period 2012/2013

## 2. Main Report

### 2.1 Public Protection Publicity Campaign

2.2 The current multi-agency adult protection and child protection campaigns were launched in 2009. In 2012, after three years of the campaign, it was time for the campaign to be reviewed.

In May 2012, a group of health, social care, education and police professionals were brought together to review the materials and smaller workshops took place in September and October 2012. From these sessions, it was decided that the new campaign must:

- be a comprehensive campaign covering all issues of protection – adult protection, child protection, domestic abuse, drug and alcohol dependency
- use communications materials which are simple, memorable, engaging, accessible, caring, reassuring and flexible
- be extensively tested with different audience groups prior to roll-out, eg children, British Minority Ethnic groups, older people, those with mental health and learning disabilities.

2.3 The objectives of the SPEAK UP SPEAK OUT awareness campaign are:

- encourage more people to engage with public protection services by reporting concerns about themselves or someone else's welfare.
- challenge public perceptions about what happens once these concerns are reported, ie busting the myths
- be more targeted in our messages to specific audience groups and ensure that everyone easily understands our materials.

2.4. Engagement is critical to the success of the campaign and a key element of the strategy is community engagement. Road shows and work with various departments, external organisations and agencies will help ensure targeted materials and communications, and face-to-face engagement wherever possible.

2.6. The campaign strap line and call to action is:

- Speak up, speak out. We can help.
- Are you being harmed? Do you think someone is being harmed?

The overarching campaign messages offering support are:

- anyone can be affected
- we can help, we will listen
- it's okay to speak up about yourself or speak out on behalf of others - don't be afraid to come forward
- even if you're not sure, just ask.

2.7. A variety of channels will be used at various stages throughout the campaign:

- web and social media
- advertising – radio, buses, community publications etc
- campaign materials - leaflets and posters
- media relations
- engagement, particularly through roadshows and events
- training sessions
- internal communication.

The above will be achieved through a combination of support from the Council's Communications Service, partner organisations communications support, professional officers within the Council and partner organisations.

## 3. Management Information

3.1 The table below summarises key activity data for the past three years (Please also see Appendix 1)

| | 2010-11 | 2011-12 | 2012-13 |
|---|---|---|---|
| Adult protection referrals | 1,008 | 743 | 422 |
| Large scale AP contacts | | | 78 |
| Inter-agency referral discussions (IRD) | 485 | 378 | 215 |
| IRD as a percentage of referrals | 48% | 51% | 51% |
| Adult protection initial case conferences | 117 | 74 | 60 |
| Initial case conferences as a percentage of IRD | 24% | 20% | 28% |
| Adult protection case conference reviews | 162 | 126 | 98 |
| Incidents between service users | | | 493 |

3.2 The figures indicate that the overall volume of recorded adult protection contacts has decreased from peak levels in 2010-2011. Members of the (Adult Protection) Quality Assurance subcommittee have considered the reasons for the apparent reduction in referral activity which includes the following:

- In 2012, there were changes made to recording practice. Incidents between service users, which do not meet the threshold for adult support and protection are now recorded separately and not included in the count of contacts. Adult protection referrals added to the figure for incidents between service users amounted to 935 for 2012/2013.
- Changes made at Social Care Direct whereby their Customer Service Advisors now record preliminary inquiries within case notes and it is the responsibility of professional staff to identify and log an adult protection contact. There is a work stream seeking to make this recording process more robust and reliable.
- The implementation of the legislation has been an evolving process with thresholds being revised according to practice learning. Experience has encouraged seniors to have more in-depth discussions with practitioners before recording a formal adult protection contact.

3.3 The proportion of contacts which progressed to an interagency referral discussion has remained fairly steady – around half of all contacts proceeded to this stage in each of the years shown in the summary table above. This suggests some stability in the proportion of referrals which do not require to be considered under the adult protection procedures.

3.4 The proportion of interagency referral discussions (IRD) which led on to an initial case conference has increased in recent years which may indicate a refinement in the identification of individuals at significant risk of harm who need a multi-agency approach to support and protection.

3.5 Over the course of the past year, there has been a significant improvement in meeting the 28 day IRD to Case Conference target, In January and February there were three cases conferences held out with the timescales without permission. By monitoring this information, the target under performance has been addressed with line managers and the standard has been achieved in the last two months

3.6 The proportion of people subject to an initial case conference who proceeded to the review stage has increased. This has fluctuated over the four years shown, but has always remained over 100%, showing that for each initial case conference, there has been at least one review.

## 4. Quality Assurance and Listening to Service Users

4.1 The Committee Convenor’s Biennial Report was well received by the Scottish Government. The Minister particularly commended the progress achieved in the sphere of service user involvement and the meaningful methods used to enhance the involvement of service users and carers within the adult protection process.

*4.2* *Self Evaluation Process*: Following the multi-agency self-evaluation exercise which was undertaken in 2012, a report and action plan was presented to the Quality Assurance sub Committee. All the actions were successfully completed within agreed timescales and the process signed off in February 2013.

4.3 It has proposed that an integrated model of self evaluation is developed and implemented across partner agencies in order to provide a clear frame of reference when seeking evidence of positive outcomes and the overall quality of service delivery within the public protection arena. The proposals include:

a) The development of an annual or rolling programme of self evaluation activity across public protection
b) It is proposed that the public protection self evaluation programme replace the existing adult support and protection annual multi-agency self evaluation programme.

4.4 *Scottish Government priority workstreams*
The Government, in conjunction with the National Adult Protection Forum has identified five national priorities. Edinburgh is already progressing work in these areas:

4.5 *Work with Accident and Emergency Departments*. NHS Referral rates have remained low across the country, with few or no contacts from A&E. Given that individuals in crisis present and become well known to A&E personnel, the lack of reporting was highlighted as a national issue. The national working group aims to improve awareness of and engagement with the adult protection agenda.

4.6 Recent significant case and suicide reviews have highlighted the fact that individuals who subsequently take their own lives, have repeatedly presented at accident and emergency departments. The acting clinic director of the Lothian Unscheduled Care Service was invited to attend the (adult protection) Quality Assurance meeting to present the A&E 'frequent attenders' review process. A patient, who attends more than five times within a three month period or 10 times within a year, triggers a review of their situation. A letter is sent to the individual's GP and consideration is given to developing a care plan and putting an alert on TRAK patient information system.

4.7 The NRI have invited social work personnel to the 'frequent attenders' review meetings. Subcommittee members are also working with A&E personnel to develop processes to recognise and refer adults at risk. The objective of this work in A&E department is the early identification of individuals in order to prevent an escalation of the harmful behaviour.

4.8 *Adult Protection within Care Homes*. The Scottish Government team has assembled a working group to look at issues of harm within the Care Home sector. Edinburgh lead officer is an advisory member of this group and Edinburgh's proactive approach to addressing adult protection within care homes has been acknowledged:

- The bi-monthly multi-agency Quality Assurance meeting discusses care homes which are failing to meet national care standards. This allows for actions to be taken to address concerns and to improve standards of care.
- Similarly, the Care Service feedback process is an early indicator tool which allows council staff to alert the multi-agency group of low level concerns about a care service.
- There is a nursing advisor based within the council's residential review team and the team has developed links with a range of health and allied health professionals. This facilitates multi-disciplinary consultation, early intervention and support to the care home.
- The learning and development group have delivered tailor made sessions for care homes, in particular those homes where reporting of harmful incidents has been problematic
- The lead officer provided an input to the ADSW Care Home Conference and contributes to the National Care Home project team.

4.9 *Financial Harm*
The learning and development group have run two workshops on capacity assessment (financial harm) with input from office of the public guardian, mental welfare commission and speech and language therapy. Further workshops are planned for later in 2013.

4.10 *Service User and Carer Involvement*
There is a national drive to improve the (meaningful) involvement of the Adult in the adult protection process. The Royal College of Speech Therapists have designed communication templates to allow the views of service users to be expressed and to enhance their involvement in the process. An Edinburgh Speech and Language Therapist and the Adult Protection Lead Officer have adapted these to create easy read templates and toolkits for Edinburgh. These are now being tested locally by practitioner in their preparation work with service users.

## 5 Training and Development

5.1 In addition to the general adult support and protection training and council officer skills development, there have been a number of extraordinary presentations delivered to specialist agencies, advocacy, carer services and teams. Some of these have been as a response to concerns about poor reporting and management of adult protection incidents as well aiming to increase awareness of the duty to report.

5.2 Services which received this input included: **Teen Scotland/Sleep Scotland; Positive Steps; Advocard; VOCAL; Lung Ha; Shared Lives Carers and Volunteers; Community Integrated Living; Link Housing and a number of independent Care Homes.**

5.3 In February and March 2013, there were two (north and south) public protection and mental health sessions for Edinburgh GPs and the lead officer delivered an input to the Lothian Unscheduled Care Service (out of hours GPs) at the Western General Hospital. There has been anecdotal increase in GP referral and

involvement in recent adult protection activity. Sessions have also been delivered to NHS staff within Edinburgh prison

5.4 In collaboration with Children and Families a short Public Protection briefing has been provided for Services for Communities staff at Edinburgh Building Services. This the start of an extensive programme in Services for Communities, at all levels to raise awareness of Adult and Child Protection.

5.5 The learning and development sub groups of the Adult and Child Protection Committees have identified areas where a joint approach to awareness raising and staff training would be beneficial. Protection awareness sessions have been delivered to under graduate nursing course, Mental Health Officer training and recently qualified Children and Family social workers The group commissioned Shakti Women's Aid to run a series of workshops on the themes of Forced Marriage, Honour Based Violence, Female Genital Mutilation and Human Trafficking.

5.6 The lead officer has also contributed to a Bemas training day. Bemas provides support to Parents and Carers of children with learning disabilities from Black and Ethnic Minority families.

5.7 The Council nominated four candidates for the 2012/2103 Edinburgh University Certificate in Adult Protection but the course was cancelled because there were insufficient numbers from other authorities to make the course economically viable. The same candidates will be put forward for 2013/2014 programme but if this is also cancelled, alternative post graduate adult protection training will need to be pursued.

## 6. Promotion of Good Practice, Communication and Co-operation

6.1 Membership of the Adult Protection Committee has increased to include representation from a number of Voluntary Organisations. The Care Inspectorate and Mental Welfare Commission will also attend on an annual basis. The Committee is reviewing Its membership to consider if there are other skills and experience which would enhance committee activity.

6.2 Minister Michael Matheson acknowledged the changes in the public protection arrangements within NHS Lothian which has improved collaborative approach to adult protection in Edinburgh. Partnership work with NHS learning disability service was also applauded, in particular the innovative work around the capacity screening tool project

6.3 The Fire and Rescue Service, now a national service has become an established member of the adult support and protection committee. The aims of this partnership are to:

- Raise awareness across the workforce of fire risk and protective measures available to those working with adults who are vulnerable to this form of harm
- Develop formal links to facilitate appropriate information sharing and prevention initiatives
- Identify and address specific development needs of specific service areas for

example care homes and housing staff

6.4 At an operation level, Information has been exchanged about specific individuals who are at risk from fire and council staff members have contributed to fire service reviews. There have been a number of explosions which have resulted in loss of life, serious injuries, and significant damage to property. These incidents have been caused by individuals sniffing aerosols, becoming intoxicated and then lighting a cigarette. The build up of gas within a property causes the explosion. Volatile substance misuse is an increasing problem and the risks of harm are not confined to the individual. This issue is a cause of concern for public protection and a coordinated proactive approach needs to be taken which may require financial commitment from the partnership agencies and council departments.

6.5 In one situation, misuse of volatile substance led to two explosions within four months. The first placed other residents in the block at serious risk and destroyed the property. The second resulted in the death of the person's daughter and injury to her five month old grandchild. The individual also sustained serious injuries on both occasions.

6.6 A Capacity Assessment Screening Pilot took place in south east Edinburgh during the latter half of 2012. The objective of the pilot was to test the capacity screening tool and its impact on the confidence of the participants to undertake non-medical capacity assessments. Due to operational and changes and team relocation, the pilot was temporarily halted. It is now being re-launched within North and South East Edinburgh and will be audited and evaluated by the NHS learning disability service.

6.7 Escalating Concerns Proposal: There are a number of local and national work streams seeking to develop a framework where complex cases can be discussed on a multi-agency basis. The (South East) Adult Protection Forum which has been meeting bi-monthly over the past year has provided an opportunity to discuss local adult protection issues, gain clarity about respective roles/responsibilities and share information about individual cases. There has been significant commitment from police, health and social work, with services for communities recently beginning to attend the meetings.

6.8 The Committee is seeking to extend this model to other areas using the mental health fora in north east and north west Edinburgh. There is already some evidence of partners in some areas already using this model. There is a gap in South West Edinburgh and given that Police, Community Safety and Social Work lead in the other areas, it is hoped that NHS would take the lead role in developing a similar multi-agency platform in this sector.

## 7 **Challenges and Future Plans**

9.1 Meeting learning and development commitments is a challenge for the multi-agency training group. Reaching staff across the public, independent and third sector workforce is a considerable task. Council officers and other key partner agency staff now require refresher training. Practice wisdom and experience means that there is a constant need to review course contents and materials.

Colleagues at all levels within Service for Communities need to be made aware of their responsibilities within public protection.

9.2 There is commitment to the provision of a joint and consistent approach to Public Protection. Agency representatives strive to meet the challenges of competing agendas, priorities and reduced resources in order to address cross cutting issues on a collaborative basis and reduce the risk of harm to individuals of all ages and vulnerabilities. The joint public awareness campaign, the multi-agency learning strategy and the planned integrated self evaluation programme are examples of coordinated public protection activity.

9.3 Suicide Review Proposal Update
The Adult Protection (administration team) now receives basic suicide information from Lothian Analytical Services. It is proposed that the adult protection administration team establish whether the deceased was known to the council and provide details of involvements. The proposal is that the adult protection officer oversees this initial screening to decide if further inquiry is required. The Key manager will receive the details, gather the facts of the case and identify facilitators to coordinate the review meeting.

9.4 The suicide review meeting will include those who had been involved in the person's care and support and will be convened approximately 10-12 weeks after the person's death. The process will be administered by the Adult Protection Administration team

9.5 Care Programme Approach – Implementation Update
The Care Programme Approach (CPA) aims to provide a co-ordination and management structure to ensure that robust care planning is undertaken for patients with complex care planning requirements.

9.6 There has been a considerable amount of planning and preparation for CPA implementation in Edinburgh. Training for clinical and social workers staff will initially be delivered in the North West sector and then rolled out across the city. The CPA pilot will be launched in North West in the autumn.

## 10 *Financial Implications*

10.1 The partnership agencies have committed resources to adult protection activities. All of these activities are managed within the current budgets.

## 11 Environmental Impact

11.1 There is no environmental impact.

## 12. Recommendations

12/1 The Chief Officer's group is asked to note the contents of the annual report

**Tim Montgomery**
Director of Operations,
Royal Edinburgh Hospital and Associated Services,
NHS Lothian.
Chair of Edinburgh Adult Protection Committee

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|---|---|
| Appendices | Performance Management Report to May 2013 |
| Contact | tim.montgomery@nhslothian.scot.nhs.uk 0131 537 6402 |
| Background Papers | |

# EDINBURGH OFFENDER MANAGEMENT COMMITTEE

# ANNUAL REPORT 2012- 2013

## CONTENTS

## 1. Introduction

1.1 This is the fifth annual report of the Offender Management Committee. The Offender Management Committee was established in June 2008 to ensure that the statutory responsibilities placed on local partner agencies for the assessment and management of risk posed by dangerous offenders are discharged effectively. The Committee is responsible for monitoring the implementation of risk assessment and risk management procedures and for promoting the highest standards of inter-agency practice in responding to the presentation of risk and in preventing harm. Membership of the Committee is set out at Appendix 1.

1.2 The Offender Management Committee reports to the Edinburgh Chief Officers Group, the remit of which includes child protection, adult protection, the management of dangerous offenders, drug and alcohol, and violence against women. The Chief Officers Group is committed to ensuring that local agencies, individually and collectively, work to protect vulnerable people as effectively as possible.

## 2. Business Plan

2.1 The business plan for 2013-14 was submitted to the Chief Officers Group in November 2012, and an updated plan with progress made towards objectives is attached as Appendix 2. Progress towards meeting the objectives of the business plan is monitored through the Quality Assurance Sub Committee of the Offender Management Committee.

## 3. Performance Indicators

3.1 A range of performance indicators has been developed and is reported to the Offender Management Committee on a quarterly basis. These indicators are reviewed continuously to ensure that, in addition to outputs, information is reported on outcomes and (Multi-agency Public Protection Arrangements (MAPPA) processes.

3.2 The latest performance report is provided at Appendix 3. It contains information across the last eight quarters and demonstrates that there has been an upward trend in the total number of sex offenders subject to MAPPA. The number has increased by 11% over the past two years and this has stretched the resources of all partners. The number of cases managed at level 2 and 3 has not increased proportionately so the additional burden has fallen mainly on cases managed at level 1. It is for this reason that the MAPPA case audits introduced in the last year have concentrated on level 1 cases.

3.3 In addition to the routine business of the level 2 panel, there have been ten reviews of indefinite registrations, where the offender has been subject to registration for 15 years. The role of the panel is to make a recommendation to the Chief Constable on whether an offender should

remain subject to registration. The level 2 panel has considered a further seven cases, added to the agenda under any other business, where there has been an urgent need to discuss the risk posed by an offender and to formulate a risk management response. Often this has included a risk of physical violence as well as a sexual risk.

3.4 While the number of level 3 cases is never high, the planning and resources involved is significant. Offenders due to be released from custody who have significant health needs, as well as posing a serious risk of harm to others have proved especially challenging, particularly when the level of care required results in a request for residential accommodation or several carers having to visit in the same day. There is often significant contingency planning involved, particularly in cases where there is a high media profile.

3.5 The performance report provides information about further charges under the headings of sexual crimes, crimes of violence, registration offences, and other crimes. The detail of risk levels, nature of offences and MAPPA levels are set out in the notes column. Further information on those offenders who are subject to statutory supervision who have been charged with further offences is analysed by the Quality Assurance Sub Committee, so that lessons can be learned regarding how both the risk and needs of the offender have been managed.

3.6 The trend over the past year has confirmed previous results, i.e. the re-offending rate amongst sexual offenders is lower for further sexual offences than for other crimes, and the direct risk to others is much more likely to be a crime of violence. MAPPA cases are therefore managed with regard to all risks posed by the offender, not just the risk of sexual offending.

3.7 The number of Sexual Offences Prevention Orders (SOPO) has increased from 32 to 41 (an increase of 28%) over the last six quarters and this reflects a strategy to manage rigorously the risk posed by certain offenders. SOPO conditions can mirror licence conditions for the same offender, but they have the advantage of the power of arrest if there is a breach. This is an important consideration in the protection of prospective victims. SOPOs can also allow for the enforcement of certain conditions after the end of a period of statutory supervision.

3.8 Indicators are included in the performance report relating to young people's risk management case conferences, for those young people who are assessed with high or very high sexually harmful behaviour or high or very high violent behaviour. In the last year these case conferences have been required more frequently to manage violent rather than sexual offending risk. The procedure for staff is currently being reviewed.

## 4. Quality Assurance

4.1 Each of the Responsible Authorities has its own arrangements for quality assurance. Criminal justice social work is included in the quality assurance arrangements for all of the City of Edinburgh Council's social work services. These include regular case file audits, which can include cases of registered sex offenders. In April 2013, criminal justice social work began a practice evaluation pilot, including oversight from senior managers. There is potential for this model to be used in targeted areas such as sex offenders after the pilot has been evaluated.

4.2 Two MAPPA case file audits have been held, in November 2012 and March 2013. The audit was chaired by the MAPPA Co-ordinator and agency files were read by a team consisting of the chair, a police detective inspector, a criminal justice social work sector manager and a housing sexual and violence liaison officer. Level 1 cases were selected, where there is generally less scrutiny than for cases managed at level 2 or 3.

4.3 A number of action points were identified, including improved information sharing, best use of ViSOR, and a training event to be provided by the Serious Offender Liaison Service on risk assessment for staff involved in the level 1 process.

4.4 As a result of these audits, an ongoing programme of evaluation has been agreed to ensure that anticipated improvements are delivered. A common approach is being developed across the public protection committees, and is likely to be based on the practice evaluation model.

4.5 Over the last year, the Quality Assurance Sub Committee has considered the findings of five serious case reviews relating to registered sex offenders. Reports have been submitted to the Offender Management Committee on matters arising from these reviews, where there is a relevance to Edinburgh. While many of the recommendations from these reviews had only local relevance to the area in which the serious incident occurred, or related to practices not current in Edinburgh, there were actions taken in relation to improved information sharing, information storage, MAPPA referrals for serving prisoners, the management of intensive support packages and environmental scanning.

## 5. Policies and Procedures

5.1 A key objective of the Offender Management Committee is to ensure there are comprehensive policies and procedures for the management of high risk offenders, which take account of key transition points between services and ensure effective partnership working.

5.2 As outlined in last year's annual report, a number of procedures were written for the first time, or updated, as a result of the major changes

introduced by the new National Outcomes and Standards for Criminal Justice Social Work, community payback, and the Level of Service Case Management Inventory (LSCMI).

5.3 These procedures have become well established in the last year, and the Risk Management Authority has delivered an initial report on the use of LSCMI, based on 1815 records submitted from the City of Edinburgh Council for analysis. Recommendations for improvement will be made in conjunction with the Training and Development Officer who oversaw the introduction of the tool across Lothian and Borders.

5.4 The last year has also seen the consolidation into practice of the MAPPA Guidance 2012, along with the National Accommodation Strategy for Sex Offenders. The multi-agency Edinburgh MAPPA Business Meeting was used to brief managers on key changes in the guidance, including new templates for risk management case conferences and MAPPA minutes to evidence that risk management plans address the risks identified in risk assessments; new arrangements for environmental scanning; and the introduction of MAPPA case audits.

## 6. Training

6.1 The training plan for criminal justice social work staff in the City of Edinburgh Council is developed in consultation with the Training and Development Officer for the Community Justice Authority and is delivered across local authority boundaries, frequently on a multi-agency basis. The plan ensures that staff at all levels are provided with appropriate skills and knowledge to work effectively with offenders who pose a high risk of harm.

6.2 Several training initiatives in relation to sexual or violent offending have been delivered in the last year. An introduction to working with sex offenders was provided for those staff about to commence work in this area, as well as training in the risk assessment tools Risk Matrix 2000 and Stable and Acute 2007. Seminars on personality disorder have been delivered by the Serious Offenders Liaison Service. Consolidation sessions on the Level of Service Case Management Inventory were held to ensure consistent use across all sites. The delivery of core training on community payback and criminal justice social work reports continued.

6.3 While the City of Edinburgh Council delivers the Caledonian System to address domestic abuse in partnership with three other local authorities in Lothian and Borders, it is recognised that domestic abuse is also a feature of many cases that are managed through the community intervention social work teams. These cases may be assessed as unsuitable for Caledonian, or domestic abuse was not the index offence. Over the last year, therefore, capacity has been built across all teams by training some community intervention team staff in the Caledonian System men's programme and delivering training on the use of the Spousal Assault Risk Assessment tool.

## 7. Engagement with Offenders, Victim and Families

7.1 The City of Edinburgh Council provides residential accommodation for high risk offenders, primarily to facilitate transition from long-term prison sentences to their own accommodation in the community. The unit is part of the criminal justice social work reintegration service, a description, which recognises that in addition to managing risk, offenders should be reintegrated to communities if they are to pose less of a risk in the future. Active engagement with some of the most serious offenders is therefore a primary focus for the reintegration service staff, with programmes of pro-social activities and encouragement to seek safe opportunities for employment or training.

7.2 The residential service now has a formal system for suggestions and complaints, access to senior staff, the use of weekly structured keywork sessions, residents' meetings, residents' involvement in planning activities, and a system of evaluation to receive residents' feedback. Action plans are developed as a result of this feedback.

7.3 In November 2012, the residential unit received an unannounced visit from the Care Inspectorate. It received a very positive report, with only minor improvement actions identified. The report stated "within the context of the service user group and the complexity of their situations, we found that the service had very good arrangements for involving service users in assessing, planning and reviewing the support they received".

7.4 Integrated Case Management for prisoners is the system, which brings together the prisoner, key staff and, where appropriate, the family to examine the prisoner's progress through custody. It is the key mechanism for planning for prisoners who will be subject to statutory supervision on release. There may be circumstances where it is inappropriate to involve family members in these meetings, for example if a family member is at risk from the prisoner, but in most cases the prisoner is consulted on the involvement of family members. In appropriate cases, therefore, the prisoner's family has an opportunity to contribute to the release plan. The prison based social work team provides information to families on integrated case management through leaflets and events at the prison's visitor centre. Significant effort has gone into assisting prisoners to understand their risk assessments, on which integrated case management is based.

7.5 The prison based social work team has started a resource bank on desistence, including work with sex offenders, and has arranged development days to raise the awareness of desistence principles. Sessions with prisoners have been arranged in the education section to show the film 'Road from Crime', which provides a narrative of how, from their own perspective, persistent offenders have been helped to turn away from a life of crime.

7.6 The interests of victims are most clearly addressed through the MAPPA processes. It is a requirement that each MAPPA level 2 and level 3 meeting records to whom the offender poses a risk, whether the public in general, children, staff, self, known adult, prisoners or others. This list includes those individuals or groups who have been victims in the past or are at risk of becoming victims in the future. Child and adult protection issues are addressed explicitly.

7.7 Decisions are made at each discussion about whether there is a need to communicate with actual or potential victims, either by way of information sharing or by formal disclosure. Often this is done by a joint visit from social work and police.

7.8 MAPPA is underpinned by risk management case conferences, multi-agency operational meetings, which develop risk management plans. Risk management case conferences follow the same template as MAPPA meetings, and they provide the pre-read for MAPPA level 2 and level 3 meetings, as well as providing the risk management plan for MAPPA level 1 cases (the majority). Therefore, the same issues are addressed at operational level.

7.9 Community payback orders were introduced on 1 February 2011 for those convicted after that date. The first annual report was submitted to the Scottish Government in October 2012. Community payback guidance requires local authorities to gather exit questionnaires from offenders at the end of the order. This provides information on outcomes and the offender's experience of the process. This information supplements the offender feedback already gathered through the regular reviews held throughout the order.

7.10 In 2012-13, offenders reported that they were treated with respect, that their circumstances were taken into account, that the conditions of their order were fully explained, and that being on community payback helped them. Many offenders identified the importance of the relationship they had with their supervising officer as something that motivated them to make changes in their life. Many reported positive outcomes from supervision, which included reductions in or abstinence from alcohol or drug use, improvements in accommodation, engagement with employment or training opportunities, or improved use of leisure time. Many offenders cited attitude change as a benefit of supervision, including the development of more pro-social attitudes.

## 8. Violent Offenders

8.1 Sections 10 and 11 of the Management of Offenders, etc. (Scotland) Act 2005 established the Multi-agency Public Protection Arrangements (MAPPA). The most recent guidance was published in 2012. To date, the arrangements only apply to registered sex offenders and to restricted patients.

8.2 In the absence of a national framework for the management of violent offenders, the Offender Management Committee has taken a number of steps to ensure that there is active multi-agency collaboration in Edinburgh. These were set out in last year's annual report. While it is not possible to resource fully a MAPPA type structure for violent offenders, a risk management case conference model similar to that of MAPPA has been developed locally for a small group of violent offenders who pose the most serious risk of harm to others. Their management often includes a period of accommodation at the residential unit for high risk offenders (Crane).

8.3 Regular meetings have been established between the City of Edinburgh Council's criminal justice reintegration services team and the police safer neighbourhood team, which covers central Edinburgh. These meetings enable information exchange and case discussion. In individual cases, protocols are agreed regarding how to respond to anticipated contingencies. New residents at Crane receive a visit from the police on admission as a demonstration of the joint approach to their management.

8.4 The arrangements for the management of offenders who pose a high or very high risk of harm to others, from whatever source, are already well established in the risk assessment and risk management procedures for criminal justice social work staff. Information from HCR 20 assessments contribute to risk management plans for the critical few cases where the offender poses the highest risk of harm to others. Clinical support for those workers who carry out HCR 20 risk assessments is provided by the Serious Offender Liaison Service.

8.5 In 2012, the Sex Offender Liaison Service at the Orchard Clinic, Royal Edinburgh Hospital, secured funding from the Scottish Government to extend the service to violent offenders and the name was changed to the Serious Offender Liaison Service (SOLS). The expansion included for the first time a senior social worker post, located in the City of Edinburgh Council's criminal justice reintegration services team while working full-time with the new service. This has enhanced the already well established links between criminal justice social work and SOLS.

8.6 SOLS is available for consultation to any agency. In addition, there is a schedule of visits to each criminal justice social work team across Lothian and Borders to discuss individual cases, support specific risk assessments, and generally assist staff with the management of those who pose the highest risk to others.

## 9. Edinburgh Prison Based Social Work Service

9.1 Last year's annual report outlined the progress of negotiations on the national Service Level Agreement between the Scottish Prison Service and local authorities for the provision of prison based social work. The

Service Level Agreement for HMP Edinburgh was signed in September 2012 and was one of the first to be agreed. Regular meetings will monitor the implementation of the agreement.

9.2 The arrival of women prisoners at HMP Edinburgh from the middle of 2011 has had implications for the role of the prison based social work service, and the manager of that service worked closely with the Governor of HMP Edinburgh to prepare for the changes. Most of the women prisoners in HMP Edinburgh do not originate from the Edinburgh area, and most of the women are not subject to statutory supervision on release.

9.3 Effective planning for the release of women prisoners was a prominent theme of the Angiolini Commission on Women Offenders, published in 2012. Since then there have been two significant developments. As a consequence of the Willow Service being highlighted as an example of best practice in the Women's Commission Report, the Scottish Government has allocated funds for a Women's Community Justice Centre to be established in Edinburgh, delivering services to women across Lothian and Borders. This means that there can be a greater focus on reintegration planning for women released from custody without statutory supervision.

9.4 Additionally, as a result of the Scottish Government's Reducing Reoffending Change Fund, there will be a national public social partnership mentoring scheme for women offenders, with capacity for 90 mentees across Lothian and Borders. One of the target groups is women on remand or serving less than four years. It is a condition of the scheme that the public social partnership will work with each community justice authority and local authorities to determine the best fit for how the new services are delivered in conjunction with partners operating in the area.

## 10. Significant Case Review

10.1 On 11 February 2011, the Chief Officers Group was informed that the Edinburgh Offender Management Committee had commissioned a significant case review into the circumstances relating to the death of a man in the Lochend area as a result of an assault by a number of young people.

10.2 The review was completed in March 2012 and the executive summary and recommendations were reported to the Chief Officers Group on 23 March 2012.

10.3 An action plan was presented to the Offender Management Committee on 1 June 2012, and a feedback meeting with staff involved with the young people was also held in June 2012. Regular reports on the progress on the action plan have been received by the Offender Management Committee over the past year.

10.4 In addition, two presentations were made to the City of Edinburgh Council extended management team in August 2012 and January 2013. As a consequence, a number of actions were agreed to make changes to the current system of service provision, including:

- de-clutter the landscape of services
- fully incorporate research findings into the commissioning of services
- ensure service delivery models prioritise continuity of relationships between service users and workers in order to build resilience.

10.5 This work is being taken forward under the auspices of the Reducing Reoffending Strategic Partnership (see Section 11 below).

10.6 In October 2012, the Offender Management Committee commissioned a second significant case review, following a serious repeat offence by an individual subject to MAPPA Level 1. The review group is made up of police and council officers from West Lothian, and is due to report during June 2013.

## 11. Reducing Reoffending Strategic Partnership

11.1 The Offender Management Committee focuses primarily on operational overview, performance and quality of services. In 2012, Edinburgh established the Reducing Reoffending Strategic Partnership to reflect both the local and national emphasis on this key policy objective. The Partnership includes representation from all Council services, NHS Lothian, the judiciary, Police Scotland, the voluntary sector and the Lothian and Borders Community Justice Authority. Four sub-groups take forward the key areas of work on behalf of the Partnership: women offenders; youth justice; families with complex needs; and prolific offenders. The Partnership will report both to the Chief Officers' Group and the Edinburgh Partnership in due course.

11.2 The establishment of the Partnership will address the expectations of the Scottish Government in terms of increased profile, governance and accountability for reducing reoffending locally, and will reflect the key commitments set out in Edinburgh's response to the Government's consultation on the structure of community justice services in Scotland.

**June 2013**

**Appendix 1**

**Edinburgh Offender Management Committee – Membership**

| | |
|---|---|
| Michelle Miller (chair) | City of Edinburgh Council (Chief Social Work Officer) |
| Colin Beck | City of Edinburgh Council (Health and Social Care – Mental Health, Criminal Justice, Substance Misuse, Homelessness) |
| Harry Robertson | City of Edinburgh Council (Health and Social Care – Criminal Justice) (chair of QA Sub-group) |
| Anne Neilson | NHS Lothian |
| Willie Guild | Police Scotland |
| Duncan Morrison | Police Scotland |
| Bob Thomson | MAPPA Co-ordinator |
| Theresa Medhurst | Scottish Prison Service (Governor, HMP Edinburgh) |
| Jim Dustan | Scottish Prison Service |
| Graham Drummond | City of Edinburgh Council (Services for Communities – Community Safety) |
| Donny Scott | City of Edinburgh Council (Children and Families) |
| Karen Allan | City of Edinburgh Council (Services for Communities – Housing) |

## APPENDIX 2

## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

| **Public Information – Objective** | **Action** | **Lead Officer** | **Timescale** | **Progress** |
|---|---|---|---|---|
| Proactive promotion of multi-agency public protection activity in Edinburgh | 1. Contribute to the Protection Committees' Publicity Group and the ongoing development of the Protection Committees' communications strategy<br>2. Highlight, through this strategy, improvements that the Offender Management Committee makes to public protection services and safer communities<br>3. Ensure, through the strategy, that there is clear communication between multi-agency partners and between staff within the specified organisations | Chair, Protection Committees' Publicity Group | Strategy to be progressed through regular meetings of the Group in 2013/14 | Offender management is now fully part of the work plan for 2013/14. Immediate priorities are campaigns around child and adult protection. Domestic abuse is likely to be the focus of the following campaign. In the meantime opportunities will be taken for positive publicity. |
| **Policies and Procedures – Objective** | **Action** | **Lead Officer** | **Timescale** | |
| Ensure that staff working with offenders who pose a high risk of harm are given access to clear policies and procedures | 1. Review policies and procedures annually to ensure that they take account of developments in the Risk Management Authority's Framework for Risk Assessment, Management and Evaluation (FRAME)<br>2. Review the impact of the introduction of the Level of Service/Case Management Inventory (LSCMI) on the assessment and | Service Manager CJS (CEC)<br>Service Manager CJS (CEC) | May 2013<br>July 2013 | The procedure for the assessment and management of risk in criminal justice social work cases has been updated.<br>The Risk Management Authority has provided a report on the analysis of 1815 assessments from Edinburgh. This is currently being analysed. |

## APPENDIX 2

## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

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| | management of offenders who pose a risk of serious harm<br>3. Review policies and procedures to take account of developments in multi-agency work with violent offenders, including work with the Serious Offenders Liaison Service and the Scottish Government review of MAPPA in relation to violent offenders<br>4. Continue series of cross departmental seminars to ensure that all social work staff have a shared understanding of risk issues, and understand their responsibilities in relation to child and adult protection and offender management. | Service Manager CJS (CEC)<br><br>Chief Social Work Officer | September 2013<br><br>Quarterly | There has been no communication so far about the Scottish Government review of violent offenders and MAPPA, although an ELBEG high level policy statement on working with violent offenders has been drafted.<br>The Serious Offender Liaison Service is now providing consultation and on site visits to all criminal justice social work teams for both sexual and violent offender cases. |
| Maintain comprehensive policies and procedures for the management of high risk offenders in Edinburgh | 1. Arrange multi-agency staff briefings to introduce the throughcare section of National Outcomes and Standards<br>2. Review the arrangements for criminal justice social work use of the HCR 20 assessment tool for violent offenders<br>3. Report on the local arrangements agreed with Lothian and Borders Police for the management of violent offenders in selected cases<br>4. Review the procedures for and impact of the Serious Offender Liaison Service on the management of violent offenders | Service Manager CJS (CEC)<br><br>Sector Manager CJS (CEC)<br><br>Sector Manager CJS (CEC)<br><br>Service Manager CJS | On publication of guidance<br><br>June 2013<br><br>Quarterly<br><br>October 2013 | Guidance not yet published.<br><br>A practice group has been established to identify and oversee the use of the HCR 20 for a small number of critical cases.<br><br>These arrangements will be reviewed now that Police Scotland has been established. |

## APPENDIX 2

## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

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| | | (CEC) | | |
| Ensure that staff are aware of and work to the MAPPA guidance | 1. Through the MAPPA Business Meeting ensure a common understanding and consistent application of the 2012 MAPPA Guidance across multi-agency partners<br>2. Fully implement the new environmental risk assessment arrangements across all partners to meet the requirements of the National Accommodation Strategy for Sex Offenders as outlined in the 2012 MAPPA Guidance<br>3. Report to staff on case file audits led by the MAPPA Co-ordinator in line with the 2012 MAPPA Guidance | All MAPPA partners | 6 monthly<br>April 2013<br>6 monthly | There has been a focus on the introduction of the new risk management case conference and MAPPA templates which more clearly set out the risk factors and how these are to be addressed.<br>Environmental scanning has been introduced for all level 2 and level 3 cases, and a seminar for staff was held in April 2013.<br>Two rounds of case file audits on Level 1 cases have been held and the outcomes reported to the Offender Management Committee. |
| Ensure that the ViSOR database is fully used by criminal justice social workers | 1. Audit the use of ViSOR by criminal justice social workers on a quarterly basis<br>2. Identify action points after each audit to maximise compliance with ViSOR minimum standards for criminal justice social work<br>3. Report the City of Edinburgh Council's performance to the Scottish ViSOR Users Group | Sector Manager CJS (CEC) | Quarterly | Audits are reported to the Scottish ViSOR Users Group, and managers work with staff to ensure that relevant information is placed on the system. |

## APPENDIX 2

## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

| **Management Information – Objective** | **Action** | **Lead Officer** | **Timescale** | |
|---|---|---|---|---|
| Effective management of performance | 1. Receive from the Quality Assurance sub committee a quarterly performance report, with agreed measures and indicators, linked to Edinburgh's Single Outcome Agreement and the requirements of the Chief Officers Group | Chief Social Work Officer (CEC) | Quarterly | Quarterly reports are scrutinised by the Offender Management Committee and further analysis is made of those cases where there has been further sexual or serious violent offending. Information is now included on those young people who are regarded as posing a high risk of harm to others through the young people's risk management case conference arrangements. |
| | 2. Analyse outcome information, particularly in relation to further offending by offence type and risk level of offender | Chair, QA Sub Committee | Quarterly | |
| | 3. Fully develop indicators of young people's offending through revised arrangements for Young People's Risk Management Case Conferences | Manager, Youth Offending Service (CEC) | April 2013 | |
| **Quality Assurance – Objective** | **Action** | **Lead Officer** | **Timescale** | |
| Monitor the quality of services | 1. Quality Assurance sub committee to report to the Offender Management Committee on qualitative measures related to the efficient administration of the MAPPA process | Chair of QA sub committee | Quarterly | Two MAPPA case file audits have taken place on level 1 cases. The auditors were from the MAPPA Co-ordination Unit, criminal justice social work, the police and housing. Files from all of these agencies were scrutinised. |
| | 2. Quality Assurance sub committee to take into account the outcomes of the City of Edinburgh Council's quality assurance audits for social work | Chair of QA sub committee | Quarterly | The City of Edinburgh Council criminal justice social work service is piloting a practice evaluation process on a selected number of cases, and this has |

## APPENDIX 2

## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

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| | services as they relate to high risk offenders<br>3. Quality Assurance sub committee to report on the MAPPA case audits led by the MAPPA Co-ordinator, including the identification of improvement actions | Chair of QA sub committee | Quarterly | the potential to focus on MAPPA cases later in the year. |
| **Promotion of Good Practice – Objective** | **Action** | **Lead Officer** | **Timescale** | |
| Work with other Responsible Authorities in Lothian and Borders to develop consistent arrangements, share knowledge and disseminate best practice | 1. Ensure attendance at MAPPA pan-Lothian and Borders operational meetings and other pan-Lothian and Borders practice meetings<br>2. Use the Edinburgh MAPPA Business Meeting to address operational issues to ensure the most effective arrangements within Edinburgh<br>3. Publicise learning points from MAPPA case audits | MAPPA Co-ordinator<br>MAPPA Co-ordinator<br>MAPPA Co-ordinator | Ongoing<br>6 monthly<br>6 monthly | MAPPA operational meetings are held on a regular basis and this has allowed a Lothian and Borders focus, for example, for discussion about templates and environmental scanning. |
| **Training and Staff Development – Objective** | **Action** | **Lead Officer** | **Timescale** | |
| Train and develop staff in order that service demands are met | Deliver the elements of the Lothian and Borders Criminal Justice Social Work training and development plan that relates to high risk offenders:<br>• Risk assessment and management (including risk formulation for the 'critical few') | Service Manager CJS (CEC) and Training and Development Officer | From April 2013 | A comprehensive training plan is in place for 2013/14 and is overseen by the Lothian and Borders Criminal Justice Social Work Service Managers. Much of this training is multi-agency and where appropriate is guided by the Serious Offender Liaison Service. |

## APPENDIX 2

## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

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| | • Specific risk assessment tools (including Stable and Acute 2007, Risk Matrix 2000, SARA (Spousal Abuse Risk Assessment))<br>• ViSOR<br>• Introduction to work with sex offenders and skills courses to update experienced staff<br>• Community Sex Offenders Groupwork Programme (C-SOGP)/Good Lives<br>• Caledonian Programme<br>• Young People Who Offend<br>• Supervision skills training | | | |
| **Communication and Cooperation – Objective** | **Action** | **Lead Officer** | **Timescale** | |
| Ensure effectiveness of multi-agency cooperation and working | 1. Quarterly reports to the Quality Assurance sub committee outlining levels of attendance at MAPPA level 2 and 3 meetings by agency, apologies received, and reports submitted if unable to attend<br>2. Review of the Service Level Agreement between the Scottish Prison Service and the City of Edinburgh Council for the delivery of prison based social work services | MAPPA Co-ordinator<br><br>Service Manager CJS (CEC)/Prison | Quarterly<br><br>October 2013 | Multi-agency attendance at MAPPA level 2 and 3 meetings continues to be excellent. If a regular participant is unavoidably unavailable, a written communication is always provided.<br><br>The City of Edinburgh Council continues to work closely with the Scottish Prison Service on all aspects of the Service Level Agreement, with |

## APPENDIX 2

## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

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| | at HMP Edinburgh, signed in October 2012<br>3. In co-operation with the Scottish Prison Service, continually monitor movements of high risk offenders within the prison estate | Governor<br><br>Chief Social Work Officer (CEC)/Prison Governor | Ongoing | review meetings and shared planning for the development of services. |
| **Planning and Connections – Objective** | **Action** | **Lead Officer** | **Timescale** | |
| Identify key transition points between services and ensure effective partnership working | 1. Quarterly performance report to the Quality Assurance sub committee on work with children and young people who pose a high risk of harm to others<br>2. Review the access to services for released prisoners who pose a risk of harm to others and also have care or support needs<br>3. Introduce the Offender Recovery Service (dependent on Community Justice Authority and Scottish Government support) | Practice Team Manager, Youth Offending Service (CEC)<br>Head of Service and Service Manager CJS (CEC)<br>Service Manager CJS (CEC) | Quarterly<br>April 2013<br>June 2013 | Indicators relating to, young people are now part of the quarterly performance management report submitted to the Offender Management Committee.<br>A procedure has been issued for staff on community care assessments for those within the criminal justice system.<br>The Offender Recovery Service is now in the procurement process and should be in place for the start of the financial year 2014/15. |
| **Listening to Service Users – Objective** | **Action** | **Lead Officer** | **Timescale** | |

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## EDINBURGH OFFENDER MANAGEMENT COMMITTEE – BUSINESS PLAN 2013-2014

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| Seek views from offenders, victims and families | 1. Provide in the Offender Management Committee annual report an analysis of the views of offenders, victims and families<br>2. Quarterly audit of family attendance at Integrated Case Management Meetings at HMP Edinburgh | Chair of QA sub committee | June 2013<br>Quarterly | Views of offenders are sought on a regular basis at various stages of work with them.<br>The attendance of family members at Integrated Case Management meetings at HMP Edinburgh is the highest in Scotland. |

Appendix 3

# Edinburgh Quality Assurance Sub Group
# Quarterly Statistical Report: Jan – Mar 2013

Published on 23 April 2013

| PI Code | Performance Indicator | Short Term Trend | Long Term Trend | April-June 11 | Jul - Sep 11 | Oct - Dec 11 | Jan – Mar 12 | Apr - Jun 12 | Jul - Sep 12 | Oct - Dec 12 | Jan – Mar 13 | Latest Note |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HSCOF01 | Total number of sex offenders subject to MAPPA. | | | 333 | 334 | 341 | 349 | 351 | 354 | 362 | 370 | Upward trend |
| HSCOF01i | Number of sex offenders in the community at end of period | | | 316 | 317 | 320 | 336 | 333 | 319 | 331 | 345 | |
| HSCOF01ii | Number of sex offenders managed at MAPPA Level 1 | | | 317 | 322 | 321 | 328 | 336 | 339 | 345 | 359 | |
| HSCOF01iii | Number of sex offenders managed at MAPPA Level 2 at period end | | | 15 | 12 | 18 | 21 | 15 | 15 | 17 | 9 | |
| HSCOF01iv | Total number of Level 2 cases discussed | | | 26 | 20 | 22 | 26 | 29 | 25 | 20 | 26 | 14 – CJSW, 9 – Police, 3 – Health.<br>Also 1 AOCB Case and 3 Indefinite Reviews. |
| HSCOF01v | Number of sex offender cases managed at MAPPA Level 3 at period end | | | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 2 | Both level 3 cases have required a significant level of multi-agency involvement |
| HSCOF02 | Number of registered sex offenders on statutory supervision at period end | | | 105 | 102 | 100 | 107 | 88 | 87 | 91 | 102 | |
| HSCOF03 | Number of registered sex offenders assessed as very high risk of harm at period end | | | 4 | 2 | 1 | 4 | 4 | 2 | 1 | 3 | |
| HSCOF04 | Number of registered sex offenders assessed as high risk of harm | | | 70 | 68 | 69 | 73 | 74 | 87 | 78 | 76 | |

Appendix 3

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HSCOF05 | Breach proceedings instigated against registered sex offender | ↓ | ↓ | 4 | 6 | 2 | 3 | 1 | 1 | 1 | 0 | |
| HSCOF06 | Community orders with supervision requirements revoked due to breach | ↓ | ↓ | 0 | 1 | 0 | 1 | 2 | 0 | 1 | 0 | |
| HSCOF07 | Licence revoked due to breach | ↓ | ↓ | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | |
| HSCOF08 | Number of Restricted Patients being managed at period end | ↑ | ↓ | 34 | 36 | 38 | 38 | 30 | 28 | 33 | 35 | |
| HSCOF08i | Number of Restricted Patients being managed at MAPPA Level 1 | ↑ | ↓ | 31 | 36 | 36 | 35 | 28 | 28 | 30 | 32 | |
| HSCOF08ii | Number of Restricted Patients being managed at MAPPA Level 2 at period end | – | ↑ | 3 | 0 | 2 | 3 | 2 | 0 | 3 | 3 | |
| HSCOF09i | Registered sex offenders re-offending by MAPPA level and risk level – sexual crimes | ↑ | – | 3 | 2 | 3 | 3 | 0 | 3 | 1 | 3 | Police –<br>1 level 1 case (low risk) – historical lewd & lib x 2<br>2 level 1 cases (high risk) –<br>1 x indecent images of children<br>1 x historical lewd & lib x 5 & sodomy. |
| HSCOF09ii | Registered sex offenders re-offending by MAPPA level and risk level – crimes of violence. | ↑ | ↑ | 4 | 3 | 2 | 4 | 2 | 2 | 0 | 6 | Police –<br>1 level 2 case (high risk) – domestic assault<br>1 level 1 case (high risk) – assault emergency worker & breach of peace<br>3 Level 1 cases (medium risk) – domestic assault, assault x 2 & domestic assault<br><br>CJSW –<br>Edin North 1 level 1 case (high risk) – breach of peace & domestic assault |
| HSCOF09iii | Registered sex offenders re-offending by MAPPA level and risk level – | ↑ | ↑ | 9 | 5 | 5 | 3 | 9 | 6 | 7 | 9 | Police –<br>1 level 2 case (high risk)<br>3 level 1 cases (high risk) |

Appendix 3

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | registration offences | | | | | | | | | | | 2 level 1 cases (medium risk)<br>1 level 1 case (low risk)<br><br>CJSW –<br>Edin North 1 level 1 case (medium risk)<br>Edin South 1 level 1 case (low risk)<br><br>Not counted but also 1 case who failed to register address on release from prison and failed to register change of address. Has yet to be sentenced but being managed by the Police as very high risk. |
| HSCOF09iv | Registered sex offenders re-offending by MAPPA level and risk level – other crimes. |  |  | 10 | 6 | 2 | 3 | 3 | 6 | 5 | 4 | Police –<br>1 level 2 case (high risk) - breach of SOPO.<br>1 level 1 case (high risk) - breach of the peace x 3.<br>1 level 1 case (medium risk) – theft shoplifting & breach of bail.<br>CJSW –<br>Edin South 1 level 1 case (medium risk) – breach of the peace.<br><br>Not counted -<br>1 MDA. Yet to be sentenced but have followed up with Police and provisional level 1 medium risk notification received.<br>1 theft shoplifting, please note this is the same offender noted in registration offences. 1 x no car insurance<br><br>Not counted but also 1 breach of ROSHO for assault & robbery. Not an RSO but managed by Police. |
| HSCOF10 | Number of Sexual Offences Prevention Orders in force |  |  | 32 | 32 | 32 | 39 | 42 | 45 | 41 | 41 | Full – 36<br>Interim - 5 |
| HSCOF11 | Number of risk management case conferences held |  |  | 41 | 36 | 48 | 65 | 48 | 47 | 69 | 61 | |
| HSCOF11i | Number of individuals considered |  |  | 39 | 35 | 43 | 61 | 48 | 46 | 66 | 55 | |
| HSCOF11ii | Number of individuals considered who were registered sex offenders |  |  | 28 | 30 | 35 | 46 | 33 | 27 | 45 | 36 | |
| HSCOF11iii | Number of other individuals considered |  |  | 11 | 5 | 8 | 15 | 15 | 19 | 21 | 19 | |

Appendix 3

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| HSCOF12 | Number of sex offenders de-registered during the quarter | ↓ | ↓ | 2 | 10 | 4 | 7 | 9 | 10 | 17 | 5 | Dependent on length of registration periods |
| HSCOF13 | Number of Notifications received and percentage to MAPPA office within timescales | ↑ | ↑ | 14 – 21.4% | 8 – 25% | 24 – 17% | 13 – 65% | 11 – 27% | 12 - 42% | 16 – 50% | 13 – 62% | 5 notifications received outwith timescales<br>3 – 60% CJSW, 2 – 40% Police<br><br>CJSW Breakdown – 2 Edin South, 1 Edin North. |
| HSCOF14 | Number of Level 2 MAPPA Referrals received and percentage to MAPPA office within timescales. | ↑ | ↑ | 1 – 0 | 1 – 0 | 3 – 33% | 8 – 100% | 6 – 50% | 4 – 25% | 3 – 67% | 4- 75% | 1 referral received outwith timescales (agreed to use RMCC as level 2 referral). CJSW Edin North case.<br>1 referral received outwith timescales.<br>0 Police & 1 - 33% CJSW Edin North. |
| HSCOF15 | Number and percentage of MAPPA 2/3 cases having an RMCC minute pre-read available held within one month. | – | ↑ | 18 – 72% | 15 – 83% | 10 – 53% | 17 – 74% | 16 – 64% | 13 – 65% | 14 – 74% | 17 – 74% | |
| HSCOF16 | Total number of cases where Disclosure was agreed. | ↓ | ↑ | 1 | 7 | 0 | 0 | 1 | 5 | 2 | 1 | Adult Protection |
| HSCOF17 | Number of meetings where required, gave apologies for Level 2 Meeting but provided an update. | ↑ | – | Health - 1 | Health – 2<br>C&F – 2 | 0 | Health – 1<br>C&F – 1<br>H&SC – 1 | Health – 1<br>C&F – 1<br>MAPPA – 1 | Health – 2<br>H&SC – 1 | N/A | Health – 1<br>C& F – 1 | |
| HSCOF17i | Number of meetings where required to attend Level 2 meeting and did not provide an update. | – | – | C&F - 2 | Health & Social Care – 1 | N/A | N/A | N/A | N/A | N/A | N/A | |
| HSCOF18 | Total number of Level 3 meetings held. | ↑ | ↑ | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 5 | 2 Cases. Both CJSW Edin North. |
| HSCOF18i | Non attendance at Level 3 meetings | – | – | N/A | 0 | N/A | 0 | N/A | N/A | N/A | N/A | |
| HSCOF19 | Total number of SMART Actions raised at Level 2 & | ↑ | ↑ | 19 | 10 | 9 | 40 | 16 | 25 | 9 | 52 | |

Appendix 3

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Level 3 Meetings. | | | | | | | | | | | |
| HSCOF19i | SMART Actions completed within timescales. | ↑ | ↑ | 13 – 68% | 8 – 80% | 6 – 67% | 31 – 77.5% | 7 – 44% | 13-52% | 5 – 55.6% | 50 – 96% | Significant increase in SMART actions is the result of the 5 level 3 meetings |
| HSCOF19ii | SMART Actions not completed within timescales. | ↓ | ↓ | 5 – 26.3% | 2 – 20% | 1 – 11% | 2 – 5% | 3 – 18.5% | 5 – 20% | 2 – 22.2% | 1 – 2% | |
| HSCOF19iii | SMART Actions – Number ongoing. | ↓ | ↓ | 1 – 5.3% | 0 | 0 | 0 | 2 – 12.5% | 2 – 8% | 1 – 11.1% | 1 – 2% | |
| HSCOF19iv | SMART Actions – Deadline past no update received. | ↓ | ↓ | 0 | 0 | 2 – 22% | 7 – 17.5% | 4 – 25% | 5 – 20% | 1 – 11.1% | 0 | |
| HSCOF20 | Total number of Level 2 Meeting minutes circulated within 5 working days. | – | – | 17 – 65% | 20 – 100% | 18 – 82% | 26 – 100% | 23 – 79% | 25 – 100% | 20 – 100% | 26 – 100% | |
| CFYO103 | Number of young people discussed at YPRMCC meetings | ↑ | – | 25 | 21 | 21 | 20 | 17 | 15 | 14 | 21 | |
| CFYO103a | Number of YPRMCC | ↑ | ↓ | 33 | 29 | 26 | 25 | 26 | 16 | 17 | 23 | |
| CFYO103c | Number of young people assessed with high to very high sexually harmful behaviour managed through the YPRMCC | – | – | 2 | 3 | 1 | 0 | 0 | 0 | 0 | 0 | Professional Risk assessments noted at YPRMCC are; ASSET, SAVRY, J-SOAPII, Risk of Serious Harm and the professional view of overall risk of significant harm |
| CFYO103d | Number of young people assessed with high or very high violent behaviour managed through YPRMCC | ↑ | – | 0 | 3 | 8 | 5 | 6 | 7 | 2 | 6 | Professional Risk assessments noted at YPRMCC are: ASSET, SAVRY, J-SOAPII, Risk of Serious Harm and the professional view of overall risk of significant harm |

Appendix 3

| MAPPA Definitions of: |
|---|
| **VERY HIGH RISK** - There is imminent risk of serious harm. The potential event is more likely than not to happen imminently, and the impact could be serious. |
| **HIGH RISK** - There are identifiable indicators of risk of serious harm. The potential event could happen at any time and the impact could be serious. |

| Long Term Trends | | | Short Term Trends | |
|---|---|---|---|---|
|  | Increasing | |  | Increasing |
|  | No Change | |  | No Change |
|  | Decreasing | |  | Decreasing |

THE CITY OF EDINBURGH COUNCIL

**Item no**
**Report no**

# Edinburgh Alcohol and Drugs Partnership Annual Report 2012 -13

## Committee title Chief Officers' Group

**Committee Date – 21 June 2013**

### Purpose of report

To provide the Chief Officers' Group with the annual report of Edinburgh Alcohol and Drug Partnership for the year 2012 - 2013.

### Annual Report

### Treatment and Recovery

**Outcome: More people achieve sustained recovery from problematic substance misuse**

**1. Recovery Hubs**

EADP is taking forward the "Recovery Hub" model across the city. The model has been developed in consultation with providers and service users and co-locates alcohol and drug services provided by NHS Lothian, the City of Edinburgh Council and the Third Sector. It offers a single means of access primarily through a drop-in and a triage assessment which ensures that service users receive the appropriate service.

The first Hub was launched in January 2012 in the Craigmillar area to service the south east of the city. During 2012/13 this Hub has established a drop-in session specifically for families; this has resulted in an increase in referrals to specialist family support agencies who have not yet reached the threshold of the child projection register. Other developments include a housing advice drop-in, and a peer-led SMART Recovery group.

An evaluation of the South East Hub is near completion and will be published in August 2013; this has involved a review of data on access, a peer led exercise to identify the views of service users and interviews with staff and partner agency representatives. The evaluation will identify:

- whether one drop-in adequately serves the south east;
- whether service users receive the right service at the right time;
- the challenges for the Hub beyond ensuring good access to services.

A Recovery Hub in the north east of the city was launched in July 2012 and received 90 referrals in the first month of opening. The Hub is based at Leith Links in a building with established links with the local community. Developments have included the offer of evening drop-ins for those who are working or have day-time commitments, 3 SMART Recovery groups and a drop-in for parents. The Hub intends to pilot parenting classes in 2013/14 in partnership with CEC Children and Families Parenting Team.

A "virtual Recovery Hub" has been established in the south west of the city. To date premises for co-location have yet to be identified, however assessment drop-ins have been established at Sighthill Health Centre and Stevenson House on Gorgie Road. A number of options are being explored to co-locate services.

In the north west of the city suitable premises for co-location or an assessment drop-in have yet to be identified. Longer term the Hub will be hosted in Craigroyston Health Centre.

## 2. Offender Recovery Service

A review of the services and system of care for people in contact with the Criminal Justice System was undertaken in 2012/13. This involved a review of the four main services working with this client group as well as focus groups for service users.

It has been agreed that these services should be re-commissioned so that there is one service working with this client group. The will give the opportunity for a more consistent approach as people move through the system, particularly when they leave HMP Edinburgh to return to the community. As a result this one service will cover the following groups of people who were previously serviced by different organisations and funding streams:

i. those arrested in attending court;

ii. those in serving a sentence in HMP Edinburgh;

iii. those leaving prison and eligible for a Prison Throughcare Service.

A tool to look at each client's risk of reoffending against their recovery capacity has been developed and currently piloted across services. The intention is that this tool will be used to identify the intensity of intervention received by each client. (For instance those with a high risk of re-offending and low recovery capacity will receive a higher intensity intervention.) Other features of the service will include the use of peers and mentors to support the recovery process.

The service is currently being procured by CEC and will be established in March 2014.

## 3. Drug Related Deaths

In the calendar year 2011 there were 48 drug related deaths in Edinburgh. Local data suggests that this will have increased to 56 in 2012. The peak in Edinburgh was 2008 when there were 68 drug related deaths. In 2012/13 a Coordinator post was established across Lothian to improve the responses to drug related drug related deaths. This includes the delivering following:

- a drug related deaths report identifying trends and key lessons for practice and planning;
- processes for reviewing drug related deaths in individual agencies;
- a review of the existing partnership structure to review drug related deaths.

## 4. The Administration of Naloxone

Naloxone is a prescription only medication which is used to temporarily reverse the effects of an opiate overdose. Locally Naloxone is provided to those deemed to be at risk of opiate overdose, once they have undergone training. This training is also be available to their family, friends, carers and partners.

There are currently 30 professionals trained in Edinburgh to train opiate users in administering naloxone, of whom 20 are nursing staff who can also supply the naloxone kits; the remaining nine are Third Sector staff of and one is a service user volunteer. Five drop-in facilities are available across the city for people to attend to receive naloxone as needed.

In 2012/13 the programme has trained 328 service users and supplied 420 kits. It is known that at least 18 of the kits which have been reissued have replaced kits used to reverse the effects of opiates when people have overdosed. In addition staff in HMP Edinburgh have trained and supplied naloxone to over 100 prisoners returning to areas across Scotland.

**Children, Young People and Families**

**Outcome: Children, young people and adults' health and wellbeing is not damaged by alcohol and drugs**

## 5. JOINT COMMISSIONING PLAN FOR CHILDREN, YOUNG PEOPLE AND FAMILIES: ALCOHOL AND DRUGS

EADP has worked in partnership with Children and Families to establish a joint Commissioning Plan. The plan has three high level outcomes:

i. The impact of parental alcohol and drug use on children and young people is reduced.

ii. Fewer children and young people use drugs: children and young people choosing to drink alcohol start later in life and take fewer risks.

iii. More children and young people receive appropriate and timely support for problem alcohol and drug use.

It sets out a clear framework for commissioning services against these outcomes. The plan has been out to consultation with the intention of receiving Committee and EADP approval in October 2013.

## 6. Review of Services for Children, Parents and Families affected by Parental Substance Misuse

In February 2013 Create Consultancy completed an assessment of children affected by parental substance and the services available to support them and their families. The report is based on a study which used a mixed methodology including analysis of prevalence data, semi-structured interviews, service meetings and discussion groups with staff and service users (parents).

Engagement with young service users proved difficult due to the sensitivity of the subject matter. The aim of the study was to identify how services could be improved in terms of availability, accessibility and effectiveness to reduce harm caused by parental substance misuse.

The report identifies that 'it is impossible to definitively count the numbers of children, parents and families in Edinburgh affected by parental substance misuse due to difficulties and risks relating to definition, identification and recording'. It goes on to estimate that:

- Up to 7,000 children may be affected by parental alcohol use;
- At least 2,173 children are affected by parental problem drug use;
- About 1,000 children are affected by Foetal Alcohol Spectrum Disorder.

The report concludes that there are high levels of unmet need, based on prevalence, service availability and usage data. It recommends that in future the focus of energies should be less on data collection and more on equipping staff and services to better serve and support children, parents and families affected by parental substance misuse.

The response so far includes:

- a 12 Month Pilot to support teenagers affected by parental substance misuse under development
- a Sub-Group of the North East Children's Services Management Group established to develop local responses to the issue.
- pilot training for professionals on new 'Getting it Right for Children & Families Affected by Parental Problem Alcohol & Drug Use'
- delivery of a parenting support programme in NE Recovery Hub for service users to ensure accessibility and removal of concerns re stigma.
- child and family workers provide weekly sessions in NE and SE Recovery Hubs to enable referrals of substance misusing parents who want to discuss support needs around parenting.

## 7. Services for Young People with Alcohol and Drug Problems

In 2012 EADP received a report setting out the needs of children and young people who use alcohol and drugs. The report recommended establishing service provision aligned to services that already work with children and young people with additional needs.

As a result EADP has agreed to recruit to a Coordinator Post (currently hosted by the Youth Offending Team). The post will deliver the following:

- a coordinated approach across the community based 3rd Sector agencies to deliver a consistent service across the city.
- pathways of care through Public Sector services that currently work with young people with additional needs (for instance Looked After Children, Young Offenders, Care Leavers).
- manage key staff that have a distinct role in working with those with alcohol and drug problems.

## 8. The Overprovision of Licensed Premises

EADP continues to work in partnership with the City of Edinburgh Licensing Board to support its work on overprovision. The current policy statement is up for renewal in December 2013 and the EADP has mapped the areas which are most affected by alcohol related problems.

Alcohol is a significant problem across the city with 47% of adults Edinburgh drink more than the government guidelines. However health and crime related problems seem to be most significantly concentrated in the city centre and Leith areas.

## 9. Performance information

### HEAT Target: Alcohol Brief Interventions

The Health Efficiency Access and Treatment (HEAT) Standard required NHS Health Boards to deliver alcohol brief interventions (ABIs) in the priority settings of Primary Care, Antenatal Care and Emergency Departments.

In 2012-13, NHS Lothian delivered 18,275 ABIs (184% of the target) with 64% delivered in the City of Edinburgh.

Continuing on from the previous success NHS Lothian is working closely with EADP in the delivery ABIs in youth settings, Criminal Justice settings and within Jobcentre Plus.

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### HEAT Target Access to Drug Treatment Services

The national HEAT (Health improvement, Efficiency, Access, Treatment) target A11 expects that by March 2013, 90% of people who need help with their drug and / or alcohol problem will wait no longer than three weeks for treatment.

In March 2013 96% of people waited less that 3 weeks for treatment. (See Appendix 1) EADP anticipates sustaining this performance and has developed a risk register to identify any challenges to performance.

### Parental Substance Misuse

Currently data collection in Edinburgh does not include the number of children cared for by substance misusing parents. Nationally, current estimates from the

government suggest that 40 – 60,000 children are affected by parental drug misuse. It is also estimated that 65,000 children may be affected by parental alcohol misuse.

The Create needs assessment 2012 report estimated the following in Edinburgh:

- Up to 7,000 children may be affected by parental alcohol use;
- At least 2,173 children are affected by parental problem drug use;
- About 1,000 children are affected by Foetal Alcohol Spectrum Disorder.

### Arrest Referral

From 1st April 2012 to 31st March 2013, Edinburgh and Midlothian Arrest Referral Service have supported 1,098 individuals, 318 of whom were assessed, either in the sheriff court cells or in the community. During the period in question, 737 office appointments were attended – with a session lasting between 60-70 minutes. At the close of the financial year, there were 54 open cases.

The Arrest Referral Team also works with Edinburgh's Integrated Offender Management Project (IOM) in direct, daily, partnership with the police. Between 1st April 2012 and 31st March 2013, IOM supported 44 service users and provided 1,670 contacts and 39 onward referrals. 485 agency appointments were attended.

At the request of City of Edinburgh Council, the Edinburgh & Midlothian Arrest Referral Service and the Throughcare Service for City of Edinburgh have been amalgamated and will report as one service in future.

### Drug Treatment and Testing Orders

From 1st of October 2012 until the 31st of March 2013 the Edinburgh and Midlothian DTTO team carried out 299 assessments, had 129 new Orders and 78 successful terminations.

There was increased activity in the second part of the year, due in part to the increasing use of the rapid assessment scheme. Since the rapid assessment report provision pilot initiative began in November 2012, it has proven to be successful in engaging female offenders within the criminal justice system and into drug treatment. Prior to the commencement of the pilot, the average time from an assessment request from Court to a female offender being commenced on a DTTO or DTTO II, was a minimum of 21 working days. This has now reduced to an average of 3 working days. Early indications suggest that the attendance rate for assessments has significantly improved. For every rapid assessment request made from Edinburgh Sheriff Court for female offenders since November 2012, all the females have subsequently had a DTTO or DTTO II imposed as a result.

### Drug Deaths

Figures for drug deaths in Scotland are published annually in August by the General Register Office for Scotland (GROS). GROS reported 48 drug deaths

for Edinburgh in 2011, up slightly on 47 deaths in 20010 and 46 deaths in 2009, but still down from 66 deaths in 2008. It is estimated that there will be 56 deaths reported in 2012; this increase is partially due to changes in reporting requirements and also due to delays in toxicology reports in previous years resulting in deaths not being included in annual figures.

Edinburgh continues to have the lowest rate of deaths of the four major Scottish cities per 1,000 population. However, in line with the Scottish trend there has been an increase in deaths since the late 90s. The five year average for 1996-2000 was 32 deaths per year compared to 46 deaths per year on average for the years 2006 to 2010.

## 10. Recommendations

That the Chief Officers Group notes the contents of this report.

That the Chief Officers Group agrees to receive a further update from Edinburgh Alcohol and Drug Partnership in October 2013.

**Peter Gabbitas**
Director of Health and Social Care
Chair of Edinburgh Drug/Alcohol Partnership

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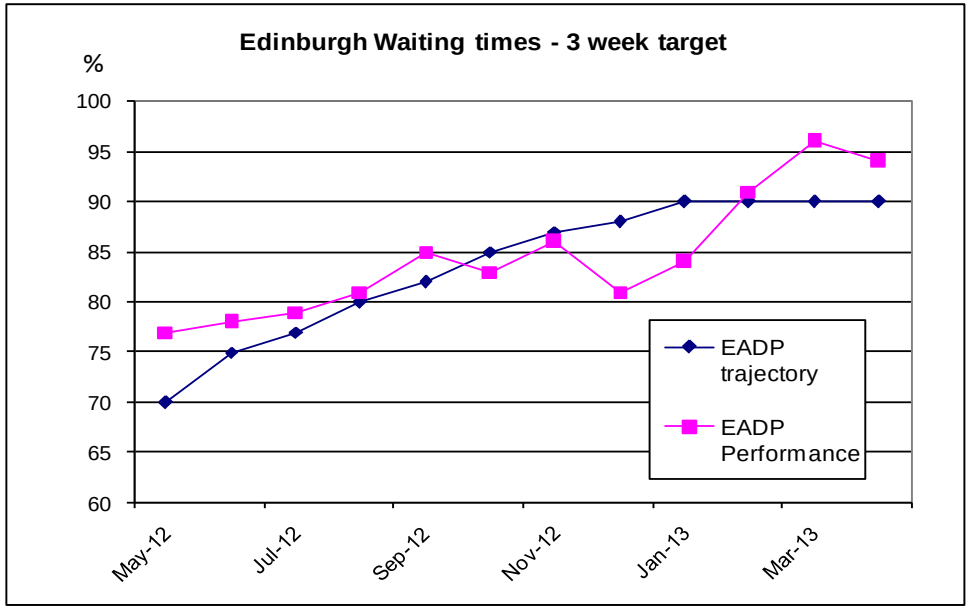
| | |
|---|---|
| Appendices | 1 |
| Contact/tel/Email | nicholas.smith@edinburgh.gov.uk<br>Tel 529 2117 |
| Wards affected | ALL |
| Single Outcome Agreement | Outcome 5,6 |
| Background Papers | None |

**APPENDIX 1**

**DRUG AND ALCOHOL PERFORMANCE INDICATORS**

1. Waiting Times for Drug treatment services – Performance 2012/13

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# Edinburgh Violence Against Women Partnership

## Annual report 2012-13

### Summary

This report summarises the activity of the Edinburgh Violence Against Women Partnership (EVAWP) for the year 2012-13.

### Background

The Edinburgh Violence Against Women Partnership adopts a broad definition of violence against women: “Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as 'gender based' this definition highlights the need to understand violence within the context of women's and girls' subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.” (Source: Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland, The Scottish Government and COSLA, 2009)

Data regarding the incidence of gender based violence are not routinely or accurately recorded by all services. The number of domestic incidents recorded by Lothian and Borders Police (now Police Scotland) between 1 April 2012 and 31 March 2013 is 5335. This is a decrease of 9 from last year’s Scottish Government validated total of 5344. The percentage of domestic abuse incidents where children were identified as present or were resident in the home is 44.4% which is similar to last year’s data. These figures have yet to be validated by the Scottish Government for publication.

| | 01/04/09-31/03/10 | 01/04/10-31/03/11 | 01/04/11-31/03/12 | 01/04/12-31/03/13 |
|---|---|---|---|---|
| **Domestic abuse incidents** | **4952** | **5252** | **5344** | **5335** |
| **Children present/resident** | **48.8%** | **45.5%** | **45.4%** | **44.4%** |

Given known under-reporting, incidence is likely to be much higher. Statistics in Edinburgh show that perpetrators are predominantly male and women are the victims of such abuse. The cost to the Scottish economy from domestic abuse is estimated at £2.3 billion per year.

## Linkages

The content of this report links to:

- Coalition pledge area 'Strengthening and supporting our communities and keeping them safe'.
- Edinburgh Partnership priority and Single Outcome Agreement priority 'Edinburgh's communities are safer and have improved physical and social fabric'.
- The key desired outcome of the Chief Officers Group 'to reduce the risk of harm to individual members of the public of any age, whose circumstances, dependence, frailty, illness, disability or behaviours make them particularly vulnerable'.
- National Health and Care Integration Outcome 5 'Services are safe: people using health, social care and support services are safe-guarded from harm and have their dignity and human rights respected.'

## Main report

The key functions of the Partnership as outlined in the constitution (attached at Appendix 1) are continuous improvement, strategic planning, public information and communication. The Partnership oversees activity carried out in its sub groups to reach the following strategic outcomes:

**Strategic outcomes of the Partnership**:

- Women and children are safer as a result of a coordinated and consistent response to violence against women

- Perpetrators are dealt with effectively and are less likely to reoffend
- Gender inequality in Edinburgh is reduced and gender based violence is prevented.

The strategic outcomes are based on the Scottish Government vision, coalition pledges, Single Outcome Agreement outcomes, national outcomes and the EVAWP outcomes for violence against women.

**Sub group structure**

The sub group structure of the Partnership has been reviewed and the following sub groups have been agreed in March 2013:

- Training and development
- Domestic abuse
- Sexual violence and exploitation

The Early Intervention for Children and Young People Affected by Violence Against Women sub group has been replaced by the Training and Development sub group. Early intervention and the needs of children and young people are considered to cross cut through the work of the remaining sub groups and through the wider EVAWP in close collaboration with relevant children's strategies such as Getting It Right For Every Child and Child Protection. As this is a recent development, activity of this sub group is still included in this report.

**Early intervention for children and young people affected by violence against women sub group**

**Achievements 2012-13**

✓ An event was organized to develop a pathway for children affected by domestic abuse. There is currently no consistent and clear pathway for children and young people to offer the support that they may need. It is estimated that police inform social care direct about 3,000 children every year who are part of a household where the police have attended due to a domestic abuse report. This is the tip of the iceberg as the police are not called to every "incident". Service providers are not aware what happens to these children, what services they receive and whether there is improvement to their lives due to the intervention from the police. This work has now been passed to the Domestic Abuse sub-group as a work stream and is linked to the South West Neighbourhood Partnerships' work to develop a multi-agency care pathway mentioned under the domestic abuse sub group achievements below.

✓ The Mentors in Violence Prevention programme has been further developed at Portobello High School and very positive feedback is being received with an ongoing commitment to sustain and expand the number of schools and services involved.

- ✓ A theatre company performed a drama about teen dating violence at Portobello High School which was well received.
- ✓ Working with Men staff have been trained in safe contact for children affected by domestic abuse, organised by the Scottish Government. Three staff are trained as Specialist Domestic Violence Risk Assessors for private and public court proceedings. Working with Men have been working with East Edinburgh Social Work Team about preparing safe contact plans for children where contact is disputed between parents due to domestic abuse.
- ✓ 60 social work staff from Criminal Justice and Children and Families attended the new three day course (soon to be four days due to feedback from attendees) on Domestic Abuse: Theory and Skills for Lead Professionals.

As previously mentioned this subgroup came to an end in March 2013.

**Training and development sub group**

This sub group has only just been established.

A domestic abuse training event is currently being organised. The Commonwealth theatre company will stage 'Our Glass House', a site specific event staged in a disused house that explores domestic violence, during the Edinburgh Festival in August 2013. The event explores the complexities of domestic abuse and why people stay and how they leave. It targets professionals from Police, Health, Social Work, Education, Housing, Community Safety as well as local residents. Up to 300 professionals will be able to attend. The event is multi-agency funded. It is expected to be more effective at bringing the reality of what it is like to live in a controlling relationship than many training days. The launch date is 13 August 2013.

**Sexual violence and exploitation sub group**

**Achievements 2012-13**

- ✓ Service provision to victims of rape
- ✓ Sexual health, substance misuse and mental health training delivered to priority health settings/teams in Edinburgh
- ✓ Mapping of services in Edinburgh for women affected by commercial sexual exploitation and development of information resources.

**Domestic abuse sub group**

**Achievements 2012-13**

**Domestic abuse provision within Edinburgh**

✓ A domestic abuse lead officer has been in post since December 2012. This officer will help coordinate and integrate domestic abuse services across Health and Social Care, Children and Families, Services for Communities, the police, health and the voluntary sector. The new post is jointly funded by City of Edinburgh Council, police and NHS Lothian. This officer will now chair the domestic abuse subgroup which is attended by all partners.

✓ The actions within the domestic abuse action plan will now be taken forward by the lead officer and key partners as part of the development of a coordinated community response. This includes developing shared policies and standards and the establishment of data sharing.

✓ Caledonian Edinburgh and Safer Families Edinburgh report progress to the domestic abuse sub-group. They provide a programme for men who are unhappy about their abusive behaviour towards a woman partner and want help to change. An integrated support, safety planning and advocacy service to women and children is an essential component of the service. Caledonian works with convicted offenders, while Safer Families work with men on a non-court mandated basis. These services are also implementing Caring Dads, a parenting intervention programme for men who have abused or neglected their children, or exposed them to the abuse of their mother. The innovative CEDAR Programme which provides a therapeutic group work intervention to women and their children recovering from domestic abuse has now been integrated within the Safer Families Team.

✓ A safe contact model is being introduced in Edinburgh. This aims to introduce measures necessary to improve assessment, decision-making and planning processes in contact cases involving domestic abuse. A number of workers have been trained in both basic and specialist risk assessment tools, which can be used in both child protection and family court settings. Progress will be reported to the sub-group.

✓ The South West Neighbourhood Partnership has developed a Domestic Abuse Sub Group of the Pentland Tactical and Coordinating Group and hosted two well attended and well received multi-agency seminars on the wider impact of domestic abuse and the development of a multi-agency care pathway to ensure consistent and safe responses and interventions.

✓ The NHS continues to introduce and support the routine enquiry of domestic abuse within key settings such as maternity, health visiting services, sexual health, mental health and substance misuse with ongoing plans to develop integrated responses to women affected by both substance misuse and domestic abuse.

With the introduction of Police Scotland on 1 April 2013 the emphasis of Divisional Domestic Abuse Units is on pro-active investigations against Domestic Abuse

perpetrators. The Domestic Abuse Investigation Unit (DAIU) based within the Public Protection Unit, Amethyst, Vega House has increased its Domestic Abuse Investigating Officers from 4 to 16 officers. These officers provide dayshift and back shift cover 7 days a week. Three of these officers have specialist knowledge of dealing with Honour Based Violence incidents. A Detective Inspector and Detective Sergeant have responsibility for the DAIU.

The key functions of the DAIUs will be to:

- Investigate and/or provide specialist assistance in relation to incidents of Domestic Abuse and Stalking and Harassment.
- Recognise patterns of offending behaviour or perpetrators of domestic abuse, stalking and harassment and pursue accordingly.
- Identify and pursue all investigative opportunities and secure all available evidence relative to every aspect of criminality, in which an identified perpetrator of domestic abuse, stalking and harassment is involved.
- Engage in effective safeguarding to ensure the continued wellbeing of victims and their children.
- Engage with Domestic Abuse Task Force and partner agencies both statutory and non-governmental to provide a cohesive police and multi agency response.

In addition, an East Domestic Abuse Task Force has been introduced which covers legacy Lothian and Borders Police, Fife Constabulary and Central Scotland Police areas. The Task Force is based at Bathgate Police Station and will target the most prolific and dangerous domestic abuse perpetrators, particularly those identified through the Multi Agency Tasking and Co-ordinating, this providing Local Policing Command Areas with the expertise and resources capable of robustly tackling offending behaviour, free from competing demands.

**A multi-agency coordinated community response model:**

This model has been piloted in south and east Edinburgh since December 2011 and plans to go city wide are underway. It aims to create a clear pathway from the initial reporting of a domestic abuse incident to the police, to support to the victim, a comprehensive risk assessment and the provision of multi-agency services based on risk and need. It consists of the following components:

✓ When police attend a domestic abuse incident, the victim is offered a referral to an independent domestic abuse advocate (IDAA). This is an independent service, EDDACS (Edinburgh Domestic Abuse Court Support) based and managed by Edinburgh Women's Aid. The IDAA provides initial support, carries out a comprehensive risk assessment using the CAADA DASH (Coordinated Action Against Domestic Abuse - Domestic Abuse, Stalking and Honour Based Violence) tool, provides information to inform the custody hearing and subsequent court appearances, and shares relevant information with other

services. They provide ongoing support for the duration of the court process and direct the victim to longer term support services within the community, like Edinburgh Women's Aid, CEDAR and Couple Counselling.

This service is linked to, but not dependent on, the specialist domestic abuse court and is funded through 'Becoming A Survivor' Big Lottery fund. The domestic abuse court aims to increase effectiveness and efficiency in dealing with domestic abuse offenders and improve judicial responses.

- ✓ Restorative Practice counseling is funded by the Scottish Government Violence Against Women fund. In this therapeutic model of counseling the perpetrator and victim receive counseling separately by counselors who have completed advanced training in domestic abuse, safety planning and using the DASH risk assessment tool. What the victim is experiencing informs the work being done with the perpetrator. This model of counseling is proving to be successful in stopping the perpetrators' abusive behavior.
- ✓ High risk cases (those at risk of murder or serious harm) identified by the IDAA through the CAADA DASH process, are referred to a Multi-Agency Risk Assessment Conference. By bringing all agencies together at a case conference, a risk-focused, multi-agency coordinated plan can be drawn up to support the victim and manage risk from the perpetrator. This is currently a six month pilot and roll out across the city will depend on the success of the pilot and on resources. The evaluation and potential roll out of this model across Edinburgh will be steered by a small working group of key partners who attend the sub-group.

The draft logic model/strategic plan for domestic abuse service provision in Edinburgh is attached at Appendix 2.

**Joint Public Protection Publicity Group**

The Joint Public Protection Publicity Group is a single sub-group for each of the 'protection committees/partnerships'. It ensures the development and implementation of a multi-agency communications strategy in relation to all areas of public protection. The Partnership is represented on the Joint Public Protection Publicity Group and is currently taking forward the development of the public protection campaign in regards to domestic abuse.

**Areas for improvement**

Edinburgh benefits from highly skilled professionals who are passionate in this field and are already at the forefront of innovation. However, without co-ordination across all stakeholders, responses can often be fractured, inefficient and less effective in ensuring positive outcomes for victims and their children. The challenge for partner agencies is to progress towards a consistent and better integrated approach to violence against women based on a coordinated community response model. The key activities towards this objective include:

- The development of a performance framework across all partners is a key activity for the EVAWP for 2013. Data regarding the incidence of gender based violence is not currently recorded routinely or accurately by all services. With the recent changes in the policing landscape in Scotland, a strong focus on domestic abuse is developing and Police Scotland is a key partner in providing data of gender based violence incidence in Edinburgh. NHS Lothian are currently gathering all gender based violence related data. Once this is available, the EVAWP will establish how this can be used to gain a clearer picture of the scope and of current service provision. Good practice examples from other Violence Against Women Partnerships in Scotland which have a comprehensive performance framework in place (Dundee and Highland) are being taken into consideration.
- The establishment of a quality assurance sub group.
- The development of a shared policy or vision statement across health, police the council and the voluntary sector which highlights domestic abuse as a priority and agrees to the development of a coordinated and consistent response in Edinburgh.
- A mapping of current processes and services in order to identify value, duplication and delays. This mapping exercise will highlight where reducing steps in the system can improve flow, capacity and achieve better outcomes.
- Coordinated workforce training across all agencies to establish a shared understanding of domestic abuse, the pathway in Edinburgh and the part each agency plays.
- The development of a domestic abuse action plan which clearly outlines the steps towards the coordinated community response model.

## Decisions and support from the Chief Officers Group

It is recommended that the Chief Officers Group:

- notes the content of this report
- agrees to the revised sub group structure
- supports the Partnership in the further development of its draft performance framework
- agrees to receive regular updates on performance in the area of violence against women.

Lesley Johnston, Chair
William Guild, Vice Chair

## Appendices

1. Edinburgh Violence Against Women Partnership revised constitution
2. Draft logic model for domestic abuse sub group

# Edinburgh Violence Against Women Partnership

# Constitution

## 1. Introduction

1.1 This document sets out the governance arrangements established to promote the delivery of an integrated, high quality response to violence against women in Edinburgh. The constitution of the Edinburgh Violence Against Women Partnership (the Partnership) reflects both local and national policy and guidance and sets out the governance framework within which services concerned with violence against women are delivered in Edinburgh.

1.2 This constitution focuses on the roles, responsibilities, membership and constitutional aspects of Edinburgh's Chief Officers' Group and Violence Against Women Partnership. It also recognises links to other groups and bodies, underlining the need for the response to violence against women to be integrated effectively with adult protection and child protection services planning and other aspects of wider public protection services and Community Planning. Appendix 1 outlines the Partnership's structure and Appendix 2, its membership.

1.3. The constitution reflects the expectations of a number of publications and initiatives due to the cross cutting nature of violence against women (Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland, The Scottish Government and COSLA, 2009; A Partnership Approach to Tackling Violence Against Women in Scotland: Guidance for Multi-Agency Partnerships The Scottish Government and COSLA, 2009; The Edinburgh Violence Reduction Programme; National Strategy for Survivors of Child Sexual Abuse, Homelessness Strategy 2007-2012, Edinburgh Community Safety Partnership Strategic Assessment; Lothian and Borders Police General Order 03/2009, Joint protocol between ACPOS and COPFS; NHS Gender Based Violence Policy; Edinburgh Human Trafficking Support Protocol, City of Edinburgh Child Protection Guidelines; Getting It Right For Every Child agenda; Lothian Sexual Abuse Strategy; Lothian and Borders Community Justice Authority Plan 2008-2011; National Domestic Abuse Delivery Plan for Children and Young People) .

1.4 The Partnership adopts the following definition of violence against women:

Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as 'gender based' this definition highlights the need to understand violence within the context of women's and girls' subordinate status in society. Such violence cannot be understood, therefore, in isolation

from the norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.

(Source: Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland, The Scottish Government and COSLA, 2009)

## 2. The Edinburgh Violence Against Women Partnership

2.1 The key functions of the Partnership are: continuous improvement, strategic planning, public information and communication. The work of the Partnership will be reflected in local practice and aims to meet local needs.

2.2 The primary roles and responsibilities of the Partnership are to:

- promote a culture of joint working amongst all organisations and individuals involved in violence against women issues

- prepare an inter-agency strategy for violence against women, an annual business plan and an annual report on the work of the Partnership for consideration and approval by the Chief Officers' Group and thereafter the constituent organisations represented on the Partnership

- report to the Chief Officers Group on performance and key activities

- ensure appropriate mechanisms are in place to involve children, young people, women and men in the development, monitoring and evaluation of services and interventions

- contribute to the development of a public protection campaign through participating in the Joint Public Protection Committees' Publicity Group; promote the work of agencies involved in issues regarding gender based violence; and provide advice and information on access to services

- develop, implement and review regularly a learning and development strategy

- share best practice and learning with other violence against women inter-agency groups and manage any cross-boundary issues; and

- promote continuous improvement of work in respect of violence against women, through the:

    - development, publication and dissemination of policies, procedures and protocols (within and across agencies)

    - development of management information systems

- development, implementation and review of inter-agency quality assurance mechanisms (including preparation for integrated inspections)

- promotion of good practice; and

- creation of a learning and development strategy.

## 3. Membership

3.1. The Partnership membership, attached as Appendix B, will ensure representation from constituent agencies and services within Edinburgh. Each of the main agencies with direct responsibility for services relating to gender based violence across Edinburgh should be represented.

3.2. Constituent agencies should ensure that their representative is accorded sufficient delegated authority to make decisions on behalf of the agency in the course of the work of the Partnership, including achieving the objectives of the agreed business plan.

3.3. In the event of a member being unable to attend a Partnership meeting, a substitute may attend, providing that they have the authority of the member they are representing.

3.4. The role of chair / vice chair will rotate among members of the Partnership on a biennial basis.

3.5. All proposals for additional members will be decided on by the Partnership on consideration of a business case. The decision of the meeting will be communicated to the individual by the chair of the Partnership.

3.6. Members will put arrangements in place within their agency to ensure matters considered and decisions taken by the Partnership are communicated to all relevant services to ensure appropriate dissemination of information.

## 4. Quorum

4.1 The Quorum will be five members of the Partnership including either the Chair or Vice Chair or a nominated deputy being a Chair of one of the Sub-groups.

## 5. Chair

5.1 The chair will be appointed by the Partnership and will be approved by the Chief Officers' Group to serve for a period of 2 years and will be drawn from Partnership members.

5.2 The chair will:

- ensure meetings operate effectively and that the Partnership fulfils its functions

- ensure the terms of the constitution are adhered to, and that appropriate monitoring, reporting and communication mechanisms are in place

- ensure that representatives of all agencies participate fully in discussions and decision-making

- agree the agenda for the meetings

- ensure relevant matters are discussed and appropriate decisions made and implemented

- ensure the development of the annual business plan and annual report

- respond to press enquiries and issue press releases on behalf of the Partnership, in accordance with the established multi-agency protocol

- consider the resource requirements for the work of the Partnership

- ensure the Partnership collaborates as appropriate with other agencies involved in issues relating to violence against women, the Scottish Government and other national bodies; and

- report to each meeting of the Chief Officers' Group.

## 6. Vice Chairs

6.1 The vice chair will be appointed by the Partnership and will be approved by the Chief Officers' Group. The chair and vice chair will not be drawn from the same organisation. The position of vice chair will rotate in line with that of chair. The vice chair will become chair after serving for a period of 2 years.

6.2 The role and responsibilities of the vice chair are to act as chair of the Committee and take urgent action on behalf of the chair when required.

## 7. Roles and Responsibilities of Member Agencies

7.1 Member agencies will ensure that inter-agency strategies and plans agreed by the Partnership are implemented within their services, and report on such implementation to the Partnership as appropriate. Agencies will also implement other relevant procedures in all parts of their services, and monitor and report on progress to the Partnership as required.

7.2 Agencies will work together to facilitate both internal and external scrutiny, and to act on agreed recommendations. They will maintain high inter-agency standards of practice and commit to information sharing to assist in the delivery of high

quality services. Agencies will also work to resolve inter-agency operational issues, which may be brought to their attention.

7.3 Agencies will actively support and commit to the Partnership's Learning and Development strategy. They will ensure that staff's learning and development needs in relation to violence against women are identified within their service, and that measures are put in place to provide opportunities to meet those needs.

7.4 The role of representatives from member agencies attending the Partnership and the associated sub-groups is to:

- promote partnership working in the delivery of high quality services relating to violence against women, and ensure that agreed standards of practice are met and maintained

- represent the commitment of their agency to promoting the safety, welfare and wellbeing of women and children thereby preventing abuse and harm

- use their delegated authority to make strategic and operational decisions on behalf of their agency in relation to gender based violence

- reflect agency accountability in inter-agency decision making

- collate the views of staff on particular issues as necessary, and ensure these are made available to the Partnership

- participate fully in the business of the Partnership and its sub-groups between meetings, including participation in training

- ensure that decisions of the Partnership and the implications of such decisions are communicated to, and understood by, employees at all levels of their agency

- ensure, in partnership with others, that the violence against women strategy is implemented in accordance with the decisions of the Partnership

- ensure that obstacles and barriers to collaborative working are addressed and overcome

- be aware of current issues concerning violence against women and relevance to the work of the Partnership, and raise awareness of such issues in their own agency

- arrange for an appropriate substitute to attend meetings of the Partnership when they are unable to attend

- arrange for minutes of Partnership meetings to be circulated as appropriate to relevant staff and extended working groups in their agency

- ensure the relevant tasks from the work of the Partnership are actioned appropriately; and

- ensure appropriate links with other relevant agencies and groups are maintained.

## 8. Meetings of the Partnership

8.1 The Partnership will meet quarterly.

8.2 The chair will arrange for a formal minute of the meetings to be taken.

## 9. Violence Against Women Partnership Sub-groups

9.1 The sub-groups of the Partnership are set out in Appendix A. Membership of the sub-groups will be agreed by the Partnership and will draw from a range of service areas, as required, to meet the objectives of the Partnership.

9.2. Chairs of the sub-groups are accountable to the Partnership. The role of the chair and vice chair will rotate on a biennial basis.

9.3 Membership will usually include representation from Housing, Education, Health, Police, Social Work, community safety and the voluntary sector. Additional agency or service representation will vary according to the role and function of the sub-group. A formal minute will be taken of all meetings. The chairs of the sub-groups will report verbally to the Partnership as a standing item on the agenda.

9.4 Each sub-group will have its own terms of reference or constitution, which will be agreed by the Partnership and the Chief Officers' Group.

## 10. Relationship to other Committees

11.1 The Partnership will have close links to the Edinburgh Violence Reduction Partnership, the Edinburgh Child Protection Committee, the Edinburgh Adult Support and Protection Committee, the Edinburgh Offender Management Committee and the Edinburgh Drug and Alcohol Partnership.

11.2 Formal links will continue between partnerships and individual agencies in Edinburgh through shared leadership and membership, maintaining the formal link between services related to violence against women and other key service areas and priorities.

11.4 Working within the context of existing agency service plans, local Services Groups will ensure the implementation of the violence against women strategy locally through the preparation and implementation of local action plans.

## 12. The Chief Officers' Group

12.1 The Edinburgh Chief Officers' Group fulfils the responsibilities of chief officers, as set out in the National Guidance for Child Protection in Scotland (2010).

12.2 Membership of the Chief Officers' Group is:

- City of Edinburgh Council: Chief Executive
- Lothian and Borders Police: Divisional Commander ('A' Division)
- NHS Lothian: Director of Nursing
- City of Edinburgh Council: Chief Social Work Officer

In attendance at meetings of the Chief Officers' Group will be:

- chairs of the Violence Against Women Partnership, Child Protection Committee, Adult Support and Protection Committee, Offender Management Committee and the Alcohol and Drug Partnership
- Director of Children and Families
- Director of Health and Social Care

The meeting will have a quorum of three, drawn from at least two of the constituent agencies.

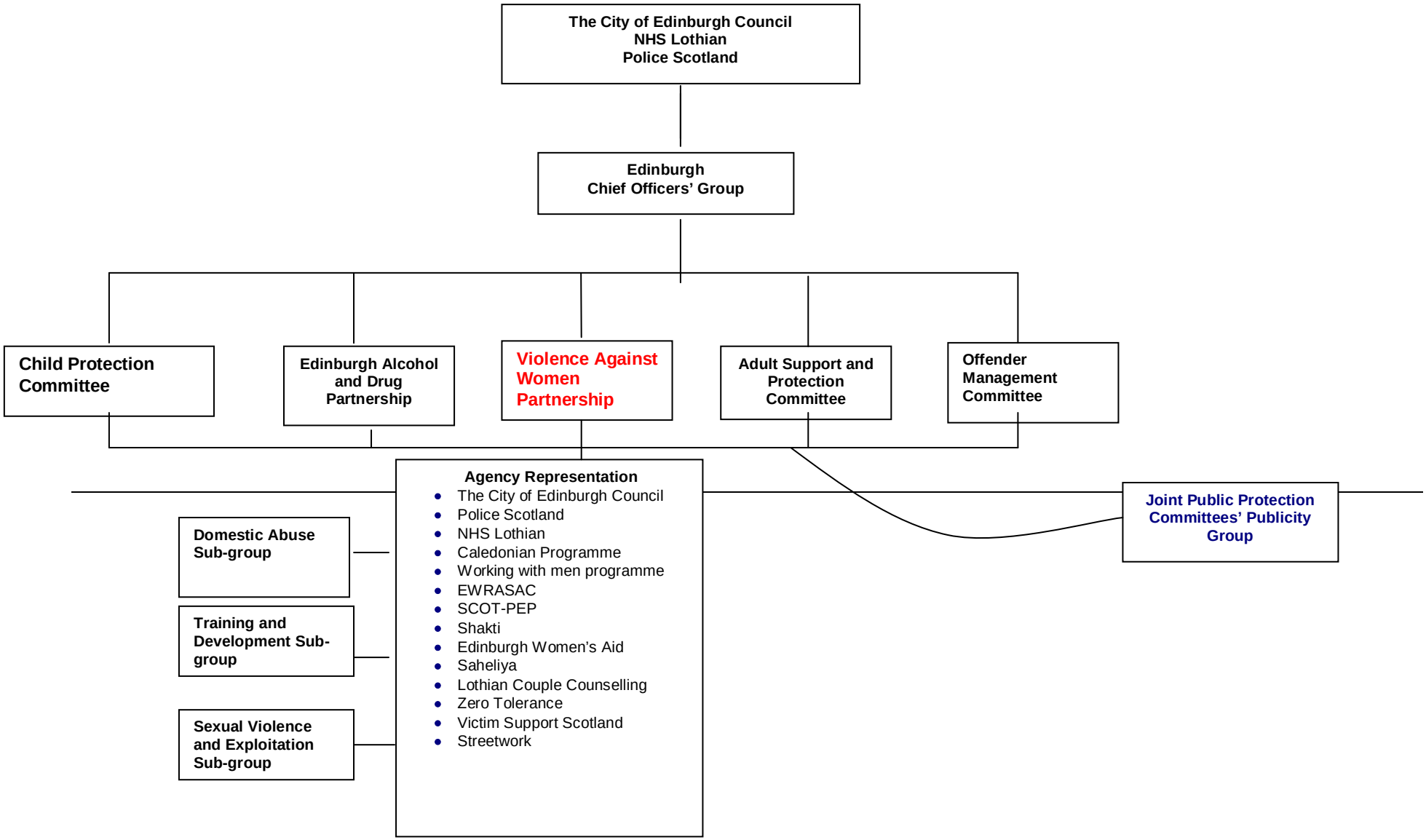
12.3 The Chief Officers' Group is responsible for ensuring that constituent agencies, individually and collectively, work to protect children, young people, adults at risk and the wider community as effectively as possible. It also has responsibility for maximising the involvement of those agencies not under its direct control, including the Scottish Children's Reporter Administration (SCRA), the Crown Office and Procurator Fiscals Service (COPFS) and the third sector.

12.4 The role of chairperson rotates among the agencies involved on a biennial basis. Meetings take place quarterly. The group may establish sub-groups for particular purposes and co-opt members to such sub-groups as appropriate.

12.5 The Chief Officers' Group considers the committees' and partnerships' need for human and financial resources to fulfil their agreed business plans.

12.6 The Chief Officers' Group fulfils a dispute resolution function, should the work of the committees/partnerships be significantly impaired by failure to agree on any matter.

Appendix A – Violence Against Women Partnership Structure and Membership list:



Appendix B: Edinburgh Violence Against Women Partnership – Membership

The City of Edinburgh Council
Anna Mitchell, Domestic Abuse Lead Officer, Quality and Standards, Health and Social Care
Rona Fraser, Criminal Justice Sector Manager (Groupwork services), Criminal Justice Services, Quality and Standards, Health and Social Care
Suzan Ross, Project Officer, Community Safety, Services for Communities
Catriona Grant, Employee Development Officer Child Protection, Children and Families
Nick Croft, Equalities Manager, Performance, Strategy and Policy, Corporate Services
Maria Plant, Inclusion Coordinator, Schools and Community Services, Children and Families
Dot Fraser, Practice Team Manager, Criminal Justice Services

NHS Lothian
Lesley Johnston, GBV Lead
Linda Irvine, Strategic Programme Manager Mental Health Services

Police Scotland
William Guild, DCI

Other Strategic Partnerships
Nick Smith, Edinburgh Alcohol and Drug Partnership

Edinburgh Third Sector
Caroline Burrell, Edinburgh Women's Rape and Sexual Abuse Centre
Neil McCulloch , SCOT-PEP
Michele Corcoran, Manager, Edinburgh Women's Aid
Girijamba Polubothu, Manager, Shakti
Alison Davies, Manager, Saheliya
Helena Taggart, Service Delivery Officer, Victim Support Scotland
Jane Symon, Chief Executive, Couple Counselling Lothian
Jan Williamson, Service Manager, Streetwork
Zero Tolerance

updated April 2013

# Logic Model for Domestic Abuse Service Provision in Edinburgh

This logic model aligns Edinburgh's long term domestic abuse outcomes to single outcome agreements and national outcomes. The long term outcomes are expanded on in the additional logic models

**PROGRAMME GOAL: TO RAISE AWARENESS OF DOMESTIC ABUSE AND FACILITATE THE DEVELOPMENT OF APPROACHES THAT SUPPORT WOMEN, CHILDREN AND YOUNG PEOPLE, CHALLENGE PERPETRATORS AND WORK TOWARDS THE PREVENTION OF DOMESTIC ABUSE OVER THE LONG TERM**

## LONG TERM OUTCOMES

Outcome A - Women and children are safer as a result of a coordinated and consistent response to domestic abuse

Outcome B - Perpetrators are dealt with effectively and are less likely to reoffend

Outcome C - Gender inequality in Edinburgh is reduced and domestic abuse is prevented

## SCOTTISH GOVERNMENT VISION

Violence against women is reduced

Reduced long term impact of violence against women and children

## COALITION PLEDGES & SOA OUTCOMES

**Pledges**

**P1** - Increase support for vulnerable children, including help for families so that fewer go into care

**P43** - Invest in healthy living and fitness advice for those most in need Edinburgh's economy delivers increased investment, jobs and opportunity for all

**Sinlge Outcome Agreements**

SOA1 - Edinburgh's citizens experience improved health and well being and reduced inequalities in health

SOA 2 - Edinburgh's children and young people enjoy their childhood and fulfil their potential

SOA 3 - Edinburgh's communities are safer and have improved physical and social fabric

**CO1** - Our children have the best start in life, are able to make and sustain relationships and are ready to succeed

**CO5** - Our children and young people are safe from harm or fear of harm, and do not harm others within their communities

**CO10** - Improved health and reduced inequalities

**CO11** - Preventative and personalised support in place

**CO15** - The public are protected

**CO21** - Safe – Residents, visitors and businesses feel that Edinburgh is a safe city

**CO26** - The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives

## NATIONAL OUTCOMES

We have tackled the significant inequalities in Scottish Societies

We have improved the life chances for children, young people and families at risk

We live our lives safe from crime disorder and danger

# Outcome A - Women and Children are Safer as a Result of a Coordinated and Consistent Response to Domestic Abuse

## INPUTS

Child Protection Committee
Adult Protection Committee
Drug and Alcohol Partnerships
Service for Communities
Police - Domestic Abuse Investigation Unit
Health
Judiciary
Fire Brigade
Voluntary Sector represented in VAWP
Training and Development Subgroup
Joint Public Protection Evaluation

Shakti Women's Aid
Saheliya
Working with Men Polish Project
Scottish Government Forced Marriage Legislation and Guidance
Forced Marriage Lead Person
Training and Development Subgroup

CEDAR
Working with Men
Specialist Risk Assessment Domestic Abuse Team
Lead Professionals

## ACTIVITES

Develop pathway and related policies
Gain and share up to date knowledge of best practice
Develop multi-agency training strategy
Develop performance and quality assurance framework
Develop domestic abuse strategy

Develop role of forced marriage lead person
Develop multi-agency training on forced marriage, HBV and FGM
Forced marriage discussion in schools
Develop work with female offenders
Develop interventions on trauma and recovery

Run CEDAR groupwork programme
Run Caring Dads groupwork programme
Develop Safe Contact System
Evaluate Safe Contact System

## OUTPUTS

Development of domestic abuse policy in Edinburgh
Clear pathway for domestic abuse with aligned policies and procedures
Roll out MARACs across city
Increased prioritisation/recognition of domestic abuse within strategic plans
Increased multi-agency awareness and advanced training to develop a shared approach and values
Shared dataset across agencies
Clear performance indicators

Increased multi-agency training on issues which affect women from BME communities and women with complex needs
Interagency protocol for FGM
Trauma groupwork with female offenders
Women's justice centre

Women's Aid Children's Service
CEDAR Groupwork programme
Caring Dads Groupwork Programme
Safe Contact Agreements
Specialist Safe Contact Risk Assessments
Safe contact system evaluation

## SHORT TERM OUTCOMES

(3-5 years)

There is a clear pathway for domestic abuse
More practice is based on current research and best practice models
Increase in multiagency risk management and multiagency training
Improve services in health, police, housing, fire brigade, judiciary, and council

Improve data collection systems to understand prevalence and intersection with other protected characteristics
Improved service provision for women who continue to be in relationships where they are abused
Increase in services which allow women to remain in their own homes
Improved understanding of issues affecting women and children from BME communities and women with complex needs

Specialist provision for children and young people
Increase access to appropriate interventions with abusive fathers
Improve safety of contact arrangements

## MEDIUM TERM OUTCOMES

(5-10 years)

Staff have the right skills and knowledge
More effective interdisciplinary working across sectors
Shared evidence based understanding of domestic abuse

Reduce barriers to services for women with multiple and complex needs
Improved response to the needs of marginalised women

There is sufficient capacity within universal and specialist services to meet demand
Increase in long term mainstreamed funding for services

Improve support to non abusing parent
Improve father's parenting
Increase in child centred parenting
Children and young people are supported to heal from domestic abuse

## LONG TERM OUTCOMES

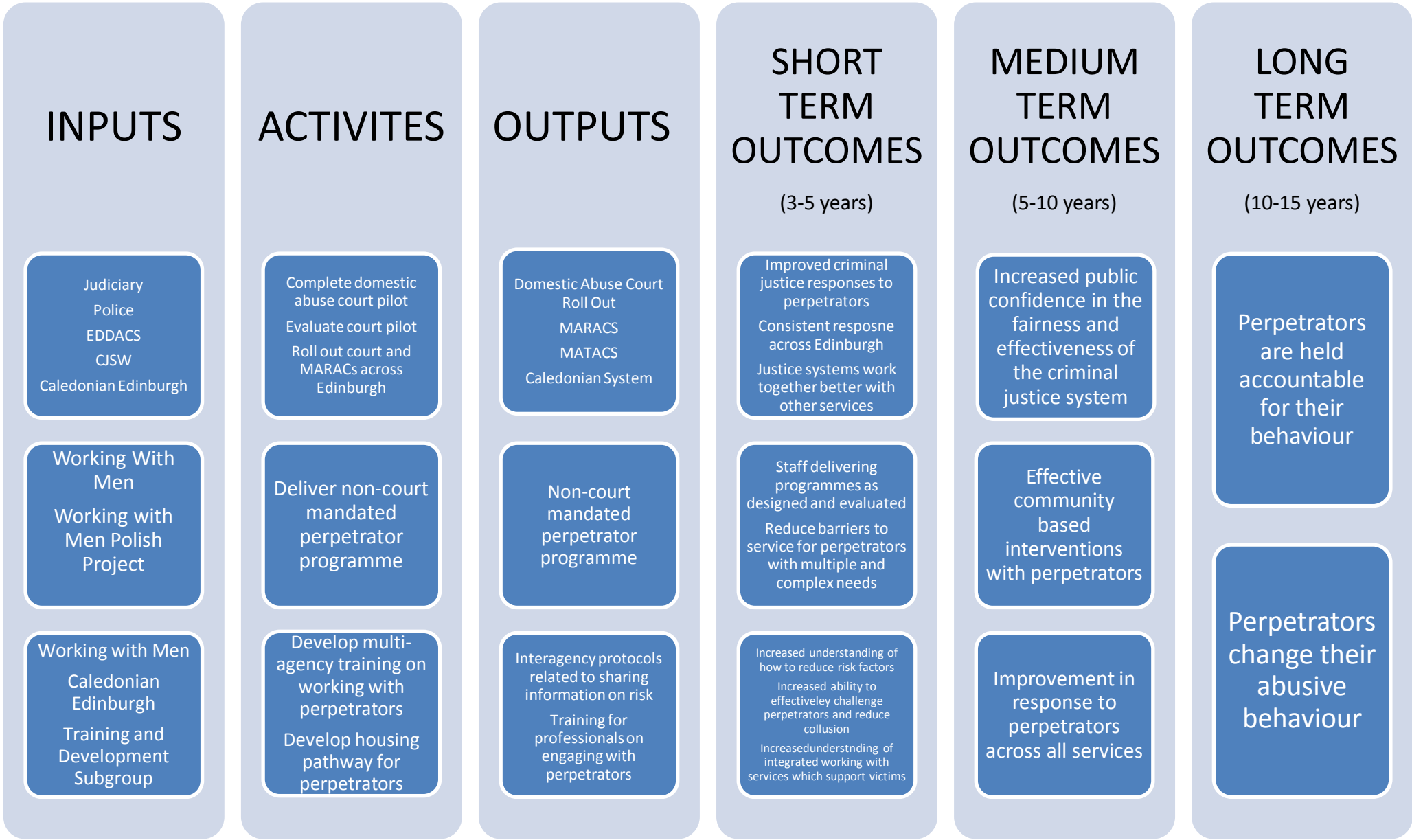
(10-15 years)

Edinburgh delivers an integrated multi-agency response to domestic abuse by a skilled work force with a shared understanding

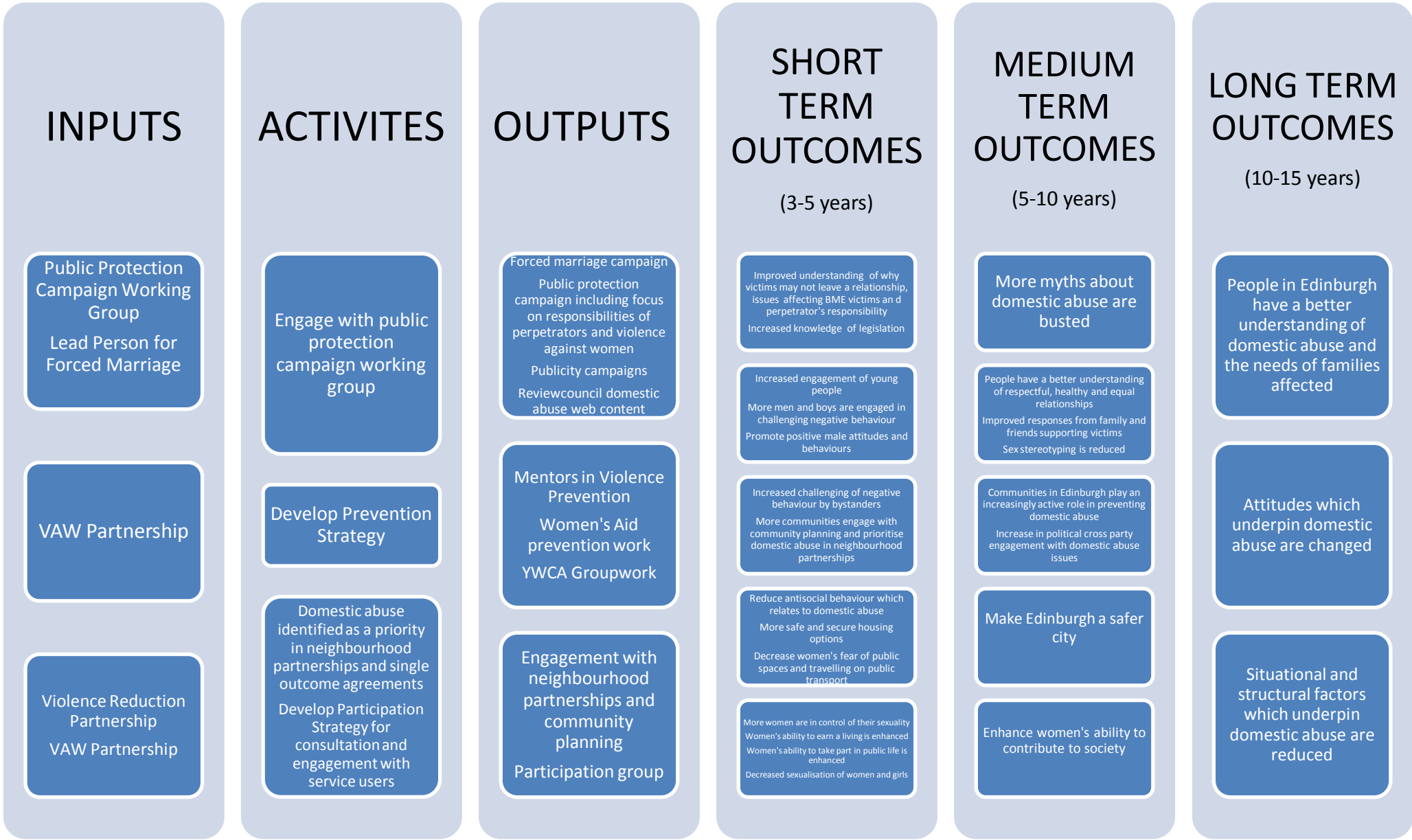
Victims of domestic abuse throughout Edinburgh can access appropriate high quality services at the right time

Protect and support children and young people experiencing domestic abuse

# Outcome B - Perpetrators are dealt with effectively and are less likely to reoffend



# Outcome C - Gender Inequality in Edinburgh is Reduced and Domestic Abuse is Prevented



# Corporate Policy and Strategy Committee

**10am, Tuesday, 6 August 2013**

# Response to Scottish Government Consultation on Draft Statutory Guidance and Regulations Linked to Self-directed Support

| | |
|---|---|
| **Item number** | 7.6 |
| **Report number** | |
| **Wards** | All |

## Links

| | |
|---|---|
| **Coalition pledges** | P1, P33, P38 |
| **Council outcomes** | CO3, C04, CO5, CO10, CO11, CO12, CO13, CO14, CO15, CO25, CO26, CO27 |
| **Single Outcome Agreement** | SO2, SO3 |

**Peter Gabbitas**

Director of Health and Social Care

Contact: Wendy Dale, Strategic Commissioning Manager

E-mail: wendy.dale@edinburgh.gov.uk | Tel: 0131 553 8322

# Executive summary

# Response to the Scottish Government Consultation on Draft Statutory Guidance and Regulations Linked to Self-Directed Support

## Summary

This report presents the draft responses, which have been submitted on behalf of the Council in response to the Scottish Government consultation on the documents listed below, which are linked to the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013 on 1 April 2014:

- Draft Statutory Guidance on Care and Support
- Draft Self-directed Support (Direct Payments) (Scotland) Regulations 2013
- Draft Carers (Waiving of Charges for Support) (Scotland) Regulations 2014
- Draft Directions (The Carer's Assessment (Scotland) Directions 2014)

The extremely tight timescales given by the Scottish Government for responses, together with the volume of work required to respond in detail to these critical documents, mean it has not been possible to present these reports to members before the deadline. However, civil servants are clear that the responses are in draft form only, and subject to confirmation or amendment by members today.

## Recommendations

It is recommended that the Committee consider the draft responses contained in Appendices 1 to 3, and subject to any member amendments, request that the Director of Heath and Social Care confirm the Council's decision to Scottish Government.

## Measures of success

The Scottish Government will review all submissions and is expected to issue final statutory guidance and regulations ahead of the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013, which comes into effect on 1 April 2014.

Long-term measures of success will be developed as part of the performance framework put in place in respect of personalisation and self-directed support.

## Financial impact

There is no immediate financial impact arising from the response to the consultation. The proposals contained within the draft regulations relating to direct payments and to waiving charges for carers could present a significant budget pressure if these remain unchanged in their final form. For example the proposals to:

- relax the position on the use of direct payments to employ relatives
- provide for people in receipt of direct payments to request that they be paid gross and then be invoiced for their contribution
- waive the right of local authorities to charge for respite care where the service is provided to the person in need of support.

## Equalities impact

The Scottish Government has undertaken an equalities impact assessment in respect of these proposals.

## Sustainability impact

There are no sustainability implications arising from this report.

## Consultation and engagement

In developing the responses to the various consultation documents, views have been sought from colleagues in Children and Families, Corporate Services (Finance and Legal), Health and Social Care and Services for Communities. Colleagues from these areas have also been asked for comments on the first draft of the responses and any comments received have been taken into account in developing the final drafts.

## Background reading / external references

Draft Statutory Guidance on care and support

Draft Self-directed Support (Direct Payment) Regulations 2013

Draft Carers (Waiving of Charges for Support) (Scotland) Regulations 2014

Draft Directions (The Carer's Assessment (Scotland) Directions 2014)

# Report

# Response to the Scottish Government Consultation on Draft Statutory Guidance and Regulations Linked to Self-Directed Support

## 1. Background

1.1 The Social Care (Self-directed Support) Scotland Act 2013 was passed by the Scottish Parliament in January 2013 and will be implemented on 1 April 2014. On 17 April 2013, the Scottish Government launched a consultation on a set of draft statutory guidance, directions and regulations linked to the Self-directed Support Act.

1.2 The Council's proposed responses to these documents are attached as follows:

- Proposed combined response to the consultation on the 'Draft Statutory Guidance on care and support' and the 'Draft Self-directed Support (Direct Payments) (Scotland) Regulations 2013' – Appendix 1
- Proposed response to the 'Draft Carers (Waiving of Charges for Support) (Scotland) Regulations 2014' – Appendix 2
- Proposed response to the 'Draft Directions (The Carer's Assessment (Scotland) Directions 2014)' – Appendix 3.

1.3 The proposed responses include contributions from Children and Families, Corporate Services (Finance and Legal), Health and Social Care and Services for Communities.

1.4 The deadline for responding to the Scottish Government was 10 July 2013. In order to meet this deadline the responses provided at Appendices 1 to 3 have been submitted as drafts, with a clear indication that the Council's formal response will not be agreed until considered by the Corporate Policy and Strategy Committee.

## 2. Main report

2.1 The Draft Statutory Guidance on care and support is well written and easy to understand, providing what is generally clear and useful guidance on the key

stages of a person's journey through the care and support system. The underlying principles and values, desired outcomes and deliverables are considered, as are the roles and responsibilities of a range of stakeholders, including the supported person, informal carers, service providers, the social work professional, senior managers, finance managers, legal advisors and commissioners.

2.2 The key elements of the proposed response in respect of the Draft Statutory Guidance are:

- that overall, the document is both helpful and provides clarity
- that the document is very adult focused and does not address the issues relating to children and families adequately, particularly in respect of the relationship between self-directed support and children or young people who are subject to statutory measures of intervention and support, or multi-agency child protection measures and plans
- an urgent request for further clarity on the application of the self-directed support legislation to children and families in general
- a proposed reordering of the section on assessment and eligibility and re-drafting of the section on eligibility to provide greater clarity and address some inaccuracies
- concern about the interface between the self-directed support legislation and the adult protection and support legislation
- the need to strengthen the section of the guidance relating to monitoring and review
- the need to make greater reference to the integration of health and social care in the section covering 'The role of the NHS and the NHS Professional'
- a concern that the way in which the guidance is written may lead to a significant increase in the number of applications the Council is required to make for welfare guardianship
- the clarity in the guidance that reablement and intermediate care should be considered as part of the assessment and so not subject to the four options of self-directed support is welcomed; as is the recognition that the four options should not be offered to people in a crisis
- concern at the short time between the publication of the final version of the guidance and the implementation of the Self-directed Support Act.

2.3 The key provisions within the Draft Self-directed Support (Direct Payments) (Scotland) Regulations 2013 are:

- that local authorities should pay direct payments net of any amount the supported person is required to contribute to the cost of their care, unless the supported person requests that they are paid the gross amount
- the circumstances in which local authorities can terminate a direct payment
- a relaxation of the rules on when direct payments can be used to employ family members
- the circumstances in which a direct payment cannot be offered to an individual

There are also two additional issues on which the Scottish Government is seeking views:

- should direct payments be made available for the purchase of long-term residential care
- should there be any restrictions on the type of support available to children and families that can be accessed through the four options of self-directed support

2.4 The key elements of the proposed response in respect of the regulations relating to direct payments are:

- a strong recommendation that direct payments should be paid net of the supported person's contribution in all but exceptional circumstances, in order to avoid local authorities incurring additional costs in respect of invoice processing and bad debt
- a concern that the use of direct payments to employ family members will lead to a blurring of the distinction between paid and unpaid care, and that between family member and employee, making it difficult for professionals to support family carers appropriately, and putting a strain on the relationship between the family member and the supported person; the proposed recommendation, therefore, is that the employment of family members through the use of a direct payment should remain at the discretion of the local authority, based upon an assessment of the individual's circumstances and the risks involved
- concern regarding the proposed blanket exclusion of some individuals and types of support from direct payments and the proposed loss of the professional's discretion to refuse access to direct payments, where they

believe that this would represent a serious risk to the supported person or others

- support for the proposal that the four options of self-directed support should not be offered to people in a crisis

- the proposal that local authorities should have the *power* to offer direct payments in respect of long-term residential care, rather than this being a *duty.*

2.5 The Draft Carers (Waiving of Charges for Support) (Scotland) Regulations 2014 set out the extent to which charges for care and support services should be waived where the service is being provided directly to a carer. The draft regulations are accompanied by a draft set of guidance. The circumstances covered are:

- direct services to carers – the whole charge to be waived

- services provided to enable a person to take a holiday – charge to be partially waived

- replacement care provided to the cared for person in circumstances where the carer is unavailable – the whole charge to be waived.

2.6 The key elements of the proposed response in respect of the regulations relating to waiving charges for support to carers are that:

- the Council agrees in principle with the waiving of charges, subject to adequate Scottish Government funding for the new demand, which will inevitably be generated and the loss of income from charges for respite care

- the Regulations and Draft Guidance are complex and difficult to understand and appear to provide quite complicated rules for when support to a carer is free from charging in whole or in part

- further detailed guidance is required on how to determine whether the support to a carer is direct or indirect

- an unintended consequence of this proposal may be that funding for carers' services is shifted towards the provision of support to specific carers and away from preventative or universal carers' support

- the guidance focuses on a limited range of services, rather than on the premise that support directly provided to a carer should be flexible and determined through collaboration between the carer and professional in order to meet the needs and outcomes of the carer.

2.7 The Draft Directions (The Carer's Assessment (Scotland) Directions 2014) aim to reinforce the interpretation of "providing a substantial amount of care on a regular basis" in order to ensure that a broadly consistent approach to carrying out carer's assessments is adopted across all local authorities.

2.8 The proposed response to the regulations relating to carer's assessments states that the Council "is supportive of the objective "to enhance the quantity and quality of carer's assessments", but is unsure how effective the draft directive will be in this respect. The proposed response also suggests that it would be useful to have directions to clarify the position on parents of children and when the definition of substantial and regular care differs to that of the responsibilities of a parent in general. It is also suggested that it would be helpful to have more directions oin the approach which should be adopted in interpreting 'substantial and regular care' for young carers.

## 3. Recommendations

3.1 It is recommended that the Committee consider the draft responses contained in Appendices 1 to 3, and subject to any member amendments, request that the Director of Heath and Social Care confirm the Council's decision to Scottish Government.

**Peter Gabbitas**

Director of Health and Social Care

## Links

| | |
|---|---|
| **Coalition pledges** | P1 – Increase support for vulnerable children, including help for families so that fewer go into care |
| | P33 – Strengthen Neighbourhood Partnerships and further involve local people in decisions on how Council resources are used |
| | P38 – Promote direct payments in Health and Social Care |
| **Council outcomes** | CO3 – Our children and young people at risk, or with a disability, have improved life chances |
| | C04 – Our children and young people are physically and emotionally healthy |
| | CO5 – Our children and young people are safe from harm or fear of harm, and do not harm others within their communities |

| | |
|---|---|
| | CO10 – Improved health and reduced inequalities<br>CO11 – Preventative and personalised support in place<br>CO12 - Edinburgh's carers are supported<br>CO13 – People are supported to live at home<br>CO14 – Communities have the capacity to help support people<br>CO15 – The public is protected<br>CO25 – The Council has efficient and effective services that deliver on objectives<br>CO26 – The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives<br>CO27 – The Council supports, invests in and develops our people |
| **Single Outcome Agreement** | SO2 – Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health<br>SO3 – Edinburgh's children and young people enjoy their childhood and fulfil their potential |
| **Appendices** | 1 Proposed combined response to the consultation on the 'Draft Statutory Guidance on care and support' and the 'Draft Self-directed Support (Direct Payments) (Scotland) Regulations 2013'<br>2 Proposed response to the 'Draft Carers (Waiving of Charges for Support) (Scotland) Regulations 2014'<br>3 Proposed response to the 'Draft Directions (The Carer's Assessment (Scotland) Directions 2014)' |

**APPENDIX 1**

# A public consultation on draft regulations and statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013

RESPONDENT INFORMATION FORM
**Please Note** this form **must** be returned with your response to ensure that we handle your response appropriately

**1. Name/Organisation**
**Organisation Name**

The City of Edinburgh Council

**Title** Mr ☐ Ms ☒ Mrs ☐ Miss ☐ Dr ☐ **Please tick as appropriate**

**Surname**

Dale

**Forename**

Wendy

**2. Postal Address**

| | | |
|---|---|---|
| Health and Social Care | | |
| City of Edinburgh Council | | |
| Waverley Court | | |
| 4, East Market Street, Edinburgh | | |
| **Postcode** EH8 8BG | **Phone** 0131 553 8322 | **Email** wendy.dale@edinburgh.gov.uk |

**3. Permissions - I am responding as…**

| **Individual** | / | **Group/Organisation** |
|---|---|---|
| ☐ | **Please tick as appropriate** | ☒ |

**(a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

**Please tick as appropriate**
☐ **Yes** ☐ **No**

**(b)** Where confidentiality is not requested, we will make your responses available to the public on the following basis

**(c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

| Please tick ONE of the following boxes | Please tick as appropriate ☒ Yes ☐ No |
|---|---|
| Yes, make my response, name and address all available ☐<br>**or**<br>Yes, make my response available, but not my name and address ☐<br>**or**<br>Yes, make my response and name available, but not my address ☐ | |

**(d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

**Please tick as appropriate** ☒ **Yes** ☐ **No**

**4. Additional information – I am responding as:**

**Please tick as appropriate**

| | |
|---|---|
| **1. Member of the public** | ☐ |
| **2. Individual health/social care professional** | ☐ |
| **3. Central government** | ☐ |
| **4. Local authority** | ☒ |
| **5. Community Health Partnership** | ☐ |
| **6. Health Board** | ☐ |
| **7. Support & information or advocacy organisation** | ☐ |
| **8. Voluntary sector organisation** | ☐ |
| **9. Private Sector organisation (e.g. private social care and support provider)** | ☐ |
| **10. Professional or regulatory body** | ☐ |
| **11. Academic institution** | ☐ |

| | |
|---|---|
| **12. Other – please specify** | |

# Consultation Questionnaire

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 2 : Values and Principles

**Question 1a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 1b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☒ | ☐ | ☐ | ☐ |

**Question 1c: Do you have any further comments on this section of the guidance?**
*Some advice to help you to answer this question – Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

The clarity provided in relation to the supported person's pathway and the roles and responsibilities of the various individuals and organisations that may be involved in the pathway is very helpful.

Step 7 of the pathway (Monitoring and Review) should be extended to include explicit reference to the importance of monitoring the extent to which the support plan is meeting outcomes and consideration of whether the outcomes themselves have changed. It would also be useful to refer to the opportunity to reconsider the SDS option in place as part of any review.

It would be helpful to mention the potential role of the provider in Individual Service Funds. This could be achieved by extending the final sentence detailing the responsibilities of 'The provider', by adding "and in assisting people to direct their own support through the use of Individual Service Funds.".

It would also be helpful to indicate in this section of the Guidance the stage of the pathway at which it is envisaged that discussion of the resources available to support the person should take place.

From a Children and Families perspective, the pathway is really helpful when focusing on children and their families who are seeking social work support. It is, however, unclear throughout the guidance where such an approach would fit with children and their families who are subject to statutory measures of intervention

and support, or multi-agency child protection measures and plans. It would be useful to have further guidance on how compulsory measures of care would sit alongside the principles of choice.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 3: Values and Principles

**Question 2a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 2b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☒ | ☐ | ☐ | ☐ |

**Question 2c: Do you have any further comments on this section of the guidance?**
*Some advice to help you to answer this question – Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

This is a useful restating of the underpinning values and principles, although it would be helpful to restate the link to Human Rights principles as in the National Strategy.

Whilst recognising the absolute importance of 'collaboration' between the professional and the supported person, it is also important to recognise that they will both have their own views, which may not always be in agreement. It would therefore be helpful if paragraph 14 could be amended to reflect the need for the views of each party to be transparent and recorded, along with any disagreements and resolutions.

The section on 'involvement' in table 3 makes reference to the need to assist communities to take an active role in commissioning; whilst this is important, the role of communities should not be limited to commissioning, but should include active engagement in the planning and delivery of services. It would be helpful if the table could be amended to reflect this.

From a Children and Families perspective, the reiteration of the values and principles underpinning our practice are a clear and useful reminder of the statutory principles of undertaking an assessment. It is not clear, however, how some of the

principles of collaboration, informed choice, involvement and participation would be implemented for those children who are subject to statutory or child protection measures. It would be useful to have clearer guidance on the following:

- Does the duty to consider and offer SDS arrangements extend to services that are required as part of a condition of a supervision requirement?
- Does the duty extend to services that are being put in place, or have been put in place, as agreed within a multi-agency child protection plan?
- What is the threshold for considering/offering SDS arrangements where children are not on supervision with specific conditions, or are 'children in need', not subject to a current Child Protection Registration or Initial Referral Discussion? For example, where there is an agreed multi-agency child's plan, put in place in relation to concerns about the care and well-being of a child, are the parents entitled to direct elements of that plan via SDS?

The importance of the underpinning values and principles may be communicated more effectively if this section came before the section on the supported person's pathway. This would make it clear that they relate to all aspects of how we discharge our duties, including the person's pathway.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 4: Eligibility and Assessment

**Question 3a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☐ could be clearer | ☐ |

**Question 3b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 3c: Do you have any further comments on this section of the guidance?**
*Some advice to help you to answer this question – Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

Whilst much of this section of the guidance is very useful, the ordering of the information is somewhat confusing. The following changes are suggested to improve the overall clarity of the section:

- The section headed 'The general principles that must inform the

assessment' (paragraphs 31 and 32 and Table 4) should be moved to follow paragraph 17.

- The first sentence of paragraph 18 should be retained and the remainder deleted and replaced with the content of paragraph 39 (main products from the assessment).
- The sub-heading 'Determining a person's eligibility for support' under paragraph 18 should become a bold heading.
- Paragraphs 24 and 25 should be moved to follow paragraph 20 under the heading 'Eligibility criteria'.
- The sub-headings 'Eligibility criteria' at the top of page 15, 'Further exploration of the person's needs and outcomes' above paragraph 26 and 'The conversation: good assessment practice and personal outcomes' above paragraph 33 should all become bold headings.

A version of this section of the Guidance reordered as suggested above is attached as Appendix A

The section on *Eligibility Criteria* requires significant amendment. Paragraph 21 currently states:

> *Eligibility criteria*
> 21. Local authorities apply local eligibility criteria in order to determine whether the person's needs call for the provision of services (i.e. to determine if [sic] *[should read "whether"]* the person's needs are eligible needs). Where the person is over 65 and eligible for personal care, or where the person is eligible for nursing care, the local authority must follow the relevant joint Scottish Government and COSLA guidance on eligibility criteria.

The first problem is factual inaccuracy. The 2009 Eligibility Guidance did not confine eligibility criteria to (a) people over the ages of 65 and eligible for personal care and (b) people of any age eligible for nursing care. It made the eligibility criteria mandatory for all social care for older people and optional for social care for adults aged 18-64. ("Mandatory" in the sense of guidance that Ministers expected it to be applied).

Even if this were corrected, Paragraph 21 would confine the joint Scottish Government/COSLA guidance on eligibility criteria to ***older people*** whilst Paragraph 22 refers to "the eligibility framework for access to social care for ***adults***" and quotes the definitions for the four risk bands from the same guidance.

This inconsistency is rooted in the 2009 Eligibility Guidance, which prescribed social care eligibility criteria for older people, but left it up to councils whether they apply this to adults aged 18-64. [Today this would be subject to successful challenge as discriminatory under the UK Equalities Act 2010]. The anomaly is historical, but continues to cause problems, as evidenced in the draft SDS Guidance.

The solution can be found in the 2009 Eligibility Guidance, which while prescriptive for older people also contains the following advice:

> 1.5 It is also recognised that some councils might choose to apply the eligibility framework set out within this guidance to all community care groups – the framework is generic and need not be confined solely to the management of older people's care. It has been written in such a way that it can be applied consistently across all adult care groups if individual councils choose to do so. However, this is a matter solely for individual councils and is not tied to the agreement between Scottish Government and council leaders on Free Personal and Nursing Care.

This leaves the way open to rewriting paragraph 21 as follows:

> 21. Local authorities apply local eligibility criteria in order to determine whether the person's needs call for the provision of services (i.e. to determine whether the person's needs are eligible needs). National eligibility criteria for social care were agreed by the Scottish Government and COSLA in 2009, and while originally developed for older people, as part of the response to Lord Sutherland's report on free personal and nursing care, the criteria were explicitly designed to apply consistently across all adult care groups (see paragraph 1.5 of the eligibility guidance available at: http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/Free-Personal-Nursing-Care/Guidance).

The existing Paragraph 22 can then stand, followed by a new paragraph 23:

> 23. In these definitions, the risks do not refer only to a reduction in an individual's current independent living, or health and wellbeing, but also to the risk that she or he may not be able to gain these outcomes without support.

Table 5 is helpful in terms of staff training and awareness-raising, as it gives a clear illustration of the shift in practice, which needs to take place.

The vast majority of the content of this section seems to relate to adults, with the guidance in relation to children and families sitting in section 9. It would be better to either rename this whole section 'Eligibility and Assessment – Adults' or to move section 9 to be part of this section and have two distinct subsections, one for adults and the other for children and families.

Given that a decision about eligibility is generally reached as a result of an assessment, it may be more appropriate to rename this section 'Assessment and Eligibility'.

It would also be helpful to distinguish between assessment and support planning more clearly, as the support planning may not always be completed at the assessment stage of involvement.

The legal basis for assessment covered by the guidance only refers to Section 23 and Section 24 of the Children (Scotland) Act 1995. There is reference to any other

legal basis for children and their families to be assessed. It would therefore be useful to have further clarity on whether the guidance is only referring to children with disabilities and their carers? There is no mention of any other child in need under Section 22 in this section of the Guidance and therefore it still remains unclear as to the circumstances in which children and their families could be eligible under the new legislation.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 5 : Support Planning

This section of the guidance covered:

- general guidance on support planning
- risk
- resources
- the choices that must be made available to the supported person and
- information and support

**Question 4a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 4b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 4c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

The description in Table 6 of the key ingredients of a support plan is clear and helpful, as is the clarification that the support plan is not limited to resources funded by the local authority.

Section 5.3 on **Resources** does not mention the legal requirement for councils to inform people of "the relevant amount for each of the options for self-directed support from which the local authority is giving the person the opportunity to choose" [2013 Act section 5(4)(a)]. The definition of "the relevant amount" is "the amount that the local authority considers is a reasonable estimate of the cost of securing the provision of support".

The draft Guidance does not explain how this duty should be best delivered within the process of support planning.

One common interpretation of this duty is that councils have to provide a reasonable estimate of the available resources to assist the supported person choose between the four SDS options, and reach decisions regarding how best they can meet their needs and wishes. However, as the support planning is finalised, the actual funding required to deliver the plan to meet their eligible needs may vary from the initial estimate. Support planning is informed by one or more indicative budgets (depending on whether they are the same for the four options), which is then finalised, as choices are made and care and support plans agreed. It would be helpful if the Guidance said something either to support or amend this interpretation.

The discussion regarding resources in paragraph 49 suggests three approaches to "resource allocation": the equivalence model, RAS, and "professional judgement alone or on a case-by-case basis". It is not clear how this third approach would deliver the required consistency, equity, and transparency.

Paragraph 50 stresses that systems and tools "are no substitute for the skilled judgement of a social work or health professional", and whatever resource allocation methodology is used, professional judgement is still required "to determine the appropriate level of financial resource to meet a person's eligible needs" (paragraph 51). If "professional judgement alone or on a case-by-case basis" is a third method of resource allocation, this would appear to be confirmed or revised by a further exercise of professional judgement.

The quotation in the "view from a social work professional" box after paragraph 52 needs a footnote to a source. The source is:

> International Federation of Social Workers (IFSW) definition of social work, available at:
> http://ifsw.org/policies/definition-of-social-work/

The City of Edinburgh Council has particular concerns regarding the impact of the limited ability of professionals to restrict the use of Option 1 in respect of the authority's wider responsibility for safeguarding and public safety. There will be a number of situations in which individuals who will not be excluded by legislation, from accessing direct payments through Option 1, may represent a risk to themselves or others; for example:

- people who have the capacity to choose Option 1, but may not be able to understand fully or exercise the responsibilities of an employer. In this situation people may unwittingly fall foul of employment legislation because they did not understand their responsibilities.
- People who have the capacity to make an informed choice, but lack the ability to recognise and safeguard themselves against harm by unscrupulous members of their families and members of the public.
- parents whose substance abusing lifestyle may cause concern, choose

Option 1 to meet the support needs of their child.

- individuals, who may represent a risk to other people, but are not subject to any of the compulsory orders under Regulation 11 of Part 4 of the Self-directed Support (direct Payments) (Scotland) Regulations 2013.

We believe that adult support and protection and child protection duties should take precedence in such circumstances and consider it essential that guidance and regulations provide clarity on this issue.

It is presumptuous to state at the beginning of paragraph 60 that "Large numbers of individuals will continue to select their support under Option 3" and suggest that this would be better if the first two sentences were reworded to read: "The principles of choice and control, collaboration and involvement should hold true for individuals who select option 3".

It would be helpful if the Guidance included a more detailed section on Brokerage, including a definition of the activities involved and guidance on who might carry out this function, together with a consideration of any issue around conflict of interest.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 6: Monitoring and Review

**Question 5a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 5b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 5c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

We believe it is important that the desire to change the option through which a person's support is arranged should be recognised as a trigger for review, and therefore suggest that the first sentence of paragraph 77 should be extended by adding the following "…as should a request to change the option through which a person's support is arranged and managed.".

It is important to stress that the collaborative and conversational approach taken to assessment should also be used in review. It is therefore suggested that paragraph 78 is amended to reflect this.

This section of the Guidance is relatively brief, which seems surprising given the importance of review and monitoring in ensuring that a person's needs and outcomes are being met and that the Option through which the support they receive is arranged and managed is working effectively. The tone of the section almost implies that review and monitoring is optional. It would be helpful if the guidance acknowledged the importance of review in stronger terms, particularly when regulatory bodies such as the Care Inspectorate place such an emphasis on review in their inspection procedures.

Other areas it may be helpful to address are:

- the need for a proportionate approach
- the way in which resources are being managed where a person is using Option 1 or 2
- the way in which any changes in the level of support are implemented, particularly where a person is in receipt of a direct payment and the review leads to a reduction in the amount of that payment, which may have implications for them as an employer.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 7 : Facilitating genuine choice for individuals

**Question 6a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 6b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 6c: Do you have any further comments on this section of the guidance?**

*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

This section of the Guidance is fairly limited and seems to focus on commissioning best practice, rather than on the new role of market facilitation, which local authorities will need to take on.

We suggest that this section should include reference to:

- the change required in the nature of commissioning from a hierarchical activity to one based upon collaboration and partnership between the local authority, provider and service user
- the importance of community planning and community capacity building
- the development of alternative approaches, such as cooperatives of providers and/or people in need of support
- personal assistants
- the need to support providers, including through the provision of information to assist them in understanding and responding to the changing requirements for care and support
- the provision of accessible information about the range of support available at a local level.

From a Children and Families perspective, it would be useful if this section included reference to the following:

- the need for information to be accessible for parents with a learning disability and for the children and young people it affects
- the need for providers to be ready and supported to prepare for changes in providing care and support services, and have structures in place for support
- the impact of the co-operative approach and how this will be integrated into self-directed support and service delivery
- the need for a shift in organisational culture from the traditional approach to commissioning of services to working in partnership with service users and providers to develop services that meet the needs of children and families
- the need to ensure synergy and communication between adult services and children's services to avoid both duplication and gaps, especially at points of transition
- the need to embed the principles of Getting it Right for Every Child and the key elements of the Children and Young People's Bill, including Children's Rights
- the need for information regarding services (and how to access them) to be made available to families within their local area.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 8 : The role of the NHS professional

**Question 7a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 7b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 7c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

It would be helpful if this section of the Guidance could make greater reference to the integration of health and social care, and the links between personalisation and self-directed support and the Person-centred Health and Care Programme within the NHS. The level of culture change required cannot be underestimated.

One of the major complexities in developing jointly funded packages of support is the issue of charging; services provided by the NHS being free at the point of delivery, whilst local authorities have the power to charge for support with the exception of free personal and nursing care. No reference to this issue is made in either section 8 of the Guidance or paragraph 149, which deals with charging. This is a significant omission.

Case study 1 is not a particularly useful example of a jointly funded package.

In paragraph 85, the last but one line should be amended to read "and social care senior mangers and professionals to take full advantage of" on the basis that senior managers need to create the strategic environment within which professionals feel able to adopt joint approaches.

There appears to be an error in the second line of the second bullet point of paragraph 87 – "aspects of social care provision" should read "aspects of health and social care provision".

The examples and references in this section are related to adults with health and social care needs. It would be useful to have examples and more specific guidance in this section, relating to children where there is a role for both health and social work, and how it is envisaged that jointly funded packages of care would be implemented.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 9.1 : Children and Families

**Question 8a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 8b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 8c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

It is disappointing that the section on Children and Families is very brief, taking up only 5 of the 79 pages of the guidance. The overall guidance is currently very adult-focused. This is unfortunate and a missed opportunity.

It would be useful to have a definition of social care in relation to children and families.

It is imperative to have further clarity as to whom the legislation covers when making reference to children who have 'care and support needs, which are being met under Section 22 or Section 23 of the 1995 Act'. Does this include children who are subject to a supervision requirement, children who are looked after at home or away from home, children in a residential school setting, children who are eligible for throughcare and aftercare support, children who are subject to child protection inquiries or child protection registration?

Paragraph 96 makes reference to the 'broad definition' of children in need as provided in Section 22 , but does not answer the above questions.

It is useful to mention the GIRFEC approach and well-being indicators in this Section. It would also be useful to include further guidance as to how this new legislation will fit with other relevant legislation, such as the Children and Young People (Scotland) Bill and the Children's Hearing (Scotland) Act 2011.

In paragraph 100 reference is made to potential conflict between the child's and the parent's views. It would be useful to have further guidance on this matter, as very often it is not easy to determine for whom we are providing the service. Assessments are often made to identify support to parents to assist them in

continuing in their parenting role, rather than identifying services that the child has requested. For example, a child often receives residential respite in order to give the parent/carer a break, rather than because that child has expressed an explicit need to have some time away from his/her family.

We suggest that reference should be made not only to parents but to parents/carers, as an acknowledgement that not all children are cared for by their birth parents.

Paragraph 104 makes reference to 'positive risk taking'. Again it would be useful to have further guidance on this, including a definition. Self-directed support will inevitably mean that families will be taking on more responsibility and will require there to be a shared responsibility for risk taking.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 9.2 : Supported decision-making and circles of support

**Question 9a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 9b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 9c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

This is clearly a complex area and links to a range of other legislation. This section would benefit from a summary of the relevant legislation as has been included at the start of some other sections of the Guidance (e.g. 9.3 Carers). Specific reference should also be made to:

- the definition of capacity contained within the Incapacity (Scotland) Act 2000; and
- Section 13Z of the Social Work (Scotland) Act 1968, which deals with the provision of services to adults with incapacity

- The Code of Practice for local authorities exercising functions under the Adults with Incapacity (Scotland) Act 2000, which covers the limits of Section 13Z in the context of human rights.

The Guidance does not deal directly with the issue of people who lack capacity but have no welfare guardian or attorney. This is a significant omission. Clarity is required as to whether a local authority may provide services under Option 4 in these circumstances, using their powers under Section 13Z of the Social Work (Scotland) Act 1968. If this is not the case, it would appear that the only alternative will be for the local authority or a private individual to apply for welfare guardianship in order for services to be provided under this Option; which may lead to a significant increase in applications for welfare guardianship.

Paragraph 111 would benefit from the inclusion of a reference to wider communication tools, such as Talking Mats, in order to assist those who experience difficulty in communicating decisions.

The implication in the Guidance seems to be that people either do or do not have capacity. There is no recognition that for some people, the capacity to make decisions may fluctuate.

The concern we raised in our response to question 4c regarding people who have the capacity to choose Option 1 but may not be able to understand fully or exercise the responsibilities of an employer, is also relevant here.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 9.3: Carers

**Question 10a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 10b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 10c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

The City of Edinburgh Council is supportive of the power to provide assistance to carers to enable them to continue in their caring role. There are a number of areas, however, where we believe the Guidance could provide greater clarity:

- It would be useful to provide definitions of both carers and young carers, which could be taken from 'Caring Together: The Carers' Strategy for Scotland 2010-15' and 'Getting it Right for Young Carers: The Young Carers' Strategy for Scotland 2010-15.
- It is not always easy to determine whether a particular service is providing support to the carer, the cared for person, or both. This is pertinent to both adults and children's services. Indeed, some carers take the view that any support provided to the person they care for provides a break for them as a carer. This can be a significant issue where the carer and the supported person have differing views about the support to be provided to the supported person in order to give the carer a break. It also will become an increasingly important issue if the Draft Carers (Waiving of Charges for Support) Regulations are passed. Guidance on this issue is therefore required urgently.
- The Guidance makes little specific reference to young carers. Greater clarity is required as to how self-directed support applies to young carers, and in particular the availability of Option 1 to those aged under 18.

There seems to be no recognition of the fact that informal carers and the person they care for may have differing views as to how the carer's break from caring should be facilitated, particularly where the break involves a service being provided to the cared for person. For example, the carer may prefer that the cared for person goes into residential accommodation for a short period to enable the carer to go on holiday, whilst the cared for person may prefer to be supported to remain at home. This potential conflict between providing support for the carer and enabling the supported person to exercise choice and control is a complex issue where professionals would benefit from clear guidance.

From a children and families perspective it would be useful to have clarity on when a parent/guardian's role and responsibilities become such that they would be eligible for a carer's assessment. The definition, as it stands, of a carer as someone who 'provides a substantial amount of care on a regular basis' could currently be applied to all parents and carers of children and young people.

## Draft Statutory Guidance on Care and Support

### Consultation Questions

Section 9.4: Direct payments

**Question 11a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 11b: How useful did you find this section of the guidance? (please tick)**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 11c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

Whilst paragraph 125 spells out the responsibility of the supported person in situations where a third party direct payment is in place, nothing is said about the responsibilities of the third party. It is important that there is clarity regarding the responsibilities of both.

The right of the professional to refuse to agree to a direct payment being spent on a particular purchase, which they do not believe will meet the supported person's needs and outcomes is implied in paragraph 129; it would be more helpful if this were explicit.

There is no mention of the Government's intention to relax the restrictions on using direct payments to employ family members. Guidance on the issues to be addressed when considering this option would be welcomed.

Paragraph 127 outlines how a supported person might use their direct payment. One suggestion is a 'physical "thing", which helps to meet the supported person's needs. This implies that this could be some form of equipment, such as a bike or a computer. It would be useful if the guidance addressed the issue of responsibility for the maintenance and upkeep of any equipment purchased.

## Draft Statutory Guidance on Care and Support

Section 9.5: Wider legal duties and strategic responsibilities

**Question 12a: Was this section of the guidance clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| ☒ | ☐ |

**Question 12b: How useful did you find this section of the guidance? (please**

| Very useful | Quite Useful | Not very useful | Not at all useful |
|---|---|---|---|
| ☐ | ☒ | ☐ | ☐ |

**Question 12c: Do you have any further comments on this section of the guidance?**
*Please provide your suggestions for improvements or additions to this section. Are there any further topics that you would like to see included, any changes that should be made or any other comments you'd like to make?*

**Adult support and protection**
We have already detailed some of our concerns regarding this issue in relation to direct payments in our response to question 4c. In general, we believe that much clearer guidance is required regarding the interaction between self-directed support and the safeguarding and public safety responsibilities of local authorities and the relative priorities of each.

**Reablement /Intermediate Care**
The clarification that reablement and intermediate care are not subject to the four options of self-directed is welcomed. It would be helpful if this position were confirmed by regulations.

**Charging**
Some reference to the Self-directed Support section in the COSLA non-residential charging guidance would be useful here, with the web link to the document.

**Equipment and adaptations**
The title of this section appears to be misleading, as no reference is made to equipment for daily living. Guidance in this area, particularly around the four options of self-directed support would be welcome.

In terms of adaptations, further guidance is required as to how funding through self-directed support impacts on other sources of funding.

**Housing support services**
Paragraph 151 states that "Where housing services fall within the definition of community care services, then the 2013 Act applies, and the supported person should be provided with the full range of choices under the 2013 Act". This guidance is not helpful unless it is already well understood which housing services, especially those formerly funded under Supporting People, are also community care services. Such boundaries are not at all clear and require further explanation in the SDS Guidance to clarify the application of the Self-directed Support Act.

**Other forms of social welfare**
We believe that housing support to those assessed as homeless should be excluded from direct payments and individual service funds, as this is a short-term reablement type service designed to take people out of crisis. Furthermore, this exclusion should be extended to those receiving advice and support to prevent homelessness, as these services are short-term in nature and intended to assist people to maintain a tenancy.

## Draft Statutory Guidance on Care and Support

### Consultation Questions – General Questions

The Guidance document as a whole

**Question 13: Do you have any further general comments on the guidance?**
*For example, are there any gaps in terms of the topics covered by the guidance? Are there any major changes that you would recommend? Do you have any comments on the style and layout of the guidance, or the language used in the guidance?*

The City of Edinburgh Council welcomes the opportunity to comment on the Draft Statutory Guidance and Regulations and is committed to the implementation of self-directed support. Overall, we consider the Guidance to be clear, comprehensive and very readable. It provides much useful material for staff training and development, and also emphasises the scale of the culture change required for all stakeholders, local authorities, people who use care and support services, carers, service providers and colleagues within the NHS.

We are, however, concerned that the timescales for the publication of the final versions of the Guidance and Regulations will allow little time for action before the implementation of the Social Care (Self-directed Support) (Scotland) Act 2013.

The costs and benefits arising from this guidance

**Question 14: Do you have any comments on the financial costs or benefits of the requirements set out in the guidance?**
*Can you identify any financial costs or benefits to individuals, local authorities, health boards, providers or any other person or organisation affected by the guidance. In considering the costs and benefits you may wish to consult the Business Regulatory Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act available at the following hyperlink:*
*http://www.scotland.gov.uk/Publications/2012/03/5525*
*We plan to update the BRIA in light of the comments and information from this consultation.*

Our comments are set out below in response to the draft Regulations

The equality and human rights impacts of the guidance

**Question 15 (a): Do you have any views on the impact of the guidance on any or all of the following equality categories:**
**i) age;**
**ii) disability**
**iii) gender;**
**iv) lesbian, gay, bisexual and transgender;**
**v) race, and;**

**vi) religion and belief**

*Some advice to help you to answer this question - By "equality impacts" we mean whether or not the guidance will affect certain groups in a positive or a negative way. In considering the impacts you may wish to consult the Equality Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act available at the following hyperlink:*
*http://www.scotland.gov.uk/Publications/2012/03/9876*
*We plan to update the Equality Impact Assessment in light of the comments and information from this consultation.*

| |
|---|
| We believe that the Guidance meets obligations in relation to equality. |

**Question 15 (b): Do you have any views on the impact of the guidance on human rights?**
For more information about human rights please see the Scottish Human Rights Commission's website at:

http://www.scottishhumanrights.com/abouthumanrights/whatarehumanrights

| |
|---|
| No comments. |

# Consultation Questionnaire

# Draft Regulations

**Consultation Questions**

**Question 1: What are your views on Part 2 of the draft Regulations (calculation, payment and termination of direct payments)?**

| |
|---|
| We strongly recommend that direct payments should be paid net of the supported person's contribution in all but exceptional circumstances, such as where the supported person is contesting the local authority's financial assessment or charges, through complaints or appeal processes, or through the courts. Regulation 4 therefore should be amended.<br><br>The option for the supported person to request that the local authority pays them the gross amount and then recovers part of that amount as their contribution, would, when exercised, add significant unnecessary bureaucracy. It will also result in additional costs for local authorities through invoice processing and bad debt at a time when we are seeking to streamline administrative processes in order to generate efficiencies and protect frontline services.<br><br>We are concerned that the proposed Regulation 6 regarding third party direct payments takes no account of whether the proposed third party represents a risk, either to the individual or the local authority. We can envisage circumstances in which a third party may put pressure on a supported person to enter into a third |

party arrangement, which may result in the direct payment being used inappropriately and not for the benefit of the supported person. We therefore advocate the inclusion of a provision, which allows for professional judgement as to whether the third party is an appropriate person to take on this role. If your legal advice is that such discretion is covered by the use of the word "may" in describing a local authority power rather than a duty, the Statutory Guidance on care and support should include a section on the reasons why a request to make Third party direct payments should be refused.

**Question 2: What are your views on Part 3 of the draft Regulations (appropriate/inappropriate circumstances for the employment of close relatives)?**

The employment of close relations risks blurring the distinction between paid and unpaid care and that between family member and employee. We believe that the draft regulations will make it difficult for professionals to support family carers appropriately and put a strain on the relationship between the family member and the supported person. For example:

- it will be difficult to establish whether undue pressure has been exerted by either the family member or the supported person on the other party to agree to the family member being employed using a direct payment
- it will be difficult for the professional to assess the needs of the family member in their unpaid caring role if they are also employed as a paid carer, for example – is the need for a break, respite care or paid annual leave?
- there will inevitably be an impact on dynamics within the family when one family member is employed by another
- there is a real danger that the family member who is employed does not feel able to take a break from their caring role, whether paid or unpaid, and that the duties of an employer and rights of an employee are not adhered to
- it may not be in the family's interest to meet the outcomes identified for the child, such as independence if this would mean there would then be no need for the family member to be employed
- the family receiving the direct payment may not speak up if the support is not meeting their needs because they feel torn/guilty that this could mean making another family member unemployed.

We therefore believe that the employment of family members through the use of a direct payment should remain at the discretion of the local authority, based upon an assessment of the individual's circumstances and the risks involved.

Section 9(3)(b) gives an example of when a family member could be employed as: if the 'service user has difficulty interacting with strangers'. We would hope and expect that all children would initially have difficulty interacting with strangers on first meeting them and therefore suggest that further consideration is given to this statement.

**Question 3: What are your views on Regulation 11 which deems individuals who are placed under a variety of criminal justice orders to be ineligible to receive direct payments?**

For example, is it appropriate to impose the exclusions listed in Regulation 11? Are there any persons not listed in regulation 11 to whom it would be inappropriate to offer the option of a direct payment?

There are individuals who are not subject to any of the criminal justice orders listed in regulation 11, whose circumstances are such that it would not be appropriate for them to receive a direct payment, for example:

- people who misuse drugs and/or alcohol or have a gambling addiction and are not subject to any of the orders in Regulation 11, but are very likely to misuse money made available to them through a direct payment
- people who are subject to no criminal order, but could present a real risk to others and therefore should not be put in a position where they could employ other people through a direct payment
- people who may be put under pressure by relatives or others to choose a direct payment
- people who may have the capacity to exercise informed choice and select a direct payment, but lack the understanding and skills to undertake the duties and responsibilities of an employer
- parents with drug and/or alcohol addictions who may choose a direct payment as the mechanism to support a disabled child.

There will also be situations where individuals who are subject to one of the criminal justice orders in Regulation 11 are on the road to recovery and where taking on the responsibility for a direct payment may form part a positive part of that journey.

We are therefore not comfortable with the idea of a blanket ban on receiving direct payments for specific groups of people, but believe that this is an area where the decision should be made based on professional judgement of the risks involved on a case by case basis.

**Question 4: What are your views on restricting access to direct payments for those who are homeless, those who are fleeing domestic abuse or those who require support in relation to drug or alcohol addiction?**

We fully support the position that it is inappropriate to ask people to choose between the four options for self-directed support in a crisis and agree that people who are homeless, at risk of homelessness or fleeing domestic abuse should not be offered a direct payment as a first response. However, once the individual's situation has stabilised, we believe they should be offered access to the four options with any decision regarding the appropriateness of offering a direct payment made on a case by case basis and based on the professional's judgement of the risks involved.

We understand that this is consistent with the wording of regulation 12, which removes the legal *duty* to offer Option1, but not the *power* to do so. Again, it would be helpful for this to be clarified in the SDS Statutory Guidance.

**Question 5: What are your views on restricting access to direct payments in relation to the provision of long-term residential care?**

This question was raised during the initial consultations on a draft SDS Bill. The Scottish Government would like to invite detailed views before making a final decision prior to the laying of the Regulations before the Scottish Parliament. Should the restriction be removed from the final regulations, thereby allowing direct payments for residential care? Or should it be retained? Please provide reasons as to your support or opposition to requiring authorities to provide direct payments for residential care.

We remain unconvinced as to the benefits of allowing direct payments to be used to fund long-term residential care. Therefore the removal in Regulation 12(d) and (e) of a *duty* to provide Option 1 should be retained for the following reasons:

- People who are assessed as requiring residential care and who are eligible to receive local authority funding already have a statutory right to a choice of accommodation, subject to certain provisos, as a result of Choice of Accommodation Direction, issued in 1993 by Ministers under section 5(1A) of the Social Work Scotland Act. It is difficult to see what further *choice* would be achieved by converting the local authority funding into a direct payment.

- Residential care is a supplier's market in some parts of Scotland. In Edinburgh, there is a limited number of care homes willing to admit people at the National Care Home rates for older people without a third-party top-up. Direct payments will therefore not provide more choice than already exists, unless the Council funding increased above the national rates.

- Less choice and/or greater cost might result if care home providers were to treat recipients of direct payments as *self-funders*. If so, this might also involve the local authority in more cost, when residents run out of funds or relatives' top-ups.

- People seeking admission to a care home, following assessment, might feel they had more *control* if the receipt of a direct payment empowered them to negotiate with care home providers. However, the gains from such control seem fairly limited compared to what the earlier consultation paper acknowledged would be "the responsibilities and paperwork that come with entering into a contract with a care home."

We do, however, recognise that there may be some people who want a direct payment for this purpose, perhaps because they were receiving a direct payment

to purchase community based services prior to needing residential care. In these circumstances, we suggest that the local authority should have a power, rather than a duty, to provide direct payments in respect of residential care.

This would be achieved by leaving clauses (d) and (e) of Regulation 12 as drafted, since they merely remove the *duty* to offer Option 1, not the *power*. Again, it would be helpful for this to be clarified in the SDS Statutory Guidance.

Regardless of whether the Regulations are changed in respect of access to direct payments for long-term residential care, the principles of choice, control, collaboration and involvement should hold true for people using this type of support, and it would be helpful if this were emphasised in the Statutory Guidance on care and support.

There is a level of misunderstanding regarding this proposal as it seems to be being interpreted as making direct payments available to people assessed as needing residential care in order for them to purchase non-residential alternatives.

**Question 6: The draft Regulations <u>do not</u> specify circumstances where the direct payment option should be <u>unavailable</u> for care and support to children/families. *Should* there be specific restrictions on choice of support in relation to children/families support (i.e. support provided under Section 22 of the Children (Scotland) Act 1995) and should these restrictions apply to the direct payment only, or to other options as well?**

The City of Edinburgh Council believes that more guidance is required specifically for children and families, particularly in relation to how the choice of support would marry with statutory measures of intervention and child protection measures. To reiterate, further consideration should be given to the following:

- Should the duty to consider and offer SDS arrangements extend to services required as part of a condition of a supervision requirement?
- Should the duty extend to services put in place, as agreed within a multi-agency child protection plan?
- What is the threshold for considering/offering SDS arrangements where children are not on supervision with specific conditions, or are 'children in need', rather than subject to a current Child Protection Registration or Initial Referral Discussion? For example, where there is an agreed multi-agency child's plan, put in place in relation to concerns about the care and well-being of a child, are the parents entitled to direct elements of that plan via SDS?

**Question 7: Do you have any further comments on the draft Regulations?**

For example, are there any gaps in terms of the topics covered by the Regulations? Are there any major changes that you would recommend? Are there any topics that are more appropriate for statutory guidance rather than Regulations?

No comments.

## Draft Regulations

### Consultation Questions – General Questions

The costs and benefits arising from these regulations

**Question 8 : Do you have any comments on the financial costs or benefits of the Regulations?**

Can you identify any financial costs or benefits to individuals, local authorities, health boards, providers or any other person or organisation affected by the Regulations. In considering the costs and benefits you may wish to consult the Business Regulatory Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act available at the following hyperlink:
http://www.scotland.gov.uk/Publications/2012/03/5525
We plan to update the BRIA in light of the comments and information from this consultation.

Regulation 4 – if not amended – and Regulation 12(d,e) – if not retained – contain the potential for additional costs to local authorities, which are not recognised in the Financial Memorandum.

We comment separately on the issue of waiving charges for carers.

The equality and human rights impacts of the regulations

**Question 9 (a): Do you have any views on the impact of the Regulations on any or all of the following equality categories:**
**i) age;**
**ii) disability**
**iii) gender;**
**iv) lesbian, gay, bisexual and transgender;**
**v) race, and;**
**vi) religion and belief**

By "equality impacts" we mean whether or not, and in what ways, the Regulations will affect certain groups, and whether they will impact on those groups in a positive or a negative way. In considering the impacts you may wish to consult the Equality Impact Assessment published for the Social Care (Self-directed Support) (Scotland) Act 2013, available at the following hyperlink:
http://www.scotland.gov.uk/Publications/2012/03/9876
We plan to update the Equality Impact Assessment in light of this consultation.

No comment

**Question 9 (b): Do you have any views on the impact of the Regulations on human rights?**

For more information about human rights please see the Scottish Human Rights Commission's website at:
http://www.scottishhumanrights.com/abouthumanrights/whatarehumanrights

| |
|---|
| No comment |

## APPENDIX A – CITY OF EDINBURGH COUNCIL PROPOSED REORDERING OF SECTION 4 OF THE DRAFT STATUTORY GUIDANCE ON CARE AND SUPPORT PRIOR TO ADDRESSING OUR OTHER COMMENTS

### SECTION 4: ELIGIBILITY AND ASSESSMENT

This section deals with assessment. It covers the concept of assessment, its basis in social care legislation, its purpose in day to day practice and its place in the supported person's pathway.

### The legal basis for assessment

16. Section 12A of the Social Work (Scotland) Act 1968 provides the legal basis for community care assessment for adults. The equivalent assessment duties for children, carers of adults and carers of children are:
    - Section 23 of the 1995 Act (children);
    - Section 12AA of the 1968 Act (carers of adults)
    - Section 24 of the 1995 Act (carers of children).

17. Please see Annex A in this document for a copy of the relevant legal provisions.

### The general principles that must inform the assessment

31. Section 12 of the 1968 Act requires the relevant authorities to "promote social welfare by making available advice, guidance and assistance on such a scale as may be appropriate for their area". Assessment is an important means by which to deliver this duty. Promoting social welfare means taking any steps necessary to improve the quality of life for individuals and the wider population. The equivalent duty in relation to children is the duty in Section 22 of the 1995 Act to "safeguard and promote the welfare of children who are in need". Sections 12 and 22 provide the relevant professional with a fairly wide discretion to use their judgement and to provide any type of support or service, provided that the intervention or level of support will help to meet the relevant needs. The professional should utilise this discretion in order to work with the supported person and to design flexible solutions based not just on the assessed needs but on the positive outcomes for the person.

32. The general principles in Section 1 and 2 of the 2013 Act provide a further guide in interpreting and discharging the various assessment duties found in the 1968 Act and 1995 Act.

### Table 4: The general principles of assessment (provided by Section 1 of the 2013 Act)

| **Collaboration** |
| --- |
| The professional must collaborate with a supported person in relation to the assessment. They should work with the person and towards a shared goal, in this case the identification, development and subsequent delivery of the supported |

| |
|---|
| person's outcomes. They should facilitate the active contribution of the person as a partner in working towards a shared goal. |
| **Involvement**<br><br>The supported person (adult, child or carer) must have as much involvement as they wish to have in the assessment. |
| **Informed Choice**<br>The supported person must be provided with any assistance that is reasonably required to enable them to express their views about the assessment. |

| |
|---|
| **Further guidance and hyperlinks:**<br><br>For further guidance on the general principles on assessment and support planning see section 3 in this document. |

**The purpose of assessment**

18. A good quality assessment helps to ensure better outcomes for individuals and it helps to ensure greater consistency and transparency in how decisions are reached. ~~This section provides guidance on two distinct aspects of assessment:~~

- ~~the initial steps in order to determine the person's eligibility for support, and;~~
- ~~the detailed exploration or "further assessment" of the person's needs, moving on to their desired outcomes.~~

There should be three main products from the assessment process:

- the assessment itself – this should include a decision about whether the person is eligible for support.
- the support plan (where the person is eligible for support) – this should articulate the eligible needs, outcomes and plans for the individual.
- the actual support provided to the individual.
  *(previously paragraph 39)*

**Determining a person's eligibility for support**

19. The first purpose of assessment is to identify the person's needs with a view to determining whether the relevant authority has an obligation to meet those needs. In other words, it is to determine the person's "eligibility" for support.

20. The duties contained in Sections 12 and 12A relate to the provision of services to a "person in need". In order to qualify as a person in need the person must be in need of support arising out of infirmity, youth or age or require support arising from illness, mental disorder or disability (also included are persons subject to immigration control and those in need of care and attention arising out of drug or alcohol dependence or release from prison or

other forms of detention). The professional must therefore undertake an assessment of the person's needs and then, having regard to the results of that assessment, a further consideration of whether the needs call for the provision of services.

## Eligibility criteria

24. A local authority can take into account its overall resources when determining eligibility criteria. However, once it has decided that the individual's needs are such that they call for the provision of services (i.e. are 'eligible needs'), they cannot then refuse to meet those needs because of budgetary constraints. The local authority should take a strategic approach to the application of eligibility criteria and it should do this in partnership with wider partners, including the health board, providers, user groups and carer groups. The authority should develop its criteria within the context of its wider commissioning strategy. The authority's strategy or policy on eligibility criteria should consider the application of those criteria within a broader framework of prevention, early intervention, support to carers and universal services. If a person does not meet a particular eligibility threshold, the authority should take steps to ensure that the appropriate arrangements are in place, providing an environment where the professional can direct that person to suitable alternative sources of support. The authority should consider their strategy for investing in preventative and universal services – interventions which prevent or delay the need for formal social care and support.

25. The authority should develop its policy in relation to eligibility criteria in line with the general principles within this guidance. In particular, it should consider the principles of involvement (of service users/carers), informed choice and collaboration. It should take steps to involve people who use support, carers and partner organisations in the development of its policies and it should do so from the outset. It should publish the eligibility criteria/framework and it should do so in a clear and transparent way. Finally, the authority's *response* to need – in other words, their *application* of eligibility criteria – should be informed by the continuing review of each individual's needs, including consideration of how urgently service provision is called for and what interim measures may be appropriate pending any long-term support. High quality and thorough professional judgement is needed in order to discharge this task.

21. Local authorities apply local eligibility criteria in order to determine whether the person's needs call for the provision of services (i.e. to determine if the person's needs are eligible needs). Where the person is over 65 and eligible for personal care, or where the person is eligible for nursing care, the local authority must follow the relevant joint Scottish Government and COSLA guidance on eligibility criteria.

22. The eligibility framework for access to social care for adults prioritises risks into 4 bands: critical, substantial, medium and low:

- **Critical Risk:** Indicates that there are major risks to an individual's independent living or health and wellbeing likely to call for the immediate or imminent provision of social care services (high priority).

- **Substantial Risk:** Indicates that there are significant risks to an individual's independence or health and wellbeing likely to call for the immediate or imminent provision of social care services (high priority).

- **Moderate Risk:** Indicates that there are some risks to an individual's independence or health and wellbeing. These may call for the provision of some social care services managed and prioritised on an on-going basis or they may simply be manageable over the foreseeable future without service provision, with appropriate arrangements for review.

- **Low Risk:** Indicates that there may be some quality of life issues, but a low risk to an individual's independence or health and wellbeing with very limited, if any, requirement for the provision of social care services. There may be some need for alternative support or advice and appropriate arrangements for review over the foreseeable future or longer term.

*Application of eligibility criteria via the assessment*

*The professional's role*

23. In determining a person's eligibility, the professional should take full account of how the person's needs and risks might change over time. The professional should consider the impact of failure to intervene and whether this would lead to escalation of need in future. They should take a well rounded approach, recognising that risks to participation in society (living an ordinary life, engaging with others) are valid alongside risks to dignity (personal care, "life and limb" support). They should be alive to potential "hidden" needs which may not be obvious or highlighted in generic guidance documents. Both parties – the professional and the individual – should be able to access information and advice about alternative sources of support out-with formal or "funded" social services.

~~*The local authority's role*~~

**Further guidance and hyperlinks:**

For further guidance on the application of eligibility criteria see the Scottish Government and COSLA's National Standard Eligibility Criteria and Waiting Times for the Personal and Nursing Care of Older People:
http://www.scotland.gov.uk/Topics/Health/Support-Social-Care/Support/Older-People/Free-Personal-Nursing-Care/Guidance

## Further exploration of the person's needs and outcomes

26. A further purpose of assessment is to provide the basis for future support interventions. This is where the professional and the individual fully explore the nature of the person's needs and seek to translate needs into personal outcomes. Throughout this process, the supported person and the professional should work together in order to consider creative means by which to meet the person's eligible needs. Crucially, the process should rest on a *conversation* between the professional and the supported person.

*The importance of assessment*

27. Assessment is important because it helps to set the tone for what is to come. If the assessment is conducted in the wrong way, for example as a tickbox and form-filling exercise, then the supported person can be left with the impression that social care is something that they receive rather than something they help to shape. If it is conducted in the right way – based around the person's assets and personal outcomes – then it can be an important and valuable intervention in its own right.

*A "good" assessment*

28. Assessment may act as the starting point for development and improvement in an individual's life. Alternatively, it may support a person to maintain the "status quo", to slow the rate of deterioration or to ensure that any decline in a person's situation is well managed. Individuals' needs can change over time, even over relatively short timescales. The assessment should respond to changing circumstances, changes to a supported person's needs and changes during the course of the person's life.

29. A good assessment rests on critical thinking and constructive challenge. It rests on the professional's ability to be open and honest with the person. It requires good judgement, awareness and significant "people" skills. The professional should be skilled in conversation and able to strike the right balance between advising the individual and supporting them to play an active part in the assessment process.

30. Some assessments will be conducted in quite challenging environments. For instance, they may take place after a fall or in a hospital environment. Crisis situations are rarely conducive to an effective assessment. However, the professional should ensure that the initial support to address any crisis situation does not become the de facto long-term arrangement for the individual. After the initial crisis has stabilised, and as soon as the supported person is ready to do so, the professional should seek to develop a comprehensive assessment.

## The conversation: good assessment practice and personal outcomes

33. The detailed consideration of the nature of a person's eligible needs should be conducted on the basis of personal outcomes for the individual. This approach is in tune with the general principles within the 2013 Act. It also fits with the so-called "exchange model" of assessment. The exchange model emphasises the collaborative nature of assessment, showing how the views of the supported person, carer, assessor and agency are brought together to negotiate, agree and record outcomes. See Figure 1 for an illustration of the exchange model of assessment.

**Figure 1. The Exchange Model of Assessment[1]**

34. An outcome is a result or effect of an action. *Personal* outcomes are the things that matter to the supported person such as:

- being as well as possible
- improving confidence
- having friendships and relationships
- social contact
- being safe
- living independently
- being included

35. Personal outcomes are identified through good conversations with people during assessment and support planning. Often the conversations will involve unpaid carers. The outcomes should reflect what is important to the person, and why they are important. Table 5 provides an example of the main differences between an assessment led by the need for a particular service and an assessment based on personal outcomes:

**Table 5: Service led assessment vs. assessment based on personal outcomes**

36. Implementing an outcomes approach is not straightforward. The demands placed on the professional may lead to a tick box approach to assessment. In contrast, skilled and flexible communication is required to fully engage individuals in defining what is important to them in life. Rather than matching problems to service solutions, the professional should work with the individual to identify their outcomes and then 'work backwards' to plan how everyone can contribute towards achieving those outcomes.

37. An approach based on outcomes also requires the wider *organisations* to take proactive steps to move away from service-led and standardised approaches. The relevant organisations should support its front line professionals and managers to think and act flexibly. It is essential that personal and collective outcomes are ingrained in the culture and approach of social care services, the health board and the local providers of support. Senior managers must believe in the merits of this approach and they must support their staff to do the same. The organisation must invest the necessary time and effort to support a culture based on outcomes. Outcomes must be the starting point

not just for assessment, but for the commissioning, planning, monitoring and evaluation of services. The organisation should also seek to use the collated information on personal outcomes to make improvements to the way that services are commissioned, planned and delivered.

40. It is important that the supported person's outcomes are reviewed, to ensure the continued relevance of support. For further information see section 6: Monitoring and Review.

Self-assessment

38. Self-assessment describes a process whereby the supported person, often with support from a provider, undertakes an assessment of their own needs prior to a full assessment. Self-assessment can be used as a starting point, but it should not replace the further assessment involving the judgement and input from the social care or health professional.

~~The main products from the assessment~~

39. *Moved to form part of paragraph 18*

**Further guidance and hyperlinks:**

Institute for Research and Innovation in Social Services, *Leading for Outcomes: A guide*
http://www.iriss.org.uk/resources/leading-outcomes-guide

Institute for Research and Innovation in Social Services, *Understanding and measuring outcomes*
http://www.iriss.org.uk/resources/understanding-and-measuring-outcomes

Joint Improvement Team – Talking Points: Personal Outcomes Approach (includes Talking Points: A Practical Guide)
http://www.jitscotland.org.uk/action-areas/talking-points-user-and-carerinvolvement/

Scottish Community Development Centre – Co-production: useful resources
http://www.scdc.org.uk/co-production-scotland/co-production-usefulresources/

Further links (including a guide to professionals, user's guide and carer's guide) to follow.

**APPENDIX 2**

# Draft Carers (Waiving of charges for support) (Scotland) Regulations 2014

RESPONDENT INFORMATION FORM
**Please Note** this form **must** be returned with your response to ensure that we handle your response appropriately

## 1. Name/Organisation

**Organisation Name**

City of Edinburgh Council

**Title** **Mr** ☐ **Ms** ☒ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

**Surname**

Dale

**Forename**

Wendy

## 2. Postal Address

| | | |
|---|---|---|
| Health and Social Care | | |
| City of Edinburgh Council | | |
| Waverley Court | | |
| 4, East Market Street, Edinburgh | | |
| **Postcode** EH8 8BG | **Phone** 0131 553 8322 | **Email** wendy.dale@edinburgh.gov.uk |

## 3. Permissions - I am responding as…

| **Individual** | / | **Group/Organisation** |
|---|---|---|
| ☐ | **Please tick as appropriate** | ☒ |

**(a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

**Please tick as appropriate**
☐ **Yes** ☐ **No**

**(b)** Where confidentiality is not requested, we will make your responses available to the public on the following basis

**(c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

Are you content for your **response** to be made available?

| Please tick ONE of the following boxes | Please tick as appropriate ☒ Yes ☐ No |
|---|---|
| Yes, make my response, name and address all available ☐<br>**or**<br>Yes, make my response available, but not my name and address ☐<br>**or**<br>Yes, make my response and name available, but not my address ☐ | |

**(d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

**Please tick as appropriate** ☒ **Yes** ☐ **No**

## Consultation Questions

**Question 1(a): Is paragraph 9 clear and easy to understand? (please tick)**

| Yes | No |
|---|---|
| | **X** |

**Question 1(b): Do you agree with the waiving of charging circumstances as set out in paragraph 9? (please tick)**

| Yes | No |
|---|---|
| | **X** |

**Question 1(c): If you do <u>not</u> agree with the waiving of charging circumstances as set out in paragraph 9, please state your reasons below:**

The City of Edinburgh Council agrees in principle with the waiving of charges, subject to adequate Scottish Government funding for new demand that this will inevitably generate. This will need to include recompense for lost income from councils no longer being able to charge for respite care. Without that funding, we believe the proposals are impractical and are likely to reduce funding available for other social care services, and/or to constrain the ability of councils to exercise their powers to meet carers' needs for support.

The Regulations and Draft Guidance are complex and difficult to understand. They appear to provide quite complicated rules for when support to a carer is free from charging in whole or in part. They do not sit well with the public and carer perceptions that the Act and Regulations, when implemented, will make all local authority support services to carers free from charging.

In particular, the Draft Regulations and Guidance read as if they are concerned with support "provided directly" to carers as opposed (by implication) with indirect support. However, it is not always easy to determine whether a particular service is put in place to support the carer, the supported person, or both. To the extent that the Regulations and Guidance rely on this distinction, further detailed guidance is required on how to determine whether the support to a carer is direct or indirect.

The increased flexibility, which is central to the successful implementation of self-directed support will inevitably lead to a further blurring of the distinction between direct and indirect support.

In Edinburgh, we have found this to be the case in an innovative scheme we have developed, which provides an alternative to traditional residential respite care for people with learning disabilities. The individuals supported by this service have utilised the resources previously used to fund residential respite care, to undertake

a whole range of activities, such as going on trips within the UK and abroad, being supported to remain in their own home, whilst their carer goes on holiday and developing independent living skills by spending weekends in a self catering apartment. This development has had positive outcomes for both carers and those they care for, and in some instances has led to supported individuals being able to move into independent accommodation.

It is also clear that some carers view 'day services' accessed by the person they care for as providing them, the carer, with a break, whilst these services may have been put in place to meet the needs of the supported person in terms of social interaction and developing independence skills. The Guidance should deal directly with this issue.

Some of our responses to later questions are relevant to the detail in Paragraph 9. Here we note that the description of Line 5 in paragraph 9 is misleading. Line 5 does not require the carers to be "away", but simply to be temporarily unavailable to provide care because they are undertaking an activity as part of their support. In the case of carers who are co-resident with the person they care for, such support activities could well take place in the family home.

Our experience of requests for short breaks suggests that carers are usually looking for the provision of support from the local authority for the cared for person to enable the carer to take a break. The guidance relating to Line 5 would seem to suggest that there is an expectation that carers would find alternative support for the cared for person themselves and the local authority would fund the carer's break.

We have serious concerns about the sustainability of these proposals without the injection of additional funding to meet what we believe will be a significant shortfall in income if charges for short breaks, where support is provided to the supported person, are waived. An unintended consequence of this proposal may be that funding for carers services is shifted towards the provision of support to specific carers and away from preventative or universal carers' support.

**Question 2(a): Are you content with the examples of support to carers and young carers, as set out in paragraph 10, where charges will be waived? (please tick)**

| Yes | No |
|---|---|
| | **X** |

**Question 2(b): If you are <u>not</u> content, please state your reasons below:**

The majority of services in this list are services, which the City of Edinburgh Council would not charge for, the main exception being short breaks. However, we are concerned that the Guidance seems to be focusing on a fixed list of services, rather than encouraging the development of more innovative and flexible means of supporting carers.

Moreover, the inclusion of “short breaks” in a list that paragraph 10 states applies to Lines 1 and 2 means that these lines would then overlap with the specific forms of short breaks covered in Lines 3 and 4 (holidays taken together) and Lines 5 and 6 (replacement care). This is confusing: a section of the guidance considering short breaks and respite care as whole would be useful.

An annual holiday is not yet a universal human right, but is certainly desirable and often is needed to sustain carers, whether with or separate from the person they care for. It is reasonable for the local authority to make a financial contribution to a carer’s holiday, where this is an assessed need and they are unable to meet the full costs themselves. However, Lines 1 and 2 in the draft Regulations, combined with paragraph 10, would mean that a council would have to pay for the full cost of a holiday that was assessed as being required by a carer, where the council chose to exercise its power to meet such needs. That does not seem a reasonable use of scarce public resources, where the carer could fund such needs themselves (in whole or in part).

**Question 2(c): Are there further examples that you would like to add? (please tick)**

| Yes | No |
|---|---|
| | **X** |

**Question 2(d): If there are further examples that you would like to include in the list, please state these below and also set out your reasons for suggesting their inclusion.**

No comments

**Question 3(a): Do you agree with the exceptional circumstances set out in paragraphs 12 (with examples) and 13 about support to carers to help pay for driving lessons and taxi fares? (please tick)**

| Yes | No |
|---|---|
| **Partially** | |

**Question 3(b): If you do <u>not</u> agree, please state your reasons below:**

The examples given do not pose a problem. However, we would advocate a more person-centred, outcome focused approach, where the emphasis is on the professional working with the carer to explore a range of options and develop truly personalised solutions on a case by case basis.

**Question 4(a): Do you agree with the waiving of charges as set out in paragraphs 14 and 15 with regard to short breaks? (please tick)**

| Yes | No |
|---|---|
| | **X** |

**Question 4(b): If you do <u>not</u> agree, please set out your reasons below:**

Paragraph 14 of the guidance refers to a form of respite short break, which the carer takes away from the person they care for – the examples given are holidays, invitations to weddings and swimming lessons. But some carers will require a break from caring while remaining with the person they care for (who very often is co-resident in the family home), perhaps because they are ill, or stressed, or need time to do some activity that does not take them out of the home. The guidance therefore is too narrow.

More generally, we are concerned that the guidance focuses on a limited range of services, rather than simply on the premise that support that is directly provided to a carer should be free of charge. The type of support provided should be flexible and determined through collaboration between the carer and professional in order to meet the needs and outcomes of the carer.

Respite care provided in the person's own home, in another person's home, or in some other setting, all to give the carer a break, is currently chargeable. We agree with the waiving of charges, only if councils are funded to cover the loss of income from charging and the likely increase in demand for a free service.

A distinction should also be made between waiving charges and funding the full costs of any activity or service that has been assessed as supporting carers. Paragraph 15 presents the example of an assessed benefit that a carer would derive from a weekly meeting with friends, and proposes that the local authority meets any transportation costs involved. Many carers will have sufficient means to meet such costs themselves. If local authorities have to fund all aspects of carer support, without sufficient additional funding by the Scottish Government, the more likely it is that local authorities will be unable to exercise their powers under section 3 (4) of the 2013 Act to meet support needs identified in care assessments, as fully as they and the carers would wish.

In addition, where the local authority decides to provide funded support, it must offer the carers the four options and provide information about the amount of support available under each of the options, including a reasonable estimate of the cost of securing the support. Local authorities that are developing resource allocation systems for carers' support inevitably will have to tailor such reasonable amounts to what is actually affordable. The draft Guidance contains no reference to individual budgets.

**Question 5(a): Do you agree with the position set out in paragraph 16 that when the carer and cared-for person take a break together, then as well as waiving the cost of the break for the carer, the additional costs of the break to enable the break to take place will also be met by the local authority? (please tick)**

| Yes | No |
|---|---|
| | **X** |

**Question 5(b): If you do <u>not</u> agree, please state your reasons below:**

As stated in paragraph 16, Lines 1 and 2 mean that the local authority pays for the whole cost of the carer's holiday, and Lines 3 and 4 mean that the local authority also pays for that part of the cared for person's holiday costs that is attributable to their assessed needs (e.g. those arising from a disability). Line 3 of the Draft Regulations imply a counterfactual calculation, which subtracts the cared for person's costs from those which "would have been incurred if a person without those needs had taken an equivalent holiday". Such a calculation is not a practical proposition, and seems to imply that local authorities would hold and update information about a range of types of holiday.

Moreover, the cost of holidays varies enormously in terms of destinations, accommodation types, seasons, transports, etc. Local authorities cannot be expected to pay for any holidays chosen by carers: is the carer assessment intended to assess for the need for holiday X rather than Y? The Guidance should set out a more holistic view of assessment, where needs are associated with a reasonable estimate of the costs of support.

**Question 6(a): Do you agree with the position set out in paragraphs 17 and 18 that local authorities will waive the cost of replacement care when they provide or commission replacement care in circumstances when others cannot provide replacement care free of charge? (please tick)**

| Yes | No |
|---|---|
| | **X** |

**Question 6(b): If you do <u>not</u> agree with the position, please set out your reasons below:**

Paragraphs 17 and 18 appear to relate to the wording of Lines 5 and 6 in the draft Regulations, which waive the whole of the charge in the case that the cared for person has been assessed as requiring replacement care because the carers will be undertaking a support activity, which the local authority is providing to meet their assessed care needs, there being no friend, relative, neighbours, volunteers, etc who would provide such replacement care free of charge – largely to issues of "social isolation". However, a lack of unpaid support to provide replacement care may equally be due to the type and intensity of caring required, rather than to social isolation as such.

We anticipate that this proposal will result in a significant loss of income to local authorities from charges for respite care provided to the supported person to enable the carer to take a break or in an emergency. We would therefore only be able to support this proposal if adequate additional funding were made available to local authorities to offset this loss of income. If this is not the case, the

implementation of such a proposal could only be financed through reduction in support elsewhere within the overall social care system, or by councils being constrained to exercise their powers to support carers less frequently than they, carers, and the Scottish Government would wish.

**Question 7: Do you have any additional comments? If so, please use the space below to provide these further comments. Local authorities may wish to comment on any financial consequences arising from the Regulations. If so, please set out estimates of anticipated support to be provided to carers and cost estimates.**

Paragraph 21 mentions the treatment of income from partners. Here and elsewhere, there should be reference to the COSLA guidance on non-residential social care charging.

The Guidance also makes no reference to any interface with the Welfare Benefits system, either for carers or for people with disabilities.

**Question 8: Do you have any comments on the draft Regulations as set out in this Annex A? If so, please use the space below to set out these comments:**

Thank you for completing this consultation. Please return your completed 'Respondent Information Form' and this 'Consultation Response Form' to alun.ellis@scotland.gsi.gov.uk by **Wednesday 10th July 2013**.

**APPENDIX 3**

# Draft Directions (The Carer's Assessment (Scotland) Directions 2014) made by Scottish Ministers undersection 5(1A) of the Social Work (Scotland) Act 1968

RESPONDENT INFORMATION FORM
**Please Note** this form **must** be returned with your response to ensure that we handle your response appropriately

## 1. Name/Organisation

**Organisation Name**

The City of Edinburgh Council

**Title** **Mr** ☐ **Ms** ☒ **Mrs** ☐ **Miss** ☐ **Dr** ☐ **Please tick as appropriate**

**Surname**

Dale

**Forename**

Wendy

## 2. Postal Address

| | | |
|---|---|---|
| Health and Social Care | | |
| City of Edinburgh Council | | |
| Waverley Court | | |
| 4, East Market Street, Edinburgh | | |
| **Postcode** EH8 8BG | **Phone** 0131 553 8322 | **Email** wendy.dale@edinburgh.gov.uk |

## 3. Permissions - I am responding as…

| **Individual** | / | **Group/Organisation** |
|---|---|---|
| ☐ | **Please tick as appropriate** | ☒ |

**(a)** Do you agree to your response being made available to the public (in Scottish Government library and/or on the Scottish Government web site)?

**Please tick as appropriate**
☐ **Yes** ☐ **No**

**(c)** The name and address of your organisation **will be** made available to the public (in the Scottish Government library and/or on the Scottish Government web site).

| | | |
|---|---|---|
| **(b)** | Where confidentiality is not requested, we will make your responses available to the public on the following basis<br><br>**Please tick ONE of the following boxes** | Are you content for your **response** to be made available?<br><br>**Please tick as appropriate**<br>☒ **Yes** ☐ **No** |
| | Yes, make my response, name and address all available ☐<br><br>**or**<br><br>Yes, make my response available, but not my name and address ☐<br><br>**or**<br><br>Yes, make my response and name available, but not my address ☐ | |

**(d)** We will share your response internally with other Scottish Government policy teams who may be addressing the issues you discuss. They may wish to contact you again in the future, but we require your permission to do so. Are you content for Scottish Government to contact you again in relation to this consultation exercise?

**Please tick as appropriate** ☒ **Yes** ☐ **No**

## Consultation Questions

### Question 1a: Are the draft Directions clear and easy to understand?

| Yes | No |
|---|---|
| **X** | |

### Question 1b: Did you find the draft Directions:

| Very useful | Useful | Not useful |
|---|---|---|
| | **X** | |

### Question 1c: Do you have any further comments on the draft Directions?

The City of Edinburgh Council is supportive of the objective "to enhance the quantity and quality of carer's assessments". However, we are unsure how effective the directions will be in this respect.

We suggest that it would be helpful to use the directions to clarify the position on young carers aged over 16, as there is currently a discrepancy in the way in which this group of people is treated. Those not in education or known to children's social work services are treated as adults in respect of carer's assessments, whilst those in education would be assessed under GIRFEC.

It would be useful to have directions to clarify the position on parents of children and when the definition of substantial and regular care differs to that of the responsibilities of a parent in general.

It would also be useful to have more directions in the approach which should be adopted in interpreting 'substantial and regular care' for young carers.

Thank you for completing this consultation. Please return your completed 'Respondent Information Form' and this 'Consultation Response Form' to alun.ellis@scotland.gsi.gov.uk by **Wednesday 10th July 2013**.

# Corporate Policy and Strategy Committee

## 10.00am Tuesday 6 August 2013

# Health, Inequality Framework and Action Plan - Referral from the Health, Wellbeing and Housing Committee

| | |
|---|---|
| **Item number** | 7.7 |
| **Report number** | |
| **Wards** | All |

## Links

| | |
|---|---|
| **Coalition pledges** | See attached report |
| **Council outcomes** | See attached report |
| **Single Outcome Agreement** | See attached report |


**Carol Campbell**

Head of Legal, Risk and Compliance

Contact: Lesley Birrell, Committee Officer

Email : lesley.birrell@edinburgh.gov.uk | Tel: 0131 529 4240


EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

# Terms of Referral

## Health Inequality Framework and Action Plan

### Terms of referral

On 18 June 2013, the Health, Wellbeing and Housing Committee considered a report seeking approval for a strategic and integrated approach to reducing health inequality which had been developed through community planning. The Framework and Action Plan had been developed by the Edinburgh Community Health Partnership through its Health Inequality Standing Group.

The Health, Wellbeing and Housing Committee agreed:

1) To endorse the Framework and Action Plan to tackle health inequality proposed by the Edinburgh Community Health Partnership through its Health Inequality Standing Group.

2) To refer the Framework and Action Plan to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning.

3) To consider progress reports on the Action Plan in due course.

### For decision/action

The Health, Wellbeing and Housing Committee has referred the attached report to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning.

### Background reading / external references

Health, Wellbeing and Housing Committee 18 June 2013

### Links

| | |
|---|---|
| **Coalition pledges** | See attached report |
| **Council outcomes** | See attached report |
| **Single Outcome Agreement** | See attached report |
| **Appendices** | Report by the Director of Health and Social Care |

# Health, Housing and Wellbeing Committee

**10am, Tuesday, 18 June 2013**

# Health Inequality Framework and Action Plan

| | |
|---|---|
| **Item number** | |
| **Report number** | |
| **Wards** | All |

## Links

| | |
|---|---|
| **Coalition pledges** | P8, P11, P12, P13, P14, P17, P25 |
| **Council outcomes** | CO7, CO8, CO9, CO10, CO11, CO12, CO13, CO14, CO15 |
| **Single Outcome Agreement** | SO1, SO2, SO3, SO4 |

**Peter Gabbitas**

Director of Health and Social Care

Paul Hambleton: Health and Social Strategy Manager

E-mail: paul.hambleton@edinburgh.gov.uk | Tel: 0131 469 3867

# Executive summary

## Health Inequality Framework and Action Plan

### Summary


- This report recommends endorsement of a strategic and integrated approach to reducing health inequality, which has been developed through community planning. The Framework and Action Plan have been developed by the Edinburgh Community Heath Partnership, through its Health Inequality Standing Group.

- The Framework and Action Plan seek to coordinate practical work on the Capital Coalition Pledge and main outcomes of the Single Outcome Agreement, as set out in this report. Integrated effort with other partnerships in the city is proposed, within the clear objectives and outcomes of the framework.

- The Action Plan already guides investment of targeted funds from the Council and NHS Lothian, and sets priority outcomes for support from wider service planning and partnership action.

- Further work on performance measures is proposed and will link to the development of the Community Plan and Single Outcome Agreement to enable progress reporting to the Edinburgh Partnership and Council committees.


### Recommendations

It is recommended that the Committee:

1. endorses the Framework and Action Plan to tackle health inequality proposed by the Edinburgh Community Health Partnership, through its Health Inequality Standing Group

2. refers the Framework and Action Plan to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning

3. agrees to consider progress reports on the Action Plan in due course.

## Measures of success

- The Framework sets out key outcomes and headline indicators, linked to the Edinburgh Community Plan (Single Outcome Agreement).
- The Action Plan provides priority health inequality outcomes and measures of the level of intervention and of impacts for specific groups and communities.
- Strong linkage to the planning for preventive approaches required from the Community Planning Partnerships in the new guidance on Single Outcome Agreements.

## Financial impact

The report has no direct financial impact, proposing an integrated and strategic approach to reducing health inequality as part of preventive action across the city, which will guide both targeted budgets and main service planning by the Council and by partners. This has the potential to reduce expenditure by mitigating serious impacts on individuals, families and communities.

## Equalities impact

The Council and community planning approaches to preventing and reducing health inequality will have a direct impact on equalities groups in the city, and will support the City Community Plan (Single Outcome Agreement) and Council strategic outcomes and pledges. The partnership framework and integrated action plan will help the development of the Council Equalities Scheme to focus on health inequality and complement existing joint work by the Council and the Edinburgh Partnership to meet legal equalities duties.

## Sustainability impact

A strategic approach to inequality is an essential element in social sustainability, which supports environmental and economic sustainability for the city. Specific outcomes to reduce health inequality, such as improvement to achieve healthy environments will have a direct contribution to sustainability.

## Consultation and engagement

The Health Inequality Standing Group engaged with stakeholders at all levels in the city and in particular with community organisations, through consultation in 2011, which developed the Framework's objectives and outcomes. The Action Plan has been developed through the Standing Group and includes links to all partners, Neighbourhood Partnerships, service users and the third sector. Task groups for each priority have representatives from different sectors. The Framework and Action Plan have been reported to Edinburgh Community Health Partnership as the strategic body within community planning and will continue to be reviewed regularly to ensure that they continue to contribute effectively to the Edinburgh Community Plan (Single Outcome Agreement) 2013-16.

## Background reading / external references

- Edinburgh Partnership Poverty and Inequality Theme Group: Report to Communities and Neighbourhoods Committee 7 May 2013
- Poverty and Inequality Theme Group: Progress Report Edinburgh Partnership Executive, 20 November 2012, Item 2.3
- Single Outcome Agreements: joint guidance for Community Planning Partnerships
- Audit Commission in Scotland report on health inequalities in December 2012 (report on this agenda)
- Scottish Index of Multiple Deprivation (SIMD – December 2012)
- NHS Health Scotland protocols
- Equally Well – Report of Ministerial Group on Health Inequality

# Report

# Health Inequality Framework and Action Plan

## 1. Background

1.1 Significant socio-economic inequalities in Edinburgh are strongly linked to unequal health outcomes, reflecting the UK's position as a comparatively unequal country, as well as economic problems. Local action for prevention and reduction of inequality is vital and some improvements have been seen in Edinburgh, but have not been successful in countering underlying UK, Scottish and city factors. High average figures for wealth and income in the city mask continuing inequality.

1.2 Inequalities in health and wellbeing are the basis for a wide range of social and health problems, which call for complex and expensive responses in the public sector generally, and particularly in health, education, justice and caring services. Policy and action have to cover the full range of services and sectors in order to increase health and wellbeing, which rest on interconnected factors across citizens' lives. The Audit Commission in Scotland's report on health inequalities in December 2012 concluded that "Reducing health inequalities requires effective partnership working across a range of organisations. However, there may be a lack of shared understanding among local organisations about what is meant by 'health inequalities' and greater clarity is needed about organisations' roles and responsibilities."

1.3 Joint strategies and action plans on poverty and inequality have been in place in Edinburgh for some years, and are being reviewed through community planning, the Capital Coalition pledges and strategic planning in the Council.

1.4 In Edinburgh the strategy to tackle health inequality meets one of four main outcomes in the Single Outcome Agreement. It is based on fairness in social and economic opportunities, and aims to reducing both the gap between the most advantaged and least advantaged; and the gradient in the health of all citizens, improving everyone towards the best standard of health available.

1.5 Continued priority is needed for preventive work, with urgent attention to current risks such as the impact of Welfare Reform on the key factor of a healthy standard of living for high risk groups.

## 2. Main report

2.1 The Framework and Action Plan will make a key contribution to the Edinburgh Single Outcome Agreement 2012-15. Based on city-wide consultation, which has adapted national principles and objectives to the situation in Edinburgh, the Framework is based on fairness in social and economic opportunities. Its basic principles are to reduce both the gap between the most and least advantaged in the city, and the gradient in the health of all citizens, improving everyone's wellbeing towards the best standard possible.

2.2 Reducing health inequality is an important contributor to the reduction in health and social problems, which require intensive help from family and social networks and from public services, and which reduce economic strength. The Action Plan targets preventive actions, including urgent attention to current risks, such as the impact of Welfare Reform on the healthy standard of living for high risk groups. In relation to life expectancy, for example, the Audit Scotland report estimates that improving the death rate in the most deprived groups in Scotland towards the average would bring economic gains of around £10 billion (at 2002 prices), and double that if the gap could be closed to the level in the least deprived areas.

2.3 The Action Plan provides an opportunity to bring the relevant organisations together locally and to take the lead in tackling health inequalities. The Audit Commission noted that "many public sector bodies and professionals contribute to reducing health inequalities; it is not just the responsibility of health services. Councils have a major role through their social care, education, housing, criminal justice, leisure and regeneration services.

2.4 The Action Plan proposes six strategic health inequality objectives drawn from the Marmot report and adapted to Edinburgh through a city engagement exercise. The Plan calls for all city and local partnerships to contribute to the outcomes, as indicated in the Table 1 in the Framework and Action Plan at Appendix 1). The Community Health Partnership and Health and Social Care Partnership will have a lead role for three objectives, and contribute significantly in others. Other strategic partnerships will be asked to lead on three objectives.

**Targeted Funding**

2.5 The priority outcomes identified for each objective already guide the investment of resources targeted at health inequality from Edinburgh partners, and should help to focus contributions from mainstream

services. Strong partner support, including Council services, is needed to achieve this integrated approach.

2.6 The targeted resources provide direct investment in preventive services, including responses to groups at high risk of health inequality: disabled people, families with children, people with mental health problems, households in unemployment or working poverty and people at risk of offending.

2.7 Maintaining a healthy standard of living for all is a clear priority for more equal health, and a major risk to this outcome is posed by Welfare Reform. Benefit changes and lower resourcing add additional risks, such as potential loss of income and homelessness. Through the Action Plan, the Health Inequality Standing Group has contributed an increase in preventive action, such as money and debt advice to complement broader action by the Council and partners in the city.

2.8 The partnership's programme of direct, preventive action targeted through the Action Plan uses Council funding (£1.5m in 2012-13) and NHS Lothian funding through the community and voluntary sectors to address the health inequality outcomes. Evaluation of the programme in 2011-12 demonstrated a valuable and diverse range of activities, benefiting over 34,000 people and meeting over 70% of the targets set. The HISG has prioritised areas, which are not the subject of other partnership or joint groups in the city. Effective funding leverage attracted £3.44 for every £1 from the Council budget. The funded organisations added approximately 25% to the hours worked through volunteering, with total financial and social value estimated at £600,000.

**Performance measurement**

2.9 Measuring progress in preventive action across such broad topics and on health measures influenced by multiple factors is a difficult technical issue. The Audit Commission report in December 2012 recommended that community planning "seeks to build robust evaluation, using all available data and including outcome measures and associated costs, into local initiatives aimed at reducing health inequalities"; and that Single Outcome Agreements "should include clear outcome measures for reducing health inequalities, which demonstrate impact, and improve the transparency of their performance reporting."

2.10 Health measures of life expectancy have been included in the Single Outcome Agreement, and these headline measures are incorporated in the Plan. Work is under way in the SOA Development Group and Health Inequality Standing Group to develop more detailed measures based on the action plans for health inequality. It is vital these are able to incorporate action through mainstream health and Council services and relevant measures of their impact.

## 3. Recommendations

It is recommended that the Committee:

3.1 endorses the Framework and Action Plan to tackle health inequality proposed by the Edinburgh Community Health Partnership through its Health Inequality Standing Group

3.2 refers the Framework and Action Plan to the Corporate Policy and Strategy Committee for consideration of contributions to reducing health inequality through the Council's service planning

3.3 agrees to consider progress reports on the Action Plan in due course.

**Peter Gabbitas**

Director of Health and Social Care

## Links

| | |
|---|---|
| **Coalition pledges** | P8 - Make sure the city's people are well-housed, including encouraging developers to build residential communities, starting with brownfield sites<br>P11 - Encourage the development of co-operative housing arrangements<br>P12 - Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes<br>P13 - Enforce tenancy agreements (council and private landlord) with a view to ensuring tenants and landlords fulfil their good conduct responsibilities<br>P14 - Strengthen Council housing allocation policy to give recognition to good tenants and to encourage responsible tenant behaviour and responsibilities<br>P17 - Continue efforts to develop the city's gap sites and encourage regeneration<br>P25 - Introduce a "living wage" (currently set at £7.20) for Council employees, encourage its adoption by Council subsidiaries and contractors and its wider development |
| **Council outcomes** | CO7 - Edinburgh draws new investment in development and regeneration<br>CO8 - Edinburgh's economy creates and sustains job opportunities<br>CO9 - Edinburgh's residents are able to access job opportunities |

| | |
|---|---|
| | CO10 - Improved health and reduced inequalities<br>CO11 - Preventative and personalised support in place<br>CO12 - Edinburgh's carers are supported<br>CO13 - People are supported to live at home<br>CO14 - Communities have the capacity to support people<br>CO15 - The public is protected |
| **Single Outcome Agreement** | SO1 - Edinburgh's economy delivers increased investment, jobs and opportunities for all<br>SO2 - Health and wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it<br>SO3 - Edinburgh's children and young people enjoy their childhood and fulfil their potential<br>SO4 - Edinburgh's communities are safer and have improved physical and social fabric |
| **Appendices** | Appendix 1: Integrated Framework and Action Plan for Tackling Health Inequality |

THE EDINBURGH PARTNERSHIP

# INTEGRATED FRAMEWORK AND ACTION PLAN TO TACKLE HEALTH INEQUALITIES

# 2013 – 2016

**Prepared by the Health Inequalities Standing Group of Edinburgh Community Health Partnership**

April 2013

# INTEGRATED FRAMEWORK AND ACTION PLAN TO TACKLE HEALTH INEQUALITIES

## PREFACE

The Edinburgh Partnership believes that the health and wellbeing of citizens across the city should not be subject to inequalities based on socio-economic status, protected characteristics, area of residence, or barriers to social and economic participation. It accepts that health inequalities can only be changed for the better by reducing the wider inequalities in the city. Tackling health inequalities is one of the Partnership's four high level outcomes to make Edinburgh a "thriving, successful and sustainable capital city in which all forms of deprivation and inequality are reduced".

The Health Inequalities Standing Group directs the strategic planning, development and delivery of actions to improve health and to reduce health inequalities in the city on behalf of the Community Health Partnership and Edinburgh Partnership. It reports to Edinburgh Community Health Partnership, which will be replaced by the new Health and Social Care Partnership. This document outlines:

- An integrated framework for tackling health inequalities in Edinburgh.
- Detailed action plans to meet objectives for which the lead lies with the Health Inequalities Standing Group, or significant contributions are already agreed.

The framework and plan address the high level outcome in the Single Outcome Agreement that *Edinburgh's citizens have improved health and wellbeing, with reduced inequalities in health*.

The health inequalities framework is based on the understanding that health inequalities are mainly caused by social and economic inequality. They can only be reduced through an integrated strategy and joint action to reduce inequality and deprivation as a whole through more equity of opportunity for people across the city. The framework covers a full range of intervention, including major areas which will require leadership from other strategic partnerships in community planning.

Partnerships have shown willingness to interlink in this way, but further discussion will be needed on specific outcomes and interventions. The action plan currently focuses on the objectives where the Health Inequalities Standing Group has agreed to make significant contributions and/or to lead the partnership interactions. Preventive and mitigating actions funded though the Standing Group already match the priorities in the Plan, but we believe that a more integrated response across services and actions in the city will bring real change to the level of inequality.

This Framework is for all citizens in Edinburgh affected by unequal health and all those working to reduce the impact of inequality on the health of individuals and groups in the city. The target audiences include:

- Citizens and community leaders, including neighbourhood partnerships
- current and future service users
- carers, parents and families of children or adults for whom services are provided;

- voluntary and private sector partners and providers;
- all statutory partner agencies
- members of the Edinburgh Partnership, strategic partnerships including the Compact Group, and other executive and consultative fora.

## HEALTH INEQUALITIES IN EDINBURGH

Although overall health has improved, and life expectancy is increasing, there are significant inequalities in the health experiences of different groups of people. Poorer health and earlier deaths affect poorer people – those who face social and economic barriers or disadvantages such as lower status, lack of employment or low pay. This affects the groups with "protected characteristics" under equalities legislation including older people, those from ethnic minorities, people with disabilities and different sexual orientations. Residents in local areas with multiple factors of this kind also suffer worse health.

As a result, there is up to 15 years difference in life expectancy between people living in different communities and areas in the city of Edinburgh. For almost every health indicator, there is a gradient showing progressively poorer health with decreasing affluence.

## WHAT IS NEEDED TO REDUCE HEALTH INEQUALITIES?

Evidence shows clearly that health inequalities reflect underlying social inequalities, and preventive action will ultimately depend on change toward a fairer society offering more equality of opportunity. To address and reduce health inequalities through a preventive approach requires three types of action:

- Actions that **mitigate** or reduce the severity of the health and social consequences of social inequalities. People who are socially disadvantaged have higher health needs and the level of service provision should reflect that.
- Actions that help individuals and communities **resist** the effects of inequality on health and wellbeing. These include targeted health improvement activities, community development activities that increase social capital in deprived areas, and improvements to the physical environment in deprived areas.
- Actions that **undo** the underlying structural inequalities in power and resources. These comprise provision of high quality universal services including education, housing, and employment, and economic policies that support social mobility and prevent high wage differentials.

Professor Sally McIntyre (Director of the Institute of Health and Wellbeing at Glasgow University) has identified that the key policy areas where action is most likely to reduce social and health inequalities are employment, income and education.

Interventions should be targeted in proportion to the level of ill health. As there is a gradient of progressively poorer health with reducing affluence, actions to reduce health inequalities cannot target *only* the most deprived areas. Actions to reduce

health inequalities need to take all three of the following approaches:

- Improving health of the worst off or the most disadvantaged through targeted programmes

- Closing the gap - Closing the health gaps between the most affluent and the most deprived

- Reducing the gradient - Reducing the slope or gradient in health across all groups

It is clear that no single strategy is sufficient to reduce health inequalities, and concerted efforts are required across many partners. All public services, especially health and social care services, have a responsibility to ensure they are proportionate to the higher levels of need of more disadvantaged communities.

The Edinburgh Community Health Partnership has held the key role in addressing health inequality, and this will pass to its successor, the new Health and Social Care Partnership, including the responsibility to ensure all its services are delivered equitably. The community planning links to health inequality are shown in Appendix 1 to this report.

The *Fair society, healthy lives* report, chaired by Sir Michael Marmot, developed the following evidence based priority objectives designed to mitigate, resist and undo inequalities:

1. Give every child the best start in life
2. Enable all children, young people and adults to maximise their capabilities and have control over their lives
3. Create fair employment and good work for all
4. Ensure healthy standard of living for all
5. Create and develop healthy and sustainable places and communities
6. Strengthen the role and impact of ill health prevention

## DEVELOPING THE EDINBURGH FRAMEWORK

The Health Inequalities Standing Group has led policy on health inequalities and targeted activities for improving heath and reducing inequality in the city since 2007. In 2011, recognising the breadth of action needed to reduce health inequalities, it set out to develop a strategic framework to reducing health inequalities in Edinburgh. It used the objectives set out in the Marmot report and adapted these to the Edinburgh context following city wide consultation using an online survey, events, written submissions and meetings with stakeholder groups. Consultation responses accepted the broad framework of the Marmot objectives with a number of adaptations to the needs and policy context in Edinburgh, including clearer identification of actions for adults alongside those for children and young people.

Table 1 below shows the adapted framework and the lead partnership for each strategic objective. The Health Inequalities Standing Group will seek to contribute to each priority objective, and in particular will seek to co-ordinate and support work under objectives 1-3 of the framework.

## IMPLEMENTING THE FRAMEWORK

Action on the full range of objectives will be undertaken through the integrated community planning network for the city, including both strategic and local partnerships and direct action by city partners. Links will be sought by the Health Inequalities Standing Group to ensure a comprehensive approach to the objectives and overall vision for tackling health inequalities. Overall accountability is to the Edinburgh Partnership as part of its Single Outcome Agreement.

For each priority outcome, The Health Inequalities Standing Group will seek to identify a lead partner or an identified task group. The lead roles will be to seek to ensure that all agencies remain focussed on delivering positive impacts and improving these outcomes for health. This may challenge a wide range of plans and services to address health inequalities outcomes, and to identify and develop approaches which tackle inequality. The responsibility for ensuring actions are taken remains with the individual agencies in the city, especially direct partners.

The Health Inequalities Standing Group will seek to ensure actions meet the overall principles for tackling inequality set out by the Scottish Government:

- Investment and services address the root causes of long-standing concentrated multiple deprivation, not only alleviate its symptoms
- Early intervention in vulnerable communities to address emerging problems as quickly as possible
- Effective joint working between community planning partners, to include links to the third and private sectors
- Focused action on improving employability and linking residents to employment opportunities as a key means of extending opportunity and tackling high levels of local deprivation
- Community empowerment, so that local communities become more resilient, can deliver change themselves and influence and inform the decisions made by community planning partners
- Investing in what works whether delivered by public, voluntary or community organisations
- Acting on both the gap and the gradient i.e. improving outcomes for the communities and individuals suffering the worst inequality, and reducing the inequality gradient for everyone across the city
- Testing all actions for their impact on unequal outcomes

This Framework and Action Plan is for all citizens in Edinburgh affected by unequal health and all those working to reduce the impact of inequality on the health of individuals and social groups in the city. Overall accountability is to the Edinburgh Partnership Single Outcome Agreement, through the strategic role of Edinburgh Community Health Partnership, and in due course the Health and Social Care Partnership. Charts in Appendix 1 show how health inequalities fit into community planning and the Edinburgh Single Outcome Agreement, including the golden thread from the City's community plan to practical action to tackle inequalities in health. Tackling health inequalities is a vital part of one the

city's four high level Single Outcome Agreement outcomes, contributing to the vision for the city as set out in the Agreement diagram below. Continuing discussions with Edinburgh's strategic and neighbourhood partnerships are essential so that actions are linked and complementary.

## STRATEGIC OBJECTIVES AND OUTCOMES

The strategic objectives in Table 1 will build on the framework consultation and existing joint work. Local action is a key to effective progress and links to the Neighbourhood Partnerships and community organisations will be crucial for each objective.

The Edinburgh Partnership is currently working to identify broader outcomes to reduce poverty and inequality, and actions that the city can take to achieve them. The current outcomes on poverty and inequality mapped by this group are in Appendix 1. This work through the Partnership's Poverty and Inequalities Theme Group will be crucial to undo the social inequalities that underlie health inequalities.

The Health Inequalities Standing Group used the Framework to define the priority outcomes to be sought from activities funded from the Council's Health Inequalities Third Party Grants programme in 2013/14. The outcomes selected, and their links to the Framework, are shown in Table 2. These will be refined in future years. Within these outcomes, the Health Inequalities Standing Group has selected priorities for its own action which best complement the effort from other partnerships or joint group, and will continue to have task groups leading work on these issues: Food and Health, Physical Activity, Social Capital, Healthy Environments and Community Health Initiatives. The other outcomes will continue to be led by other partnerships, though significant contributions will be made through the Health Inequalities Standing Group where appropriate. The task group structure of the Standing Group was considered at a special meeting in preparing this Plan, and will be kept under review to support these objectives. Information about the Standing Group and the agencies represented on it can be found in Appendix 2.

## MEASURING SUCCESS

Regular reporting will be provided on progress with each of the strategic objectives. The lead officers or task groups will be asked to ensure information is provided on:

- progress achieved towards the strategic objective; and
- future action required to secure further progress and improvement.

An important challenge to achieve this is to test all actions for their impact on unequal health outcomes.

## REVIEWING THE APPROACH

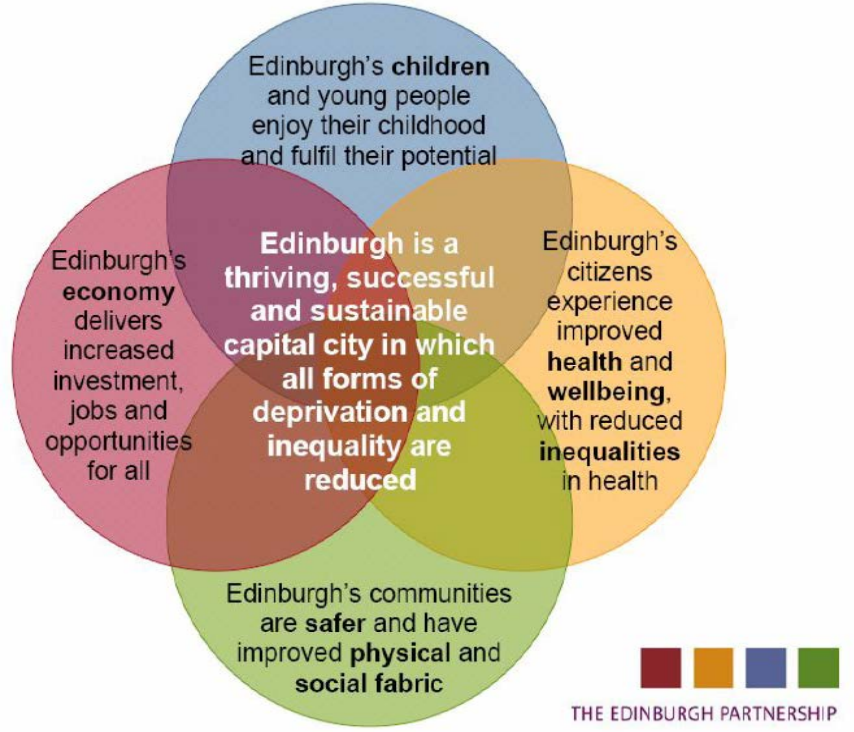
This framework and action plan will continue to be regularly reviewed to ensure that they continue to contribute strongly to the Single Outcome Agreement (SOA) 2013-16 and its central vision. The diagram below makes clear that the current key outcomes are inter-related, requiring this flexibility and continuous integration of planning.

A major change will be the creation of joint services through the Edinburgh Health and Social Care Partnership, which will replace the current Community Health Partnership. The future

partnership responsibility for heath inequality and the pattern of reporting and interchange with community planning will be considered as part of this major organisational change.

New guidance for Single Outcome Agreements was issued by the Scottish Government in December 2012. This identifies health inequalities and physical activity as key priorities, and also stresses the importance of preventive approaches. The health inequalities framework forms a key part of the response to this guidance in Edinburgh. Further policy developments will be considered as the framework and action plans are reviewed.

Edinburgh SOA Vision and high level outcomes




## MAKING EFFECTIVE USE OF OUR RESOURCES

Agencies and partnerships have committed to work collaboratively to deliver the plan. As noted above, major changes are under way to integrate health and social care services and the new Health and Social Care Partnership in Edinburgh will play a key role this work. It will be important for all health and social care services to be provided proportionately to need. The new partnership will provide the opportunity for greater integration of work to reduce inequality across these service areas. As future budget levels become clear, the capacity to achieve the strategic objectives and priority outcomes will depend on all partners examining opportunities to configure services to reduce inequality as a significant preventative outcome. This may include sharing staff, resources and buildings, and evaluation of services and their impacts to support preventive action.

A further fundamental change is the move toward a whole systems approach which facilitates services which are self directed by their users. This is designed to knit effectively with preventive approaches to improve physical and mental health and reduce unequal outcomes.

Increasingly, the new Partnership will make decisions about resource allocation on the basis of an evaluation of the extent to which outcomes and quality of services to reduce health inequalities are improving.

## TABLE 1: SHARED OBJECTIVES FOR HEALTH INEQUALITIES – THE EDINBURGH FRAMEWORK

| Strategic Objectives | Key Partnerships |
|---|---|
| *1.* Enable people in Edinburgh to maximise their capabilities and have control over their lives | Community Health/ Health and Social Care Partnership Lead Role<br>Community Learning & Development Partnership<br>Compact Partnership<br>Alcohol and Drugs Partnership<br>Mental Health Forum<br>Economic Development Partnership<br>Neighbourhood Partnerships |
| 2. Create and develop healthy and sustainable places and communities | Community Health/ Health and Social Care Partnership Lead Role<br>Community Safety Partnership<br>Compact Partnership<br>Neighbourhood Partnerships |
| 3. Strengthen the role and impact of ill-health prevention | Community Health/ Health and Social Care Partnership Lead Role<br>Alcohol and Drugs Partnership<br>Mental Health Forum<br>Sexual Health Project Board<br>Community safety Partnership<br>Violence against Women Partnership<br>Neighbourhood Partnerships |

| Strategic Objectives | Key Partnerships |
|---|---|
| 4. Ensure a healthy standard of living for all | Economic Development Strategic Partnership Lead Role<br>Community Health/ Health and Social Care Partnership<br>Community Safety Partnership<br>Registered Social Landlords and CEC Housing<br>City Housing Strategy Implementation Group<br>Neighbourhood Partnerships |
| 5. Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives | Children's Partnership Lead Role<br>Community Learning & Development Partnership<br>Compact Partnership<br>Neighbourhood Partnerships |
| 6. Create fair employment and good work for all | Economic Development Strategic Partnership Lead Role<br>Joined up for Jobs Strategy Group<br>Low Pay Group<br>Welfare Reform Strategic Group<br>Trades Unions<br>Housing Strategy Group<br>Neighbourhood Partnerships |

The Health Inequalities Standing Group has agreed criteria for investment to address the strategic health inequalities objectives. At present the plan addresses the first four objectives, to all of which it makes direct contributions, and proposes to take a lead role for the first three. The Group has identified eleven priority outcomes for these four objectives, which are shown in Table 2 below. . It can readily be seen that the range of actions to achieve these priority outcomes involves other partnerships alongside the Community Health/ Health and Social Care Partnership. The outcomes will be kept under review, and further outcomes will be added by lead partnerships which may call for actions by the Community Health Partnership or Health and Social Care Partnership

In December 2012 new guidelines for Single Outcome Agreements were issued by the Scottish Government. These are being considered in the community planning system and may result in changes to the Edinburgh Agreement. This framework and action plan will take account of such changes in due course. The Guidance does confirm that health inequalities continues as one of six core policy areas to be covered by Single Outcome Agreements, linking this specifically to physical activity, which is one of the main priorities identified in this Plan.

The Guidance also stresses the importance of preventive approaches and this is strongly associated with the action to reduce unequal health outcomes set out in this Plan. Again, further developments of the city policy and specific plans for prevention will be taken into account for the Framework and Action Plan in due course.

## TABLE 2: STRATEGIC OBJECTIVES AND PRIORITY OUTCOMES USED IN 2013/14 FUNDING ROUND

| **Strategic Objectives** | **Health inequalities Priority Outcomes 2013/14** |
|---|---|
| **HI 1**: Enable all adults to maximise their capabilities and have control over their lives<br>*(Also direct contribution to: HI 2 )* | (1) Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering<br>(2) Community capacity building for disadvantaged people, communities of place and interest |
| **HI 2:** Create and develop healthy and sustainable places and communities | (3) More disadvantaged people live in healthy environments and use greenspace |
| **HI 3:** Strengthen the role and impact of ill-health prevention by increasing preventative Interventions and improving take-up of treatment services | (4) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening<br>(5) Increased number of disadvantaged people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget<br>(6) Reduced rate of increase in level of obesity among disadvantaged people;<br>(7) Reduced prevalence of smoking among disadvantaged people<br>(8) Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence<br>(9) Reduced levels of anxiety and depression<br>(10) Improved sexual health and reducing the damage to physical and mental health from sexual abuse |
| **HI 4:**Ensure a healthy standard of living for all | (11) Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels |

## ACTIONS TO DATE

Contributions from mainstream services and the targeted funding for tackling health inequalities should integrate to make a real impact on reducing health inequalities. The Health Inequalities Standing Group has used the targeted funds available to support activities that meet the outcomes listed in Table 2.

Evaluation of relevant action and statistical indicators can contribute to an assessment of the extent to which we have met the targets set out in the plan.

The first year of operation of targeted health inequalities actions toward the shared objectives under this framework was 2011-12, when the criteria were derived from the framework, which was then under consultation. An evaluation report for 2011-12 showed that over 34,000 contacts were made by the funded agencies. Over 200 targets were agreed with the agencies and 72% of these were exceeded or met, with a further 23% of targets being partially met. Only 5% of targets were not met.

Targeting was also clearly effective in concentrating resources on the HISG priorities, with over 40% of the targets aimed at the outcomes for .increasing social capital among disadvantaged people, reduced social isolation and increased community participation. A further 15% in each case was awarded for healthy eating and for increased physical activity. As the priority of improved environment and green space priority was at an early stage of development by the Task Group, only 3% of targets addressed this in 2011-12. Though the objective of a healthy standard of living is led by other partnerships, the HISG recognised the importance of maximising incomes for the poorest people and targeted 12% of its programme in supporting community advice services. Through the outcomes identified in 2013/14, this was increased to respond to the risks to vulnerable groups from welfare changes.

A report on the programme in 2012-13 will follow the collection of monitoring reports and data in 2013. Future reporting will seek information from wider actions by mainstream services and through strategic and neighbourhood partnerships.

The Edinburgh Compact is an important link for its social and community roles such as the city's Volunteering Strategy. Voluntary work plays a huge role in the provision of services which can help reduce health inequalities. In 2011/12 the organisations which received Council funding as part of the Health Inequalities programme provided some 353,000 hours of work by paid staff and over 87,000 hours were given by volunteers, adding about a quarter to the capacity of the services. This demonstrates the reliance which is placed on volunteers, without whom many of the services would not be provided.

## FORWARD ACTION PLANS

Set out in the following pages is a detailed list of actions which the Health Inequalities Standing Group and partners will undertake, with measures which will be used to assess progress with each of the strategic objectives and priority outcomes. For each strategic or longer term outcome, the partnership has used logic modelling and other approaches to define realistic steps in the short or medium term. Targets in the three year plan period would be seen as short term.

Headline measures for the whole strategy are aligned to the National Wellbeing Indicators and the main outcome measures for the Edinburgh Single Outcome Agreement.

For each measure the Plan seeks to show a baseline performance or milestone to judge performance, depending on the availability of information and the timescale to achieve change. Where possible targets for improvement are set in the three year plan period. Further information is provided on resources needed to achieve change.

This plan recognises that to achieve long term change means significant joint action and new attention to health inequalities impacts from a range of mainstream services in different sectors. The partnership guides investment in preventive actions to reduce health inequalities through direct funding, but these alone can not achieve the major changes to reduce health inequalities.

The Standing Group will prioritise development work on more appropriate measures to assess meaningful outcomes for reducing health inequalities in the long term. We will continue to use existing measures of the extent of inequalities to measure progress with specific strategies, and to apply smaller scale measures to assess our performance in achieving the priority outcomes through specific actions.

The Health Inequalities Standing Group will address methods to obtain regular feedback from local communities and communities of interest about how well we are doing in meeting their needs and in achieving our priority outcomes.

Developing new measures and the means to record, gather and report on them will be a key task going forward for the Partnerships and joint-agency groups that support and deliver improved services to reduce health inequalities.

As work on the plan continues, changes may be required to make sure that the Health Inequalities Standing Group comprises the right partners and key contacts, and that outcomes are addressed by the subgroup structure and lead partners and officers. This includes looking at local arrangements to ensure the Partnership has the ability to assess its performance at the local, as well as at the city level, through Neighbourhood Partnerships and other links.

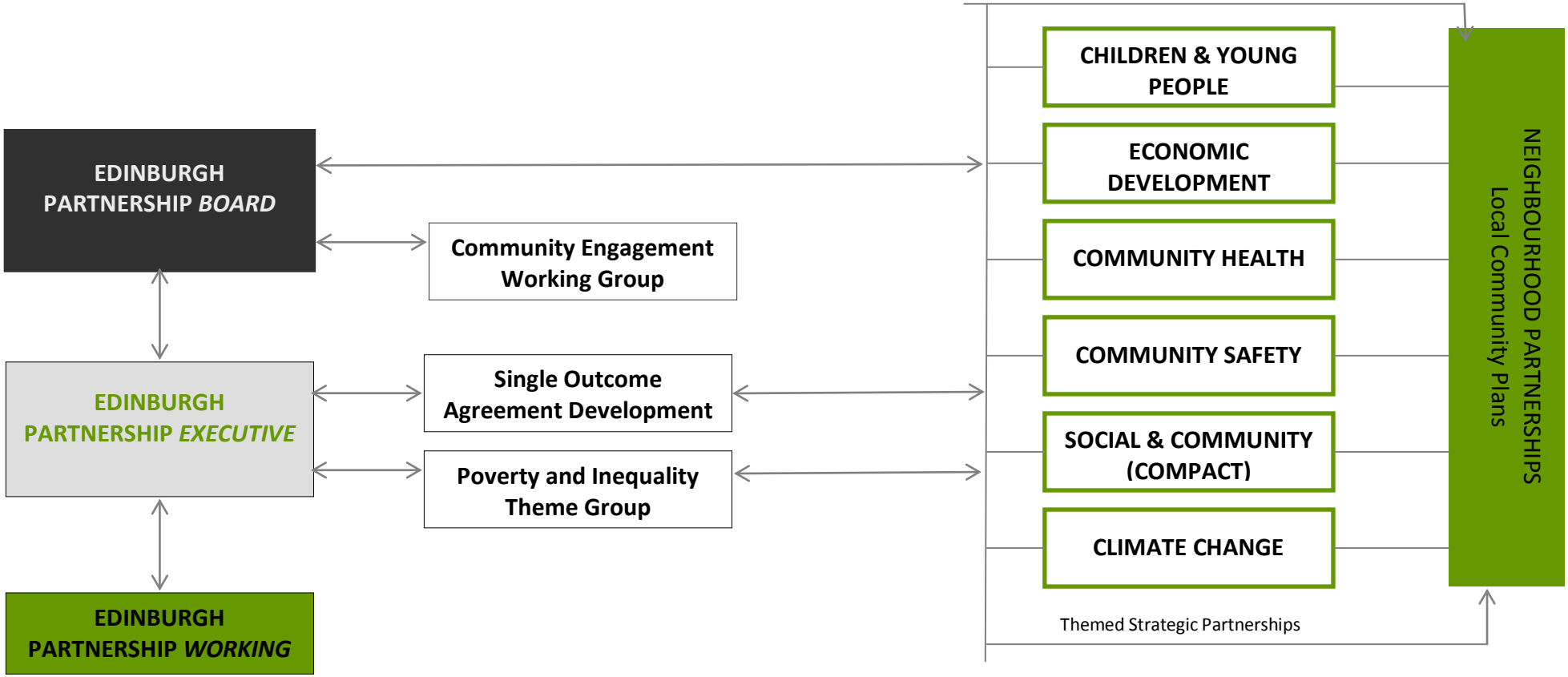
## See Part 2 for HEALTH INEQUALITIES ACTIONS 2013-16

**Part 2 Contents**

## APPENDIX 1 – COMMUNITY PLANNING MAPS – WHERE HEALTH INEQUALITIES FIT

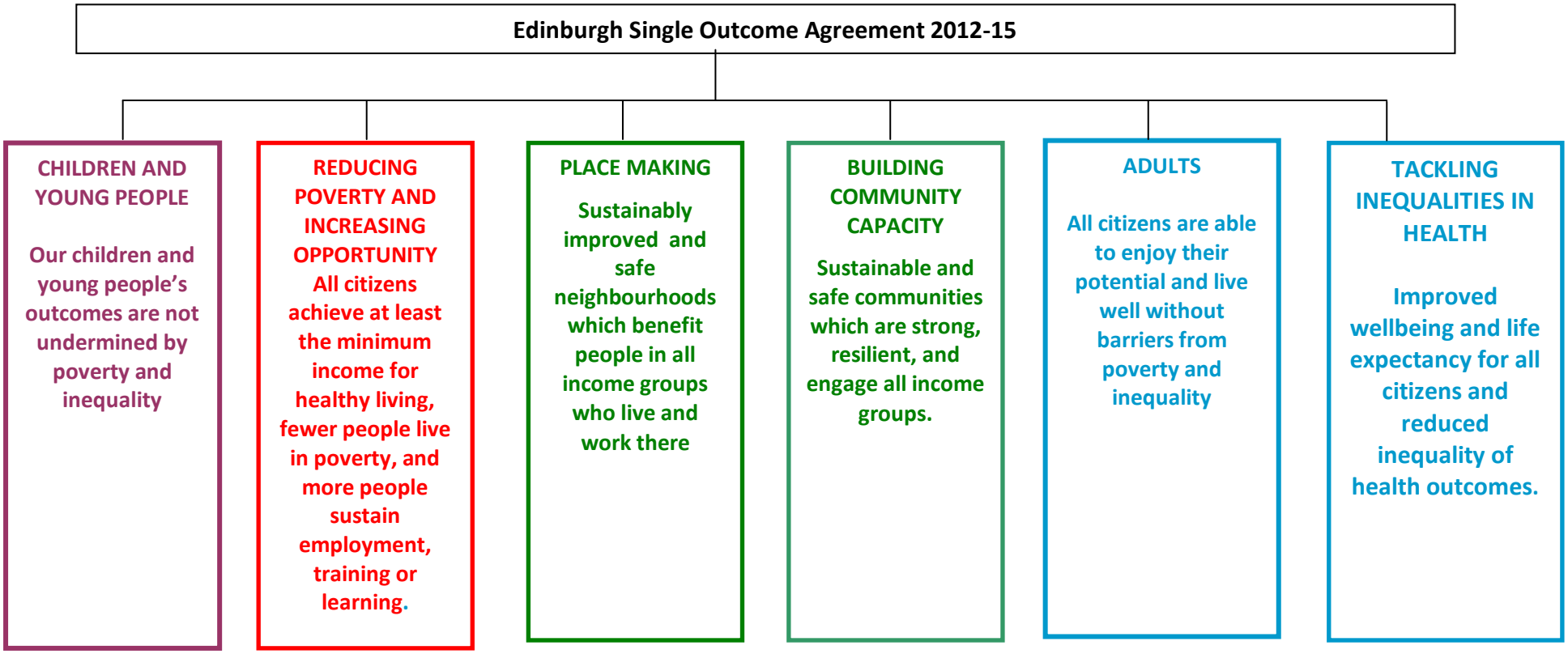
### Chart 1: The Edinburgh Partnership Structure:

The Partnership provides an over-arching framework helping to strengthen, co-ordinate and simplify partnership working in the city**.**



## APPENDIX 1 – COMMUNITY PLANNING MAPS – WHERE HEALTH INEQUALITIES FIT

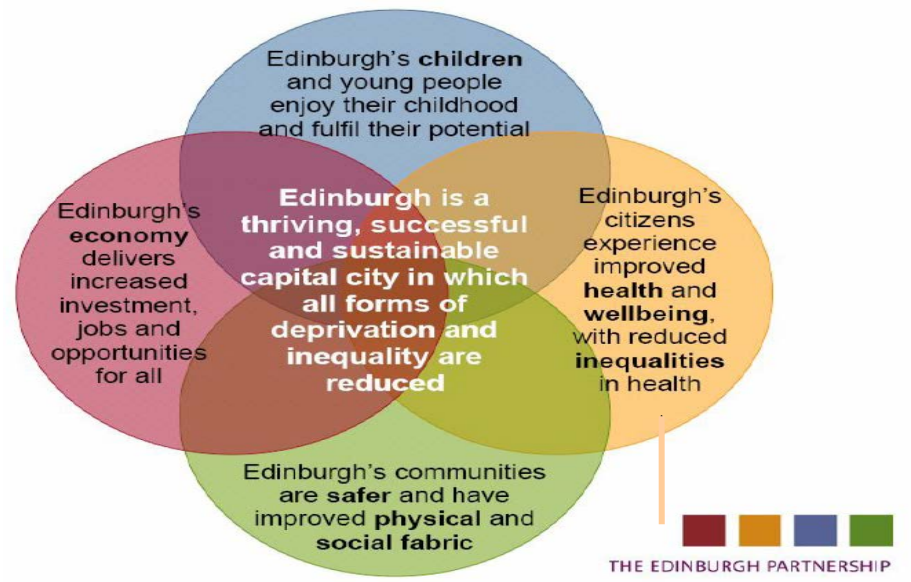
### Chart 2: Policy Map Outcomes for Poverty and Inequality (at March 2013) and Scottish Core Policy Outcomes




**Scottish Government – Six Core Policy Areas (December 2012 Guidance on Single Outcome Agreements)**

| | | | | |
|---|---|---|---|---|
| 3 Early years | 1 Economic recovery and growth<br>2 Employment | 4 Safer and stronger communities and reducing reoffending | 6 Outcomes for older people | 5 Health inequalities and physical activity |

## APPENDIX 2: HOW THE HEALTH INEQUALITIES STANDING GROUP WORKS




**Health Inequalities Framework**

Edinburgh Community Health Partnership/ Health and Social Care Partnership

**Objective 1**
Enable *people* in Edinburgh to maximise their capabilities and have control over their lives

**Objective 2**
Create and develop healthy and sustainable places and communities

**Objective 3**
Strengthen the role and impact of ill-health prevention

**Objective 4**
Ensure a healthy standard of living for all

**Objective 5**
Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives

**Objective 6**
Create fair employment and good work for all

**Outcomes**
(1) Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering

(2) Community capacity building for disadvantaged people, communities of place and interest

**Outcomes**
(3) More disadvantaged people live in healthy environments and use greenspace

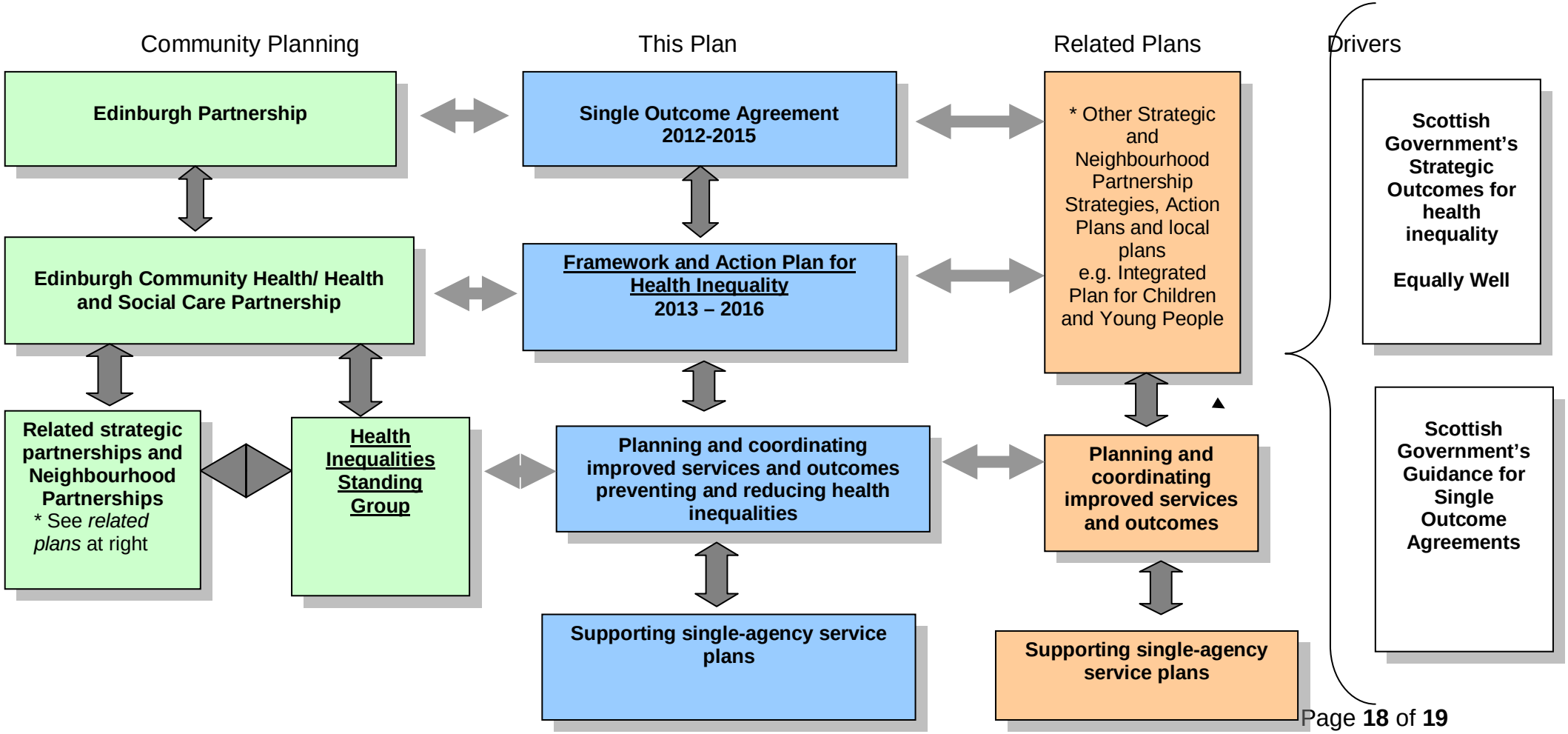
**Outcomes**
(4) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening
(5) Increased number of disadvantaged people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget
(6) Reduced rate of increase in level of obesity among disadvantaged people
(7) Reduced prevalence of smoking among disadvantaged people
(8) Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence
(9) Reduced levels of anxiety and depression
(10) Improved sexual health and reducing the damage to physical and mental health from sexual abuse

**Outcomes**
(11) Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels

## APPENDIX 2: HOW THE HEALTH INEQUALITIES STANDING GROUP WORKS

### Chart 4: How the Health Inequalities Standing Group and Action Plan link to the Single Outcome Agreement, to other Plans and to Joint-Agency Groups

The diagram below shows the structure and relationship between the Edinburgh Partnership, the Community Health/ Health and Social Care Partnership and its subgroups alongside the external drivers and the planning landscape around the Integrated Plan for tackling health inequalities.



## APPENDIX 2: HOW THE HEALTH INEQUALITIES STANDING GROUP WORKS

### Table 3: EDINBURGH HEALTH INEQUALITIES STANDING GROUP MEMBERS

| | | |
|---|---|---|
| Margaret Douglas (Co Chair) | Depute Director of Public Health | Lothian NHS Board |
| Paul Hambleton (Co Chair) | Social Strategy Manager | Health and Social Care, City of Edinburgh Council |
| Louise Wright | Social Inclusion Team Manager | Health and Social Care, City of Edinburgh Council |
| Suzanne Lowden | Policy Officer | Health and Social Care, City of Edinburgh Council |
| Willie Hardie | Forum Member | North Public Partnership Forum, Edinburgh Community Health Partnership |
| Glenda Watt | A City for All Ages | Health and Social Care, City of Edinburgh Council |
| Stephanie-Anne Harris | Strategic Development Manager, Culture and Sport | Corporate Governance, City of Edinburgh Council |
| David Bruce | Senior Education Manager (Community Services) | Children and Families, City of Edinburgh Council |
| Colin Murray | Development Worker | EVOC |
| Lesley Blackmore | Strategic Development Manager | Lothian Community Health Projects Forum |
| Lesley Boyd | Health Inequalities Manager | Edinburgh East & Midlothian CHP's & REHAS |
| Moyra Burns | Health Promotion Manager | Lothian Health Promotion Service |
| Harriet Eadie | Director of Volunteer Centre | Edinburgh Volunteer Centre |
| Nick Smith | Joint Programme Manager, Alcohol and Drugs | Health and Social Care, City of Edinburgh Council |
| Vacant | Senior Health Promotion Specialist (Food & Health) | NHS Lothian Health Promotion Service |
| David White | Assistant General Manager | Edinburgh Community Health Partnership |
| John Palmer | Public Health Practitioner | Edinburgh Community Health Partnership |
| Sarah Burns | South Edinburgh Neighbourhood Manager | Services for Communities, City of Edinburgh Council |

THE EDINBURGH PARTNERSHIP

# INTEGRATED FRAMEWORK AND ACTION PLAN TO TACKLE HEALTH INEQUALITY

## 2013 – 2016

## (Action Tables)

**Prepared by the Health inequality Standing Group of Edinburgh Community Health Partnership**

April 2013

## TABLE 1: HEALTH INEQUALITY: STRATEGIC OBJECTIVES AND PRIORITY OUTCOMES

| **Strategic Objectives** | **Health Inequality Priority Outcomes** |
|---|---|
| **HI 1**: Enable people to maximise their capabilities and have control over their lives<br>*(Also direct contribution to: HI 2 )* | (1) Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering<br>(2) Community capacity building for disadvantaged people, communities of place and interest |
| **HI 2:** Create and develop healthy and sustainable places and communities | (3) More disadvantaged people live in healthy environments and use greenspace |
| **HI 3:** Strengthen the role and impact of ill-health prevention by increasing preventative Interventions and improving take-up of treatment services | (4) Increased participation in physical activity: including walking, cycling, dance, active travel, gardening<br>(5) Increased number of disadvantaged people eat healthily; increased number of people know how to cook healthy food and how to eat healthily on a budget<br>(6) Reduced rate of increase in level of obesity among disadvantaged people;<br>(7) Reduced prevalence of smoking among disadvantaged people<br>(8) Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence<br>(9) Reduced levels of anxiety and depression<br>(10) Improved sexual health and reducing the damage to physical and mental health from sexual abuse |
| **HI 4:**Ensure a healthy standard of living for all | (11) Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels |

# PART 2: HEALTH INEQUALITY ACTION PLAN 2013-16

## HEADLINE HEALTH INEQUALITY INDICATORS

Edinburgh's Single Outcome Agreement with the Scottish Government highlights key indicators of health inequalities which provide a high level picture of progress in this area. Indicators with an "IS" number feature in the Improvement Service's list of approved community planning indicators for use at local level.

### ALL STRATEGIC OBJECTIVES AND PRIORITY OUTCOMES

| HEADLINE INDICATORS<br>Performance measures (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s:<br>Current value | TARGETS | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| **General health inequalities outcomes** | | | | | |
| Male life expectancy at birth (IS 6.2.27) | | 77.2 | | | |
| Female life expectancy at birth (IS 6.2.27) | | 81.8 | | | |
| Gap in male life expectancy at birth between the most deprived areas of the city and the remainder of the city | | 9.2 years | | | |
| Gap in female life expectancy at birth between the most deprived areas of the city and the remainder of the city | | 5.1 years | | | |
| Ratio of premature mortality rate between the 15% most deprived areas of the city and the city as a whole (IS 6.2.29 overall rates) | | 1.98 | | | |

| HEADLINE INDICATORS<br>Performance measures (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s:<br>Current value | TARGETS | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| | | | | | |
| **HI 2: Healthy and sustainable places and communities** | | | | | |
| Proportion of the housing stock In social rented sector passing the Scottish Housing Quality Standards (IS 6.2.49) | | 75% (March 2012) | | | |
| **HI 3: role and impact of ill health prevention** | | | | | |
| Percentage of 15 year olds who are regular smokers | | 13% (2010) | | | |
| Percentage of 15 year olds who have taken drugs in the last month | | 11% (2010) | | | |
| Percentage of 15 year olds drinking once a week or more | | 18% 2010 | | | |
| Rate of alcohol-related hospital discharge – acute and chronic conditions | | 2,899 (2010/11) | | | |
| Perceptions of local drug dealing/drug use in neighbourhoods | | 10% | | | |
| % of P1 pupils who are obese | | 8.9% (school year 2009/10) | | | |

| HEADLINE INDICATORS<br>Performance measures (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s:<br>Current value | TARGETS | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| **HI 4: Healthy standard of living** | | | | | |
| Median earnings for residents living in the local authority area who are employed (IS 6.2.8)<br><br>Percentage of the population (aged 16-64 years) in receipt of out of work benefits (IS 6.2.11)<br><br>Percentage of the population who are income deprived (IS 6.2.12)<br><br>Percentage of children living in households dependent on out of work benefits | l 2011) | £526.60 (2011)<br><br>12.2% (May 2011)<br><br>7.2% (2009)<br><br>19.5% (April 2011) | | | |

## STRATEGIC OBJECTIVE 1

Enable people to maximise their capabilities and have control over their lives:

**Priority Outcome 1**:Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering
**Priority Outcome 2:** Community capacity building for disadvantaged people, communities of place and interest

The Community Health Partnership has set this objective based on the Marmot framework, with an adjustment to ensure separate attention to young people and adult age groups (strategic objective 6) which was suggested in consultation.

The priority outcomes for this objective are to increase social capital among disadvantaged people, to reduced social isolation, and increase community participation. This interlinks with community capacity building for disadvantaged people, communities of place and interest. These outcomes are inevitably interconnected and this range of activity also contributes directly to the objective to create and develop healthy and sustainable places and communities.

### Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government website for further information on National Outcomes:

6 We live longer, healthier lives
7 We have tackled the significant inequalities in Scottish society
9 We live our lives safe from crime, disorder and danger
14 Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

Among city strategies, the Volunteering Strategy is particularly relevant to this objective and the opportunity to be involved in voluntary work is very productive for adults to reach their potential. The outcome is supported by the strategy's aim that *volunteering continues to be recognised and promoted for its positive contribution to strengthening and improving the improving health and well-being and reducing inequalities in Health*.

**Priority Outcome 1**:
Increased social capital among disadvantaged people: reduced social isolation; increased community participation and volunteering

The Health Inequalities Standing Group (HISG) has set a priority to maintain a community health initiative in each deprived area of the city. A key approach to maintain this provision is to fund core activities identified below. This project infrastructure aims to ensure community development activities that increase social capital and build capacity to achieve better health outcomes. The initiatives undertake targeted services for other health inequality objectives which are identified and funded separately.

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value | Performance measures & Targets | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| **Core community health actions** | | | Headline Indicators | | |
| • A community development approach to working with individuals and communities to identify and seek to address needs<br>• Development/outreach work to build links and networks within the community | HISG CHI Development group | 50%<br>82%<br>24% | 1. percentage of people feeling they have an influence over how local services are run (EPS October 2011)<br>2. percentage of people feeling that their local area is a place where people from | | These figures are not available disaggregated by deprivation level |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value | Performance measures & Targets | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| | | | different backgrounds can get on well together (EPS October 2011)<br>3. Percentage of respondents saying they had given unpaid help in the last year (EPS 2011)<br>4. reciprocity and trust – trusting other people (statistics due summer 2012 from NHS Lothian survey, and hope to get each year from addition to questionnaire for EPS) | | |

Strategic Objective 1 – *Outcomes 1 and 2*

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value | Performance measures & Targets | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| **Health Initiatives in all identified areas of deprivation** | | | | | |
| <u>Core Community Health Actions</u><br>• Development of an effective community development approach for vulnerable geographically areas and communities of interest<br>• Build confidence and community resilience through targeted interventions<br>• Link with mainstream services on health issues and outcomes | HISG CHI Funders Group<br><br>HISG CHI Development Group<br><br>8 local projects and 4 community flats | | Maintain action in all local areas<br><br>Performance measures from funding agreements | 2015 | Grant funding and staff time |
| **Number of community health actions in target areas** | | | | | |
| <u>SOCIAL CAPITAL ACTIONS</u><br><br>Partner with Services for Communities/ Community Engagement to run two city-wide events themed on Social Capital aimed at NP Health & Wellbeing subgroup members | Social Capital Working Group | Events agreed, plans in place | 2 events per year | Ongoing | Staff time |
| Provide a series of local | Social Capital | Events | 5 seminars over | Ongoing | Staff time, funding allocation from HISG |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value | Performance measures & Targets | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| seminars and staff sessions to increase recognition among event participants of the importance of social capital, how to maintain and increase it; and measure the increase. | Working Group | agreed, plans in place | 2013 and 2014 | | |
| Establish effective partnerships across departments to work on developing social capital initiatives | Social Capital Working Group | Presentation to annual CEC CLD conference May 2013<br><br>Strategic links | To be developed | ongoing | Staff time to develop presentations and establish links to current relevant strategies |
| Provide set of **Social Capital outcomes** which can be used by organisations when:<br>• submitting applications<br>• assessing applications<br>• submitting project reports | Social Capital Working Group | Integrated action plan on outcomes. | Seek approval of outcomes for use in a variety of settings by 2014/15 grant round | 2014/15 | Staff time to explore which organisations might use the outcomes, develop in partnership, gain HISG approval,<br>ensure outcomes are available, used and reported on |
| **Social Capital Toolkit** | | | | | |
| Evaluate, revise & up-date simple, user-friendly Toolkit for use by service providers. | Social Capital Working Group | Toolkit evaluated | Completed toolkit on web platform | Summer 2014 | Staff time |
| Provide training for organisations on use of the Toolkit, with particular focus on | Social Capital Working Group | Training agreed | To be developed | Ongoing | Staff time, funding allocation from HISG |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value | Performance measures & Targets | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| staff and management committees of community health initiatives (CHIs) in deprived areas.<br><br>Develop mainstream capacity to provide training on use of the Toolkit and how to develop social capital | Social Capital Working Group | Training for trainers agreed | To be developed | Ongoing | Staff time, funding allocation from HISG |
| **Volunteering actions:** | | | | | |
| • Increase awareness and implementation of "Inspiring Volunteering Edinburgh – Building on Success" the Edinburgh Volunteering Strategy and Action Plan for 2012-2017<br>• Ensure Volunteering is promoted by the health community as a route to improve health and well-being - promotional campaign across care and health professionals is organised<br>• Take account of the pattern of volunteering as a contribution to Health Inequality grant and contract programmes. | | | - 55% increased physical health and well-being<br><br>- 35% increased "fitness levels<br><br>- 25% decreased dependence on alcohol or drugs<br><br>Social Capital<br>• 75% increased number of contacts<br>• 65% increased friendships | 2016<br><br>2016<br><br>2016<br><br>2016<br><br>2016 | Volunteering - Health & Wellbeing – survey of volunteers to provide:<br>- % agreed that their "mental health and well-being" had increased as a result of their volunteering<br><br>- % agreed that their "fitness levels" had increased<br><br>- % agreed that their "dependence on alcohol or drugs" had decreased<br><br>Friendships and social networks ("Social Capital")<br>• % agreed that number of contacts that they can call on had increased<br><br>• % agreed that their range of friendships had increased<br><br>• % agreed that their support and information |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value | Performance measures & Targets | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| | | | • 65% increased support networks<br>• 55% increased social gatherings | 2016<br><br>2016 | networks had increased<br>• % agreed that their participation in social gatherings had increased |
| Increase preventive services which reduce dependency on care and support | | | Use measures gathered for main HSC performance framework | | |
| Carer support services to facilitate informal caring | | | Use measures gathered for main HSC performance framework | | |
| Numbers of adults operating personal budgets | | | Use measures gathered for main HSC performance framework | | |
| Successful transitions to new benefit system with minimum disruption to family and community life | | | Use measures gathered for main HSC performance framework | | |
| Increased community learning for key skills | | | Increased literacy and numeracy<br>Increased financial management skills | | |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value | Performance measures & Targets | Timescale | Inputs / resources required |
|---|---|---|---|---|---|
| Increased employability action | | | NEET measures | | |
| ACTIONS THROUGH THE Compact Partnership | | | | | |
| ACTIONS THROUGH THE Alcohol and Drug Partnership | | | | | |
| Work through the Mental Health Forum is set out in the Joint strategy for mental health A Sense of Belonging | | | | | |
| ACTIONS THROUGH THE Economic Development Partnership | | | | | |
| ACTIONS THROUGH THE Neighbourhood Partnerships | | | | | |

## **Priority Outcome 2:** Community capacity building for disadvantaged people, communities of place and interest

| **HEADLINE INDICATORS**<br>**Performance measures (incl. target group, target area, where relevant)** | **Lead Responsibility** | **Milestone/s: Current value** | **TARGETS** | **Timescale** | **Inputs / resources required** |
|---|---|---|---|---|---|
| Percentage of respondents satisfied with their neighbourhood as a place to live<br><br>Percentage of respondents feeling safe after dark at home/in the local area (EPS October 2011) | | 90%<br><br>77% | | | |

| **Actions (incl. target group, target area, where relevant)** | **Lead Responsibility** | **Milestone/s: Current value** | **Performance measures & Targets** | **Timescale** | **Inputs / resources required** |
|---|---|---|---|---|---|
| <u>Core community health actions</u><br>• Community development with (individuals and) communities to identify and seek to address needs<br>• Development/outreach work to build links and networks within the community | HISG CHI Funders Group | 8 local projects and 4 community flats | Maintain action in all local areas<br><br>Performance measures from funding agreements | 2014-15 | Sustain targeted funding from partners |

ACTIONS THROUGH THE Community Learning & Development Partnership: **Supporting Communities 2011-14** strategy document in preparation and web presence to be established.

{HYPERLINK to be added}

## STRATEGIC OBJECTIVE 2
Create and develop healthy and sustainable places and communities

**Priority Outcome 3:** More disadvantaged people live in healthy environments and use greenspace

A healthy and sustainable environment is a vital factor in positive health outcomes, and regeneration action for the poorest and most deprived areas remains a significant objective in the city through the Housing Plan and local partnerships' Regeneration Plans. The Community Health Partnership has aimed to complement these mainstream partner and partnership actions, and the priority outcomes include Community capacity building for disadvantaged people, communities of place and interest, as noted in relation to the first objective above. In addition the Partnership sets out to achieve the outcome that more disadvantaged people live in healthy environments and use greenspace. We aim to improve these outcomes by ensuring that there are ongoing assessments of health impacts from environment planning, and that these needs are met through partnership working. The partnership supports local action to offer opportunities for healthy living and enjoyment of green space in local areas and by priority groups.

### Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government website for further information on National Outcomes:

6 We live longer, healthier lives
7 We have tackled the significant inequalities in Scottish society
9 We live our lives safe from crime, disorder and danger
14 Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

The following table sets out the actions to achieve this outcome and measures to assess performance.

Strategic Objective 2 – *Outcome 3*

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| **Develop a Strategic Approach to Greenspace and Health** | | | | | | |
| Event for stakeholders to better understand links between green space and reduced health inequalities | Greenspace Scotland | | Stakeholder event<br><br>1 guide to HI and Greeing for Health pack produced | 1 Event<br><br>1 guidance pack produced and disseminated | Feb 2013<br><br>May 2013 | Greenspace Scotland/Task Group |
| Identify and allocate funding to support community gardening | ELGT/ Lothian Health Projects Forum | Develop a new grant scheme<br><br>Funding guidance developed | Develop and disseminate grant materials<br><br>Toolkit development | New grant scheme<br><br>Distribution of funds to 10 groups<br><br>Toolkit produced and disseminated | Spring 2013<br><br>Spring 2013 | HIF funded post 2011-2014/ Lothian Health Projects Forum |
| Develop a network of existing and emerging community garden activists and groups across Edinburgh | ELGT | Consolidation of data, database contacts, key messages<br><br>Distribution of communications materials | Database developed<br><br>Dissemination of materials | Functioning database<br><br>Dissemination of materials to 10 CG projects and 30 vulnerable groups, and wider networks | Spring 2013-14<br><br>Ongoing | ELGT support: technical, admin communications (approx 3 days)<br><br>Approx 15% of project officer time |

Strategic Objective 2 – *Outcome 3*

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| | | Consolidate materials<br>e-bulletin frequency<br>hard copy distribution | Communications, meetings, correspondence, promotional materials | 6 events /meetings and online communication with network members | Ongoing | |
| Support joint working links between schools, community gardens and allotments across | ELGT/Eco Schools Unit/Lothian Health Projects Forum | | Joint Initiatives | 1 Joint Initiative | | Edinburgh Community Health projects (in kind) |
| **Increased Provision and Access to Greenspace in Areas of Deprivation** | | | | | | |
| Investigate and promote the use of temporarily vacant land for community use | HISG/ELGT | Identify vacant space in deprived communities | New community space provided | Identification and development of 4 new sites<br><br>2 group leaders trained | Spring 2014 | HISG/CEC/NHSL funding<br><br>HIF Funded post<br><br>Local Neighbourhood Partnership Teams |
| Identify current community gardening groups | ELGT | Mapping/auditing exercise | Audit report produced | 1 Audit Report<br><br>Update Community Map | 2013/14<br><br>Annual | HIF Funded Post |
| Identify barriers and gaps that exist to developing sustainable | ELGT | New Groups established | Increase in numbers of | 24 Site Visits per year | Ongoing | HISG/CEC/NHSL funding |

Strategic Objective 2 – *Outcome 3*

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| community space | | | community gardens | | | HIF Funded Post |
| | | | Provide workshop sessions | 16 workshop sessions per year for 100 participants | Ongoing | |
| | | Volunteer bank launched | Develop training and support for volunteers | Volunteer induction training developed | Spring 2013 | HIF Funded Post |
| | | | | 6 Volunteers recruited per year | Ongoing | |
| **Increased Strategic Influence on Greening Edinburgh for Health** | | | | | | |
| To Scope the Strategic and Policy Context for Urban Environments and Health | NHS Lothian | Research Report | Production of Report | 1 Research Report | Sept 2013 | NHS Lothian |
| Awareness raising events with Neighbourhood Partnerships | HISG | Acknowledgment of the positive impact of greenspace on mental and physical health | Number of NP briefings provided | 6 briefings provided | 2013/16 | Task Group |
| | | | Number of NP meetings attended | 6 meetings attended | 2013/16 | |
| | | | Number of Greening for Health priorities | 6 Citings in NP Community Action Plans | 2013/16 | |

Strategic Objective 2 – *Outcome 3*

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| | | | cited in partner's frameworks/plans | | | |
| Increased Awareness of the Health Benefits of Greenspace Among Partners and Across EP Themes | ELGT<br><br>ELGT/ Task Group/Eco Schools Unit<br><br>Task Group<br><br>Task Group | | Link to CEC Allotment Strategy<br><br>Link to Biodiversity Strategy<br><br>Link to Edinburgh Food Charter<br><br>Link to Sense of Belonging- Lothian Mental Health Strategy | | 2013/16<br><br>2013/16<br><br>2013/16<br><br>2013/16 | Task Group |
| ACTIONS THROUGH THE Community Safety Partnership | | | | | | |
| ACTIONS THROUGH THE Compact Partnership | | | | | | |
| ACTIONS THROUGH THE Neighbourhood Partnerships | | | | | | |
| ACTIONS THROUGH THE City of Edinburgh Council Planning service | | | | | | |
| ACTIONS THROUGH the Delivery Team in Development Planning on health and wellbeing issues in areas at risk of unequal health, though Area Development Frameworks for Waterfront and City Centre Southern Arc. | | | | | | |
| ACTIONS THROUGH THE City of Edinburgh Council Regeneration Service | | | | | | |

**STRATEGIC OBJECTIVE 3**

Strengthen the role and impact of ill-health prevention by increasing preventative interventions and improving take-up of treatment services

**PRIORITY OUTCOMES:**

**4** Increased participation in physical activity: including walking, cycling, dance, active travel, gardening etc

**5** Increased knowledge, skills , training and access to healthy food choices and health promoting behaviours

**6** Reduced rate of increase in level of obesity among disadvantaged people

**7** Reduced prevalence of smoking among disadvantaged people

**8** Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence

**9** Reduced levels of anxiety and depression

**10** Improved sexual health and reducing the damage to physical and mental health from sexual abuse

This objective relates strongly to the mainstream services of the Community Health Partnership, and the preventive role will be strengthened by the planned integration of health and social care services. All citizens are entitled to local and timely access to high quality health services that will maximise their opportunity to live longer, healthier lives and maintain a healthy weight, with positive emotional and mental health, regardless of where they live

The priority outcomes set through the Health Inequality Standing Group again aim to complement the Community Health Partnership's broader objectives and actions, and those from other strategic partnerships including Action on Drugs and Alcohol, and the Strategic Development Group for Mental Health. This integrated approach aims to move away from crisis management to prevention, increase health equality between people across the whole of Edinburgh and deliver health and care services that have been designed around needs.

The Partnership aims to provide support to enable healthy lifestyle choices, particularly around minimising exposure to risky behaviours such as unsafe sex, smoking and substance misuse, and reducing the stress imposed by social and economic inequality. The Partnership aims to strengthen services and address mental health needs early.

The Health Inequality Standing Group will seek to take actions to increase preventative Interventions and improve take-up of treatment services to achieve its priority outcomes of Increased participation in physical activity, including walking, cycling, dance, active travel, gardening; Increased numbers of disadvantaged people able to eat healthily, through knowing how to cook healthy food and how to eat healthily on a budget; a reduced rate of increase in the level of obesity among disadvantaged people; reducing the prevalence of smoking among disadvantaged people; reducing the misuse of alcohol, drugs and associated violence; reducing levels of anxiety and depression; and improving sexual health.

## Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government website for further information on National Outcomes:

6 We live longer, healthier lives
7 We have tackled the significant inequalities in Scottish society
9 We live our lives safe from crime, disorder and danger
14 Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

The following table sets out the actions and measures we will use to assess how well we are doing to meet outcomes 4-10:

**PRIORITY OUTCOME 4:** Increased participation in physical activity: including walking, cycling, dance, active travel, gardening etc

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| Increased participation in physical activity: including walking, cycling, active travel and sports activities. | HISG, CEC, NHS Lothian, EL | Edinburgh Peoples Survey data. | Reduced rate of inactivity amongst disadvantaged people | Yearly increase in number of people achieving PA recommendations | Annual Review | HISG, CEC, NHS Lothian, EL |
| Increased levels of walking through both promotion and provision of facilities. | Paths for all, CEC, NHS Lothian, | Edinburgh Peoples Survey data. | Increased use of walking as a transport and leisure activity amongst disadvantaged people | Yearly increase in frequency and duration of walking journeys | Annual Review | HISG, CEC, NHS Lothian, EL, Walkability Officer. |
| Actions through activcity, aim to increase regular involvement in physical activity and sport by all local people. Activcity is the City of Edinburgh Council's one stop shop for sport and physical activity, acting on the vision that Edinburgh will be the most active city in Europe by 2020. | | | | | | |

**PRIORITY OUTCOME 5:** Increased knowledge, skills , training and access to healthy food choices and health promoting behaviours

**To Develop A Strategic Approach To Tackling Food And Health Inequalities Within Local Settings**

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| **1.1 Increased influence in the development and implementation of local policy and strategy** | | | | | | |
| Ensure links are made with existing strategic partnerships e.g. Neighbourhood Partnerships; Edinburgh Partnership Poverty and Inequality Theme Group; HISG Task Groups | Food and Health Task Group (FHTG) | 20% of NP Community Action Plans prioritise food | local NP plans contain food and health as a priority; poverty strategy includes issues around poverty and the uptake of healthy food choices | 50% of Community Action Plans prioritise food | 2013-14 | Food and Health Task Group (FHTG) time |
| Work in partnership with existing programmes and plans e.g. Community Health Lifestyles; Child Healthy Weight; Edinburgh CHP Infant Feeding Project 2012-15; Healthy Living Award; Scottish Grocer Federation Neighbourhood Shop Scheme, the Early years framework & Maternal & Infant Nutrition: a framework for action | FHTG | Membership with 1 partner | Increase in the number of plans influenced. | Increase membership 100% per annum | Annual review | FJTG time |
| Share best practice with homeless organisations | LCHIF ECF | Effective communication pathway with 1 key organisation working in the | Increase in number of homeless organisations engaged with<br><br>Increase in number of | Effective communication pathway with 4 organisations in this sector | Annual | HISG funding ECHP |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| | | sector | homeless organisations accessing HI training opportunities | 4 additional organisations accessing training opportunities | Annual | HISG funding<br>ECHP |
| Ensure access to evidence based information | ECF Food and Training HUB / Cyrenians/ | Current users on ECF HUB website/ Cyrenians mailing lists | Increased access to HI Communications via communication pathways – links, flyers, newsletters | Increase of 25% | Annual | ECHP<br>CEC<br>FTHG |
| | | | Increased number of users on Hub website/Cyrenians mailing list | Increase of 25% | Annual review | HISG Funding |
| **1.2 Maintain and influence the amount of funding available to develop activities tackling food and health inequalities** | | | | | | |
| Maintain existing food and health budgets | HISG, CEC CHP, NHS Lothian | Estimated food and health funding portfolio at £260k | Maintenance of existing task group budget; | Retain Food and Health funding portfolio at £260k level | On-going | HISG funding<br>ECHP funding<br>HIF funding |
| Identify needs and gaps in provision in the City. | Food and Health Task Group / ECF HUB | Identify from HUB mapping activities :<br>Community Café<br>Food Co-ops | Increased number of interventions tackling food and health inequalities within the voluntary / community sector | Produce map of Community Café's and Food Co-ops | 2014 | HISG funding<br>FHTG time |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| Identify appropriate sources of funding to fill gaps / meet priorities | Food and Health Task Group / ECF HUB/ LCHIF | Funding sources are circulated as approp. | Submission of new funding applications to address gaps | 4 applications submitted | 2014 | ECHP<br>CEC<br>FTHG |

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| **To build capacity within existing practitioners to sustain and expand current activities** | | | | | | |
| **2.1 Increased opportunities to share good practice and network across all sectors** | | | | | | |
| Promote the development of food and health networks for practitioners involved in food and health activity in areas of deprivation and with vulnerable groups | Food and Health Training Hub | HUB network: 160 members | Increased involvement in networking & practice-sharing opportunities<br><br>Manage the training network database of 160 organisations across the City | Expansion of HUB network by 10% per annum<br><br>Expansion of HUB network by 10% per annum | Annual review<br><br>Annual review | HISG funding |
| Develop Food and Health Training Hub Reference Group with topic based sub groups | Food and Health Training Hub | Support 4 Reference Group meetings | Reference group development | Co-ordinate 4 Reference Group meetings | March 2014 | HISG funding |

Strategic Objective 3 – *Outcomes 4 to 10*

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| Explore the feasibility of using a time-banking approach to food and health activity within communities | LCHIF<br>VCE | Pilton Food Forum | Impact of Pilton Food Forum on networking opportunities & sharing of resources | Evaluation Report | March 2014 | HISG funding |
| Training the trainers courses | Food and Health Training Hub | Training programme | Maintain participation rates in training the trainers courses | Provide 16 training courses for practitioners to 155 participants | March 2014 | HISG funding |
| | | | | Provide 2 training courses for practitioners working with older people | March 2014 | HISG funding |
| | | | | Provide 20 REHIS Food Hygiene courses to 160 participants | March 2014 | HISG funding |
| | | | | Provide 15 REHIS Food and Health courses to 120 participants | March 2014 | HISG funding |

Strategic Objective 3 – *Outcomes 4 to 10*

| **Actions (incl. target group, target area, where relevant)** | **Lead Responsibility** | **Milestone/s: Current value (inc date)** | **Performance measure/s** | **Target/s** | **Timescale** | **Inputs / resources required** |
|---|---|---|---|---|---|---|
| Promote a positive culture towards breastfeeding through working with preschool settings such as nurseries to develop educational resources that promote breastfeeding | Infant Feeding Advisor | Training Programme | Delivery of training | Provide 10 training sessions per year to 100 participants | 2013-15 Annual review | HIF funding ECHP |
| Work with key partners organisations to explore ways in which they can make their premises breastfeeding friendly | Infant Feeding Advisor | Training Programme and award criteria | Increase in number of Breast friendly awards made | 20 awards per year | 2013-15 Annual review | HIF funding ECHP |
| Liaise with educational establishments to review opportunities for including breastfeeding education in school curriculum | Infant Feeding Advisor | Opportunities to link with school curriculum | Increase in number of schools engaged with | 5 schools per year | 2014-15 Annual review | HIF funding ECHP |
| Fund the delivery of training to support the implementation of national Nutritional Guidance for the early years | ECF/NHS Lothian | Training resources produced<br><br>3 Nutritional Guidance for Early Years courses | Course materials produced<br><br>Maintain number of courses & number of participants : increased knowledge and skills | Training resources produced<br><br>Provide 3 Nutritional Guidance for Early Years courses delivered to 28 participants | 2013<br><br>2013-14 | HIF funding<br><br>HIF funding |

## PRIORITY OUTCOME 6 Reduced rate of increase in level of obesity among disadvantaged people

### To increase access to and the knowledge and skills to make healthier and safe food choices within priority groups / geographical areas

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| **3.1 Increase uptake of healthy food choices within the home** | | | | | | |
| Support the delivery of healthy cooking courses to vulnerable groups: | Food and Health Training Hub | Provision of 51 courses | Provision of courses to vulnerable groups | Provision of 65 courses to 600 participants | Annual review | HISG funding |
| | Cyrenians | Provision of 104 healthy cooking classes | Provision of basic cooking classes, nutrition & budgeting to homeless people | Provision of 104 classes to 60 individuals | Annual review | HIF funding |
| | | Provision of 24 follow on sessions | | Provision of 24 follow on sessions to 60 individuals | Annual review | HIF funding |

| **3.2 Increased access to healthy food choices** | | | | | | |
|---|---|---|---|---|---|---|
| Development of and support for the community food co-op network across Edinburgh | Food and Health Training Hub | 10 Food Co-ops | Increased participation in food and health activities in communities | 12 community food co- ops providing access to fresh produce to an average of 320 local people | Annual review | HISG funding |
| | | | | 6 support and development sessions for community food co-ops | Annual review | HISG funding |
| | | | | 20 new community food co-op volunteers trained | Annual review | HISG funding |
| Support homeless projects receiving deliveries under the Fareshare Franchise food redistribution | Cyrenians | Fareshare deliveries to 30 organisations per week | Improved choice and increased nutritional value to homeless and socially excluded individuals | Fareshare deliveries to 30 organisations per week | Annual review | HIF Funding |
| Established fruit and vegetable retail outlets in NHS premises | Food and Health Training Hub | 5 NHS Lothian outlets | Maintain & increase number of NHS Lothian outlets | 6 NHS Lothian outlets | Annual review | HIF Funding |

## **PRIORITY OUTCOME 7** Reduced prevalence of smoking among disadvantaged people

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| In light of the new strategy Creating a Tobacco Free Generation NHS Lothian is currently in process of formulating action on prevention | | | | | | |

## **PRIORITY OUTCOME 8** Reduced damage to physical and mental health from misuse of alcohol, drugs and associated violence

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| ACTIONS THROUGH THE Alcohol and Drug Partnership | | | | | | |

## **PRIORITY OUTCOME 9** Reduced levels of anxiety and depression

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| Reduced levels of anxiety and depression<br><br>*Interface with Mental health Forum to be discussed:<br>Health Inequality actions re mental health include social capital, physical activity, greening. | TBC * | TBC | Average score on the short version of the Warwick-Edinburgh Mental wellbeing scale (IS 6.2.20) | TBC | Annual Review | Data needs to be located |
| Actions are taken through the Mental Health Forum and their Joint strategy for mental health A Sense of Belonging | | | | | | |

## **PRIORITY OUTCOME 10** Improved sexual health and reducing the damage to physical and mental health from sexual abuse

| **Actions (incl. target group, target area, where relevant)** | **Lead Responsibility** | **Milestone/s: Current value (inc date)** | **Performance measure/s** | **Target/s** | **Timescale** | **Inputs / resources required** |
|---|---|---|---|---|---|---|
| Sexual Health Actions are taken through the Sexual Health and HIV Strategy | | | | | | |
| Sexual abuse actions are taken through the Violence against Women Partnership, and a city strategy will be informed by the new national strategy scheduled to be published by the end of 2013. | | | | | | |
| For adults at risk of harm, including sexual abuse, the Edinburgh, Lothian and Borders Multi-Agency guidelines and Adult Protection Procedures provide guidance. | | | | | | |

**Strategic Objective 4**
Ensure a healthy standard of living for all

**Priority Outcome 11:** Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels

A healthy standard of living is recognised as a critical factor for health outcomes, showing the clear link with the city economy. Reducing health inequality depends not only on creating wealth to the city, but on a fairer distribution which does not leave substantial communities facing barriers which prevent them achieving a healthy standard of living. This also connects with the objectives for children and young people, where the Children's Partnership takes a lead role ensuring that all young people prepare to enter adult life, gaining the skills, aptitudes and personal qualities which will enable them to lead positive and productive adult lives. There is a strong correlation between under-achievement at school and unemployment, and thus inequality in social, economic and health outcomes.

The outcome identified by the Community Health Partnership to contribute to this objective alongside the programmes in other partnerships is that groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels.

### Contribution to Scottish Government National Outcomes

The local priority outcomes for health inequality directly contribute to the delivery of National Outcomes 6, 7, 9 and 14. Visit the Scottish Government website for further information on National Outcomes:

6 We live longer, healthier lives
7 We have tackled the significant inequalities in Scottish society
9 We live our lives safe from crime, disorder and danger
14 Our people are able to maintain their independence as they get older and are able to access appropriate support when they need it

The following table sets out the actions and measures we will use to assess performance for outcome 11.

**Priority Outcome 11:** Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| ACTIONS THROUGH THE Economic Development Partnership | | | | | | |
| Groups at risk of poor health outcomes have increased incomes due to improved access to income maximisation services and advice on problem debt levels | HISG | Not in SOA 2013-16 – data needs to be located | Median earnings for workforce based in the local authority area (IS 6.2.9)<br><br>Gender pay gap (IS 6.2.10)<br><br>Proportion of households that have some savings (IS 6.2.55)<br><br>Proportion of households that are coping well or very well financially (6.2.56) | Again, these data are not disaggregated so can only show overall change | | data needs to be located |

Strategic Objective 4 – *Outcome 11 and outcomes from other partnership/s*

| **Actions (incl. target group, target area, where relevant)** | **Lead Responsibility** | **Milestone/s: Current value (inc date)** | **Performance measure/s** | **Target/s** | **Timescale** | **Inputs / resources required** |
|---|---|---|---|---|---|---|
| *Advice sessions in GP surgeries*<br>*For completion with funding agreement* | | | No of advice sessions<br>Income gains | Targets from funding agreements | | |
| *Advice sessions in HI supported advice services For completion with funding agreement* | | | No advice sessions<br>Income gains | Agree targets from funding agreements? | | |
| ACTIONS THROUGH THE Community Safety Partnership | | | | | | |
| Income maximisation service actions for Council tenants<br>CEC Advice Shop actions for all Edinburgh residents | | | | | | |
| ACTIONS THROUGH THE City Housing Strategy | | | | | | |
| ACTIONS THROUGH THE Neighbourhood Partnerships | | | | | | |

## Strategic Objective 5

Give every child the best start in life; and enable all children and young people to maximise their capabilities and have control over their lives

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| ACTIONS THROUGH THE Children's Partnership | | | | | | |
| {HYPERLINK} ACTIONS THROUGH THE Community Learning & Development Partnership<br>SS emailed Dawn Kelly 23.4.13 | | | | | | |
| ACTIONS THROUGH THE Compact Partnership | | | | | | |
| ACTIONS THROUGH THE Neighbourhood Partnerships | | | | | | |

Strategic Objective 6– *Outcomes from other partnership/s*

**Strategic Objective 6**
Create fair employment and good work for all

| Actions (incl. target group, target area, where relevant) | Lead Responsibility | Milestone/s: Current value (inc date) | Performance measure/s | Target/s | Timescale | Inputs / resources required |
|---|---|---|---|---|---|---|
| ACTIONS THROUGH THE Economic Development Partnership | | | | | | |
| ACTIONS THROUGH THE Joined up for Jobs Strategy Group | | | | | | |
| ACTIONS THROUGH THE Operational Low Pay Group | | | | | | |
| {HYPERLINK} ACTIONS THROUGH THE Welfare Reform Strategic Group<br>Paul, nothing on the web could you ask your contact through the group please? | | | | | | |
| ACTIONS THROUGH THE City Housing Strategy | | | | | | |
| ACTIONS THROUGH THE Neighbourhood Partnerships | | | | | | |

# Corporate Policy & Strategy Committee

**10am, Tuesday, 6 August 2013**

# Executive Summary of Public Bodies (Joint Working) (Scotland) Bill

| | |
|---|---|
| **Item number** | 7.8(a) |
| **Report number** | |
| **Wards** | All |

## Links

| | |
|---|---|
| **Coalition pledges** | P12 and P43 |
| **Council outcomes** | CO10, CO11, CO12, CO13, CO14, CO15 |
| **Single Outcome Agreement** | SO2 |


**Peter Gabbitas**

Director of Health and Social Care

Contact: Susanne Harrison, Integration Programme Manager

E-mail: Susanne.harrison@edinburgh.gov.uk | Tel: 0131 469 3982


EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

# Executive Summary of Public Bodies (Joint Working) (Scotland) Bill

## Summary

This report presents an executive summary of the Public Bodies (Joint Working) (Scotland) Bill and outlines Edinburgh's 'readiness' with regard to its provisions.

## Recommendations

It is recommended that Corporate Strategy and Policy Committee:

- notes the introduction of the Public Bodies (Joint Working) (Scotland) Bill to the Scottish Parliament on 28 May 2013;
- note the main provisions, issues and risks associated with the Bill;
- notes that further regulations and statutory guidance will accompany the provisions of the Bill in future; and
- notes the current position in Edinburgh with respect to the provisions and that a joint submission of written evidence will be submitted to the Scottish Parliament Health and Sports Committee.

## Measures of success

The Scottish Government will be issuing revised National Outcomes for the delivery of integrated Health and Social Care during 2013/14. In addition, the Programme Sub Group on Performance and Quality has begun to develop a local outcome framework for measuring the success of the new Health and Social Care Partnership. A baseline is now being developed.

## Financial impact

The number and scale of services within the scope of integration from April 1 2013 will encompass significant revenue budget from both the Council and NHS Lothian. The details of this are currently being worked on and may change as discussions continue during 2013/14. The aim of the integration proposals, in the longer term, is to support the development of integrated budgets to deliver jointly agreed outcomes for the people of Edinburgh.

## Equalities impact

The proposals for integration will impact, in particular, on older people and on adults with multiple and / or complex needs. The aims of the proposal are to improve outcomes for patients and service users and are therefore expected to have a positive impact on such equalities groups.

The Scottish Government undertook a partial Equalities Impact Assessment of the proposals included in the Consultation. It will be necessary to undertake joint equalities impact assessments of any proposed service changes as a result of integration.

## Sustainability impact

The proposals within this report will have a positive impact on social sustainability in particular because major aims of the Scottish Government intentions are to:

- keep people independent in their homes with appropriate support for as long as is possible and safe,
- support carers to help people in this; and
- build capacity in the community for improving, reducing health and to help people to remain independent for as long as possible.

## Consultation and engagement

The Bill places a duty upon Integration Authorities to involve a range of stakeholders in the integration of health and social care services and specific requirements in relation to the integration plan and strategic plan.

A range of consultation and engagement events and mechanisms is being built into the integration programme and the new Health and Social Care Partnership arrangements.

## Background reading / external references

Finance and Budget Policy Development and Review Sub-Committee – 22 May 2013 Health and Social Care Integration: Update

Corporate Policy and Strategy Committee - 16 April 2013 – Integration of Adult Health and Social Care Consultation: Scottish Government Response.

Policy and Strategy Committee - 2 October 2012 - City of Edinburgh Council Item 13 – Integration of Health and Social Care: Proposals for Interim Governance Arrangements.

Policy and Strategy Committee - 4 September 2012 – Scottish Government Consultation on the Integration of Health and Social Care Services – Joint Response.

# Executive Summary of Public Bodies (Joint Working) (Scotland) Bill

## 1. Background

1.1 The Scottish Government indicated its intention to legislate for the integration of health and social care services some time ago and held a public consultation on its proposals during summer 2012. The responses to the consultation were analysed and the Government released its response to these views in February 2013 with an indication that a Bill would follow.

1.2 On 28 May 2013 the Scottish Government introduced to the Scottish Parliament the Public Bodies (Joint Working) (Scotland) Bill along with associated documentation such as Policy and Finance Memoranda. A high level overview of the Bill is provided below and an executive summary is detailed in Appendix 1. Full details can be obtained from http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx

1.3 This report was presented to the Health and Social Care Partnership on 14 June 2013.

## 2. Main report

2.1 The Bill provides the framework which will support the improvement of the quality and consistency of health and social care services in Scotland. The framework:

a. permits the integration of local authority services with health services;
b. provides for the Common Services Agency (commonly known as NHS National Services Scotland) to provide goods and services to public bodies, including local authorities;
c. provides for Scottish Ministers to form wider joint venture structures than at present in order to make the most effective use of resources; and
d. extends the Clinical Negligence and other Risks Scheme (CNORIS) indemnity scheme run by Scottish Ministers.

2.2 The main provisions for integration are provided below and in more detail in Appendix 1.

The Bill:

a. requires health boards and local authorities to integrate their health and social care services via one of four models (‘body corporate’ model or 3 options for a ’delegated authority’ model);
b. establishes the arrangement as an ‘Integration Authority’;
c. requires the delegation of functions and associated budgets/resources by the relevant health board and local authority to the Integration Authority in line with an agreed financial model;

d. establishes the policy principles for integration within the legislative framework (the spirit of the law);
e. depending on the model, requires either an Integration Joint Board (body corporate) or an Integration Monitoring Committee (delegated authority) for governance and scrutiny of arrangements;
f. requires the Integration Joint Board to appoint a chief officer. In the delegated model the chief executive of the 'lead' agency will be the jointly accountable officer. Each will be responsible to both the local authority and the health board;
g. requires the submission of a jointly agreed Integration Plan which will describe the integration authority arrangements;
h. requires the Integration Authority to prepare a Strategic Plan which will set out the planning, financing and operational elements of the delegated functions in order to deliver the national outcomes;
i. establishes a duty on the integration authority to work with local professionals, the third and independent sectors to determine how best to put local service planning arrangements into place and take account of their input in the Strategic Plan.

2.3 The significant items to note regarding the Joint Integration Board are that it:

a. will be an executive board;
b. will be required to appoint a chief officer;
c. will oversee the development of the Strategic Plan;
d. will allocate resources at a high level between the health board and the local authority in accordance with the Strategic Plan and within the parameters set by the Integration Plan; and
e. will ensure delivery of the national and local outcomes.

2.4 The Bill clearly states that, whatever the model chosen, the health board and the local authority remain statutorily responsible for discharging their responsibilities with regard to the provision of their services. In addition, it also specifies that for the 'body corporate' model, the Joint Integration Board is conferred the same duties, rights and powers, in relation to them as the health board and local authority would have.

2.5 Regulations and statutory guidance will be provided on a range of further details including:

a. minimum functions to be delegated and those not to be delegated;
b. membership and proceedings of Integration Joint Boards and Joint Monitoring Committees for accountability and professional advice, staff, third sector, users carers and the public representation;
c. national outcomes;
d. content of the Integration Plan; and
e. involvement of third sector in strategic commissioning/planning etc.

**Edinburgh 'Readiness'**

2.6 The City of Edinburgh Council and NHS Lothian have a long history of working together, including having a Joint Director of Health and Social Care for the past seven years, provision of a number of joint services and a significant amount of

joint planning and commissioning. This legislation allows the organisations to take a positive step forward.

2.7 A significant amount of work has been undertaken recently in preparation for the legislation, in particular the establishment the Edinburgh Health and Social Care Partnership and its associated interim governance arrangements based on the 'body corporate' model described above.

2.8 The work started on the Partnership Agreement and Strategic Work Plan place Edinburgh well for preparing the Integration Plan and Strategic Plan. Furthermore, sub groups have been established to consider approaches to finance and resources, performance reporting and organisational development. The work of these groups will be critical to meeting the requirements of the Bill in time for the date of establishment.

2.9 Other areas of work which will be required to be taken forward centrally by parent bodies will include preparing new financial procedures and standing orders to enable the partnerships to be established.

**Parliamentary Process**

2.10 The Scottish Parliament's Health and Sports Committee has been designated as the lead committee to debate and gather evidence on the Bill. They recently issued a call for written evidence on the Bill to run over the summer recess with a closing date of 2 August. Stage 1 for oral evidence will commence in September.

2.11 The timescale is short for written evidence but it is intended that a joint submission be made on behalf of the Council and NHS Lothian. Members of the Shadow Health and Social Care Partnership, Council Members, NHS Lothian Board members and officers in both the Council and NSH Lothian have been invited to contribute to the joint submission.

**Key risks**

2.10 There are a number of significant health, care and financial risks associated with the **current** system which have triggered the provision of new legislation. In particular these are:

a. it does not align with the resource models required by the Christie Commission;
b. local clinicians, elected members, users, carers and other stakeholders are unlikely to engage in locality planning if budgets associated with unplanned hospital capacity are not included;
c. the demand pressures from demographic change are biased to reactive care in institutional settings and, without the Bill, this would continue leading to a vicious cycle of spending more and more money on services that do not support people to best effect;
d. it does not explicitly recognise the reality of the integrated nature of health and social care services, particularly for frail elderly people and those with complex needs such that it is not possible to plan overall expenditure for defined populations and user groups or to use budgets flexibly to best effect.

2.11 There are many risks associated with a programme of change of this scale. The Bill specifically mentions the following financial risks:

a. Health board and local authority flexibility to allocate their resources across the full range of their budgets may be constrained by 'ring-fencing' of their previous allocations to the integration authority. The risk will be proportional to the extent of the minimum scope of services to be included;
b. there is a risk that health boards may be left to manage any overspends in hospital based budgets whilst being unable to direct under-spends in community health budgets to offset these; and
c. parent bodies may be limited in their options for managing compensating in-year under-spends to those from within and out of scope budget.

2.12 The Bill envisages that these risks will be mitigated through the joint nature of the governance of the integration authority and the provisions of the Integration Plan and Strategic Plan and through the direct accountabilities and responsibilities of the chief officer.

**Financial implications**

2.13 The Financial Memorandum details the financial implications of integration across a number of elements.

2.14 The Bill references the potential for national efficiencies, mostly across health care expenditure. The combined effect of reducing delayed discharge, improving anticipatory care (avoiding unnecessary admission to hospital) and reducing variation on per capita expenditure is estimated to be between £138m and £157m from health care expenditure nationally. This needs to be considered in the context of 2011/12 spend on health care of c£9bn and on adult social care of c£2.1bn. It is expected that these efficiencies will be reinvested within the partnerships in order to help meet demand.

2.15 The key costs are:

a) transitional costs – with an estimate of £16.315m nationally, the majority of which will be required in 2014/15; The **Scottish Government will provide £16.7m which will be available to Health boards and local authorities** as partners in integration joint boards or integration arrangements **on a proportional basis** for transition costs to implement organisational development and other change management functions necessary to meet the requirements of the Bill.
b) recurrent costs for each model - with an estimate of £4.55m for the delegated model and £5.6m for the 'body corporate' model nationally. Some of the running costs are expected to be mitigated by such matters as removal of CHP and by the expected removal of the CHP general managers which accrue to the health board;

2.16 Significant further work will be required to establish the local efficiency and cost impact for Edinburgh.

**Impact on inequalities, including health inequalities**

2.17 The proposals for integration will impact, in particular, on older people and on adults with multiple and / or complex needs. The aims of the proposal are to improve outcomes for patients and service users and are therefore expected to have a positive impact on such equalities groups.

2.18 The Scottish Government undertook a partial Equalities Impact Assessment of the proposals included in the consultation. It will be necessary to undertake joint equalities impact assessments of any proposed service changes as a result of integration.

## 3. Recommendations

3.1 It is recommended that Corporate Policy and Strategy Committee:

- notes the introduction of the Public Bodies (Joint Working) (Scotland) Bill to the Scottish Parliament on 28 May 2013;
- notes the main provisions, issues and risks associated with the Bill;
- notes that further regulations and statutory guidance will need to accompany the provisions of the Bill in future; and
- notes the current position in Edinburgh with respect to the provisions and that a joint submission of written evidence will be submitted to the Scottish Parliament Health and Sports Committee.

**Peter Gabbitas**

Director of Health and Social Care

## Links

| | |
|---|---|
| **Coalition pledges** | Ensuring Edinburgh, and its residents, are well cared for. |
| **Council outcomes** | Health and Wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it. |
| **Single Outcome Agreement** | Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health |
| **Appendices** | Appendix 1 – Executive Summary of the Public Bodies (Joint Working) (Scotland) Bill |

# Appendix 1 Executive Summary of Public Bodies (Joint Working) (Scotland) Bill

## Introduction

This note is an Executive Summary of the contents of the Public Bodies (Joint Working) (Scotland) Bill, introduced to the Scottish Parliament on 28 May 2013, and in particular the Policy and Financial Memoranda associated with the Bill.

Further details can be obtained by clicking the link below:

http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx

## Executive Summary

## Policy Context

1. Integration is not an end in itself – it will only improve the experience of people using services when partner organisations work together to ensure that services are being integrated as an effective means for achieving better outcomes.

2. Integrated health and social care means that services should be planned and delivered seamlessly from the perspective of the patient, service user or carer, and that systems for managing services should actively support such seamlessness.

3. From the perspective of people who use the system – patients, service users, carers and families – the problems to be addressed can be summarised as follows:
    a. There is inconsistency in the quality of care for people, and the support provided to carers, across Scotland, particularly in terms of older people's services;
    b. People are too often unnecessarily delayed in hospital when they are clinically ready for discharge; and
    c. The services required to enable people to stay safely at home are not always available quickly enough, which can lead to avoidable and undesirable admissions to hospital.

4. Clinicians and other professionals who provide health and social care support also indicate that, as far as possible, it is better for people's wellbeing if they are supported in their own homes or another homely setting in the community, rather than being admitted unnecessarily to hospital.

5. In terms of older people's services specifically, it is also known that:
    a. Almost one third of total spend on older people's services annually is on unplanned admissions to hospital;
    b. More is spent annually on unplanned admissions for older people than is on social care for the same group of people; and
    c. Even allowing for the possibility that people may live longer and in better health in future, and taking into account the Scottish Government's current emphasis on improving anticipatory and preventative care, Scotland will in future experience a material increase in the number of people who require care. The resources required to provide support will rise in the years ahead.

6. The policy ambition for integrating health and social care services is therefore to:
    a. improve the quality and consistency of services for patients, carers, service users and their families;

b. provide seamless, joined up quality health and social care services in order to care for people in their homes or a homely setting where it is safe to do so; and
c. ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs, many of whom are older.

7. There is a great deal to be proud of in terms of health and social care provision in Scotland. Nevertheless, there is widespread recognition across Scotland that reform needs to go further. Addressing these challenges will demand commitment, innovation, stamina and collaboration from all of us who are involved, in different ways, in planning, managing, delivering, using and supporting health and social care services.

8. The principle enshrined in the legislation is that
'effective services must be designed with and for people and communities'.
Christie Commission on the future delivery of public services.
http://www.scotland.gov.uk/About/Review/publicservicescommission

9. Public bodies are therefore being required to cooperate not simply for their own administrative convenience but with a view to the changing needs of the population, whose health and social care needs are not experienced in isolation or in relation to the professionals/organisational boundaries that currently exist.

10. The status quo is not an option as it does not fit with the Christie Commission views, does not encourage engagement by local clinicians and professionals due to the current exclusion of budgets for unplanned hospital capacity, does not allow a 'whole-system' view of care or resources and is biased to reactive care in institutional settings which would simply have to continue to expand as a result of the vicious cycle of patients having insufficient care in the community to prevent unplanned/unscheduled care.

## Scope

11. The Bill encompasses all adult social care services. Regulations and statutory guidance will specify a minimum of what may be delegated and also what may not be delegated.

12. It enables other services to be included in the scope, such as Children's Services and specifically mentions the importance of Housing Services being included in the integrated approach to service planning and provision.

13. Secondary legislation will also enable partnership working with non-statutory providers such as third and independent sectors, patients, service users and carers.

## Outline of the Bill

14. The Bill
    a) Permits ministers to ***require integration*** of, as a minimum, adult health and social care services.
    b) Describes the partnership arrangements as '***integration authorities'***. Each health board and local authority will be required to establish an integration authority and to delegate functions and resources to them.

*Model of Integration and Governance*

    c) Will ***require*** local authorities and health boards to choose one of four options for the establishment of the integration authority as follows
        a. The 'body corporate' model - The health board and local authority choose to deliver integrated services through delegation to ***an Integration Joint Board***

established as a body corporate. This will require the appointment of a Chief Officer as the jointly accountable officer.

b. The delegated authority model which has three permutations and will be accountable through the 'lead' agency Chief Executive.
    i. the health board and local authority choose to deliver services through delegation to the health board in a delegation between partners arrangement and establish a ***Joint Monitoring Committee***;
    ii. the health board and local authority choose to deliver integrated services through delegation to the local authority in a delegation between partners arrangement and establish a Joint Monitoring Committee; or
    iii. the health board and local authority choose to deliver integrated services through delegation to the health board and the local authority in a delegation between partners arrangement and establish a Joint Monitoring Committee.

d) Establishes ***Integration Joint Boards*** and ***Integration Joint Monitoring Committees*** as the partnership arrangements for the governance and oversight of health and social care services depending on the integration authority model chosen from the four options above.

e) ***Requires*** health board and local authority partners to enter into arrangements ***to delegate functions and appropriate resources*** to ensure the effective delivery of services through;
    i. the body corporate model - an ***Integration Joint Board*** established as a body corporate - in this case the health board and the local authority agree the amount of resources to be committed by each partner for the delivery of services to support the functions delegated; and
    ii. delegated model –a ***Joint Integration Committee***. In this case the health board and/or local authority delegates functions and the corresponding amount of resource, to the other partner.

f) Will ***remove Community Health Partnerships*** from statute.

*Integration Plan*

g) ***Requires*** local authorities and health boards to set out the terms of establishing their chosen model in ***an Integration Plan*** for joint approval by Council and Health Board and Ministers.

h) Will require the Integration Plan to include;
    i. the model of integration to be used and associated governance arrangements;
    ii. the functions and budgets/resources to be delegated to the integration authority and the method of calculating money to be delegated to support delivery of the functions/ financial model of integration;
    iii. outcomes to be achieved; and
    iv. a number of other aspects which will be specified in regulations, e.g. dispute resolution, clinical and care governance etc.

i) Health boards and local authorities will be required to consult widely on the Integration Plan and the Plan will be agreed by full Council and the Health Board and approved by Ministers. It will also be made publicly available.

*National Outcomes*

j) Provides for ***the Scottish Ministers to specify national outcomes*** for health and wellbeing, and for delivery of which, health boards and local authorities will be accountable to the Scottish Ministers and the public. These will be set out in Regulations such that they can be amended in future to keep pace with the needs

and aspirations of health and social care in Scotland. Scottish Ministers must consult appropriately.

k) National outcomes will be reflected in Single Outcome Agreements;
l) Sets out principles for planning and delivery of integrated functions, which local authorities, health boards and joint integration boards will be required to have regard to:
    a. improving the wellbeing of recipients,
    b. the requirement to balance the needs of individuals with the overall needs of the population;
    c. anticipation and prevention of need; and
    d. effective use of resources.

*Chief Officer*

m) ***Requires integration joint boards to appoint a chief officer***, who will be jointly accountable, through the board, to the constituent health board and local authorities, and responsible for the management of the integrated budget and the delivery of services for the area of the integration plan. The appointment will be made in consultation with the health board and the local authority. The responsibilities of the Chief Officer will be subject to agreement by Scottish Ministers;
n) Minister may, in future and by regulation, enable integration joint boards to appoint staff other than a Chief Officer;
o) The Chief Executive of the 'lead' agency will be the jointly accountable officer in the delegated model;

*Strategic Plan and Performance Report*

p) ***Requires the integration authority***, i.e. joint boards, and health boards or local authorities to whom functions are delegated ***to prepare a Strategic Plan for the area***, which sets out arrangements for delivery of integrated functions and how it will meet the national health and wellbeing outcomes. This will be led by either the Chief Officer of the 'lead' agency Chief Executive.
q) ***The Strategic Plan will also be a financial plan*** as it will define in-year operational budgets across the Integration Authority for services in scope which will, as a minimum include community health care, adult social care, and in-scope hospital services. It will be scrutinised jointly by the Care Inspectorate and Health Care Improvement Scotland.
r) The first plan will be a three year plan published before the prescribed day of establishment and will be publicly available;
s) The integration authority will be required to involve a range of partners in the development of the plan and consult widely. In addition, locality planning duties will require the integration authority to make suitable arrangements to consult and plan locally for the needs of its population.
t) Places a duty on integration authorities to work with local professionals the third and independent sectors to determine how best to put in place arrangements for planning local service provision, to put these arrangements in place and to support, review and maintain them.
u) Each Joint Integration Board must prepare ***an annual performance report***. The first will be from the date of establishment and the year thereafter to ensure a full year report.

*Other Provisions*

v) Delivers opportunities for more effective use of public services and resources by allowing for health boards to be able to contract on behalf of other health boards for contracts which involve providing facilities, and by allowing the Scottish Ministers to

form a wider range of joint ventures structures to collaborate effectively with local authorities and enable a joint approach to asset management and disposal.

w) Provides for the extension of the Common Services Agency's ability to deliver shared services to public bodies including local authorities in such areas as
   a. Legal Services
   b. Counter Fraud services
   c. Procurement
   d. IT Services
   e. Information

x) Enables the Scottish Ministers to extend the range of bodies able to participate in the CNORIS scheme for meeting losses and liabilities of certain health service bodies. The scheme is established for relevant bodies to meet expenses arising from any loss or damage to their property; and liabilities to third parties for loss, damage or injury arising from the carrying out of the functions of the scheme members. The Bill amends the bodies able to participate in the scheme to include local authorities and integration joint boards.

## Further Points

15. In both models services will continue to be delivered by the health board, local authority, third and independent sectors. Staff will continue to be employed by the health board and local authority. The Bill does however contain the power for Ministers to permit (by Regulation) the Integration Joint Board to employ staff itself should, in the future, if it were considered appropriate.

16. For the body corporate model, further guidance will be provided to describe the relationship between the Chief Officer of the Integration Authority and the Chief Executives of the health board and local authorities.

17. The Integration Joint Boards and Integration Monitoring Committees will be established as the joint and equal responsibility of health boards and local authorities to oversee planning and delivery of integrated services.
    a. The Joint Monitoring Committee will scrutinise the operation of the lead agency arrangement and ensure appropriate governance arrangements are in place to discharge statutory responsibilities.
    b. The Integration Joint Board will be accountable to the Health Board and the full Council for the delivery of delegated functions and outcomes in the strategic plan.

*18.* Regulations will set out the details of these arrangements. However it is important to note that ***the Joint Board will be conferred the same duties, rights and powers in relation to them as the health board and local authority have****, including the ability to enforce rights in connection with the carrying out of functions as well as liability in respect of any liabilities incurred.*

19. The Scottish Government will continue its work on the Integrated Resource Framework to ensure that the allocation of resources can meet needs in the most appropriate and cost effective way.

20. The minimum scope of budgets/resources to be included in scope will be defined in regulations and statutory guidance and the Bill permits Ministers to make directions on this matter. It is noted that the minimum scope will target specialities that are predominantly for unplanned care.

21. Information sharing is enabled as part of the function of the Joint Integration Board and Chief Officer for the purposes of integration and strategic planning as well as delegated functions without breaching the duty of confidentiality.

## Key Risks

22. There are some significant financial, health and care risks associated with the current system. These include;
    a. it does not align with the resource models required by the Christie Commission;
    b. local clinicians, elected members, users, carers and other stakeholders are unlikely to engage in locality planning if budgets associated with unplanned hospital capacity are not included;
    c. the demand pressures from demographic change are biased to reactive care in institutional settings and, without the Bill, this would continue leading to a vicious cycle of spending more and more money on services that do not support people to best effect;
    d. it does not explicitly recognise the reality of the integrated nature of health and social care services, particularly for frail elderly people and those with complex needs such that it is not possible to plan overall expenditure for defined populations and user groups or to use budgets flexibly to best effect.

23. There are many risks associated with a programme of change of this scale. The Bill specifically mentions the following financial risks:
    a. Health board and local authority flexibility to allocate their resources across the full range of their budgets may be constrained by 'ring-fencing' of their previous allocations to the integration authority. The risk will be proportional to the extent of the minimum scope of services to be included;
    b. there is a risk that health boards may be left to manage any overspends in hospital based budgets whilst being unable to direct under-spends in community health budgets to offset these; and
    c. parent bodies may be limited in their options for managing compensating in-year under-spends to those from within and out of scope budget.

24. The Bill envisages that these risks will be mitigated through the joint nature of the governance of the integration authority and the provisions of the integration plan and strategic plan and through the direct accountabilities and responsibilities of the chief officer.

## Financial Memorandum

25. The financial memorandum outlines the following:
    a. that adult health and social care functions must be integrated as a minimum;
    b. identifies that as a result of integration some efficiencies should be possible and specific areas such as delayed discharge, anticipatory care planning (avoiding unnecessary admission to hospital) and reducing expenditure variation;
    c. the best estimate of the administrative, compliance and other costs to which the provisions of the Bill give rise at a national level,
    d. the best estimate of the timescale over which the costs and savings are expected to arise, and
    e. an indication of the margins of uncertainty in these estimates.

*26.* The estimated efficiencies described in the Bill relate mostly to health care expenditure for a number of reasons. The estimated potential efficiencies for partnerships across Scotland from the combined effect of reducing delayed discharge, improving anticipatory care planning (avoiding unnecessary admission to hospital) and reducing per head expenditure to the national average is expected to be between £138m and £157m. This needs to be considered against the current health care spend of c£9bn for health care spend and c£2.1bn for adult social care (2011/12). ***It is expected that the efficiencies will be reinvested within partnerships in order to help meet demand.***

27. The estimated costs of integration are split into a number of categories, including:

a. transitional costs, estimated at £16.315 m nationally, the majority of which will be required in 2014/15; ***The Scottish Government will provide approximately £16.7 m which will be available to health boards and local authorities as partners in integration joint boards or integration arrangements on a proportional basis*** for transition costs to implement organisational development and other change management functions necessary to meet the requirements of the Bill. In moving to these arrangements, it is expected that opportunity costs realised by health boards and local authorities will be used to support transitional arrangements;
b. recurrent costs for each model- with an estimate of £4.55m for the delegated model and £5.6m for the 'body corporate' model nationally. Some of the running costs are expected to be mitigated by such matters as removal of CHP and by the expected removal of the CHP General Managers which accrue to the Health Board;
c. cost implications of CSA and CNORIS elements of the Bill; and
d. consequential cost implications – e.g. harmonisation of terms of conditions of staff where relevant (i.e. delegated model);

28. Organisational development plans will be required to support the integration agenda across health boards and local authorities and to support joint boards and join monitoring committees in terms of developing shared values, skills and behaviours. Leadership development will also be needed to support the new relationships and roles of the chief executives of health boards and local authorities and new chief officers.

29. There is a risk under the 'body corporate' model that VAT currently reclaimed by local authorities is no longer able to be recovered under the VAT arrangements in the body corporate. The Scottish Government appointed VAT advisors have indicated that the key factor in determining recovery of VAT in this model will be the extent to which the body corporate model delivers services. They indicate that the proposed arrangements are likely to be interpreted by HMRC as the body corporate re-allocating the integrated budget for the delivery by health boards and local authorities; consequently it is likely that a VAT neutral position is attainable. Guidance will be developed on this matter.

30. The Bill also references current areas of Scottish Government investment which are relevant to the scope of the Bill. These include:
    a. Re-shaping care for Older people- Change Fund,
    b. Support to Third Sector interface,
    c. Change Fund- enhancing the Role of the Third Sector,
    d. A Stitch in Time,
    e. Support to Independent Providers in relation to Reshaping Care,
    f. Data Sharing and IT integration support, and
    g. Support for partnerships to develop H&SC Activity data.

# Corporate Policy and Strategy Committee

**10.00 Tuesday, 6 August 2013**

# City of Edinburgh Council – Proposed Response to Public Bodies (Joint Working) (Scotland) Bill

| | |
|---|---|
| **Item number** | 7.8(b) |
| **Report number** | |
| **Wards** | All |

## Links

| | |
|---|---|
| **Coalition pledges** | P12 and P43 |
| **Council outcomes** | CO10, CO11, CO12, CO13, CO14, CO15 |
| **Single Outcome Agreement** | SO2 |


**Sue Bruce**

Chief Executive

Contact: Peter Gabbitas Director of Health and Social Care

E-mail: peter.gabbitas@edinburgh.gov.uk | Tel: 0131 553 8201


EDINBVRGH
THE CITY OF EDINBURGH COUNCIL

# City of Edinburgh Council – Proposed Response to the Public Bodies (Joint Working) (Scotland) Bill

## Summary

This report presents the proposed response by the City of Edinburgh Council to the Scottish Parliament call for written evidence on the Public Bodies (Joint Working) (Scotland) Bill, which was laid before the Scottish Parliament on 28 May 2013.

## Recommendations

It is recommended that Corporate Strategy and Policy Committee:

- notes the main provisions, issues and risks associated with the Bill in an associated report elsewhere on the agenda
- notes the support for the policy ambitions of the Bill and the areas of concern
- approves the response for submission to the Scottish Parliament, Health and Sports Committee; and
- notes it will be submitted alongside the NHS Lothian response with a cover note indicating to the Health and Sports Committee that the organisations are in agreement on the substantive points.

## Measures of success

The Scottish Government will be issuing revised National Outcomes for the delivery of integrated Health and Social Care during 2013/14. In addition, work has begun to develop a joint local outcome framework for measuring the success of the new Health and Social Care Partnership. A baseline is now being developed.

## Financial impact

The proposed number and scale of services within the scope of integration from April 1 2013 will encompass significant revenue budget from both the Council and NHS Lothian. The details of this are currently being worked on and may change as discussions continue during 2013/14 and legislation develops. The aim of the integration proposals, in the longer term, is to support the development of integrated budgets to deliver jointly agreed outcomes for the people of Edinburgh.

## Equalities impact

The proposals for integration will impact, in particular, on older people and on adults with multiple and / or complex needs. The aims of the proposal are to improve outcomes for patients and service users and are therefore expected to have a positive impact on such equalities groups.

The Scottish Government undertook a partial Equalities Impact Assessment of the proposals included in the consultation. It will be necessary to undertake joint equalities impact assessments of any proposed service changes as a result of integration.

## Sustainability impact

The proposals in the Bill are intended to have a positive impact on social sustainability in particular, because the major aims of the Scottish Government intentions are to:

- keep people independent in their own home with appropriate support for as long as is possible and safe
- support carers to help people in this; and
- build capacity in the community for improving care, reducing health inequalities and to help people to remain independent for as long as possible.

## Consultation and engagement

The Bill creates a duty upon Integration Authorities to involve a range of stakeholders in the integration of health and social care services, and specific requirements in relation to the integration plan and strategic plan.

A range of consultation and engagement events and mechanisms is being built into the integration programme and the new Health and Social Care Partnership arrangements.

## Background reading / external references

Corporate Policy and Strategy Committee – 6 August 2013 – Executive Summary of Public Bodies (Joint Working) (Scotland) Bill.

Shadow Health and Social Care Partnership – 14 June 2013 – Executive Summary of Public Bodies (Joint Working) (Scotland) Bill.

Finance and Budget Policy Development and Review Sub-Committee – 22 May 2013 Health and Social Care Integration: Update.

Corporate Policy and Strategy Committee – 16 April 2013 – Integration of Adult Health and Social Care Consultation: Scottish Government Response.

Policy and Strategy Committee – 2 October 2012 - City of Edinburgh Council Item 13 – Integration of Health and Social Care: Proposals for Interim Governance Arrangements.

Policy and Strategy Committee – 4 September 2012 – Scottish Government Consultation on the Integration of Health and Social Care Services – Joint Response.

# City of Edinburgh Council – Proposed Response to the Public Bodies (Joint Working) (Scotland) Bill

## 1. Background

1.1 The Scottish Government indicated its intention to legislate for the integration of health and social care services some time ago and held a public consultation on its proposals during summer 2012. The responses to the consultation were analysed and the Government released its response to these views in February 2013, with an indication that a Bill would follow.

1.2 On 28 May 2013, the Scottish Government introduced to the Scottish Parliament the Public Bodies (Joint Working) (Scotland) Bill, along with associated documentation, such as Policy and Finance Memoranda. Full details can be obtained from http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx

1.3 An executive summary of the Bill was presented to the Health and Social Care Partnership on 14 June 2013 and is presented to Corporate Policy and Strategy Committee elsewhere on the agenda.

## 2. Main report

2.1 The Bill is intended to provide a framework to support the improvement of the quality and consistency of health and social care services in Scotland. The framework:

a. permits the integration of local authority services with health services
b. provides for the Common Services Agency (commonly known as NHS National Services Scotland) to provide goods and services to public bodies, including local authorities
c. provides for Scottish Ministers to form wider joint venture structures than at present in order to make the most effective use of resources; and
d. extends the Clinical Negligence and other Risks Scheme (CNORIS) indemnity scheme run by Scottish Ministers.

**Parliamentary Process**

2.2 The Scottish Parliament's Health and Sports Committee has been designated as the lead committee to debate and gather evidence on the Bill. The Committee recently issued a call for written evidence, with a deadline of 2 August. More recently the deadline was extended to 16 August. Stage 1 for oral evidence will commence in September.

## City of Edinburgh Council Proposed Response

2.3 A proposed response to the Bill is attached as Appendix 1. The response focuses on point a. in paragraph 2.1 above, given that points b. to d. have fewer immediate implications for local authority services.

2.4 The response is written within the context of the strong track record of, and commitment to, joint working between the City of Edinburgh Council and NHS Lothian. The key points are that the Council:

- strongly supports the policy ambition and policy intentions behind the Bill
- agrees that the Bill has the potential to build on many positive areas of joint working and to address some of the current disconnects across the health care and social care systems
- strongly supports the integration planning principles
- strongly supports the intention of Scottish Ministers to prescribe national outcomes in consultation with local authorities and health boards
- welcomes the emphasis on meaningful two-way engagement with a range of non-statutory partners for the long-term planning and provision of services; and
- welcomes the intention to provide some funding to support to local authorities and health boards to support the challenges of change management and organisational development during the transition.

2.5 While fully supportive of the policy intentions of the Bill, the response raises a number of concerns about the detail in the Bill itself, and makes proposals on how the Bill could be strengthened to minimise these concerns. Specifically these are:

- the Bill is insufficiently clear about the nature of the body corporate model (joint board) and about the governance and accountability roles of the parent bodies, with respect to the joint board, its creation and operation
- an apparent mismatch between the focus of the Policy Memorandum (and initial consultation) and the detail of the Bill itself in relation to the potential scope of services; the scope of the powers included in the Bill could be interpreted as extending well beyond the policy focus on adult health and social care services; this could create opportunities for integration of other local government services within a body corporate model, without the need for specific legislative consultation and debate, and at the potential expense of local democratic accountability

- the extent of power and control being granted by the Bill to Scottish Ministers appears to be in conflict with the policy intention of local partnership working and with existing local democratic accountability
- the remedial measures reserved to Scottish Ministers, when a partnership approach fails, are unlikely to deliver the expected policy intentions, and a more supportive, conciliatory approach should be created to build relationships and deliver integrated working between health boards and local authorities who fail to secure an agreed integration plan.

2.6 It was the intention to submit a joint response with NHS Lothian to the Health and Sports Committee, however, this has not been possible in the timescale. It is proposed that the City of Edinburgh Council's response and NHS Lothian's response are submitted together with a short covering note indicating to the Health and Sports Committee that the organisations have reviewed the two submissions and are in agreement with the substantive points of each.

**Key Risks**

2.7 There are many risks associated with a programme of change of this scale and the Policy Memorandum specifically mentions the following financial risks:

a. health board and local authority flexibility to allocate their resources across the full range of their budgets may be constrained by 'ring-fencing' of their previous allocations to the integration authority; the risk will be proportional to the extent of the minimum scope of services to be included
b. health boards may be left to manage any overspends in hospital based budgets, whilst being unable to direct under-spends in community health budgets to offset these; and
c. parent bodies may be limited in their options for compensating in-year under-spends.

2.8 The Policy Memorandum envisages that these risks will be mitigated through the joint nature of the governance of the integration authority and the provisions of the Integration Plan and Strategic Plan, and through the direct accountabilities and responsibilities of the chief officer.

2.9 The concerns raised within the proposed response relate directly to the lack of clarity on the joint nature of governance and accountability within the Bill itself and as such impact directly on these mitigating factors.

2.10 The scale and impact of these risks on both health boards and local authorities increases if their governance role is unclear. This would be a backward step and unhelpful when the policy ambition is well founded, well thought out and otherwise possible to achieve.

**Financial implications**

2.11 The Financial Memorandum details the financial implications of integration across a number of elements, which are summarised in the report on the executive Summary of the Public Bodies (Joint Working) (Scotland) Bill elsewhere on the agenda.

2.12 Section 7 of Appendix 1 outlines a number of concerns, together with suggestions to mitigate these concerns in relation to cost assumptions.

2.13 The financial risks are outlined in paragraph 2.7 above.

**Impact on inequalities, including health inequalities**

2.14 The proposals for integration will impact, in particular, on older people and on adults with multiple and / or complex needs. The aims of the proposal are to improve outcomes for patients and service users and are therefore expected to have a positive impact on such equalities groups.

2.15 The Scottish Government undertook a partial Equalities Impact Assessment of the proposals included in the consultation. It will be necessary to undertake joint equalities impact assessments of any proposed service changes as a result of integration.

## 3. Recommendations

3.1 It is recommended that Corporate Policy and Strategy Committee:

- references the main provisions, issues and risks associated with the Bill in an associated report elsewhere on the agenda
- notes areas of concern with regard to Bill
- approves the response on behalf of the City of Edinburgh Council for submission to the Scottish Parliament, Health and Sports Committee; and
- notes it will be submitted alongside the NHS Lothian response with a cover note indicating to the Health and Sports Committee that the organisations are in agreement on the substantive points.

**Sue Bruce**

Chief Executive

## Links

| | |
|---|---|
| **Coalition pledges** | Ensuring Edinburgh, and its residents, are well cared for. |
| **Council outcomes** | Health and Wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it. |
| **Single Outcome Agreement** | Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health |

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| **Appendices** | Appendix 1 – Proposed City of Edinburgh Council Response to the Public Bodies (Joint Working) (Scotland) Bill |

## Appendix 1 City of Edinburgh Response to the Public Bodies (Joint Working) (Scotland) Bill

# Scottish Parliament Health and Sports Committee
# Call for evidence on the Public Bodies (Joint Working) (Scotland) Bill
# Response from the City of Edinburgh Council

## 1 Do you agree with the general principles of the Bill and its provisions?

a) The City of Edinburgh Council and NHS Lothian have a long history of positive partnership working and the intentions of the Bill create a useful and forward thinking framework to allow continued improvement across governance, strategy, planning, resource management and, most importantly, frontline service provision to deliver positive outcomes for the people of Edinburgh who need health and social care services. Indeed, Edinburgh has had a Joint Director for health and Social care services for eight years.

b) In summary, the City of Edinburgh Council:
- strongly endorses the policy ambition for integrating health and social care as outlined in the Policy Memorandum
- strongly supports the policy intentions of Scottish Ministers behind the Public Bodies (Joint Working) (Scotland) Bill
- agrees that the intentions of the Bill create a positive framework for the delivery of integrated health and social care services
- welcomes the fact that the Bill does not focus on structurally-led models of reform and focuses on building on many years of positive joint working
- agrees that it offers an opportunity to improve the transition points between current primary and secondary health care and social care, subject to clarification of the scope of services
- strongly supports the integration planning principles
- strongly supports the intention to prescribe national outcomes for which both the NHS Board and Council are jointly accountable, and the intention to consult with health boards and local authorities on these; however, this must be balanced against local responsiveness to population needs
- strongly supports partnership working with NHS and also with a range of non-statutory partners for the long-term planning and provision of health and social care services
- very much welcomes the emphasis on meaningful and two way engagement with all relevant stakeholders, and whilst this will be a significant challenge on the scale required in Edinburgh, it is strongly supported
- welcomes the intention to provide some funding to NHS boards and local authorities to support the challenges of change management and organisational development during the transition
- is of the view that the provisions alone will not deliver the whole answer to the scale of rising demand expected now and in the future.

c) However, the Council also ***has some specific concerns:***
- the Bill is insufficiently clear about the nature of the body corporate model and about the governance and accountability roles of the parent bodies with respect to the joint board, its creation and operation

- there is an apparent mismatch between the focus of the Policy Memorandum and the detail of the Bill itself in relation to the potential scope of services; the powers included in the Bill could be interpreted as extending well beyond the policy focus of adult health and social care services; and this could create opportunities for integration of other local government services, without specific legislative consultation and debate and at the potential expense of local democratic accountability
- the extent of power and control being granted by the Bill to Scottish Government Ministers, which appears to be in conflict with the policy intention of local partnership working and with local democratic accountability and engagement; and
- the remedial measures reserved to Scottish Ministers when a partnership approach fails are unlikely to deliver the expected policy intentions, and a more supportive, conciliatory approach should be adopted to build relationships; given the history of partnership working in Edinburgh and progress so far, both the City of Edinburgh Council and NHS Lothian are confident that such measures will not be needed.

d) The comments below are written from the point of view of preferring the 'body corporate' model of integration over the 'delegated models' and are caveated by the need to address the issues listed later in this paper, which if not addressed will impinge on the nature of the partnership approach and hence on the reality of achieving policy objectives, benefits and outcomes for people, as well as on local democracy into the future.

## 2 To what extent do you believe that the approach being proposed in the Bill will achieve its stated policy objectives?

a) The creation of an equal partnership approach to delivering services as outlined in the Policy Memorandum, which at the same time, maintains accountability through both parent bodies is a positive step in joining up services, resources and budgets for the benefit of people who use them. It has the potential to maintain an equal measure of both local democratic and ministerial accountability.

b) The City of Edinburgh Council considers that only by supporting the best of both NHS and council approaches can true service improvement be delivered on the ground in terms of shifting the balance of care to the community for the benefit of the local population.

c) The scope of the functions to be 'delegated' is critical in achieving the policy objectives. There is a need to ensure that the scope includes the provision of acute care to enable the delivery of the policy ambitions and outcomes.

d) Neither the City of Edinburgh Council nor NHS Lothian are in favour of the 'delegated' model as it will create significant upheaval for organisations, employees and possibly services users, and could be a major distraction for some years. A partnership approach would help to avoid this.

e) For the City of Edinburgh Council, the partnership approach would build on eight years of partnership working with NHS Lothian, through the Joint Board of Governance and a Jointly Accountable Officer.

f) Any model of integration will rely on continuing to build trust and confidence between the City of Edinburgh Council and NHS Lothian, and with other interested stakeholders across the city. Both are critical to developing a real joint vision for health and social care for Edinburgh. The policy intentions of the Bill provide a framework to do this.

## 3 Please indicate which, if any, aspects of the Bill's policy objectives you would consider as key strengths

*Integration plan - Section 1*

a) The approach to making services, resources and budgets transparent between partner organisations via joint governance and an Integration Plan is positive and productive, and should allow a smoother, steadier response to the demand and budget pressures than could be achieved by large scale reorganisation.

*Integration planning principles – Section 4*

b) The major strength of the Bill is the policy intention to address disconnects in the current system, to remove barriers to current joint working and to shift the balance of care without the distraction and territorialism, which can be created by wholesale restructuring. The need to move beyond an organisation's administrative convenience to a better focus on the needs of recipients, and the contribution of local professionals and the community is vital if society is to deal with the demand pressures forecast. A move towards person centred services through integration is a real opportunity to be grasped.

*Engagement of non-statutory partners – Section 6, Section26, Section 30*

c) A further strength is the focus on involvement and engagement of a wide range of stakeholders in the co-production of service design, development and delivery. To enshrine this in legislation is a helpful step forward. The flexibility for the Integration Authority to determine additional consultees beyond a minimum is welcomed. The Shadow Edinburgh Health and Social Care Partnership has adopted an inclusive approach to and made good progress with, the involvement of non statutory partners from the third sector, services users, local professionals and carers who have a critical contribution to make to improving outcomes for people.

*Section 1 (5)*

d) It is also a strength that some functions may not to be delegated. This is to be welcomed in instances where specific accountabilities prevent a conflict of interest and protect individuals' wellbeing, rights and liberties, e.g. the role of mental health officers.

*Guidance and Regulations*

e) The Council welcomes the intention of the Scottish Government to prepare specific guidance/ regulations, which will enable a responsive approach to changes in circumstances over time. However, the Council would wish for flexibility to local circumstances to be built into the guidance, where the approach taken by the parent bodies and Integration Authority meets with the policy ambition and spirit of the Bill.

## 4 What are the efficiencies and benefits that you anticipate will arise for your organisation from the delivery of integration plans?

a) The main areas of expected benefits include:
   - releasing untapped creativity around service design and delivery
   - the acceleration of creating new, responsive, joint models of service delivery to allow the balance of care to be shifted from the acute to community setting, but with enhanced clinical/rehabilitation support
   - supporting a shift in focus away from narrowly defined targets around processes towards improving outcomes for people and allowing a more holistic view of health and social care as a single system, particularly in service related to prevention, social justice and health inequality
   - streamlined pathways of care, with fewer disconnects and a smoother more effective response for people
   - real potential to reduce re-admission to hospital for individuals and to support ongoing independence in a homely environment; and
   - joint performance in assessment and shared objectives should demonstrate real progress against joint national outcomes.

b) There may be efficiencies associated with all of the above, however, demand pressures are such that there are unlikely to be cashable savings, rather a reinvestment of staff and other resources to respond to rising and complex demand, supported by a shift of NHS resource to develop more community based health care out with the acute hospital setting.

c) There may also be small efficiencies with the joint approaches to budgets, planning and commissioning, however, these are likely to be offset by the costs of developing improved approaches to engagement with and involvement of non-statutory partners.

## 5 What effect do you anticipate integration plans will have on outcomes for those receiving services?

a) Having joint local outcomes governed through our joint Shadow Partnership arrangements is already having a positive impact on the operational management of Edinburgh's health and social care services.

b) Looking forward, the impact of a transparent view of a large proportion of all health and social care resources for a local area, plus an agreed common aim (national outcomes), against which both organisations are measured equally cannot be underestimated.

c) Such a context creates a real opportunity for moving forward with the best interests of recipients at the forefront of everything we do, rather than being led by separate organisational drivers.

d) It creates an opportunity to develop real understanding of each service and each professional practitioner's important role in the *whole system* of health and social care.

e) It also creates the potential for financial and human resources, ICT and structural barriers to be removed or managed more effectively for staff at the frontline who often already work well together in spite of these barriers.

f) These factors can only impact positively on the quality of frontline services and the potential for positive cultural and service change for the benefit of people who need our services, allowing staff to focus on the person and not the barriers that hamper their work.

## 6 Concerns and Areas where the Bill could be Strengthened

a) The Council has some concerns about the detail of the Bill. Most comments relate to an apparent mismatch between the intentions of the Policy Memorandum, which the Council fully supports, compared with the details within the Bill and the extent to which Scottish Ministerial power needs to be balanced against local democratic accountability.

*b) Consultation on Integration of Health and Social Care – Scope*

1) The Scottish Government consulted on the specifics of integrating adult health care and social care services with local flexibility to extend this to other health and council services, e.g. some housing services and children's services. Furthermore, the Policy Memorandum is clearly focused on adult health and social care services.

2) However, the detail of the Bill appears to have moved far beyond this focus, and can be interpreted as providing for much wider ranging local authority services to be included within the scope of a body corporate model.

3) None of the key elements of the proposals, i.e. the preamble in the Bill, the Integration Plan, Integration Planning principles, Strategic Plan, etc., specifically mention the scope of the services for either the local authority or health board. Therefore, it seems possible for Ministers to make provision, by regulation, for other local authority services to be delegated to a body corporate or for the remit of a joint board to grow.

4) This does two things:
   - it creates the potential for other local government services to be delegated to a body corporate, whilst avoiding the need for Government consultation and legislative debate on the matter; and
   - it misses an opportunity to address specifically the two disconnects, which Scottish Government identified in the consultation in 2012, i.e. between social care and primary care, and primary care and secondary care.

5) This concern could be overcome if the Bill were to reference the minimum scope of local government and health board functions / services to be included, with appropriate definition of the term 'functions'. It is important that the scope fully reflects the policy ambition to address the 'disconnects' between acute and primary care and primary care and social care.

6) One area of scope where further consideration is needed is in relation to children's health and social care services. Children cannot be seen in isolation from their families, and where local authorities have integrated their children's social care services with their education services, there is a need to consider the best approach to linking with children's health services to ensure whole families can be well supported. Edinburgh would like to establish a separate partnership for children's health and social care services and it would be helpful if the Bill could provide a steer on the practicalities of this.

*c) Definition and Governance of Body Corporate – Section 1 (4):*

1) The Bill is insufficiently clear on the nature and make-up of the 'body corporate' (joint board) model. It does not state what type of legal entity the body corporate will be; nor does it state its composition. There are no general principles proposed for the primary legislation, which would ensure that the local authority and health board will have representatives on the joint board. It is also not clear from the Bill to whom the joint board will be accountable and how it will be held to account.

2) The term 'body corporate' appears to have a very particular definition in law, which is not referenced in the Bill; and definitions seem to preclude the development of a formal partnership with accountability arrangements, as required by the Policy Memorandum.

3) The Bill is strong on the powers and role of Scottish Ministers in relation to the different models of integration. To balance this, it should articulate more clearly the legal/governance accountability arrangements of the local authority and health board in relation to the joint board and the role, which each parent body will have in its creation, ongoing governance, accountability and operation in line with the Policy Memorandum.

4) Specifically, the Bill needs to demonstrate the clear role of the parent bodies in such matters as: formally agreeing the nature of the joint board; establishing the Integration Authority and the functions to be delegated; approval of the Integration Plan prior to submission to Scottish Ministers; approval of Strategic Plans, etc.; and the monitoring role through the Performance Report.

*d) Delegation- Section 21 and 22*

1) The Bill does not clearly articulate the capability of the joint board to carry out the delegated functions itself initially (as it has no staff), but rather has to direct the local authority and health board to carry out the functions. This brings into question whether the joint board can therefore have the same duties, rights and powers as the entity which delegated the functions?

2) It seems unusual to the Council that the effect of the delegation, as per section 21 of the Bill, is to make the person to whom the function is delegated subject to the same duties, and have the same rights and powers, as the person who delegated that function. It becomes difficult to see who is accountable to whom. It may be helpful to reflect on the current process within a local authority: where the Full Council may delegate a function to a Director, yet it is ultimately the Full Council that has the duty and is liable for any failure to discharge it. In turn, the Full Council can hold the Director to account by establishing performance measures, and ultimately through disciplinary action. We would assume that the Bill will be clarified with respect to the provisions and expectations for changes to local authority standing orders and financial regulations.

3) It is rare that <u>all</u> powers associated with a function would be delegated in a local authority – usually there is some form of limitation to the delegation, for example a Director cannot discharge functions that carry a material risk or are politically controversial.

4) These points lead the Council to seek clarification on the term "delegation" of the function, as described in the Bill. It could be interpreted as being either a "duplication" of the function (if the local authority retains the duty to discharge the function) or a "transfer" of the function (if the local authority does not retain the duty to discharge the function as per the proposal in paragraph 97 of the Policy Memorandum).

*e) Local Government (Scotland) Act 1973 s 57*

1) Local authorities cannot delegate any functions to another body /committee unless it has a two thirds voting majority of councillors. It would be helpful if the definition of the body corporate model approach could be clarified around whether it can be a committee of the local authority and of the health board, and whether the 1973 legislation is now superseded or is repealed.

2) This Council's preference would be that the joint board is a joint and equal committee of both the local authority and the health board, and if this is not possible, that the local authority be granted powers to establish the joint board. If this is not to be the case, it is hard to see how the local authority can delegate, and it then becomes 'duplication' or a 'transfer' of functions as described above.

*f) Chief Officer of an Integration Authority – Section 10:*

1) The joint board will appoint the Chief Officer and must only consult the local authority and health board. If the Chief Officer is not appointed by the local authority and health board, it is unclear how the local authority and health board can seek to hold the Chief Officer to account if he/she does not deliver the required outcomes.

2) More clarity on the points below would be welcome:
   - as a minimum, high level principles regarding the role of local authority and health board in the appointment of the Chief Officer
   - guidance on the appointment of a Chief Officer, specifically in cases where a Jointly Accountable Officer exists, and is already managing joint health and social care services across existing partnerships; and
   - the accountability relationships of the Chief Officer to the respective health board and local authority Chief Executives.

g) *Rights and liabilities – Section 21*

1) Additional information on the question of legal liabilities of the body corporate arrangements would also be welcome, in particular where and with whom ultimate responsibility lies. The mismatch between the policy intention and the details in the Bill on the body corporate currently make this difficult to determine. This is linked to the points about accountability and delegation above.

2) Specifically, do the Chief Officer, the parent body, the Chief Executives, or the joint board have ultimate responsibility? If the latter, how does referring to an individual person fit with a joint board of equal voting members?

*h) Strategic Plan – Section 23*

1) There is no requirement for a joint board to seek agreement from the local authority or health board to the Strategic Plan. This means that the local authority will not have the final say on the delivery of 'delegated' services for which they are allocated resources and for which they have ultimate responsibility (paragraph 97 of the Policy Memorandum).

*i) Consultation Group – Section 26 and 27*

1) In preparing the Strategic Plan, Integration Authorities are to establish consultation groups. Where the Integration Authority is a joint board, this group is to constitute one person nominated by each of the local authority and health board who prepared the integration plan. This suggests that the intention of the Bill is for the joint board to be a distinct body, rather than a "partnership" between the local authority and health board.

2) It is unclear why there is a requirement for the joint board to form a consultation group with a representative from the local authority and health board if the joint board itself is made up of representatives from the local authority and health board.

*j) Performance Reporting – Section 33*

1) The reporting arrangements for the Performance Report to the council and health board should be strengthened to create formal accountability and meet with the requirements in sections 91-97 of the Policy Memorandum.

*k) Scottish Ministerial Powers - Sections 11, 12 and 39*

1) The Bill creates some very specific powers for Ministers to instruct health boards and local authorities in a very particular course of action. The main ones of concern are listed below:

*Scottish Ministers may appoint staff other than the Chief Officer to an integration joint board and to specify the terms and condition of such staff (Section 11).*

2) The rationale for this power is unclear when the Policy Memorandum specifies that a partnership approach is required and that local flexibility is important. It seems unnecessary when the requirements to prepare an integration plan are clearly stated, and when section 39 provides for action in the case of a failure. It also seems to contradict the Policy Memorandum, which is clear on the negative impact of creating a new organisation.

3) This apparent contradiction should be clarified, and this Council is of the view that this power is unnecessary to deliver the policy intentions outlined in the Policy Memorandum. As a minimum, the Council would wish to have assurance that this could only be done with the express permission of the parent bodies.

4) When this power is combined with the lack of clarity about scope, it is possible to interpret that Scottish Ministers could instruct local government to create a separate body corporate to deliver any local government service via a joint board. This would be an unwelcome consequence of the intended spirit of the legislation and would seriously impact on local democratic accountability.

*Scottish Ministers may make provision about membership of joint boards; proceedings of joint board; giving general powers to contract, acquire/dispose of property, borrow money or incur other liabilities; the supply of services or facilities etc (Section 12).*

5) The use of such powers with respect to services delegated to the joint board does not reflect the need for local flexibility and partnership working. It is in conflict with the policy intention and could also have a negative impact on local democratic accountability.

6) It could be interpreted as a centralisation of local government responsibilities and accountabilities, which are currently in the hands of local elected members. The absence of clarity about the role of the parent bodies in these matters compounds this impression.

7) As a minimum, it would be helpful if the Bill would indicate the circumstances that would need to arise for these powers to be invoked, and how this would be balanced against the need for local democratic accountability. The power should be removed altogether and replaced with a power to prepare guidance and for local arrangements to take cognisance of this guidance.

*Scottish Ministers may establish an Integration Authority of the body corporate model, and to specify the make-up and workings of this body (Section 39).*

8) It is understood that Section 39 would be implemented only in cases where there was a failure to deliver on any model of Integration Authority. However, forcing a specific model of integration when partnership working has failed cannot be expected to deliver a positive outcome for service users.

9) It will also overrule local democratic accountability, where a local authority considers integration with the local health board may not be in the best interests of their service users or wider population at that time.

10) It may be more helpful to consider making provision for formal support arrangements, which could be put in place to develop and improve the potential for a partnership relationship and an agreed way forward to rise to the challenge of meeting national and local outcomes for people.

11) This section also requires the local authority to delegate specific functions and to make payments to the joint board. Such instruction could impact negatively on local democratic accountability. The power effectively allows Scottish Ministers to direct local authority spend, around 25% of which has been raised through local council tax. This can be interpreted as local money to be spent by democratically elected members and not directed by Scottish Ministers. This may be a particular issue when the political make-up of a local council differs from national government, and could be interpreted as a reduction of local government autonomy.

*l) Information Sharing - Section 37*

1) The supplementary section on the disclosure of information between partners in relation to the purpose of preparing the Integration Plan is welcomed. It may be helpful if subsection (5) could be expanded to include:
   - the functions that are delegated ***and their operation; and***
   - the preparation ***and delivery*** of the strategic plan.

2) Or some other such wording, which would ensure the sharing of information not just for the preparation of the relevant plans, but for ongoing operation and delivery of services to meet the requirements of the plans. It would be helpful to have guidance from the Information Commissioner on what would need to be undertaken to ensure compliance with Data Protection and Freedom of Information, with respect to a the integration models.

*m) Community Planning*

1) More information and clarity would be useful on the expected relationship with Community Planning legislation, partnerships and structures, particularly the relationships between the body corporate and formal community planning structures, the national outcomes and the Single Outcome Agreement, locality planning arrangements and local community planning approaches.

## 7 Finance

a) The City of Edinburgh Council:
   - welcomes the provision of financial support for the transition
   - notes that the majority of cost and efficiency savings are to be achieved in the acute health sector; and
   - welcomes the acknowledgement of costs for third sector support, however, notes that there are likely to be recurring costs for such support.

*b) General Concerns*

1) This Council considers the assumption that all additional local authority costs can be met from within existing resources to be flawed and that the local authority costs should be examined in more detail.

2) If the majority of efficiency savings are to accrue in the acute health sector, it is critical that the scope of the services for integration are clearly articulated in the Bill, to ensure that there is the opportunity to shift resources appropriately from acute to community-based primary and social care settings.

*c) Non- Recurring Costs*

1) Provision is to be made for funding Community Health Partnership leadership post holders who are displaced as a result of the development of partnerships. Similar resources need to be

available to local authorities.

2) It would be very helpful if there were to be increased funding for ICT development and recurring costs, given that this is a key strategic enabler to joint working.

*d) Recurring Costs*

1) It would be helpful if greater value could be given to the role of external audit. This will be particularly important, given the issues regarding governance and accountabilities in the sections above.

2) The additional costs for encouraging clinicians in locality planning should be extended to include other stakeholders who will have a legitimate involvement.

3) There are likely to be additional costs for stakeholder engagement in both strategic planning and locality planning.

4) Given the nature of the joint board model, it is likely that recurring costs cannot be simply absorbed through the savings from existing administrative costs, specifically remuneration for board members and stakeholder engagement on the board.

5) VAT differences between health boards and councils continue to be a financial risk, unless and until clarification is received from HMRC.

6) It is likely that additional staff cost pressures will emerge over time as a result of integration, e.g. harmonisation of staff terms and conditions. It would be helpful to make an allowance for this in future.

## 8 Closing Remarks

a) The City of Edinburgh Council would like to reiterate its full support for the policy intentions of the Bill. The concerns raised relate to: the mismatch between the policy intentions and the exact proposals; the lack of clarity in the proposed law; and the very significant powers, which are to be granted to Scottish Ministers. These matters will impact on a large portion of local authority autonomy and spend, currently governed through locally elected councils.

b) There are many risks associated with a programme of change of this scale. The Policy Memorandum specifically refers to a number of financial and other risks and envisages that these risks will be mitigated through: the joint nature of the governance of the Integration Authority; the provisions of the Integration Plan and Strategic Plan; and through the direct accountabilities and responsibilities of the Chief Officer.

c) These mitigating factors could be jeopardised due to the mismatches identified between the Policy Memorandum and the Bill, and specifically the lack of clarity about the governance role of parent bodies.

d) The scale and impact of these risks on both health boards and local authorities increase significantly if their governance role is unclear and could impede progress with the agenda. This would be a retrograde step, and extremely unhelpful when both the City of Edinburgh Council and NHS Lothian consider that the policy ambition is well founded, well thought out and otherwise possible to achieve.

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24 July 2013