

# Notice of meeting and agenda

## Corporate Policy and Strategy Committee

**10.00am, Tuesday, 3 October 2017**

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

E-mail: [veronica.macmillan@edinburgh.gov.uk](mailto:veronica.macmillan@edinburgh.gov.uk) / [jamie.macrae@edinburgh.gov.uk](mailto:jamie.macrae@edinburgh.gov.uk)

Tel: 0131 529 4264 / 0131 553 8242

## **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**

---

- 3.1 If any

## **4. Minutes**

---

- 4.1 Minute of the Corporate Policy and Strategy Committee of 8 August 2017 (circulated) – submitted for approval as a correct record

## **5. Forward planning**

---

- 5.1 Corporate Policy and Strategy Committee Key Decisions Forward Plan December 2017 (circulated)
- 5.2 Corporate Policy and Strategy Committee Rolling Actions Log (circulated)

## **6. Business Bulletin**

---

- 6.1 Corporate Policy and Strategy Committee Business Bulletin (circulated)

## **7. Executive decisions**

---

- 7.1 Welfare Reform - Update – report by the Executive Director of Resources (circulated)
- 7.2 Contact Centre – Performance Update: April – July 2017 – report by the Executive Director of Resources (circulated)
- 7.3 Council Asbestos Policy – report by the Executive Director of Resources (circulated)
- 7.4 Council Fire Safety Policy – report by the Executive Director of Resources (circulated)
- 7.5 Inspection of Older People’s Services Progress Report – report by the Interim Chief Officer, Edinburgh Health and Social Care Partnership (circulated)

- 7.6 Edinburgh’s Domestic Abuse Strategy and Improvement Plan: Developing a Coordinated Community Response – report by the Interim Chief Officer for the Edinburgh Health and Social Care Partnership (circulated)

## **8. Routine decisions**

---

- 8.1 Public Bodies Climate Change Duties Report 2016-17 – report by the Chief Executive (circulated)
- 8.2 Chief Social Work Officer Annual Report 2016/2017 – report by the Interim Chief Officer for the Edinburgh Health and Social Care Partnership (circulated)
- 8.3 Edinburgh Integration Joint Board Annual Performance Report 2016/17 – report by the Interim Chief Officer, Edinburgh Health and Social Care Partnership (circulated)
- 8.4 Conference Invitation – “Tomorrow’s World” – COSLA and Improvement Service Annual Conference & Exhibition 2017 (5-6 October 2017) – report by the Chief Executive (circulated)

## **9. Motions**

---

- 9.1 Motion by Councillor Day – Europe

“Committee:

Committee notes that 74% of Edinburgh voters who took part in the EU referendum held on 23 June 2016 voted to remain in the European Union.

Committee is concerned that the departure of Scotland and the UK from the EU is likely to result in serious damage to our relationship with European institutions, businesses and citizens.

Therefore, Committee believes that the best interests of Edinburgh and its citizens would be served by Scotland and the UK remaining in the EU.

Recognising, however, that the UK government is proceeding with the legislation to withdraw the UK from the EU, Committee believes that the best option is for Scotland and the UK to remain in the single market and customs union.

Committee further recognizes that the potential effect of 'Brexit' on the economy and the citizens of Edinburgh could be reduced by taking the following steps:

- Providing welcome and advice services to EU nationals in Edinburgh (as well all those from outside the EU who come to the Capital);
- Working with key employers in the city, such as finance, legal services, universities, NHS, to help recruitment and retention.

- Working to resist barriers to travel with the EU, to promote those coming to Edinburgh to study and visit;
- Keeping close links with cities across Europe, in particular our twin and partner cities, and with EU institutions.

Committee therefore instructs the Chief Executive to report in one cycle, with proposals to implement the above measures.

Committee further supports the retention of rights enjoyed by EU nationals within the UK and instructs the Council Leader to write to the UK Government setting out opposition to any erosion of these rights and opposing proposed measures such as the register of EU nationals.”

## **Laurence Rockey**

Head of Strategy and Insight

### **Committee Members**

---

Councillors McVey (Convener), Day (Vice-Convener), Aldridge, Burgess, Doggart, Macinnes, Main, McLellan, Perry, Rankin and Whyte.

### **Information about the Corporate Policy and Strategy Committee**

---

The Corporate Policy and Strategy consists of 11 Councillors and is appointed by the City of Edinburgh Council. The Corporate Policy and Strategy Committee usually meets every eight weeks.

The Corporate Policy and Strategy Committee usually meets 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 Veronica MacMillan or Jamie Macrae, Committee Services, City of Edinburgh Council, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh EH8 8BG, Tel 0131 529 4283/0131 553 8242.

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](http://www.edinburgh.gov.uk/cpol).

## Webcasting of Council meetings

---

Please note: this meeting may be filmed for live and subsequent broadcast via the Council's internet site – at the start of the meeting the Convener will confirm if all or part of the meeting is being filmed.

You should be aware that the Council is a Data Controller under the Data Protection Act 1998. Data collected during this webcast will be retained in accordance with the Council's published policy including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

Generally the public seating areas will not be filmed. However, by entering the Dean of Guild Court Room and using the public seating area, you are consenting to being filmed and to the use and storage of those images and sound recordings and any information pertaining to you contained in them for web casting and training purposes and for the purpose of keeping historical records and making those records available to the public.

Any information presented by you at a meeting, in a deputation or otherwise, in addition to forming part of a webcast that will be held as a historical record, will also be held and used by the Council in connection with the relevant matter until that matter is decided or otherwise resolved (including any potential appeals and other connected processes). Thereafter, that information will continue to be held as part of the historical record in accordance with the paragraphs above.

If you have any queries regarding this, and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact Committee Services on 0131 529 4105 or [committee.services@edinburgh.gov.uk](mailto:committee.services@edinburgh.gov.uk) .

# Item 4.1 - Minutes

## Corporate Policy and Strategy Committee

10.00 am, Tuesday, 8 August 2017

### Present

Councillors McVey (Convener), Day (Vice-Convener), Aldridge, Burgess, Doggart, Macinnes, Main, McLellan, Perry, Rankin and Whyte.

### 1. Deputation

---

The Committee agreed to hear a deputation from Michael Vallance and William Black from the Power to the People group.

The deputation raised concerns about cuts to housing benefit due to the benefit tax and the consequent eviction of tenants who could not afford their rents. They explained the impact that this was having on families in Edinburgh, with some being made homeless. They urged the Committee to take immediate action, as follows:

- To pay full discretionary housing payment (DHP) to completely cover rent in cases of tenants affected by the benefits cap;
- To house homeless families in decent flats in suitable areas;
- To address homeless families' needs in advance of the eviction date;
- To respect the rights of homeless families to be assisted by an advocate;
- To build more social housing;
- To ensure that temporary accommodation would meet acceptable standards;
- To immediately repair empty houses and put them back in use;
- To end dampness in council housing;
- To ensure that private sector rents were regulated.

The deputation expressed their concern that the City Deal would not help people who needed housing in Edinburgh. They highlighted the urgency around the issue and conveyed their disappointment that the report requested by the City of Edinburgh Council on 29 June 2017 would not be considered until the meeting of the Corporate Policy and Strategy Committee on 3 October 2017. It was proposed that the issues could be discussed at a meeting of the Welfare Reform Working Group.

The Convener thanked the deputation and invited them to remain for the Committee's consideration of the Business Bulletin.

(References – City of Edinburgh Council, 29 June 2017 (item 1); letter from All About Me and the Power to the People Group to the Corporate Policy and Strategy Committee, 29 June 2017, submitted.)

## **2. Corporate Policy and Strategy Committee Business Bulletin**

---

The Corporate Policy and Strategy Committee Business Bulletin was presented.

### **Decision**

- 1) To note the Business Bulletin.
- 2) To agree that after the reappointment of the Welfare Reform Working Group, a meeting would be organised as a matter of urgency to address the issues raised by the Deputation.
- 3) To agree that officers would continue to engage with the Power to the People Group and would inform them of decisions taken by the Welfare Reform Working Group regarding the issues raised.
- 4) To note that a report would be brought to the Committee on 3 October 2017 and to agree that details of the support offered to homelessness clients should be included in the report.

(Reference – Corporate Policy and Strategy Committee Business Bulletin, submitted.)

## **3. Minutes**

---

### **Decision**

To approve the minute of the Corporate Policy and Strategy Committee of 28 March 2017 as a correct record.

## **4. Corporate Policy and Strategy Committee Key Decisions Forward Plan August to October 2017**

---

The Corporate Policy and Strategy Committee Key Decisions Forward Plan for August to October 2017 was presented.

### **Decision**

- 1) To note the key decisions forward plan.
- 2) To agree that the inspection of health and social care services report would be added to the forward plan and would be considered at the October 2017 meeting of the Corporate Policy and Strategy Committee.

(Reference – Key Decisions Forward Plan August to October 2017, submitted.)

## **5. Corporate Policy and Strategy Committee Rolling Actions Log**

---

Details were provided of the outstanding actions arising from decisions taken by the Committee.

### **Decision**

- 1) To note the Rolling Action Log.
- 2) To agree that an expected completion date for Item 6 would be added to the Rolling Actions Log.

(Reference – Rolling Actions Log, submitted.)

## 6. The Edinburgh and South Scotland City Region Deal – Implications for the City of Edinburgh Council

---

An outline of the Heads of Terms for the Edinburgh and South East Scotland City Region Deal and the known financial contribution from the City of Edinburgh Council was provided. During discussion, it was highlighted that the final City Region Deal document would be presented to full Council.

### Motion

- 1) To note the content of the Edinburgh and South East Scotland City Region Deal Heads of Terms Agreement that was signed by UK Government, Scottish Government, and regional partners on 20 July 2017 (Annex 1).
- 2) To note that funding would only be released subject to Green-Book accredited outline business case approval.
- 3) To note the £23m capital funding requirement for the match funding allocation to IMPACT and infrastructure in West Edinburgh and that this would be considered as part of the Council's budget framework.
- 4) To note that a final City Region Deal document, including a detailed implementation plan with monitoring and evaluation frameworks and associated business cases for all projects and/or programmes receiving funding from the UK and/or Scottish Governments would be submitted to Full Council to be agreed and published.
- 5) To note that the governance structure, agreed in principle in June 2016, would be subject to formal approval by Council once agreed in principle by partners and Government.
- 6) To note the potential need for additional resource to enhance the Project Management Office as partners entered the delivery phase to meet the capacity demands required to deliver Green Book-compliant business cases and to manage the new governance structure.
- 7) To agree that full business cases would be presented to the relevant subject committee for scrutiny, prior to being taken to full Council for approval.
- 8) To note the need for continuing development of proposals to ensure:
  - Recognition of the importance of active travel and public transport in transforming regional transport choices;
  - Delivery of the mix of active travel and public transport proposals within the West Edinburgh Transport Appraisal Refresh;
  - The full contribution of the region's social enterprise sector;
  - A strengthened focus on the need for the city region economy to lead the way on low carbon and sustainable investment;
  - The quantum of housing needed, recognising the case in the council's Housing Needs and Demand Assessment for focus on homes at below market levels.
- 9) To note that the case for greater regional say over matters such as local taxation, energy planning and regional land assembly continued.

- moved by Councillor McVey, seconded by Councillor Day

## Amendment

- 1) To note the content of the Edinburgh and South East Scotland City Region Deal Heads of Terms Agreement that was signed by UK Government, Scottish Government, and regional partners on 20 July 2017 (Annex 1).
- 2) To note that funding would only be released subject to Green-Book accredited outline business case approval.
- 3) To note the £23m capital funding requirement for the match funding allocation to IMPACT and infrastructure in West Edinburgh and that this would be considered as part of the Council's budget framework.
- 4) To note that a final City Region Deal document, including a detailed implementation plan with monitoring and evaluation frameworks and associated business cases for all projects and/or programmes receiving funding from the UK and/or Scottish Governments would be submitted to Full Council to be agreed and published.
- 5) To note that the governance structure, agreed in principle in June 2016, would be subject to formal approval by Council once agreed in principle by partners and Government.
- 6) To note the potential need for additional resource to enhance the Project Management Office as partners entered the delivery phase to meet the capacity demands required to deliver Green Book-compliant business cases and to manage the new governance structure.

- moved by Councillor Whyte, seconded by Councillor McLellan

## Voting

The voting was as follows:

For the motion	-	8 votes
		(Councillors McVey, Day, Aldridge, Burgess, Macinnes, Main, Perry, Rankin)
For the amendment	-	3 votes
		(Councillors Doggart, McLellan, Whyte)

## Decision

- 1) To approve the motion by Councillor McVey.
- 2) To agree that Committee Services would circulate the remit and delegated functions of the Leadership Advisory Panel to members of the Committee.

(References – Act of Council (No. 6), 26 January 2017; report by the Chief Executive, submitted.)

## 7. Sickness Absence Policy

---

Details were provided of a review of the existing Sickness Absence Policy that was underway and the ongoing work with the Trade Unions. The review reflected an organisational priority to focus on employee wellbeing.

## Decision

- 1) To note that a review of the current Managing Attendance Policy was progressing.
- 2) To note that a revised policy be brought for approval once agreement had been reached with the Trades Unions.

(Reference – report by the Executive Director of Resources, submitted.)

## 8. Workplace Policy on Alcohol, Drug and Substance Misuse

---

The Committee considered a report on the existing Workplace Policy on Alcohol, Drug and Substance Misuse, which was presented as fit for purpose. There was discussion about the potential implementation of a random and “for cause” drug and alcohol testing regime, which had been discussed previously by the Council Leadership Team. It was noted that, where this had been implemented in other organisations, there was evidence of both positive and negative impacts.

### Motion

- 1) To note that the current policy was still fit for purpose and no change was required at this time.
- 2) To note that the Council Leadership Team (CLT) were considering putting forward recommendations for the introduction of a random and ‘for cause’ drug and alcohol testing regime.
- 3) To note that random testing would not support Council aims and there were documented risks associated with such regimes.
- 4) To note that where such regimes had been introduced elsewhere, some of those involved in drug misuse changed behaviours making their misuse more serious by changing drugs to avoid detection.
- 5) To note that that the Edinburgh Trade Unions had been consulted and were against the current proposals for the introduction of random alcohol testing regime.
- 6) To agree that, if CLT were to consider that changes were required to the current policy to manage risks to the Council or residents, that alternatives would be brought forward for Committee that:
  1. Supported the current Policy Statement, including the aim “to provide and positive and constructive approach to dealing with the effects of the misuse of alcohol and drugs had on employees and their performance in the workplace” (Policy Statement 1.3).
  2. Were in support of the Health and Safety at Work Act 1974 placing a duty of care on employees to consider their own health and safety and that of their colleagues.

- moved by Councillor McVey, seconded by Councillor Day

## **Amendment**

To note that the current policy was still fit for purpose and no change was required at this time.

- moved by Councillor Whyte, seconded by Councillor McLellan

## **Voting**

The voting was as follows:

For the motion	-	7 votes
		(Councillors McVey, Day, Burgess, Macinnes, Main, Perry, Rankin)
For the amendment	-	4 votes
		Councillors Aldridge, Doggart, McLellan, Whyte)

## **Decision**

To approve the motion by Councillor McVey.

(Reference – report by the Executive Director of Resources, submitted.)

## **9. Equality and Diversity Policy**

---

The new Equality and Diversity Policy report was presented. It was explained that more detailed equality and diversity plans were being developed for the next three years, and that the City of Edinburgh Council was taking the lead for this project for the Convention of Scottish Local Authorities (COSLA).

## **Decision**

- 1) To approve the new Equality and Diversity Policy.
- 2) To agree that this policy would as part of the Annual Policy Assurance Statement come back to the Corporate Policy and Strategy Committee.

(Reference – report by the Executive Director of Resources, submitted.)

## **10. Equality, Diversity, and Rights Framework 2017-21**

---

An outline of the Council's second Equality, Diversity and Rights Framework was provided. This would replace the 2012-17 framework. The framework was developed along with partners in the Equalities and Rights Network in Edinburgh. During discussion, it was explained that measurement in equality work was a new science and it was acknowledged that improvement was needed in this area.

## **Decision**

To approve the Equality, Diversity, and Rights Framework 2017-21.

(Reference – report by the Executive Director of Resources, submitted.)



## 11. Policies – Assurance Statement – HR

---

Details were provided of a report that advised that, to ensure that the policies remained current and relevant, all Council directorates were required to review policies on an annual basis. The existing policy was presented to the Committee as fit for purpose.

### Decision

To note that the Council policies detailed in the report had been reviewed and were considered as being current, relevant and fit for purpose.

(References – Corporate Policy and Strategy Committee, 9 August 2016 (item 5); report by the Executive Director of Resources, submitted.)

## 12. Policies – Assurance Statement – Customer

---

Committee considered a report that explained that, to ensure that the policies remained current and relevant, all Council directorates were required to review policies on an annual basis. The existing policy was presented to the Committee as fit for purpose.

### Decision

To note that the Council policies detailed in the report had been reviewed and were considered as being current, relevant and fit for purpose.

(References – Corporate Policy and Strategy Committee, 9 August 2016 (item 5); report by the Executive Director of Resources, submitted.)

## 13. Corporate Debt Policy Annual Report

---

The Corporate Debt Policy Annual Report was presented.

### Decision

- 1) To note the content of the Annual report.
- 2) To note that further updates relevant to the Corporate Debt Policy would be incorporated in various performance reports throughout 2017/18.
- 3) To agree that a minor amendment would be made to Appendix 9 of the report to explain that the Executive Director of Resources was responsible for appropriate write-offs and that authority would be delegated to appropriate officers.

(Reference – Corporate Policy and Strategy Committee, 23 February 2016 (item 7); report by the Executive Director of Resources, submitted.)

## 14. Policies – Assurance Statement – Legal and Risk

---

To ensure that the policies remained current and relevant, all Council directorates were required to review policies on an annual basis. The existing policy was presented to the Committee as fit for purpose.

### Decision

To note that the Council policies detailed in this report have been reviewed and were considered as being current, relevant and fit for purpose.

(References – Corporate Policy and Strategy Committee, 9 August 2016 (item 5); report by the Executive Director of Resources, submitted.)



## 15. Appointments to Working Groups – 2017-18

---

The Corporate Policy and Strategy Committee was required to re-appoint the membership of its Working Groups for 2017/18.

### **Decision**

- 1) To appoint the membership of the Corporate Policy and Strategy Committee's Working Groups for 2017/18, as detailed in Appendix 1 to the report.
- 2) To agree to investigate the possibility of Working Groups being held in public and to report back to the meeting of the Corporate Policy and Strategy Committee in October 2017.
- 3) To agree to add a link in the report to the Terms of Reference for the Corporate Policy and Strategy Committee's Working Groups.

(Reference – report by the Chief Executive, submitted.)

## Corporate Policy and Strategy Committee – 3 October 2017

5 December 2017

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Council Commitments
1.	RIPSA Report	5 December 2017		Executive Director of Place Lead Officer: Andrew Mitchell <a href="mailto:andrew.mitchell@edinburgh.gov.uk">andrew.mitchell@edinburgh.gov.uk</a> 0131 469 5822	
2.	Edinburgh Biodiversity Statutory Duty Report	5 December 2017		Executive Director of Place Lead Officer: Caroline Peacock <a href="mailto:caroline.peacock@edinburgh.gov.uk">caroline.peacock@edinburgh.gov.uk</a> 0131 469 3920	
3.	Economy Strategy	5 December 2017		Chief Executive Lead Officer: Chris Adams <a href="mailto:chris.adams@edinburgh.gov.uk">chris.adams@edinburgh.gov.uk</a> 0131 529 6258	

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Council Commitments
4.	City Vision	5 December 2017		Chief Executive Lead Officer: Chris Adams <a href="mailto:chris.adams@edinburgh.gov.uk">chris.adams@edinburgh.gov.uk</a> 0131 529 6258	
5.	Resilience Annual Report	5 December 2017		Chief Executive Lead Officer: Mary-Ellen Lang <a href="mailto:mary-ellen.lang@edinburgh.gov.uk">mary-ellen.lang@edinburgh.gov.uk</a> 0131 529 4686	
6.	Annual Report on SEAP	5 December 2017		Executive Director of Place Lead Officer: Janice Pauwels <a href="mailto:janice.pauwels@edinburgh.gov.uk">janice.pauwels@edinburgh.gov.uk</a> 0131 469 3804	
7.	Public Spaces Protocol	5 December 2017		Executive Director of Place Lead Officer: Anna Herriman <a href="mailto:anna.herriman@edinburgh.gov.uk">anna.herriman@edinburgh.gov.uk</a> 0131 469 3853	
8.	Health and Social Care – Revenue Monitoring 2017/18 – month three position	5 December 2017		Interim Chief Officer, Edinburgh Health and Social Care Partnership Lead Officer: Michelle Miller <a href="mailto:michelle.miller@edinburgh.gov.uk">michelle.miller@edinburgh.gov.uk</a> 0131 553 8201	

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Council Commitments
9.	Inspection of Health and Social Care Services	5 December 2017		Interim Chief Officer, Edinburgh Health and Social Care Partnership Lead Officer: Michelle Miller <a href="mailto:michelle.miller@edinburgh.gov.uk">michelle.miller@edinburgh.gov.uk</a> 0131 553 8201	
10.	Change Portfolio and Governance	5 December 2017		Chief Executive Lead Officer: Scott Robertson <a href="mailto:scott.robertson@edinburgh.gov.uk">scott.robertson@edinburgh.gov.uk</a> 0131 469 3048	
11.	Governance of Working Groups	5 December 2017		Chief Executive Lead Officer: Gavin King <a href="mailto:gavin.king@edinburgh.gov.uk">gavin.king@edinburgh.gov.uk</a> 0131 529 4239	
12.	Assurance of Council Human Resources Policies – 2017 – referral from the Governance, Risk and Best Value Committee	5 December 2017		Head of Strategy and Insight Lead Officer: Laura Millar <a href="mailto:laura.millar@edinburgh.gov.uk">laura.millar@edinburgh.gov.uk</a> 0131 529 4319	
13.	Summary Report on Community Empowerment Scotland Act 2015: Proposed Consultation Response – referral from the Finance and	5 December 2017		Head of Strategy and Insight Lead Officer: Louise Williamson <a href="mailto:louise.p.williamson@edinburgh.gov.uk">louise.p.williamson@edinburgh.gov.uk</a> 0131 529 4264	

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Council Commitments
	Resources Committee				

## Corporate Policy and Strategy Committee

3 October 2017

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	06.11.12	The Future Management and Ownership of Easter Craiglockhart Hill Local Nature Reserve (LNR) – motion by Councillor Burns  <a href="#">(Agenda for 6 November 2012)</a>	To provide information on the possibility of community ownership and management of the woodland and open space in the area in the longer term and how this might be achieved, with ownership transferring to the Council as an interim measure, with a view to the eventual transfer of ownership and management, to a community organisation.	Executive Director of Place	Early 2018		Discussions are continuing with the developer and these must be concluded before any engagement on the management and ownership of the land can progress

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
2	09.06.15 <a href="#">Minute of 9 June 2015</a> (items 6 and 16) 01.09.15	<a href="#">Safecall CEC 114 - Update Report on Management Action</a>  B Report	1) To recognise that no further disciplinary action would be instigated in relation to these matters until all relevant information was available.  2) To agree that a further report would thereafter be considered by Committee advising of any further management action.	Chief Executive  Chief Executive	Autumn 2018  Autumn 2018		A report will be brought back to Committee once the ongoing due legal process is concluded.
3	04.08.15	<a href="#">Common Good Assets Register</a>	1) To note that further reports would be brought to Committee:  a) once Scottish Ministers' guidance about common good registers had been issued; and  b) to consider the implications arising from compliance with	Acting Executive Director of Resources	October 2017		A report is going to the Finance and Resources Committee on 28 September 2017 on Community Empowerment (Scotland) Act 2015: Proposed Consultation Response on Common Good Matters. The

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
	24.01.17		<p>the Land Registration (Scotland) Act 2012.</p> <p>2) To note that the common good definition in Section 3 of the report by the Acting Director of Services for Communities was not intended to be exclusive and that there would be clarification of the definition with the next report to Committee.</p> <p>3) To call for an update on the progress of the transfer of land from the Sasines Register to comply with the Land Registration (Scotland) Act 2012.</p>				report would be referred to the Corporate Policy and Strategy Committee for information and then the item would be closed.
4	04.10.16	<a href="#">Business Case for the Management Transfer of Secondary School Sports Facilities to Edinburgh</a>	That an update report be submitted to Committee in 6 months.	Acting Executive Director of Communities and Families	October 2017		An update report was submitted to the Education, Children & Families Committee on 15



No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
		<a href="#">Leisure – Progress Report</a>					August 2017.
5	08.11.16	<a href="#">Sustainable Edinburgh 2020 Annual Report 2015-16</a>	To note that details of the full community planning framework would be included in the report back to Committee on the Council's Business Plan	Chief Executive	December 2017		The report will be brought to the CP&S Committee being held on 5 December 2017.
6	08.11.16	<a href="#">Unaccompanied Asylum Seeking Children</a>	To note that the city had been asked to consider involvement in a national UASC dispersal scheme and that detailed financial modelling was currently being undertaken with a view to bringing a report back to Committee, hopefully before Christmas.	Chief Social Work Officer			The Committee on 6 December 2016 asked that a report be submitted to the meeting on 24 January 2017. The report related to a national UASC dispersal scheme which, at the time it was written, was expected to be implemented imminently. It has since emerged that

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							<p>there is no legal basis for a national transfer scheme so the report is on hold whilst that legal aspect is confirmed by the Home Office.</p> <p>There has been no movement or discussion between the Scottish and UK governments about this. A report will be brought to Committee as soon as progress is made.</p>
7	06.12.16	<a href="#">New Performance Management Framework and Policy</a>	To request a review of the Policy after one year of operation (April 2018).	Acting Executive Director of Resources	April 2018		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
8	24.01.17	<a href="#">Strategy and Insight Sustainability Policies - Assurance Statement</a>	To agree that the Fair Trade Policy and Resource Use Policy would be reviewed in light of new legislation and Council structures and reported to Committee for approval within 12 months	Chief Executive	January 2018		
9	28.02.17	<a href="#">Domestic Abuse Service Redesign Update - Developing a Co-ordinated Community Response</a>	To note that it was intended to submit the finalised Strategy and Improvement Plan to the Corporate Policy and Strategy Committee and the Finance and Resources Committee in Summer 2017.	Head of Safer and Stronger Communities and Chief Social Work Officer	October 2017		Report to the Corporate Policy and Strategy Committee on 3 October 2017.
10	28.02.17	<a href="#">EUROCITIES Mayors' Summit</a>	To note that a post-visit report would be provided after the event.	Chief Executive	n/a		Visit did not go ahead.
11	08.08.17	<a href="#">Business Bulletin</a>	1) To agree that the after the reappointment of the	Executive Director of Resources	3 October 2017		The Working Group met on 4 September 2017

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			<p>Welfare Reform Working Group, a meeting should be organised as a matter of urgency to address the issues raised by the Deputation.</p> <p>2) To agree that officers would continue to engage with the Power to the People Group and would inform them of decisions taken by the Welfare Reform Working Group regarding the issues raised.</p> <p>3) To note that a report would be brought to the Committee on 3 October 2017 and to agree that details of the support offered to homelessness</p>				<p>and Power to the People attended the meeting where a report was presented that addressed the issues raised by the deputation. A report will be brought to the Committee on 3 October 2017.</p>

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			clients should be included in the report.				
12	08.08.17	<a href="#">Key Decisions Forward Plan</a>	To agree that the inspection of health and social care services report would be added to the forward plan and would be considered at the October 2017 meeting of the Corporate Policy and Strategy Committee.	Chief Officer, Health and Social Care Partnership	5 December 2017		Report to Committee on 5 December 2017
13	08.08.17	<a href="#">Appointments to Working Groups - 2017-18</a>	<p>1) To agree to investigate the possibility of Working Groups being held in public and to report back to the meeting of the Corporate Policy and Strategy Committee in October 2017.</p> <p>2) To agree to add a link in the report to</p>	Chief Executive	5 December 2017		<p>Report will be brought to Committee on 5 December 2017.</p> <p>Links have been added to the report that provides the remit of the Working Groups.</p>



No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			the Terms of Reference for the Corporate Policy and Strategy Committee's Working Groups.				

## **Corporate Policy and Strategy Committee**

**10.00am, Tuesday, 3 October 2017**

Dean of Guild Courtroom, City Chambers, High Street, Edinburgh

# Corporate Policy and Strategy Committee

Convener:	Members:	Contact:
<p>Councillor Adam McVey</p>  <p>Vice Convener: Councillor Cammy Day</p> 	<p>Councillors: McVey (Convener), Day (Vice Convener), Rankin, Perry, Macinnes, Burgess, Whyte, Main, Doggart, Aldridge, McLellan</p>	<p><a href="#">Laurence Rockey</a>, Head of Strategy &amp; Insight</p>

Recent news	Background
<p>The Smoke Free Policy has been well received since it was introduced 2 years ago. No changes to the Policy are recommended at this time. The Policy will continue to be kept under review and is available on the orb.</p>	<p><a href="#">Susan Tannahill</a>, Health and Safety Senior Manager</p>
Recent news	Background
<p><b>Thundering Hooves 2:0 – Council Actions and Annual Health Check</b></p> <p>The Culture and Communities Committee on 12 September 2017 considered <a href="#">an update</a> on the progress made on implementing the Thundering Hooves 2.0 Action Plan and key</p>	<p><b><u>For further information:</u></b></p>



findings, as well as key areas for development as part of joint agreement with festival directors on areas for action.

The Committee agreed to note the report, approve the agreement on action areas and referred the report for information to the Corporate Policy and Strategy Committee.

Paul Lawrence

0131 529 7325

[Paul Lawrence](#)

Lynne Halfpenny

0131 529 3657

[Lynne Halfpenny](#)

Lisa Kapur

0131 529 7988

[Lisa Kapur](#)

[Thundering Hooves](#)

[2:0 – Council Actions](#)

[and Annual Health](#)

[Check](#)

### Recent news

Following the departure of the Chief Officer for the Edinburgh Integration Joint Board (EIJB) on 28 August, detailed work is underway to establish an accurate position regarding the Partnership's budget pressures and progress against savings targets. On completion of this work, a recovery plan will be developed for consideration by both the EIJB and the Council's Finance and Resources Committee. This will be reported as soon as possible to Corporate Policy and Strategy Committee.

### Recent news

[Michelle Miller](#)

Interim Chief Officer  
Edinburgh Health and  
Social Care  
Partnership

### Forthcoming activities:

---

# Corporate Policy and Strategy Committee

10.00am, Tuesday 3 October 2017

## Welfare Reform - Update

<b>Item number</b>	7.1
<b>Report number</b>	
<b>Executive/routine</b>	
<b>Wards</b>	
<b>Council Commitments</b>	

### Executive Summary

---

This update details the Council's ongoing Welfare Reform activities. This includes support for citizens that are transitioning to Universal Credit (UC), as detailed in the Council's Delivery Partnership Agreement with the Department for Work and Pensions (DWP).

This report also addresses the benefit cap, and the limit on the amount of income from certain benefits a household can receive. UK Government's roll out of the benefit cap is complete and it has been applied to appropriate claimants within Edinburgh since November 2016.

The Council has received confirmation that the existing Council Tax Reduction Scheme funding arrangements will continue in 2017/18.

Discretionary Housing Payment (DHP) funding has now been devolved to the Scottish Government. The Council's initial allocation for 2017/18 is £4.8m with a further top up later in the year, which will be determined by demand.

## Welfare Reform - Update

### 1. Recommendations

---

- 1.1 It is recommended that the Corporate Policy and Strategy Committee note:
- 1.1.1 the ongoing work to support Universal Credit (UC) and Welfare Reform, in particular the extension of the benefit cap in Edinburgh;
  - 1.1.2 the current spend projections for DHP, Council Tax Reduction Scheme and the Scottish Welfare Fund; and
  - 1.1.3 the Members Briefing produced as Appendix 4 in response to Power to the People deputation at Council on 29 June 2017.

### 2. Background

---

- 2.1 The Welfare Reform update is reported to the Corporate Policy and Strategy Committee on a quarterly basis, to align with the Working Group meeting cycle. The last report was considered by Committee on 28 February 2017.

### 3. Main report

---

#### Universal Credit (UC)

- 3.1 UC in Edinburgh is available to new single claimants who would previously have been eligible for Job Seekers Allowance. As part of the ongoing rollout programme, the DWP's digital service was extended to all working age categories, supported through Musselburgh Job Centre in March 2016 and Penicuik and Dalkeith Job Centres in March 2017. These extensions may potentially apply to Edinburgh claimants that are supported by Job Centres in East and Midlothian.
- 3.2 The Council continues to work with DWP and Job Centre Plus to support the transition to the UC system and a new Delivery Partnership Agreement has been agreed with the DWP for 2017/18. Officers are also engaging with COSLA and other local authorities to learn lessons and ensure as smooth a transition as possible for Edinburgh citizens claiming Universal Credit.
- 3.3 Universal Credit continues to be rolled out nationally and Edinburgh is scheduled for full service roll out in June 2018.

## UC Caseload in Edinburgh

3.4 In July 2017 the DWP reported the following UC caseload in Edinburgh:

UC Claimants in Edinburgh	2375
UC Claimants seeking work	1,644 (69%)
UC Claimants with element of employment	731 (31%)

## Scottish Welfare Fund (SWF) and UC Claims

3.5 To assess the impact of UC on alternative funding streams, information is collated on claimants citing UC as a reason for applying for a Crisis Grant from the Scottish Welfare Fund. From April 2017 to July 2017 there have been 243 Crisis Grant applications with a value of £20,044.53 where the reason was given as financial hardship related to UC. Following normal practice, citizens, in the first instance, are referred to DWP for a short-term benefit advance.

The breakdown of the 243 applications:

- Paid 161
- Refused 72
- Resolving 1
- Withdrawn 9

## Personal Budgeting Support Referrals and Assisted Digital Support and UC

3.6 The Delivery Partnership Agreement between DWP and the Council requires a personal budgeting support referral service and digital support for Universal Credit in localities. The requirement for personal budgeting support Referrals is met by co-locating the Council's Personal Budgeting Support Officer with the DWP. Both organisations continue to work together to increase take-up for this support and ensure citizens are supported throughout the UC process. Since January 2017 there have been a total of 87 referrals for PBS across Jobcentres with 45 Universal Credit claimants attending their appointment.

## Council Housing Services and UC

3.7 Currently UC still only applies to single person households making a new claim for assistance through welfare benefits. At the end of July 2017 there were 500 council tenants known to be receiving UC. The number of new cases each month currently continues to remain very low at around 10 new cases per month. The total value of rent due to be collected from tenants on UC is currently approximately £208k per month, £2.49m per annum.

- 3.8 Tenants moving onto UC in Edinburgh are generally doing so because of a change of circumstance and around 90% of tenants have a level of pre-existing arrears. The management of UC cases with housing rent arrears are progressed in accordance with the Council's standard arrears process. This includes the provision of detailed advice to help tenants understand their rent payment obligations, income maximisation advice and referrals for specialist debt advice where relevant.

### **Temporary and Supported Accommodations**

- 3.9 Households in temporary accommodation affected by the benefit cap and/or under occupation are provided with advice and assistance in applying for DHP. Where possible households are placed in temporary accommodation that reduces the likelihood of under occupancy, however, on occasion they may be placed in a larger property to meet an emergency housing need. Currently 15 out of 421 households who are under occupying are in temporary accommodation. These households are entitled to claim DHP relevant to any under occupancy.
- 3.10 A total of 502 occupants of temporary accommodation have had their benefit capped. Of these citizens, 382 have moved on from temporary accommodation.

### **Advice Services**

- 3.11 A range of Council funded debt, benefit and welfare advice continues to be provided across the city. This activity is detailed in the following tables:

#### ***Debt Advice***

Debt Advice	2017/18 Q1	2016/17	2015/16
Number of Enquiries by Funded Agencies	991	6,596	6,588
Level of Problematic Debt	£496,209	£2m	£2m
Number of People assisted by Advice Shop	334	842*	3,589
Level of Problematic Debt	£413,640	£2.66m	£11.4m

\*Restructuring of the service meant a redirection of debt advice to funded agencies.

### **Benefits Tribunals Advice**

Benefits Tribunals	2017/18 Q1	2016/17	2015/16
Number of tribunals that Advice Services have represented	241	995	738

*These figures are essentially dependent on decisions made by the DWP on benefit entitlement. The success rate for these tribunals varies depending on the benefit in dispute though overall, advice services are achieving a success rate of 70%.*

### **Welfare Rights Advice**

Welfare Rights Advice	2017/18 Q1	2016/17	2015/16
Number of enquiries dealt with by external funded agencies	2,917	12,896	15,228
Increased income gained for clients using funded agencies	£948,051	£4.8m	£5.7m
Increased income gained for clients using Advice Shop	£3.5m	£14.4m	£10.2m

- 3.12 There has been significant information, advice, and casework to resolve difficulties faced by households affected by the benefit cap, mostly around whether the Cap should be applied and how households can avoid accruing rent arrears. In some instances, agencies are reporting that homelessness is likely due to client's inability to make up the shortfall between their rent and housing benefit following the application of the benefit cap.
- 3.13 Benefit tribunals numbers have increased slightly and there is a national trend of delays in this process. It is anticipated that this increase will continue.
- 3.14 As far as possible all advice services are working to resolve benefit and debt related matters at the earliest stage as possible to prevent crises. Supporting claimants with benefit applications means that in most cases, the appropriate outcome is achieved, however, where disputes arise, casework is required to assist clients to navigate through the mandatory reconsideration and appeal stages.
- 3.15 Vulnerable people continue to be migrated from Disability Living Allowance (DLA) to Personal Independence Payment (PIP) and advice services are faced with many claimants seeking assistance due to financial loss in this process.

## Extension of Benefit Cap

- 3.16 The cap is a limit on the total amount of income from certain benefits a household can receive. If citizens receive more than the cap, then their Housing Benefit will be reduced until they are brought back within the income cap. From Autumn 2016 this was reduced to £384 for a couple or single person with children and £258 for a single person. Details of individuals facing the extension of the benefit cap were received in January 2017 and the cap was applied to these cases
- 3.17 The table below shows the number of benefit cap cases applied in each tenure type and the average weekly loss in Benefit for these citizens. The figures include benefit cap cases up to 31 July 2017.

Tenure	No of Households Affected	Average Weekly Loss in Benefit	% of all Benefit Cap Cases
Temporary Accommodation	131	£193.72	22%
Mainstream Council Tenancies	104	£49.34	17%
Private Rented Sector	155	£72.06	26%
Housing Association (RSL)	37	£44.73	6%
LINK PSL	172	£32.49	29%

- 3.18 The total number of claimants affected by the benefit cap has been less than anticipated, with a total of 599 households affected up to 31 July 2017. In advance of the extension of the benefit cap in Edinburgh, stakeholder agencies used the data provided to engage with citizens, ensuring their Benefits were appropriate and potentially moving individuals into groups protected from the cap. Citizens moving into employment of 16 hours for a single person and 24 hours for a couple are also not subject to the benefit cap provided they are also in receipt of Working Tax Credit.
- 3.19 At Council on Thursday 29 June 2017, the Power to the People group presented a deputation which focused on the impact of welfare benefit legislation changes, particularly the benefit cap. A response to the points raised by the deputation is detailed in Appendix 1.

## Council Tax Reduction Scheme (CTRS)

- 3.20 Existing CTRS funding arrangements continue in 2017/18. The national Settlement and Distribution Group continue to consider the distribution of CTRS funding and will advise local authorities when there are any significant changes in coming years.

- 3.21 CTRS is not part of the UC package of Benefits, with the fund being independently administered by each local authority. Every effort is being made to raise awareness of CTRS and to ensure customers make a separate CTRS claim at the point of any UC claim. Local arrangements with Job Centres across the city are in place to support this.
- 3.22 CTRS demand continues to be monitored and whilst uptake continues to fall, Council Tax collection is improving, indicating a reduced need for assistance of this nature. Appendix 2 outlines the Council's CTRS spend profile at 31 July 2017
- 3.23 The recent changes to Council Tax charges at band E and above may result in increased demand on the fund because of more individuals qualifying for the reduction. This will be monitored and trends reported to Committee.

### **Scottish Welfare Fund (SWF) – Crisis Grants and Community Care Grants**

- 3.24 Crisis Grants and Community Care Grant applications continue to be considered for medium and high priority cases. Appendix 3 outlines the Council's SWF spend profile at 31 July 2017. The table below details the 2017/18 budget allocation and total spend to 31<sup>st</sup> July 2017

<b>Grant</b>	<b>Budget £ 2017/18</b>	<b>Carry Over to 2017/18</b>	<b>Total Budget £</b>	<b>2017/18 Spend April to July £</b>
Crisis Grants	£655,051.80	£0.00	£655,051.80	£251,872.74
Community Care Grants	£1,528,454.20	£330,000	£1,858,454.20	£540,972.46
<b>Total</b>	<b>£2,183,506.00</b>	<b>£330,000</b>	<b>£2,513,506.00</b>	<b>£792,845.20</b>

- 3.25 The SWF 2<sup>nd</sup> Tier Reviews are heard by the Scottish Public Services Ombudsman (SPSO). There has been a total of 23 2<sup>nd</sup> Tier Reviews by the SPSO between April 2017 and July 2107. Eleven reviews were upheld in favour of the SWF and 12 reviews have been overturned in favour of the applicant.

### **Discretionary Housing Payments (DHP)**

- 3.26 From 1 April 2017, DHP funding was devolved from the DWP to the Scottish Government. The DHP budget from the Scottish Government has been allocated in two streams: Under Occupancy Mitigation and Other DHPs.
- 3.27 The allocation for Edinburgh for 2017/18 is as follows:



- Under Occupancy mitigation - The funding will be allocated in two tranches and is based on forecasted Under Occupancy charges. The first tranche of funding is £3.1m or 80% of the expected cost.
- Other DHPs - This includes assistance for those affected by the Benefit Cap and Local Housing Allowance reforms. The funding for Other DHPS is £1.7m. This is compared to £1.45m from the DWP for 2016/17.
- The initial total of the DHP fund for 2017/18 is £4.8m, however this does not include the remaining 20% funding to fully mitigate under occupancy, which would increase the fund to around £5.6m. However existing analysis suggests this is more likely to be £5.4m given levels of under occupation in Edinburgh.

3.28 As of 31 July 2017, the Council's DHP end of year financial position was:

Total Fund for 2017/18	£4,836, 647*
Net Paid to Date	£1,574,746.90
Committed pending related benefit process	£2,459,405.06

\*exclusive of additional 20% to be allocated in 2018.

- 3.29 There have been 5014 DHP applications up to 31 July 2017 of which 257 were refused. The overall refusal rate is 5%, the most common reasons for refusal is where a customer's income exceeds their expenditure. The national average for a refusal currently sits at 10%.
- 3.30 At 31 July 2017, the number of days to process a request for a DHP was 18 days.
- 3.31 Appendix 4 outlines the Council's DHP spend profile at July 2017. The additional Scottish Government funding is expected to fully mitigate under occupancy in 2017/18.

### **Scottish Social Security**

- 3.32 A new Scottish Security Agency will be established by the Scottish Government to administer devolved benefits from Central Government. This does not include the Scottish Welfare Fund and DHP which will remain with local authorities. The Agency will have a central location but with a local presence, utilising existing public sector locations across Scotland. The enabling Social Security Bill was introduced to the Scottish Parliament in June 2017. As work progresses further updates will be provided to Committee.
- 3.33 In August, Edinburgh was represented at an event jointly hosted by Scottish Government and COSLA regarding benefit uptake for the new suite of devolved benefits, as well as current national and local welfare benefits available to individuals. It was agreed by all parties that there was a need to ensure citizens

were maximising their income and claiming entitlements due to them. Further information will be available on the outcomes from this meeting, and Committee will be updated in due course.

### **The Welfare Reform Working Group**

3.34 The Welfare Reform Working Group met in January 2017. Items discussed included:

- Extension of the Benefit Cap;
- Advice Services review;
- Benefit Uptake Campaign;
- Financial Inclusion;
- UC Update;
- Welfare Reform Impacts on Temporary Accommodation; and
- DHP Policy.

3.35 The group reconvened on 4 September 2017 and met with representatives from Power to the People following their deputation to Council on 29 June 2017. The report in Appendix 1 formed the basis of discussion and highlights the Council's ongoing activities in this important area.

### **The Welfare Reform Core Group and Partners Forum**

3.36 The Welfare Reform Core Group met in May 2017 and items discussed included:

- Increasing Communications around Welfare Reform
- The Benefit Cap and Employability providers
- Staff Training for Universal Credit and the Benefit Cap
- Discretionary Housing Payments
- Advice Services Review
- Scottish Welfare Fund improvements to service delivery

3.37 The Welfare Reform Partners Forum includes a range of advice agencies where information is shared through a virtual forum.

## **4. Measures of success**

---

4.1 The success of the programme will continue to be measured through:

- reductions in forecast loss of income; and
- customer satisfaction with advice and advocacy services relating to benefit changes and ensuring people get their full entitlement under the new arrangements.

## 5. Financial impact

---

- 5.1 The increase in numbers of people experiencing hardship has led to increased demand for services across the Council and partner advice agencies. There is a risk to Council income, particularly in relation to rent arrears, changes to subsidy levels for temporary accommodation and service charges. Known risks include:
- loss of rental income to the Housing Revenue Account (HRA) arising from Housing Benefit reforms and Direct Payment under UC;
  - Scottish Welfare Fund and DHP budget will be insufficient to meet demand longer term;
  - the spend on Council Tax Reduction Scheme exceeds the available funding;
  - reduced DWP Administration Subsidy due to the abolition of Council Tax Benefit, the phasing out of Housing Benefit and Central Government budget savings;
  - increased demand on advice and advocacy both for the Council and Third Sector advice agencies; and
  - increase in homeless population where delays in payment of rent due to assessment periods for UC in the private sector.

## 6. Risk, policy, compliance, and governance impact

---

- 6.1 The financial risk to the Council as well as the risk to the Council's reputation is being monitored regularly. Actions taken to assess and mitigate these risks and ensure effective governance include:
- updates provided to Corporate Policy and Strategy on a quarterly basis;
  - annual update to the Governance, Risk, and Best Value Committee;
  - dedicated teams introduced to provide support and assistance; and
  - quarterly meetings with Elected Members, Council Officers, and External Partners.

## 7. Equalities impact

---

- 7.1 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.

## 8. Sustainability impact

---

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

## 9. Consultation and engagement

---

- 9.1 Council officials continue to engage with the UK and Scottish Governments, directly and through COSLA, with the DWP, the Third Sector, the NHS, and other partners. The Council is also engaging with citizens, both in and out of work, who rely on benefit income and tax credits.
- 9.2 The Council continues to participate in groups with the looking at the impacts of Welfare Reform, namely COSLA's Welfare Reform Local Authority Representative Group.
- 9.3 Community engagement has resulted in plans for joint working initiatives to provide Foodbank Plus models which will address immediate crisis as well as preventative action to reduce use of such services in the future.

## 10. Background reading/external references

---

[Welfare Reform – Update: report to Corporate Policy and Strategy Committee 28 February 2017](#)

[Welfare Reform – Update: report to Corporate, Policy and Strategy Committee 8 November 2016](#)

[Welfare Reform – Update: report to Corporate, Policy and Strategy Committee, 9 August 2016](#)

[Welfare Reform – Update: report to Corporate, Policy and Strategy Committee, 17 May 2016](#)

[Welfare Reform – Update report to Corporate Policy and Strategy Committee 23 February 2016](#)

### **Stephen S. Moir**

Executive Director of Resources

Contact: Neil Jamieson – Senior Customer Manager  
E-mail: [neil.jamieson@edinburgh.gov.uk](mailto:neil.jamieson@edinburgh.gov.uk) | Tel: 0131 469 6150

Sheila Haig – Customer Manager - Transactions  
E-mail: [Sheila.haig@edinburgh.gov.uk](mailto:Sheila.haig@edinburgh.gov.uk) | Tel: 0131 469 5088

## 11. Appendices

---

- Appendix 1 – Members Briefing – Welfare Reform Working Group  
Response to Power to the People Deputation
- Appendix 2 – Council Tax Reduction Scheme Spend
- Appendix 3– Scottish Welfare Fund Spend
- Appendix 4 – Discretionary Housing Payment Spend

## Members Briefing – Welfare Reform Working Group – Response to Power to the People Deputation

**Details:** Briefing note for all members

**Service Area:** Homelessness and Housing Support, Transactions, and Place Development

**Directorate:** Safer and Stronger Communities, Resources and Place

### Introduction

---

At Council on Thursday 29 June 2017, the Power to the People group presented a deputation which focused on the impact of welfare benefit legislation changes, particularly the benefit cap.

In addition to this, the group referred to several families in the north of the city who may be at risk of homelessness, due to these changes and to some families who are now homeless and have been offered temporary accommodation.

### Main report

---

#### 1.0 Benefit Cap

- 1.1 The Benefit Cap is a limit on the total amount of certain benefits a working age citizen can receive.
- 1.2 Where a citizen receives more weekly income than the Benefit Cap permits then their housing benefit/universal credit housing costs will be reduced until they have been brought back within the income cap. The limit a citizen can receive in total benefits per week is £384.62 for a couple or single parent, and £257.69 for single people with no children. Details on exemptions to the Benefit Cap can be found at [http://www.edinburgh.gov.uk/info/20130/welfare\\_reform/519/housing\\_benefit\\_cap](http://www.edinburgh.gov.uk/info/20130/welfare_reform/519/housing_benefit_cap)
- 1.3 The Council is represented on welfare reform groups hosted by various bodies, including the Convention of Scottish Local Authorities (COSLA), the Department for Work and Pensions, the UK Government, and the Scottish Government. Whilst the Council contributes to welfare reform consultation, including the Benefit Cap, the decision to implement a national Benefit Cap is made by the UK Government.

#### 2.0 Local Considerations

- 2.1 The Council has been provided with a list of families at risk of homelessness in the north of the city and are actively working with them or attempting to make contact to provide advice and support. Prior to the introduction of the extended benefit cap, a number of events were held around the City, hosted by DWPs' Job Centre Plus service with multi-agency attendance from the Council and external partners. A similar offer has already been made to the identified families to hold additional events in a location of their choice and this offer remains open. In the meantime, citizens are being contacted on an individual basis to assess their specific benefits situation.
- 2.2 Members should be aware that not all of these families have completed a mandate which would allow information to be shared with some of the organisations raising concerns around their cases. Due to data protection Members and Officers are unable to share any

information they have with these groups unless a specific mandate is in place. Members and Officers are permitted to provide this information directly to the citizen concerned if contacted by them directly.

### **3.0 Discretionary Housing Payment and Scottish Welfare Fund**

- 3.1 Citizens affected can apply for Discretionary Housing Payment (DHP), which is a fund available for those facing financial hardship because of rent liabilities. Awards are based on the citizen's income and expenditure and the appropriate award is made to alleviate hardship and prevent homelessness. Each application for assistance is considered on a case by case basis. In August 2017, all individuals affected by benefit cap who had previously not applied for DHP were invited to apply.
- 3.2 Discretionary Housing Payments are made from a ring fenced, limited fund provided by Scottish Government. The fund is insufficient to fully mitigate benefit cap for all citizens. In certain circumstances the fund can also support citizens meet the cost of rent deposits and/or advance rent if this involves moving to cheaper alternative accommodation that reduces reliance on DHP.
- 3.3 It is not possible to award DHP for benefit cap automatically without an application to the fund. Payments cannot be made indefinitely as funding is set on a yearly basis and its value cannot be guaranteed. The Scottish Government has made a commitment to fully mitigate under occupancy, but no such commitment has been made in relation to the benefit cap.
- 3.4 The Scottish Welfare Fund can also, where citizens qualify, provide payments for removal costs and crisis support for those who have been left in financial hardship because of meeting rent liabilities. Details of the support offered can be found at [http://www.edinburgh.gov.uk/info/20239/scottish\\_welfare\\_fund](http://www.edinburgh.gov.uk/info/20239/scottish_welfare_fund).

### **4.0 Homelessness Services**

- 4.1 The Council and third sector partners have a range of services which can provide advice and support to any families who are at risk of homelessness and/or affected by welfare benefit changes. Early intervention and prevention of homelessness are the primary aims of the Council. Representatives of this group highlighted a small number of cases where they believed appropriate prevention activity has not been undertaken, when individuals have presented as homeless. These cases have been reviewed and where appropriate additional guidance has been provided to officers. All officers working in this area are committed to ensuring everything possible is being done to prevent homelessness, and avoid housing crisis.
- 4.2 Advice services commissioned by the Council can be accessed in all localities, further details can be provided on request. The services will provide immediate information in a range of areas, including those which are particularly relevant to the cases raised by Power to the People: validity of notice from private sector properties, welfare benefits advice and income maximisation. In the north of the city the initial point of referral should be Granton Information Centre on 0131 551 2459 or 0131 552 0458
- 4.3 In addition to the support provided by commissioned services, the Council will provide housing advice, homeless assessment, and temporary accommodation, if required through all locality offices and 1a Parliament Square. The focus of the officers' work will be to prevent homelessness wherever possible by linking with Council colleagues, support agencies, mediating with landlords and provision of housing options.
- 4.4 It is imperative that those individuals who have been threatened with eviction engage with services at the earliest point to allow for possible mitigation of the situation and alternative solutions which could be sought.

## **5.0 Temporary Accommodation**

- 5.1 If families are homeless and require temporary accommodation this will be provided. The Council always aims to provide families with suitable accommodation, a self-contained flat or house. At the initial point of presentation this is not always possible and sometimes families are placed into bed and breakfast until suitable accommodation is available. We will always seek to meet families housing need in providing appropriate accommodation, but cannot always meet preferences in terms of location or style of property.
- 5.2 The Council has Key Performance Indicators (KPIs) for all Bed & Breakfast/Shared Houses involved in the provision of temporary accommodation to meet minimum standards and protect vulnerable users. There are 3 monthly contract meetings with providers to ensure Council standards are met as well as to address any issues arising. The Council also undertakes planned and unplanned inspections, as well as weekly telephone appointments with providers to assess the wellbeing of all residents.

## **6.0 Social Housing Provision**

- 6.1 Edinburgh has a shortfall in housing of all tenures resulting in high private sector rents and house prices. In January 2016, Council approved an ambitious programme to increase the Council's housing building programme from 3,000 to 8,000 homes over the next 10 years. This target was matched by six housing associations, bringing the joint commitment up to 16,000 affordable homes. Since then, the new Council coalition has increased this commitment to 20,000 homes and further accelerated delivery by stating that half of these homes are to be delivered in the first five years.
- 6.2 Over the next two years combined the Affordable Housing Supply Programme is programmed to approve the delivery of 1,296 homes for social rent by the Council and housing association partners. This equates to 64% of the Affordable Housing Supply Programme and is a record number of planned social rent approvals. In the Pennywell/Muirhouse area over 1,000 new homes have been built or are in development with many homes being for social rent by the Council or housing associations.

## **7.0 Standard of Social Housing**

- 7.1 The Council is committed to providing safe and secure housing, which are wind, watertight and free of dampness. Where reports are made specifically surrounding dampness individual surveys are carried out, where required, by specialist contractors and any repairs carried out as soon as practicable.
- 7.2 Empty Homes are also inspected at the point of properties becoming vacant and repairs are carried out to the required standard.

## **8.0 Empty Homes**

- 8.1 The number of empty homes in Edinburgh across all tenures is in line with the Scottish average. Council homes that become vacant are repaired to the standard of let and are re-let as soon as possible thereafter. During 2015/16 Council homes were let within an average of 23 days, compared to the Scottish local authority average of 42 days. As at the end of July 2017 there were 144 homes that were being actively re-let.

## **9.0 Private Sector Rent Controls**

- 9.1 From December 2017, if a council has evidence of rents increasing disproportionately they can apply to Scottish Ministers to have that area designated as a 'rent pressure zone'.
- 9.2 This would mean that a cap (a maximum limit) is set on how much rents would be allowed to increase for existing tenants each year in that area. This would require a process of consultation and evidence to be submitted to Scottish Government before this could take place.
- 9.3 Full Council on 29 June 2017 agreed to call for a report on the steps that need to be taken to implement a city-wide Rent Pressure Zone to limit increases in high rents within the private rented sector in the City. There are no timescales confirmed for this yet.

## **10.0 Evictions because of Non-Payment of Rent**

- 10.1 There have been no tenants evicted from Council homes due to rent arrears arising from the Benefit Cap. The Councils approach to managing rent arrears is to seek engagement as soon as possible to avoid a build-up of debt. For tenants affected by the Benefit Cap, the Council provides detailed advice and information that may assist with any reduction in the housing benefit or housing element of Universal Credit that they may have received to assist with their housing costs. The decision to progress arrears cases to court and any subsequent eviction action will be dependent on the circumstances in each case and eviction remains a last resort.
- 10.2 All Landlords, including those in the private sector must adhere to the legislative process surrounding repossession of properties. The Council will work with citizens to ensure they are fully aware of their rights and provide support and advice where their tenancy is under threat with the aim of avoiding eviction.

## **11.0 Advocacy**

- 11.1 The Council will always respect the rights of individuals to be assisted by advocates, provided appropriate mandates to be represented are provided. There is no record of the incident referred to by Power to the People Group, but the Council welcomes representation and would expect all parties to demonstrate a mutual respect for each other's roles.

## **Next steps**

---

The points raised by Power to the People and All About Me Groups will be the focus of the next meeting of the Welfare Reform Working Group planned for 4 September 2017. Any additional actions can be raised at this group for referral to appropriate Committee if required.

## **Contact Details**

---

### **Nicky Brown**

Homelessness and Housing Support Manager

[nicky.brown@edinburgh.gov.uk](mailto:nicky.brown@edinburgh.gov.uk)

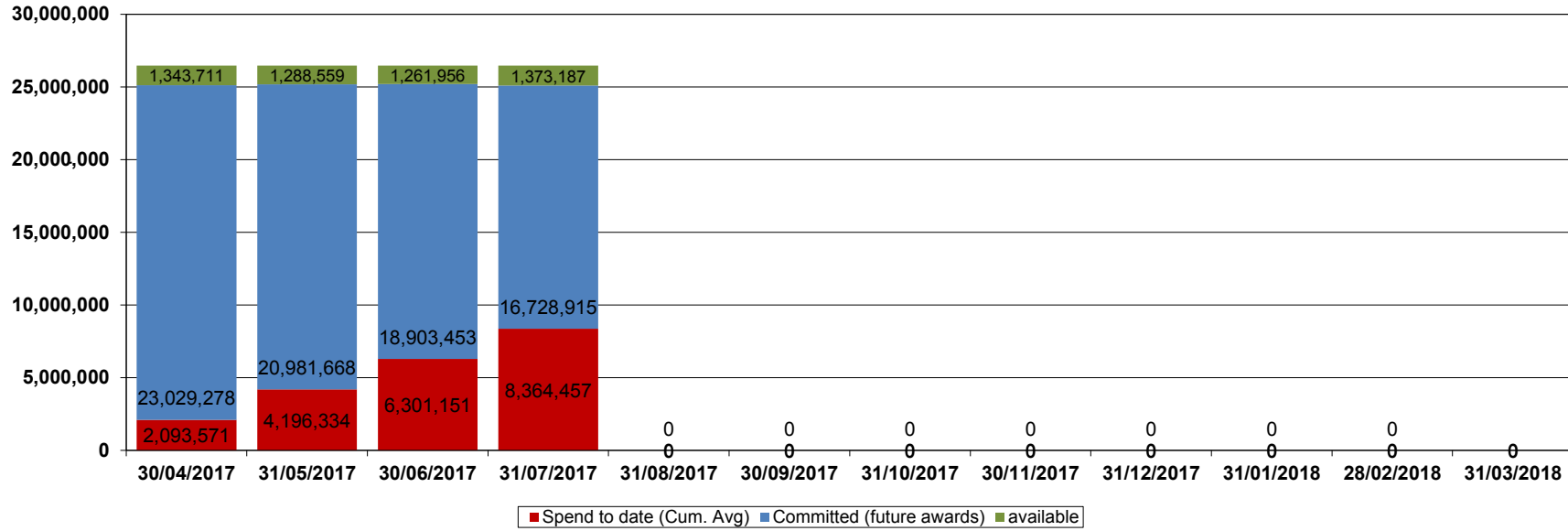
### **Sheila Haig**

Customer Manager, Transactions, Assessment and Finance

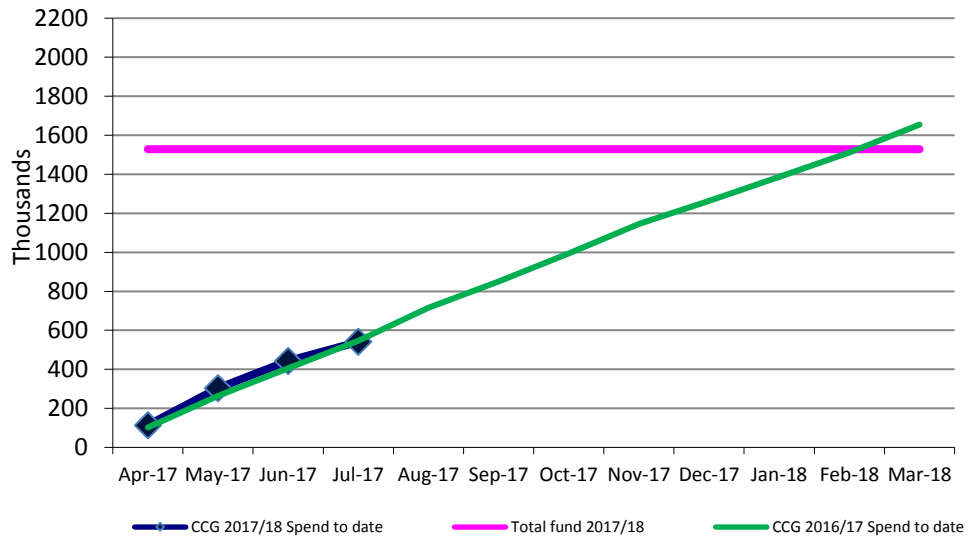
[sheila.haig@edinburgh.gov.uk](mailto:sheila.haig@edinburgh.gov.uk)



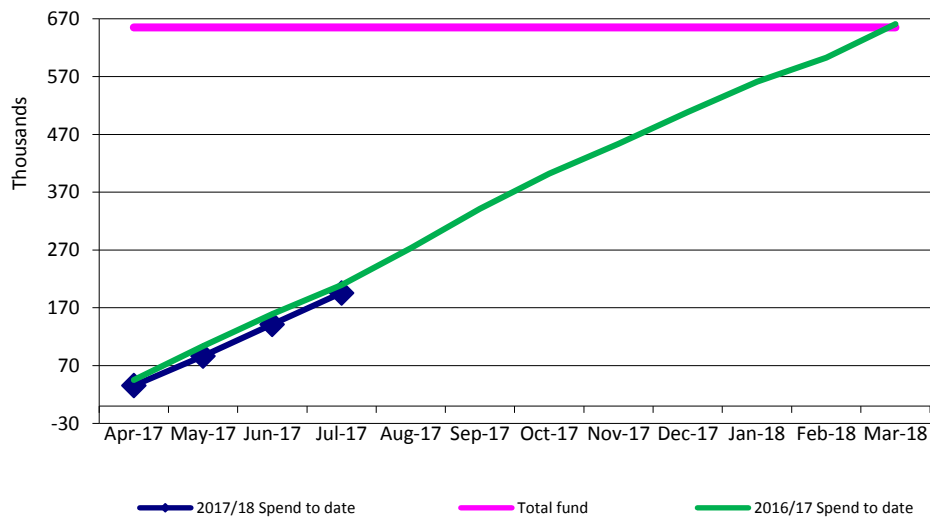
### CTRS Distribution 2017/18



**Community Care Grant Allocation 2017/18**

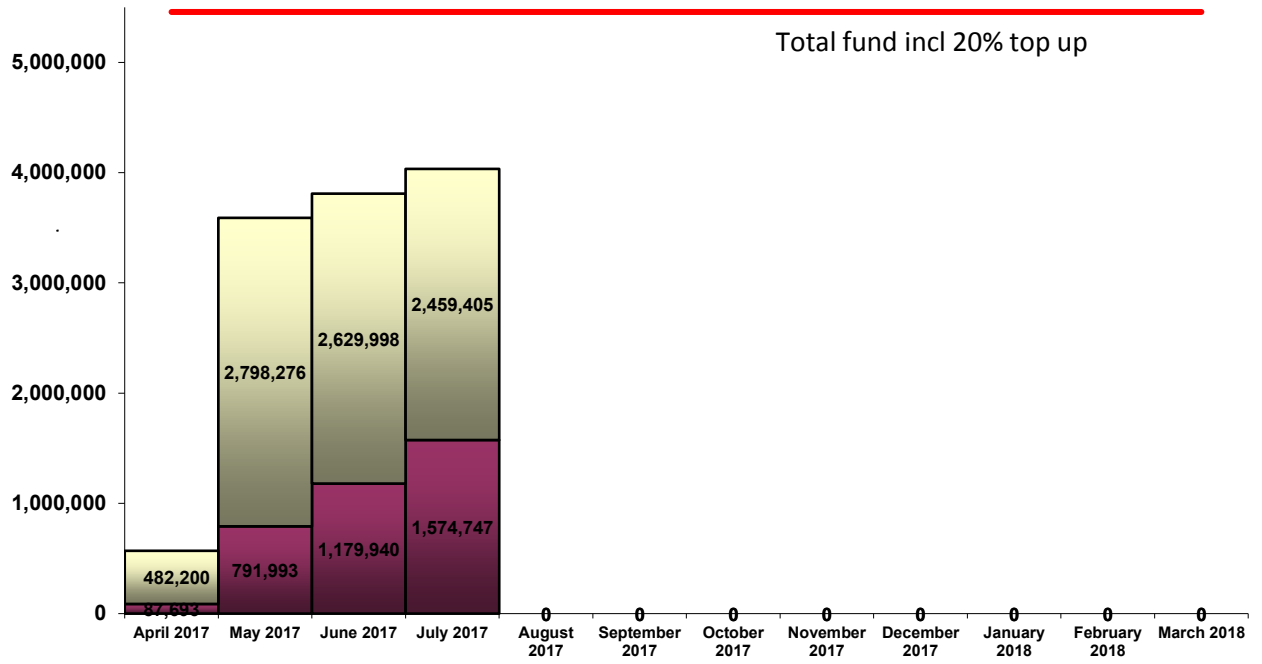


**Crisis Grant Allocation 2017/18**



# Appendix 4

## DHP Fund Allocation 2017/18



# Corporate Policy and Strategy Committee

10.00am, Tuesday, 3 October 2017

## Contact Centre - Performance Update: April – July 2017

Item number	7.2
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

---

This report provides an update on contact centre performance since the last report to Committee on 28 March 2017 and discharges the Council action from 28 August 2017. The report details current trends and ongoing service improvement activities.

## Contact Centre – Performance Update: April – July 2017

### 1. Recommendations

---

- 1.1 It is recommended that the Corporate Policy and Strategy Committee reviews:
  - 1.1.1 current performance trends within the Contact Centre; and
  - 1.1.2 notes ongoing service and performance improvement activities to ensure that Council services are easy to access and citizen queries and complaints are dealt with effectively.

### 2. Background

---

- 2.1 On 8 November 2016 and 28 March 2017 the Corporate Policy and Strategy Committee received updates on contact centre performance, trends, and ongoing service improvement activities. These reports provided detailed performance information that demonstrated a pattern of sustained improvement, with targeted actions to address specific issues.
- 2.2 On 24 August 2017 the City of Edinburgh Council commissioned a further update on contact centre performance and the associated citizen experience. Council highlighted the importance of providing easy to access services and effective query resolution, supported by co-ordinated action between front line service delivery and the Contact Centre.

### 3. Main report

---

#### Overview

- 3.1 The Council is committed to providing an effective and reliable service to all citizens, where quality and getting the basics right is supported by simple and easy to access contact channels of their choosing. The Contact Centre structure focuses on first touch resolution, supported by close working between the Contact team and relevant operational services. The structure delivers a flexible staff group that maximises the number of queries resolved at the initial point of contact, aligned with clear escalation routes where Council services require further input.
- 3.2 Quality of service is a key metric which is measured monthly across every customer contact adviser and is based on set criteria focusing on both technical and soft skills.

- 3.3 The quality score has averaged 90% v target of 80% for last 3 months and is on an upward trajectory as we develop contact centre advisers, providing training and setting the minimum standards and benchmark performance we aim to achieve, as a minimum.

### **Current Trends**

- 3.4 Regular management information is produced to monitor current performance levels and inform future improvement activities. In March 2017, the Corporate Policy and Strategy Committee received an update highlighting that overall contact volumes had generally remained stable and where automation and self-service options existed e.g. Council Tax and Benefits, there was a downward trend in telephone contact being required.

- 3.5 To highlight current performance levels an assessment has been completed comparing the last six months of data reported to Committee in March 2017 (September 2016 - February 2017) with the following five months of data (March 2017 – July 2017). This information is detailed in Appendix 1 and the following key trends have been identified:

- Contact Centre calls answered within 30 seconds (service level performance indicator) is now averaging at 65%, which is a +10% improvement since March 2017.
- Improved baseline Service Level Performance (55% of calls answered within 30 seconds) - 19 out of 24 service lines demonstrated improved service level performance.
- Stretched Service Level Performance (60% to 80% of calls answered in 30 seconds) – 13 out of 24 achieved the stretch target.
- In July 2017, there were 6 services that did not achieve the 55% target, however up to 68% of calls were answered within 60 seconds and up to 85% were answered within 120 seconds. The deployment workforce Management tools and Cross Skilling should allow us to improve the services further.
- Abandoned Calls (10% Service Level Agreement (SLA) - for calls abandoned, 19 out of 24 service lines demonstrated improved performance with 14 out of 24 lines achieving the 8% stretch target and 22 out of 24 lines achieving the standard 10% target for call abandonment.
- For average handling time (AHT), 11 out of 24 service lines recorded higher AHT. This is consistent with a greater focus on first touch resolution, however this area remains a significant focus for future service improvement.
- For average call waiting times, 19 out of 24 service lines demonstrated improved performance.

- 3.6 Contact improvement actions are focused on the continued support for the Housing Repairs service. Service levels have been impacted by the Council's comprehensive response to the high- rise inspection audit, with short periods of

heavy contact volumes. Collaboration with the service and increased resource levels have, however, resulted in sustained improvement over the last 2 months with service levels tracking in the high 60s% and above. Work is also ongoing to support essential health and social care services which have been impacted by experienced staff securing alternative employment. A recent recruitment exercise has been completed to provide additional capacity and work is ongoing to make call flows more efficient, supported by IT investment in a searchable knowledge base for the advisers.

3.7 The Council decision on 24 August 2017 requested a specific update on Council Tax and Waste related contact performance. Both are high volume areas where a close working relationship is required between the Contact Centre and front-line services to ensure a positive customer experience. This continues to be an important responsibility for the respective services with work ongoing to ensure that queries are efficiently recorded, escalated and ultimately addressed by service areas. This work also includes the design of IT systems that provide service feedback and updates where further information has been requested.

3.8 During the last 3 months the following trends have been identified:

- All Council Tax contact performance indicators are tracking ahead of target; with abandoned calls rates at 6.6% (8% stretch target and 10% base line target) service level at 63% (60% stretch target & 55% base line targets) and average handling time has reduced by 17 seconds from 401 to 384 seconds. This is against a target of 340 seconds. There is however a balance here between an efficient handling time and ensuring all queries are resolved at first point of contact, which when actioned correctly can increase AHT's.
- The majority of Waste contact performance indicators (multiple lines) are tracking ahead of target, with abandoned calls ranging between 4-6 % (8% stretched target and 10% base line target) and service level ranging between 63 - 68% (60% stretch target v 55% base line target). Average handling time has increased by between 15 and 39 seconds to 416 – 440 seconds, which is indicative of aiming to improve on first contact resolution.
- The exception within the Waste contact service is the special uplift service with abandoned calls levels at 8.6% (8% stretched target and 10% base line target) and service levels at 50% (55% baseline and 60% stretched target). This is directly linked to a 35% average monthly increase in contact following the introduction of the revised uplift service. This activity has been prioritised by the Council's transformation programme for service automation and online self-service enhancements.

3.9 The Contact Centre also tracks formal complaints relating to contact activities. These fluctuate marginally from month to month, with 54 unique complaints recorded on the Council's Complaints system, Capture, in June 2017. These 54 complaints equate to approximately 0.1% of the total calls handled by the Contact Centre that month. It is understood that not all complaints will be formally reported/recorded on the system and Contact Centre is continuing to target and

address key themes identified by citizens and service users to improve performance. These actions are detailed in the following sections.

- 3.10 As previously reported to Committee the Contact Centre has been piloting an automated customer satisfaction system that undertakes post call satisfaction surveys. This real-time customer satisfaction data is used to inform daily operational plans and enables Team Leaders to follow up feedback with respondents.
- 3.11 Response rates to the satisfaction survey of between 70-80% have been achieved as a result of directed contact. For those services involved in the pilot, query resolution satisfaction has ranged from low 70% to high 80% and adviser behaviour satisfaction has ranged between 80-90%. This data is in line with industry standards and sets a good benchmark to build upon. Targeted action is now being taken, including service engagement to better understand queries and up skilling of teams.
- 3.12 In addition to this specific survey the Contact Team is also using a range of other feedback and citizen groups to help make services as accessible as possible. This includes the Tenant Federation and a specific group looking at the automated telephony system. This feedback is being used to develop and enhance Council services and improve citizen experience and engagement.

### **Contact - Improvements**

- 3.13 Customer is continually reviewing and refining the way residents and businesses can access services in a simple and easy way. To support this, the Council is delivering a range of projects which focus on 'one and done' activities, reduce repeat contact and give customers more independence and flexibility to carry out their transactions, including self-service options.

First Contact Resolution results range from 80-85% across all teams, compared with the Industry Benchmark which is 80%. The focus here is on resolving the enquiry on the first call to avoid any unnecessary repeat contact.

### **Automated Telephony System**

- 3.14 The Contact Centre operates an automated menu system (IVR) that provides self-service links and call routing capabilities. This system has been used in Council Tax and Benefits for a number of years and has now been rolled out to other areas including Roads, Waste and Environmental services. The system delivers additional call handling capacity and important service efficiencies, whilst still retaining the option for a citizen to speak to an agent to discuss issues at all times.
- 3.15 To date, many citizens have successfully used the automated system, with approximately 65% of contacts using the self-service option, including messaging and text links to the Council's website. These levels are consistent with industry customer standards.



- 3.16 There is, however, recognition that the system could be simpler and a number of service users have indicated that they found the system difficult to navigate. As a result, user feedback has been analysed and used to help redesign the automated system. This has included reducing the number of options, enabling citizens to re-join the system at key points and reviewing the wording used to describe each service. This is designed to make it easier and quicker to navigate through to the correct services. As before, citizens continue to have the option to speak with a customer adviser at all times.
- 3.17 Information will be added to the Council's Web Site on the options to select to get through to correct service quickly. This will help inform and act as a useful reminder to Citizens on how to navigate the automated system.
- 3.18 As part of the Contact Centres engagement with a citizens panel, made up of volunteers who provided feedback and raised concerns about the original set up, have been involved in testing the new arrangements. Contact will continue to collect this important customer feedback and it will be used to develop and improve the telephone service in the coming months.

### **Online forms**

- 3.19 The Contact Centre team is a major stakeholder, along with delivery services, in the rollout of easy to use online services and forms. The Contact Centre has prioritised high volume, resource intensive transactions to be fast tracked for online services e.g. special uplifts, non-emergency repairs and licensing activities. These are being assessed by the Council's channel shift programme, which is currently being re-planned for delivery during the remainder of 2017/18.

### **Kiosks**

- 3.20 The Council has now installed 21 self-service kiosks across the city. These kiosks help citizens and service users who don't have online access at home, to complete transactions and make payments in locality offices. This gives people greater choice and means they can use the service without having to potentially wait to speak with staff if they don't need to.
- 3.21 These kiosks provide access to an increasing number of services, including Council Tax and Benefits and Parking Permit services. Uptake is in the early stages as we continue to work to educate Citizens and is currently sitting around 5% – 10%. We continue to work with the community to demonstrate the functionality and will continue to monitor volume usage as additional services are introduced as part of the ongoing channel shift programme.

### **Text Reminders**

- 3.22 A new Council Tax service is being trialled that sends a text reminder to citizens when a payment is due. The text includes a simple link to make payment through the Council's payment system. The text message also includes a phone number, so that customers without a smartphone can still make payments.

- 3.23 This provides people with greater choice by way of an additional payment channel that is easy and convenient to use and by reacting positively to the text message, arrears and formal recovery action are avoided.
- 3.24 The Council also benefits as this service is more cost effective than traditional mail and text messages reach the citizen instantly rather than after several days, as is the case with paper reminders.

### **Clothing Grants and Free School Meals**

- 3.25 A new clothing grants and free school meals application process has been successfully launched that removes the need for a separate application and automatically makes payment direct to the applicant's bank accounts. This improvement provides a simpler and quicker approach, consistent with the Council's move towards a single financial assessment.

### **Customer Sign-On for Online Services**

- 3.26 The Customer team in conjunction with ICT, Information Governance, Communications and Channel Shift colleagues continue to review the appropriate use of the customer account facility to use and request services.
- 3.27 While registering and logging-in to the service is an additional step this offers a number of benefits, both now and in the future, including data protection and fraud prevention. Also by registering the Council will soon be able to offer a personalised service, with updates on requests and information specific to their local area.
- 3.28 The mygovscot service used by the Council to register for services is provided by the Scottish Government's Improvement Service. It is understood that there are enhancements that can be made to the registration process and the Council is working with the SGIS to ensure that sign on arrangements are not a digital barrier to simple online service delivery.

### **Customer Relationship Manager (CRM), Social Media and New Telephony System**

- 3.29 The demand for social media engagement with the Council continues to grow and the Contact Centre has recently been expanded to provide a more customer focused "one and done" approach. This is an ongoing process and requires to be underpinned by strong service links to ensure residents and visitors to the city can be updated quickly on service issues. This will be supported by new technology including webchat, system integration and consistent, up to date customer records. These upgrades are key elements of the Council's channel shift programme
- 3.30 A new telephony system will be implemented across Quarter 4 2017. This will deliver a range of benefits including system stability and an improved view of the citizen's end to end journey, where repeated contact can be escalated and dealt with as a priority. Work has also recently been completed to update the Council's service database to ensure that reporting lines and telephone numbers are

accurate. This will assist Contact Centre staff when attempting to redirect customer queries to the correct services.

- 3.31 In addition to these activities a number of simple solutions are also being introduced that do not involve new technology. This includes reviewing the Council's web pages to make them simpler, easier to navigate and more accessible.

### **Service Links**

- 3.32 As noted at Council in August, the responsibility to improve the customer journey is a joint one between front line services and the Contact Centre. Additional resource has been identified to strengthen the link between front-line operations and the Contact Centre. This resource is focused on liaising with delivery activities to ensure that the Contact Centre is well informed to update residents and service users on specific issues. For example, the introduction of the 'Route smart' system in Waste will provide real time information on waste collection activities that can be accessed by the Contact Centre to improve informative communication with service users.
- 3.33 The Contact Centre continues to engage with front-line teams to ensure that service requests are being appropriately progressed and where this is not the case the reasons for service failure. This engagement is informed by an analysis of the initial citizen contact e.g. service request, service failure, simple requests for information, repeat requests etc. to improve the overall customer journey and related service decisions.

### ***Development and Scheduling***

- 3.34 A programme of training and cross skilling is continuing within Customer to provide greater multi-skilling of staff to address immediate service pressures. This flexibility has enabled the team to support wider initiatives such as the Council's co-ordinated assessment of high rise properties in the city and service outages.

### **Customer at the Heart**

- 3.35 Training programme is also being delivered to colleagues to help with first call resolution and highlight the importance of taking ownership and responsibility for every enquiry. As well as improving the experience of service users.
- 3.36 A workforce management tool has recently been implemented within Contact to improve demand forecasting and work scheduling. This will enable the service to align staff with anticipated contact levels, deploy people more effectively, whilst also allowing the service to model contact consequences for non-standard events such as severe weather and new initiatives. The system will initially be rolled out within the Contact Centre but it has the potential to be used across the Council.
- 3.37 All of the above initiatives are expected to enhance the citizen experience, create greater choice, and reduce associated service pressures.

## **4. Measures of success**

---

- 4.1 Performance against target is regularly reviewed to ensure issues are addressed and service level improvements are achieved.
- 4.2 Key statistics are included in Directorate and Council dashboards. Targets are based on the approved resource profile and benchmarked against similar organisations.
- 4.3 Team leaders monitor live performance information within the Contact Centre and use this to respond dynamically to demand. Daily, weekly, and monthly reports are produced and scrutinised by senior management.

## **5. Financial impact**

---

- 5.1 There are no direct financial implications as a result of this report. The service is on target to deliver savings as part of the Council's Transformation Programme.

## **6. Risk, policy, compliance, and governance impact**

---

- 6.1 The delivery of high performing contact services, both online and through telephony channels is a key objective for the Council.

## **7. Equalities impact**

---

- 7.1 There are no direct equalities implications arising from this report. The Council remains committed to a digital by desire approach ensuring that we are catering for all Citizens across Edinburgh providing them options around their preferred contact channel of choice. This will range from the traditional service of speaking with an adviser to transacting on-line.

## **8. Sustainability impact**

---

- 8.1 There are no direct sustainability impacts as a result of this report.

## **9. Consultation and engagement**

---

- 9.1 The Customer team uses a broad range of feedback and citizen groups to support service development and improvement.

## **10. Background reading/external references**

---

- 10.1 Minute of Council Meeting 24 August 2017
- 10.2 Report to Corporate Policy and Strategy Committee, 28 March 2017 – [Customer Contact Update](#)

10.3 Report to Corporate Policy and Strategy Committee, 8 November 2016 – [General Switchboard and Website Enquiries](#)

**Stephen S. Moir**

Executive Director of Resources

Contact: Nicola Harvey, Head of Customer

E-mail: [nicola.harvey2@edinburgh.gov.uk](mailto:nicola.harvey2@edinburgh.gov.uk) | Tel: 0131 469 5006

## **11. Appendices**

---

Appendix 1 – Contact Performance Data.

**Contact Centre Performance Data****Abandoned Calls**

Call abandonment levels are monitored through regular performance reports. The agreed target, based on the current resource profile, is that the abandonment rate does not exceed 10%, with a stretch target of 8%. Since the last report to Committee improvements have been made with 19/24 service lines demonstrating improved performance, with 22/24 achieving the 10% target and 14/24 achieving the 8% stretch target. A dedicated improvement plan is in place to further improve performance levels in Repairs Direct and improve Social Direct call performance following the departure of experienced staff. New additional resource is now in place and cross skilling activities are ongoing to bolster capacity in both areas. ICT improvements are also being progressed including the successful implementation of a dedicated workforce management tool, creation of simple online forms and the rollout of a knowledge base that will improve call handling times.

**Average Handling Time (AHT)**

Average call handling times are monitored through regular performance information reports. AHT is the average time an agent spends with the customer to deal with the query. Since the last update in February 2017 11/24 service lines are reporting higher AHT. This is consistent with a greater emphasis on first touch resolution; however, this measure remains an ongoing focus for service improvement.

**Average Wait Times**

Since the last update in February 2017 average wait times have improved for 19 of 24 service lines. Detailed improvement actions are included in the main report.

**Service Levels**

This indicator details the percentage of calls answered within 30 seconds. The target varies depending on the service, ranging from 55% (60% stretch target) to 80% (stretch target). The historical target of 55% is based on the existing resource profile and recent bench-making activity with similar organisations. Since February 2017 19/24 lines have demonstrated improved performance with 13/24 achieving their identified stretch target and 18/24 achieving the 55% target.

Actions are being progressed to better deal with service demands, including colleague cross skilling, workforce planning, call coaching etc. and targeted additional resource has been put in place to tackle demand in key services.

**Calls Handled**

This indicator details the number of calls dealt with by the Contact Team. The extension of the Council's automated call handling system/weblinks in Waste and Environmental services is a key factor in the reduction in these areas. This is detailed in the main report.

Contact Activity	Abandoned Calls Monthly Average Sept 16- Feb 17	Abandoned Calls Monthly Average March 17- July 17
Anti Social Behaviour	8.1%	4.5%
Central Emergency Service	8.5%	6.7%
C & F Professional Child	7.7%	9.8%
C & F Public Child	6.5%	8.4%
Emergency Child	2.2%	3.2%
Clarence	18.3%	8.5%
Council Tax	10.6%	6.6%
Benefits	8.3%	3.1%
NDR	9.0%	5.7%
Customer Care	4.2%	3.3%
Emergency Home Care Worker	4.9%	4.8%
Emergency Home Care	4.1%	3.7%
Emergency Social Work Service	5.4%	4.2%
1Edinburgh	19.4%	9.6%
Repairs Direct	32.4%	21.2%
Repairs Planners	9.9%	8.2%
Social Care Direct Professional Adult	7.3%	9.2%
Social Care Direct Public Adult	8.9%	17.2%
Repairs - Tradesman	14.8%	9.7%
Repairs - Quality Care Officers	8.7%	5.3%
Special Waste Uplifts	23.5%	8.6%
Waste	24.5%	4.2%
Environment	25.6%	5.9%
Missed Collections	24.9%	4.6%

Average Handling Times - Monthly Average Sept 16- Feb 17	Average Handling Times - Monthly Average March 16- July 17
333	245
385	390
555	564
513	494
467	467
228	235
465	448
409	398
374	452
256	249
286	269
336	307
390	373
145	139
428	399
188	182
514	550
591	620
396	401
538	527
331	343
253	271
233	272
261	276

Average Wait Times Monthly Average Sept 16 - Feb 17	Average Wait Times Monthly Average Mar 17 - July 17
00:48	00:31
00:38	00:30
00:35	00:59
00:33	01:00
00:17	00:21
01:51	01:01
03:35	01:36
02:55	01:18
02:36	01:49
00:45	00:38
00:14	00:13
00:14	00:11
00:17	00:16
02:17	01:16
04:35	03:05
00:45	00:36
00:34	01:03
00:48	02:01
01:16	00:52
01:40	01:01
04:56	02:50
04:36	01:12
04:02	01:21
04:31	01:14

Contact Activity	Service Level Monthly Average Sept 16 - Feb 17	Service Level Monthly March 17 - July 17 Base line target 55%	2017/18 Stretch Internal Target	Call Handled Monthly Average Sept 16 - Feb 17	Calls Handled Monthly Average March 17- July 17
Anti Social Behaviour	78%	81%	80%	33	72
Central Emergency Service	71%	78%	80%	2512	2161
C & F Professional Child	74%	67%	80%	677	733
C & F Public Child	76%	68%	80%	528	586
Emergency Child	85%	82%	80%	62	68
Clarence	40%	60%	60%	1575	936
Council Tax	50%	63%	60%	6043	6813
Benefits	49%	67%	60%	4482	4066
NDR	57%	61%	60%	906	813
Customer Care	79%	81%	80%	756	943
Emergency Home Care Worker	86%	87%	80%	3050	3089
Emergency Home Care	86%	88%	80%	470	507
Emergency Social Work Service	85%	87%	80%	1602	1694
1Edinburgh	34%	53%	60%	2495	1403
Repairs Direct	29%	41%	80%	10219	8573
Repairs Planners	67%	71%	80%	3720	3618
Social Care Direct Professional Adult	68%	52%	80%	110	115
Social Care Direct Public Adult	67%	46%	80%	3940	4176
Repairs - Tradesman	44%	55%	80%	2723	2668
Repairs - Quality Care Officers	35%	51%	80%	268	446
Special Waste Uplifts	29%	50%	60%	1774	2667
Waste	23%	68%	60%	2325	863
Environment	26%	63%	60%	4810	1486
Missed Collections	24%	67%	60%	3237	892



# Corporate Policy and Strategy Committee

10.00am, Tuesday 3 October 2017

## Council Asbestos Policy

Item number	7.3
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

---

The new Council Asbestos Policy ('Policy') is a sub-policy of the Council Health and Safety Policy. Its main objective is to protect the health and safety of employees and third parties from risks associated with exposure to asbestos.

The Policy replaces the existing Corporate Policy for Managing Asbestos. It takes into account the new structural arrangements and provides greater clarity on roles and responsibilities for health and safety in this respect. It sets out accountabilities for preventing exposure to asbestos in Property and Facilities Management, Housing Property, and Waste services.

## Council Asbestos Policy

### 1. Recommendations

---

- 1.1 It is recommended that the new Council Asbestos Policy is approved.

### 2. Background

---

- 2.1 The Control of Asbestos at Work Regulations 2012 sets out a duty to manage asbestos in non-domestic buildings, and applies to common parts in housing developments and leasehold flats. Given the widespread use of asbestos after the 1940's, many buildings still contain asbestos.
- 2.2 The Health and Safety at Work etc. Act 1974 also places a general duty on employers to protect, so far as is reasonably practicable, the health, safety and welfare of employees and others affected by their work activities.
- 2.3 This Policy sets out how the Council will comply with legal and regulatory requirements, aimed at preventing exposure to asbestos.

### 3. Main report

---

- 3.1 The Policy replaces the existing Corporate Policy for Managing Asbestos. It takes into account the new structural arrangements and provides greater clarity on roles and responsibilities for managing asbestos.
- 3.2 The Policy applies to all employees and third parties who interact with Council services but are not employees.
- 3.3 The Policy applies to potential exposure to all asbestos containing materials.
- 3.4 The Policy statement sets out the Council's commitment to protect employees and third parties from risks associated with exposure to asbestos.
- 3.5 The Policy content sets out Policy requirements for managing asbestos that must be met.
- 3.6 The Policy also sets out roles and responsibilities for managing asbestos risk, taking into account the new structural arrangements.

3.7 The key changes compared with the existing Corporate Policy for Managing Asbestos are as follows:

#### 3.7.1 Policy Statement

The Policy sets out the overall intent and key controls for managing risks associated with exposure to asbestos.

#### 3.7.2 Policy content

The Policy requirements are broadly similar with the existing Corporate Policy for Managing Asbestos, due to there being no legislative changes. The requirements are however more clearly defined, providing greater clarity of the key controls which have been extended to Housing Property, and Waste and Cleansing.

#### 3.7.3 Roles and responsibilities

The roles and responsibilities in the Policy are aligned with the Council Health and Safety Policy, and in turn reflect the organisational structure of the Council. Greater clarity is set out for key roles, including those with responsibilities for Housing Property and Waste services.

## 4. Measures of success

---

4.1 Measures of success include improved and effective arrangements for asbestos management, resulting in fewer asbestos-related incidents involving inadvertent exposure to asbestos fibres. In addition, the increased clarity on roles and responsibilities will ensure clear lines of accountability and that everyone knows their responsibilities in relation to managing asbestos.

## 5. Financial impact

---

5.1 The Policy does not affect the existing financial impact.

## 6. Risk, policy, compliance and governance impact

---

6.1 Inhalation of asbestos fibres can result in asbestos-related diseases including lung cancer and malignant mesothelioma, and non-malignant disorders such as asbestosis.

6.2 The potential impact of failure to manage asbestos also includes legal liabilities, regulatory censor, financial losses, business disruption and reputation damage.

## 7. Equalities impact

---

7.1 There are no equalities issues arising from this Policy.

## **8. Sustainability impact**

---

8.1 There are no sustainability issues arising from this Policy.

## **9. Consultation and engagement**

---

9.1 Consultation and engagement has taken place with Trade Unions.

9.2 Consultation and engagement has taken place with key role holders, and with stakeholders in the services areas.

## **10. Background reading/external references**

---

10.1 N/A.

### **Stephen S. Moir**

Executive Director of Resources

Contact: Susan N Tannahill, Council Health and Safety Manager

E-mail: [susan.tannahill@edinburgh.gov.uk](mailto:susan.tannahill@edinburgh.gov.uk) | Tel: 0131 553 8336

## **11. Appendices**

---

Appendix 1 - Council Asbestos Policy

Appendix 2 - Council Health and Safety Policy

# Council Asbestos Policy

**Implementation date: 1 November, 2017**

## Control schedule

<b>Approved by</b>	
<b>Approval date</b>	
<b>Senior Responsible Officer</b>	Susan N Tannahill
<b>Author</b>	Sam Jennings
<b>Scheduled for review</b>	October 2018

## Version control

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Comment</b>
0.1		Sam Jennings	The existing Corporate Policy for Managing Asbestos will be superseded.

## Committee decisions affecting this policy

<b>Date</b>	<b>Committee</b>	<b>Link to report</b>	<b>Link to minute</b>

# Council Asbestos Policy

## Policy statement

---

- 1.1 As set out in the Council Health and Safety Policy, we take all reasonable steps to protect the health and safety and welfare of our employees and third parties.
- 1.2 We will comply with relevant health and safety statutory and regulatory requirements, and all relevant approved codes of practice and guidance, aimed at preventing exposure to asbestos.
- 1.3 We recognise that, due to their age and construction, asbestos is present in many Council buildings and assets, and Council housing property. It may also be present in waste materials.
- 1.4 The main objective of this Policy, which is a sub-Policy of the Council Health and Safety Policy is to prevent exposure to asbestos. We will do this by:
  - taking steps to locate any asbestos containing materials (ACMs) in our buildings and assets and assessing their condition;
  - maintaining records of the location and condition of ACMs and assessing the risk from them;
  - taking appropriate action to manage the risk associated with ACMs;
  - providing information and advice on the location, type, and condition of the material to anyone who could be in a position to disturb ACMs;
  - ensuring effective arrangements are in place should an accidental release of asbestos fibres occur;
  - ensuring appropriate information, instruction and training is given to all relevant Council employees;
  - engaging suitably licensed, qualified and experienced contractors to carry out works on asbestos (e.g. removal or encapsulation); and
  - carrying out health surveillance for staff who work with asbestos.

## Scope

---

- 2.1 The Council Asbestos Policy applies to all employees. In addition, it extends to third parties who interact with Council services but are not employees such as members of the public, contractors and service users.
- 2.2 The Policy applies to potential exposure to all asbestos containing materials (ACMs).

## Definitions

---

- 3.1 **Asbestos** – A naturally occurring fibrous mineral that is strong and resistant to heat, fire and corrosive chemicals. Asbestos is comprised of small fibres not visible to the naked eye. The fibres are hazardous when inhaled, causing harm to the lining of the lungs. Exposure to asbestos has long term health implications including mesothelioma, lung cancer and asbestosis.
- 3.2 **Asbestos Containing Materials (ACMs)** – Any product or material containing asbestos. Common ACM's include: insulation materials, sprayed coatings, soundproofing, ceiling tiles, panels in fire doors, roofing and flooring.
- 3.3 **Asbestos Management Plan** – A document that provides details of who is responsible for asbestos management, a copy of the asbestos register and risk assessments, plans for work (if any) on asbestos containing materials and the schedule for monitoring the condition of the asbestos containing materials.
- 3.4 **Asbestos Register** – A document that lists all identified or assumed asbestos in a building or asset.
- 3.5 **Building or Site Health and Safety Responsible Person** – Building or Site H&S Responsible Person is allocated to the most senior role holder in the building, e.g. Head Teacher, Care Home Manager, Depot Manager. For some locations, a nominated Building or Site H&S Responsible Person may be required.
- 3.6 **Competent Person** – A competent person is someone with the necessary skills, knowledge and experience in relation to hazard identification, risk assessment and the determination of necessary controls, and includes knowledge of legal and regulatory requirements.
- 3.7 **Duty Holder** – Asbestos legislation places a duty on those in control of premises to take action to manage any risk from the presence of asbestos in the buildings under their control. These people are defined in the Control of Asbestos at Work Regulations 2012 as "Duty Holders". A Duty Holder anyone who has control, to any extent, of any premises.
- 3.8 **Health Surveillance** – A system of ongoing health checks that allows for early identification of ill health and helps identify any corrective action needed. Health surveillance is required by law where employees are exposed to asbestos.
- 3.9 **Multi-Occupied Building or Site Health and Safety Responsible Person** – As set out in the Council Health and Safety Policy, Corporate Property and Facilities Management will take responsibility for the Multi-Occupied Building H&S Responsible Person for designated buildings as follows: Lothian Chambers, City Chambers, Waverley Court, and Parliament Square. In addition, they will take

on this role for the Central Library.

For all other multi-occupied buildings, the most senior role holder in the building in the Service Area with the greatest number of employees based in the building will take on the role. For some locations, a nominated Multi-Occupied Building H&S Responsible Person may be required.

- 3.10 **Notifiable incidents** – Exposure to asbestos is reportable to the Health and Safety Executive when a work activity causes the accidental release or escape of asbestos fibres into the air in a quantity sufficient to cause damage to the health of any person.



## Policy content

---

- 4.1 In non-housing Council buildings and assets, we identify and manage asbestos by:
  - 4.1.1 conducting surveys of all Council buildings constructed before 2000 to identify the location, type and condition of asbestos;
  - 4.1.2 recording the location and type of all asbestos identified in surveys, and making the information easily accessible;
  - 4.1.3 producing and maintaining an asbestos register for every Council building where asbestos is present;
  - 4.1.4 assessing the risk arising from the location, type and condition of asbestos within Council buildings and assets and taking appropriate action to eliminate or manage the risk;
  - 4.1.5 producing a written asbestos management plan, where asbestos is retained in a Council building or asset;
  - 4.1.6 reviewing the asbestos management plans at regular intervals and updating as necessary. These are also reviewed prior to and following any asbestos-related works in the buildings.
- 4.2 In Council housing properties, we identify and manage asbestos by:
  - 4.2.1 as part of planned project work, conducting a minimum 20% representative survey of each architectural housing type to identify the location, type and condition of asbestos;
  - 4.2.2 recording the location and type of all asbestos identified in surveys, and making the information easily accessible;
  - 4.2.3 assessing the risk arising from the location, type and condition of asbestos within housing properties and taking appropriate action to eliminate or manage the risk;
  - 4.2.4 carrying out condition monitoring surveys of the non-domestic element of the Council housing properties and taking any identified action;
  - 4.2.5 ensuring that information relating to asbestos in a housing property is reviewed annually and consulted prior to, and updated following, any planned or reactive asbestos work.
- 4.3 We provide information on presence, location and type of asbestos in premises to all employees, contractors or third parties who may encounter it as part of their work activities.
- 4.4 A written scheme of work is completed prior to any planned work with asbestos containing materials.

- 4.5 Only competent persons (or organisations) are appointed to undertake work with asbestos, including licensed contractors where required. This includes sampling and air monitoring to confirm presence of asbestos, as well as organisations involved in the removal and disposal of asbestos containing materials.
- 4.6 We provide information to tenants and landlords regarding the management of asbestos in Council buildings and Council housing.
- 4.7 Where buildings owned by the Council are leased to third parties on a full maintenance and repair lease, responsibility for the management of asbestos is clearly set out in the lease agreement.
- 4.8 Where we lease buildings from a third party, we ensure that responsibility for managing asbestos is clearly set out in the lease agreement. Where this responsibility lies with the owner/landlord, we co-operate in ensuring that asbestos management arrangements are managed effectively.
- 4.9 Emergency procedures are established for dealing with unexpected release of asbestos fibres and for unexpected exposure to asbestos or asbestos containing materials. This includes arrangements at our civic recycling centres where members of the public may knowingly or inadvertently bring asbestos containing materials on to the site.
- 4.10 Any unplanned release of asbestos fibres or unplanned exposure is reported and investigated, including reporting notifiable incidents to the Health and Safety Executive. Where employees have been exposed to asbestos, they are referred to our Occupational Health Provider.
- 4.11 All employees who may encounter asbestos as part of their work activities, and those with specific responsibilities for managing asbestos, are provided with suitable information and training. This includes those who may encounter asbestos that has been damaged or disturbed.
- 4.12 We produce detailed procedures to support the implementation of this Policy.
- 4.13 We appoint competent Asbestos Officers with specialist knowledge of the management of asbestos who are responsible for maintaining asbestos management plans, records, surveys and condition monitoring. The Asbestos Officer also ensures that that asbestos registers are in place.
- 4.14 We have an Asbestos Standing Group with a remit to continuously, monitor and review this Policy and its supporting Procedures to ensure asbestos containing materials are managed effectively.

## **Implementation**

---

- 5.1 Implementation will be effective from 1 November 2017
- 5.2 This Policy supersedes the Corporate Policy for Managing Asbestos dated November 2014.

## Roles and responsibilities

---

6.1 The health and safety roles and responsibilities of the Chief Executive, Executive Directors, Heads of Service, Managers and employees are set out in the Council Health and Safety Policy. Roles and responsibilities relating specifically to this Policy are summarised below.

### 6.2 **Head of Property and Facilities Management**

The Head of Property and Facilities Management has responsibility for the management of asbestos in non-housing Council buildings and assets, except those managed by third parties on our behalf and leased buildings.

- Responsible for maintaining a central register of buildings, which is used to identify buildings where asbestos surveys are required;
- Ensure written asbestos management plans are in place;
- Ensure written procedures are in place to implement the requirements of this Policy;
- Ensure written procedures are in place for the management of contractors working with, or potentially exposed to, asbestos;
- Ensure responsibilities for managing asbestos are clearly set out in lease agreements between the Council and third parties;
- Ensure that appropriate asbestos training is provided to management and employees;
- Ensure Asbestos Officer(s) is appointed;
- Ensure emergency procedures are in place to manage unplanned release of asbestos fibres; and
- Ensure sufficient resources are made available to implement their responsibilities under this Policy.

### 6.3 **Head of Place Development**

The Head of Place Development has responsibility for the management of asbestos in Council housing property.

- Identification of the location, type and condition of asbestos containing materials in Council housing properties;
- Responsible for ensuring a system is in place to record the outcome of surveys and test sampling;
- Ensure written procedures are in place to implement the requirements of this Policy and reviewed annually;
- Ensure written procedures are in place for the management of contractors working with, or potentially exposed to, asbestos;
- Ensure that appropriate asbestos training is provided to management and employees;

- Ensure Asbestos Officer(s) is appointed;
- Ensure emergency procedures are in place to manage unplanned release of asbestos fibres, including those resulting from tenants disturbing ACMs, e.g. through DIY works
- Ensure sufficient resources are made available to implement their responsibilities under this Policy.

#### 6.4 **Head of Place Management**

The Head of Place Management has responsibility for:

- Ensuring risks associated with unplanned and unexpected exposure to asbestos containing materials at civic recycling centres and by waste and cleansing operatives are identified and managed;
- Ensuring emergency procedures are in place to manage unplanned release of asbestos fibres;
- Ensuring appropriate asbestos training is provided to management and employees; and
- Edinburgh Scientific Services, who carry out asbestos surveys, sampling and air monitoring.

#### 6.5 **Building or Site Health and Safety Responsible Person**

At building/site level, the duty holder, working under the direction of the Heads of Service, is responsible for overseeing all aspects of the day-to-day implementation of this Policy in their areas of control, and:

- Ensuring that the requirements of this Policy are communicated and followed by all employees and third parties;
- Ensuring Asbestos Registers are readily available at all times to those employees of the Council, external contractors and others who may need to refer to them;
- Reporting and investigating any unplanned release of asbestos containing materials; and
- Ensuring the emergency procedures are followed where there is an unplanned release of asbestos fibres.

#### 6.6 **Asbestos Officers**

Asbestos Officers are responsible for:

- Maintaining asbestos management plans, records, surveys and condition monitoring;
- Ensuring Asbestos Registers are in place;

- Providing expert advice to responsible parties on the management of asbestos; and
- Maintaining a record of reportable incidents.

#### 6.7 **Edinburgh Scientific Services (ESS) / Competent External Provider Working Under the Control of ESS**

Responsible for:

- Carrying out asbestos surveys and sample testing, in compliance with relevant legislation and guidance;
- Carrying out asbestos air testing analysis; in compliance with relevant legislation and guidance;
- Issuing reports to the Asbestos Officer on the findings and results of the inspections and testing;
- Delivering asbestos-related training; and
- Providing expert advice to responsible parties on the management of asbestos.

#### 6.8 **Corporate Health and Safety Manager**

The Corporate Health and Safety Manager is responsible for:

- Defining the content of this Policy and reviewing on an annual basis and after any major incident, and updating as necessary;
- Providing guidance, interpretation and materials as required, to help achieve compliance with this Policy;
- Ensuring all notifiable asbestos-related incidents are reported to the Health and Safety Executive;
- Ensuring all notifiable asbestos-related incidents are investigated;
- Providing asbestos training, as part of the corporate health and safety training schedule;
- Defining the minimum required compliance information / metrics that should be used to continually evaluate compliance, and reporting onwards appropriately; and
- Ensuring consultation with employees and their representatives on health and safety matters, including asbestos.

#### 6.9 **Line Managers**

Responsible for:

- Ensuring that the Policy is communicated, understood and followed by their direct reports and others under their control;

- Ensuring that appropriate asbestos training is conducted for their direct reports and others under their control, and records are maintained;
- Ensuring health surveillance is carried out for employees who work with asbestos; and
- Referring any employee to Occupational Health who has been inadvertently exposed to asbestos fibres; records to be retained for 40 years by the Occupational Health provider.

## 10.1 Contractor Management

It is the responsibility of the Contract Owner within the Service Area / Department to:

- Ensure that any contractor appointed to carry out asbestos works is competent and, where appropriate, licenced for the type of work being carried out;
- Ensure that appointed contractors have suitable procedures in place for the management of sub-contractors;
- Provide contractors with all necessary information including this Policy and relevant Procedures; and
- Ensure that the contractor provides information to the relevant Asbestos Officer on the removal or encapsulation of any ACM.

## Related documents

---

- 7.1 Related documents include:
- 7.1.1 Council Health and Safety Policy
  - 7.1.2 Asbestos Procedures
  - 7.1.3 Control of Asbestos Regulations 2012

## Equalities impact

---

- 8.1 There are no equalities issues arising from this policy.

## Sustainability impact

---

- 9.1 There are no sustainability issues arising from this policy.

## Risk assessment

---

- 10.1 Inhalation of asbestos fibres can result in asbestos related diseases including lung cancer and malignant mesothelioma, and non-malignant disorders such as asbestosis.

10.2 The potential impact of failure to manage asbestos also includes legal liabilities, regulatory censor, financial losses, business disruption and reputational damage.

## **Review**

---

11.1 In line with the Council's Policy Framework, this policy will be reviewed annually or more frequently if required.

# Council Health and Safety Policy

**Implementation date: 3 April 2017**

## Control schedule

<b>Approved by</b>	Corporate Policy and Strategy Committee
<b>Approval date</b>	28 March 2017
<b>Senior Responsible Officer</b>	Susan N Tannahill
<b>Author</b>	Susan N Tannahill
<b>Scheduled for review</b>	April 2018

## Version control

Version	Date	Author	Comment
0.1	28 March, 2017	Susan N Tannahill	The existing Corporate Health and Safety Policy will be superseded.

## Committee decisions affecting this policy

Date	Committee	Link to report	Link to minute
28 March 2017	Corporate Policy and Strategy Committee	<a href="#">Council Health and Safety Policy</a>	



## Policy statement

---

- 1.1 Protecting the health and safety and welfare of our employees, and our third parties including members of the public, contractors, service users and pupils, is the starting point to delivering a thriving, sustainable capital city.
- 1.2 Accordingly, we will manage health and safety and welfare in a way that:
  - takes all reasonable steps to protect the health and safety and welfare of our employees and third parties;
  - demonstrates our commitment to continually improve health and safety performance;
  - complies with health and safety statutory and regulatory requirements, and all relevant approved codes of practice and guidance.
- 1.3 This Policy should be made available to all persons working under the control of the Council and made available to interested parties on request.

## Scope

---

- 2.1 The Council Health and Safety Policy ('Policy') applies to all employees. In addition, the Policy extends to third parties who interact with Council services but are not employees such as members of the public, contractors and service users.
- 2.2 The safety of adult residents in receipt of care is provided for by the Clinical and Care Governance framework.
- 2.3 Public event safety is provided for by the Events Planning and Operations Group Process.

## Definitions

---

- 3.1 **Accident** – An accident is a type of incident. It is a work-related event during which injury, ill health or fatality actually occurs.
- 3.2 **Adequate controls** – Controls deemed to be suitable and sufficient by a 'competent' person.
- 3.3 **Audit** – An audit is an evidence gathering process. Audit evidence is used to evaluate how well audit criteria are being met. Audits must be objective and independent, and the audit process must be both systematic and documented.

- 3.4 **Building or Site H&S Responsible Person** – Building or Site H&S Responsible Person is allocated to the most senior role holder in building, e.g. Head Teacher, Care Home Manager, Depot Manager. For some locations, a nominated Building or Site H&S Responsible Person may be required.
- 3.5 **Competent person** – A competent person is someone with the necessary skills, knowledge and experience in relation to hazard identification, risk assessment and the determination of necessary controls, and includes knowledge of legal and regulatory requirements.
- 3.6 **Contractor** – Person or business that provides goods or services to an organisation and who is not an employee of that organisation.
- 3.7 **Enforcement Action** – Enforcement action includes action taken by enforcing authorities, including:
- a) Issuing of an advisory / warning letter
  - b) Serving of Notices
  - c) Prosecution
- 3.8 **Incident** – Work-related event in which an injury, ill health or fatality occurred, or could have occurred.
- 3.9 **Near miss** – A type of incident which injury, ill health or fatality could have occurred, but did not actually occur.
- 3.10 **Multi-occupied Building H&S Responsible Person** – Corporate Property and Facilities Management will take responsibility for the Multi-occupied Building H&S Responsible Person for designated buildings as follows: Lothian Chambers, City Chambers, Waverley Court, and Parliament Square. In addition, they will take on this role for the Central Library.
- For all other multi-occupied buildings, the most senior role holder in the building in the Service Area with greatest number of employees based in the building will take on the role. For some locations, a nominated Multi-occupied Building H&S Responsible Person may be required.
- 3.11 **Risk** – Combination and likelihood of an occurrence of a hazardous event and the severity of injury or ill health that can be caused by the event.
- 3.12 **Work related ill health** – Adverse physical or mental condition; must be identifiable and caused or aggravated by a work activity or a work situation.

## Policy content

---

- 4.1 We implement health and safety management systems aimed at legal compliance as a minimum, and take all reasonably practicable steps to ensure that:
  - the health and safety and welfare risks of our employees and third parties are identified and eliminated or reduced to an acceptable level.
  - safe and healthy working environments and equipment are provided and maintained.
- 4.2 We consult with employees and recognised Trade Unions, and encourage their commitment to and engagement in health and safety matters.
- 4.3 We set objectives to continually improve our health and safety management system and performance.
- 4.4 We provide adequate resources to meet our objectives.
- 4.5 We define and communicate the roles and responsibilities for health and safety.
- 4.6 We provide suitable information, instruction, training and supervision.
- 4.7 We have first-aid and emergency response procedures in place to minimise the impact of incidents on our employees and services.
- 4.8 We report, and review all incidents, including occupational ill health and significant 'near misses' to minimise the likelihood of a recurrence.
- 4.9 We regularly review our health and safety performance, including carrying out health and safety audits, to drive continuous improvement and regularly report performance.
- 4.10 We comply with all applicable legal and regulatory requirements, including guidance and approved codes of practice.

## Implementation

---

- 5.1 Implementation will be effective from 3 April, 2017.
- 5.2 This Policy supersedes the Corporate Health and Safety Policy dated 2013.

## **Roles and responsibilities**

---

### **6.1 Council**

- Council has responsibility to ensure adequate funding and resources are provided to effectively implement the Policy.
- Collectively, the role of Elected Members is to support the implementation of the Policy and strategy, and to consider the health and safety and welfare implications of all business decisions referred to them for approval.

### **6.2 Chief Executive**

- Corporate Leadership Team (CLT) member with ultimate responsibility for ensuring health and safety risks are managed effectively;
- Overall responsibility for implementation of the Policy, and has delegated the primary duties to Executive Directors of each Service Area and Heads of Service who are direct reports; and
- The Chief Executive has delegated responsibility for setting the Health and Safety strategy and monitoring performance against the strategy and this Policy to the Council Health and Safety Group.

### **6.3 Corporate Leadership Team**

The Corporate Leadership Team has specific responsibilities for health and safety:

- To demonstrate visible commitment to health and safety and welfare, and promote a low risk tolerance;
- To review the Council's health and safety performance at least annually and after any major incident;
- To ensure the effectiveness of the governance and assurance processes; and
- Be kept informed about any significant health and safety failures and outcomes of the investigation, and direct action where required.

### **6.4 Executive Directors**

- Accountable for implementation and compliance with the Policy across their Service Areas, and areas of responsibility;
- Provide leadership for health and safety and welfare, promoting health and safety proactively throughout their Service Areas, and championing health and safety and welfare initiatives;
- Ensure adequate resources are provided to effectively implement this Policy;
- Ensure H&S roles, responsibilities and accountabilities are communicated, understood and executed in their Service Areas, and areas of responsibility

(including cross-service roles & responsibilities), and are included in personal objectives;

- Ensure effective arrangements for planning, organisation, controlling, monitoring and reviewing preventative and protective measures for health and safety and welfare;
- Require a H&S Plan to deliver the Policy, strategy and objectives;
- Ensure that health and safety training needs analysis is carried out, and is delivered within the timescales, including induction training and refresher training where deemed appropriate;
- Ensure governance processes, and oversight, for H&S are effectively executed in their Service Area;
- Ensure consultation in their Service Areas with employees and Trade Unions, and encourage their commitment to and engagement in health and safety matters;
- Review health and safety performance, on a regular basis and following any major incident, directing action where required;
- Ensure incident escalation arrangements are in place and communicated;
- Oversee the H&S Plan, and action plans to mitigate gaps identified; and
- Assure the CLT that the Policy is fully complied with.

Executive Directors are also responsible for ensuring that their Service Area is represented at the Council Health and Safety Group by a member of their Senior Management Team (SMT) who has full decision making authority on behalf of the Service Area.

## **6.5 Heads of Service**

Responsible for overseeing all aspects of the day-to-day operation of the Policy within areas under their control, to support the Executive Directors and CLT in the execution of their accountabilities for health and safety. Responsible for:

- The H&S Plan to deliver the Policy, strategy and objectives;
- Ensuring health and safety hazards are identified and risks are assessed and eliminated or controlled;
- Ensuring that appropriate health and safety training is provided to management and employees;
- Ensuring that a Building / Site H&S Responsible Person is appointed for all properties under their area of responsibility;
- Ensuring that a Multi-occupied Building H&S Responsible Person is appointed for all multi-occupied properties where their Service Area has the greatest number of employees based in the building; and
- Assuring the Executive Director that the Policy is being complied with.

## **6.6 Head of Property and Facilities Management**

The Head of Property and Facilities Management has overall accountability for non-housing Property related health and safety matters, except for properties managed by third parties on our behalf, and leased properties:

- Responsible for the design, construction, installation, security, maintenance, inspection, decommissioning, demolition and refurbishment of the Council's property portfolio, ensuring compliance with health and safety requirements including statutory obligations;
- Ensure that all persons and contractors engaged in the Council's property portfolio are competent and aware of their responsibilities in relation to health and safety whilst on Council property; and
- Ensure that roles and responsibilities are set out and adhered to in lease and sub-lease agreements, including maintenance and repair obligations.

## **6.7 Head of Place Development**

The Head of Place Development has responsibility for housing Property related health and safety matters:

- Responsible for the design, construction, installation, security, maintenance, inspection, decommissioning, demolition and refurbishment of the Council's Housing portfolio, ensuring compliance with health and safety requirements including statutory obligations;
- Responsible for the provision of information and guidance to occupiers of the Council's housing portfolio to ensure their safety;
- Ensure that all persons and contractors engaged in the Council's housing portfolio are competent and aware of their responsibilities in relation to health and safety whilst on Council property.

## **6.8 Executive Director of Resources**

The Executive Director of Resources reports to the Chief Executive on the development of strategies that support the Policy. In particular, the role has responsibility for:

- Advising CLT on current and future health and safety requirements;
- Ensuring that the Policy, strategy and objectives reflect the Council's business priorities;
- Ensuring that a safety management framework is in place, to enable the appropriate health and safety policies and procedures to be developed, maintained, monitored and reviewed;

- Ensuring that sufficient competent health and safety resources are provided to enable the development of the Policy, strategy, supporting H&S policies, provision of technical advice and management of incidents;
- Ensuring that appropriate general health and safety information and training is provided to management and employees including training to update and refresh;
- Keeping the Chief Executive informed on health and safety performance, and significant incidents and issues;
- Ensuring the Council Risk Management Framework and the Annual Assurance process includes the Policy; and
- Ensuring that the Council policies and supporting mechanisms for managing risk facilitate the management of health and safety risks and identification of non-compliances.

## **6.9 Head of Human Resources**

The Head of Human Resources has responsibility for:

- Ensuring the adequate provision of Occupational Health services, including pre-employment health screening, medicals, vaccinations and health surveillance;
- Ensuring the adequate provision of Employee Assistance support;
- Ensuring that appropriate people policies and procedures are developed, maintained and monitored for work related stress, violence and aggression, driving at work, alcohol and drugs, fatigue and other physiological and psychological stresses;
- Ensuring that mandatory training for employees is defined, communicated and its completion is monitored and reported.

## **6.10 Corporate Health and Safety**

### **6.10.1 Corporate Health and Safety Manager**

- Responsible for defining content of this Policy, and reviewing on an annual basis and after any major incident , and updating as necessary;
- Responsible for defining content of supporting H&S policies, and updating as necessary;
- Responsible for providing guidance, interpretation and materials as required, to help achieve compliance with this Policy;
- Responsible for defining the minimum required compliance information / metrics that should be used to continually evaluate compliance, and reporting onwards appropriately;
- Responsible for maintaining a well-sighted 'opinion' on compliance with the Policy across the Council;
- Responsible for ensuring consultation with employees and their representatives on health and safety matters;

- Be the primary ‘competent person’ for health and safety matters, with authority to engage other competent people as appropriate to ensure appropriate expertise; and
- Be the primary point of contact with external regulatory bodies.

#### 6.10.2 Corporate Health and Safety Advisors

- Supporting and advising the Service Areas and Localities as ‘competent persons’, including provision of H&S training;
- Responsible for monitoring compliance with this Policy by collating compliance information and metrics, and reporting onwards appropriately;
- Responsible for undertaking H&S audits to evaluate compliance with this Policy, and recommending action required to meet the required standards; and
- Responsible for investigating incidents, accidents, injuries, work related ill-health as appropriate, and liability claims, with specialist input where required.

#### 6.11 Building or Site H&S Responsible Person

At building / site level, the ‘H&S Responsible Person’, working under the direction of the Heads of Service, is responsible for overseeing all aspects of the day-to-day operation of the Policy within the areas under their control, and:

- Ensuring all health and safety and welfare risks under their management are identified, assessed and controlled, with specialist input from H&S Advisers and others where required;
- Ensuring that the requirements in this Policy are communicated and followed by all employees and third parties including service users and pupils;
- Ensuring H&S training needs analysis is carried out, and delivered within the timescales, including induction training;
- Ensuring they promote the reporting of all incidents (including ‘near misses’), accidents, injuries and work-related ill-health, and any hazards, damage or defects;
- Ensuring that workplace inspections are carried out each quarter (termly in schools), and that these are documented and required remedial action is acted upon in a timely manner;
- Ensuring that regular documented checks of the premises are carried out and required remedial action is acted upon with appropriate speed of response;
- Ensuring that incident escalation arrangements are in place and communicated;
- Ensuring investigations are carried out for incidents (including ‘near misses’), accidents, injuries and work-related ill-health, and any hazards, damage or defects with specialist input where required, and required remedial action is acted upon with appropriate speed of response; and
- Ensuring that roles and responsibilities are set out for let agreements and out of hours access to Council premises to third parties.



## **6.12 Multi-occupied Building or Multi-occupied Site H&S Responsible Person (in Council Buildings/Sites occupied by multiple Council Service Areas)**

Responsible for the co-ordination and co-operation where required of health, safety and fire responsibilities that cross Service Area boundaries in the building or site, including:

- Fire alarm testing
- Fire / other evacuations
- Fire wardens
- First-aiders
- H&S records (e.g. fire safety, asbestos, water safety, electrical safety, statutory testing of equipment)
- Incident escalation

## **6.13 Line managers**

Responsible for:

- Ensuring that the Policy and supporting policies are understood and followed by their direct reports and others under their control;
- Ensuring that health and safety goals and/or measures are set for direct reports and others under their control;
- Ensuring all health and safety risks under their management are identified, assessed <sup>1</sup>and controlled, with specialist input from H&S Advisers and others including Occupational Health where required. Where the risks cannot be adequately controlled the activity should not proceed;
- Ensuring that all H&S training is conducted for their direct reports and others under their control, and records are maintained; and
- Ensuring adequate supervision and monitoring of their staff to ensure their safety and welfare.
- Investigating incidents (including 'near misses'), accidents and work related ill-health, with specialist input from H&S Advisers and others including Occupational Health where required.

---

<sup>1</sup> Risk Assessments must be reviewed at least annually.

## 6.14 All employees

Responsible for:

- Taking care of their own health and safety and welfare, and that of others who may be affected by their actions or omissions;
- Co-operating with management and following instructions, safe systems and procedures;
- Reporting any hazards, damage or defects immediately to their line manager; and
- Reporting any personal injury and work related ill health, and accident or incident (including 'near misses') immediately to their line manager, and assist with any subsequent investigation, including co-operating fully with the provision of witness statements and any other evidence that may be required.

## 6.15 Third parties

Responsible for:

- Taking care of their own health and safety and others who may be affected by their actions or omissions;
- Co-operating with Council instructions, safe systems and procedures;
- Reporting any hazards, damage or defects immediately to the person in charge; and
- Reporting any personal injury and work related ill health, and accident or incident (including 'near misses') immediately to the person in charge and assist with any subsequent investigation, including co-operating fully with the provision of witness statements and any other evidence that may be required.

## 6.16 Contractor management

It is the responsibility of the Contract Owner within the Service Area / Department to:

- Ensure that contractors have undergone appropriate and robust checks, and are deemed competent and suitable to undertake work for the Council;
- Provide contractors with all necessary information including the Policy and relevant procedures;
- Ensure that contractors have provided the necessary H&S control documents (e.g. H&S risk assessments and method statements);
- Plan, manage, resource and supervise the work, proportionate with the level of risk; and
- Ensure that all contractor personnel co-operate with any incident investigation on the part of the Council, including by the provision of witness evidence.

### **6.17 Council Health and Safety Group**

- Reviews and recommends the Policy, and the Risk Appetite Statement and Tolerances for approval;
- Approves the Council H&S strategy and Council-wide programmes;
- Provides oversight for health and safety across the Council; and
- Monitors H&S performance and compliance with the Policy, directing action where required.

### **6.18 'Council Health and Safety Group' Members specific responsibilities for their Service Area**

Council Health and Safety Group members who represent a Service Area are individually responsible for:

- Promoting visible commitment to the health and safety agenda;
- Leading the implementation of the Policy in their Service Area;
- Incorporating Council Health and Safety strategy, relevant deliverables, KPIs and targets into Service Area Plans;
- Ensuring decisions and actions from the Council Health and Safety Group are cascaded to their SMT;
- Ensuring that their SMT is updated on H&S performance and risks & issues in their Service Area;
- Reporting health and safety performance and risks & issues to the Council Health and Safety Group, on a quarterly basis; and
- Ensuring that the Council Health and Safety Group is provided with all necessary H&S information, to enable it to fulfil its remit.

### **6.19 Employee participation**

The Council recognises the importance of joint consultation with its recognised Trade Unions, and the valuable input of Safety Representatives and the Council Health and Safety Consultation Forum to promote a low risk tolerance for health and safety risk.

The remit of the Council Health and Safety Consultation forum:

- To promote a low tolerance approach to health and safety risks;
- To consider, review and make recommendations to the Corporate Health and Safety Manager and/or Council Health and Safety Group on health and safety matters;
- To assist in the development of Council policy, procedures and guidance on matters relating to health and safety at work; and
- To raise awareness of Council Health and Safety initiatives.

## **Related documents**

---

7.1 Corporate Health and Safety Governance Framework.

## **Equalities impact**

---

8.1 There are no equalities issues arising from this Policy.

## **Sustainability impact**

---

9.1 There are no sustainability issues arising from this Policy.

## **Risk assessment**

---

10.1 The potential impact of failure to manage health and safety and welfare includes: death, injury, ill health, in addition to legal liabilities, regulatory censure, financial losses, business disruption and reputational damage.

## **Review**

---

11.1 In line with the [Council's Policy Framework](#) this policy will be reviewed annually or more frequently if required.

# Corporate Policy and Strategy Committee

10.00am, Tuesday 3 October, 2017

## Council Fire Safety Policy

Item number	7.4
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

---

The new Council Fire Safety Policy ('Policy') is a sub-policy of the Council Health and Safety Policy. It reinforces a commitment to protecting the health and safety and welfare of our employees and third parties. Its main objective is to protect the safety of employees and third parties, and loss of buildings and infrastructure, from risks associated with fire.

The Policy replaces the existing Fire Safety Policy. It takes into account the new structural arrangements, and provides greater clarity on roles and responsibilities for fire safety to ensure that effective fire safety management arrangements are in place for premises and workplaces to which the Council has control to any extent.

## Council Fire Safety Policy

### 1. Recommendations

---

- 1.1 It is recommended that the Council Fire Safety Policy is approved.

### 2. Background

---

- 2.1 The Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006 place a duty on employers to carry out fire risk assessments and identify, implement and monitor the fire safety measures required to protect employees and third parties from the risks associated with fire. This Policy sets out how the Council will comply with the fire legislation.

### 3. Main report

---

- 3.1 The Policy replaces the existing Fire Safety Policy. It takes into account the new structural arrangements and provides greater clarity on roles and responsibilities for fire safety.
- 3.2 The Policy applies to all employees, and third parties who interact with Council services but are not employees.
- 3.3 The Policy Statement sets out the Council's commitment to protect employees and third parties, and loss of buildings and infrastructure, from risks associated with fire.
- 3.4 The Policy content sets out policy requirements for fire safety management that must be met.
- 3.5 The Policy also sets out roles and responsibilities for ensuring effective fire safety management are in place, taking into account the new structural arrangements.
- 3.6 The key changes compared with the existing Fire Safety Policy are as follows:
- 3.6.1 Policy Statement  
The Policy sets out the overall intent and three key objectives: fire safety is a priority, compliance with fire legislation, and partnership working with Scottish Fire and Rescue Services.

### 3.6.2 Policy content

The Policy requirements are broadly similar with the existing Fire Safety Policy, due to there being no legislative changes. The requirements are however more clearly defined, providing greater clarity on the key controls.

### 3.6.3 Roles and responsibilities

The roles and responsibilities in the Policy reflect those set out in the new Council Health and Safety Policy, and in turn reflect the new Council structure. Greater clarity is set out for key roles, including those with responsibilities within Property and Facilities Management.

- 3.7 The Policy has been subject to external independent review by Gallagher and Bassett, the Council's provider for claims management.

## 4. Measures of success

---

- 4.1 Measures of success include improved and effective arrangements for fire safety management, resulting in fewer fire-related incidents and improved inspection reports from the Scottish Fire and Rescue Services. In addition, the increased clarity on roles and responsibilities will ensure that everyone knows their responsibilities in relation to fire safety.

## 5. Financial impact

---

- 5.1 The proposed responsibilities will impact on staff resources in Property and Facilities Management. The cost of this impact is estimated to be £50,000 per annum for one additional professionally qualified Fire Officer. This cost cannot be absorbed within the existing budget.

## 6. Risk, policy, compliance and governance impact

---

- 6.1 Fire disasters can result in fatality, serious injury and ill health, and are also associated with a negative impact on mental and physical health of victims, their families, and professional and voluntary responders to the disasters.
- 6.2 The potential impact of failure to manage fire safety also includes: legal liabilities, regulatory censure, financial losses, business disruption, and reputational damage.
- 6.3 Damage to buildings and artefacts of historical interest may also result from failure to manage fire safety.

## **7. Equalities impact**

---

7.1 There are no equalities issues arising from this Policy.

## **8. Sustainability impact**

---

8.1 There are no sustainability issues arising from this Policy.

## **9. Consultation and engagement**

---

9.1 Consultation and engagement has taken place with Trade Unions.

9.2 Consultation and engagement has taken place with key role holders, and with stakeholders in the services areas.

## **10. Background reading/external references**

---

10.1 N/A.

### **Stephen S. Moir**

Executive Director of Resources

Contact: Susan N Tannahill, Council Health and Safety Manager

E-mail: [susan.tannahill@edinburgh.gov.uk](mailto:susan.tannahill@edinburgh.gov.uk) | Tel: 0131 553 8336

## **11. Appendices**

---

Appendix 1 – Council Fire Safety Policy

Appendix 2 – Council Health and Safety Policy



# Council Fire Safety Policy

**Implementation date: 1 November, 2017**

## Control schedule

<b>Approved by</b>	
<b>Approval date</b>	
<b>Senior Responsible Officer</b>	Susan N Tannahill
<b>Author</b>	Susan N Tannahill
<b>Scheduled for review</b>	October, 2018

<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Comment</b>
0.1		Susan N Tannahill	The existing Fire Safety Policy will be superseded.

<b>Date</b>	<b>Committee</b>	<b>Link to report</b>	<b>Link to minute</b>

# Council Fire Safety Policy

## Policy statement

---

- 1.1 As set out in the Council Health and Safety Policy, we take all reasonable steps to protect the health and safety and welfare of our employees and third parties.
- 1.2 We recognise that fire poses a major risk to the lives of our employees, and third parties including members of the public, contractors, service users, and pupils.
- 1.3 The loss of buildings and infrastructure due to fire also poses significant risks to the Council's ability to deliver services and functions.
- 1.4 The main objective of this Policy, which is a sub-Policy of the Council Health and Safety Policy, is to protect the safety of our employees and third parties, and loss of buildings and infrastructure, from risks associated with fire. Accordingly, we will implement a fire safety management system to ensure that:
  - fire safety is a priority in all premises under our control
  - we comply with fire legislation
  - we work in partnership with the Scottish Fire and Rescue Service.
- 1.5 This Policy should be made available to all persons working under the control of the Council and made available to interested parties on request, and those with specific responsibilities must familiarise themselves with the contents of this Policy.

## Scope

---

- 2.1 The Council Fire Safety Policy applies to all Council premises and workplaces, and all employees. It extends to third parties who interact with Council services but are not employees such as members of the public, contractors and service users.
- 2.2 Public event fire safety is provided for by the Events Planning and Operations Group Process.

## Definitions

---

- 3.1 **Building or Site H&S Responsible Person** - Building or Site H&S Responsible Person is allocated to the most senior role holder in the building or site, e.g. Head Teacher, Care Home Manager, Depot Manager. For some locations, a nominated Building or Site H&S Responsible Person may be required.

- 3.2 Contractor** – Person or business that provides goods or services to an organisation and who is not an employee of that organisation.
- 3.3 Dangerous Substance** – dangerous substances are any substances that could, if not properly controlled, cause harm to people because of a fire or explosion or corrosion of metal. They can be found in most premises and include solvents, paints, varnishes, flammable gases such as liquid petroleum gas (LPG), dusts from machining and sanding operations, dusts from foodstuffs, pressurised gases, and substances corrosive to metal.
- 3.4 Duty Holder** – the fire legislation places a duty on those responsible for fire safety to carry out a fire risk assessment. These people are defined in the Fire (Scotland) Act 2005 as ‘Duty Holders’. A Duty Holder is anyone who has control, to any extent, of any premises.
- 3.5 Fire Legislation** – relates to the Fire (Scotland) Act 2005 and the Fire Safety (Scotland) Regulations 2006.
- 3.6 Fire Safety Measures** – the Fire Safety Measures are listed in Schedule 2 to the Fire (Scotland) Act 2005. These are:
- measures to reduce the risk of fire in premises, and the risk of the spread of fire there;
  - measures in relation to the means of escape from premises;
  - measures for securing that, at all material times, the means of escape from premises can be safely and effectively used;
  - measures in relation to the means of fighting fires in premises;
  - measures in relation to the means of detecting fires in premises, and giving warning in the event of fire, or suspected fire; and
  - measures in relation to the arrangements for action to be taken in the event of fire in premises (including, measures for the instruction and training of employees and for mitigation of the effects of fire).
- 3.7 Fire Warden** – a designated role to a) assist in the prevention of fires, and b) aid with an emergency evacuation in the event of a fire.
- 3.8 Multi-occupied Building H&S Responsible Person** – Corporate Property and Facilities Management will take responsibility for the Multi-Occupied Building H&S Responsible Person for designated buildings as follows: Lothian Chambers, City Chambers, Waverley Court, and Parliament Square. In addition, they will take on this role for the Central Library.

For all other multi-occupied buildings, the most senior role holder in the building in the Service Area with greatest number of employees based in the building will

take on the role. For some locations, a nominated Multi-Occupied Building H&S Responsible Person may be required.

**3.9 Senior Fire Co-ordinator** – a designated role held by the Building or Site H&S Responsible Person.

## **Policy content**

---

- 4.1 We implement a fire safety management system aimed at ensuring, so far as is reasonably practicable, the safety of our employees, and others in respect of harm caused by fire.
- 4.2 We carry out an assessment in each of our premises, where we have control to any extent, to identify risks to the safety of our employees, and others from fire, and eliminate or reduce the risk to an acceptable level, taking account of the general principles of prevention within the fire legislation.
- 4.3 In eliminating or reducing the risk to an acceptable level, we provide appropriate Fire Safety Measures as are necessary to enable the Council to ensure the safety of employees and others.
- 4.4 We implement appropriate fire safety arrangements for the effective planning, organisation, control, monitoring, and review of the fire safety measures.
- 4.5 We implement appropriate measures in common areas of Council housing for the protection of fire fighters.
- 4.6 In each of the premises where we have control to any extent, we establish Emergency Evacuation Plans (including Personal Emergency Evacuation Plans) to ensure that in the event of serious or imminent danger from fire, or emergency involving a dangerous substance, an appropriate response is effected to ensure the safety of employees and others.
- 4.7 We implement a training programme for all our employees, and others where appropriate, to raise awareness of the hazards and risks of fire, and what actions are to be taken on discovering a fire or hearing the fire warning signal.
- 4.8 We will ensure that any facilities, equipment, and devices provided in respect of our fire safety management system, is subject to a suitable system of maintenance.
- 4.9 We review our fire safety management system on at least an annual frequency. We review our risk assessments using a risk based approach.
- 4.10 We carry out health and safety audits, including fire safety measures, of our premises using a risk based approach.

- 4.11 We have a Fire Safety Standing Group with a remit to continuously monitor and review this Policy and its supporting Procedures to ensure fire safety is managed effectively.

## **Implementation**

---

5.1 Implementation will be effective from 1 November, 2017.

5.2 This Policy supersedes the Fire Safety Policy dated 2009.

## **Roles and responsibilities**

---

6.1 Health and safety roles and responsibilities are set out in the Council Health and Safety Policy. Roles and responsibilities relating specifically to this Policy are set out below.

### **6.2 Heads of Service**

Responsibility for ensuring that a fire safety management system is implemented and, fire safety arrangements for the effective planning, organisation, control, monitoring, and review of the fire safety measures are implemented for premises and workplaces to which they have control to any extent.

### **6.3 Head of Property and Facilities Management**

Responsibility for ensuring that a structured fire safety improvement programme is developed and delivered for premises and workplaces in the Corporate estate.

### **6.4 Building or Site H&S Responsible Person**

At building/site level, the duty holder, working under the direction of the Heads of Service, is responsible for overseeing all aspects of the day-to-day operation of the Policy within the areas under their control, and:

- Ensuring a fire risk assessment has been completed and is reviewed periodically, and at least once per year;
- Ensuring that any discrepancies in the fire safety measures, identified as a result of the fire risk assessment, are prioritised using a risk based approach, and actioned within a reasonable timescale;
- Ensuring that a suitable number of Fire Wardens are appointed and suitably trained, and debriefed on the fire safety measures for the building or site. Sufficient numbers of Fire Wardens must be appointed to cover shift patterns, periods of leave and sickness etc.

- Ensuring that all employees and other occupants participate in planned fire drills at least annually; and a documented review is carried out to identify areas for improvement and that these areas are actioned within a reasonable timescale;
- Ensuring that workplace inspections are carried out each quarter (termly in schools), and that these are documented and the required remedial action is acted upon;
- Ensuring that all fire related incidents are fully investigated and lessons learned to prevent a recurrence;
- Ensuring that the Emergency Evacuation Plan is appropriate and exercised to ensure it is current;
- Ensuring that Personal Emergency Evacuation Plans (PEEP) are in place for individuals who may not be able to reach the ultimate place of safety within a satisfactory period in the event of an emergency evacuation;
- Ensuring that all facilities, equipment, and devices provided in respect of the fire safety management system, are subject to a suitable system of inspection, testing and maintenance.
- In the event of an emergency evacuation, will take on the role of Senior Fire Co-ordinator to co-ordinate evacuations until a safe conclusion is reached or until the Fire and Rescue Service has arrived. In addition, will liaise with the Fire and Rescue Services on their arrival.
- In multiple occupancy buildings, responsible for the co-ordination and co-operation of fire safety arrangements between occupiers.
- Ensuring that information on fire safety measures including Emergency Evacuation arrangements are provided for out of hours access to Council premises to third parties.

#### **6.5 Multi-occupied Building or Multi-occupied Site H&S Responsible Person (Council Buildings/Sites occupied by multiple Council Service Areas)**

Responsible for the co-ordination and co-operation where required of health, safety and fire responsibilities that cross Service Area boundaries in the building or site, including:

- Inspection, testing and maintenance of fire safety measures
- Planned fire drills
- Emergency evacuations
- Fire wardens
- Fire safety records
- Incident escalation

## **6.6 Fire Wardens**

- In the event of a fire, fire wardens are responsible for ensuring their areas are evacuated. Fire wardens must report that their area is clear to the Fire Co-ordinator for the building/site.
- Fire wardens must react immediately, ensuring that people leave the building or site. A systematic sweep of the building or site must be carried out and should include:
  - A check of all accessible areas to occupants, including toilets
  - Closure of all windows and doors to prevent the spread of a fire
- To ensure Fire Wardens are competent in carrying out their duties, they must attend relevant training and briefing sessions.

## **6.7 Fire and Accessibility Officer(s)**

The Fire and Accessibility Officer advises on fire safety for operational non-housing premises and workplaces, and is responsible for:

- Supporting the development and delivery of a structured fire safety improvement programme to assist in ensuring that the Council meet its legal requirements;
- Liaising with Corporate Property and Facilities Management, and other departments, to assist in developing and delivering compliance and improvement projects for the Corporate estate;
- Undertaking fire safety surveys to identify non-compliances, and recommend improvement works to ensure statutory compliance;
- Developing a prioritised annual programme of remedial and improvement works across the Corporate estate;
- Maintaining a database on fire safety information in relation to fire protection in buildings, including details of inspections and findings from the Scottish Fire and Rescue Service.
- Assist in raising awareness on fire risks across the Council.

## **6.8 Corporate Health and Safety Manager**

The Corporate Health and Safety Manager is responsible for:

- Defining the content of this Policy and reviewing on an annual basis and after any major incident, and updating as necessary;

- Providing guidance, interpretation and materials as required, to help achieve compliance with this Policy;
- Ensuring all notifiable fire-related incidents are reported to the Health and Safety Executive;
- Providing fire safety training, as part of the corporate health and safety training schedule;
- Responsible for maintaining a well-sighted 'opinion' on compliance with the Policy across the Council;
- Ensuring consultation with employees and their representatives on health and safety matters, including fire safety.

### **6.9 Line Managers**

Responsible for:

- Ensuring that the Policy is communicated, understood and followed by their direct reports and others under their control;
- Ensuring that appropriate fire safety training is conducted for their direct reports and others under their control, and records are maintained;

### **6.10 Employees**

Responsible for:

- Ensuring that individual activities do not contribute to fire risk and are in accordance with the requirements of this Policy;
- Taking reasonable care for the safety in respect of harm caused by fire of themselves and others who may be affected by acts or omissions of the employee; and
- Co-operating as is necessary for the purpose of enabling the Council to comply with the requirements set out in this Policy, including participating in fire drills.

### **6.11 Contract Management**

It is the responsibility of the Contract Owner within the Service Area / Department to:

- Ensure that contractors who may introduce ignition sources, or carry out work in areas that may materially affect any of the fire safety measures, are managed and supervised as appropriate; and



- Provide contractors with all necessary information including this Policy and relevant fire safety information including emergency procedures.

## **Related documents**

---

- 7.1 Council Health and Safety Policy.
- 7.2 Fire (Scotland) Act 2005.
- 7.3 Fire Safety (Scotland) Regulations 2006.

## **Equalities impact**

---

- 8.1 There are no equalities issues arising from this Policy.

## **Sustainability impact**

---

- 9.1 There are no sustainability issues arising from this Policy.

## **Risk assessment**

---

- 10.1 Fire disasters can result in fatality, serious injury and ill health, and are also associated with a negative impact on mental and physical health of victims, their families, and professional and voluntary responders to the disasters. The effects can be delayed and can persist over several years.
- 10.2 The potential impact of failure to manage fire safety also includes: legal liabilities, regulatory censure, financial losses, business disruption, and reputational damage.
- 10.3 Damage to buildings and artefacts of historical interest may also result from failure to manage fire safety.

## **Review**

---

- 11.1 In line with the Council's Policy Framework, this Policy will be reviewed annually or more frequently if required.
- 11.2 The Policy will be reviewed once the findings from the Grenfall Fire Inquiry are available.

# Council Health and Safety Policy

**Implementation date: 3 April 2017**

## Control schedule

<b>Approved by</b>	Corporate Policy and Strategy Committee
<b>Approval date</b>	28 March 2017
<b>Senior Responsible Officer</b>	Susan N Tannahill
<b>Author</b>	Susan N Tannahill
<b>Scheduled for review</b>	April 2018

## Version control

Version	Date	Author	Comment
0.1	28 March, 2017	Susan N Tannahill	The existing Corporate Health and Safety Policy will be superseded.

## Committee decisions affecting this policy

Date	Committee	Link to report	Link to minute
28 March 2017	Corporate Policy and Strategy Committee	<a href="#">Council Health and Safety Policy</a>	

## Policy statement

---

- 1.1 Protecting the health and safety and welfare of our employees, and our third parties including members of the public, contractors, service users and pupils, is the starting point to delivering a thriving, sustainable capital city.
- 1.2 Accordingly, we will manage health and safety and welfare in a way that:
  - takes all reasonable steps to protect the health and safety and welfare of our employees and third parties;
  - demonstrates our commitment to continually improve health and safety performance;
  - complies with health and safety statutory and regulatory requirements, and all relevant approved codes of practice and guidance.
- 1.3 This Policy should be made available to all persons working under the control of the Council and made available to interested parties on request.

## Scope

---

- 2.1 The Council Health and Safety Policy ('Policy') applies to all employees. In addition, the Policy extends to third parties who interact with Council services but are not employees such as members of the public, contractors and service users.
- 2.2 The safety of adult residents in receipt of care is provided for by the Clinical and Care Governance framework.
- 2.3 Public event safety is provided for by the Events Planning and Operations Group Process.

## Definitions

---

- 3.1 **Accident** – An accident is a type of incident. It is a work-related event during which injury, ill health or fatality actually occurs.
- 3.2 **Adequate controls** – Controls deemed to be suitable and sufficient by a 'competent' person.
- 3.3 **Audit** – An audit is an evidence gathering process. Audit evidence is used to evaluate how well audit criteria are being met. Audits must be objective and independent, and the audit process must be both systematic and documented.

- 3.4 **Building or Site H&S Responsible Person** – Building or Site H&S Responsible Person is allocated to the most senior role holder in building, e.g. Head Teacher, Care Home Manager, Depot Manager. For some locations, a nominated Building or Site H&S Responsible Person may be required.
- 3.5 **Competent person** – A competent person is someone with the necessary skills, knowledge and experience in relation to hazard identification, risk assessment and the determination of necessary controls, and includes knowledge of legal and regulatory requirements.
- 3.6 **Contractor** – Person or business that provides goods or services to an organisation and who is not an employee of that organisation.
- 3.7 **Enforcement Action** – Enforcement action includes action taken by enforcing authorities, including:
- a) Issuing of an advisory / warning letter
  - b) Serving of Notices
  - c) Prosecution
- 3.8 **Incident** – Work-related event in which an injury, ill health or fatality occurred, or could have occurred.
- 3.9 **Near miss** – A type of incident which injury, ill health or fatality could have occurred, but did not actually occur.
- 3.10 **Multi-occupied Building H&S Responsible Person** – Corporate Property and Facilities Management will take responsibility for the Multi-occupied Building H&S Responsible Person for designated buildings as follows: Lothian Chambers, City Chambers, Waverley Court, and Parliament Square. In addition, they will take on this role for the Central Library.
- For all other multi-occupied buildings, the most senior role holder in the building in the Service Area with greatest number of employees based in the building will take on the role. For some locations, a nominated Multi-occupied Building H&S Responsible Person may be required.
- 3.11 **Risk** – Combination and likelihood of an occurrence of a hazardous event and the severity of injury or ill health that can be caused by the event.
- 3.12 **Work related ill health** – Adverse physical or mental condition; must be identifiable and caused or aggravated by a work activity or a work situation.

## Policy content

---

- 4.1 We implement health and safety management systems aimed at legal compliance as a minimum, and take all reasonably practicable steps to ensure that:
  - the health and safety and welfare risks of our employees and third parties are identified and eliminated or reduced to an acceptable level.
  - safe and healthy working environments and equipment are provided and maintained.
- 4.2 We consult with employees and recognised Trade Unions, and encourage their commitment to and engagement in health and safety matters.
- 4.3 We set objectives to continually improve our health and safety management system and performance.
- 4.4 We provide adequate resources to meet our objectives.
- 4.5 We define and communicate the roles and responsibilities for health and safety.
- 4.6 We provide suitable information, instruction, training and supervision.
- 4.7 We have first-aid and emergency response procedures in place to minimise the impact of incidents on our employees and services.
- 4.8 We report, and review all incidents, including occupational ill health and significant 'near misses' to minimise the likelihood of a recurrence.
- 4.9 We regularly review our health and safety performance, including carrying out health and safety audits, to drive continuous improvement and regularly report performance.
- 4.10 We comply with all applicable legal and regulatory requirements, including guidance and approved codes of practice.

## Implementation

---

- 5.1 Implementation will be effective from 3 April, 2017.
- 5.2 This Policy supersedes the Corporate Health and Safety Policy dated 2013.

## **Roles and responsibilities**

---

### **6.1 Council**

- Council has responsibility to ensure adequate funding and resources are provided to effectively implement the Policy.
- Collectively, the role of Elected Members is to support the implementation of the Policy and strategy, and to consider the health and safety and welfare implications of all business decisions referred to them for approval.

### **6.2 Chief Executive**

- Corporate Leadership Team (CLT) member with ultimate responsibility for ensuring health and safety risks are managed effectively;
- Overall responsibility for implementation of the Policy, and has delegated the primary duties to Executive Directors of each Service Area and Heads of Service who are direct reports; and
- The Chief Executive has delegated responsibility for setting the Health and Safety strategy and monitoring performance against the strategy and this Policy to the Council Health and Safety Group.

### **6.3 Corporate Leadership Team**

The Corporate Leadership Team has specific responsibilities for health and safety:

- To demonstrate visible commitment to health and safety and welfare, and promote a low risk tolerance;
- To review the Council's health and safety performance at least annually and after any major incident;
- To ensure the effectiveness of the governance and assurance processes; and
- Be kept informed about any significant health and safety failures and outcomes of the investigation, and direct action where required.

### **6.4 Executive Directors**

- Accountable for implementation and compliance with the Policy across their Service Areas, and areas of responsibility;
- Provide leadership for health and safety and welfare, promoting health and safety proactively throughout their Service Areas, and championing health and safety and welfare initiatives;
- Ensure adequate resources are provided to effectively implement this Policy;
- Ensure H&S roles, responsibilities and accountabilities are communicated, understood and executed in their Service Areas, and areas of responsibility

(including cross-service roles & responsibilities), and are included in personal objectives;

- Ensure effective arrangements for planning, organisation, controlling, monitoring and reviewing preventative and protective measures for health and safety and welfare;
- Require a H&S Plan to deliver the Policy, strategy and objectives;
- Ensure that health and safety training needs analysis is carried out, and is delivered within the timescales, including induction training and refresher training where deemed appropriate;
- Ensure governance processes, and oversight, for H&S are effectively executed in their Service Area;
- Ensure consultation in their Service Areas with employees and Trade Unions, and encourage their commitment to and engagement in health and safety matters;
- Review health and safety performance, on a regular basis and following any major incident, directing action where required;
- Ensure incident escalation arrangements are in place and communicated;
- Oversee the H&S Plan, and action plans to mitigate gaps identified; and
- Assure the CLT that the Policy is fully complied with.

Executive Directors are also responsible for ensuring that their Service Area is represented at the Council Health and Safety Group by a member of their Senior Management Team (SMT) who has full decision making authority on behalf of the Service Area.

## **6.5 Heads of Service**

Responsible for overseeing all aspects of the day-to-day operation of the Policy within areas under their control, to support the Executive Directors and CLT in the execution of their accountabilities for health and safety. Responsible for:

- The H&S Plan to deliver the Policy, strategy and objectives;
- Ensuring health and safety hazards are identified and risks are assessed and eliminated or controlled;
- Ensuring that appropriate health and safety training is provided to management and employees;
- Ensuring that a Building / Site H&S Responsible Person is appointed for all properties under their area of responsibility;
- Ensuring that a Multi-occupied Building H&S Responsible Person is appointed for all multi-occupied properties where their Service Area has the greatest number of employees based in the building; and
- Assuring the Executive Director that the Policy is being complied with.

## **6.6 Head of Property and Facilities Management**

The Head of Property and Facilities Management has overall accountability for non-housing Property related health and safety matters, except for properties managed by third parties on our behalf, and leased properties:

- Responsible for the design, construction, installation, security, maintenance, inspection, decommissioning, demolition and refurbishment of the Council's property portfolio, ensuring compliance with health and safety requirements including statutory obligations;
- Ensure that all persons and contractors engaged in the Council's property portfolio are competent and aware of their responsibilities in relation to health and safety whilst on Council property; and
- Ensure that roles and responsibilities are set out and adhered to in lease and sub-lease agreements, including maintenance and repair obligations.

## **6.7 Head of Place Development**

The Head of Place Development has responsibility for housing Property related health and safety matters:

- Responsible for the design, construction, installation, security, maintenance, inspection, decommissioning, demolition and refurbishment of the Council's Housing portfolio, ensuring compliance with health and safety requirements including statutory obligations;
- Responsible for the provision of information and guidance to occupiers of the Council's housing portfolio to ensure their safety;
- Ensure that all persons and contractors engaged in the Council's housing portfolio are competent and aware of their responsibilities in relation to health and safety whilst on Council property.

## **6.8 Executive Director of Resources**

The Executive Director of Resources reports to the Chief Executive on the development of strategies that support the Policy. In particular, the role has responsibility for:

- Advising CLT on current and future health and safety requirements;
- Ensuring that the Policy, strategy and objectives reflect the Council's business priorities;
- Ensuring that a safety management framework is in place, to enable the appropriate health and safety policies and procedures to be developed, maintained, monitored and reviewed;



- Ensuring that sufficient competent health and safety resources are provided to enable the development of the Policy, strategy, supporting H&S policies, provision of technical advice and management of incidents;
- Ensuring that appropriate general health and safety information and training is provided to management and employees including training to update and refresh;
- Keeping the Chief Executive informed on health and safety performance, and significant incidents and issues;
- Ensuring the Council Risk Management Framework and the Annual Assurance process includes the Policy; and
- Ensuring that the Council policies and supporting mechanisms for managing risk facilitate the management of health and safety risks and identification of non-compliances.

## **6.9 Head of Human Resources**

The Head of Human Resources has responsibility for:

- Ensuring the adequate provision of Occupational Health services, including pre-employment health screening, medicals, vaccinations and health surveillance;
- Ensuring the adequate provision of Employee Assistance support;
- Ensuring that appropriate people policies and procedures are developed, maintained and monitored for work related stress, violence and aggression, driving at work, alcohol and drugs, fatigue and other physiological and psychological stresses;
- Ensuring that mandatory training for employees is defined, communicated and its completion is monitored and reported.

## **6.10 Corporate Health and Safety**

### **6.10.1 Corporate Health and Safety Manager**

- Responsible for defining content of this Policy, and reviewing on an annual basis and after any major incident , and updating as necessary;
- Responsible for defining content of supporting H&S policies, and updating as necessary;
- Responsible for providing guidance, interpretation and materials as required, to help achieve compliance with this Policy;
- Responsible for defining the minimum required compliance information / metrics that should be used to continually evaluate compliance, and reporting onwards appropriately;
- Responsible for maintaining a well-sighted 'opinion' on compliance with the Policy across the Council;
- Responsible for ensuring consultation with employees and their representatives on health and safety matters;

- Be the primary 'competent person' for health and safety matters, with authority to engage other competent people as appropriate to ensure appropriate expertise; and
- Be the primary point of contact with external regulatory bodies.

#### 6.10.2 Corporate Health and Safety Advisors

- Supporting and advising the Service Areas and Localities as 'competent persons', including provision of H&S training;
- Responsible for monitoring compliance with this Policy by collating compliance information and metrics, and reporting onwards appropriately;
- Responsible for undertaking H&S audits to evaluate compliance with this Policy, and recommending action required to meet the required standards; and
- Responsible for investigating incidents, accidents, injuries, work related ill-health as appropriate, and liability claims, with specialist input where required.

#### 6.11 Building or Site H&S Responsible Person

At building / site level, the 'H&S Responsible Person', working under the direction of the Heads of Service, is responsible for overseeing all aspects of the day-to-day operation of the Policy within the areas under their control, and:

- Ensuring all health and safety and welfare risks under their management are identified, assessed and controlled, with specialist input from H&S Advisers and others where required;
- Ensuring that the requirements in this Policy are communicated and followed by all employees and third parties including service users and pupils;
- Ensuring H&S training needs analysis is carried out, and delivered within the timescales, including induction training;
- Ensuring they promote the reporting of all incidents (including 'near misses'), accidents, injuries and work-related ill-health, and any hazards, damage or defects;
- Ensuring that workplace inspections are carried out each quarter (termly in schools), and that these are documented and required remedial action is acted upon in a timely manner;
- Ensuring that regular documented checks of the premises are carried out and required remedial action is acted upon with appropriate speed of response;
- Ensuring that incident escalation arrangements are in place and communicated;
- Ensuring investigations are carried out for incidents (including 'near misses'), accidents, injuries and work-related ill-health, and any hazards, damage or defects with specialist input where required, and required remedial action is acted upon with appropriate speed of response; and
- Ensuring that roles and responsibilities are set out for let agreements and out of hours access to Council premises to third parties.

## **6.12 Multi-occupied Building or Multi-occupied Site H&S Responsible Person (in Council Buildings/Sites occupied by multiple Council Service Areas)**

Responsible for the co-ordination and co-operation where required of health, safety and fire responsibilities that cross Service Area boundaries in the building or site, including:

- Fire alarm testing
- Fire / other evacuations
- Fire wardens
- First-aiders
- H&S records (e.g. fire safety, asbestos, water safety, electrical safety, statutory testing of equipment)
- Incident escalation

## **6.13 Line managers**

Responsible for:

- Ensuring that the Policy and supporting policies are understood and followed by their direct reports and others under their control;
- Ensuring that health and safety goals and/or measures are set for direct reports and others under their control;
- Ensuring all health and safety risks under their management are identified, assessed <sup>1</sup>and controlled, with specialist input from H&S Advisers and others including Occupational Health where required. Where the risks cannot be adequately controlled the activity should not proceed;
- Ensuring that all H&S training is conducted for their direct reports and others under their control, and records are maintained; and
- Ensuring adequate supervision and monitoring of their staff to ensure their safety and welfare.
- Investigating incidents (including 'near misses'), accidents and work related ill-health, with specialist input from H&S Advisers and others including Occupational Health where required.

---

<sup>1</sup> Risk Assessments must be reviewed at least annually.

#### **6.14 All employees**

Responsible for:

- Taking care of their own health and safety and welfare, and that of others who may be affected by their actions or omissions;
- Co-operating with management and following instructions, safe systems and procedures;
- Reporting any hazards, damage or defects immediately to their line manager; and
- Reporting any personal injury and work related ill health, and accident or incident (including 'near misses') immediately to their line manager, and assist with any subsequent investigation, including co-operating fully with the provision of witness statements and any other evidence that may be required.

#### **6.15 Third parties**

Responsible for:

- Taking care of their own health and safety and others who may be affected by their actions or omissions;
- Co-operating with Council instructions, safe systems and procedures;
- Reporting any hazards, damage or defects immediately to the person in charge; and
- Reporting any personal injury and work related ill health, and accident or incident (including 'near misses') immediately to the person in charge and assist with any subsequent investigation, including co-operating fully with the provision of witness statements and any other evidence that may be required.

#### **6.16 Contractor management**

It is the responsibility of the Contract Owner within the Service Area / Department to:

- Ensure that contractors have undergone appropriate and robust checks, and are deemed competent and suitable to undertake work for the Council;
- Provide contractors with all necessary information including the Policy and relevant procedures;
- Ensure that contractors have provided the necessary H&S control documents (e.g. H&S risk assessments and method statements);
- Plan, manage, resource and supervise the work, proportionate with the level of risk; and
- Ensure that all contractor personnel co-operate with any incident investigation on the part of the Council, including by the provision of witness evidence.

### **6.17 Council Health and Safety Group**

- Reviews and recommends the Policy, and the Risk Appetite Statement and Tolerances for approval;
- Approves the Council H&S strategy and Council-wide programmes;
- Provides oversight for health and safety across the Council; and
- Monitors H&S performance and compliance with the Policy, directing action where required.

### **6.18 'Council Health and Safety Group' Members specific responsibilities for their Service Area**

Council Health and Safety Group members who represent a Service Area are individually responsible for:

- Promoting visible commitment to the health and safety agenda;
- Leading the implementation of the Policy in their Service Area;
- Incorporating Council Health and Safety strategy, relevant deliverables, KPIs and targets into Service Area Plans;
- Ensuring decisions and actions from the Council Health and Safety Group are cascaded to their SMT;
- Ensuring that their SMT is updated on H&S performance and risks & issues in their Service Area;
- Reporting health and safety performance and risks & issues to the Council Health and Safety Group, on a quarterly basis; and
- Ensuring that the Council Health and Safety Group is provided with all necessary H&S information, to enable it to fulfil its remit.

### **6.19 Employee participation**

The Council recognises the importance of joint consultation with its recognised Trade Unions, and the valuable input of Safety Representatives and the Council Health and Safety Consultation Forum to promote a low risk tolerance for health and safety risk.

The remit of the Council Health and Safety Consultation forum:

- To promote a low tolerance approach to health and safety risks;
- To consider, review and make recommendations to the Corporate Health and Safety Manager and/or Council Health and Safety Group on health and safety matters;
- To assist in the development of Council policy, procedures and guidance on matters relating to health and safety at work; and
- To raise awareness of Council Health and Safety initiatives.

## **Related documents**

---

7.1 Corporate Health and Safety Governance Framework.

## **Equalities impact**

---

8.1 There are no equalities issues arising from this Policy.

## **Sustainability impact**

---

9.1 There are no sustainability issues arising from this Policy.

## **Risk assessment**

---

10.1 The potential impact of failure to manage health and safety and welfare includes: death, injury, ill health, in addition to legal liabilities, regulatory censure, financial losses, business disruption and reputational damage.

## **Review**

---

11.1 In line with the [Council's Policy Framework](#) this policy will be reviewed annually or more frequently if required.

# Corporate Policy and Strategy Committee

10.00am, Tuesday, 3 October 2017

## Inspection of Older People's Services Progress Report

Item number	7.5
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

---

1. The Care Inspectorate and Health Improvement Scotland's carried out a joint inspection of older people's services in Edinburgh in the autumn of 2016, and their report was published in the spring of this year. The report set out 17 recommendations for improvement.
2. This report updates the members on the Health and Social Care Partnership's progress in responding to the 17 recommendations and outlines the commitment to review the original action plan to ensure activity is prioritised appropriately and realistically.

## Inspection of Older People's Services Progress Report

### 1. Recommendations

---

- 1.1 Corporate Policy and Strategy Committee is recommended to:
- a) note actions taken to date in responding to the inspection's recommendations, as set out in Appendix 1; and
  - b) note the Health and Social Care Partnership's intention to review the associated action plan and report back on priorities and timescales.

### 2. Background

---

- 2.1 The Care Inspectorate and Health Improvement Scotland's inspection report highlighted significant challenges and areas for improvement, which were accepted by the Partnership. These challenges include:
- a higher than expected use of residential and nursing home placements
  - under provision of and difficulty in accessing care at home
  - under developed early intervention, preventative services and local community support
- 2.2 a long-standing culture of delays in undertaking assessments, delivering services to meet assessed need and in reviewing support plans.
- 2.3 The inspection report made 17 recommendations for improvement and the Partnership developed a comprehensive action plan in response. Appendix 1 sets out progress made via the action plan against the 17 recommendations.
- 2.4 Improvements relating to services for older people cannot be progressed in isolation from other critical work required by the Partnership on behalf of the Edinburgh Integration Joint Board (EIJB, in particular in relation to financial sustainability, performance and quality. The Partnership is in the process of reviewing the original action plan to ensure that actions are prioritised` appropriately and that these will address not only the issues raised by the inspection, but also those identified by the Partnership more generally.



- 2.5 A revised action plan will be presented to the EIJB at a future date for consideration, and this will also be presented to Corporate Policy and Strategy Committee for scrutiny.

### **3. Main report**

---

- 3.1 Detailed in Appendix 1.

### **4. Measures of success**

---

- 4.1 The Partnership, through the completion of the improvement plan as well as other remedial work, will improve upon its current level of self-evaluation. Through robust self-evaluation, the Partnership will continually and on a sustained basis be aware of areas of strength as well as areas for improvement.
- 4.2 The above self-evaluation on the part of the Partnership, will provide assurance to the care inspectorate that the Partnership is fully aware of its service delivery strengths and weaknesses.

### **5. Financial impact**

---

- 5.1 Current waiting times for assessment, review and service delivery are unacceptably long and the associated risks are not adequately mitigated.
- 5.2 The Partnership is tasked with addressing these delays in 2017 and maintaining the system in a steady state thereafter. A series of actions required to support delivery have been identified, but are likely to require additional resources. Before these can be quantified, it is important that the Partnership can demonstrate all possible efficiencies.
- 5.3 Precise identification of additional costs requires further testing and will be the subject of future reports to the EIJB.

### **6. Risk, policy, compliance and governance impact**

---

- 6.1 Ensuring that older people are safe and protected from harm is a key responsibility of the Health and Social Care Partnership. The Care Inspectorate's report has raised concerns about the extent to which older people are protected effectively in Edinburgh. The risks of not having a robust action plan to address the recommendations include:
- individual risk to wellbeing and safety
  - inability to deliver the key priorities within the EIJB's Strategic Plan
  - ineffective and inefficient service delivery

- financial inefficiency and loss
- reputational damage to the EIJB, NHS Lothian and the Council.

6.2 A risk register will be created to monitor project leads' individual risks as part of the improvement programme management.

## 7. Equalities impact

---

7.1 The Inspection of Older People's Services advances equality of opportunity through its commitment to older people's quality of life by making improvements to their overall quality of care. It also fosters good relations through the services delivered and provides a better service to the community for the benefit of all.

## 8. Sustainability impact

---

8.1 Not applicable.

## 9. Consultation and engagement

---

9.1 Consultation with staff, service users and stakeholders was a key aspect of the inspection process and is reflected in the inspection reports.

9.2 Stakeholders will be invited to contribute to reshaping the improvement plan.

## 10. Background reading/external references

---

10.1 [Care inspectorate Report – May 2017](#)

### **Michelle Miller**

Interim Chief Officer – Edinburgh Health & Social Care Partnership

Cathy Wilson, Executive Business Support Team Manager

E-mail: [cathy.wilson@edinburgh.gov.uk](mailto:cathy.wilson@edinburgh.gov.uk) | Tel: 0131 529 7153

## 11. Appendices

---

### Appendix 1

#### Recommendation 1

The Partnership should improve its approach to engagement and consultation with stakeholders in relation to:

- its vision
- service redesign
- key stages of its transformational programme
- its objectives in respect of market facilitation.

#### Progress

- Health and Social Care sub-groups have been established in each locality to develop the HSC element of each Locality Improvement Plan. This has included consultation with citizens, including older people.
- Negotiations are taking place with Volunteer Edinburgh who co-ordinate the Equality and rights Network (EaRN) and the LOOPs project to strengthen the voice of older people at both a city-wide and locality level; and to facilitate improved engagement in service planning and re-design.
- A member of the Strategic Planning Group (SPG) of the EIJB has agreed to lead the development of an engagement strategy in collaboration with stakeholder representatives.
- The approach to the market shaping strategy is being developed through the SPG.
- The EIJB has issued a direction in relation to the development of the engagement and market facilitations strategy.
- A set of directions for 2017/18 has been approved by the EIJB and has been published as part of EIJB papers.

## **Recommendation 2**

The Partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions.

### **Progress**

- The SPG has recommended that the EIJB approve expenditure of £600k on an invest-to-save basis to expand the use of telecare across the city as a means of increasing independence, preventing admission to hospital and residential care, and as an alternative to traditional health and social care services.
- A direction has been issued by the EIJB in respect of prevention and early intervention. This includes the development and implementation of a prevention and early intervention strategy and a strategy for social prescribing and collaboration with partners to review existing grant programmes over the next 12 months.

## **Recommendation 3**

The Partnership should develop exit strategies and plans from existing interim care arrangements to help support the delivery of community based services that help older people and their carers to receive quality support within their own homes or a setting of their choice.

### **Progress**

- The EIJB has issued a direction for the capacity plan for older people to be finalised by 31 October 2017. This will include exiting Liberton Hospital by September 2018 and identifying suitable longer term bed based solutions to the existing interim care facilities.

#### **Recommendation 4**

The Partnership should engage with stakeholders to further develop intermediate care services, including bed-based provision, to help prevent hospital admission and to support timely discharge.

#### **Progress**

- The direction issued by the EIJB in respect of older people includes the identification of requirements for community rehabilitation and intermediate care.

#### **Recommendation 5**

The Partnership should work in collaboration with carers and carers' organisations to improve how carers' needs are identified, assessed and met. This should be done as part of updating its carers' strategy.

#### **Progress**

- A carers' strategic partnership has now been established as part of the EIJB/HSC strategic planning arrangements. The remit of the group covers both adult and young carers, and membership includes representatives of carers' organisations and unpaid carers. The work of this group is focusing on the development of the new carers' strategy and implementation of the Carers Act.
- The EIJB has issued directions in respect of carers.

#### **Recommendation 6**

The Partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.

#### **Progress**

- Work is underway to re-commission the existing dementia diagnostic support service. (The SPG has recommended that the EIJB agree to this investment, and money is already in the financial plan and part of a referral report from SPG going to the EIJB on 22 September)

- Eight GP practices in North East Edinburgh have been successful in their bid to become one of three sites testing the relocation of dementia post diagnostic support services to a primary care setting.

### **Recommendation 7**

The Partnership should streamline and improve the falls pathway to ensure that older people's needs are better met.

#### **Progress**

- Work on the falls pathway has commenced, with a target completion date of December 2017. Key actions related to this have been logged and are being managed.
- Allied to the above is the recruitment of two Falls Coordinators who are aligned to two localities each.
- Actions related to the review of data and the recording of falls have been completed.

### **Recommendation 8**

The Partnership should develop joint approaches to ensure robust quality assurance systems are embedded in practice.

#### **Progress**

- The Partnership has strengthened its approach to quality assurance by establishing:
  - a Quality Governance and Risk Management Group responsible for the overview of safe effective care within the Partnership. Membership includes representatives from each locality and the Hospital and Hosted Quality Improvement Team, the lead professionals and senior managers, strategic leads, and quality leads from NHS and Social Care quality assurance.
  - An integrated Business Resilience Group is working to combine processes to ensure effective integrated work across the Partnership.
- Each locality is in the process of fully implementing their integrated multi-

agency quality improvement teams. All hospital and hosted services have established quality improvement teams. The Partnership also has well established professionally aligned quality improvements teams, for example in relation to District Nursing, Physiotherapy and Pharmacy.

- A new complaints handling procedure for social work complaints was implemented from 1 April 2017. A procedure for NHS complaints was established on the same date. Health and Social Care complaints are now managed in the Partnership, but are held on a different database. The intention is to transfer those complaints to Datix within the next three to six months. A weekly review meeting for all complaints has been set up where the status of the complaint, quality of complaint responses and learning action are monitored. The EIJB complaints process is being finalised. Two complaints advisors for Social Work complaints have now been appointed.
- In conjunction with the professional leads, the Partnership has developed professional frameworks to improve standards of professional practice across all professional groups, promoting best practice, clear lines of professional accountability and shared learning: nursing, allied health professional, medical and social work staff. The Partnership is working to identify funding to appoint a lead social work professional to support the role of the Chief Social Work Officer.
- The Partnership is working with NHSL quality academy and NHS Education Scotland (NES) to develop an arms' length quality improvement faculty for Health and Social Care to build capacity across the Partnership in improvement methodology to ensure the Partnership can progress the transformational changes required to deliver services in a different way. The proposal is to have this fully implemented by March 2018.
- Led by the Partnership's Chief Nurse, a quality support hub across Health and Social Care to support education, research and development, innovative practice and quality of care is being developed. The proposal is to have this fully operational by November 2017.

### **Recommendation 9**

The Partnership should work with the local community and other stakeholders to develop and implement a cross-sector market facilitation strategy. This should include a risk assessment and set out contingency plans.

- A market facilitation and shaping strategy will be developed under the auspices of the SPG. This issue has been the main topic of discussion at the last two meetings of the group. A plan for the production of the strategy is being developed and linked to delivery plans in respect of the EIJB directions.

### **Recommendation 10**

The Partnership should produce a revised and updated joint strategic commissioning plan with detail on:

- how priorities are to be resourced
- how joint organisational development planning to support this is to be taken forward
- how consultation, engagement and involvement are to be maintained
- fully costed action plans including plans for investment and disinvestment
- based on identified future needs
- expected measurable outcomes.

### **Progress**

- A review of the strategic plan was undertaken and presented to the SPG and EIJB in April 2017, identifying progress made and priorities for delivery in 2017/18. This has also informed the development of a set of directions issued by the EIJB in August 2017. These include the production of both a workforce development plan and an engagement strategy.
- Delivery plans will be produced in respect of each direction.
- The EIJB financial plan for 2017/18 was approved in March 2017.

### **Recommendation 11**

The Partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved by the Integration Joint Board.



- A Savings Governance Group has been established, which is chaired by the Interim Chief Finance Officer. The group is tasked with scrutinising progress in relation to savings associated with transformation projects.
- Programme management support is in place to progress the above savings projects.
- A first draft of a five year financial plan is to be presented to the September EIJB.
- Financial frameworks for mental health, learning disabilities and older people are being developed, which will demonstrate how resources will shift from hospitals to the community.

### **Recommendation 12**

The Partnership should ensure that:

- there are clear pathways to accessing services
- eligibility criteria are developed and applied consistently
- pathways and criteria are clearly communicated to all stakeholders
- waiting lists are managed effectively to enable the timely allocation of services.

### **Progress**

- A customer experience review of Social Care Direct is being conducted by the Quality Assurance and Compliance team. This review should be completed by the end of October 2017, and is tasked with improving the pathway for older people to access services.

### **Recommendation 13**

The Partnership should ensure that:

- people who use services have a comprehensive, up-to-date assessment and review of their needs which reflects their views and the views of the professionals involved
- people who use services have a comprehensive care plan, which includes anticipatory planning where relevant
- relevant records should contain a chronology
- allocation of work following referral, assessment, care planning and review are all completed within agreed timescales.

### **Progress**

- Social Work practice standards have been created and communicated to staff.
- The adult support assessment tool, which is incorporated in the Partnership's social care management system, has been revised and shortened to help take account of staff concerns about efficiency and performance and the completion of assessments. Adult Support and Protection (ASP) training materials and resources have been updated with the importance of maintaining chronologies in records being emphasised.
- Staff and managers responsible for ASP work and the completion of chronologies will be referred to the minimum standards paper, internal guidance and the Care Inspectorate's revised guidance (2016).
- ASP has been boosted by the creation and recruitment of two ASP Senior Practitioners. The post holders have in their remit to ensure that ASP procedures and thresholds are complied with. The area of ASP is particularly relevant for older people due to their vulnerability and increased exposure to financial abuse.
- An Assessment and Review Board has been established with terms of reference and membership agreed. It will have the following outputs or deliverables: monitoring of compliance with social work standards; setting targets for assessment and review per week; reducing the assessment and review waiting lists to zero; and setting clear rules for prioritising incoming

work and carrying it out.

### **Recommendation 14**

The Partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing is maintained.

#### **Progress**

- Updated risk assessments have been completed. There is now ongoing support to the workforce on the implementation of adult support measures; the duty to enquire; and safety planning.

### **Recommendation 15**

The Partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services.

#### **Progress**

- A Locality Implementation Board for support planning and brokerage has been convened and a project plan developed. Three key work streams have been identified in relation to this, starting with a test of change relating to 100 service users in the North East Locality.

### **Recommendation 16**

The Partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient capacity and ensure a suitable skill mix that delivers high-quality services for older people and their carers.

#### **Progress**

- A direction has been issued to produce and implement a workforce development strategy. This will be taken forward by the Workforce Development Steering Group led by the Chief Nurse.
- Family group decision making posts have been created and recruited to. These will assist and empower families to create their own plans for supporting older relatives in need of additional support.

### **Recommendation 17**

The Partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model.

#### **Progress**

- No progress to date against this recommendation.

# Corporate Policy and Strategy Committee

10.00am, Tuesday, 3 October 2017

## Edinburgh's domestic abuse strategy and improvement plan: developing a coordinated community response

Item number	7.6
Report number	
Executive/routine	
Wards	All
Council Commitments	

### Executive Summary

---

This report provides an update on the project to reshape domestic abuse services in Edinburgh. It outlines the key work streams in Edinburgh's Domestic Abuse Strategy and Improvement Plan, which have been developed following extensive consultation with staff, service providers and service users across the city, and taking account of national and international research and best practice.

The plan was noted by the Corporate Policy and Strategy Committee in February 2017. There were final amendments to be made and the Committee asked for an update in October. The updated Action Plan at Appendix 2 shows the work undertaken since February. The Edinburgh Partnership supported the plan in June 2017.

## Domestic abuse service redesign update: developing a coordinated community response

### 1. Recommendations

---

- 1.1 It is recommended that the Corporate Policy and Strategy Committee agrees the strategy and improvement plan and updated action plan attached at Appendix 1 and Appendix 2.

### 2. Background

---

- 2.1 Domestic abuse is costly, in both human and financial terms. Research estimates that the cost of domestic abuse to the Scottish public purse in 2009 was £2.3 billion. The costs are high principally because opportunities for early intervention and prevention are missed routinely, leading to more expensive interventions later.
- 2.2 In addition to the significant monetary impact of dealing with domestic abuse, there are distressing human and social costs. The ripple effects are long-term and far reaching; not just for the individuals and their children, but for the wider community. Domestic abuse features heavily in the lives of children on the Child Protection Register, looked after children, children living in kinship care placements, adopted children, young offenders and in those displaying bullying and disruptive classroom behaviour.
- 2.3 Domestic abuse is also a feature in the lives of many people with mental health problems, people who misuse alcohol and drugs, and women offenders. It is a factor in many violent crime figures, including murder, and in a substantial number of homeless applications and disputed child contact cases, which tie up family courts.
- 2.4 The number of domestic abuse incidents recorded by the police in Edinburgh in 2014/15 was 1163 per 100,000 population, a total of 5802, based on 2015 national records population figure of 498,810. This is significantly worse than the national average crude rate of 1081 per 100,000 population. The number of domestic abuse concern forms sent to Social Care Direct has increased by 4% since 2013/14 to 3314 in 2014/15.
- 2.5 Domestic abuse represented approximately a third of the total number of concerns received by Social Care Direct. The child protection returns to the Scottish

Government in 2014 show that the numbers of children on the Child Protection Register who have domestic abuse identified as a concern has risen over the previous three years by more than 20%. In 2014, 57% had domestic abuse identified as a concern at registration, which makes it the single biggest reason for child protection registration in Edinburgh for the last two years.

- 2.6 The Council, public sector partners and service providers have implemented significant improvements to the response to domestic abuse in the last five years, including the domestic abuse court and multi-agency risk assessment conferences. However, there is also widespread recognition that current service delivery is fragmented, with both duplication and gaps. Domestic abuse services funded by the Council are facing efficiency savings and service delivery will need to respond to the developing locality model. These challenges provide an opportunity to review services and develop a more efficient and co-ordinated community based response, which improves outcomes for families affected by domestic abuse.
- 2.7 The vision to develop a coordinated community response in Edinburgh was agreed at the Corporate Policy and Strategy Committee on 19 January 2016. The service redesign includes a city-wide review of all statutory agencies, commissioned services and grant provision, and an evaluation of service pathways for victims, children and perpetrators.
- 2.8 Whilst specialist service provision is essential, a coordinated community response is based on the principle that no single agency or professional has a complete picture of the circumstances of a domestic abuse victim, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase safety and hold perpetrators to account. Statutory and specialist agencies need to have a common understanding and approach in order to achieve this.

### 3. Main report

---

#### **Have your say on Edinburgh's domestic abuse services: Consultation and co-production**

- 3.1 Following the approval of the project implementation document at the Corporate Policy and Strategy Committee on 19 January 2016, a Project Board and Service Providers' Group was established. In April 2016, 8000 postcards and posters were distributed across Edinburgh. They asked adults, children and young people to contribute their views on services for people who have been affected by domestic abuse.
- 3.2 In total, the whole consultation engaged with 458 people in a variety of ways; 192 service user engagements and 266 staff engagements, which included completion of online questionnaires, individual interviews, focus groups, and themed discussion groups with staff, service providers and service users. More information about the consultation is provided in Section 9.



- 3.3 Following this consultation, 'Edinburgh's Domestic Abuse Strategy and Improvement Plan' was developed. It outlines key themes identified by staff, service providers and service users in relation to the city's response to domestic abuse. It relates this to national and international research and best practice. Seven work streams were identified and are outlined in the Plan.
- 3.4 Edinburgh's Domestic Abuse Strategy and Improvement Plan was noted by the Corporate Policy and Strategy Committee in February 2017. There were final amendments to be made and the Committee requested it should re-presented in October. The updated Action Plan at Appendix 2 shows the work undertaken since February.
- 3.5 The first work stream relates to the Council's commissioned services and focuses on specialist support for individual victims who are identified as having experienced domestic abuse. Interested service providers have worked with the Council to co-produce specifications to deliver a joined up, multi-agency service response in the localities.
- 3.6 Current contracts for domestic abuse services in Communities and Families and Safer and Stronger Communities will provide the resources for the redesign of services. Service specifications have been co-produced and new contracts will be in place by November 2017. Each contract duration will be for 24 months, with an option to extend for up to a further 12 months. The total estimated value of the combined contracts to the Council, including extensions, is £3,188,514. This was reported to the Finance and Resources Committee on 28 September 2017.

#### **4. Measures of success**

---

- 4.1 The commissioning of services to a specification agreed through collaborative consultation with service providers, service users and relevant stakeholders within agreed resources and timescales.
- 4.2 The development and implementation of clear action plans for each work stream; including a designated lead, working group and milestones.

#### **5. Financial impact**

---

- 5.1 The work to reshape existing domestic abuse services will be carried out by existing staff resources at no additional cost. The costs associated with procuring this contract are estimated to be between £20,001 and £35,000.
- 5.2 The aim of this work is to identify a sustainable way forward for the future of domestic abuse services. Any service redesign will be take place within agreed current budgets, including future efficiency savings.
- 5.3 Any proposals for future budget allocation to specific work streams will be subject to further reports.

## **6. Risk, policy, compliance and governance impact**

---

- 6.1 There is a risk of challenge to the renewal of the existing contracts, which have not been previously tendered, as the documentation has no formal provision for extension. Such challenge could come from providers interested in delivering a similar range of services. However, this risk is considered to be low as an open and transparent process will be advertised in the near future in accordance with the proposals and timescales in place for developing new services.
- 6.2 The risk of not implementing the service re-design is that provision will continue to be fragmented, which will be detrimental to the needs of those experiencing domestic abuse, and will be costly to the public purse. All statutory and voluntary sectors services are engaging with the current direction of the project, which suggests this risk is low.
- 6.3 The risk of not implementing the recommendations are that the Council and its partners will not meet the requirements of Gender Duty legislation. The gender equality duty should be applied to all policies, programmes and services.
- 6.4 Any loss of service will have an impact on public agencies and their capacity to respond to need and risk.

## **7. Equalities impact**

---

- 7.1 The interim Integrated Impact Assessment (IIA) has been completed and circulated to the Project Board. This will be kept under review as the project progresses. The IIA has been developed within expected timescales.
- 7.2 Developing a co-ordinated community response to domestic abuse will have a positive impact for adult and child victims, and will hold perpetrators to account and give them the opportunity to change. The support offered within the pathway will be proportionate and related to risk and need. This includes addressing the specific needs of female, male, lesbian, gay, bisexual and transgender victims of domestic abuse, and of black and minority ethnic victims and children, and victims with complex needs.
- 7.3 The consultation for the domestic abuse strategy and improvement plan included engagement with male victims and the services that support them, including Abused Men in Scotland, the Male Domestic Abuse Support Service and Fearless.
- 7.4 A specific discussion group was also held around 'hard to reach victims', including male, LGBT and BME victims. The commissioned services work stream is one of seven. All other work streams develop and improve domestic abuse services and pathways, irrespective of the gender of the victim or perpetrator. This includes the development of training, coordinated service responses and development of perpetrator work with female perpetrators.

- 7.5 Whilst the Council does not directly fund specialist services for male victims, these are commissioned by other agencies. Edinburgh benefits from being one of the areas of Scotland that has specialist services for men. The domestic abuse lead officer has met regularly with members of these services to discuss the needs of male victims, and these organisations work closely with specialist services for women to ensure there are clear service pathways.

## 8. Sustainability impact

---

- 8.1 The proposals in this report will help achieve a sustainable Edinburgh and will impact positively on local communities and businesses. The services will also have a positive impact on social cohesion and inclusion, and promote personal wellbeing through the reduction in domestic abuse and the recovery of those affected.
- 8.2 The impact of the actions described in this report has been considered in relation to the three elements of the Climate Change (Scotland) Act 2009 Public Bodies Duties. Relevant Council sustainable development policies have been taken into account.

## 9. Consultation and engagement

---

- 9.1 In April 2016, 8000 postcards and posters were distributed across Edinburgh to voluntary sector organisations, community councils, pharmacies, GPs, hospitals, dentists, leisure venues, children and families' facilities, community centres, schools and Council venues. They asked for adults, children and young people to provide their views on services for people who are affected by domestic abuse.
- 9.2 The online questionnaires for both staff and service users focused on how helpful services have been and how they could be improved. 214 people completed the online questionnaires, including:
- 121 staff members
  - 70 individuals identified as victims
  - 11 individuals identified as perpetrators
  - 12 individuals identified as both victims and perpetrators
- 9.3 Eight focus groups with a total of 83 service users were run, including:
- a group of young people; predominantly young men who were victims of domestic abuse
  - a group of male victims
  - a group with lesbian, gay, bi-sexual and transgender young people
  - two groups of women with complex needs; including one in a women's hostel and one in a service for female offenders
  - three groups of female victims; including one with black and minority ethnic women

- 9.4 Eight focus groups with a total of 60 staff members were run, including groups for staff who work with:
- domestic abuse victims who are in contact with Police Scotland's Domestic Abuse Investigation Unit
  - female victims
  - Polish families
  - male victims
  - children affected by domestic abuse
  - people receiving Health and Social Care services
  - women with complex needs
  - women who have experienced rape and sexual assault
- 9.5 Individual interviews were carried out with those who were unable to attend focus groups, found them too challenging emotionally or physically, or preferred not to be in a group. They included 17 interviews, including:
- a domestic abuse worker
  - a female victim
  - two women from black minority ethnic communities
  - a Polish woman with physical disabilities
  - a male victim with physical disabilities
  - 11 women with complex needs
- 9.6 84 staff members also took part in a series of discussion groups, focused on complex issues, including:
- housing, complex needs and children
  - 'hard to reach' victims – male victims, lesbian, gay, bi-sexual and transgender victims, and victims from black and minority ethnic communities
  - service pathways – including coordinating services, locality working and the roles of various services
  - outcomes and innovation – innovative new ways of working from the UK or abroad, and discussions regarding outcomes

## **10. Background reading/external references**

---

- 10.1 [Coordinated Community Response Model](#)
- 10.2 [Edinburgh's Multi-agency Domestic Abuse Policy](#)
- 10.3 [Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls](#)

## **Michelle Miller**

Interim Chief Officer for the Edinburgh Health and Social Care Partnership

[michelle.miller@edinburgh.gov.uk](mailto:michelle.miller@edinburgh.gov.uk) Tel: 0131 553 8520

Contact: Anna Mitchell, Domestic Abuse Lead Officer, Safer and Stronger Communities

E-mail: [anna.mitchell@edinburgh.gov.uk](mailto:anna.mitchell@edinburgh.gov.uk) | Tel: 0131 553 8520

## **11. Appendices**

---

Appendix One: Edinburgh's Domestic Abuse Strategy and Improvement Plan

Appendix Two: Work stream updates



# **Edinburgh's Domestic Abuse Strategy and Improvement Plan**

**Anna Mitchell  
Domestic Abuse Lead Officer**

**February 2017**



## Contents

### EXECUTIVE SUMMARY

1. Background to the strategy and improvement plan .....	7
1.1 Domestic abuse in Edinburgh.....	7
1.2 A gendered analysis of domestic abuse .....	7
1.3 Developing a Coordinated Community Response to domestic abuse in Edinburgh .....	8
1.4 Have your say on Edinburgh’s domestic abuse services: The consultation.....	9
2. Domestic abuse consultation: Results and analysis .....	11
2.1 Victims help seeking and expectations of services .....	11
2.2 Service response.....	13
2.2.1 Attitudes and values .....	13
2.2.2 Understanding of domestic abuse .....	14
2.2.3 Inconsistent response .....	14
2.2.4 Fragmentation of the victim’s journey .....	15
2.2.5 Coordinating pathways and processes .....	15
2.3 Policies, publicity and awareness raising .....	19
2.4 Peer support and volunteering opportunities .....	20
2.5 Housing response .....	20
2.6 Staff training.....	21
2.7 Female victims of domestic abuse .....	22
2.8 Hard to reach victims of domestic abuse.....	23
2.8.1 Black and minority ethnic female victims of domestic abuse .....	23
2.8.2 Women with complex needs .....	24
2.9 Male and lesbian, gay, bisexual and transgender victims of domestic abuse.....	26
2.10 Children and young people .....	27
2.11 Domestic abuse perpetrators .....	28
2.11.1 Specialist services for perpetrators .....	29
2.11.2 Holding perpetrators accountable in other services .....	30
3. Recommendations.....	32
3.1 Developing a coordinated community response to domestic abuse in Edinburgh: Next steps.....	32
3.2 City of Edinburgh Council Commissioned Services .....	32
3.3 Housing and homelessness services .....	34



3.4 A locality based multi-agency response to domestic abuse .....	34
3.5 Publicity and awareness raising of services and support available in Edinburgh.....	35
3.6 Working with perpetrators of domestic abuse.....	35
3.7 Improved response to domestic abuse across all service areas .....	36
3.8 Development of effective and accountable governance structures, which include the involvement of service users in the development of services .....	37
Appendix One: Edinburgh’s Domestic Abuse Improvement Plan .....	38
Appendix Two: References .....	42

---

*Thank you to everyone who took their time to be involved in this consultation and development of this strategy.*

*In particular, thank you to the service users who shared their stories and experiences.*

## Executive Summary

This document outlines the development of a coordinated community response to domestic abuse in Edinburgh. It sets out our vision and proposed direction, and establishes a governance structure to take this forward. This vision was agreed at the Corporate Policy and Strategy Committee on 19 January 2016. The service redesign includes a city-wide review of all statutory agencies, commissioned services and grant provision. The co-production process has been established for a year, with a Service Providers' Group and Project Board meeting regularly.

A coordinated community response is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse victim, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase safety and hold perpetrators to account.

In April 2016, 8000 postcards and posters were distributed across Edinburgh to voluntary sector organisations, community councils, pharmacies, GPs, hospitals, dentists, leisure venues, children and families' facilities, community centres, schools and Council venues. They asked for adults, children and young people to take part in a consultation on services for people who have been affected by domestic abuse.

This document outlines the key themes identified by service users and staff in relation to Edinburgh's response to domestic abuse. It relates these themes to national and international research and best practice. Edinburgh's Domestic Abuse Improvement Plan is set out at Appendix 1.

The consultation shows that victims give the most positive response about services when they are able to build a relationship with a professional who listens, empathises, is non-judgemental and understands the dynamics of domestic abuse. Most commonly, this is found within specialist domestic abuse services. However, professionals within these services can be overwhelmed by the volume of demand. We will ensure that all professionals are able to offer safe and supportive advice to individuals affected by domestic abuse and that specialist services can be accessed where appropriate.

The improvement plan aims to ensure specialist support for individual victims is offered to those who are identified as having experienced domestic abuse. We will work with interested service providers to co-produce specifications that deliver a joined up, multi-agency service response within the localities.

The strategy includes a work stream to develop a flexible, speedy and safe process to ensure that individuals and their children are safe, secure and settled in a home of their choice, given that pathways in relation to housing and homelessness are often inconsistent.

We will develop a locality based, multi-agency response to domestic abuse. The process will ensure there is a single pathway from domestic abuse incident to service provision, based on risk and need. It will intervene early, engage with all family members, coordinate services and improve outcomes.

The consultation has shown that some victims of domestic abuse do not contact services for many years, for a variety of reasons, including a lack of awareness or a poor experience when seeking support.

The strategy will develop comprehensive and simple information in a range of formats, which details the services available and how each service area will respond to domestic abuse.

The ability to work long-term with perpetrators of domestic abuse to change behaviour is a specialist skill. The vast majority of perpetrators are not able to access this type of intervention and many are not suitable for it. Respondents to the consultation want professionals to be able to hold perpetrators to account for their abuse in a variety of settings. Many services already engage with perpetrators of domestic abuse due to their parenting role, their substance misuse, mental health and housing needs; or their criminal or anti-social behaviour. Professionals within these services should seek to reduce the risk of domestic abuse by addressing perpetrators' wider needs and by developing skills to engage empathically and motivationally with them, without being collusive.

Respondents in the consultation identified one of the largest improvements as the understanding and response of professionals to domestic abuse. Findings show that domestic abuse is mistakenly viewed as a difficult relationship, separation or disagreement, rather than a perpetrator choosing to use a pattern of abuse and control towards their ex/partner and children. At times, individuals feel judged, blamed for the abuse or the impact on their children, and pressured to make decisions such as separating or moving home, without an understanding of the other risks or disruption that these dramatic responses create. Negative responses from services impact on an individual's decisions and safety, as they are less likely to approach services or see them as a support. Respondents were positive about professionals who were non-judgemental and understood the dynamics of domestic abuse.

The strategy includes the creation of a team of Domestic Abuse Champions within each locality and in a variety of service areas. They will be developed and supported to improve their skills in working with individuals, perpetrators and children. These Champions will spread their knowledge and provide support to other professionals within their teams.

As Edinburgh's multi-agency domestic abuse policy states, the implementation of a domestic abuse action plan requires effective and accountable governance structures. The strategy will ensure there are clearly defined indicators and targets, closely linked to the goals and objectives set out in the Improvement Plan. They will be used to monitor the progress of the plan's objectives and to evaluate the effectiveness of the plan's activities. In order to do this, partners commit to sharing data within agreed protocols, and to evaluating interventions. Regular reports on the implementation and progress of the plan will be provided to the Service Redesign Project Board, Edinburgh's Violence Against Women Partnership and the Edinburgh Chief Officers' Group – Public Protection.

Whilst many individual organisations have service user forums or advisors, there is no comprehensive domestic abuse service users' forum in Edinburgh to advise on city-wide policy, practice or service development. The opportunity to reflect back to decision-makers how services are working on the ground is critically important. Many of the respondents to the consultation found the process of being involved in focus groups to be empowering and expressed an interest in continuing to work with us in future.

The strategy will ensure that families affected by domestic abuse are visible and heard within the development of policy and practice in Edinburgh. It includes the development of a service users' forum and ongoing periodic consultation on Edinburgh's response to domestic abuse.

# 1. Background to the strategy and improvement plan

---

## 1.1 Domestic abuse in Edinburgh

Domestic abuse is costly, in both financial and human terms. Research estimates that the cost of domestic abuse to the Scottish public purse in 2009 was £2.3 billion<sup>1</sup>. The costs are high, principally because opportunities for early intervention and prevention are missed routinely, leading to more expensive interventions later.

In addition to the significant monetary impact of dealing with domestic abuse, there are distressing human and social costs. The ripple effects are long-term and far reaching; not just for the individuals and their children, but for the wider community. Domestic abuse features heavily in the lives of children on the Child Protection Register, looked after children, children living in kinship care placements, adopted children, young offenders and in those displaying bullying and disruptive classroom behaviour. Domestic abuse is also a feature in the lives of many people with mental health problems, people who misuse alcohol and drugs and women offenders. It is a factor in many violent crime figures, including murder, and in a substantial number of homeless applications and disputed child contact cases, which tie up family courts<sup>2</sup>.

The number of domestic abuse incidents recorded by the police in Edinburgh in 2014/15 was 1163 per 100,000 population, a total of 5802 based on 2015 national records population figure of 498,810<sup>3</sup>. This is significantly worse than the national average crude rate of 1081 per 100,000 population<sup>4</sup>. The number of domestic abuse concern forms sent to Social Care Direct has increased by 4% since 2013/14 to 3314 in 2014/15. Domestic abuse represented approximately a third of the total number of concerns received by Social Care Direct. The child protection return to the Scottish Government in 2014 shows that the numbers of children on the Child Protection Register who have domestic abuse identified as a concern has risen over the previous three years by more than 20%. In 2014, 57% had domestic abuse identified as a concern at registration, which makes it the single biggest reason for child protection registration in Edinburgh for the last two years<sup>5</sup>.

## 1.2 A gendered analysis of domestic abuse

In 2015, the Edinburgh Partnership approved a multi-agency domestic abuse policy<sup>2</sup>, which adopts a broad definition of domestic abuse articulated by the Scottish Government:

Domestic abuse (as gender-based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate victims and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour, such as isolation from family and friends).

Statistics in Edinburgh reinforce the gender based nature of domestic abuse; with around 80% of incidents reported to police being perpetrated by men against women<sup>6</sup>. The definition of violence against women adopted in Edinburgh mirrors the Scottish Government<sup>1</sup> and UN definition and states that:

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.

Violence against women encompasses, but is not limited to, domestic abuse, rape and sexual assault; sexual harassment and intimidation at work and in public; stalking; commercial sexual exploitation, such as prostitution, pornography and human trafficking; dowry-related violence; female genital mutilation; forced marriage; and so-called 'honour' based violence.

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women<sup>6</sup>. Referring to violence as 'gender based' highlights the need to understand violence within the context of women's and girls' disadvantaged status in society. Such violence cannot be understood in isolation from the way in which society is ordered; the relationships between men and women; the social, political and cultural environment within which they operate; and the code of conduct expected of them<sup>7</sup>. A gendered analysis does not suggest that all men are violent. To be clear, the majority of men are not violent. Nor does it deny that women use violence or that men use violence against men, including male partners. However, it is men who predominantly carry out gender based violence, and women who are predominantly the victims. Where women do perpetrate violence, the nature, intention and impact of this is very different<sup>8 9 10 11</sup>.

### 1.3 Developing a coordinated community response to domestic abuse in Edinburgh

The coordinated community response is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse victim, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase safety and hold perpetrators to account.

For an effective coordinated community response to be in place, the following components need to be embedded in all agencies' structures<sup>12</sup>:

- a common purpose and approach to domestic abuse including a stated commitment to the coordinated community response
- definitions of domestic abuse and risk are agreed and shared by agencies
- defined mechanisms are in place for the coordination, governance and monitoring of the coordinated community response to ensure accountability and to enable a flexible and evolving approach
- an action plan is in place
- written policies and procedures are in place within every organisation covering their response to domestic abuse, and regular training at every level of the organisation supports these
- written policies and procedures are agreed covering multi-agency systems and working
- an agreed dataset is in place and monitored on a regular basis
- agencies' responses are informed by service users, whose voices are regularly sought, listened to and responded to
- adequately resourced specialist services are in place to respond to adults, children and young people, both victims and perpetrators

The vision to develop a coordinated community response to domestic abuse in Edinburgh was agreed at the Corporate Policy and Strategy Committee on 19 January 2016. The service redesign includes a city-wide review of all statutory agencies, commissioned services and grant provision. The co-production process has been established for a year, with a Service Providers' Group and Project Board meeting regularly.

Following extensive consultation with domestic abuse service users and professionals, and a review of national and international research and best practice, this document outlines recommendations to be

included in Edinburgh's Domestic Abuse Improvement Plan, which includes the commissioning of domestic abuse services.

#### 1.4 Have your say on Edinburgh's domestic abuse services: The consultation



Figure one: 'Have your say on Edinburgh's domestic abuse services' postcards

In April 2016, 8000 postcards and posters were distributed across Edinburgh to voluntary sector organisations, community councils, pharmacies, GPs, hospitals, dentists, leisure venues, children and families facilities, community centres, schools and Council venues (see Figure one).

They asked for adults, children and young people to take part in a consultation on services for people who have been affected by domestic abuse. The online questionnaires for both staff and service users focused on how helpful services have been and how they could be improved. 214 people completed the online questionnaires, including:

- 121 staff members
- 70 people who identified as a victim
- 11 people who identified as a perpetrator
- 12 people who identified as both a victim and a perpetrator

Sixteen focus groups were run. Eight focus groups with a total of 83 service users were run, including:

- a group with young people; predominantly young men who were victims of domestic abuse
- a group with male victims
- a group with lesbian, gay, bi-sexual and transgender young people
- two groups with women with complex needs; including one in a women's hostel and one in a service for female offenders

- three groups with female victims; including one with black and minority ethnic women

Eight focus groups with a total of 60 staff members were run, including groups for staff who work with:

- domestic abuse victims who have are in contact with Police Scotland’s Domestic Abuse Investigation Unit
- female victims
- Polish families
- male victims
- children affected by domestic abuse
- service users in Health and Social Care
- women with complex needs
- women who have experienced rape and sexual assault

Individual interviews were carried out with those who were unable to attend focus groups, found them too challenging emotionally or physically or preferred not to be in a group. They included 17 interviews, including:

- a domestic abuse worker
- a female victim
- two women from black minority ethnic communities
- a Polish woman with physical disabilities
- a male victim with physical disabilities
- 11 women with complex needs

84 staff members also took part in a series of discussion groups, which focused on complex issues, including:

- domestic abuse service provision in relation to housing, complex needs and children
- ‘hard to reach’ victims of domestic abuse – male victims, lesbian, gay, bi-sexual and transgender victims and victims from black and minority ethnic communities
- service pathways – including coordinating services, locality working and the roles of various services
- outcomes and innovation – innovative new ways of working from the UK or internationally and discussions regarding outcomes

The focus and discussion groups addressed three key questions:

**What are we doing well?**

**What needs to change?**

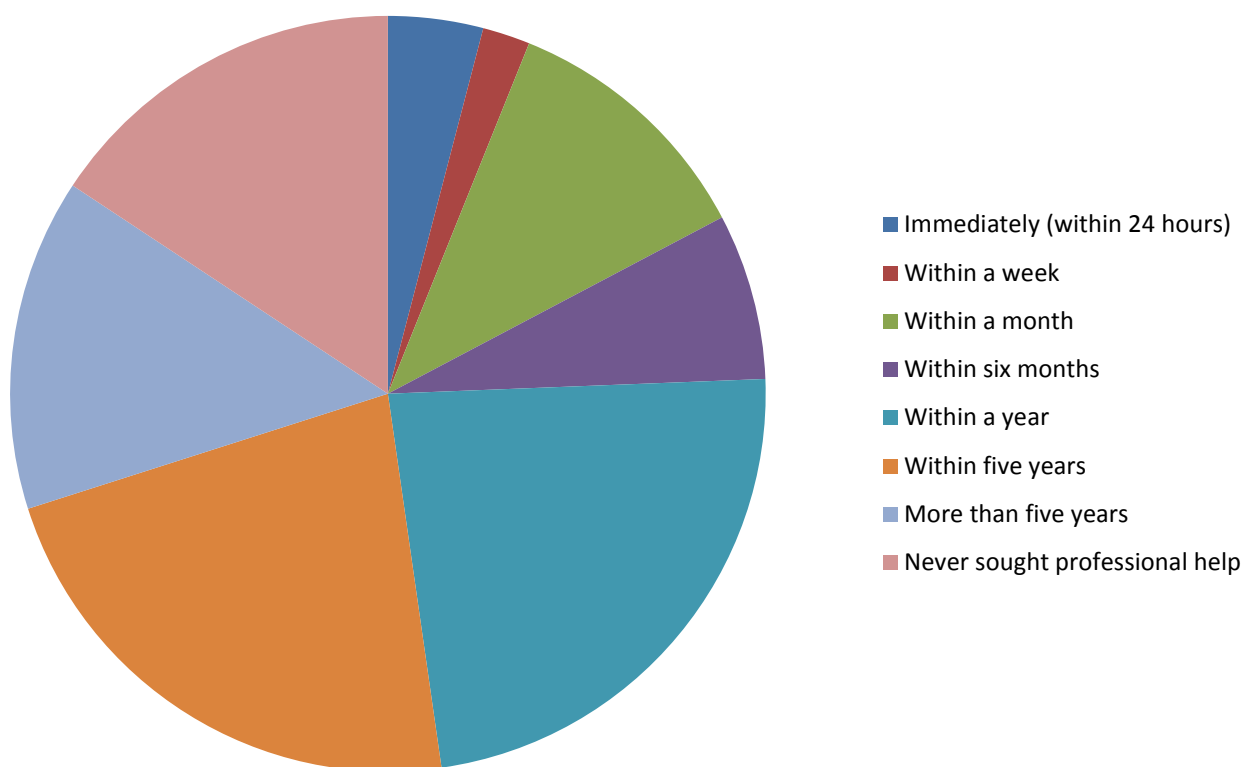
**How can we get there?**

In total, the consultation engaged with 458 people in a variety of ways; 192 service user engagements and 266 staff engagements.



## 2. Domestic abuse consultation: Results and analysis

### 2.1 Victims seeking help and expectations of services



**Figure two: Length of time it took victims to seek help**

Of the 70 people who completed the online questionnaire and were identified as a victim, 12% sought help within 24 hours of experiencing domestic abuse and 21% between a week and six months. A quarter sought help between one and five years, just under a quarter after more than five years and 16% had never sought help. This is similar to other research, which shows that the average time it takes victims to seek help is five years<sup>13</sup>. This data also shows that 85% of victims sought help from professionals five times on average in the year before they received effective help to stop the abuse. Regardless of whether the contact related to the abuse, each contact represents a chance for services to help the victim disclose and get help – a chance that was missed, leaving the family to live with abuse for longer.

When asked about the decision whether to seek help, the most frequently occurring themes were:

- did not realise it was abuse, confused by it or did not realise that emotional abuse is also domestic abuse
- help or intervention came to the victims; for example someone else called the police
- could not cope any more
- seeking help because of effects on children
- thought the abuse would get worse if help was sought

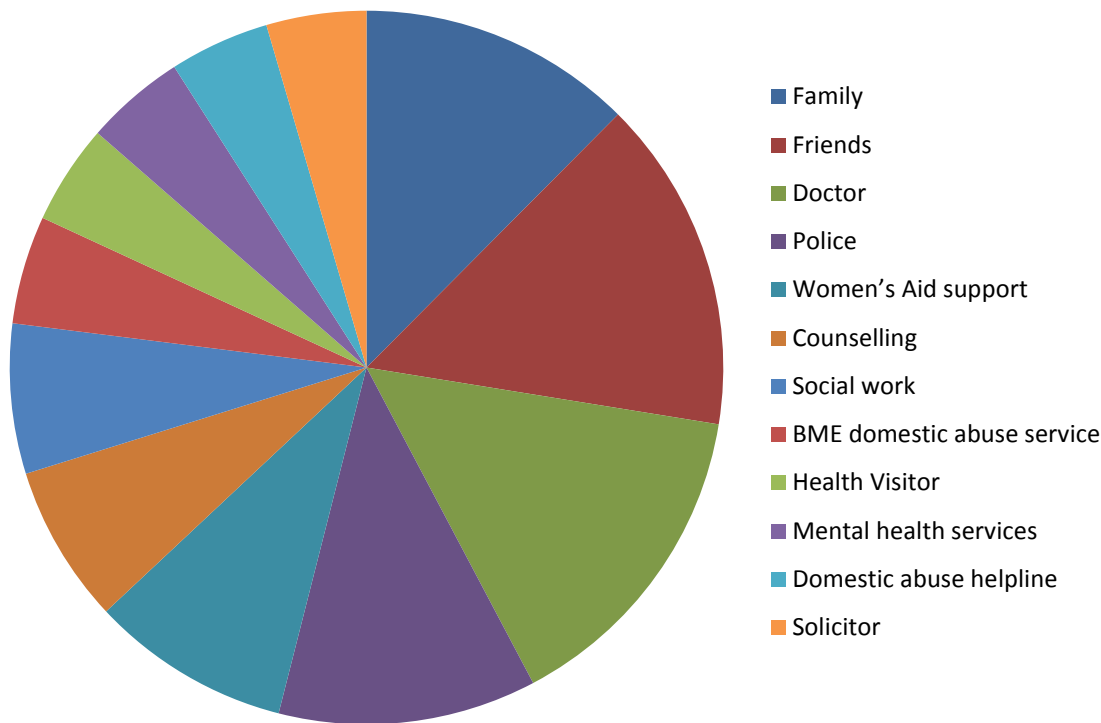
*“It took a while to admit to myself I needed help.”*

*“It took me 13 years before I realised that I was being subjected to emotional and psychological abuse. I used to think abuse was just when someone hit you.”*

*“I have suffered in silence for 60 years”*

*-Comments from service users-*





**Figure three: Those whom victims approached directly for help**

Figure three shows the top 12 services and people contacted for help by victims. It was most common for service users to contact their friends and family for help, followed by their GP and the police. This is similar to wider research, which shows that friends and family are often the first people to whom victims or children disclose abuse, but that these people may not know what to do or how to help.<sup>12 14</sup>

The most frequent reason people approached services was because they wanted to get help for their children and were worried about the impact of domestic abuse on them. Other common reasons were that the service they approached understood their culture and language or they were referred to or supported to access services by other professionals. The most common help that people received were emotional support, a safe place to stay, practical support and help with legal advice and benefits.

The aspect which service users found most helpful was a safe place. This included, but was not limited to, temporary accommodation and refuge. The second most helpful thing was someone to speak to or emotional support. The third most helpful thing was practical advice and support, information and safety planning. The latter two were also found to be most useful by professionals, but they also believed that agencies having a shared understanding of domestic abuse and working well together helped.

The most frequently occurring theme regarding improvements from service users' perspective is for them to have a better understanding of domestic abuse and of what support is available. Professionals wanted to be more knowledgeable about domestic abuse and the services which could help, but they also believed that better communication and coordination between services and for services to contact victims proactively, or to have quicker access to services, would create improvement.

Both staff and service users stated that the two things which would help most immediately after a domestic abuse incident were somewhere safe to stay and practical advice and information, including support with legal and financial issues and safety planning. Staff then valued immediate support from a skilled practitioner highly and service users wanted someone who would listen to them and support them emotionally. In the week following a domestic abuse incident, the three things which staff and service users valued most highly were the same: somewhere safe to stay, practical advice and information and

emotional support. In the longer term, both staff and service users believed that support for children would be most helpful, including support with safe contact arrangements. In addition, service users wanted protection and accountability from the perpetrator and counselling support for themselves and their family in the longer term. Staff believed that ongoing advice and secure accommodation would be most helpful.

***"I approached a BME service because I am from Asian background and believe that they will understand me better, especially forced marriage and other cultural related issues."***

***"I finally felt free enough to explore why it had happened and strong enough to face my feelings."***

***"I received lots of support to understand what was happening, support to leave him and what to do next. The support has not been so great since he took me to court to get contact with our son who I still believe to be at risk. Mothers are left to endure ongoing abuse as perpetrators use children as weapons."***

*-Comments from service users-*

## 2.2 Service response

Throughout the questionnaires, focus groups, discussion groups and interviews, a number of themes were identified. Whilst individual feedback on specific services will be given to organisations via the Project Board, there were a number of themes that can be summarised in relation to Edinburgh's response to domestic abuse.

### 2.2.1 Attitudes and values

Research shows that there is still little understanding in wider society of the psychological and emotional dimensions of domestic abuse, and why, as a result, it is so difficult for people who are abused to leave.<sup>15</sup><sup>16</sup> It is not surprising then that the main aspects valued by service users were when professionals listened, were non-judgemental, compassionate and able to provide emotional support. Respondents found it problematic when support was not strength-based or where the victim was seen as the problem due to their vulnerabilities; where they were seen as 'failing to protect' their children or there was an element of victim-blaming. There was a mistaken assumption that separation, moving home and calling the police would be the primary route to safety, whilst other protective efforts of the victim were less valued. It was believed that all professionals in the process should respond sensitively, listen, be respectful and able to explain what will happen next. Agencies should be able to respond to victims, whatever choices they are making about their lives and relationships, and pathways to services need to remain open so that they can return and request help.

***"The way agencies ask those questions and speak to the person makes a difference to their emotional wellbeing and has an impact on the organisation accomplishing their goals."***

***"No one seemed to care about the domestic abuse, they were more interested in my mental health. They just focussed on my "inability to cope or protect my kids".***

***"Their focus was the kids. I didn't feel supported, I felt watched and unbelieved."***

*-Comments from service users-*

***"A non-judgemental service is required which offers emotional and practical support to build confidence, access safe housing and provide opportunities to make positive steps in rebuilding life."***

***"The way that services respond to domestic abuse can result in increased risk to families."***

***"It's not about policing relationships – it's about risk and safety."***

*-Comments from staff-*

## 2.2.2 Understanding of domestic abuse

Service users reported that some professionals viewed the abuse as a 'difficult relationship' or 'arguments', rather than one person having power and control over another. The consultation outlined what service users and professionals saw as competent domestic abuse practice. It included professionals:

- having an understanding of what services are available and what they will do
- understanding coercive control, rather than primarily focusing on physical violence
- recognising and recording the pattern of abuse, including the impact of ongoing abuse on victim and family
- making better use of chronologies and case summaries and recording descriptions of abusive behaviour
- creating a shared understanding of domestic abuse across agencies

These reflect the key principles and components of the Safe and Together model, which outlines best practice where there are domestic abuse and child welfare issues<sup>17</sup>. The model encourages the recording of the 'perpetrator's pattern of abuse' and the impact on the child, and creates a shared understanding of domestic abuse.

***"The biggest impact is about how different services make people feel."***

***"I think having services for abused victims is vital for them to seek refuge and support because sometimes having experts there to help can be a huge relief. Friends and families can be hard to approach or you feel shame because you don't want them to feel sorry for you. It's about trying to rebuild a life that has been broken and sometimes you need professionals who are trained to help in that."***

*-Comments from service users-*

***"Women need someone who understands what they are going through and the barriers they are experiencing and gives them the safe space to make decisions about their lives and advocates on their behalf."***

***"Services working together in a coordinated way where the man's behaviour is viewed as the problem and the woman is recognised for the efforts she is making to keep her children safe"***

*-Comments from staff-*

## 2.2.3 Inconsistent response

Service users spoke about the way in which responses to domestic abuse can vary, both between and within different agencies. An inconsistent response is problematic as victims are unsure what the agency will do, and are therefore unable to plan for their safety. Organisations often did not know the other agencies' remits, what they could do, the pressures they faced and may have unrealistic expectations of other services. There was a lack of 'organisational empathy' and of an understanding of the context and limitations under which an organisation may function<sup>18</sup>. The consultation suggests there needs to be more clarity regarding the role of various services areas in responding to victims, children and perpetrators of domestic abuse, and a clear pathway from identified incident to intervention, based on risk and need.

***"They kept saying that how I was wasn't helpful for the children, but you can't magic the impact of abuse away. They didn't tell me what to do to make it better."***

***"Understanding varies from organisation to organisation."***

*-Comments from service users-*

***"There is a lack of understand the criteria for our service; a lack of understanding on all sides about what people can actually do."***

***"All agencies should have a clear understanding of their role, the risks and impact on the family and shared values."***

*-Comments from staff-*

## 2.2.4 Fragmentation of the victim's journey

Service users spoke about having to tell their story repeatedly to different professionals and the way in which this can be re-traumatising. Domestic abuse may involve an adult and child victim, and an adult perpetrator. The way in which services can focus on different aspects of the victim's journey, or different actors within the family, mirrors what the Duluth coordinated community response model calls the 'bureaucratic fragmentation of women's experience'.<sup>18</sup> . It states that a single case involves many actions by many different practitioners. Established work routines, fragmentation of responsibility and poor coordination among practitioners and agencies can compromise victims' safety. Staff suggested a model similar to Getting it Right for Every Child, where:

- there is one plan – a universal risk and need assessment tool to reduce repetition for the victim between services
- there is a lead worker for the victim and perpetrator
- the worker can advocate for service users at important meetings

***"I get anxious speaking to all the different people about my past."***

*-Comment from service user-*

***"There are too many workers and too many assessments which overwhelm victims. There should be one plan which can be shared across agencies to prevent re-traumatising victims."***

*-Comment from staff-*

## 2.2.5 Coordinating pathways and processes

Staff and service users involved in the consultation spoke of the difficulties caused by waiting times, inflexible visiting times or the lack of an out of hours service for domestic abuse support. They wanted more flexibility, earlier intervention and quicker access to emotional and practical support. Some stated that there need to be clear pathways for all and a more coordinated response to domestic abuse: a city-wide response, where each professional has a basic understanding of domestic abuse and how it relates to their role, an awareness of boundaries of each service, and who does what, when. The consultation responses suggest that pathways are not clear, particularly for women without children. One staff member spoke of a 'housing and benefits maze' and how off putting and confusing the long lists of domestic abuse contact numbers are. Staff spoke about the problem of supporting service users who do not engage, and the need for pro-active contact so that we are there later for those who initially decline services, whilst also remaining victim-centred and responding to the needs of the person, rather than the process.

Research shows that a lack of a joined up approach means that domestic abuse can fall between the gaps of services, resulting in vital information not being shared between agencies<sup>19</sup>. Public sector systems are set up to respond to singular incidents of physical violence. This can miss the wider patterns of controlling behaviours and their impact on the whole family. There is a "start-stop" approach in the screening, assessment and allocation of many cases where domestic abuse is a feature<sup>20</sup>. It results in cases 'bouncing' around the system, until such time as an incident or episode takes place of sufficient seriousness to meet existing thresholds. There is also a tendency for services to rush in during crisis periods and close cases when they perceive things are safer, for example, if there has been a separation. This not only increases the associated risks to children and victims of domestic abuse, but has also been proven by research to be a time and resource intense approach to managing cases, and one which results in poor outcomes<sup>21 22</sup>.

Similarly, the Christie Commission report on the future of public services highlighted the need for a new, more radical approach to service provision, which echoes many of the issues around our response to domestic abuse<sup>23</sup>. It emphasised the need to shift towards prevention. The approach to tackle waste,

duplication and inefficiency is also reflected in the City of Edinburgh Council's Transformational Change Programme<sup>24</sup>.

***"Often there are a whole load of different services involved for different reasons and with different family members, who often don't speak to each other or are not aware that other services are involved."***

***"Clear pathways for service users are essential; if we are to be effective, staff need to be clear about what the next steps are so that they can progress with confidence."***

***"Families become confused with involvement of too many services and having too much thrown at them."***

***"There are pockets of good work going on across Edinburgh which need to be pulled together into a cohesive pathway to meet the needs of women, children and perpetrators."***

***"Different departments within large agencies can deliver different messages to women which can cause distrust. A consistent message is essential."***

***"Services are pulling in different directions. They are not singing from the same song sheet. Different agencies respond differently at different times to different people. The same agency may respond differently to different families – there are no clear roles or expectations of what people may do."***

*-Comments from staff-*

Edinburgh benefits from the effective development of multi-agency responses such as multi-agency risk assessment conferences (MARACs), multi-agency tasking and coordination (MATACs) and the domestic abuse court with its specialist advocacy service for victims. The domestic abuse court was rolled out across the whole of Edinburgh in February 2015, followed by the associated Advocacy Service (EDDACS) in July. These have resulted in the following positive outcomes identified in Edinburgh Violence Against Women Annual Report<sup>3</sup>:

- EDDACS provided specialist court reports and advocacy for over 1,400 women in 2015/16
- 13 multi-agency MATAC meetings were held in Edinburgh
- 48 high risk perpetrator targets were discussed leading to 20 positive enquiries and 82 charges
- 13 MARACs were held in Edinburgh in 2015/16; 231 domestic abuse victims assessed to be at high risk of murder or serious injury were discussed at these meetings and actions taken by agencies to reduce their risk

Research shows that the advocacy and MARAC approach is an effective means of addressing high risk domestic abuse and thereby saving lives<sup>13</sup>. It creates a clear pathway across all agencies, underpinned by shared outcomes. For every £1 spent on MARACs, at least £6 of public money can be saved annually on direct costs to agencies such as the police and health services<sup>13</sup>.

The benefit of the MARAC and EDDACs service was highlighted in responses throughout the consultation. However, the need for a clear pathway *under* the high risk threshold of MARAC was raised. Guidance and recommendations from research also suggests that a differential response to domestic abuse is required<sup>25</sup>. Given the vast numbers of domestic abuse cases that engage with the various public sector services, a key task is to develop our screening systems so that we are able to determine the most appropriate form of intervention for individual families<sup>20</sup>. The impact of domestic abuse and the associated service costs mean that even small improvements in processes and practice could deliver significant savings and improve outcomes for families.

Whilst discussions regarding confidentiality and information sharing were prevalent, respondents said that multi-agency working creates communication, relationships, understanding and trust. Various suggestions of how a multi-agency response could be provided were put forward, including:

- Multi-agency teams – by co-location or virtual teams – to reduce barriers and speed up processes
- increasing joint visits
- a multi-agency screening process to direct people to appropriate services, screen police call-outs and target, rather than duplicate resources
- a one-stop shop or drop in centre
- locality-based response similar to Total Neighbourhood

Multi-agency responses have been developed in two smaller Scottish local authorities; West Lothian and the Scottish Borders. Given the smaller numbers of incidences in these areas, a similar single pathway in Edinburgh would be resource intensive. However, the localities model provides an opportunity to make referral numbers more manageable. Two similar processes in Edinburgh were developed previously and valuable learning has resulted from these; the Domestic Abuse Pathfinder in North Edinburgh in 2009 and the South West Domestic Abuse Local Action Group which was piloted in 2016 (see Figure four).

The discussions at one of the consultation groups highlighted the reasons MARAC worked in Edinburgh, and concluded its benefits were wide-ranging. Some of this learning can be applied to other multi-agency processes. MARAC was beneficial because:

- it was face to face
- domestic abuse was seen as core business
- there was clear governance, principles and agency buy-in
- people committed to participate
- there was consistency and shared responsibility
- attendees were flexible in their role
- there was a clear information sharing structure
- there was a focus on victim's safety
- there was leadership and oversight

### Figure Four: The South West Domestic Abuse Local Action Group

The South West Domestic Abuse Local Action Group aims to develop a single pathway from domestic abuse incident to service provision, based on risk and need within two police beats in South West Edinburgh. The process will intervene early, engage with all family members, coordinate services and improve outcomes.

Process Stage	
<b>1. Information gathering</b>	<ul style="list-style-type: none"> <li>• Domestic abuse cases identified by partner agencies or police call-outs collated on a spreadsheet</li> <li>• Spreadsheet circulated to members who input information held within their systems</li> </ul>
<b>2. Assessment</b>	<ul style="list-style-type: none"> <li>• Domestic Abuse Local Action Group meets monthly and reviews the cases</li> <li>• Actions will focus on early intervention and prevention and engaging with all family members</li> <li>• The group will decide the monitoring period for each case</li> </ul>
<b>3. Actions</b>	<ul style="list-style-type: none"> <li>• Actions will be allocated to workers who have received training in domestic abuse</li> <li>• They may include joint home visits and will draw on existing professional relationships with family members</li> </ul>
<b>4. Reviewing cases</b>	<ul style="list-style-type: none"> <li>• Cases will be monitored for varying periods of time depending on identified risk and need</li> </ul>

In order to ensure an informed and consistent approach to families affected by domestic abuse across the various agencies, it was agreed that actions would only be allocated to selected workers. Four workers from each of the teams attended a four day training course on how to engage with perpetrators and victims, consider the impact on children and the use of formal risk assessment tool used by Police Scotland.

Initial findings from cases discussed suggest that the focus on early intervention has been successful. Actions are being taken with families who would otherwise not have received a service; information on various systems is being shared, allowing for a more accurate assessment of risk; and safe ways to engage with perpetrators have been identified. For example, the group has recognised that separation is a period of increased risk; perpetrators who have previously engaged with housing and social work are being approached by a perpetrator worker; and support is being offered to a woman who disclosed high risk violence to a housing worker and a risk assessment is being undertaken.



### 2.3 Policies, publicity and awareness raising

Many respondents commented that victims often do not recognise they are being abused, and that being abused can cause distorted beliefs, such as self-blame. Often the discourse focuses on physical abuse, which can lead to victims failing to recognise other abusive and controlling behaviours. As victims may not pick up leaflets related to domestic abuse, it was suggested that other avenues for awareness-raising, such as general wellbeing and health, were used as a way to raise the issue of relationships and abuse. As shown in Figure Three, it was common for victims to speak to family and friends about the abuse. However, if there is a poor response from family and friends or a lack of understanding of the issues, victims are even less likely to approach services. Consideration should be given to how we can improve the response from family and friends towards victims of domestic abuse and how we can facilitate them to support their loved ones.

There was discussion about how to engage the wider community in preventing and responding to domestic abuse. This can include challenging the negative judgemental attitudes towards victims. Many respondents spoke about the taboo associated with domestic abuse and the need for it to be “brought out into the open.” Respondents valued prevention work and a cultural shift in how society views domestic abuse. This should start in schools, and people spoke highly of the work underway with children and young people in Edinburgh. Another model highlighted was Saheliya’s ‘Champions for Well-being’ which develops women’s skills to be a resource of information and agents for change in their families and communities.

It was important that victims of abuse were able to understand what response they will get when they approach services. For example, what happens if they call the police? What are their housing rights? How will children and families social work respond to a disclosure of domestic abuse? If victims are not sure what will happen when they approach services, they will not be able to see how they can be helped to plan for their safety. They may decide it is safer not to approach them. Agencies should have clear policies and procedures so that staff can understand their role in responding to abuse. Employers need to have well publicised domestic abuse policies.

***“Society is complicit with the abuse. Behaviour within a family or home is seen as ok when it would not be acceptable in any other context.”***

***“I took four years to contact services as I didn’t know what they would do. We need to know what will happen before we approach services. I need advice and guidance without things being taken out of my control.”***

***“Society in general needs to be aware of all forms of abuse and symptoms so people can recognise them and get help early on.”***

***“We need more widespread education on what abuse is and what is acceptable and what to do if it is suspected. Then specific guidance on how to slowly and safely extract yourself and your children from that, without harm and financial ruin.”***

***“Could my employer have seen the signs? In an ideal world employers could help. You go there regularly. They can notice changes in patterns and behaviour, work performance and absence.”***

*-Comments from service users-*



## 2.4 Peer support and volunteering opportunities

Service users spoke about the importance of peer support and being able to engage with people who have been through a similar experience. This was valued both in terms of group work and the opportunity to speak with peers individually. A number of people commented that they would like to be able to volunteer in domestic abuse support services and were disappointed that there was not more opportunity to do this in Edinburgh.

***“They understand and I don’t need to explain”***

*-Comments from service users-*

***“Men and women with lived experiences should be involved in delivering training and providing support.”***

***“We need a community development response. Why are there no volunteers or peer support workers? We are not seeing this in the violence against women field –we still see women as victims.”***

*-Comments from staff-*

## 2.5 Housing response

Whilst service specific feedback is being given via the Project Board, housing support takes up much of the resource for domestic abuse commissioned services, so is included here. There are currently 27 refuge spaces in Edinburgh Women’s Aid (including eight in a 24 hour complex needs refuge) and five spaces for women from black and minority ethnic communities in Shakti. Temporary accommodation is also available for people who have been assessed as homeless due to domestic abuse, including male victims. As domestic abuse is one of the single biggest reasons for women and children becoming homeless, offering support and advice in relation to this issue in itself prevents homelessness<sup>26</sup>. However, whilst safe accommodation is critical for victims of domestic abuse, there is pressure on them from professionals, family and friends to separate and move home<sup>26</sup>. Re-housing and separation is a period of increased risk and can result in disruption to family functioning, particularly where there are children<sup>17 27</sup>.

Both staff and service users highlighted the need for flexible housing options, which take account of the complexities of victims’ lives and the nuanced planning required in supporting them and their children to be safer. Service users expressed frustration that they were required to move when the perpetrator remained in the family home, and the stigma and disruption that were caused by homelessness. Some felt that the options for removing the perpetrator were not outlined to them and that there was no support for them to collect their belongings after they had fled in crisis. Offers of safety measures for existing properties should be given so that victims can remain in their own home. This should be available for all types of tenancy/residence. Services users felt that Bed and Breakfast accommodation and mixed hostels were not suitable for victims of domestic abuse, particularly women from a black and minority ethnic background or those with complex needs and trauma. They valued the women only spaces offered. They also appreciated that they were believed when they contacted services and were not asked for evidence of the domestic abuse.

Staff spoke of the need for emergency flats, which are available during the night, and the provision of short-term accommodation, which would allow victims to choose to return home after a few days, in addition to the option to consider how to remove the perpetrator. Some staff suggested that there should be housing for perpetrators, which would include engagement with workers who specialise in behaviour change and risk management. The time taken to move from temporary accommodation to settled accommodation was highlighted by staff and service users. Some stated that refuge should be a short-term

measure and that precious resources were being used on service users who no longer required the intensive support, but were not able to move on as there was no suitable housing available.

Similar to many other areas, respondents stated that there was a need for housing staff to have a more understanding approach to victims of domestic abuse. They should have knowledge of legal avenues that could increase safety and be aware of wider multi-agency risk management plans to prevent the perpetrator from being re-housed near the victim. The financial implications of different options, such as the Private Sector Leasing Scheme and travel costs, should be considered and explained. Limitations of services were described; including restrictions on pets and the cost of accommodation if victims could not access benefits. The importance of domestic abuse service providers giving accurate and realistic advice to victims was also raised. Poor housing advice can lead to service users making decisions based on inaccurate information.

Overall, respondents highlighted the importance of flexible housing options that are person-centred, rather than procedure-driven; and that safe spaces should be defined by the victim, not the service.

***“I wouldn’t have felt safe to stay in my home – walls have memories.”***

***“He was given a homeless flat two streets away from us, so that put him back in touch with me and we were all vulnerable again. Different services need to be communicating better”***

*-Comments from service users-*

***“Professionals need to recognise the limitations of what housing can provide as a response and work with them rather than trying to resolve cases by supporting unrealistic aspirations.”***

***“If the victim knows the security is good, then this gives peace of mind and there is no reason to move on.”***

*-Comments from staff -*

## **2.6 Staff training**

The consultation and research highlight how the way in which society, organisations and individuals respond to domestic abuse can increase risks to the family. These ‘service generated risks<sup>28</sup>’ can be mitigated by staff training, another theme which was repeatedly raised by the respondents. There is currently monthly one day domestic abuse training, but respondents felt that more extensive and compulsory training was required for various staff groups. The vast numbers of staff who work with families affected by domestic abuse and who therefore need to be trained can seem overwhelming. It was specialist domestic abuse organisations that were seen to embody the values and knowledge required to support victims and perpetrators of domestic abuse. However, there were also individual staff within other services across the city who responded in a helpful and supportive way. These people were seen as the ‘go to’ person within agencies by specialist domestic abuse workers; they knew they would try and overcome service generated risk and go the extra mile to help their service user.

This led to the suggestion of developing ‘Domestic Abuse Champions’ in frontline agencies with a particular skill set. They should be:

- comfortable with how to ask questions about domestic abuse
- able to build a relationship of trust
- flexible with their role and how to keep people engaged

- able to 'hold' the service user until they can be transferred appropriately
- supportive to women in engaging with other services
- a lead worker
- locality-based and able to engage with a wide number of services

Training would include:

- domestic abuse theory
- knowing the indicators of abuse
- risk assessment, including service generated risks
- describing options and impact on safety
- confidentiality and information sharing
- confidence in working with perpetrators
- managing expectations of service users
- understanding the impact of culture of domestic abuse
- joint visits and specialists in various teams
- the impact of vicarious trauma and how to look after yourself
- trauma focus
- domestic abuse within the context of wider violence against women issues, including forced marriage, honour based violence, female genital mutilation, trafficking and sexual exploitation

Once established, the locality based Champions could support others, and further training could build their numbers, creating a domestic abuse competent workforce, incrementally over time. They would be nurtured using Practitioners' Forums, where Champions have a networking framework, where they can learn from each other and keep up-to-date with changes. A similar model has been used successfully in Edinburgh with the creation of Safe and Together Champions. This is transforming the child protection response to domestic abuse.

## 2.7 Female victims of domestic abuse

The respondents were not asked to comment on their individual experiences of domestic abuse, but rather their experiences of services and professionals with whom they had come into contact. However, the literature provides extensive insight into women's experiences of domestic abuse. Pain<sup>29</sup> describes domestic abuse as a form of everyday terrorism. Domestic abuse works through what Stark<sup>16</sup> has called 'coercive control'; abusers employ a range of tactics and behaviours that may include physical, sexual, psychological and emotional abuse, that together entrap abused people in the situation. Many writers on domestic abuse have outlined how it is a form and control, which has devastating impact on the victim's life it<sup>16 30 31 32</sup>. Domestic abuse often results in isolation and the gradual withdrawal of victim's from spaces outside the home, and from family and friends<sup>33 34</sup>.

Respondents said that pro-active contact is required, as victims may not accept help initially. There was a suggestion that there is a gap in services for those who choose to stay in the relationship. Respondents stated that support from female staff was appreciated, but one person commented that what matters more is the attitude of the person, rather than their gender.

In terms of sexual assault and rape, respondents stated that support needs to be specific to the individual victim. Professionals need to understand rape and sexual assault, the long and short term impact, and know how services can help. Victims who are sexually assaulted need to be offered immediate support, and advocacy workers should be available at point of disclosure to police so that they can be supported

through medical procedures and court processes. Long-term support for trauma and recovery should be more widely available.

***“After the separation I was crying on and off for three weeks. I needed support straight after the separation to make my home my own safe space. Who will validate this space for me?”***

***“Most of the services I approached didn't recognise that domestic abuse was involved.”***

*-Comments from service users-*

***“What would help is for the worker to be there for them, phone them when they said they would; try to find solutions to problems that aren't just domestic abuse related; for them to be on their side and advocate for them, not to just send them to another agency; to take them, support them to attend appointments, call them after, be interested in them; show they have an understanding of domestic abuse, talk to them about it, show they are trauma aware, try to help. Don't just see the woman as someone you need to assess and to get information about in order write reports.”***

*-Comments from staff -*

## 2.8 Hard to reach victims of domestic abuse

Safe Lives<sup>14</sup> suggests that some victims of domestic abuse are not identified readily. The consultation identified similar groups: young people, people from black and minority ethnic backgrounds, those without children, those who remain in a relationship and those with complex needs. Domestic abuse is endemic in all societies, cutting across social divides<sup>35</sup>. The social and economic position of people who are abused may provide them with greater or fewer opportunities and resources with which they can resist abuse, get support, and leave the situation<sup>36</sup>. These differences are strongly underpinned by structural social inequalities, especially gender, sexual orientation, income, class, ethnicity, migrant status and disability. All of these structures create a context where it is more or less difficult to leave. Pain<sup>30</sup> defines this societal issue as a 'structural vulnerability;' some groups are more at risk from and more affected by violence and abuse than others<sup>29 37 38</sup>.

### 2.8.1 Black and minority ethnic female victims of domestic abuse

The size of the minority ethnic population in 2011 was just over 4 per cent of the total population of Scotland; this has doubled since 2001<sup>39</sup>. This increase has been reflected in the local demographics in Edinburgh. In particular, Edinburgh has one of the highest proportions of Polish populations in Scotland<sup>39</sup>. Research suggests that there is a need for specialist provision for black and minority ethnic populations, as well as expert knowledge within mainstream services<sup>19 36 40 41 42</sup>.

Both staff and services users were clear that there was a need for specialist services for black and minority ethnic victims, for a number of reasons. Service users may:

- have lost contact with their community
- need services that have an understanding of language, culture and the specific needs of communities
- have dual issues related to their traditional community role and their British environment
- feel shame or guilt if they ask for help outwith their community or go against their families or peers
- need support to understand that abuse is not part of any culture and what their rights are, or to dispel myths about what will happen if they access various services

- have additional issues related to immigration status, prejudice and discrimination, ‘No Recourse to Public Funds’ or language barriers

Some respondents suggested that these additional complexities mean that there is a need for longer term support than with other domestic abuse victims.

However, there were some concerns raised regarding specialist services. Respondents felt there was a gap in service provision for victims from Central or Eastern European countries who are not able to access the black and minority ethnic services. A worker stated there are specific issues for this group regarding the cultural acceptance of abuse, privacy and not being involved in the lives of others, perception of help seeking, the importance of marriage and religion and the taboo related to sexual assault and rape. Some stated that there is a need for black and minority ethnic services to work in a more integrated way with other services. There was a possibility of information being leaked back to the community and the shame of seeking help can prevent women from coming forward. Some respondents commented that there needs to be a grassroots model of engagement and education with communities to change perceptions and behaviours from within the group.

***“I did not know anything in this country. I had no confidence to report my abuse. I did not think anyone would understand or believe what I was going through. They helped me understand the different type of abuse I suffered. They were able to help me with cultural, religious matters and made me understand that I can reach out for help.”***

*-Comments from service users-*

***“BME services should include all minorities - not selective ones.”***

***“All staff should have sound knowledge and understanding of gendered based violence with in the cultural context of black minority ethnic women.”***

*-Comments from staff-*

## 2.8.2 Women with complex needs

The consultation identified a correlation in relation to service users’ experience of abuse and associated trauma, mental health and substance misuse. However, all too often there is a silo’d response. Understandings of the reasons and causes of substance misuse and abuse are varied. Many organisations believe problematic substance use to be a cause of a perpetrator’s violence. Within these organisations, a perpetrator’s substance use may be addressed, with the intention of reducing their use of violence. There are also differences in the ways organisations understand women’s substance use. Some organisations believe that there is a causal link between a woman’s use of substances and her experiences of abuse. Other organisations may see the misuse of substances (both legal and illegal) as a way for women to cope with their experience of abuse<sup>43</sup>. These differences reflect the way in which the domestic abuse and substance misuse field have developed differently.

Both staff and services users were clear that there is a need for specialist services for women with complex needs (defined as those who experience problems with mental health, substance misuse and/or trauma who are at risk from themselves or others), for a number of reasons. They may:

- have a complex lifestyle and cannot manage appointments

- be disadvantaged by some agencies' strict 'three strikes and you're out' criteria for accessing services
- find mental health support and assessment pathways to be inadequate; primary care can be a barrier to accessing support
- find a lack of community based services, such as the Survive and Thrive trauma group work programme
- lack literacy skills
- have anxiety about leaving the house or forming relationships with professionals
- not meet eligibility criteria; for example, the need for service users to be motivated or offering time limited engagement, which are not useful for complex trauma where time is needed to develop relationships

Respondents valued services where there was a multi-disciplinary team with access to a variety of holistic and non-time limited services; such as welfare benefits, psychological support, therapies to assist with trauma, low self-efficacy and self control and services that encourage women to develop friendships and links to social networks. There needs to be a multi-agency 'whole team' model, with shared dialogue, co-ordinated approaches and a lead worker who can co-ordinate everything for the individual and who 'puts the jigsaw pieces together' with as much communication as possible. Co-ordination across agencies requires to be streamlined.

Examples from respondents suggested that some services do not have an understanding of trauma, its effects and how victims may react or present. Service users may present as aggressive, unable to function, as dealing with the effects of shock and confusion and having difficulty coping or hearing what is being said. Survive and Thrive training is suitable for professionals and helps to create a shared understanding of trauma. One respondent suggested this could be adapted to include an understanding of women who are in relationships where they are abused.

Whilst not included in the definition of complex needs, women with physical and learning disabilities were also highlighted as requiring specific support; for example they may be unable to attend appointments easily. The need for nuanced and informed responses from health and social care staff is vital here. This should be wider than GPs and include other health-related agencies and assessors, and those in psychiatric services.

***"All the women in the focus group reported that there appears to be no joined up services or thinking and that their mental health difficulties or addictions were the focus when services intervened and the domestic abuse was either minimised, they were blamed or it was seen as general 'chaos' in the family."***

***"Complex needs require a complex response. We can hit the target and miss the point."***

***"Mental health and drug and alcohol services need to work more closely with domestic abuse. We know there is a link between alcohol misuse, drug use and mental health but what would motivate a woman to deal with these whilst still living with domestic abuse?"***

***"The right services at the right time would save money in the long run and bring about sustained change, instead of our current revolving door approach."***

***"If there was a service for complex needs we wouldn't have competing demands between services for mental health, addictions and trauma."***

*-Comments from staff -*



## 2.9 Male and lesbian, gay, bisexual and transgender victims of domestic abuse

Gender is the key form of social difference, which underpins the distribution and experience of domestic abuse. Overall, domestic abuse by men against women is more frequent, more severe and has more serious consequences<sup>44 45 46</sup>. Cultural expectations around the roles of women and men, financial inequalities between them, and the predominant forms of masculinity and femininity in different societies both create and sustain this form of abuse<sup>16</sup>. However, men do experience domestic abuse from female partners, and in some cases this can be very serious<sup>45</sup>. Stanko<sup>37</sup> provides a gendered analysis, which is useful in understanding this form of abuse. Gender still influences the way we speak, conceptualise, and challenge violence. For men who experience domestic abuse, cultural expectations about masculinity and being a man may shape the experience of abuse, one's own and others' recognition of it as abuse, how readily they will seek informal and formal support, and specific fears about losing contact with children<sup>29</sup>.

Respondents to the consultation stated that work with male domestic abuse is at an early stage but is starting to develop. There are good processes to identify victims, and respondents felt that it is important that practice with male victims meets agreed service standards and is informed by research<sup>47</sup>. The pathway to advocacy services and MARAC, which is provided to women by the EDDACS service, was not clear.

Some stated that domestic abuse against men is not taken as seriously, is not visible in publicity, that people are less aware of the service available for men, and that they are less likely to report abuse. The issue of how to work with female perpetrators was also highlighted.

Sexual orientation is also a critical factor in understanding both fear and the outcomes of abuse. Homophobia structures the responses of others. There is growing evidence of abuse in same-sex relationships and additional issues concerning the nature of abuse and the process of seeking help<sup>48 49 50</sup>. Respondents valued when agencies made clear that they are accessible to a range of sexualities as this reduced taboo. A survey into transgender people's experiences of domestic abuse<sup>51</sup> found that 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner, and that 47% of respondents had experienced some form of sexual abuse from a partner or ex-partner.

Some respondents to the consultation stated there are gaps in services for men, especially gay, bisexual, and transgender men, as their needs are not often recognised by services. There are different risks for gay men: they may experience more sexual and violent abuse; there can an assumption that male victims are heterosexual, so gay male domestic abuse may not be recognised. There are visibility barriers and the consultation highlighted the need for leaflets to be made more inclusive: they could include online case studies, state that services are LGBT inclusive, online case studies could show the LGBT experiences of domestic abuse.

Whilst there is recognition that the majority of domestic abuse is perpetrated by men in heterosexual relationships, pathways for services need to be open to all sexual and gender identities. The work needs to have clear strategic governance and should be covered in domestic abuse training.

***“I understand that most domestic abuse is from men to women and services for this must exist and be fully funded. I just want to say that it can happen to men from women too and it is vital services for that exist too so that everyone gets the help they need. I did not know it could happen to me as I did not think it happened to men so I was confused and scared for a long time.”***

***“I got a sense that people were thinking ‘man up and get on with it’”***

***“I think it should be addressed across ALL sexes, races, and economic situations. It does not matter whether you are a millionaire or a pauper, abuse in any form against any living thing is WRONG!”***

***“My ex partner has got away with it all because of the lack of understanding of domestic abuse in same sex relationships. Nobody really believed she could have done the things she had done, or the seriousness of it.”***

*-Comments from service users-*

***“It is important that advocates for effective responses to domestic abuse remain open to learning, open to alternative views and approaches and committed to implementing and supporting approaches that work.”***

*-Comments from staff-*

## **2.10 Children and young people**

It is clear that domestic abuse is a significant child protection and welfare issue. It can disrupt a child's environment profoundly, undermining their stability and damaging their physical, mental and emotional health. Domestic abuse during pregnancy also has a long-term and wide-ranging impact on the mother and child. There are crossovers between living with domestic abuse and being directly physically and/or sexually abused by the same perpetrator<sup>52</sup>.

Respondents called for more therapeutic and trauma support for children. There is a need for people to understand more about what is behind children's behaviour, rather than labelling them as 'naughty', misdiagnosing them with ADHD or autism, or medicating them. This focus on the child's behaviour can take the emphasis away from the perpetrator. Respondents suggested that services should be provided by a mixture of statutory and third sector services; whoever is in the best position or most skilled to do it. Comments included the need for GIRFEC processes to be used so that universal services can support the child. Some support needs to be long-term and provided by specialist services. It was recognised that domestic abuse correlates with many other issues, which will impact on the family, such as neglect, parental substance misuse, mental health issues and changes to family functioning and circumstances.



Direct work with children should therefore include work on trauma, resilience, attachment and holistic engagement with the family.

Positive aspects of current support to children included one to one work, children being able to express their feelings, explore the impact of domestic abuse and think about how to keep themselves safe. CEDAR<sup>53</sup> and Safe and Together<sup>17</sup> were singled out as particularly positive. These suggest that the most effective way of providing child safety ensures the non-offending parent's safety and wellbeing and maintains and develops the bond between them and their children. Assessment of impact is nuanced and takes into account the impact of domestic abuse on the non-offending parent and wider wellbeing and family functioning. Efforts are made to acknowledge the protective efforts of the non-offending parent and to partner with them. Domestic abuse is understood as a perpetrator's parenting choice and the models encourage professionals to hold fathers to the same parenting standard as mothers. Children are also offered support in their own right.

There were also identified gaps in service provision. These included:

- language barriers to parenting classes
- services for young people who are perpetrating domestic abuse
- flexible opening times
- better use of social media
- rooms and resources for young people, not just children or babies
- child to adult family violence; domestic abuse in Scotland is defined in relation to ex/partners

***“Children need to know about how to recognise relationships that aren't supportive and how to get out of them when they recognise that.”***

***“I think society's attitudes need to be part of the solution regarding domestic abuse so that services aren't just addressing the consequences of it.”***

*-Comments from service users-*

***“Whilst services have children's best interests at heart, the woman also feels they have her best interests at heart too!”***

***“There needs to be better protection for children, but also for adults who are abused by their children.”***

*-Comments from service users-*

## **2.11 Domestic abuse perpetrators**

The criminal justice system has an important role in the enforcement of the law and prevention of domestic abuse. But internationally, there is growing consensus that prosecution alone is not enough to eradicate the problem<sup>54</sup>. Where appropriate, perpetrators must also be supported to change their behaviour. Perpetrators who carry out such violence should be identified earlier, held to account for their

behaviour and given the support they need to change at the earliest opportunity. Edinburgh is well placed to provide this response, having been at the forefront of perpetrator work in Europe for over two decades<sup>55</sup>.

The majority of perpetrators who responded to the consultation did not actively seek help, but were referred to services through criminal justice routes or by children's services. Other people they contacted for help included families, friends and their GP. They valued the perpetrator programme interventions because they gave them advice and emotional support. Immediately after a domestic abuse incident, perpetrators said they would have valued support with their behaviour and housing options to allow them the space and time to be taken away from the situation. Support with behaviour management was valued. Having someone to talk to and support with contact issues was seen as important in the longer term.

***"I wasn't happy about what was happening and wanted to change the way I was."***

***"It took a while to admit to myself I needed help."***

***"I get nervous speaking to everyone about my past."***

***"I feel no-one listens to me."***

***"Men need to see from their partner's side, rather than their own guilt."***

*-Comments from service users-*

### 2.11.1 Specialist services for perpetrators

Staff overwhelmingly supported the behaviour change programmes, particularly in relation to identifying triggers and the impact on victims. They also believed that accountability within the wider system was important. This included holding men to high standards as fathers and involving them in child protection processes.

Many respondents spoke highly of the specialist work with perpetrators available in Edinburgh, including the current interventions with Polish men. However, some respondents identified gaps in services and gave suggestions for service improvement:

- more services for 'hard to reach' perpetrators: those from black and minority ethnic communities, or those with substance misuse or mental health issues
- widen pathways into services, for example, signpost perpetrators to services from police call-outs
- including elements of Survive and Thrive within programme modules
- being able to articulate when perpetrators are *not* making changes
- services for young people who are perpetrators
- gaps in service for child to adult family violence
- gaps in services for female perpetrators
- development of short-term interventions to stabilise perpetrators until they can access behaviour change programmes

- development of interventions for those not willing to attend a behaviour change programmes
- peer mentoring

### 2.11.2 Holding perpetrators accountable in other services

Whilst specialist services were valued, respondents also commented on the importance of identifying and holding perpetrators to account in wider service areas:

- targeted training for different groups who are likely to engage with perpetrators; GPs, mental health and substance misuse, criminal justice supervising officers
- training should include skills development as well as theory and how to routinely enquire about concerning behaviour
- early intervention with men around relationships and emotional regulation
- raising awareness of internet or phone support available for perpetrators
- development of risk and needs assessment of perpetrators within services

Many of these recommendations have reflected recent developments in perpetrator work, including the multiagency DRIVE Project<sup>56</sup> to 'challenge perpetrators of domestic abuse' and recent books outlining short-term interventions for perpetrators<sup>57</sup>.

Victims highlighted ways in which perpetrators can use services to continue to abuse. They found it frustrating when services were 'fooled' by the presentations of perpetrators, rather than assessing their behaviours accurately. Services seemed unaware of how the perpetrator used services to carry on abuse to their family.

***"Someone from a position of authority needs to tell them the consequences of their behaviour and that they need to change, rather than buying their perfect presentation."***

***"The abuser in my case, was a charmer to anyone else looking in, he was very 'nice' to the social work and all my friends, no one else saw the side of him we did. This was frustrating as they all had a different opinion of him. Emotional abuse is so elusive and hard for outsiders to see especially if abuser is socially skilled and charming outwith the home."***

***"My partner continues to abuse me via any channels available to him; civil courts, making allegations of child abuse and physical attacks by my childcare. So, despite a non harassment order this behaviour continues. We have suffered substantial emotional and financial losses and want the system to start to acknowledge the changing face of abusers - with physical abuse changing to clever emotional abuse through all routes possible."***

***"It appears to me from my experience that he can do anything he wants and nothing will be done."***

***"It took 15 years. These men should not be allowed to go on to do it to other women"***

*-Comments from service users-*

***"Things go well when there is a shared understanding of domestic abuse, clear goals, expectations and roles for men, not shying away of difficult discussions with them, willingness to be involved with men, include them, being up-front and talking about domestic abuse in terms of behaviour, not euphemistically, believing men can change and seeing them holistically and engaging honestly."***

***"In my set up we don't work with perpetrators or even try to, we just try and get our clients away from them"***

***"We need to have the confidence to have a meaningful conversation which results in a good intervention – not just talking to the perpetrator so that you can say you have in your casenotes."***

***"The best outcome is for them to change. In the absence of change they need to get the message that they cannot continue."***

***"How do you engage empathically without colluding with, or ignoring, behaviour? The skills of Safer Families and Caledonian, which are essentially social work skills, should be rolled out across professions."***

***"All the women in the focus group reported that professionals rarely spoke to their ex/partners and when they did they tended to over emphasise their positive attributes, even when the domestic abuse had been well documented and there were convictions."***

*-Comments from staff-*

## 3. Recommendations

---

### 3.1 Developing a coordinated community response to domestic abuse in Edinburgh: next steps

This report has outlined the key themes identified by service users and staff in relation to the response to domestic abuse in Edinburgh. It has related this to national and international research and best practice. The following section outlines recommendations to improve domestic abuse service design and create a more coordinated community response. Service redesign of this kind will take several years, and whilst there are key priorities and 'quick wins', this document outlines a clear vision and direction, and establishes a governance structure to take this forward. In order to do this the existing Project Board will:

- be reviewed to ensure that it has the right representation to take forward the next stage of the project
- agree membership and action plans for all work streams
- receive regular reports on progress for all work streams

It will ensure the delivery of Edinburgh's Domestic Abuse Improvement Plan set out at Appendix One. The work streams are outlined in the following sections.

### 3.2 City of Edinburgh Council Commissioned Services

The consultation has shown that victims gave the most positive response about services when they were able to build a relationship with a professional who listened, empathised, was non-judgemental and understood the dynamics of domestic abuse. Most commonly, this was found within specialist domestic abuse services. However, professionals within these services can be overwhelmed with advocating for people through systems which at times respond in a way that increases risk to those they are working with. We will ensure that all professionals are able to offer safe and supportive advice to individuals affected by domestic abuse and that specialist services can be accessed where appropriate.

This work stream ensures specialist support for individual victims is offered to those who are identified as having experienced domestic abuse. We will work with interested service providers to co-produce specifications that deliver a joined up, multi-agency response in the localities.

COSLA and Scottish Women's Aid<sup>58</sup> recently published guidance for commissioning services for domestic abuse. It suggests that local authorities should seek to fund services that:

- are underpinned by a gendered analysis of domestic abuse, which recognises that domestic abuse is both a cause and consequence of women's inequality
- are shaped by and promote the views of women, children, and young people who have experience of domestic abuse
- demonstrate an understanding of the need for women-only spaces in the promotion of safety and of recovery from domestic abuse
- adopt a rights-based, person-centred, needs-led approach to addressing the impact of domestic abuse on women, children, and young people
- demonstrate a commitment to promoting children's rights and recognise that children and young people have their own unique needs in regard to domestic abuse
- support women in realising their choices with regard to housing and accommodation
- provide holistic, multi-faceted support for women, children and young people or, where this may not be possible, work in partnership with other appropriate agencies

This guidance was reviewed at both the Project Board and Service Providers' Group and will be reflected in our longer term domestic abuse service redesign.

Current contracts for domestic abuse services within Health and Social Care, Communities and Families and Safer and Stronger Communities will provide the resources for the redesign of services. A Prior Information Notice (PIN) will be published to establish the potential market interest to put in place a collaborative partnership arrangement with suitable suppliers. Service specifications will be co-produced and contracts will be in place by November 2017.

The PIN will seek to identify a range of professional resources and opinions to support the development of a coordinated community response to domestic abuse in Edinburgh. The intention is to develop a single pathway from domestic abuse incident or identification to service provision, based on risk and need. The commissioned services will be part of a wider improvement plan across all service areas which will encourage earlier intervention, better engagement with family members and improved coordination. This will include the development of:

- an initial referral, screening and assessment process to ensure support is offered and action is taken where domestic abuse is identified
- services for female victims, including:
  - accommodation with housing support
  - support to victims of domestic abuse – including advocacy work, direct support, peer support and/or groupwork
  - support to children affected by domestic abuse

The service redesign will ensure that there are pathways through services for:

- female, male and LGBT victims of domestic abuse
- victims and children from black and minority ethnic communities (including those from Central and Eastern Europe)
- victims with complex needs (defined as those who experience problems with mental health, substance misuse and/or trauma who are at risk from themselves or others)

The PIN will make clear this is related to service redesign, rather than the allocation of resources. It will ask that interested parties:

- understand Edinburgh's definition of domestic abuse
- have the capacity to deliver
- adhere to a gendered analysis of domestic abuse
- work to the principles of Safe and Together
- are trauma informed
- are aware of the local and national policy context in relation to domestic abuse
- are either a member of the Edinburgh Violence Against Women Partnership, or are aware of the work of the Partnership

Work to establish current costs and throughput of existing services will commence immediately. A Service Providers' Group of interested parties will be established. There will then be a number of meetings to co-produce service specifications. We will develop flexible, dynamic contracts, which will allow learning in action.

### 3.3 Housing and homelessness services

The strategy suggests that pathways in relation to housing and homelessness services should:

- ensure housing options include realistic advice about future housing; the opportunity for individuals to stay safely in their own home, or to access short-term places of safety and return home
- give consideration to removal of the perpetrator
- aim for all agencies to ensure that victims be settled and recovering in their new home and community, with appropriate support, as soon as is possible and safe
- train housing staff in the dynamics of domestic abuse and domestic abuse service providers in giving accurate housing advice so that everyone understands the safety implications of the various housing options

This work stream will develop a flexible, speedy and safe process to ensure that individuals and their children are safe, secure and settled in a home of their choice.

This includes:

- development of a domestic abuse housing policy
- implementation of the Domestic Abuse Home Safety Initiative
- development of specialist domestic abuse housing officers
- training for all housing staff on domestic abuse
- training for service providers on giving housing advice
- investigation of options available to increase priority for those who are homeless due to domestic abuse
- consideration being given to procuring specific housing stock for domestic abuse
- increased use of measures to remove the perpetrator from the family home
- direct engagement with perpetrators who are not living with their ex/partners due to bail conditions or them or their ex/partner leaving the family home

### 3.4 A locality based multi-agency response to domestic abuse

This work stream will develop a locality based, multi-agency response to domestic abuse. The process will ensure there is a single pathway from domestic abuse incident to service provision, based on risk and need. It will intervene early, engage with all family members, coordinate services and improve outcomes.

The response will review domestic abuse police call-outs in the locality, share information appropriately and safely and allocate actions to relevant agencies, some of which may already be involved with the family. As police call outs do not reflect the prevalence of domestic abuse, the process may allow mechanisms for other services that identify families affected by domestic abuse to refer into it.

The process should include:

- Police
- Housing
- Social work – children, adult and criminal justice
- Family and household support
- Non-court mandated perpetrator programme
- A representative from services who support individuals affected by domestic abuse

The South West Locality has piloted a screening and action group. The development of a further process is now included within the Locality Improvement Plan as part of the Safer Communities work stream.

### 3.5 Publicity and awareness raising of services and support available in Edinburgh

The consultation has shown that many victims of domestic abuse do not contact services for many years. This is for a number of reasons:

- not recognising they are experiencing domestic abuse
- previous experience of a poor service response
- lack of knowledge available services
- a confusing number of services
- unpredictable service responses

Knowledge of services and predictable service responses are vital when individuals affected by domestic abuse are making decisions about the risks they and their children face. This work stream will develop comprehensive and simple information in a range of formats, which will detail the services available and how each service area will respond to domestic abuse. It will include raising awareness of any employment policies in relation to domestic abuse. Speak Up, Speak Out, the multi-agency publicity campaign for Edinburgh launched in August 2013, could provide an appropriate platform for the development of any materials. A Domestic Abuse Action Group has been established as part of the Liberton and Gilmerton Neighbourhood Partnership. It could provide a forum to develop these materials for the city, under the auspices of its already agreed priority of 'awareness-raising'.

### 3.6 Working with perpetrators of domestic abuse

The ability to work long-term with perpetrators of domestic abuse to create behaviour change is a specialist skill. The vast majority of perpetrators are not able to access this type of intervention and many are not suitable for it. Respondents to the consultation want professionals to be able to hold perpetrators to account for their abuse. Many services already engage with perpetrators due to their parenting role, their substance misuse, mental health and housing needs; or their criminal or anti-social behaviour. We aim for professionals within these services to reduce the risk of domestic abuse by addressing perpetrators' wider needs, and by developing skills to engage empathically and motivationally with them, without being collusive. By engaging with perpetrators, we are able to reduce victim-blaming, assess risk accurately, gather information about a pattern of abuse, and work together with others to reduce risk, hold perpetrators to account and encourage them to change.

This work stream will develop the skills of the workforce in engaging with perpetrators. It includes:

- an allocated perpetrator worker to each locality to act as a consultant and support staff teams to engage with perpetrators
- training for staff in motivational interviewing, risk assessment and short term interventions
- a response for perpetrators who are not suitable for long-term behaviour change where engagement with them is likely to reduce risk to the individual
- development of shorter modules within non-court mandated perpetrator services for men who are not suitable for the behaviour change programme; these may include modules on fathering, substance misuse, mental health, trauma, employability
- development of perpetrator work for female perpetrators or those who are not within heterosexual relationships
- development of work with young people who use violence towards ex/partners or family



- processes to ensure work with perpetrators is safe and there is joint working with people who are supporting their ex/partners

### 3.7 Improved response to domestic abuse across all service areas

Respondents to the consultation stated that one of the largest improvements that could be made is in relation to the understanding and response of professionals to domestic abuse. Findings show that domestic abuse is mistakenly viewed as a difficult relationship, separation or disagreement, rather than a perpetrator choosing to use a pattern of abuse and control against their ex/partner and children. At times, individuals feel judged, blamed for the abuse or the impact on their children, and pressured to make decisions such as separating or moving home, without an understanding of the other risks or disruption that these dramatic responses create. Negative responses from services impact on an individual's decisions and safety, as they are less likely to approach services or see them as a support. Respondents were positive about professionals who are non-judgemental and who understand the dynamics of domestic abuse.

This work stream will create a team of Domestic Abuse Champions within each locality and in a variety of service areas. They will be supported to improve their skills in working with victims, perpetrators and children. Work will include consideration of how to ensure staff look after themselves physically and emotionally, and are supported in this complex area of work. These Champions will spread their knowledge and provide support to other professionals within their teams. It will include:

- comprehensive role-specific training of Domestic Abuse Champions across a range of service areas
- use of Domestic Abuse Champions as consultants
- establishing a Domestic Abuse Practitioners' Forum
- developing the use of the online Knowledge Hub to support staff
- finalising the online domestic abuse course

This work stream will promote and support examples of existing good practice, including:

- Safe and Together Champions
- Violence Reduction Unit workers with Accident and Emergency
- routine enquiry for gender-based violence in health settings
- specialist training of GPs
- the monthly 'Rethinking Domestic Abuse' training course

***"This would improve getting the right support, at the right time, to the right place."***

***"You can only 'champion' if people are open to being championed- it needs senior manager buy-in."***

***"It is essential that domestic abuse has a visible platform in localities."***

***"Services need to have the confidence to ask the right questions in the right way."***

***"A culture change is required. We should use expertise across all service areas. We need to use the training and skills that are there."***

***"If universal agencies were able to respond appropriately to domestic abuse this would have a significant impact on a huge range of public services."***

***"Somebody just needs to help – I don't understand why people say it isn't their job to help."***

***"Domestic abuse is core business - it's everyone's job!"***

*-Comments from staff-*

### **3.8 Development of effective and accountable governance structures, which include the involvement of service users in the development of services**

As Edinburgh's multi-agency domestic abuse policy states, the implementation of a domestic abuse action plan requires effective and accountable governance structures. This work stream will ensure there are clearly defined domestic abuse indicators and targets closely linked to the goals and objectives set out in the Improvement Plan. They will be used to monitor the progress of the plan's objectives and to evaluate the effectiveness its activities. In order to do this, partners commit to sharing data within agreed protocols, and evaluating interventions. Regular reports on the implementation and progress of the plan will be provided to the Service Redesign Project Board, Edinburgh's Violence Against Women Partnership and the Edinburgh Chief Officers' Group – Public Protection.

Whilst many individual organisations have service user forums or advisors, there is not a comprehensive domestic abuse service users' forum in Edinburgh to advise on city-wide policy, practice or service development. Those who use services should have the opportunity to reflect back to decision-makers how these services are working on the ground. Many of the respondents to the consultation found the process of being involved in focus groups to be empowering and expressed an interest in continuing to work with us in future.

This work stream will ensure that families affected by domestic abuse are visible and heard within the development of policy and service design in Edinburgh. It includes the development of a service users' forum and ongoing periodic consultation on Edinburgh's response to domestic abuse.

**DEVELOPING A COORDINATED COMMUNITY RESPONSE TO DOMESTIC ABUSE: SUMMARY OF OUTCOMES, OBJECTIVES AND WORK STREAMS**

**OUTCOME A: Interventions are early and effective, preventing domestic abuse and maximising the safety and wellbeing of individuals, children and young people affected by domestic abuse**

Individuals and children affected by domestic abuse are identified at an earlier stage

Individuals and children affected by domestic abuse are safer and at less risk of further harm

**OBJECTIVE ONE: Relevant, integrated and effective services are in place to meet the needs of adults and children affected by domestic abuse**

WORK STREAM ONE: The City of Edinburgh Council Commissioned services

WORK STREAM TWO: Housing and Homelessness services

**OBJECTIVE TWO: Appropriate processes are in place to ensure service providers identify and respond to adults and children affected by domestic abuse at an early stage**

WORK STREAM THREE: A locality based, multi-agency response to domestic abuse

WORK STREAM FOUR: Publicity and awareness raising of services and support available in Edinburgh

**OUTCOME B: Perpetrators desist from all forms of domestic abuse and receive a robust and effective response**

Perpetrators of domestic abuse are identified at an earlier stage

More perpetrators of domestic abuse are held to account for their behaviours

Perpetrators of domestic abuse are less likely to re-offend

**OBJECTIVE THREE: Appropriate processes are in place to ensure perpetrators of domestic abuse are identified at an early stage, held to account for their behaviours and supported to change**

WORK STREAM FIVE: Working with perpetrators of domestic abuse

**OUTCOME C: Agencies in Edinburgh have a greater understanding of the difficulties faced by individuals and children affected by domestic abuse and are more able to respond to their needs**

A greater number of staff attend domestic abuse training relevant to their role within the service pathway

There are effective and accountable governance structures, which include the involvement of service users in the development of services

**OBJECTIVE FOUR: More staff across a range of services are more confident and competent in responding to the diverse support needs of individuals and their children**

WORK STREAM SIX: Improved response to domestic abuse across all service areas

WORK STREAM SEVEN: Development of effective and accountable governance structures, which include the involvement of service users in the development of services

<b>Workstream One: The City of Edinburgh Council Commissioned services</b>	<b>Status</b>	<b>Lead</b>
PIN to be published	28/02/17	Kirsten Adamson
Co-production event	23/03/17	
Screening of those interested	24/04/17	
Service specification events take place	14/07/17	
Contracts in place	Nov 2017	
Ongoing contract monitoring and amendment	Nov 2019	
<b>Workstream Two: Housing and homelessness</b>	<b>Status</b>	<b>Lead</b>
Confirm working group membership	15/03/17	Karen Allan
First meeting of working group	31/03/17	
Establish workplan for each action: policy development, Home Safety Initiative, housing officers, increasing housing options and priority, perpetrator removal.	30/04/17	
<b>Workstream Three: A locality based, multi-agency response to domestic abuse</b>	<b>Status</b>	<b>Lead</b>
Initial meeting with managers in Southwest to assess viability to re-establish DALAG in Southwest Locality	24/10/16	Anna Mitchell
Further meeting with managers in Southwest to develop initial processes and timeline for project	10/03/17	
Circulate VPDs in April and transport data onto case profiles	April 2017	
Develop learning log	May 2017	
Review meeting – service managers to review all case profiles and develop plan for next stage of the project	May 2017	
<b>Workstream Four: Publicity and awareness raising of services and support available in Edinburgh</b>	<b>Status</b>	<b>Lead</b>
Scoping of existing materials	July 2017	Joyce Nisbet
Development of policies	Oct 2017	
Development of employee policy	Oct 2017	
Awareness raising of domestic abuse strategy and improvement plan	Jul 2017	
Development of Knowledge Hub	Nov 2017	
Review of website – Orb and CEC pages	Nov 2017	

<b>Workstream Five: Domestic abuse perpetrators</b>	<b>Status</b>	<b>Lead</b>
Review of perpetrator work in Edinburgh	15.6.17	Rona Fraser
Options paper to Scottish Government	Sep 2017	
Consider safe short term interventions with perpetrators and possible modules for intervention with non-court mandated services	22.6.17	
Development work with the LGBT community		
Develop work with female perpetrators		
Develop work with young people who use violence in their relationships or towards their parents	17.5.17	
<b>Workstream Six: Improved response to domestic abuse across all service areas</b>	<b>Status</b>	<b>Lead</b>
Development of key messages to provide an overarching structure for all the training delivered	SEP 2017	Leanne Turner
Map current workforce and training packages	Oct 2017	
Safe and Together implementation	Sep 2017	
Development of Knowledge Hub	October 2017	
<b>Workstream seven: Development of effective and accountable governance structures, which include the involvement of service users in the development of services</b>	<b>Status</b>	<b>Lead</b>
AM to meet with NC to establish how the performance framework for the Improvement Plan will align with other strategic frameworks	01/05/17	Anna Mitchell
AM to review all domestic abuse outcomes and measures in current strategies	01/06/17	
AM and NC to meet with Karen Brannen and Gosia Szymczakn to review current outcomes and measure and develop Domestic Abuse Improvement Plan Performance Framework	15/06/17	
AM to liaise with all leads to ensure their workstream is reflected in the performance framework	20/07/17	
Present draft Domestic Abuse Improvement Plan Performance Framework to Project Board	27/07/17	

## Appendix Two: References

---

- <sup>1</sup> WALBY, S. 2009. The cost of domestic violence: Update 2009. Lancaster: UNESCO.
- <sup>2</sup> THE CITY OF EDINBURGH COUNCIL. 2014. Edinburgh's multi-agency domestic abuse policy. Edinburgh: The City of Edinburgh Council
- <sup>3</sup> EDINBURGH'S VIOLENCE AGAINST WOMEN PARTNERSHIP. 2015. Edinburgh's Violence Against Women Annual Report: 2015/16. Edinburgh: Edinburgh Violence Against Women Partnership.
- <sup>4</sup> SCOT PHO. 2016. Health and wellbeing profiles: City of Edinburgh. SCOT PHO.
- <sup>5</sup> THE CITY OF EDINBURGH COUNCIL. 2015. Edinburgh's Violence Against Women Partnership strategic assessment: Data collection, horizon scanning and analysis. Edinburgh: Edinburgh Violence Against Women Partnership.
- <sup>6</sup> CRFR. 2014. Domestic abuse and gender inequality: An overview of the current debates. Edinburgh: Centre for Research on Family Relationships.
- <sup>7</sup> CONNELL, R.W., 2002. Gender. Cambridge: Polity Press.
- <sup>8</sup> JOHNSON, M. 1995. Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and Family*, 57, p283-294.
- <sup>9</sup> JOHNSON, M. P., 2005. Domestic Violence: It's not about gender—Or is it? *Journal of Marriage and Family*, 67 (5), p1126-1130.
- <sup>10</sup> JOHNSON, M. 2008. A typology of domestic violence: Intimate terrorism, violent resistances, and situational couple violence. Boston: University Press of New England.
- <sup>11</sup> JOHNSON, M., LEONE, J. and XU, Y. 2014. Intimate terrorism and situational couple violence in general surveys: Ex-spouses required in. *Violence Against Women*, 20 (2), p186-207.
- <sup>12</sup> SHARPS-JEFFS, N. and KELLY, L. 2016. Domestic Homicide Review (DHR) Case Analysis: Report for Standing Together. London: Standing Together
- <sup>13</sup> CAADA. 2012. Insights 1: A place of greater safety. London: CAADA.
- <sup>14</sup> SAFE LIVES. 2017. Getting it right first time: Ending domestic abuse. London: Safe Lives.
- <sup>15</sup> HUMPHREYS, C. and JOSEPH, S. 2004. Domestic violence and the politics of trauma. *Women's Studies International Forum* 27: 559-570.
- <sup>16</sup> STARK, E. 2007. Coercive control: how men entrap women in personal life. Oxford: Oxford University Press.
- <sup>17</sup> SAFE AND TOGETHER. 2014. Characteristics of the Safe and Together Model Suite of Tools and Interventions [online]. [Viewed 6 December 2016]. Available from: [www.endingviolence.com](http://www.endingviolence.com)

- 
- <sup>18</sup> McMAHON, M. and PENCE, E. 1997. A coordinated community response to domestic violence. USA: Duluth Intervention Project.
- <sup>19</sup> BIG LOTTERY FUND. 2016. Big Lottery Fund: Domestic abuse research. London: Cordis Bright.
- <sup>20</sup> STANLEY, N., 2011. Children Experiencing Domestic Violence: A Research Review. Darlington: Research in Practice. [Viewed 6 December 2016]. Available from: [www.safeguardingchildrenbarnsely.com](http://www.safeguardingchildrenbarnsely.com)
- <sup>21</sup> STANLEY, N., MILLER, P., FOSTER, H. and THOMSON, G. 2009. Children and families experiencing domestic violence: Police and children's social services' responses [online]. London: NSPCC. [Viewed 6 December 2016]. Available from: [www.nspcc.org.uk/inform](http://www.nspcc.org.uk/inform)
- <sup>22</sup> RECONSTRUCT. 2009. Children and Families Experiencing Domestic Violence: How Well Do the Police and Social Workers Respond? [online]. London: Reconstruct. [viewed 10 December 2016]. Available from: [www.reconstruct.co.uk/docs](http://www.reconstruct.co.uk/docs)
- <sup>23</sup> PUBLIC SERVICE COMMISSION. 2011. Commission on the future delivery of public services. Scotland: APS Group.
- <sup>24</sup> THE CITY OF EDINBURGH COUNCIL. 2015. Finance and Resources Committee BOLD business cases: Delivering a lean and agile Council. Edinburgh: The City of Edinburgh Council.
- <sup>25</sup> The National Council of Juvenile and Family Court Judges Family Violence Department. 1999. Effective intervention in domestic violence child maltreatment cases: Guidelines for policy and practice. Nevada: National Council of Juvenile and Family Court Judges.
- <sup>26</sup> SCOTTISH WOMENS AID. 2015. Change, justice, fairness: "Why should we have to move everywhere and everything because of him?" Edinburgh: Scottish Women's Aid.
- <sup>27</sup> D SAFE LIVES. 2009. DASH risk model: Saving lives and changing lives through early identification, intervention and prevention. [online]. London: Safe Lives. [viewed 15 January 2017]. Available from: <http://www.dashriskchecklist.co.uk/>
- <sup>28</sup> GRANT, C. and MITCHELL, A. 2009. The Caledonian System: Women's manual. Edinburgh: Scottish Government
- <sup>29</sup> PAIN, R. 2012. Everyday terrorism: How fear works in domestic abuse. Edinburgh: Scottish Women's Aid.
- <sup>30</sup> DOBASH, R. and DOBASH, R. 1979. Violence Against Wives: A Case Against the Patriarchy. New York: Free Press.
- <sup>31</sup> DOBASH, R. and DOBASH, R. 1992. Women, Violence and Social Change. London: Routledge.
- <sup>32</sup> WILLIAMSON, E. 2010. Living in the world of the domestic violence perpetrator: negotiating the unreality of coercive control. Violence Against Women 16, 1412-23.



- 
- <sup>33</sup> BOWSTEAD, J. 2011. Space and place as constraints and resources in women's strategies to escape domestic violence. *Metronome* 1: 9-17.
- <sup>34</sup> WARRINGTON, M. 2001. 'I must get out': The geographies of domestic violence. *Transactions of the Institute of British Geographers* 26: 365-382.
- <sup>35</sup> McCUE, M. 2008. *Domestic violence*. Oxford: ABC-CLIO.
- <sup>36</sup> SOKOLOFF, N. and DUPONT, I. 2005. Domestic violence at the intersections of race, class, and gender: Challenges and contributions to understanding violence against marginalized women in diverse communities. *Violence Against Women* 11(1): 38-64.
- <sup>37</sup> STANKO, E. 1990. *Everyday violence: how men and women experience sexual and physical danger*. Pandora Press
- <sup>38</sup> YOUNG, I. 1990. *Justice and the politics of difference*. New Jersey: Princeton University Press.
- <sup>39</sup> SCOTLAND'S CENSUS. 2011. *Census results 2011* [online]. [viewed 15 December 2016]. Available at <http://www.scotlandscensus.gov.uk/census-results>
- <sup>40</sup> THIARA, R., ROY, S. and NG, P. 2015. *Between the Lines: Service responses to black and minority ethnic girls experiencing sexual violence*. Warwick: University of Warwick
- <sup>41</sup> HOOKS, B. 2000. *Feminism is for everybody: Passionate Politics*. Cambridge: South End Press.
- <sup>42</sup> MAMA, A. 1996. *The hidden struggle: statutory and voluntary sector responses to violence against Black women in the home*. London: Whiting and Birch.
- <sup>43</sup> THE STELLA PROJECT., 2007. *Stella Project toolkit* [online]. [viewed 13 December 2016]. Available at [http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-\(2007\).aspx](http://www.avaproject.org.uk/our-resources/good-practice-guidance--toolkits/stella-project-toolkit-(2007).aspx)
- <sup>44</sup> DOBASH, R. and DOBASH, R. 2004. Women's violence to men in intimate relationships: working on a puzzle. *British Journal of Criminology* 44, 3, 324-349.
- <sup>45</sup> HESTER, M. 2009. *Who Does What to Whom? Gender and Domestic Violence Perpetrators*. Bristol: University of Bristol in association with the Northern Rock Foundation.
- <sup>46</sup> WALBY, S. and ALLEN, J. 2004. *Domestic violence, sexual assault and stalking: Findings from the British Crime Survey*. London: Home Office Research, Development and Statistics Directorate.
- <sup>47</sup> RESPECT, 2014. *Reaching and responding: Improving quality, safety, and service provision for male victims*. London: Respect. [viewed 01 December 2016]. Available at: <http://www.google.co.uk/url?url=http://respect.uk.net/wp-content/uploads/2014/04/Respect-Male-Victims-Event-9.06.16-keynote-speakers-presentations>

- 
- <sup>48</sup> DONOVAN, C., HESTER, M., HOLMES, J. and McCARRY, M. 2006. Comparing domestic violence in same sex and heterosexual relationships. [viewed 13 December 2016]. Available at [http://www.broken-rainbow.org.uk/cohsar\\_report.pdf](http://www.broken-rainbow.org.uk/cohsar_report.pdf)
- <sup>49</sup> LGBT DOMESTIC ABUSE. 2012. Domestic abuse info. [online] [viewed 01 December 2016]. Available at: <http://www.lgbtdomesticabuse.org.uk/service-providers/domestic-abuse-info.htm>
- <sup>50</sup> WHITING, N. 2007. A contradiction in terms? A gendered analysis of same sex domestic abuse. Edinburgh: Scottish Women's Aid.
- <sup>51</sup> THE LGBT DOMESTIC ABUSE PROJECT. 2013. The LGBT Domestic Abuse Project and the Scottish Transgender Alliance 2010 research, 'Out of sight, out of mind? Transgender People's experiences of domestic abuse [online]. [viewed 15 April 2015]. Available at [http://www.scottishtrans.org/wpcontent/uploads/2013/03/trans\\_domestic\\_abuse.pdf](http://www.scottishtrans.org/wpcontent/uploads/2013/03/trans_domestic_abuse.pdf)
- <sup>52</sup> HESTER, M., PEARSON, C., HARWIN, N. and ABRAHAMS, H. 2006. Making an Impact: Children and Domestic Violence - A Reader. London: Jessica Kingsley.
- <sup>53</sup> CEDAR, 2015. CEDAR: Children experiencing domestic abuse recovery. [online] [viewed 01 December 2016]. Available at: <https://www.cedarnetwork.org.uk/>
- <sup>54</sup> THE SCOTTISH GOVERNMENT. 2014. Equally safe: Scotland's strategy for preventing and eradicating violence against women and girls. Edinburgh: The Scottish Government.
- <sup>55</sup> WILSON, M. 2009. The Caledonian System: Theory Manual. Edinburgh: The Scottish Government.
- <sup>56</sup> DRIVE PROJECT, 2016. The Drive Project. [online] [viewed 15 January 2017]. Available at: <http://driveproject.org.uk/>
- <sup>57</sup> IWI, K. and Newman, C. 2015. Engaging with perpetrators of domestic violence: Practical techniques for early interventions. London: Jessica Kingsley.
- <sup>58</sup> COSLA and SCOTTISH WOMENS AID. 2016. Good practice in commissioning specialist domestic abuse services. Edinburgh: COSLA.

# Edinburgh's Domestic Abuse Improvement Plan

## JULY 2017

Workstream One	The City of Edinburgh Council Commissioned services	Project RAG Staus	
		Current	Last Period
Workstream Lead	Kirsten Adamson		23/06/17 – 27/07/17
<b>Theme Description</b>			
This work stream ensures specialist support for individual victims is offered to those who are identified as having experienced domestic abuse. We will work with interested service providers to co-produce specifications that deliver a joined up, multi-agency response in the localities.			
<b>Summary for period</b>			
The Prior Information Notice was published at the end of February. The PIN seeks to identify a range of professional resources and opinions to support the development of a coordinated community response to domestic abuse in Edinburgh. All parties who have responded to the PIN will be asked to attend a co-production meeting on 23 March 2017. A screening process will take place to ensure that those involved in developing the service specifications have the capacity to deliver. Seven sessions to develop service specifications have been planned between 24 April and 14 July 2017 with the aim for contracts to be in place by November 2017. The current service providers group continues to meet and are in agreement with this process.			
Action Plan	Timescale and RAG	Description and summary for period	
PIN to be published	28/02/17		
Co-production event	23/03/17	This event was held on 23.03.17 and was attended by 10 individuals from the third sector.	
Screening of those interested	24/04/17	Those selected to be involved in developing service specifications will ask that interested parties understand Edinburgh's definition of domestic abuse; have the capacity to deliver; adhere to a gendered analysis of domestic abuse; work to the principles of Safe and Together; are trauma informed; are aware of the local and national policy context in relation to domestic abuse; are	

		either a member of the Edinburgh Violence Against Women Partnership, or are aware of the work of the Partnership. 7 application were received: Edinburgh Women's Aid, Shakti, Keymoves, Saheliya, Comas, Link-Up and SACRO. 4 applications passed the quality process, 3 did not: Link-Up, SACRO and Saheliya.
Service specification events take place	14/07/17	Seven sessions for developing service specifications will take place.
Meeting with Saheliya to discuss future funding and actions	01/06/17	Initial meeting to discuss action plan to understand the impact of any funding reductions on the organisation. Advised the £40k from the Prevention of Homelessness pilot would not be renewed. EVOC also attended the meeting. Arranging a series of meeting in August 2017 to understand the pathway for people using the service and the funding currently allocated to each work stream and the outcomes achieved.
Contracts in place	Nov 2017	
Ongoing contract monitoring and amendment	Nov 2019	The contract will be flexible and adaptable and will be used as a change mechanism to continue the co-production process.

Workstream Two	Housing and homelessness	Project RAG Staus	
		Current	Last Period
Workstream Lead	Karen Allan		23/06/17 – 27/07/17
<b>Theme Description</b>			
<p>This work stream will develop a flexible, speedy and safe process to ensure that individuals and their children are safe, secure and settled in a home of their choice. This includes:</p> <ul style="list-style-type: none"> <li>• development of a domestic abuse housing policy</li> <li>• implementation of the Domestic Abuse Home Safety Initiative</li> <li>• development of specialist domestic abuse housing officers</li> <li>• investigation of options available to increase priority for those who are homeless due to domestic abuse</li> <li>• consideration being given to procuring specific housing stock for domestic abuse</li> <li>• increased use of measures to remove the perpetrator from the family home</li> </ul>			
<b>Summary for period</b>			
<p>The Housing Short Life Working Group met on 23 May 2017. The individual themes identified for the work stream were discussed, with actions being agreed against them as appropriate. It was acknowledged that the themes need to be managed in a certain order, as some actions will inform other areas of work e.g. the domestic abuse housing policy and procedures will need to be developed, before training for housing staff can be developed, information posted on the website etc. Members of the group are committed to taking the work forward, and taking responsibility for tasks attributed to the housing themes.</p>			
Action Plan	Timescale and RAG	Description and summary for period	
Development of a domestic abuse housing policy.	Nov 2017	Draft Policy to go to Health, Social care and Housing Committee November 2017 (date to be confirmed). The draft policy and report will need to be ready around eight weeks ahead of the	

# Edinburgh's Domestic Abuse Improvement Plan

JULY 2017

		Committee meeting. Work agreed for the period included benchmarking against other local authorities and housing associations, to identify areas of best practice.
Implementation of the Domestic Abuse Home Safety Initiative.	Nov 2017	There are a variety of measures available through existing departments and funding streams. It was agreed that information should be collated regarding existing funding (through e.g. Housing Property, Locality budgets, Edinburgh Domestic Abuse Court Service, Police Scotland, Scottish Fire and Rescue Service), identification of what can be put in place through these funding streams and considering how best to present the options to make them easily accessible to service users and staff.
Development of domestic abuse champions for housing.	Nov 2017	As new teams are being finalised across Localities and Homelessness Services, it was agreed that there may be capacity for individual staff members to take on the role of domestic abuse champion (especially if the housing officer does not have a dedicated patch and capacity to take on the role). This proposal will be discussed with the Housing Operations Managers and Homelessness Manager.
Consideration being given to procuring specific housing stock for domestic abuse.	Nov 2017	Discussion was held around the possibility of the EdIndex partner landlords being approached to offer up properties for permanent re-housing of women and families affected by domestic abuse. A paper will be drafted outlining proposals, and will be presented to the EdIndex Management Board on 15 August 2017. Further discussion was held around the possibility of converting temporary accommodation to permanent accommodation (where appropriate), alleviating the need to access permanent re-housing through the homeless route. This will be discussed with Housing Operations Managers, regarding the viability.
Increased use of measures to remove the perpetrator from the family home.	Nov 2017	Discussion was held around existing measures which keep the perpetrator out of the family home (accepting that these are largely legal measures, e.g. bail conditions, interdicts, Non Harassment Orders etc). Legal Services will be approached to establish if it is possible to add a clause to the

		Scottish Secure Tenancy Agreement, which would allow the Council to evict a perpetrator of domestic abuse from the family home, whilst allowing the victim to remain (where appropriate).
Development of a communication strategy (already identified as another work stream) for housing.	Other Work Stream	It is accepted that this is a separate work stream, however, the group was keen to keep the specific communications and messages in relation to domestic abuse and housing on the radar.
Development of a 'Domestic Abuse website' for Edinburgh (a 'one stop shop' for all relevant information, including information and advice on who to contact, what can be done to assist etc).	Nov 2017	The housing group would welcome a bespoke website relating to information around domestic abuse, including how to get help, how to access services in an emergency, who to contact etc. Again, this website would be relevant to all work streams, but the housing group is committed to producing good, easy to understand information and signposting to services.
Development of a mandatory 'Domestic Abuse Training Programme' (to ensure that all staff are fully aware of what exists (in terms of statutory and commissioned services), what to advise and also to ensure a consistent approach across central services and locality based staff).	Other Work Stream	This would need buy-in across all service areas, and would sit under the workforce development work stream. Housing and homelessness services are committed to ensuring that access to their services is included in the training, and making sure that all staff undertake whatever training is developed.

# Edinburgh's Domestic Abuse Improvement Plan

JULY 2017

Workstream Three	A locality based, multi-agency response to domestic abuse	Project RAG Staus	
		Current	Last Period
Workstream Lead	Anna Mitchell		23/06/17 – 27/07/17
<b>Theme Description</b>			
This work stream will develop a locality based, multi-agency response to domestic abuse. The process will ensure there are flexible pathways from domestic abuse incident to service provision, based on risk and need. It will intervene early, engage safely with all family members, coordinate services and improve outcomes.			
<b>Summary for period</b>			
The response will review domestic abuse police call-outs in the locality, share information appropriately and safely and allocate actions to relevant agencies, some of which may already be involved with the family. As police call outs do not reflect the prevalence of domestic abuse, the process may allow mechanisms for other services that identify families affected by domestic abuse to refer into it. The South West Locality has piloted a screening and action group. The development of a further process is now included within the Locality Improvement Plan as part of the Safer Communities work stream and will build on the learning from the previous project.			
Action Plan	Timescale and RAG	Description and summary for period	
Initial meeting with managers in Southwest to assess viability to re-establish DALAG in Southwest Locality	24/10/16	Meeting with CI Helen Harrison (Police Scotland), Simon Porteous (Family and Household Support Service- FAHSS), Mike Avery (Locality Manager). Decision to postpone planning until completion of domestic abuse consultation and development of Strategy and Improvement Plan	
Further meeting with managers in Southwest to develop initial processes and timeline for project	10/03/17	Decision to adapt paperwork used in pilot DALAG to new structures. Decision to review all vulnerable person database reports from police call outs in April 2017 with key staff groups. <b>ACTION</b> – Helen Harrison to circulate note of meeting. <b>ACTION</b> – Anna Mitchell to circulate previous documentation and draft new versions	



# Edinburgh's Domestic Abuse Improvement Plan

JULY 2017

Circulate list of cases with high RFG score which have not been referred to MATAC	August 2017	<b>ACTION</b> – Helen Harrison to send VPDs to the group. <b>ACTION</b> – FAHSS to complete case profiles and email to Review Group. The timescale for this action has been moved to <b>August 2017</b>
Develop learning log	August 2017	<b>ACTION</b> – Anna Mitchell to review previous pilot and develop project lesson log for Review Meeting in May 2017. The timescale for this action has been moved to end of <b>August 2017</b>
Continue to collate concern forms.	August 2017	<b>ACTION</b> – Anna Mitchell to continue to collate concern forms and review actions. Further development is postponed until FHSS has finished the restructuring and staff are available for training
Develop plan for next stage of the project	August 2017	The timescale for this action has been moved to end of <b>August 2017</b> . Consider cross referral mechanism for children identified at DALAG and ASAP groups. DALAG provides specialist domestic abuse support, and ASAP provides support for other issues which children may face

Workstream Four	Publicity and awareness raising of services and support available in Edinburgh	Project RAG Staus	
		Current	Last Period
Workstream Lead	Joyce Nisbet		23/06/17 – 27/07/17
<b>Theme Description</b>			
Knowledge of services and predicable service responses are vital when individuals affected by domestic abuse are making decisions about the risks they and their children face. This work stream will develop comprehensive and simple information in a range of formats, which will detail the services available and how each service area will respond to domestic abuse. It will include raising awareness of any employment policies in relation to domestic abuse.			
<b>Summary for period</b>			
A decision was made at the Project Board that Speak Up, Speak Out, the multi-agency publicity campaign for Edinburgh launched in August 2013, could provide an appropriate platform for the development of any materials. A CEC Communications Lead is to be identified for the project			
Action Plan	Timescale and RAG	Description and summary for period	
Scoping of existing materials	Nov 2017	<ul style="list-style-type: none"> <li>• Speak up, speak out materials – domestic abuse campaign, sexual exploitation campaign</li> <li>• Good practice guidance on domestic abuse and protection of children</li> <li>• Harassment Guide</li> <li>• Police leaflet developed by Liberton/Gilmerton Neighbourhood Partnership</li> <li>• City wide directory of services</li> <li>• Rape and sexual assault leaflet</li> </ul>	
Development of policies	Ongoing	<ul style="list-style-type: none"> <li>• Domestic abuse and Housing Policy</li> <li>• Update of the domestic abuse policy – which could include service standards or service ethos and Safe and Together principles</li> </ul>	

# Edinburgh's Domestic Abuse Improvement Plan

JULY 2017

Development of employee policy		<ul style="list-style-type: none"> <li>• Review current policy and include new Employee Assistance Programme</li> <li>• Update Policy and Strategy Committee</li> <li>• Launch as part of 16 Days of Action</li> <li>• Develop events or training</li> </ul>
Development of communications plan	Aug 2017	AM met with JN to develop initial timeline for communications. AM to draft comms plan.
Awareness raising of domestic abuse strategy and improvement plan	Jul 2017	Following agreement at Edinburgh Partnership - Newsbeat article and internal communications. ACTION – Anna Mitchell to draft for discussion at Public Protection Committee Publicity Group on 05/09/17
Development of Knowledge Hub	Nov 2017	This will be carried out under the violence against women partnership action plan – a student secondment to Edinburgh Women's Aid will be tasked with developing this site
Review of website – Orb and CEC pages	Nov 2017	

Workstream Five	Working with perpetrators of domestic abuse	Project RAG Staus	
		Current	Last Period
Workstream Lead	Rona Fraser		23/06/17 – 27/07/17
<b>Theme Description</b>			
<p>This work stream will develop the skills of the workforce in engaging with perpetrators. It includes:</p> <ul style="list-style-type: none"> <li>• an allocated perpetrator worker to each locality to act as a consultant and support staff teams to engage with perpetrators</li> <li>• training for staff in motivational interviewing, risk assessment and short term interventions</li> <li>• a response for perpetrators who are not suitable for long-term behaviour change where engagement with them is likely to reduce risk to the individual</li> <li>• development of shorter modules within non-court mandated perpetrator services for men who are not suitable for the behaviour change programme; these may include modules on fathering, substance misuse, mental health, trauma, employability</li> <li>• development of perpetrator work for female perpetrators or those who are not within heterosexual relationships</li> <li>• development of work with young people who use violence towards ex/partners or family</li> <li>• processes to ensure work with perpetrators is safe and there is joint working with people who are supporting their ex/partners</li> </ul>			
<b>Summary for period</b>			
An initial meeting was convened with Anna Mitchell and Rona Fraser to develop the action plan and initial milestones			
Action Plan	Timescale and RAG	Description and summary for period	
Review of perpetrator work in Edinburgh	15.6.17	<p>Vikki Kerr is now managing both Caledonian Edinburgh and Safer Families Edinburgh. She plans to complete a mapping of the work of Safer Families and develop performance indicators for the service. This will include consideration of how the service will align with the localities model.</p> <p><b>Action</b> – meeting with Vikki Kerr and SaFE staff to discuss outcome of mapping exercise.</p>	

<p><b>MILESTONE AND MANAGEMENT STAGE</b> Options paper to Scottish Government</p>	<p>September 2017</p>	<p>The above review will align with work which Rona Fraser is undertaking in relation to reviewing the criminal justice response. She is developing an options paper for the Scottish Government to consider how Caledonian can increase the number of perpetrators who go through the Caledonian System. This will also be an opportunity to put forward suggestions about how wider services areas can intervene with perpetrators at an earlier stage.</p> <p><b>Action:</b> Options paper to be completed by Rona Fraser</p>
<p>Consider safe short term interventions with perpetrators and possible modules for intervention with non-court mandated services</p>	<p>22.6.17</p>	<p>Mapping exercise with a small working group – Vikki Kerr, Anna Mitchell, Rona Fraser, Stephen Madill. This should include:</p> <ul style="list-style-type: none"> <li>- Current one day training undertaken in Southwest</li> <li>- Part One Caledonian Training - Pre-group work and Assessment</li> <li>- Short term interventions with perpetrator work</li> <li>- Consideration of other programmes/interventions with people who have other presenting issues</li> </ul> <p><b>Action:</b> small working group established.</p>
<p>Development work with the LGBT community</p>		<p>Rona to meet with Fearless and Abused Men in Scotland with Stephen Madill from Safer Families.</p> <p>Action: meeting to be arranged</p>
<p>Develop work with female perpetrators</p>		<p>Rona to meet with Willow staff and consider the materials from the programme UP2U</p> <p><b>Action:</b> Anna to circulate UP2U materials.</p>

Develop work with young people who use violence in their relationships or towards their parents	17.5.17	<b>Action:</b> Rona to meet with Steve Harte from the Young People's Service and Vikki Kerr, who have considered this issue previously.  Rona to liaise with Respect about the work carried out in England with young people - outstanding.
---	---------	---

Workstream Six	Improved response to domestic abuse across all service areas	Project RAG Staus	
		Current	Last Period
Workstream Lead	Leanne Turner		23/06/17 – 27/07/17
<b>Theme Description</b>			
<p>This work stream will create a team of Domestic Abuse Champions within each locality and in a variety of service areas. They will be supported to improve their skills in working with victims, perpetrators and children. Work will include consideration of how to ensure staff look after themselves physically and emotionally, and are supported in this complex area of work. These Champions will spread their knowledge and provide support to other professionals within their teams. It will include:</p> <ul style="list-style-type: none"> <li>• comprehensive role-specific training of domestic Abuse Champions across a range of service areas</li> <li>• use of Domestic Abuse Champions as consultants</li> <li>• establishing a Domestic Abuse Practitioners' Forum</li> <li>• developing the use of the online Knowledge Hub to support staff</li> <li>• finalising the online domestic abuse course</li> </ul>			
<b>Summary for period</b>			
<p>Leeanne Turner (LT) met with Anna Mitchell (AM) to develop a action plan for this workstream. LT has received the materials from a number of existing training courses, including Rethinking Domestic Abuse, the four day lead professionals training and the four day domestic abuse training undertaken in Southwest. Leeanne and Anna have identified key experts in each area to discuss content of training for champions.</p>			
Action Plan	Timescale and RAG	Description and summary for period	
Development of key messages to provide an overarching structure for all the training delivered	SEP 2017	The current multi-agency domestic abuse policy provides principles of effective practice. This can be reviewed and adapted to encompass the Safe and Together principles. <b>ACTION</b> – AM to review current domestic abuse policy. Identify key messages to include in all training for Domestic Abuse	

		including school CP training and Interagency CP training and e-learning CP awareness raising and response 1 training.
Map current workforce and training packages	Oct 2017	<p>LT is to familiarise herself with current training materials and possible training structure for staff groups within localities or citywide. Following initial discussions, training packages, and useful contacts to discuss the content may include half or one day courses on the following:</p> <ul style="list-style-type: none"> <li>• Basic awareness raising for people in the community (Audrey Tait)</li> <li>• e-learning module (Stephen Madill)</li> <li>• Review how gender based violence is included in existing public protection training (John Kerr and Sean Byrne)</li> <li>• Current monthly course - Rethinking domestic abuse (Anna Mitchell)</li> <li>• Working with perpetrators training (Vikki Kerr and Rona Fraser)</li> <li>• Working with victims training (Anna Mitchell and Lesley Johnston)</li> <li>• Working with children training (Leeanne Turner)</li> <li>• Risk assessment and safe contact (Catriona Grant)</li> <li>• Working with complex needs and trauma (Kirsty Pate)</li> <li>• Self care and supervision (Vikki Kerr)</li> <li>• Safe and Together briefings (Safe and Together Champions)</li> </ul> <p>Children First, One Parent Families Scotland, Circle and Cyrenians would like to be involved in Champions training</p>



		<p>Champions in each locality will be given pre-course material, four days of training in each locality and ongoing learning. Ongoing learning for half or one day courses and Champions will be provided by:</p> <ul style="list-style-type: none"> <li>• Workbooks</li> <li>• Knowledge hub</li> <li>• Practitioners Forum</li> </ul>
Safe and Together implementation	Sep 2017	<p>This will include:</p> <ul style="list-style-type: none"> <li>• Delivery of briefings in localities</li> <li>• Citywide practitioners' forum</li> </ul>
Development of Knowledge Hub	October 2017	<p>This is already within the existing VAWP Action Plan. A placement within Edinburgh Women's Aid will liaise with AM and LT to develop the content</p>

<b>Workstream Seven</b>	<b>Development of effective and accountable governance structures, which include the involvement of service users in the development of services</b>	<b>Project RAG Staus</b>	
		<b>Current</b>	<b>Last Period</b>
<b>Workstream Lead</b>	To be identified in Strategy and Insight		23/06/17 – 27/07/17
<b>Theme Description</b>			
As Edinburgh's multi-agency domestic abuse policy states, the implementation of a domestic abuse action plan requires effective and accountable governance structures. This work stream will ensure there are clearly defined domestic abuse indicators and targets closely linked to the goals and objectives set out in the Improvement Plan. This work stream will ensure that families affected by domestic abuse are visible and heard within the development of policy and service design in Edinburgh. It includes the development of a service users' forum and ongoing periodic consultation on Edinburgh's response to domestic abuse.			
<b>Summary for period</b>			
Anna Mitchell (AM) met with Nick Croft (NC) to establish how the performance framework for the Improvement Plan will align with other strategic frameworks. The performance framework will use POP performance measures, which include feedback from People (clients and service users), outcome measures and process measures. All developments will align with other improvement plans, including the national Equally Safe performance framework, the Integrated Plan for Children and Young People's Services, Locality Improvement Plans and the violence against women partnership strategic assessment and action plan			
<b>Action Plan</b>	<b>Timescale and RAG</b>	<b>Description and summary for period</b>	
AM to meet with NC to establish how the performance framework for the Improvement Plan will align with other strategic frameworks	01/05/17	This has been completed	

## Edinburgh's Domestic Abuse Improvement Plan

JULY 2017

AM to review all domestic abuse outcomes and measures in current strategies	01/06/17	Developed logic model
AM and NC to meet with Karen Brannen and Gosia Szymczakn to review current outcomes and measure and develop Domestic Abuse Improvement Plan Performance Framework	15/06/17	NC to ensure that these appear within Edinburgh's Community Plan Meeting to take place on 26/06/17
Gosia Szymczakn and Anna Mitchell to hold workshop with workstream leads and VAWP to develop performance framework for Domestic Abuse Improvement Plan and VAWP Action Plan	Sep 2017	

Domestic Abuse Service Redesign - Lessons Log						
Lesson Type (Corporate or Project Level) Date Logged	Event	Effect	Causes/Trigger	Early Warning Indicators	Previously Identified as Risk (Threat or Opportunity)	Recommendations

# Corporate Policy and Strategy Committee

10am, Tuesday, 3 October 2017

## Public Bodies Climate Change Duties Report 2016/17

Item number	8.1
Report number	
Executive/routine	
Wards	All

### Executive summary

---

This report seeks Committee's approval for submission to the Scottish Government of the Council's required annual report for 2016/17 on compliance with the Climate Change (Scotland) Act 2009 Public Bodies Climate Change Duties.

### Links

---

<b>Coalition commitments</b>	C18 - Improve Edinburgh's air quality and reduce carbon emissions.
<b>Council priorities</b>	
<b>Single Outcome Agreement</b>	

## Public Bodies Climate Change Duties Report 2016/17

### Recommendations

---

- 1.1 To approve submission to the Scottish Government of the Public Bodies Climate Change Duties Report 2016/17, outlined in appendix one to this report; and
- 1.2 To note our intention to review internal governance arrangements to ensure they are fit for purpose post transformation. Progress will be reported through the Member Officer Working Group on Carbon, Climate and Sustainability.

### Background

---

- 2.1 The City of Edinburgh Council is a 'Major Player' under the terms of the Climate Change (Scotland) Act 2009 and has a legislative duty to submit an annual report on what it is doing to meet the statutory Public Bodies Climate Change Duties (PBCCD). This report must be submitted to Scottish Government by 30 November each year and will cover the most recently completed financial year.

### Main report

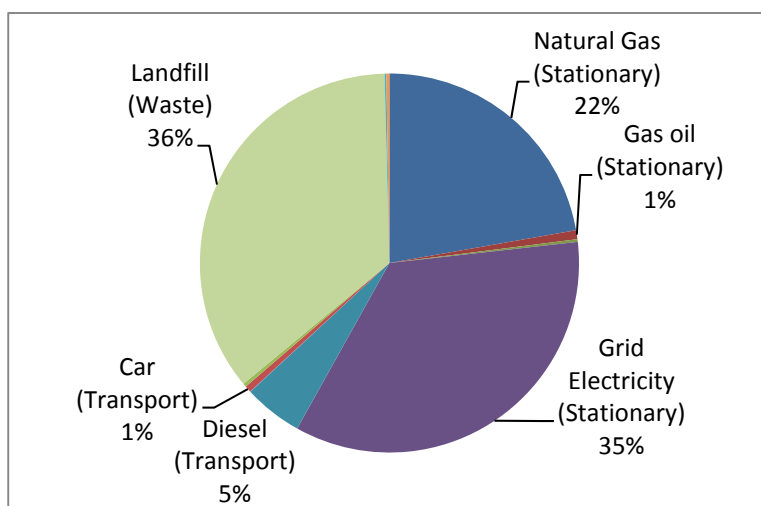
---

- 3.1 The Public Bodies Climate Change Duties Report has seven sections.
  - Part 1: Organisational Profile
  - Part 2: Governance, Management and Strategy in relation to climate change
  - Part 3: Corporate Emissions, Targets and Projects
  - Part 4: Adaptation to the impacts of climate change
  - Part 5: Procurement actions and achievements regarding climate change
  - Part 6: Data Validation and sign-off Declaration by a senior person responsible for climate change
  - Part 7: Reporting on Wider Influence
- 3.2 The first six parts apply to the Council's own carbon emissions reduction, climate change adaptation and sustainable procurement activities. Part seven, which public bodies are recommended but not required to complete, offers the opportunity to describe our city-wide activities relating to emissions, adaptation, climate change partnership working, capacity building, sustainable food, biodiversity and resource use.

- 3.3 The Council received feedback on its 2015/16 report. In general, the feedback was positive with the submission provided by Commercial and Procurement Services being highlighted as best practice to be shared with others.
- 3.4 Under the Governance, Management and Strategy section the feedback report recommended that the 2016/17 report outline how the Council tracks and monitors progress of climate change activity underway following the Council restructure. The Council will review representation on the internal corporate sustainability group following the transformation programme to ensure that policies, projects and opportunities to reduce carbon emissions across the organisation are regularly monitored and reported on. This will ensure that collating supporting information for the Council's submission to the Scottish Government would take place throughout the year and would make for more robust reporting including detail of city wide sustainability activities that the Council is involved in. The internal group will continue to report to the Member Officer Working Group on Carbon, Climate and Sustainability.
- 3.5 Integrated Joint Boards (IJBs) are now required to complete a climate change report under the Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Order 2015. This is the first year that the IJB will report. Discussions have taken place with the IJB, NHS Lothian and the Council to ensure that there is a co-ordinated approach with no duplicate reporting of carbon emissions across the three organisations.

#### PBCCD report content highlights

- 3.6 Part three of the report covers the Council's own carbon emissions. The Council's carbon emissions were 140,530 tonnes in 2016/17, a 7% drop on the 139,405 tonnes emitted in 2015/16.
- 3.7 Stationary emissions (emissions from electricity and gas consumption) make up 58% of the Council's carbon emissions footprint. Emissions from landfill waste make up 36% followed by 6% by transport and less than 1% for water.



### 3.8 Key points relating to the footprint include:

- The continued involvement of a senior business analyst from the Performance and Analytics team has meant that further cleansing of data has occurred year on year.
- The combined carbon footprint associated with gas and electricity consumption has decreased by 8% since 2015/16. This figure includes Edinburgh Leisure run properties. The reduction in gas consumption is partly due to consumption reduction through efficiency measures and estate rationalisation (for example the sale of the Edinburgh International Conference Centre in 2015). In addition the emission factors for both gas and electricity have reduced since 2015/16 by 0.2% and 10% respectively.
- The amount of waste sent to landfill increased by 3% between 2015/16 and 2016/7. However, landfill emissions decreased by 6% primarily owing to an 8% decrease in the landfill emission factor. This is due to a change in methodology used to generate the emission factor.
- The Council's transport footprint has decreased by 1% since 2015/16. This is both in terms of kilometres travelled by staff in their own cars and taxi use. Car transport makes up 1% of the Council's carbon footprint.
- There has been a small percentage increase (1%) in the carbon footprint associated with water (treatment and supply). However, water is a small percentage (< 1%) of the Council's overall carbon footprint.

3.9 The overall reduction in carbon emission to date is 28%. In order to achieve the 42% target (equivalent to emitting 112,000 tonnes of carbon in 2020/21) reduction there needs to be an emission reduction of 6,879 tCO<sub>2</sub> every year for the next four years. To achieve this there needs to be a concerted effort to



capture the carbon savings from implemented projects and ensure data robustness.

- 3.10 Questions 3e to 3j of Appendix 1 relate to carbon reduction projects. There is no robust process in place to capture information relating to the anticipated carbon impact of project activity across the Council. This was highlighted in the feedback report received for the 2015/16 report “The organisation needs to focus on how to identify and implement sufficient projects to meet their carbon reduction targets”. This will be addressed as part of the proposed governance paper. The projects that populate this section have been provided by Property and Facilities Management and Edinburgh Leisure. The Energy and Sustainability Team in Property and Facility Management is engaged in a Knowledge Transfer project with Edinburgh Napier University. This project is focussing on delivering an energy management strategy for the Council’s operational property portfolio. The Energy and Sustainability team is also investigating the implementation of an energy management accreditation system.
- 3.11 The Edinburgh Community Solar Co-operative has worked in partnership with the Council to install solar panels on 24 Council buildings. These were installed in the summer of 2016. The first full year of operation is 2017/18. This has meant that there has been a six-fold increase in electricity generation since 2015/16.
- 3.12 Part 4 of the PBCCD Report covers the Council’s climate change adaptation activity. The return shows that climate change adaptation is embedded in a range of Council operations and services, and city wide work is progressing well, with the approval of the Edinburgh Adapts Climate Change Action Plan (2016 – 2020) in August 2016. A city-wide steering group is now well established to drive this work forward and is currently chaired by the Royal Botanic Garden Edinburgh.
- 3.13 Part 5 of the PBCCD Report covers the Council’s sustainable procurement activity. The Council’s Commercial and Procurement Services Division continues to evidence that sustainability is firmly embedded in procurement policies and contract activity. The submission last year was highlighted as good practice to be shared with other organisations. Current specification work indicates that sustainability activity within this Service continues to strengthen year on year.

## Measures of success

---

- 4.1 The City of Edinburgh Council submits a Public Bodies Climate Change Duties Report on the financial year 2016/17 to the Scottish Government by 30 November 2017.
- 4.2 The City of Edinburgh Council establishes a governance structure that embeds the reporting requirements as outlined in the Climate Change (Scotland) Act 2009 into the day to day service delivery of the Council.

## **Financial impact**

---

- 5.1 There has been no financial impact from the preparation of this year's report. There has been an impact on staff time.

## **Risk, policy, compliance and governance impact**

---

- 6.1 Submission of the required annual report will assist in supporting the Coalition's Commitment 18 – to reduce carbon emissions, the Council's Energy Policy, Carbon Management Plan, Sustainable Energy Action Plan, Resilient Edinburgh Adaptation Framework and Sustainable Procurement Policy.
- 6.2 Submission of the required annual report will be evidence of compliance with the Climate Change (Scotland) Act 2009.
- 6.3 Governance in relation to the management of carbon across the organisation's activities will be consolidated. Regular performance reporting will be improved.

## **Equalities impact**

---

- 7.1 There are no equalities impacts associated with the content of this report.

## **Sustainability impact**

---

- 8.1 The impacts of this report in relation to the three elements of the Climate Change (Scotland) Act 2009 Public Bodies Duties have been considered. In summary, the proposals in this report will help achieve a sustainable Edinburgh because they improve governance of Council action to reduce carbon emissions, to increase the city's resilience to climate change impacts and to improve social justice, economic wellbeing and environmental good stewardship.

## **Consultation and engagement**

---

- 9.1 Consultation has taken place with Commercial and Procurement Services, Planning, Flood Prevention, Corporate Property, Environment, Resilience Unit and Edinburgh Leisure.

## Background reading/external references

---

Public Bodies Climate Change Report 2015/16

### Laurence Rockey

Head of Strategy and Insight

Contact: Jo McStay

E-mail: [jo.mcstay@edinburgh.gov.uk](mailto:jo.mcstay@edinburgh.gov.uk) Tel: 0131 529 7950

## Links

---

<b>Coalition commitments</b>	C18 - Improve Edinburgh's air quality and reduce carbon emissions.
<b>Council priorities</b>	
<b>Single Outcome Agreement</b>	
<b>Appendices</b>	Appendix 1 – Public Bodies Duties Climate Change Report 2016/17



**TABLE OF CONTENTS**

**Required**

PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

**Recommended Reporting: Reporting on Wider Influence**

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY

## **PART 1: PROFILE OF REPORTING BODY**

### **1(a) Name of reporting body**

City of Edinburgh Council

### **1(b) Type of body**

Local Government

### **1(c) Highest number of full-time equivalent staff in the body during the report year**

15293

### **1(d) Metrics used by the body**

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

<b>Metric</b>	<b>Unit</b>	<b>Value</b>	<b>Comments</b>
Population size served	population	507710	NRS for 16/17 reporting <a href="https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2016">https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2016</a>

### **1(e) Overall budget of the body**

Specify approximate £/annum for the report year.

<b>Budget</b>	<b>Budget Comments</b>
937000000	This is net of fees and charges for services provided.

### **1(f) Report year**

Specify the report year.

<b>Report Year</b>	<b>Report Year Comments</b>
Financial (April to March)	

### **1(g) Context**

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Council has a property portfolio comprising of approximately 400 buildings.

Discussions have taken place with the Council, IJB and NHS Lothian to ensure double accounting of emissions has not occurred.

The Council as an organisation is still going through major change as part of the Transformation process. Organisational reviews are still ongoing within Service Areas which has meant that new governance and management structures relating to climate change and sustainability are still to be cemented.

**PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY**

**2(b) How is climate change action managed and embedded by the body?**

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

The organisation has gone through a major organisational restructure in the last twelve months and this process continues as the Council transforms its services. There is also a new political Administration in place (June 2017). Governance structures that were in place (e.g. Corporate Sustainability Group has not met since the reorganisation process started).

This transformation process offers a huge opportunity for the Council to embed sustainability relating to the Climate Change (Scotland) Act 2009 into its new ways of working e.g. Locality Improvement Plans as well as its partnership approach to a sustainable capital city as part of the development of the Local Outcome Improvement Plan. Council governance arrangements to support compliance with the Climate Change (Scotland) Act 2009 will be set out for committee approval in Autumn 2017.

**2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?**

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
Pledge 45: spend 5% of the transport budget on provision for cyclists Pledge 46: consult with a view to extending the current 20mph traffic zones Pledge 47: set up a city-wide transport forum of experts and citizens to consider our modern transport needs Pledge 48: use Green Flag and other strategies to preserve our green spaces Pledge 49: continue to increase recycling levels across the city and reduce the proportion of waste going to landfill Pledge 50: meet greenhouse gas targets, including the national target of 42% by 2020 Pledge 51: investigate the possible introduction of low emission zones Pledge 52: encourage the development of community energy cooperatives	Capital Coalition Agreement "Contract with the Capital", page 8	
Vision: Edinburgh in 2020 will be a low carbon, resource efficient city, delivering a resilient local economy and vibrant flourishing communities in a rich natural setting Objectives for 2020: <ul style="list-style-type: none"> <li>• Edinburgh will maintain a good quality of life for all its citizens while consuming minimum resources</li> <li>• Edinburgh will be a leading knowledge, demonstration and development centre for sustainable development</li> <li>• Edinburgh will have a new trademark – the “Sustainable City” – attracting visitors, industry and investors</li> <li>• Edinburgh will have created significant new employment opportunities in low carbon and green technologies</li> <li>• Edinburgh will have preserved and enhanced its biodiversity, landscape and coastal environments</li> </ul>	Sustainable Edinburgh 2020 strategic framework	
Vision: Edinburgh is a thriving, sustainable capital city in which all forms of deprivation and inequality are reduced Strategic themes: Improve quality of life; Ensure economic vitality; Build excellent places Strategic commitment: Deliver lean and agile Council services Service principles include "A sustainable capital city"	Business Plan 2016-20	
Strategic Priority: reducing greenhouse gas emissions by 42% by 2020	Edinburgh Partnership Community Plan 2015-18	

**2(d) Does the body have a climate change plan or strategy?**

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Resilient Edinburgh Climate Change Adaptation Framework 2015-2020; adopted October 2014; [http://www.edinburgh.gov.uk/downloads/download/1256/resilient\\_edinburgh](http://www.edinburgh.gov.uk/downloads/download/1256/resilient_edinburgh)

Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020; adopted August 2016  
[http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh\\_adapts\\_climate\\_change\\_action\\_plan\\_2016-2020](http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh_adapts_climate_change_action_plan_2016-2020)

Edinburgh Adapts Our Vision 2016-2050  
[http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh\\_adapts\\_our\\_vision\\_2016-2050](http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh_adapts_our_vision_2016-2050)

Sustainable Edinburgh Action Plan (SEAP); adopted February 2015; [http://www.edinburgh.gov.uk/info/20220/economic\\_development/544/sustainable\\_economy/2](http://www.edinburgh.gov.uk/info/20220/economic_development/544/sustainable_economy/2)

[Second] Carbon Management Plan 2015/16-2020/21; adopted September 2015; [http://www.edinburgh.gov.uk/directory\\_record/683821/carbon\\_management\\_plan\\_20152016\\_-\\_20202021](http://www.edinburgh.gov.uk/directory_record/683821/carbon_management_plan_20152016_-_20202021)

**2(e) Does the body have any plans or strategies covering the following areas that include climate change?**

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	Resilient Edinburgh Climate Change Adaptation Framework  Edinburgh Adapts Our Vision 2016-2050  Edinburgh Adapts Climate Change Action Plan 2016-2020	<a href="http://www.edinburgh.gov.uk/downloads/file/5110/resilient_edinburgh_climate_change_adaptation_framework_2014-2020">http://www.edinburgh.gov.uk/downloads/file/5110/resilient_edinburgh_climate_change_adaptation_framework_2014-2020</a> <a href="http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh_adapts_climate_change_action_plan_2016-2020">http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh_adapts_climate_change_action_plan_2016-2020</a> <a href="http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh_adapts_our_vision_2016-2050">http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh_adapts_our_vision_2016-2050</a>	2014-2020  2016-2020  2016-2050	
Business travel	Sustainable Travel Plan		2009-2012	
Staff Travel	Active Travel Action Plan	<a href="http://www.edinburgh.gov.uk/downloads/file/7316/active_travel_action_plan_2016_refresh">/www.edinburgh.gov.uk/downloads/file/7316/active_travel_action_plan_2016_refresh</a>	2016-2020	As an employer, we have: introduced a bike to work scheme; established an allowance for cycling on Council business; invested over £60k in active travel facilities such as showers, lockers and cycle parking in Council buildings; and supported a number of cycle initiatives including bike breakfasts. We will encourage our partners to undertake similar measures and work to increase uptake of the CFE awards among local businesses.  Cycle Friendly Schools and the



APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17

				STARS programme This is a national award scheme run by Cycling Scotland that recognises the wide range of work schools do to promote and encourage cycling and to make their schools cycle friendly. Schools are encouraged to apply when they become part of the 1 bike scheme and we now have over 40 schools subscribed.
Energy efficiency	Energy policy	<a href="http://www.edinburgh.gov.uk/downloads/download/555/energy_policy_and_procedures">http://www.edinburgh.gov.uk/downloads/download/555/energy_policy_and_procedures</a> 2013-20		
Fleet transport	Green Fleet Policy			
Information and communication technology	ICT and Digital strategy	<a href="http://ictanddigitalstrategy.org.uk/">http://ictanddigitalstrategy.org.uk/</a>		
Renewable energy				
Sustainable/renewable heat	Sustainable Energy Action Plan	<a href="http://www.edinburgh.gov.uk/info/20220/economic_development/544/sustainable_economy/2">http://www.edinburgh.gov.uk/info/20220/economic_development/544/sustainable_economy/2</a>	2015-20	
Waste management	Waste and Recycling Strategy  Waste Prevention Strategy  Resource Use Policy	<a href="http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies">http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies</a> <a href="http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies">http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies</a> <a href="http://www.edinburgh.gov.uk/directory_record/683921/resource_use_policy">http://www.edinburgh.gov.uk/directory_record/683921/resource_use_policy</a>	2010-25  adopted 2005  adopted 2000	
Water and sewerage	Water Management Policy	<a href="http://www.edinburgh.gov.uk/directory_record/683942/water_management_project_progress_report_and_revised_policy">http://www.edinburgh.gov.uk/directory_record/683942/water_management_project_progress_report_and_revised_policy</a>	Adopted 2006	
Land Use	Asset Management Strategy  Corporate Asset Strategy  Interim Community Asset Transfer Policy	<a href="http://www.edinburgh.gov.uk/download/meetings/id/50182/item_71b_transformation_programme_ams_update">http://www.edinburgh.gov.uk/download/meetings/id/50182/item_71b_transformation_programme_ams_update</a> <a href="http://www.edinburgh.gov.uk/download/meetings/id/46966/item_710_-_corporate_asset_strategy_2015-19">http://www.edinburgh.gov.uk/download/meetings/id/46966/item_710_-_corporate_asset_strategy_2015-19</a> <a href="http://www.edinburgh.gov.uk/directory_record/683945/interim_community_asset_transfer_policy">http://www.edinburgh.gov.uk/directory_record/683945/interim_community_asset_transfer_policy</a>	2015-19	
Other (state topic area covered in comments)				

**2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?**

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Establish robust governance to deliver on climate change following the organisation's restructuring programme, detailing leadership at senior management level and ownership for key climate change policies and plans i.e. Carbon Management Plan, and ensuring that progress is monitored and regularly reported.

Establish new ways of working regarding collation of robust carbon data for the organisation as a whole, ensuring that all emission sources are included; (NEW BASELINE)

Ensure a structured process is in place to capture the carbon impact of project activity carried out by Service Areas and that these are recorded and monitored as part of the Carbon Management Plan.

Continue to implement the citywide climate change adaptation action plan, co-produced to implement the Resilient Edinburgh framework

Define decision making processes by the IJB that will impact on carbon emissions for CEC and NHS Lothian.

**2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?**

If yes, please provide details of the key findings and resultant action taken.

No

**2(h) Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

Edinburgh Adapts action plan was approved in 2016. A city wider steering group was set up to develop the action plan and to progress and monitor actions. The group is currently chaired by the Royal Botanic Garden Edinburgh.

**PART 3: EMISSIONS, TARGETS AND PROJECTS**

**3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year**

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2005/06				192911	tCO2e	This baseline was chosen following receipt of the Carbon Trust Standard.
Year 1 carbon footprint	2006/07				0	tCO2e	
Year 2 carbon footprint	2007/08				0	tCO2e	
Year 3 carbon footprint	2008/09				0	tCO2e	
Year 4 carbon footprint	2009/10				0	tCO2e	
Year 5 carbon footprint	2010/11				171568	tCO2e	
Year 6 carbon footprint	2011/12				163744	tCO2e	
Year 7 carbon footprint	2012/13				165454	tCO2e	
Year 8 carbon footprint	2013/14	35794.00	56859.00	40077.00	132730	tCO2e	First year of using the RES Carbon Footprinting Tool and Project (CFPR)Tool
Year 9 carbon footprint	2014/15	40624.00	64158.00	39283.00	144065	tCO2e	Used the CFPR tool
Year 10 carbon footprint	2015/16	40285	50972.46	58611.46	149869	tCO2e	Used the CFPR tool.
Year 11 carbon footprint	2016/17	39405.00	45951.00	55174.00	140530	tCO2e	Used the CFPR tool.

APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17

3b Breakdown of emission sources									
Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.									
Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
140529.5		Natural Gas	Scope 1	168422385.84	kWh	0.183996818181275	kg CO2e/kWh	30989.2	Council buildings including Edinburgh Leisure
		Gas Oil	Scope 1	3797713.00	kWh	0.276309823503707	kg CO2e/kWh	1049.4	Council buildings including Edinburgh Leisure
		LPG	Scope 1	1492828.00	kWh	0.214577273556799	kg CO2e/kWh	320.3	Council buildings including Edinburgh Leisure
		Grid Electricity (generation)	Scope 2	110710829.47	kWh	0.41205	kg CO2e/kWh	45618.4	Council buildings including Edinburgh Leisure
		Grid Electricity (transmission & distribution losses)	Scope 3	110710829.47	kWh	0.03727	kg CO2e/kWh	4126.2	Council buildings including Edinburgh Leisure
		Diesel (average biofuel blend)	Scope 1	2675100.49	litres	2.61162519961375	kg CO2e/litre	6986.4	This is Council fleet vehicles
		Petrol (average biofuel blend)	Scope 1	27155.58	litres	2.19697387704532	kg CO2e/litre	59.7	This is Council fleet vehicles
		Average Car - Unknown Fuel	Scope 3	4095022.47	km	0.18695	kg CO2e/km	765.6	This reflects travel by staff using their own vehicle
		Refuse Municipal to Landfill	Scope 3	117843.39	tonnes	421	kg CO2e/tonne	49612.1	All council collected waste and sent to landfill - includes household waste and waste from council buildings
		Taxi (black cab)	Scope 3	1105943.65	passenger km	0.21884	kg CO2e/passenger km	242.0	These are not Council owned vehicles
		Taxi (regular)	Scope 3	1143044.15	passenger km	0.16286	kg CO2e/passenger km	186.2	These are not Council owned vehicles
		Water - Supply	Scope 3	589276.00	m3	0.344	kg CO2e/m3	202.7	Council buildings including Edinburgh Leisure
		Water - Treatment	Scope 3	524791.00	m3	0.708	kg CO2e/m3	371.6	Council buildings including Edinburgh Leisure

3c Generation, consumption and export of renewable energy					
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.					
Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Solar PV	356568	0	57994.00	0	kWh reflects energy generated onsite and subsequently used onsite

3d Targets										
List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.										
Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments
Corporate	percentage	42	tCO2e reduction	Other (please specify in comments)	27	2005/06	192911	tCO2e	2020/21	Original baseline not calculated using RES carbon foot printing and project tool. Scope of target: buildings, travel, infrastructure and waste

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

**3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year**

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
BEMS programme controls upgrade	Asset Management	2017/18	Estimated	137580			Natural Gas				Mechanical Distribution and Controls upgrade: Niddrie Mill St Francis Primary School
Oil to gas boiler conversion	Asset Management	2017/18	Estimated	270000			Gas Oil				Oil to gas boiler conversion: Fox Covert Primary
Lighting Conversion	CEEF	2017/18	Estimated	21000			Grid Electricity				Brunstfield Primary
Edinburgh Community Solar Co op	community share offer	2017/18	Estimated	1400000			Grid Electricity				Community led initiative using Council buildings.
BEMS programme upgrade	Asset Management	2017/18	Estimated	45659			Natural Gas				Bruntsfield Primary
BEMS programme upgrade	Asset Management	2017/18	Estimated	57719			Natural Gas				James Gillespies Primary School
BEMS programme upgrade	capital	2017/18	Estimated	31000			Grid Electricity				Queensferry Primary School and Annexe
BEMS programme upgrade	capital	2017/18	Estimated	33670			Natural Gas				Leith primary School
BEMS programme upgrade	capital	2017/18	Estimated	21000			Natural Gas				Duddingston Primary
BEMS programme upgrade	Capital	2017/18	Estimated	7500			Grid Electricity				Deanpark primary (Controls and DHW works)

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			
	Staff numbers		Decrease	Staff numbers have reduced over the last 12 months (15513.54 in 2015/16 to 15293 in 2016/17). This reduction has not been quantified in terms of carbon emissions.
	Other (specify in comments)			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	Source	Saving	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

**3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead**

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			As the Council continues to implement its transformation programme changes to service provision should have an impact on carbon emission reduction.
	Staff numbers			
	Other (specify in comments)			

**3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint**

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total	Comments
	This has not been quantified

**3k Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.



## **PART 4: ADAPTATION**

### **4(a) Has the body assessed current and future climate-related risks?**

If yes, provide a reference or link to any such risk assessment(s).

An initial risk assessment was done through completion of a Local Climate Impact Profile followed by verification through Council Committee reporting and meetings with Council departments and affected services. Web link: <http://www.adaptationscotland.org.uk/11/96/0/Local-Climate-Impacts-Profile-project-findings.aspx>

The Resilient Edinburgh Climate Change Adaptation Framework 2014-2020 was approved by the Council in October and endorsed by the Edinburgh Sustainable Development Partnership (ESDP) in November 2014. The Framework takes a risk-based approach to assessing Edinburgh's vulnerability to weather-related risks and predicted climate change impacts; identifies city services and sectors that may be affected, and presents high level actions to address the most significant risks identified. A separate document contains the evidence base on which the Framework is built.

The Edinburgh Adapts Action Plan 2016-2020 was approved by Council Committee in August 2016, endorsed by the ESDP in September 2016 and launched in December 2016. The high-level climate risks identified in the Resilient Edinburgh Framework will be addressed through implementation of the Action Plan. Weblink: [http://www.edinburgh.gov.uk/downloads/download/1256/edinburgh\\_adapts](http://www.edinburgh.gov.uk/downloads/download/1256/edinburgh_adapts).

The Council's resilience risk register (which include those risks related to climate change) is reviewed on a quarterly basis as part of the Resilience service's risk management procedure. This procedure is aligned with the Council's risk strategy.

### **4(b) What arrangements does the body have in place to manage climate-related risks?**

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

The climate-related risks identified in the Resilient Edinburgh Framework will be addressed through the delivery of the actions in the Edinburgh Adapts Action Plan. The Action Plan was developed in partnership with the Edinburgh Sustainable Development Partnership, Adaptation Scotland and key stakeholders across the city. It is being delivered by a Steering Group who provide governance and oversight.

The Council's Resilience service drives and manages the Council's Resilience Management Programme and is the focus for the Council's resilience activities. The Council's Resilience service is responsible for ensuring the Council complies with its statutory emergency planning and business continuity obligations, which is carried out in conjunction with designated Resilience coordinators from each Council service area and key function together with stakeholders and partner organisations.

The Edinburgh Local Development Plan (LDP) has specific measures dealing with climate change adaptation. It aims to promote development in sustainable locations and enhance the city's green network by encouraging land management practices which capture, store and retain carbon, and prevent and manage flood risk. This includes managing surface water drainage, treatment and flood risk through sustainable urban drainage, providing amenity and biodiversity benefits.

Edinburgh's has two Flood Prevention Schemes in place on the Braid Burn and Water of Leith. Both of these schemes are designed for a 1 in 200 year event and include an allowance for climate change. Undeveloped areas of land fulfil an important flood function and should be allowed to flood in order to protect built-up areas from floodwater. These are shown on the Edinburgh Local Development Plan Proposals Map as areas of importance for flood management. There are also robust inspection regimes in place for watercourses, coastal defences and reservoirs. These inspections help inform and prioritise planned maintenance work.

In the event of flooding the Council provides an emergency response and there are always two members of staff on standby to co-ordinate activities. Action Packs have been prepared which detail where temporary defences should be deployed. Sandbags and pallet barriers are stored and are to be utilised in the event of flooding. A limited number of sandbags are stored at a number of fire stations and these are available to the public.

The Council is a signatory to the Central Scotland Green Network and is working in partnership with neighbouring authorities and other stakeholders to support a range of projects. Edinburgh's Local Biodiversity Action Plan for 2016-18 includes a number of climate related risks and actions. Work to promote green and blue infrastructure in planning guidance and monitor indicator species are example of the types of actions underway to address climate related risks.

The Council's Parks and Greenspaces Strategy aims to conserve natural habitats and wildlife.

#### 4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

The Edinburgh Adapts Climate Change Adaptation Action Plan contains over 100 actions that are being implemented by a wide range of organisations across the city. These include cross-cutting actions that can be incorporated into other strategies and plans to raise awareness of the need to adapt, build capacity to assess risk and implement action.

Externally, the Resilience service represents the Council on the Multi Agency Risk Group established by the Lothian and Borders Local Resilience Partnership, which feeds into the risk assessment processes of the East of Scotland Regional Resilience Partnership. The range of risks addressed by these partnerships includes extreme weather related emergencies. Internally, the Resilience service chairs the Council Resilience Group that oversees the Council's Resilience Management Programme, which includes identifying and addressing risks through preparing and maintaining contingency measures to mitigate their effects. High-level risks are escalated within the Council, where appropriate.

The Edinburgh Local Development Plan aims to promote development in sustainable locations and enhance the city's green network by encouraging land management practices which capture, store and retain carbon, and prevent and manage flood risk. This includes managing surface water drainage, treatment and flood risk through sustainable urban drainage, providing amenity and biodiversity benefits. The Edinburgh Design Guidance raises awareness of climate change at the outset of the document and in the detailed chapters through promoting Green infrastructure and Sustainable building design. This document is currently under review.

The Council works in partnership with neighbouring local authorities, SEPA and Scottish Water and has prepared a Local Flood Risk Management Plan (LFRMP) for the Forth Estuary Catchment which will outline strategies and identify areas vulnerable to flooding from all sources and potential mitigation measures and actions. This plan was published in June 2016 and can be found at <http://www.edinburgh.gov.uk/info/20045/flooding>.

Edinburgh Living Landscapes launched in November 2014. The initiative is led by the Council's Parks and Greenspace service in partnership with the Scottish Wildlife Trust, Royal Botanic Garden Edinburgh, Edinburgh and Lothian Greenspace Trust and Green Surge. It advocates the development of an ecosystem approach to the management of the Council's open space estate in order to realise the benefits to both biodiversity and public amenity. It aims to create resilient green networks to deliver a healthy, accessible and attractive environment.

As part of the Edinburgh Biodiversity Action Plan 2016-2018, partners have been asked to include actions to adapt to climate change within site management plans, conservation plans and species action plans as appropriate. This not only raised awareness but also involved risk assessment, adaptation measures and any carbon capture.

**4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?**

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	N1-8	Potentially Vulnerable Areas have been highlighted and the risk assessed in relation to Flood Risk which will be reported in the Local Flood Risk Management Plan (LFRMP).	
			N1-10	<p>Scottish Government commissioned the Scottish Flood Defence and Asset Database. SEPA published flood maps to help understand areas potentially affected by flooding.</p> <p>The Council maintains GIS records of existing assets in relation to culverted watercourses.</p>	
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	N2-2	<p>The Local Development Plan aims to enhance the city's green network by encouraging land management practices which capture, store and retain carbon and prevents and manages flood risk. Furthermore, through various policies, the LDP aims to protect, promote and enhance the wildlife, recreational landscape and access value of the green network.</p> <p>The Council has also updated the Open Space Strategy and Edinburgh Design Guidance, both which contribute to promoting green infrastructure in planning.</p> <p>55 floral meadows have been identified across the city and were sown, including nine meadows that are a legacy of the urban pollinator research project with the University of Edinburgh.</p> <p>A total of 89 hectares of greenspace incorporate Living Landscape features (the Council manages 858 hectares of Standard Amenity Grass (SATHG)) which equates to 10.4% of our amenity grasslands).</p>	<p>The Edinburgh Design Guidance planning policy has been updated and includes guidance on green and blue infrastructure requirements in new developments. Climate change adaptation information has been promoted through internal training workshops.</p> <p>As well as improving the visual and biodiversity amenity of these sites, these changes, specifically the less frequently cut relaxed grass areas, will slow rainwater run-off and help lock-up carbon in soils, reducing CO2 release. It will also mean a reduction in operational fuel consumption and associated pollutants.</p>

**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

			N2-7	<p>The Council has continued to manage INNS where they occur on their land.</p> <p>The Edinburgh Biodiversity Action Plan 2016-2018 has a new section on invasive species, which addresses habitat and genetic resilience as well as being 'Plant Smart' in terms of biosecurity and plant choice and source.</p>	<p>The Biodiversity Partnership will continue to work with partners such as the Water of Leith Conservation Trust to manage INNS along the Water of Leith and seek to work at a catchment scale level through the RBMP area partnerships.</p> <p>The Natural Heritage Service continues to work with volunteers and Friends groups to carry out practical work on eradication of INNS.</p>
			N2-11	<p>The Local Development Plan (LDP) identifies Local Nature Reserves and Local Nature Conservation Sites to protect biodiversity at the local level. The plan includes policies relating to a range of biodiversity designations. LDP and Council guidance also recognise the value and potential of biodiversity outwith designated areas and sets out key principles for enhancing habitat and ecosystems.</p>	
			N2-20	<p>The Flood Risk Management Strategy and Plan for the Forth Estuary have now been published which will aid in understanding the risks associated with coastal flooding.</p> <p>City of Edinburgh Council officers continue to have input into the Forth Estuary Forum where such issues are discussed and action plans developed.</p> <p>The EBAP 2016-2018 will ensure that appropriate emphasis is placed on the Firth of Forth Special Protection Area when dealing with conservation projects.</p> <p>The EBAP also incorporates the action to identify opportunities to ensure that biodiversity data is collected in advance of regional marine planning.</p>	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment			
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	B1-13	<p>The Forth Estuary Flood Risk Management Strategy and the Forth Estuary Local Flood Risk Management Plan was published in June 2016.</p> <p>The Council has published an "Assessment, inspection, clearance and repairs schedule" which can be found at <a href="http://www.edinburgh.gov.uk/info/20045/flooding">http://www.edinburgh.gov.uk/info/20045/flooding</a>.</p>	<p>The Assessment, inspection, clearance and repairs schedule will be revised annually (April)</p>

APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17

			B1-19	<p>The Council is working in partnership with Scottish Water, East and Midlothian Councils to evaluate flood risk and consultants have been commissioned to undertake an integrated catchment study. It is anticipated that the optioneering stage will be complete in autumn 2017 and the next phase to refine the findings and explore potential solutions will follow.</p> <p>The Council has published an “Assessment, inspection, clearance and repairs schedule” which can be found at <a href="http://www.edinburgh.gov.uk/info/20045/flooding">http://www.edinburgh.gov.uk/info/20045/flooding</a>.</p>	<p>Guidance states: An integrated approach to the drainage of surface water arising from impermeable surfaces such as roofs and roads that takes account of all aspects of the drainage systems and produces long-term and sustainable actions that will ensure they are resilient to the changing climate.</p> <p>The Assessment, inspection, clearance and repairs schedule will be revised annually (April)</p>
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks			
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	B3-2	<p>A flood map published by the Scottish Environment Protection Agency shows some areas on Edinburgh’s waterfront potentially at medium to high risk of coastal flooding, taking into account climate change.</p> <p>The Local Development Plan (LDP) does not prevent development in such locations but will require all proposals to consider and address any potential risk of flooding through flood risk assessments and surface water management plans. The LDP also states that flood risk from water flowing over land during heavy rainfall should be avoided by the use of SUDs.</p> <p>The Edinburgh Design Guidance gives advice and clear information in order to guide applicants towards a design process that fully incorporates sustainable flood risk management and SUDS from the outset.</p>	
			B3-3	<p>The Council published its first Open Space Strategy in 2010, informed by an Open Space Audit (2009) and accompanied by 12 Neighbourhood Open Space Action Plans. This has been updated with Open Space 2021 – a revised open space strategy for Edinburgh.</p> <p>The new Strategy takes a coordinated approach to protecting and developing the city’s network of open space, helping to deliver Edinburgh’s contribution to the development of the Central Scotland Green Network.</p> <p>The Strategy is aligned with the Local Development Plan and co-ordinates with related strategies, including those for parks and gardens, allotments, play, sport facilities, active travel, climate change adaptation and biodiversity.</p>	

			<p>B3-6</p> <p>The Council spent £2.9m in HEEPS:ABS funding which delivered insulation to homes across the city. The 2016/17 programme consists of areas with high levels of fuel poverty, containing suitable homes for solid wall insulation, and in areas in the bottom 25% of the Scottish Indices of Multiple Deprivation (SIMD).</p> <p>The programme included projects at Westburn, South Queensferry, Telford and hard to treat cavity wall insulation across the Oxfgangs area. It also includes a Manor Estates Housing Association led project at Muirhouse and continued Council led refurbishment at Dumbiedykes. Nearly 500 social rented homes and an additional 1,000 private homes received insulation in 2016/17 as a result of the HEEPS:ABS programme.</p>	
			<p>B3-7</p> <p>Working closely with Changeworks, the Council is developing a detailed works programme and costings to ensure homes meet and exceed the Scottish Government's Energy Efficiency Standard for Social Housing (EESH) by 2020.</p> <p>52% of Council homes currently pass EESH. It is estimated that the cost of bringing the homes up to the basis EESH standard will be approximately £57 million.</p> <p>A Scottish Government review of EESH will be held over the end of 2017 to considering future standards beyond 2020. Further analysis has been commissioned from Changeworks to future proof Council homes and ensure existing homes are of a similar efficiency standard as new homes. Where possible a new C75 SAP standard will be targeted.</p>	
			<p>B3-8</p> <p>The Council and other RSLs in the city complies with the Scottish Housing Quality Standard (SHQS).</p> <p>Abeyances, mainly the result of mixed tenure, will be progressed through a mixed tenure pilot project.</p> <p>The Council has invested around £40 million in improving the energy efficiency of Council homes in the last five years.</p>	
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		

**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

<p>Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.</p>	<p>S2</p>	<p>Society</p>	<p>S2-5</p>	<p>The Edinburgh Community Resilience Pilot Project was completed in June 2017. The community resilience groups that were established as part of this project continue to operate and build resilience.</p> <p>The Building Resilience Communities Initiative strengthens the work undertaken during the Edinburgh Community Resilience Pilot Project. The initiative is still in its infancy but initial scoping and workshops have been completed with the Council's project partner, Sniffer. The Initiative aims to engage effectively with communities and key partners to identify what is important to the communities, to provide joined-up support to the communities and to build resilience.</p> <p>Information and advice regarding flooding, severe weather and business continuity is published on the Council web site.</p> <p>The Council participates in the preparation and monitoring of a Community Risk Register for the Lothian and Borders area.</p>	
<p>Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.</p>	<p>S3</p>	<p>Society</p>			

**4(e) What arrangements does the body have in place to review current and future climate risks?**

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Current and future climate risks will be assessed through the Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020.

In terms of the Council's internal resilience arrangements, risk assessments are monitored and reviewed on a quarterly basis through the Council Resilience Group. In terms of the Council's contribution to the Lothian and Borders Local Resilience Partnership, risk assessment is a continual process. Current assessments will be reviewed on an annual basis, as new information emerges or following any significant incident or exercise.

The Proposed Strategic Development Plan (SDP 2) is expected to replace the current Strategic Development Plan in 2018, five years after the first adopted SDP. A review of current and future climate risks will be addressed in future LDP policies which will be written in the context of SDP 2. It is expected that an updated LDP will also be on a five year cycle.

A study to ascertain the impact of siltation on the Water of Leith Basin was completed in February 2017. A study is being undertaken on the Niddrie Burn to ascertain the effects of potential flooding. Building on previous flood risk studies, the Flood Prevention Team will complete a Surface Water Management Plan in due course to assess current and future flooding risks for the city.

The Edinburgh Biodiversity Action Plan for 2016-18 incorporates climate change actions and will review current and future risks to biodiversity and greenspace.



**4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?**

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Monitoring and evaluation of the impacts of adaptation actions will be assessed through the Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020.

The Council will monitor the impact of the Local Development Plan policies on the physical and environmental characteristics of the area, including those related to climate change. This will be reported in a statutory Monitoring Statement which will inform the next Local Development Plan. The first monitoring report will be produced in January 2018.

Biodiversity actions will be monitored through the Edinburgh Biodiversity Action Plan for 2016-2018. The first annual report is available for 2016 at [www.edinburgh.gov.uk/biodiversity](http://www.edinburgh.gov.uk/biodiversity).

**4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?**

Provide a summary of the areas and activities of focus for the year ahead.

Work in partnership through the Edinburgh Adapts Steering Group and wider partnership to implement the Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020 and a Vision for a Climate Ready Edinburgh.

Work with partners to raise awareness of the risks to Edinburgh's coast from climate change and investigate ways to adapt to these.

Work with the Edinburgh Biodiversity Partnership to deliver the climate change adaptation actions in both the Edinburgh Biodiversity Action Plan 2016-18 and the Edinburgh Adapts Action Plan.

The Edinburgh Community Resilience Pilot Project was completed in June 2017. The Building Resilience Communities Initiative has now commenced and will build on the work and success of the Pilot with Phase 1 of the Initiative due to be completed by June 2018. A number of key stages are included in Stage 1 which will culminate in the delivery of a report outlining key learning and recommendations for future action.

**4(h) Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

The Council worked with pilot areas within the city as part of the Edinburgh Community Resilience Project, seeking to enhance communities' abilities to respond to and recover from resilience incidents. Whilst the pilot has now been completed, the community resilience groups established as part of the pilot continue to operate and build resilience.

Since the completion of this pilot the Building Resilience Communities Initiative has commenced. This Initiative is being developed and delivered with Sniffer and will involve working with key partner agencies to engage with communities in a holistic, joined-up way and focusing on issues that important to them (e.g. winter weather, flood prevention) with a key overarching aim to build resilience.

The Council along with SEPA, other local authorities in the Forth Estuary and Scottish Water have developed a Local Flood Risk Management Plan. The Plan has identified flooding from rivers, coast and overland flow to prioritise work at the national level.

The Council is working with Scottish Water to scrutinise the sewer network and how it interacts with flooding from other sources. The Niddrie Burn River Restoration Project included construction of building platforms so future proofing development against flooding in the area.



## **PART 5: PROCUREMENT**

### **5(a) How have procurement policies contributed to compliance with climate change duties?**

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The Council has had a comprehensive Sustainable Procurement Policy in place since 2012. The sustainable procurement policy and objectives are addressed within every procurement plan, which is at the start of each procurement process. Thus, the policies build awareness and are discussed with stakeholders. There is also a mandatory sustainability risk assessment of procurement projects as part of the individual procurement plan is a practical tool to ensure compliance with climate change duties (attached).

The Sustainable Procurement Policy also informs the Council's terms and conditions of contract. For example in schedule 8 section 1.1g a duty is placed on service providers to assist the Council on climate change.

The Commercial and Procurement team also use sustainability as selection and award criteria and seek to constantly evaluate processes that minimise the impact of the procurement for example in construction off-site fabrication, use of electric vehicles and use of local suppliers to reduce transport emissions are encouraged and scored accordingly.

The Policy has 4 main Outcomes

Outcome 1: the social and economic benefits from our procurement are maximised

Outcome 2: the environmental impacts are minimised and the environmental benefits maximised from our procurement

Outcome 3: Edinburgh has a more sustainable supply chain

Outcome 4: sustainable procurement is embedded within the Council

1 The following are some of the specific examples that sit under these outputs:- (please note this is just a selection):

- Minimise carbon based energy use
- minimise waste and consumption
- specify goods and materials made with a high content of recycled material and/or goods
- achieve a minimum sustainability performance of BREEAM 'Very Good' rating, and aspire to BREEAM 'Excellent' rating, when procuring new buildings and refurbishing old buildings. [BRE Environmental Assessment Methodology]
- specify the most energy efficient goods, services and works
- ensure that vehicles we purchase, lease or hire have low emissions of greenhouse gases and air pollutants.
- provision of a carbon reduction of 30%;
- procure timber and timber-based goods from verifiable sustainable sources that evidence clear chains of custody in line with the Council's Purchasing Policy for Sustainable Timber and Timber Products
- The use of Government Buying Standards
- The use of Community Benefits – this is reinforced on the requirement in Contract Standing Orders to consider the inclusion of community benefits in all procurements over £50,000.

To give an example as to how these translate into procurement actions the Construction team operate WRAP targets for all Construction works. The targets and objectives set out in our contract identify:

- A minimum of 10% use of recycled materials
- Implementation of Site Waste Management Plans that not only meet any minimum regulatory requirements, but exceed these requirements by setting project-specific targets for waste reduction and recovery and measuring performance
- measurement and reporting progress against the corporate KPIs for waste and waste to landfill; report performance for construction, demolition and excavation waste streams separately (using the WRAP W2L Reporting Portal 1) and guidance recover a minimum of 70% of construction materials, and aim to exceed 80%. The Contractor must report on a monthly basis the current position relating to all WRAP initiatives.
- Requirement to only purchase FSC approved timber and complete and return the Timber Monitoring Sheet on a monthly basis.

### 5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

A number of contracts have been put in place whose sole objective is to comply with climate change:

#### WARP IT

The procurement team initiated the Council joining Warp It (Waste Action Reuse Portal) an asset redistribution website which works in a similar way to Gumtree or Freecycle but for organisations rather than individuals. Warp It lets us give or loan assets to others, bringing unused items into use and liberating space.

WARP IT has allowed the Council, primarily schools, and charities to reuse and redistribute redundant items, which would otherwise be disposed of as landfill. As well as redistribution there is a container of tables and chairs and other resources being donated to a charity which is building schools in North Ghana.

To date:

- 1300 items have been claimed by 39 schools totalling £233,896 (new cost)
- 2280 items have been claimed by charities, mostly old class tables and chairs are going to Ghana, Out of the Blue, Edinburgh Hack Lab, Edinburgh Scouts, Fresh Start and Grey Friars Kirk (new cost £91,998)
- 208,651 KG/ 208 tonnes CO2 saved is equal to CO2 produced in the manufacturing and delivery of new items (measured by the WARP IT system)
- 55,125KG/55 tonnes of waste diverted from recycling and landfill (measured by the WARP IT system)

#### CHRISTMAS AND HOGMANAY

In this procurement journey, the question relating to sustainability was included in the tender submission. Responses to the question and nominated contracted supplier for the event returned the following:

- Staff are educated and briefed in relation to best practice for sustainable events. This is particularly important in relation to waste management and the need to minimize waste and make staff understand the importance of proper recycling. Staff and traders are given full briefings at the beginning of each event to ensure that they comply with our waste management plan.
- Given the nature of events, we do rely on haulage deliveries but efforts are made to streamline deliveries to sites and 'shared loads' are encouraged.
- Mains power is used where possible rather than temporary generator power. We actively look for ways to reduce consumption including with external luminescence. A structured switching off procedure is put in place. We aim to turn as much off during non-operational hours as possible.
- We minimize waste during the build phase of our events. This includes reusing materials and storing them at our warehouse for future use.
- Christmas trees with roots are donated to land owners. The primary purpose is usually to provide wind protection to enable woodland to grow. Other trees and natural wood that cannot be reused is chipped for use in parks and gardens.
- Waste and recycling levels are monitored throughout the event and reduced where possible.
- Sustainability is given high priority when selecting a waste management sub-contractor. Our current supplier is committed to ensuring our full sustainability compliance, including complying with zero waste Scotland.

### 5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

#### Procurement Systems – Vendor module – Oracle

The buyers' pool process from start to finish is all done electronically, and we encourage new suppliers to provide an email address and to return forms by email rather than printing them off and posting them. With over 6000 active suppliers this process encourages the use of electronic submissions in a continued effort to reduce carbon emissions.

We try to be flexible regarding more expensive and / or off-contract purchases where the requisitioner is keen to purchase better quality items that should last longer, reducing the number of procurements.

We encourage our outlying locations (Lagganlia and Benmore) to procure goods and services locally, reducing the transport requirements to and from these outlying locations.

Our Finance and Procurement Systems Helpdesk, support the climate change duties by limiting the number of purchase orders that are sent in the mail by updating suppliers email addresses; only printing orders where there is no email address given for a supplier. Daily, the helpdesk will send updated email addresses from suppliers to the vendor team, thus reducing the number of printed orders.

#### Maintenance and Repair Vs Landfill

We support and encourage the maintenance and repair of our white goods wherever possible. Repairing rather than replacing when possible reduces the CO2 emissions as they are not sent to landfill. Our goods are being used for longer and don't have to be thrown away. This reduces the volume of raw materials and energy needed to make new products and reduces CO<sub>2</sub> emissions.

## **PART 6: VALIDATION AND DECLARATION**

### **6(a) Internal validation process**

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

Internal audit review of CRC procedures; annual sign off of CRC annual report prior to submission to Environment Agency.

### **6(b) Peer validation process**

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

Senior business analyst review of data. Report considered by Corporate Policy and Strategy Committee.

### **6(c) External validation process**

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

validation of energy consumption data through CRC reporting.

### **6(d) No validation process**

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

### **6e - Declaration**

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

<b>Name</b>	<b>Role in the body</b>	<b>Date</b>

**RECOMMENDED – WIDER INFLUENCE**

**Q1 Historic Emissions (Local Authorities only)**

Please indicate emission amounts and unit of measurement (e.g. tCO2e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO2 emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO2 emissions: **full dataset**:

**Select the default target dataset**

Full

**Table 1a - Subset**

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments
Total Emissions	3289.30	3332.37	3296.17	3262.92	2952.83	3071.95	2783.56	2961.45	2860.07	2410.14	2301.56	ktCO2	
Industry and Commercial	1384.48	1438.91	1413.40	1414.49	1245.84	1309.66	1171.41	1270.17	1214.91	930.82	846.12	ktCO2	
Domestic	1186.78	1182.44	1167.25	1167.93	1039.39	1105.93	972.58	1063.10	1024.32	854.10	820.77	ktCO2	
Transport total	718.04	711.02	715.52	680.50	667.59	656.37	639.58	628.19	620.83	625.22	634.67	ktCO2	
Per Capita	7.32	7.37	7.23	7.12	6.37	6.54	5.82	6.14	5.87	4.89	4.61	tCO2	
Waste												tCO2e	
LULUCF Net Emissions												ktCO2	
Other (specify in 'Comments')													

**Table 1b - Full**

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments
Total Emissions	3429.80	3466.07	3437.60	3404.22	3095.79	3210.78	2919.35	3096.24	2994.15	2541.35	2437.25	ktCO2	
Industry and Commercial	1385.86	1440.51	1415.76	1416.22	1247.90	1312.77	1173.44	1272.29	1218.25	932.85	847.92	ktCO2	
Domestic	1186.78	1182.44	1167.25	1167.93	1039.39	1105.93	972.58	1063.10	1024.32	854.10	820.77	ktCO2	
Transport total	824.99	812.64	825.38	792.43	781.89	766.46	748.87	736.87	729.87	734.24	749.36	ktCO2	
Per Capita	7.63	7.67	7.54	7.42	6.68	6.83	6.11	6.42	6.14	5.16	4.89	tCO2	
Waste												tCO2e	
LULUCF Net Emissions	32.17	30.49	29.21	27.65	26.61	25.61	24.46	23.98	21.70	20.16	19.21	ktCO2	
Other (specify in 'Comments')													

**Q2a – Targets**

Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target / End Year	Saving in latest year measured	Latest Year Measured	Comments

**Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.**

**Q3) Policies and Actions to Reduce Emissions**

Sector	Start year for policy / action / implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy / Action	Comments

**Please provide any detail on data sources or limitations relating to the information provided in Table 3**

**Q4) Partnership Working, Communication and Capacity Building.**  
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

**OTHER NOTABLE REPORTABLE ACTIVITY**

**Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.**

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments

**Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template**

**TABLE OF CONTENTS**

**Required**

PART 1: PROFILE OF REPORTING BODY

PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY

PART 3: EMISSIONS, TARGETS AND PROJECTS

PART 4: ADAPTATION

PART 5: PROCUREMENT

PART 6: VALIDATION AND DECLARATION

**Recommended Reporting: Reporting on Wider Influence**

RECOMMENDED – WIDER INFLUENCE

OTHER NOTABLE REPORTABLE ACTIVITY



## **PART 1: PROFILE OF REPORTING BODY**

### **1(a) Name of reporting body**

City of Edinburgh Council

### **1(b) Type of body**

Local Government

### **1(c) Highest number of full-time equivalent staff in the body during the report year**

15293

### **1(d) Metrics used by the body**

Specify the metrics that the body uses to assess its performance in relation to climate change and sustainability.

<b>Metric</b>	<b>Unit</b>	<b>Value</b>	<b>Comments</b>
Population size served	population	507710	NRS for 16/17 reporting <a href="https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2016">https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2016</a>

### **1(e) Overall budget of the body**

Specify approximate £/annum for the report year.

<b>Budget</b>	<b>Budget Comments</b>
937000000	This is net of fees and charges for services provided.

### **1(f) Report year**

Specify the report year.

<b>Report Year</b>	<b>Report Year Comments</b>
Financial (April to March)	

### **1(g) Context**

Provide a summary of the body's nature and functions that are relevant to climate change reporting.

The Council has a property portfolio comprising of approximately 400 buildings.

Discussions have taken place with the Council, IJB and NHS Lothian to ensure double accounting of emissions has not occurred.

The Council as an organisation is still going through major change as part of the Transformation process. Organisational reviews are still ongoing within Service Areas which has meant that new governance and management structures relating to climate change and sustainability are still to be cemented.

**PART 2: GOVERNANCE, MANAGEMENT AND STRATEGY**

**2(b) How is climate change action managed and embedded by the body?**

Provide a summary of how decision-making in relation to climate change action by the body is managed and how responsibility is allocated to the body's senior staff, departmental heads etc. If any such decision-making sits outside the body's own governance arrangements (in relation to, for example, land use, adaptation, transport, business travel, waste, information and communication technology, procurement or behaviour change), identify how this is managed and how responsibility is allocated outside the body (JPEG, PNG, PDF, DOC)

The organisation has gone through a major organisational restructure in the last twelve months and this process continues as the Council transforms its services. There is also a new political Administration in place (June 2017). Governance structures that were in place (e.g. Corporate Sustainability Group has not met since the reorganisation process started).

This transformation process offers a huge opportunity for the Council to embed sustainability relating to the Climate Change (Scotland) Act 2009 into its new ways of working e.g. Locality Improvement Plans as well as its partnership approach to a sustainable capital city as part of the development of the Local Outcome Improvement Plan. Council governance arrangements to support compliance with the Climate Change (Scotland) Act 2009 will be set out for committee approval in Autumn 2017.

**2(c) Does the body have specific climate change mitigation and adaptation objectives in its corporate plan or similar document?**

Provide a brief summary of objectives if they exist.

Objective	Doc Name	Doc Link
Pledge 45: spend 5% of the transport budget on provision for cyclists Pledge 46: consult with a view to extending the current 20mph traffic zones Pledge 47: set up a city-wide transport forum of experts and citizens to consider our modern transport needs Pledge 48: use Green Flag and other strategies to preserve our green spaces Pledge 49: continue to increase recycling levels across the city and reduce the proportion of waste going to landfill Pledge 50: meet greenhouse gas targets, including the national target of 42% by 2020 Pledge 51: investigate the possible introduction of low emission zones Pledge 52: encourage the development of community energy cooperatives	Capital Coalition Agreement "Contract with the Capital", page 8	
Vision: Edinburgh in 2020 will be a low carbon, resource efficient city, delivering a resilient local economy and vibrant flourishing communities in a rich natural setting Objectives for 2020: • Edinburgh will maintain a good quality of life for all its citizens while consuming minimum resources • Edinburgh will be a leading knowledge, demonstration and development centre for sustainable development • Edinburgh will have a new trademark – the “Sustainable City” – attracting visitors, industry and investors • Edinburgh will have created significant new employment opportunities in low carbon and green technologies • Edinburgh will have preserved and enhanced its biodiversity, landscape and coastal environments	Sustainable Edinburgh 2020 strategic framework	
Vision: Edinburgh is a thriving, sustainable capital city in which all forms of deprivation and inequality are reduced Strategic themes: Improve quality of life; Ensure economic vitality; Build excellent places Strategic commitment: Deliver lean and agile Council services Service principles include "A sustainable capital city"	Business Plan 2016-20	
Strategic Priority: reducing greenhouse gas emissions by 42% by 2020	Edinburgh Partnership Community Plan 2015-18	

**2(d) Does the body have a climate change plan or strategy?**

If yes, provide the name of any such document and details of where a copy of the document may be obtained or accessed.

Resilient Edinburgh Climate Change Adaptation Framework 2015-2020; adopted October 2014; [http://www.edinburgh.gov.uk/downloads/download/1256/resilient\\_edinburgh](http://www.edinburgh.gov.uk/downloads/download/1256/resilient_edinburgh)

Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020; adopted August 2016  
[http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh\\_adapts\\_climate\\_change\\_action\\_plan\\_2016-2020](http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh_adapts_climate_change_action_plan_2016-2020)

Edinburgh Adapts Our Vision 2016-2050  
[http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh\\_adapts\\_our\\_vision\\_2016-2050](http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh_adapts_our_vision_2016-2050)

Sustainable Edinburgh Action Plan (SEAP); adopted February 2015; [http://www.edinburgh.gov.uk/info/20220/economic\\_development/544/sustainable\\_economy/2](http://www.edinburgh.gov.uk/info/20220/economic_development/544/sustainable_economy/2)

[Second] Carbon Management Plan 2015/16-2020/21; adopted September 2015; [http://www.edinburgh.gov.uk/directory\\_record/683821/carbon\\_management\\_plan\\_20152016\\_-\\_20202021](http://www.edinburgh.gov.uk/directory_record/683821/carbon_management_plan_20152016_-_20202021)

**2(e) Does the body have any plans or strategies covering the following areas that include climate change?**

Provide the name of any such document and the timeframe covered.

Topic area	Name of document	Link	Time period covered	Comments
Adaptation	Resilient Edinburgh Climate Change Adaptation Framework  Edinburgh Adapts Our Vision 2016-2050  Edinburgh Adapts Climate Change Action Plan 2016-2020	<a href="http://www.edinburgh.gov.uk/downloads/file/5110/resilient_edinburgh_climate_change_adaptation_framework_2014-2020">http://www.edinburgh.gov.uk/downloads/file/5110/resilient_edinburgh_climate_change_adaptation_framework_2014-2020</a> <a href="http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh_adapts_climate_change_action_plan_2016-2020">http://www.edinburgh.gov.uk/downloads/file/8506/edinburgh_adapts_climate_change_action_plan_2016-2020</a> <a href="http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh_adapts_our_vision_2016-2050">http://www.edinburgh.gov.uk/downloads/file/8507/edinburgh_adapts_our_vision_2016-2050</a>	2014-2020  2016-2020  2016-2050	
Business travel	Sustainable Travel Plan		2009-2012	
Staff Travel	Active Travel Action Plan	<a href="http://www.edinburgh.gov.uk/downloads/file/7316/active_travel_action_plan_2016_refresh">/www.edinburgh.gov.uk/downloads/file/7316/active_travel_action_plan_2016_refresh</a>	2016-2020	As an employer, we have: introduced a bike to work scheme; established an allowance for cycling on Council business; invested over £60k in active travel facilities such as showers, lockers and cycle parking in Council buildings; and supported a number of cycle initiatives including bike breakfasts. We will encourage our partners to undertake similar measures and work to increase uptake of the CFE awards among local businesses.  Cycle Friendly Schools and the

**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

				STARS programme This is a national award scheme run by Cycling Scotland that recognises the wide range of work schools do to promote and encourage cycling and to make their schools cycle friendly. Schools are encouraged to apply when they become part of the I- bike scheme and we now have over 40 schools subscribed.
Energy efficiency	Energy policy	<a href="http://www.edinburgh.gov.uk/downloads/download/555/energy_policy_and_procedures">http://www.edinburgh.gov.uk/downloads/download/555/energy_policy_and_procedures</a> 2013-20		
Fleet transport	Green Fleet Policy			
Information and communication technology	ICT and Digital strategy	<a href="http://ictanddigitalstrategy.org.uk/">http://ictanddigitalstrategy.org.uk/</a>		
Renewable energy				
Sustainable/renewable heat	Sustainable Energy Action Plan	<a href="http://www.edinburgh.gov.uk/info/20220/economic_development/544/sustainable_economy/2">http://www.edinburgh.gov.uk/info/20220/economic_development/544/sustainable_economy/2</a>	2015-20	
Waste management	Waste and Recycling Strategy  Waste Prevention Strategy  Resource Use Policy	<a href="http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies">http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies</a> <a href="http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies">http://www.edinburgh.gov.uk/info/20245/services_for_communities/413/waste_strategies</a> <a href="http://www.edinburgh.gov.uk/directory_record/683921/resource_use_policy">http://www.edinburgh.gov.uk/directory_record/683921/resource_use_policy</a>	2010-25  adopted 2005  adopted 2000	
Water and sewerage	Water Management Policy	<a href="http://www.edinburgh.gov.uk/directory_record/683942/water_management_project_progress_report_and_revised_policy">http://www.edinburgh.gov.uk/directory_record/683942/water_management_project_progress_report_and_revised_policy</a>	Adopted 2006	
Land Use	Asset Management Strategy  Corporate Asset Strategy  Interim Community Asset Transfer Policy	<a href="http://www.edinburgh.gov.uk/download/meetings/id/50182/item_71b_transformation_programme_ams_update">http://www.edinburgh.gov.uk/download/meetings/id/50182/item_71b_transformation_programme_ams_update</a> <a href="http://www.edinburgh.gov.uk/download/meetings/id/46966/item_710_-_corporate_asset_strategy_2015-19">http://www.edinburgh.gov.uk/download/meetings/id/46966/item_710_-_corporate_asset_strategy_2015-19</a> <a href="http://www.edinburgh.gov.uk/directory_record/683945/interim_community_asset_transfer_policy">http://www.edinburgh.gov.uk/directory_record/683945/interim_community_asset_transfer_policy</a>	2015-19	
Other (state topic area covered in comments)				

**2(f) What are the body's top 5 priorities for climate change governance, management and strategy for the year ahead?**

Provide a brief summary of the body's areas and activities of focus for the year ahead.

Establish robust governance to deliver on climate change following the organisation's restructuring programme, detailing leadership at senior management level and ownership for key climate change policies and plans i.e. Carbon Management Plan, and ensuring that progress is monitored and regularly reported.

Establish new ways of working regarding collation of robust carbon data for the organisation as a whole, ensuring that all emission sources are included; (NEW BASELINE)

Ensure a structured process is in place to capture the carbon impact of project activity carried out by Service Areas and that these are recorded and monitored as part of the Carbon Management Plan.

Continue to implement the citywide climate change adaptation action plan, co-produced to implement the Resilient Edinburgh framework

Define decision making processes by the IJB that will impact on carbon emissions for CEC and NHS Lothian.

**2(g) Has the body used the Climate Change Assessment Tool(a) or equivalent tool to self-assess its capability / performance?**

If yes, please provide details of the key findings and resultant action taken.

No

**2(h) Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to governance, management and strategy.

Edinburgh Adapts action plan was approved in 2016. A city wider steering group was set up to develop the action plan and to progress and monitor actions. The group is currently chaired by the Royal Botanic Garden Edinburgh.

**PART 3: EMISSIONS, TARGETS AND PROJECTS**

**3a Emissions from start of the year which the body uses as a baseline (for its carbon footprint) to the end of the report year**

Complete the following table using the greenhouse gas emissions total for the body calculated on the same basis as for its annual carbon footprint /management reporting or, where applicable, its sustainability reporting. Include greenhouse gas emissions from the body's estate and operations (a) (measured and reported in accordance with Scopes 1 & 2 and, to the extent applicable, selected Scope 3 of the Greenhouse Gas Protocol (b)). If data is not available for any year from the start of the year which is used as a baseline to the end of the report year, provide an explanation in the comments column.

(a) No information is required on the effect of the body on emissions which are not from its estate and operations.

Reference Year	Year	Scope1	Scope2	Scope3	Total	Units	Comments
Baseline carbon footprint	2005/06				192911	tCO2e	This baseline was chosen following receipt of the Carbon Trust Standard.
Year 1 carbon footprint	2006/07				0	tCO2e	
Year 2 carbon footprint	2007/08				0	tCO2e	
Year 3 carbon footprint	2008/09				0	tCO2e	
Year 4 carbon footprint	2009/10				0	tCO2e	
Year 5 carbon footprint	2010/11				171568	tCO2e	
Year 6 carbon footprint	2011/12				163744	tCO2e	
Year 7 carbon footprint	2012/13				165454	tCO2e	
Year 8 carbon footprint	2013/14	35794.00	56859.00	40077.00	132730	tCO2e	First year of using the RES Carbon Footprinting Tool and Project (CFPR)Tool
Year 9 carbon footprint	2014/15	40624.00	64158.00	39283.00	144065	tCO2e	Used the CFPR tool
Year 10 carbon footprint	2015/16	40285	50972.46	58611.46	149869	tCO2e	Used the CFPR tool.
Year 11 carbon footprint	2016/17	39405.00	45951.00	55174.00	140530	tCO2e	Used the CFPR tool.

APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17

**3b Breakdown of emission sources**

Complete the following table with the breakdown of emission sources from the body's most recent carbon footprint (greenhouse gas inventory); this should correspond to the last entry in the table in 3(a) above. Use the 'Comments' column to explain what is included within each category of emission source entered in the first column. If, for any such category of emission source, it is not possible to provide a simple emission factor(a) leave the field for the emission factor blank and provide the total emissions for that category of emission source in the 'Emissions' column.

Total	Comments – reason for difference between Q3a & 3b.	Emission source	Scope	Consumption data	Units	Emission factor	Units	Emissions (tCO2e)	Comments
140529.5		Natural Gas	Scope 1	168422385.84	kWh	0.183996818181275	kg CO2e/kWh	30989.2	Council buildings including Edinburgh Leisure
		Gas Oil	Scope 1	3797713.00	kWh	0.276309823503707	kg CO2e/kWh	1049.4	Council buildings including Edinburgh Leisure
		LPG	Scope 1	1492828.00	kWh	0.214577273556799	kg CO2e/kWh	320.3	Council buildings including Edinburgh Leisure
		Grid Electricity (generation)	Scope 2	110710829.47	kWh	0.41205	kg CO2e/kWh	45618.4	Council buildings including Edinburgh Leisure
		Grid Electricity (transmission & distribution losses)	Scope 3	110710829.47	kWh	0.03727	kg CO2e/kWh	4126.2	Council buildings including Edinburgh Leisure
		Diesel (average biofuel blend)	Scope 1	2675100.49	litres	2.61162519961375	kg CO2e/litre	6986.4	This is Council fleet vehicles
		Petrol (average biofuel blend)	Scope 1	27155.58	litres	2.19697387704532	kg CO2e/litre	59.7	This is Council fleet vehicles
		Average Car - Unknown Fuel	Scope 3	4095022.47	km	0.18695	kg CO2e/km	765.6	This reflects travel by staff using their own vehicle
		Refuse Municipal to Landfill	Scope 3	117843.39	tonnes	421	kg CO2e/tonne	49612.1	All council collected waste and sent to landfill - includes household waste and waste from council buildings
		Taxi (black cab)	Scope 3	1105943.65	passenger km	0.21884	kg CO2e/passenger km	242.0	These are not Council owned vehicles
		Taxi (regular)	Scope 3	1143044.15	passenger km	0.16286	kg CO2e/passenger km	186.2	These are not Council owned vehicles
		Water - Supply	Scope 3	589276.00	m3	0.344	kg CO2e/m3	202.7	Council buildings including Edinburgh Leisure
	Water - Treatment	Scope 3	524791.00	m3	0.708	kg CO2e/m3	371.6	Council buildings including Edinburgh Leisure	

3c Generation, consumption and export of renewable energy					
Provide a summary of the body's annual renewable generation (if any), and whether it is used or exported by the body.					
Technology	Renewable Electricity		Renewable Heat		Comments
	Total consumed by the organisation (kWh)	Total exported (kWh)	Total consumed by the organisation (kWh)	Total exported (kWh)	
Solar PV	356568	0	57994.00	0	0 kWh reflects energy generated onsite and subsequently used onsite

3d Targets										
List all of the body's targets of relevance to its climate change duties. Where applicable, overall carbon targets and any separate land use, energy efficiency, waste, water, information and communication technology, transport, travel and heat targets should be included.										
Name of Target	Type of Target	Target	Units	Boundary/scope of Target	Progress against target	Year used as baseline	Baseline figure	Units of baseline	Target completion year	Comments
Corporate	percentage	42	tCO2e reduction	Other (please specify in comments)	27	2005/06	192911	tCO2e	2020/21	Original baseline not calculated using RES carbon foot printing and project tool. Scope of target: buildings, travel, infrastructure and waste

3e Estimated total annual carbon savings from all projects implemented by the body in the report year			
Total	Emissions Source	Total estimated annual carbon savings (tCO2e)	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		



**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

**3f Detail the top 10 carbon reduction projects to be carried out by the body in the report year**

Provide details of the 10 projects which are estimated to achieve the highest carbon savings during report year.

Project name	Funding source	First full year of CO2e savings	Are these savings figures estimated or actual?	Capital cost (£)	Operational cost (£/annum)	Project lifetime (years)	Primary fuel/emission source saved	Estimated carbon savings per year (tCO2e/annum)	Estimated costs savings (£/annum)	Behaviour Change	Comments
BEMS programme controls upgrade	Asset Management	2017/18	Estimated	137580			Natural Gas				Mechanical Distribution and Controls upgrade: Niddrie Mill St Francis Primary School
Oil to gas boiler conversion	Asset Management	2017/18	Estimated	270000			Gas Oil				Oil to gas boiler conversion: Fox Covert Primary
Lighting Conversion	CEEF	2017/18	Estimated	21000			Grid Electricity				Brunstfield Primary
Edinburgh Community Solar Co op	community share offer	2017/18	Estimated	1400000			Grid Electricity				Community led initiative using Council buildings.
BEMS programme upgrade	Asset Management	2017/18	Estimated	45659			Natural Gas				Bruntsfield Primary
BEMS programme upgrade	Asset Management	2017/18	Estimated	57719			Natural Gas				James Gillespies Primary School
BEMS programme upgrade	capital	2017/18	Estimated	31000			Grid Electricity				Queensferry Primary School and Annexe
BEMS programme upgrade	capital	2017/18	Estimated	33670			Natural Gas				Leith primary School
BEMS programme upgrade	capital	2017/18	Estimated	21000			Natural Gas				Duddingston Primary
BEMS programme upgrade	Capital	2017/18	Estimated	7500			Grid Electricity				Deanpark primary (Controls and DHW works)

3g Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the report year				
If the emissions increased or decreased due to any such factor in the report year, provide an estimate of the amount and direction.				
Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			
	Staff numbers		Decrease	Staff numbers have reduced over the last 12 months (15513.54 in 2015/16 to 15293 in 2016/17). This reduction has not been quantified in terms of carbon emissions.
	Other (specify in comments)			

3h Anticipated annual carbon savings from all projects implemented by the body in the year ahead			
Total	Source	Saving	Comments
0.00	Electricity		
	Natural gas		
	Other heating fuels		
	Waste		
	Water and sewerage		
	Business Travel		
	Fleet transport		
	Other (specify in comments)		

**3i Estimated decrease or increase in the body's emissions attributed to factors (not reported elsewhere in this form) in the year ahead**

If the emissions are likely to increase or decrease due to any such factor in the year ahead, provide an estimate of the amount and direction.

Total	Emissions source	Total estimated annual emissions (tCO2e)	Increase or decrease in emissions	Comments
0.00	Estate changes			
	Service provision			As the Council continues to implement its transformation programme changes to service provision should have an impact on carbon emission reduction.
	Staff numbers			
	Other (specify in comments)			

**3j Total carbon reduction project savings since the start of the year which the body uses as a baseline for its carbon footprint**

If the body has data available, estimate the total emissions savings made from projects since the start of that year ("the baseline year").

Total	Comments
	This has not been quantified

**3k Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to its emissions, targets and projects.

## **PART 4: ADAPTATION**

### **4(a) Has the body assessed current and future climate-related risks?**

If yes, provide a reference or link to any such risk assessment(s).

An initial risk assessment was done through completion of a Local Climate Impact Profile followed by verification through Council Committee reporting and meetings with Council departments and affected services. Web link: <http://www.adaptationscotland.org.uk/11/96/0/Local-Climate-Impacts-Profile-project-findings.aspx>

The Resilient Edinburgh Climate Change Adaptation Framework 2014-2020 was approved by the Council in October and endorsed by the Edinburgh Sustainable Development Partnership (ESDP) in November 2014. The Framework takes a risk-based approach to assessing Edinburgh's vulnerability to weather-related risks and predicted climate change impacts; identifies city services and sectors that may be affected, and presents high level actions to address the most significant risks identified. A separate document contains the evidence base on which the Framework is built.

The Edinburgh Adapts Action Plan 2016-2020 was approved by Council Committee in August 2016, endorsed by the ESDP in September 2016 and launched in December 2016. The high-level climate risks identified in the Resilient Edinburgh Framework will be addressed through implementation of the Action Plan. Weblink: [http://www.edinburgh.gov.uk/downloads/download/1256/edinburgh\\_adapts](http://www.edinburgh.gov.uk/downloads/download/1256/edinburgh_adapts).

The Council's resilience risk register (which include those risks related to climate change) is reviewed on a quarterly basis as part of the Resilience service's risk management procedure. This procedure is aligned with the Council's risk strategy.

### **4(b) What arrangements does the body have in place to manage climate-related risks?**

Provide details of any climate change adaptation strategies, action plans and risk management procedures, and any climate change adaptation policies which apply across the body.

The climate-related risks identified in the Resilient Edinburgh Framework will be addressed through the delivery of the actions in the Edinburgh Adapts Action Plan. The Action Plan was developed in partnership with the Edinburgh Sustainable Development Partnership, Adaptation Scotland and key stakeholders across the city. It is being delivered by a Steering Group who provide governance and oversight.

The Council's Resilience service drives and manages the Council's Resilience Management Programme and is the focus for the Council's resilience activities. The Council's Resilience service is responsible for ensuring the Council complies with its statutory emergency planning and business continuity obligations, which is carried out in conjunction with designated Resilience coordinators from each Council service area and key function together with stakeholders and partner organisations.

The Edinburgh Local Development Plan (LDP) has specific measures dealing with climate change adaptation. It aims to promote development in sustainable locations and enhance the city's green network by encouraging land management practices which capture, store and retain carbon, and prevent and manage flood risk. This includes managing surface water drainage, treatment and flood risk through sustainable urban drainage, providing amenity and biodiversity benefits.

Edinburgh's has two Flood Prevention Schemes in place on the Braid Burn and Water of Leith. Both of these schemes are designed for a 1 in 200 year event and include an allowance for climate change. Undeveloped areas of land fulfil an important flood function and should be allowed to flood in order to protect built-up areas from floodwater. These are shown on the Edinburgh Local Development Plan Proposals Map as areas of importance for flood management. There are also robust inspection regimes in place for watercourses, coastal defences and reservoirs. These inspections help inform and prioritise planned maintenance work.

In the event of flooding the Council provides an emergency response and there are always two members of staff on standby to co-ordinate activities. Action Packs have been prepared which detail where temporary defences should be deployed. Sandbags and pallet barriers are stored and are to be utilised in the event of flooding. A limited number of sandbags are stored at a number of fire stations and these are available to the public.

The Council is a signatory to the Central Scotland Green Network and is working in partnership with neighbouring authorities and other stakeholders to support a range of projects. Edinburgh's Local Biodiversity Action Plan for 2016-18 includes a number of climate related risks and actions. Work to promote green and blue infrastructure in planning guidance and monitor indicator species are example of the types of actions underway to address climate related risks.

The Council's Parks and Greenspaces Strategy aims to conserve natural habitats and wildlife.

#### 4(c) What action has the body taken to adapt to climate change?

Include details of work to increase awareness of the need to adapt to climate change and build the capacity of staff and stakeholders to assess risk and implement action.

The Edinburgh Adapts Climate Change Adaptation Action Plan contains over 100 actions that are being implemented by a wide range of organisations across the city. These include cross-cutting actions that can be incorporated into other strategies and plans to raise awareness of the need to adapt, build capacity to assess risk and implement action.

Externally, the Resilience service represents the Council on the Multi Agency Risk Group established by the Lothian and Borders Local Resilience Partnership, which feeds into the risk assessment processes of the East of Scotland Regional Resilience Partnership. The range of risks addressed by these partnerships includes extreme weather related emergencies. Internally, the Resilience service chairs the Council Resilience Group that oversees the Council's Resilience Management Programme, which includes identifying and addressing risks through preparing and maintaining contingency measures to mitigate their effects. High-level risks are escalated within the Council, where appropriate.

The Edinburgh Local Development Plan aims to promote development in sustainable locations and enhance the city's green network by encouraging land management practices which capture, store and retain carbon, and prevent and manage flood risk. This includes managing surface water drainage, treatment and flood risk through sustainable urban drainage, providing amenity and biodiversity benefits. The Edinburgh Design Guidance raises awareness of climate change at the outset of the document and in the detailed chapters through promoting Green infrastructure and Sustainable building design. This document is currently under review.

The Council works in partnership with neighbouring local authorities, SEPA and Scottish Water and has prepared a Local Flood Risk Management Plan (LFRMP) for the Forth Estuary Catchment which will outline strategies and identify areas vulnerable to flooding from all sources and potential mitigation measures and actions. This plan was published in June 2016 and can be found at <http://www.edinburgh.gov.uk/info/20045/flooding>.

Edinburgh Living Landscapes launched in November 2014. The initiative is led by the Council's Parks and Greenspace service in partnership with the Scottish Wildlife Trust, Royal Botanic Garden Edinburgh, Edinburgh and Lothian Greenspace Trust and Green Surge. It advocates the development of an ecosystem approach to the management of the Council's open space estate in order to realise the benefits to both biodiversity and public amenity. It aims to create resilient green networks to deliver a healthy, accessible and attractive environment.

As part of the Edinburgh Biodiversity Action Plan 2016-2018, partners have been asked to include actions to adapt to climate change within site management plans, conservation plans and species action plans as appropriate. This not only raised awareness but also involved risk assessment, adaptation measures and any carbon capture.

**4(d) Where applicable, what progress has the body made in delivering the policies and proposals referenced N1, N2, N3, B1, B2, B3, S1, S2 and S3 in the Scottish Climate Change Adaptation Programme(a) ("the Programme")?**

If the body is listed in the Programme as a body responsible for the delivery of one or more policies and proposals under the objectives N1, N2, N3, B1, B2, B3, S1, S2 and S3, provide details of the progress made by the body in delivering each policy or proposal in the report year. If it is not responsible for delivering any policy or proposal under a particular objective enter "N/A" in the 'Delivery progress made' column for that objective.

(a) This refers to the programme for adaptation to climate change laid before the Scottish Parliament under section 53(2) of the Climate Change (Scotland) Act 2009 (asp 12) which currently has effect. The most recent one is entitled "Climate Ready Scotland: Scottish Climate Change Adaptation Programme" dated May 2014.

Objective	Objective reference	Theme	Policy / Proposal reference	Delivery progress made	Comments
Understand the effects of climate change and their impacts on the natural environment.	N1	Natural Environment	N1-8	Potentially Vulnerable Areas have been highlighted and the risk assessed in relation to Flood Risk which will be reported in the Local Flood Risk Management Plan (LFRMP).	
			N1-10	<p>Scottish Government commissioned the Scottish Flood Defence and Asset Database. SEPA published flood maps to help understand areas potentially affected by flooding.</p> <p>The Council maintains GIS records of existing assets in relation to culverted watercourses.</p>	
Support a healthy and diverse natural environment with capacity to adapt.	N2	Natural Environment	N2-2	<p>The Local Development Plan aims to enhance the city's green network by encouraging land management practices which capture, store and retain carbon and prevents and manages flood risk. Furthermore, through various policies, the LDP aims to protect, promote and enhance the wildlife, recreational landscape and access value of the green network.</p> <p>The Council has also updated the Open Space Strategy and Edinburgh Design Guidance, both which contribute to promoting green infrastructure in planning.</p> <p>55 floral meadows have been identified across the city and were sown, including nine meadows that are a legacy of the urban pollinator research project with the University of Edinburgh.</p> <p>A total of 89 hectares of greenspace incorporate Living Landscape features (the Council manages 858 hectares of Standard Amenity Grass (SATHG)) which equates to 10.4% of our amenity grasslands).</p>	<p>The Edinburgh Design Guidance planning policy has been updated and includes guidance on green and blue infrastructure requirements in new developments. Climate change adaptation information has been promoted through internal training workshops.</p> <p>As well as improving the visual and biodiversity amenity of these sites, these changes, specifically the less frequently cut relaxed grass areas, will slow rainwater run-off and help lock-up carbon in soils, reducing CO2 release. It will also mean a reduction in operational fuel consumption and associated pollutants.</p>

**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

			N2-7	<p>The Council has continued to manage INNS where they occur on their land.</p> <p>The Edinburgh Biodiversity Action Plan 2016-2018 has a new section on invasive species, which addresses habitat and genetic resilience as well as being 'Plant Smart' in terms of biosecurity and plant choice and source.</p>	<p>The Biodiversity Partnership will continue to work with partners such as the Water of Leith Conservation Trust to manage INNS along the Water of Leith and seek to work at a catchment scale level through the RBMP area partnerships.</p> <p>The Natural Heritage Service continues to work with volunteers and Friends groups to carry out practical work on eradication of INNS.</p>
			N2-11	<p>The Local Development Plan (LDP) identifies Local Nature Reserves and Local Nature Conservation Sites to protect biodiversity at the local level. The plan includes policies relating to a range of biodiversity designations. LDP and Council guidance also recognise the value and potential of biodiversity outwith designated areas and sets out key principles for enhancing habitat and ecosystems.</p>	
			N2-20	<p>The Flood Risk Management Strategy and Plan for the Forth Estuary have now been published which will aid in understanding the risks associated with coastal flooding.</p> <p>City of Edinburgh Council officers continue to have input into the Forth Estuary Forum where such issues are discussed and action plans developed.</p> <p>The EBAP 2016-2018 will ensure that appropriate emphasis is placed on the Firth of Forth Special Protection Area when dealing with conservation projects.</p> <p>The EBAP also incorporates the action to identify opportunities to ensure that biodiversity data is collected in advance of regional marine planning.</p>	
Sustain and enhance the benefits, goods and services that the natural environment provides.	N3	Natural Environment			
Understand the effects of climate change and their impacts on buildings and infrastructure networks.	B1	Buildings and infrastructure networks	B1-13	<p>The Forth Estuary Flood Risk Management Strategy and the Forth Estuary Local Flood Risk Management Plan was published in June 2016.</p> <p>The Council has published an "Assessment, inspection, clearance and repairs schedule" which can be found at <a href="http://www.edinburgh.gov.uk/info/20045/flooding">http://www.edinburgh.gov.uk/info/20045/flooding</a>.</p>	<p>The Assessment, inspection, clearance and repairs schedule will be revised annually (April)</p>

**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

			B1-19	<p>The Council is working in partnership with Scottish Water, East and Midlothian Councils to evaluate flood risk and consultants have been commissioned to undertake an integrated catchment study. It is anticipated that the optioneering stage will be complete in autumn 2017 and the next phase to refine the findings and explore potential solutions will follow.</p> <p>The Council has published an “Assessment, inspection, clearance and repairs schedule” which can be found at <a href="http://www.edinburgh.gov.uk/info/20045/flooding">http://www.edinburgh.gov.uk/info/20045/flooding</a>.</p>	<p>Guidance states: An integrated approach to the drainage of surface water arising from impermeable surfaces such as roofs and roads that takes account of all aspects of the drainage systems and produces long-term and sustainable actions that will ensure they are resilient to the changing climate.</p> <p>The Assessment, inspection, clearance and repairs schedule will be revised annually (April)</p>
Provide the knowledge, skills and tools to manage climate change impacts on buildings and infrastructure.	B2	Buildings and infrastructure networks			
Increase the resilience of buildings and infrastructure networks to sustain and enhance the benefits and services provided.	B3	Buildings and infrastructure networks	B3-2	<p>A flood map published by the Scottish Environment Protection Agency shows some areas on Edinburgh’s waterfront potentially at medium to high risk of coastal flooding, taking into account climate change.</p> <p>The Local Development Plan (LDP) does not prevent development in such locations but will require all proposals to consider and address any potential risk of flooding through flood risk assessments and surface water management plans. The LDP also states that flood risk from water flowing over land during heavy rainfall should be avoided by the use of SUDs.</p> <p>The Edinburgh Design Guidance gives advice and clear information in order to guide applicants towards a design process that fully incorporates sustainable flood risk management and SUDS from the outset.</p>	
			B3-3	<p>The Council published its first Open Space Strategy in 2010, informed by an Open Space Audit (2009) and accompanied by 12 Neighbourhood Open Space Action Plans. This has been updated with Open Space 2021 – a revised open space strategy for Edinburgh.</p> <p>The new Strategy takes a coordinated approach to protecting and developing the city's network of open space, helping to deliver Edinburgh's contribution to the development of the Central Scotland Green Network.</p> <p>The Strategy is aligned with the Local Development Plan and co-ordinates with related strategies, including those for parks and gardens, allotments, play, sport facilities, active travel, climate change adaptation and biodiversity.</p>	



APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17

			<p>B3-6</p> <p>The Council spent £2.9m in HEEPS:ABS funding which delivered insulation to homes across the city. The 2016/17 programme consists of areas with high levels of fuel poverty, containing suitable homes for solid wall insulation, and in areas in the bottom 25% of the Scottish Indices of Multiple Deprivation (SIMD).</p> <p>The programme included projects at Westburn, South Queensferry, Telford and hard to treat cavity wall insulation across the Oxfgangs area. It also includes a Manor Estates Housing Association led project at Muirhouse and continued Council led refurbishment at Dumbiedykes. Nearly 500 social rented homes and an additional 1,000 private homes received insulation in 2016/17 as a result of the HEEPS:ABS programme.</p>	
			<p>B3-7</p> <p>Working closely with Changeworks, the Council is developing a detailed works programme and costings to ensure homes meet and exceed the Scottish Government's Energy Efficiency Standard for Social Housing (EESH) by 2020.</p> <p>52% of Council homes currently pass EESH. It is estimated that the cost of bringing the homes up to the basis EESH standard will be approximately £57 million.</p> <p>A Scottish Government review of EESH will be held over the end of 2017 to considering future standards beyond 2020. Further analysis has been commissioned from Changeworks to future proof Council homes and ensure existing homes are of a similar efficiency standard as new homes. Where possible a new C75 SAP standard will be targeted.</p>	
			<p>B3-8</p> <p>The Council and other RSLs in the city complies with the Scottish Housing Quality Standard (SHQS).</p> <p>Abeyances, mainly the result of mixed tenure, will be progressed through a mixed tenure pilot project.</p> <p>The Council has invested around £40 million in improving the energy efficiency of Council homes in the last five years.</p>	
Understand the effects of climate change and their impacts on people, homes and communities.	S1	Society		

**APPENDIX 1 – City of Edinburgh Council Public Sector Climate Change Duties Summary Report  
2016/17**

Increase the awareness of the impacts of climate change to enable people to adapt to future extreme weather events.	S2	Society	S2-5	<p>The Edinburgh Community Resilience Pilot Project was completed in June 2017. The community resilience groups that were established as part of this project continue to operate and build resilience.</p> <p>The Building Resilience Communities Initiative strengthens the work undertaken during the Edinburgh Community Resilience Pilot Project. The initiative is still in its infancy but initial scoping and workshops have been completed with the Council's project partner, Sniffer. The Initiative aims to engage effectively with communities and key partners to identify what is important to the communities, to provide joined-up support to the communities and to build resilience.</p> <p>Information and advice regarding flooding, severe weather and business continuity is published on the Council web site.</p> <p>The Council participates in the preparation and monitoring of a Community Risk Register for the Lothian and Borders area.</p>	
Support our health services and emergency responders to enable them to respond effectively to the increased pressures associated with a changing climate.	S3	Society			

**4(e) What arrangements does the body have in place to review current and future climate risks?**

Provide details of arrangements to review current and future climate risks, for example, what timescales are in place to review the climate change risk assessments referred to in Question 4(a) and adaptation strategies, action plans, procedures and policies in Question 4(b).

Current and future climate risks will be assessed through the Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020.

In terms of the Council's internal resilience arrangements, risk assessments are monitored and reviewed on a quarterly basis through the Council Resilience Group. In terms of the Council's contribution to the Lothian and Borders Local Resilience Partnership, risk assessment is a continual process. Current assessments will be reviewed on an annual basis, as new information emerges or following any significant incident or exercise.

The Proposed Strategic Development Plan (SDP 2) is expected to replace the current Strategic Development Plan in 2018, five years after the first adopted SDP. A review of current and future climate risks will be addressed in future LDP policies which will be written in the context of SDP 2. It is expected that an updated LDP will also be on a five year cycle.

A study to ascertain the impact of siltation on the Water of Leith Basin was completed in February 2017. A study is being undertaken on the Niddrie Burn to ascertain the effects of potential flooding. Building on previous flood risk studies, the Flood Prevention Team will complete a Surface Water Management Plan in due course to assess current and future flooding risks for the city.

The Edinburgh Biodiversity Action Plan for 2016-18 incorporates climate change actions and will review current and future risks to biodiversity and greenspace.

**4(f) What arrangements does the body have in place to monitor and evaluate the impact of the adaptation actions?**

Please provide details of monitoring and evaluation criteria and adaptation indicators used to assess the effectiveness of actions detailed under Question 4(c) and Question 4(d).

Monitoring and evaluation of the impacts of adaptation actions will be assessed through the Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020.

The Council will monitor the impact of the Local Development Plan policies on the physical and environmental characteristics of the area, including those related to climate change. This will be reported in a statutory Monitoring Statement which will inform the next Local Development Plan. The first monitoring report will be produced in January 2018.

Biodiversity actions will be monitored through the Edinburgh Biodiversity Action Plan for 2016-2018. The first annual report is available for 2016 at [www.edinburgh.gov.uk/biodiversity](http://www.edinburgh.gov.uk/biodiversity).

**4(g) What are the body's top 5 priorities for the year ahead in relation to climate change adaptation?**

Provide a summary of the areas and activities of focus for the year ahead.

Work in partnership through the Edinburgh Adapts Steering Group and wider partnership to implement the Edinburgh Adapts Climate Change Adaptation Action Plan 2016-2020 and a Vision for a Climate Ready Edinburgh.

Work with partners to raise awareness of the risks to Edinburgh's coast from climate change and investigate ways to adapt to these.

Work with the Edinburgh Biodiversity Partnership to deliver the climate change adaptation actions in both the Edinburgh Biodiversity Action Plan 2016-18 and the Edinburgh Adapts Action Plan.

The Edinburgh Community Resilience Pilot Project was completed in June 2017. The Building Resilience Communities Initiative has now commenced and will build on the work and success of the Pilot with Phase 1 of the Initiative due to be completed by June 2018. A number of key stages are included in Stage 1 which will culminate in the delivery of a report outlining key learning and recommendations for future action.

**4(h) Supporting information and best practice**

Provide any other relevant supporting information and any examples of best practice by the body in relation to adaptation.

The Council worked with pilot areas within the city as part of the Edinburgh Community Resilience Project, seeking to enhance communities' abilities to respond to and recover from resilience incidents. Whilst the pilot has now been completed, the community resilience groups established as part of the pilot continue to operate and build resilience.

Since the completion of this pilot the Building Resilience Communities Initiative has commenced. This Initiative is being developed and delivered with Sniffer and will involve working with key partner agencies to engage with communities in a holistic, joined-up way and focusing on issues that important to them (e.g. winter weather, flood prevention) with a key overarching aim to build resilience.

The Council along with SEPA, other local authorities in the Forth Estuary and Scottish Water have developed a Local Flood Risk Management Plan. The Plan has identified flooding from rivers, coast and overland flow to prioritise work at the national level.

The Council is working with Scottish Water to scrutinise the sewer network and how it interacts with flooding from other sources. The Niddrie Burn River Restoration Project included construction of building platforms so future proofing development against flooding in the area.

## **PART 5: PROCUREMENT**

### **5(a) How have procurement policies contributed to compliance with climate change duties?**

Provide information relating to how the procurement policies of the body have contributed to its compliance with climate changes duties.

The Council has had a comprehensive Sustainable Procurement Policy in place since 2012. The sustainable procurement policy and objectives are addressed within every procurement plan, which is at the start of each procurement process. Thus, the policies build awareness and are discussed with stakeholders. There is also a mandatory sustainability risk assessment of procurement projects as part of the individual procurement plan is a practical tool to ensure compliance with climate change duties (attached).

The Sustainable Procurement Policy also informs the Council's terms and conditions of contract. For example in schedule 8 section 1.1g a duty is placed on service providers to assist the Council on climate change.

The Commercial and Procurement team also use sustainability as selection and award criteria and seek to constantly evaluate processes that minimise the impact of the procurement for example in construction off-site fabrication, use of electric vehicles and use of local suppliers to reduce transport emissions are encouraged and scored accordingly.

The Policy has 4 main Outcomes

Outcome 1: the social and economic benefits from our procurement are maximised

Outcome 2: the environmental impacts are minimised and the environmental benefits maximised from our procurement

Outcome 3: Edinburgh has a more sustainable supply chain

Outcome 4: sustainable procurement is embedded within the Council

1 The following are some of the specific examples that sit under these outputs:- (please note this is just a selection):

- Minimise carbon based energy use
- minimise waste and consumption
- specify goods and materials made with a high content of recycled material and/or goods
- achieve a minimum sustainability performance of BREEAM 'Very Good' rating, and aspire to BREEAM 'Excellent' rating, when procuring new buildings and refurbishing old buildings. [BRE Environmental Assessment Methodology]

• specify the most energy efficient goods, services and works

• ensure that vehicles we purchase, lease or hire have low emissions of greenhouse gases and air pollutants.

• provision of a carbon reduction of 30%;

• procure timber and timber-based goods from verifiable sustainable sources that evidence clear chains of custody in line with the Council's Purchasing Policy for Sustainable Timber and Timber Products

• The use of Government Buying Standards

• The use of Community Benefits – this is reinforced on the requirement in Contract Standing Orders to consider the inclusion of community benefits in all procurements over £50,000.

To give an example as to how these translate into procurement actions the Construction team operate WRAP targets for all Construction works. The targets and objectives set out in our contract identify:

- A minimum of 10% use of recycled materials

- Implementation of Site Waste Management Plans that not only meet any minimum regulatory requirements, but exceed these requirements by setting project-specific targets for waste reduction and recovery and measuring performance

- measurement and reporting progress against the corporate KPIs for waste and waste to landfill; report performance for construction, demolition and excavation waste streams separately (using the WRAP W2L Reporting Portal 1) and guidance recover a minimum of 70% of construction materials, and aim to exceed 80%. The Contractor must report on a monthly basis the current position relating to all WRAP initiatives.

- Requirement to only purchase FSC approved timber and complete and return the Timber Monitoring Sheet on a monthly basis.

### 5(b) How has procurement activity contributed to compliance with climate change duties?

Provide information relating to how procurement activity by the body has contributed to its compliance with climate changes duties.

A number of contracts have been put in place whose sole objective is to comply with climate change:

#### WARP IT

The procurement team initiated the Council joining Warp It (Waste Action Reuse Portal) an asset redistribution website which works in a similar way to Gumtree or Freecycle but for organisations rather than individuals. Warp It lets us give or loan assets to others, bringing unused items into use and liberating space.

WARP IT has allowed the Council, primarily schools, and charities to reuse and redistribute redundant items, which would otherwise be disposed of as landfill. As well as redistribution there is a container of tables and chairs and other resources being donated to a charity which is building schools in North Ghana.

To date:

- 1300 items have been claimed by 39 schools totalling £233,896 (new cost)
- 2280 items have been claimed by charities, mostly old class tables and chairs are going to Ghana, Out of the Blue, Edinburgh Hack Lab, Edinburgh Scouts, Fresh Start and Grey Friars Kirk (new cost £91,998)
- 208,651 KG/ 208 tonnes CO2 saved is equal to CO2 produced in the manufacturing and delivery of new items (measured by the WARP IT system)
- 55,125KG/55 tonnes of waste diverted from recycling and landfill (measured by the WARP IT system)

#### CHRISTMAS AND HOGMANAY

In this procurement journey, the question relating to sustainability was included in the tender submission. Responses to the question and nominated contracted supplier for the event returned the following:

- Staff are educated and briefed in relation to best practice for sustainable events. This is particularly important in relation to waste management and the need to minimize waste and make staff understand the importance of proper recycling. Staff and traders are given full briefings at the beginning of each event to ensure that they comply with our waste management plan.
- Given the nature of events, we do rely on haulage deliveries but efforts are made to streamline deliveries to sites and 'shared loads' are encouraged.
- Mains power is used where possible rather than temporary generator power. We actively look for ways to reduce consumption including with external luminescence. A structured switching off procedure is put in place. We aim to turn as much off during non-operational hours as possible.
- We minimize waste during the build phase of our events. This includes reusing materials and storing them at our warehouse for future use.
- Christmas trees with roots are donated to land owners. The primary purpose is usually to provide wind protection to enable woodland to grow. Other trees and natural wood that cannot be reused is chipped for use in parks and gardens.
- Waste and recycling levels are monitored throughout the event and reduced where possible.
- Sustainability is given high priority when selecting a waste management sub-contractor. Our current supplier is committed to ensuring our full sustainability compliance, including complying with zero waste Scotland.

### 5(c) Supporting information and best practice

Provide any other relevant supporting information and any examples of best practice by the body in relation to procurement.

#### Procurement Systems – Vendor module – Oracle

The buyers' pool process from start to finish is all done electronically, and we encourage new suppliers to provide an email address and to return forms by email rather than printing them off and posting them. With over 6000 active suppliers this process encourages the use of electronic submissions in a continued effort to reduce carbon emissions.

We try to be flexible regarding more expensive and / or off-contract purchases where the requisitioner is keen to purchase better quality items that should last longer, reducing the number of procurements.

We encourage our outlying locations (Lagganlia and Benmore) to procure goods and services locally, reducing the transport requirements to and from these outlying locations.

Our Finance and Procurement Systems Helpdesk, support the climate change duties by limiting the number of purchase orders that are sent in the mail by updating suppliers email addresses; only printing orders where there is no email address given for a supplier. Daily, the helpdesk will send updated email addresses from suppliers to the vendor team, thus reducing the number of printed orders.

#### Maintenance and Repair Vs Landfill

We support and encourage the maintenance and repair of our white goods wherever possible. Repairing rather than replacing when possible reduces the CO2 emissions as they are not sent to landfill. Our goods are being used for longer and don't have to be thrown away. This reduces the volume of raw materials and energy needed to make new products and reduces CO<sub>2</sub> emissions.

## **PART 6: VALIDATION AND DECLARATION**

### **6(a) Internal validation process**

Briefly describe the body's internal validation process, if any, of the data or information contained within this report.

Internal audit review of CRC procedures; annual sign off of CRC annual report prior to submission to Environment Agency.

### **6(b) Peer validation process**

Briefly describe the body's peer validation process, if any, of the data or information contained within this report.

Senior business analyst review of data. Report considered by Corporate Policy and Strategy Committee.

### **6(c) External validation process**

Briefly describe the body's external validation process, if any, of the data or information contained within this report.

validation of energy consumption data through CRC reporting.

### **6(d) No validation process**

If any information provided in this report has not been validated, identify the information in question and explain why it has not been validated.

### **6e - Declaration**

I confirm that the information in this report is accurate and provides a fair representation of the body's performance in relation to climate change.

<b>Name</b>	<b>Role in the body</b>	<b>Date</b>

## RECOMMENDED – WIDER INFLUENCE

### Q1 Historic Emissions (Local Authorities only)

Please indicate emission amounts and unit of measurement (e.g. tCO<sub>2</sub>e) and years. Please provide information on the following components using data from the links provided below. Please use (1) as the default unless targets and actions relate to (2).

(1) UK local and regional CO<sub>2</sub> emissions: **subset dataset** (emissions within the scope of influence of local authorities):

(2) UK local and regional CO<sub>2</sub> emissions: **full dataset**:

#### Select the default target dataset

Full

Table 1a - Subset

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments
Total Emissions	3289.30	3332.37	3296.17	3262.92	2952.83	3071.95	2783.56	2961.45	2860.07	2410.14	2301.56	ktCO <sub>2</sub>	
Industry and Commercial	1384.48	1438.91	1413.40	1414.49	1245.84	1309.66	1171.41	1270.17	1214.91	930.82	846.12	ktCO <sub>2</sub>	
Domestic	1186.78	1182.44	1167.25	1167.93	1039.39	1105.93	972.58	1063.10	1024.32	854.10	820.77	ktCO <sub>2</sub>	
Transport total	718.04	711.02	715.52	680.50	667.59	656.37	639.58	628.19	620.83	625.22	634.67	ktCO <sub>2</sub>	
Per Capita	7.32	7.37	7.23	7.12	6.37	6.54	5.82	6.14	5.87	4.89	4.61	tCO <sub>2</sub>	
Waste												tCO <sub>2</sub> e	
LULUCF Net Emissions												ktCO <sub>2</sub>	
Other (specify in 'Comments')													

Table 1b - Full

Sector	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	Units	Comments
Total Emissions	3429.80	3466.07	3437.60	3404.22	3095.79	3210.78	2919.35	3096.24	2994.15	2541.35	2437.25	ktCO <sub>2</sub>	
Industry and Commercial	1385.86	1440.51	1415.76	1416.22	1247.90	1312.77	1173.44	1272.29	1218.25	932.85	847.92	ktCO <sub>2</sub>	
Domestic	1186.78	1182.44	1167.25	1167.93	1039.39	1105.93	972.58	1063.10	1024.32	854.10	820.77	ktCO <sub>2</sub>	
Transport total	824.99	812.64	825.38	792.43	781.89	766.46	748.87	736.87	729.87	734.24	749.36	ktCO <sub>2</sub>	
Per Capita	7.63	7.67	7.54	7.42	6.68	6.83	6.11	6.42	6.14	5.16	4.89	tCO <sub>2</sub>	
Waste												tCO <sub>2</sub> e	
LULUCF Net Emissions	32.17	30.49	29.21	27.65	26.61	25.61	24.46	23.98	21.70	20.16	19.21	ktCO <sub>2</sub>	
Other (specify in 'Comments')													

### Q2a – Targets

Please detail your wider influence targets

Sector	Description	Type of Target (units)	Baseline value	Start year	Target saving	Target / End Year	Saving in latest year measured	Latest Year Measured	Comments



**Q2b) Does the Organisation have an overall mission statement, strategies, plans or policies outlining ambition to influence emissions beyond your corporate boundaries? If so, please detail this in the box below.**

**Q3) Policies and Actions to Reduce Emissions**

Sector	Start year for policy / action / implementation	Year that the policy / action will be fully implemented	Annual CO2 saving once fully implemented (tCO2)	Latest Year measured	Saving in latest year measured (tCO2)	Status	Metric / indicators for monitoring progress	Delivery Role	During project / policy design and implementation, has ISM or an equivalent behaviour change tool been used?	Please give further details of this behaviour change activity	Value of Investment (£)	Ongoing Costs (£/year)	Primary Funding Source for Implementation of Policy / Action	Comments

**Please provide any detail on data sources or limitations relating to the information provided in Table 3**



**Q4) Partnership Working, Communication and Capacity Building.**  
Please detail your Climate Change Partnership, Communication or Capacity Building Initiatives below.

Key Action Type	Description	Action	Organisation's project role	Lead Organisation (if not reporting organisation)	Private Partners	Public Partners	3rd Sector Partners	Outputs	Comments

**OTHER NOTABLE REPORTABLE  
ACTIVITY**

**Q5) Please detail key actions relating to Food and Drink, Biodiversity, Water, Procurement and Resource Use in the table below.**

Key Action Type	Key Action Description	Organisation's Project Role	Impacts	Comments

**Q6) Please use the text box below to detail further climate change related activity that is not noted elsewhere within this reporting template**

# Corporate Policy and Strategy Committee

**10am, Tuesday 3 October 2017**

## **Chief Social Work Officer Annual Report 2016/2017**

<b>Item number</b>	8.2
<b>Report number</b>	
<b>Executive/routine</b>	
<b>Wards</b>	
<b>Council Commitments</b>	

### **Executive Summary**

---

This report presents to members the Chief Social Work Officer's Annual Report for 2016/2017. It also confirms to members how the statutory function will be discharged during the interim management arrangements for the Edinburgh Health and Social Care Partnership.

The annual report is attached as Appendix 1. It follows the template issued by the Scottish Government.

The use of a template has been requested to enable a more consistent approach across Scotland and to allow for the Chief Social Work Adviser to the Scottish Government to develop a summary overview of Scottish social work services for Ministers.

The 2015/2016 national summary is available as Appendix 2.

Some content is reproduced from relevant Council strategic documents.

## Chief Social Work Officer Annual Report 2016 /2017

### 1. Recommendations

---

- 1.1 Corporate Policy and Strategy Committee is recommended to note the Chief Social Work Officer's Annual Report for 2015/16 attached at Appendix 1.
- 1.2 Members are also asked to note that during the interim management arrangements established for the Edinburgh Health and Social Care Partnership, the Executive Director of Communities and Families will hold the statutory role of the Council's Chief Social Work Officer.

### 2. Background

---

- 2.1 The Chief Social Work Officer is required to produce an annual report. This is the tenth such report to members. The format changed four years ago, when local authorities were asked to use a template devised by the Chief Social Work Adviser to the Scottish Government to ensure consistency across Scotland in annual report submissions.

### 3. Main report

---

- 3.1 The Chief Social Work Officer Annual Report provides a broad outline of some of the key issues facing social work and social care in Edinburgh. It includes data on statutory services and areas of decision making, and sets out the main developments and challenges. It also updates the evolving governance arrangements that have emerged from the Council's transformation programme and the integration of health and social care.
- 3.2 The report includes an update on finance, service quality, delivery of statutory functions and workforce planning and development.
- 3.3 Performance data on some of the key social work indicators are set out in the appendices to the main report. This information complements, rather than replicates the detailed performance and budget information on all social work and social care services, which is reported to members and the public in a variety of other ways.
- 3.4 The report also acts as the required annual report to elected members on the operation of the statutory social work complaints process (Appendix 2 to the Annual Report).

- 3.5 On 31 August 2017, the Chief Executive of the Council asked the Chief Social Work Officer to take on the role of Chief Officer to the Edinburgh Health and Social Care Partnership, on an interim basis to allow the Council, NHS Lothian and the Edinburgh Integration Joint Board to recruit a permanent Chief Officer.
- 3.6 The role of Chief Social Work Officer is a statutory Council position, and although the post holder should sit as an advisory member to the Integration Joint Board, they are not part of the health and social care partnership management structure and must report formally to their local authority.
- 3.7 For this reason, the interim arrangements for the management of health and social care require a temporary change to the Council's named Chief Social Work Officer. For the duration of these interim arrangements, the function will be discharged by the Executive Director of Communities who meets the statutory requirements in terms of professional social work qualification and registration, and the requirements of Scottish Government guidance in terms of experience and seniority.

#### **4. Measures of success**

---

- 4.1 Success is monitored regularly through performance reports to the Corporate Leadership Team, the Chief Officers' Group for Public Protection and the Integration Joint Board for Health and Social Care.
- 4.2 The Care Inspectorate carries out regular assessments of registered social work services. The reports and action plans generated as a result of inspection are analysed and presented to the appropriate Council Committees and/or meetings.

#### **5. Financial impact**

---

- 5.1 There are no financial impacts arising from this report, although the Annual Report does articulate the challenging financial climate in which public services are operating.

#### **6. Risk, policy, compliance and governance impact**

---

- 6.1 Any potential risks identified are monitored through service area risk registers.

#### **7. Equalities impact**

---

- 7.1 There are no equalities impacts arising from this report.

#### **8. Sustainability impact**

---

- 8.1 There are no sustainability implications arising from this report.

#### **9. Consultation and engagement**

---

- 9.1 Social work services routinely involve service users and carers in the design and implementation of social work and social care provision.

## 10. Background reading/external references

---

10.1 None

### **Michelle Miller**

Interim Chief Officer for the Edinburgh Health and Social Care Partnership

Contact: Michelle Miller

E-mail: [michelle.miller@edinburgh.gov.uk](mailto:michelle.miller@edinburgh.gov.uk) | Tel: 0131 553 8520

## 11. Appendices

---

Appendix 1 – Chief Social Work Officer's Annual Report 2016 / 2017

Appendix 2 – Chief Social Work Officers in Local Authorities 2015/2016: Summary Report

## Appendix 1 – Chief Social Work Officer Annual Report 2016/17

### THE CITY OF EDINBURGH COUNCIL CHIEF SOCIAL WORK OFFICER ANNUAL REPORT 2016/17

#### 1. Introduction – key challenges and strategic direction

The Council's ambition for the city is that "Edinburgh is a thriving, sustainable capital city, in which all forms of deprivation and inequality are reduced." High quality, effective and efficient social work and social care services are a key contributor to the achievement of this ambition, supporting delivery of three of the Council's main priorities.

- An economy for all – local jobs, growth and affordable housing
- Improving the lives and futures of our children and families
- Creating a healthier city – strong and vibrant communities

The financial environment for local authorities is challenging. Over the next five years, projections suggest an overall savings requirement for the Council of some £140m by 2022/13. In 2016 /17, the Health and Social Care Partnership was tasked with delivering savings of £20m, £15m of which related to the Partnership services delivered by the Council. Apart from £1m, these were delivered in 2016/17. Although £7m of this was on a one-off basis and this sum is therefore rolled into the 2017/18 savings requirement.

Some of the challenges faced by the Council are outlined below.

- Rising population, which is projected to increase faster than any other area in Scotland from 507,170 in 2016/17 to 537,000 in 2021/22
- Lack of affordable housing – there are over 20,000 people on the common housing register including 3500 people who have been assessed as homeless and are waiting for long-term accommodation
- Welfare Reform
- The impact of demographic changes, including an increase in:
  - life expectancy for younger people with complex conditions and disabilities
  - the number of frail older people
  - the prevalence of dementia and long-term conditions, such as diabetes which mean that people are leading longer, but not necessarily healthy lives
- Delays in accessing appropriate adult care services, including assessments, support packages, reviews and timely discharge from hospital
- Difficulties in recruiting staff to work in relatively low paid social care jobs in a city with close to full employment
- The impact of the living wage and other nationally agreed policies that are not always fully funded

- Pressures on high tariff, costly services, which do not always lead to the best outcomes for children and families, but which divert resources from responsive, preventative services

Given the scale of required savings, the increasing demand from people with high levels of need, and greater expectations on services in terms of quality and responsiveness, the historical approach to savings identification is no longer viable. The Council has recognised that across-the-board, percentage savings allocation is not sustainable, and is inconsistent with the Council and partners' ambition for the city. The focus has switched to transformation as a means of increasing efficiency and effectiveness, re-prioritising resource allocation and allowing improvement in key services.

The development of a four-locality model for the city supports more integrated working and gives services the flexibility to take account of the needs of local communities, building on strengths and opportunities.

Children's services and community justice are at the early stages of developing restorative approaches, based on more effective and positive engagement with individuals, families and communities, with a heavy emphasis on shifting the model of delivery from reaction to prevention. Similarly, the integration of health and social care is intended to see scarce NHS and local authority funds used more effectively to re-direct resources from acute services to community-based health and social care.

## **2. Governance and Accountability Arrangements**

The law requires each local authority to appoint a Chief Social Work Officer (CSWO). The local authority may not delegate this function and it is unaffected by the integration of health and social care under the Public Bodies (Joint Working) (Scotland) Act 2014.

In Edinburgh, in addition to the statutory functions associated with the role, the CSWO is also responsible for the management and strategic development of the following services:

- Community Justice, including offender management, community safety and public space CCTV
- Homelessness and Housing Support, including advice services
- Family and Household Support, combining locality-based community safety, family solutions and housing support teams into a new, integrated, prevention-focused service
- Coordination of the Council's public protection activity: child and adult protection; domestic abuse; management of high risk offenders; support for refugees and asylum seekers; sexual exploitation and human trafficking; etc.

The CSWO is by regulation a non-voting member of Edinburgh's Integration Joint Board for Health and Social Care; and a member of Edinburgh's Chief Officers' Group for Public Protection, which is responsible for the leadership, governance and performance management of the multi-agency aspects of public protection in the city.



The CSWO chairs or is a member of 5 partnerships/committees, which monitor performance and ensure the provision of quality services in relation to child and adult protection, offender management, alcohol and drugs and violence against women.

The post holder is also an advisor to the Edinburgh Partnership for community planning and chair of the Edinburgh, Lothian and Borders Strategic Oversight Group for Multi Agency Public Protection Arrangements (MAPPA).

The arrangements for public protection in Edinburgh are consistent with the expectations of the Scottish Government. The Council's strategic partnerships and public protection governance arrangements are set out at Appendix 1 (Diagrams 1 and 2).

### **3. Social Services Delivery Landscape**

Edinburgh's population is projected to increase faster than any other area of the country, with particular increases in some age groups. The high rate of growth provides social and economic advantages, but also presents several challenges, some of which are set out below.

- Areas of Edinburgh have significant pockets of deprivation and social and economic inequality.
- Research shows that people living in areas with higher levels of deprivation also have poorer physical and mental health throughout their lives. However, health inequalities are not restricted to areas of multiple deprivation – up to 50% of people experiencing poor health do not live in the most deprived communities.
- Skill shortages and hard to fill vacancies are persisting and growing, particularly in the adult social care sector.
- The roll out of Welfare Reform will continue to have a significant negative financial impact on many citizens and on the Council's ability to meet their needs.
- Edinburgh continues to be a pressured housing market, with high housing costs and rising need and demand for affordable housing. People on low to middle incomes are faced with higher housing costs, with no commensurate increase in their income.
- Drug and alcohol problems affect the city severely, with an estimated 22,400 adults dependent on alcohol and 6,600 people dependent on heroin and/or benzodiazepines.
- Indicative figures show that drug-related deaths will have increased by 20% in 2016 at just over 100 deaths (from 69 deaths in 2015).

There is a strong link between prevention and early intervention, and tackling inequalities. The Christie Commission suggested that 40-45% of expenditure on public services in Scotland was spent on addressing issues that could have been prevented if action had been taken earlier. Therefore, shifting the balance from reactive services to services that prevent problems or stop them getting worse can

improve outcomes for citizens, reduce demand and make more effective use of limited resources. Concentrated effort on transforming services and diverting resources to preventative services are key to sustainability and improved outcomes for people.

### **Care for older people**

If the existing service model were matched directly to population growth, by 2022, Edinburgh would need to provide:

- 428,000 additional hours of home care per year
- 748 additional care home beds
- 7,900 additional intermediate care hours per year
- 150 additional long stay hospital beds for older people (inpatient complex care beds).

At the end of March 2017, 385 people were waiting in the community for a total 2,720 hours of care per week. This excludes people waiting for an increase to their existing package of care. A further 77 people were waiting to move on from the reablement service requiring a total of 793 hours of care.

Performance in respect of the number of people whose discharge from hospital is delayed, and the length of those delays, represent an ongoing challenge. At 31 March 2017, 176 people were delayed in hospital, which represents the highest number of delayed discharges of any integration authority in Scotland.

The challenges in providing a consistent service to increasing numbers of frail older people, whilst managing significant budget pressures, and joining NHS and local authority services into a single, integrated organisational structure were reflected in the Care Inspectorate and Health Improvement Scotland's inspection of older people's service, which was carried out during 2016/2017 and which highlighted significant weaknesses for the Partnership to address.

The Chief Officer of the Edinburgh Health and Social Care Partnership is leading on a wide range of measures to improve performance in this area. This work is reported to the Council and NHS Lothian Chief Executives, the Edinburgh Integration Joint Board and the Care Inspectorate/Health Improvement Scotland. The inspection report can be found [here](#)

### **Disability services**

Learning disabilities, autism, many physical disabilities and sensory impairments are lifelong conditions. Different responses are required, depending on life stage and individual circumstances. Areas for improvement include: the simplification of processes surrounding self-directed support to promote take-up and increase the positive impact on individuals and their carers; appropriate application of the principles of self-directed support to meet children's needs; and an improvement in joint working between adult and children's services to facilitate smoother transitions for children growing up, and their parents.

Some of the improvements to adult disability services in 2016 /17 include:

- the development of a crisis response service to prevent people with autism and learning disabilities being admitted to hospital from their family home or

supported accommodation when there is a risk of the caring arrangement breaking down

- the commissioning of two new disabilities services: Tweed Lodge and Wells Road, accommodating a total of 9 people from Murraypark hospital, which will cease its operation as a hospital for adults with a disability in November 2017.

## **Domestic Abuse**

Five years ago, the Council, public sector partners and service providers embarked on a comprehensive programme of service redesign. This was in recognition of a fragmented landscape of domestic abuse responses, which included both gaps and duplication.

The vision to develop a coordinated community response in Edinburgh has been the driver for a city-wide review of all statutory agencies, commissioned services and grant provision, and an evaluation of service pathways for victims, children and perpetrators.

The service re-design has included widespread engagement with stakeholders, with an emphasis on seeking the views of people directly affected by domestic abuse. This feedback led to the development of an improvement plan, which can be found [here](#) and which focuses on key themes, including:

- Council-commissioned services – to ensure these are integrated and consistent with agreed priorities, principles and values
- housing and homelessness services – to develop a domestic abuse housing policy that is responsive to the specific challenges experienced by victims of domestic abuse and their children
- developing a locality-based, multi-agency response to domestic abuse, ensuring a single pathway based on risk and need
- publicity and awareness-raising of responses to domestic abuse and support available to victims
- working with perpetrators to challenge and address their behaviours
- improving the speed and effectiveness of responses to domestic abuse across all service areas

## **Community Justice**

Edinburgh's Community Safety Partnership, on behalf of the Edinburgh Partnership (community planning) is responsible for the development and implementation of Edinburgh's Community Justice Outcomes Improvement Plan. This plan was submitted to Community Justice Scotland in March 2017. A copy can be accessed [here](#).

Significant developments in 2016-17 include:

- The Edinburgh Alcohol Problem Solving Court was informed by evidence from other examples of problem solving courts. The Court is overseen by a named Sheriff and uses community payback legislation, with frequent court reviews. The criminal justice social work service provides the court with speedy assessments with a focus on alcohol, and ensures streamlined access to substance misuse services through close partnership working. There is early indication that this process has retained in treatment people

who would otherwise have been lost to services. A full evaluation is underway.

- Community in Motion is a partnership initiative to develop a community-based problem-solving, restorative justice approach in North East Edinburgh. Motivated by the opportunities created by community empowerment and community justice legislation, and the move to locality working, Community in Motion has developed a framework for joint working, increasingly preventative in focus, with more community involvement and an emphasis on restorative and problem solving practices.
- Just Us is a group led by women who have experience of mental health problem and who have been involved in the criminal justice system. The group is supported by the Willow Service, which provides a range of support to women who are involved with the criminal justice system. Just Us was awarded funding from 'See Me Scotland' to raise awareness of the stigma experienced by women who have mental health issues and criminal justice involvement. They have made a film highlighting the collective experiences of women with similar experiences, they have run conversation cafés, and have presented at the Scottish Parliament.
- Additional Section 27 funding from the Scottish Government to support community sentences was received in August 2016, and has been used to strengthen Willow's service offer; to develop restorative practices; to identify strategies to address hate crime; and to develop peer support services to augment community payback.

Criminal justice social work is an important contributor to the city's community safety agenda, and the deployment of staff reflects the Council and partners' emphasis on locality working. The developments highlighted in the Community Justice Outcomes Improvement Plan reflect the work articulated in the 4 locality improvement plans, which are being developed during 2017/18. A multi-agency community improvement partnership is established in each locality. City-wide issues, such as motor cycle crime, begging, or hate crime have bespoke community improvement partnerships.

The service, the Council and all community planning partners are ready to take on the planning responsibilities for community justice, which transferred from Community Justice Authorities on 1 April 2017.

## **Mental Health and Substance Misuse**

During 2016/17, Mental Health and Substance Misuse Teams were established as part of the integration of health and social care, and work has been undertaken with third sector organisations and people with lived experience to establish mental health and wellbeing public social partnerships in the four localities.

The Edinburgh Public Social Partnership (PSP) for Mental Health and Wellbeing is a major coproduction exercise involving service users, carers and all stakeholders in the planning and delivery of locality-based services.

Help in crisis, improving physical wellbeing, peer support and the range of psychological approaches have all been identified as priorities. From the 1 November 2017, the PSP will focus on a two-year test of change to improve Edinburgh's local support for people with mental health problems.

The Council's Mental Health Officer (MHO) service conducted a pilot to explore ways of reducing the waiting time for people in hospital who are assessed as needing a Welfare Guardianship Order to allow decisions to be made on their behalf.

Two dedicated MHOs provided consultancy, staff training and direct applications, which saw the number of people waiting reduce from a high of 28 to a low of 11, which achieved a reduction in hospital costs of up to £1m. The pilot has also seen some improvement in the court process, include solicitors who will provide legal advice to older people and their families in acute hospital settings and initiatives to increase the uptake of Power of Attorney.

The integration of health and social care has seen the single management of mental health and substance misuse teams based in each of the 4 localities. The funding for substance misuse services comes from the Edinburgh Alcohol and Drug Partnership (EADP). This is a multi-agency body responsible for planning services in the city and allocating funding to agencies accordingly.

In 2016/17, the EADP faced a financial reduction of over 22% in its Scottish Government grant, and worked hard to identify savings that would have the minimum impact on service delivery. This work included:

1. a review of residential rehabilitation, resulting in an expansion of placements in Edinburgh, with a corresponding reduction in out of area placements
2. the development of day beds in residential detoxification, which has enabled a reduction in the number of overnight beds
3. a review of prescribing approaches to consider the potential of pharmacy prescribing

Despite these efforts, pressures on drug and alcohol services remain high.

### **Inclusive Edinburgh**

Inclusive Edinburgh is a programme to coordinate multi-agency and multi-sector improvement in services for people with complex needs, including mental health problems, substance misuse, homelessness, history of trauma, etc. Inclusive Edinburgh has led on the implementation of the Getting It Right for Everyone (GIRFE) agenda across adult services, which was developed as solution-focused approach to mirror the principles of Getting It Right for Every Child (GIRFEC). A protocol for sharing responsibility for challenging individual circumstances that do not respond well to traditional interventions has seen improvements in shared ownership of solutions, which are more beneficial for vulnerable people. An important development will see the single, integrated management of health, social care and homelessness services for this group of individuals with particularly high levels of need.

### **Looked After Children**

Social work aims primarily to support children to remain in their own family, school and community. However, there are times when children and young people cannot live at home or need extra help to do so. Some children will need care for only a few days or weeks, others will need months, and some will need care throughout the

whole of their childhood. Some will be adopted and become part of their new family for life.

It is an ambition of the Council and its partners to reduce the number of children who need to be looked after away from their birth family. Long-term, significant and sustainable reduction in this need requires meaningful investment in preventative services and early intervention. This cannot rely solely – or even primarily – on social work services, but depends on joint working and shared responsibility for outcomes between statutory, voluntary and independent providers, universal and targeted services and adult and children’s provision. There is a strong commitment in Edinburgh to develop the equivalent of a ‘child-friendly city’, which is an approach that has seen significant success in other authorities across the UK. To be effective, this approach will require a long-term commitment, as the impact of positive preventative measures often takes years to become apparent. This is always in challenge when agencies face short-term financial and other performance pressures.

Securing early, permanent, alternative family-based care for children who need it is one of the most important factors in their healthy development, and remains one of the highest priorities for social work.

The social work service undertakes the critical functions of recruiting new adoptive parents, tracking children registered for adoption until a family is identified, and providing post adoption support to adopters with children in placement.

In 2016/17, 23 children were placed for adoption. During the same period, 35 children ceased being looked after as a result of being adopted successfully.

A foster care placement can have a huge impact on a child’s life, improving their confidence and their long-term life chances. Carers look after children of all ages, from babies to 18 year olds, and may provide continuing care up to the age of 21. They may also look after children for regular short periods to support parents who need a break from the pressures of looking after a child who has additional needs, for example a physical or learning disability. 37 new foster carers were approved in 2016/17. This is the highest level of foster care recruitment ever recorded for Edinburgh.

## **Social Work Services**

Social workers are trained to provide support to children and adults in need or at risk, working with them and their communities and partner agencies to keep people safe and well, and to help them achieve their potential. They assist people to have control and influence over their own lives, recognising when it may be necessary to use statutory powers of intervention. Social workers make assessments taking account of a range of factors, including balancing need, risk, and rights. They deal with behaviour that may be abusive or challenging, or reflective of extreme vulnerability; and they intervene to assist and to protect both individuals and communities.

The title ‘social worker’ is protected in law. To qualify as a registered social worker, an individual must hold an entitling qualification in social work, be registered with the Scottish Social Services Council (SSSC) and comply with the SSSC Code of Practice for Social Service Workers.

This provides both probity of actions and assurance to individuals and the wider public that judgments about intervening in families to provide protection, depriving individuals of their liberty or managing offenders are being made by people who are suitably trained, experienced and professionally qualified to take decisions that will have a major impact on people's lives.

Some of the work being implemented in social work services that is working well includes:

- the Development of the Safe and Together duty tool, which strengthens the assessment of need and risk in cases of domestic abuse
- staff mentoring of newly-qualified and less experienced staff, building leadership skills and promoting a positive team dynamics
- better joint working with other services and agencies, such as police, health, employment and housing, allowing for more comprehensive assessments and plans for children and young people.

In contrast to some examples of very good practice, there are also concerns that arise from pressures of workload and rising demand, and for staff in adult services, from the inevitable disruption from the formal integration of health and social care – a process that has been underway since 2015/2016 and is yet to conclude. It is important that pressures in the system (at present particularly in relation to discharging people from hospital) do not undermine the capacity of the workforce to provide a professional social work service. There is a range of activity underway to mitigate this risk:

- a review of pathways for people who lack capacity and for whom decisions need to be made by others
- additional adult protection capacity and training
- a review of supervision ratios
- a review of the quality of assessments
- the development of a professional governance framework for social work, which can be found at Appendix 5

## 4. Resources

While delivering the Council's vision, the Business Plan recognises that the Council continues to operate in a challenging environment, with increasing demand for services at a time of on-going financial constraint.

A budget framework update to be reported to the Finance and Resources Committee on 5 September 2017 will set out the Council's estimated savings requirement over the period to 2022/23, pointing to a need for significant savings in each of the next five years.

This savings requirement reflects continuing expenditure pressures resulting from three main factors:

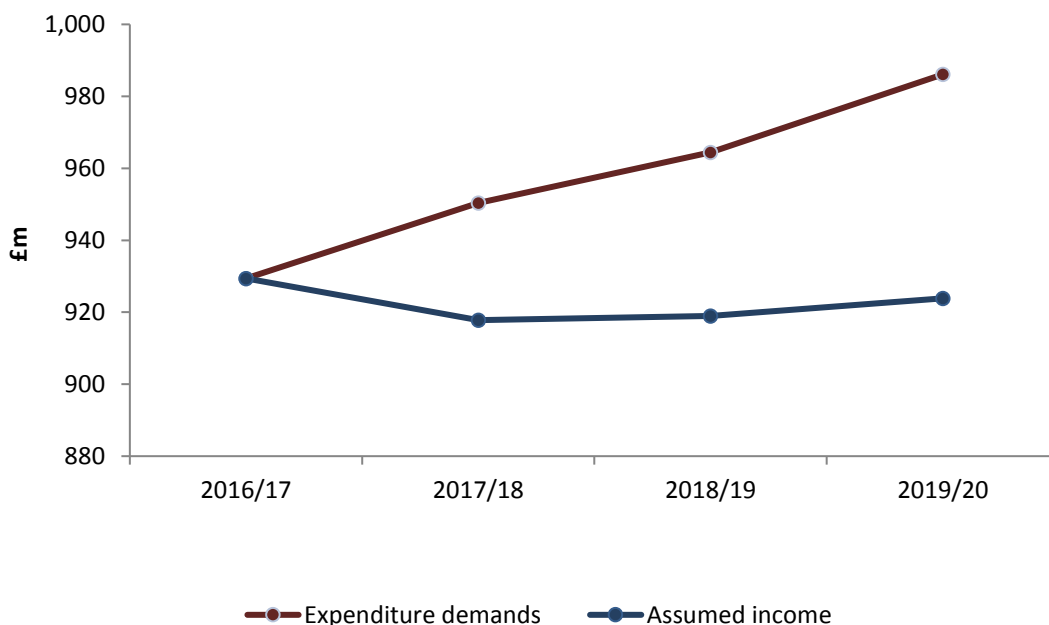
- **demographic and wider socio-economic change**, in particular, growing numbers of school pupils, children at risk, older people and people with physical and/or learning disabilities. From 2018/19 to 2022/23, the Council's budget framework assumes an increased annual spending requirement of over £30m in respect of these demographic-related factors
- **the effects of inflation** (including pay awards) on the Council's direct and indirect expenditure, amounting to almost £55m between 2018/19 and 2020/21 alone; and
- **additional costs arising from major infrastructure-related projects in the city**, including the Local Development Plan, Edinburgh and South East Scotland City Region Deal, supplemented with further required investment in the Council's existing property estate.

### Funding levels

In contrast to rising service demand, the Council anticipates that overall funding levels available for delivery will continue to reduce over the period of the budget framework. Based on independent analysis of available forecasts of wider public expenditure and Scottish Government priorities, the updated budget framework assumes the continuation of significant, year-on-year cash-terms grant funding decreases over the medium term. While these will be offset to an extent by increased Council Tax income, when combined with the expenditure pressures noted above, the need for further service transformation, prioritisation and a continuing shift towards preventative expenditure is ever more pressing.



**Table 1 – Estimated Expenditure requirements and like for like available funding 2016/17 – 19/20**



**Progress in identifying necessary savings**

On 9 February 2017, the Council set a balanced budget for 2017/18, and an indicative balanced budget for 2018/19, subject to confirmation of grant funding levels, delivery of approved savings and management of risks and pressures.

As of July 2017, at least £15m of savings in 2019/20 still need to be identified. However, it is anticipated that this figure may increase significantly once updated assessments of available funding, infrastructure and other commitments are incorporated. The level of savings still required emphasises the potential need for further service transformation, prioritisation and a continuing shift towards preventative expenditure to secure financial sustainability.

**Demography**

The Council’s long-term financial plan continues to provide, either directly or in conjunction with the Social Care Fund, additional resources to meet the growing need for social care from increasing numbers of older people, particularly those over 85, and increasing numbers of younger adults with complex disabilities.

Funding has also been provided for the growing number of children and young people, offset by preventative investment in early years and by actions intended to reduce the numbers of children who need to be looked after.

**2016/17 outturn**

One-off funding contributions from the Social Care Fund and other areas of the Council, ensure that the Council’s Health and Social Care outturn for 2016/17 was contained in budgeted levels. It is clear, however, that more fundamental service re-design and transformation are required going forward. In particular,

key to the attainment of longer-term sustainability are the:

- implementation of the revised staffing structure underpinning the organisational review
- improved management of agency staffing expenditure and recruitment controls; and
- delivery of approved savings to allow additional service investment to support further transformation and demand management.

Significant savings have been delivered in children's services in recent years through service re-design and preventative investment as part of the Looked-After Children Transformation Plan. This shift to longer term, preventative interventions needs to continue, both in terms of more positive outcomes for children, their families and communities, and in terms of sustainable funding for public services.

### Comparative expenditure analysis

In 2016/17, Edinburgh's overall social work spend per head of population was close to the Scottish average. While Scotland-wide data on respective children and adult social care spend was not available at the time of writing, as in previous years, this overall position reflects higher relative spend on children's social care, a phenomenon common to all of Scotland's city authorities.

	2016-17 Project ed Outturn	2017-18 Estimat ed Budget	2016-17 Per Head of Populati on	2017-18 Per Head of Populati on	2016- 17 Rankin g out of 32 LAs	2017- 18 Rankin g out of 32 LAs
	£'000	£'000	Rate	Rate	Rank	Rank
Education	318,758	326,820	£6,569*	£6,735*	29	29
Social Work	290,099	299,782	£576	£589	22	18
Roads and Transport	9,425	5,778	£19	£11	32	32
Environmental Services	67,378	61,190	£134	£120	10	16
Planning and Development Services	14,668	19,951	£29	£39	27	16
Cultural and Related Services	32,889	33,576	£65	£66	32	31

\* figures shown represent expenditure per pupil for primary, secondary, and special schools only

**Note:** The POBE financial returns to the Scottish Government include some corporate overheads in each service area, so the net outturn figures in the table will be larger than those used internally by the Council.

For 2017/18, budgeted per capita expenditure figures show broadly-similar trends, although these levels represent a reduction in real-terms relative to service demand. These reductions reinforce the importance of exploring a range of innovative new approaches to service delivery and maximising the benefit of preventative investment.

As part of the Looked-After Children Transformation Plan, Edinburgh continues to seek to control expenditure through reductions in usage of secure and residential care, increases in local authority foster carers and kinship carers, and supporting more families with community-based services.

In 2016/17, the Council closed a 6-bed secure unit and usage since then has been in budgeted levels, averaging 8 placements. The percentage of foster placements with local authority carers increased from 60% in March 2016 to 64% in March 2017. The use of kinship carers is at the targeted level of 24% of looked after children. Overall use of residential care is lower than the national position at 6.3% of the looked after children population, compared to 9.9% nationally.

Through the 2017/18 budget process, the Council recognised the significant improvements over the previous 4 years of the Looked After Children Transformation Plan and provided further one-off investment to enhance early intervention initiatives. This will include increasing family group conferencing capacity by 50% and extending it to include adult services, such as domestic abuse and homelessness; developing volunteer based community family support; increasing capacity in foster care recruitment and kinship support; increasing support to foster carers of disabled children; improving mental health support; and developing a Council-wide restorative practice training programme. In addition, the service will continue to embed the requirements of the Children and Young People (Scotland) Act 2014 in relation to Getting It Right for Every Child, early years and the kinship care order.

The child population in Edinburgh is forecast to increase by 4.8% by 2020, and the initiatives above are designed to mitigate the potential financial implications through early intervention.

In adult social care, the emphasis is also on the use of, and investment in, preventative services wherever feasible, with the approved budget framework proposals targeting significant savings through further focused investment in both reablement and telecare, as well as revised models of demand management.

2016/17 was the Edinburgh Integration Joint Board's first year of operation. The total budget for the Board in 2016/17 was £596m, although this increased to £676m due to funding adjustments during the year. The element of the overall budget linked to social care services was £189.6m. The [unaudited annual accounts](#) were presented to the Integration Joint Board in June 2017.

## 5. Service Quality and Performance – Delivery of Statutory Functions

The Edinburgh Integration Joint Board's Annual Performance Report can be found [here](#). The Council's Children's Services Performance Report and the Community Justice Performance Report will be available in October. Set out below are some key issues relating to both performance and quality, focused on the main social work-related functions, together with associated management information.

### Adult Protection

Quality assurance audits have demonstrated variable thresholds in decision-making across the city and inconsistent application of the adult protection procedures. The inspection of older people's services by the Care Inspectorate and Health Improvement Scotland, which began in October 2016, confirmed these findings.

The prolonged organisational review to integrate Health and Social Care has also had a negative impact on adult protection practice. Some new senior post-holders in the Health and Social Care Partnership have limited knowledge of adult protection work and need training and guidance to develop their skills and knowledge. Other managers have considerable expertise in this area, but their increased workload and expanded remit needs to be monitored closely to ensure adult protection responsibilities are not de-prioritised. In addition, during the reporting year, and as part of the Health and Social Care organisational review, there has been a significant reduction in senior social workers, leaving gaps in professional supervision and in the overview of social work practice in relation to adult protection.

Some of these concerns are being addressed to ensure a prompt and robust response to referrals of individuals believed to be at risk of harm.

- The Adult Protection Lead Officer, along with members of the Chief Social Work Officer's quality assurance team will deliver adult protection briefings to the newly formed locality management teams.
- The Health and Social Care Partnership has created two adult protection senior practitioner posts to support compliance with procedures and practice standards; develop local adult protection partnerships; promote collaborative working in localities; and encourage an earlier response to indicators of harm and concern. In addition, the new responsibilities will allow for improved performance against targets for adult protection case conferences and for improved decision-making, based on additional experience and expertise.
- The Chief Social Work Officer issued a standards paper to all operational staff, which includes timescales for responses to adult protection concerns; a focus on quality of assessments; and management scrutiny. The Partnership's local managers will ensure standards and procedures promoted to their teams, and are responsible for ensuring compliance.
- Adult protection practice workshops are being arranged in localities, facilitated by staff from the Chief Social Work Officer's service.

<b>Adult Protection Activity</b>			
	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Adult protection referrals	1478	1134	1726
Large scale adult protection contacts	46	158	255
Inter-agency Referral Discussions (IRD)	274	329	425
IRD as a % of referrals	18.5%	29%	21.5%
Adult protection initial case conferences	77	79	99
Initial case conference as a % of IRD	28%	24%	23.3%
Adult protection case conference reviews	121	110	93
Incidents between service users		379	878

### **Quality Assurance of Residential, Day and Domiciliary Care for Adults**

In addition to the residential, day care and home care services managed directly by the Partnership, staff are responsible for the contract management of 280 contracts with 177 suppliers of regulated care services.

A further 89 contracts are managed in this way for the delivery of unregulated services, which include advice, advocacy and information, lunch clubs and practical help for people who choose self-directed support.

The Partnership and Council's expectation is that all regulated providers – including 'in-house' services achieve a minimum Care Inspectorate Grade 4 (Good) for the quality of care and support, and that any complaints are addressed quickly and effectively. Providers who fall short of these expectations, or about whom any relevant media, market, regulatory or other intelligence comes to the Partnership or Council's attention, are referred to the Quality Assurance Group for Care Homes/Care at Home services.

The remit of both groups is to monitor the quality of service provision, to acknowledge good practice and to challenge providers when services do not meet consistently high standards. Action is taken in respect of services assessed as 'weak' or 'unsatisfactory', and complaints to the Care Inspectorate and/or Council that have been upheld are the subject of discussion with providers, to ensure they have been addressed and measures are in place to prevent recurrence.

Based on the intelligence provided by these mechanisms, the Chief Social Work Officer will suspend admissions or referrals to services that do not meet minimum standards.

**Breakdown of Care Inspectorate grades for contracted providers (information on Council services is set out at Appendix 4)**

Year	% of contracted providers in Edinburgh achieving excellent, very good or good Care Inspectorate grades	% of contracted providers in Edinburgh achieving adequate, weak, unsatisfactory Care Inspectorate grades
2014/15	81%	19%
2015/16	78%	22%
2016/17	78%	22%

### Mental Health

Many factors impact on people's mental health and well-being, and a wide range of services, both targeted and universal, contribute to the effective support of people who need help. Some chronic and severe mental ill-health or acute crises require the involvement of registered social workers. Mental Health Officers are social workers with an additional accredited qualification and must by statute be involved in certain decisions relating to deprivation of liberty or where a person is assessed as lacking capacity. These decisions require to be governed by the Council's Chief Social Work Officer.

Tables 1 to 3 below set out the use of compulsory measures of care and treatment and the use of welfare guardianship.

Table 1	2014/15		2015/16		2016/17	
	Number	Individuals	Number	Individuals	Number	Individuals
Contacts	826	666	590	506	471	424
Assessments completed	1566	865	1380	845	1380	835

Table 2	Commenced	Commenced	Commenced
	Apr 14 – Mar 15	Apr 15 – Mar 16	Apr 16 – Mar 17
Emergency detention in hospital (72 Hrs)	124	208	195
Short-term detention in hospital (28 days)	437	411	484

Compulsory Treatment Orders (indefinite with 6 monthly review in first year and then annual review)	153	125	107
Interim Compulsory Treatment Orders (28 days)	78	61	47

<b>Table 3</b>	<b>As at 31 March 2015</b>	<b>As at 31 March 2016</b>	<b>As at 31 March 2017</b>
Emergency detention in hospital	4	41	0
Short-term detention in hospital	99	167	49
Compulsory Treatment Orders	326	306	343

Table 4 shows the orders under the Criminal Procedures (Scotland) Act open to the Mental Health Officer service:

<b>Table 4</b>	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Total legal orders started	19	25	20
Total legal orders open at period end	62	71	80
Compulsion Orders with Restriction Order open at end of period	24	24	27

	<b>2015</b>	<b>2016</b>	<b>2017</b>
<b>Welfare guardianship</b>			
CSWO welfare guardianship	97	116	146
Private welfare guardianship	145	167	203
<b>Financial guardianship (private only)</b>	93	92	100
<b>Welfare and financial guardianship</b>			
CSWO welfare and financial guardianship (guardian for financial element must be non-Council)	22	32	39
Private welfare and financial guardianship	299	319	366
<b>Total</b>	<b>656</b>	<b>726</b>	<b>854</b>

## Children in need, child protection and looked after children

<b>Table 6 Volume</b>			
	<b>At 31 March</b>		
	<b>2015</b>	<b>2016</b>	<b>2017</b>
Approximate number children allocated in Children and Families teams	3900	3900	3400
	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Number of monthly reports submitted to the Authority Reporter	278	261	200

<b>Table 7 Child Protection</b>			
	<b>Figures for period April to March</b>		
	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Child protection Inter-agency Referral Discussions (IRDs)	1,265	1,277	1343
Child protection case conferences	1,360	1,268	1174
Children on Child Protection Register	264	286	226

<b>Table 8 Child Protection Case Conferences</b>			
	<b>Figures for period April to March</b>		
	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Initial	383	382	312
Pre-birth	90	88	73
Review	873	791	768
Transfer	14	7	21
<b>Total</b>	<b>1,360</b>	<b>1,268</b>	<b>1174</b>



**Table 9 Domestic Abuse – Child Welfare Concerns and Child Protection Registrations**

	2014/15	2015/16	2016/17
Total number of child welfare concern forms sent to Social Care Direct	9756	8395	8357
Number of child welfare concern forms with domestic abuse as a concern	3314	2910	2171
% of children on the Child Protection Register with a domestic abuse concern identified	48%	46%	53%

The small gradual decrease (18) in the overall number of Looked After Children continued this year. This is an encouraging trend after a decade of increases. The breakdown below shows a slight increase (24) in children looked after at home. The number of children in foster care and kinship care has also decreased, and there has been a 12% increase in residential care, which is in part related to an increase in the need to accommodate unaccompanied asylum seekers in the Young People's Centres.

Table 10 Looked After Children	At 31 March		
	2015	2016	2017
Total number of children and young people looked after	1425	1390	1372
At home with parents	358	323	347
In foster care	622	590	584
In residential	75	74	83
With kinship carers, friends / relatives	322	347	320
With prospective adopters	27	34	24
In secure accommodation	17	16	9
Other	4	6	5

<b>Table 11 Secure Accommodation</b>			
	<b>Figures for period April to March</b>		
	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Total number of admissions	39	38	30
Admissions to out of Edinburgh provision	15	11	12
Average length of time in secure for young people discharged (in days)	170	135	135

<b>Table 12 Adoption and Permanence</b>			
	<b>Figures for period April to March</b>		
	<b>2014/15</b>	<b>2015/16</b>	<b>2016/17</b>
Adopters approved	21	20	14
Children registered for adoption (Permanence Order with Authority to Adopt)	27	28	26
Children registered for permanence (Permanence Order)	48	46	51
Children placed for adoption	43	37	23
Children adopted	44	35	35
% of Permanence panels in timescale	89%	85%	25%

## **Community Justice**

<b>Table 13 Offenders in the community subject to statutory supervision</b>			
	<b>31 March 15</b>	<b>31 March 16</b>	<b>31 March 17</b>
Assessed as very high risk or high risk (sexual violence)	19	22	17
Assessed as very high or high risk (violence)	88	69	46

Probation orders	27	13	9
Community service orders	15	8	7
Community payback orders	1061	1053	1121
Drug treatment and testing orders	134	121	121
Drug treatment and testing orders (II)	46	48	33
Bail supervision	22	18	16
Statutory supervision of released prisoners (e.g. life licence parole, extended sentence, supervised release orders)	155	140	128

**Table 14 Offenders in prison who will be subject to statutory supervision on release**

	31 March 2015	31 March 2016	31 March 2017
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high or high risk (sexual violence)	56	57	66
Offenders currently in prison who will be subject to statutory supervision on release assessed as very high risk and high risk (violence)	152	117	113

## 6. Workforce

Although constrained by ongoing savings targets, the Council recognises the importance of learning and development for staff and continues to provide opportunities, albeit at a reduced level. Increasingly, non-accredited training and training that does not lead to a formal qualification are delivered on a multi-agency basis. Learning together supports a better understanding of roles and responsibilities, improves relationships, and leads to better outcomes.

Set out below are two examples of positive learning from across the Council and the Partnership.

### **Good Practice - Dementia Training Partnership**

The Dementia Training Partnership is an excellent example of effective joint working between the City of Edinburgh Council, NHS Lothian and Scottish Care. During 2016/17, the partnership continued to deliver the accredited programme: Informed about Dementia (Foundation Practice Level) and Improving Practice (Skilled Practice Level).

The new training model is locality based, training employees from settings such as care homes, home care, supported housing, older people's day care, telecare, community alarm staff, volunteers, disability services, etc.

The Partnership has also worked with registered day services in the third sector to provide Cognitive Stimulation Therapy training to help develop services in keeping with the Living Well with Dementia agenda.

The training has been well attended and evaluated and continues to be a key priority for the Partnership.

### **Good Practice – Transferring Learning into practice**

Communities and Families practice team staff are facing increased pressures to manage complex cases. They need to provide robust and concrete evidence on risk of significant harm to children. Organisational Development staff have provided training to support staff to explore the challenges they face whilst encouraging them to reflect on their own practice and the role they play in advocating for children.

Two training courses have been introduced, which promote the importance of a reflective space, as well as practical tools are 'Keeping the Baby in Mind' and 'Words and Pictures'.

During a recent 'Keeping Baby in Mind' course, a practitioner shared that in two very difficult and complex cases she could argue confidently in the Children's Hearing about the best plan of action for these very vulnerable babies. She reflected that the learning from the course allowed her to present her evidence in a clear and structured way, which enabled both professionals and Hearing members to understand her level of concern. This resulted in a positive outcome for both children.

Another practitioner has been able to use the tool 'Words and Pictures' to help a young child understand difficult life events. Through the direct work sessions, the child disclosed previous abuse. The Words and Pictures story and the child's account of what happened are being used as key evidence in the ongoing court case.

Another success has been in working in partnership with frontline staff to identify key areas of learning and to support them to develop 'What makes a good Hearing?' training. This has involved practitioners, panel members and children's reporters coming together to share their knowledge and develop an understanding of each other's roles. One panel member highlighted the benefits of this training opportunity, sharing with his colleagues that:

*'Although the training was initially intended to provide social work with thoughts on what makes a good hearing from the point of view of panels and reporters, it is fair to say that it has produced learning opportunities for all parties, which, if put into action, will generate the outcome we all want – hearings which are in the best interest of the children involved.'*

### **Practice Learning**

The Council continues to support the development of the social work profession through the provision of assessed undergraduate social work student placements. Each placement requires a practice teacher. Unfortunately, the number of accredited practice teachers is reducing, particularly in Health and Social Care. Given the importance of this activity in the professional development of both practitioners and managers, services are being encouraged to promote the accreditation of practice teachers among the experienced workforce.

During 2016-17, the Council provided placements as follows:

- Edinburgh University – 20
- Stirling University - 5
- Open University - 2
- Robert Gordon University – 10

### **Social care and social work essential learning, continuing professional development and post qualifying programmes**

During 2016/17 the Council continued to invest in providing employees with the opportunity to gain qualifications they need for their current job roles and for career progression. Front line care workers in adult services, early years and residential child care have been supported to work towards vocational and academic qualifications. There was also ongoing investment in post graduate awards in Mental Health, Child Protection and the Practice Educator Professional Development Award. The Chief Social Work Officer was among the first national cohort to obtain the new post-graduate qualification designed by the Scottish Social Services Council, Glasgow Caledonian University and Dundee University, sponsored by the Scottish Government.

As well as accessing relevant qualifications, social care and social work staff engage in the essential learning they need to carry out their jobs safely and confidently, as well as accessing continuing professional development opportunities to keep their knowledge and skills up to date.

### **Local Practitioner Forum**

The Chief Social Work Officer-sponsored Edinburgh Local Practitioner Forum (ELPF) continues to meet a minimum of four times per year. The ELPF offers opportunities for front line staff to explore their practice and contribute to improved

services in Edinburgh and beyond. The ELPF maintains an online presence and encourages participation from voluntary sector workers, first line and senior managers, and social work students.

Numbers of subscribers to the ELPF's website ([www.elpfonline.org.uk](http://www.elpfonline.org.uk)) and Twitter (@ELPFonline) continue to grow. Topics covered in 2016 include Resilience and Good Practice in Supervision, Locality Working, Trauma-focused Practice, and Child Trafficking. The Forum has also maintained an interest in the Health and Social Care integration agenda.

So far this year, input has been received from people with lived experience of social services through the Turn Your Life Around service, and peer mentoring through Mentors in Violence Prevention (both Community in Motion projects).

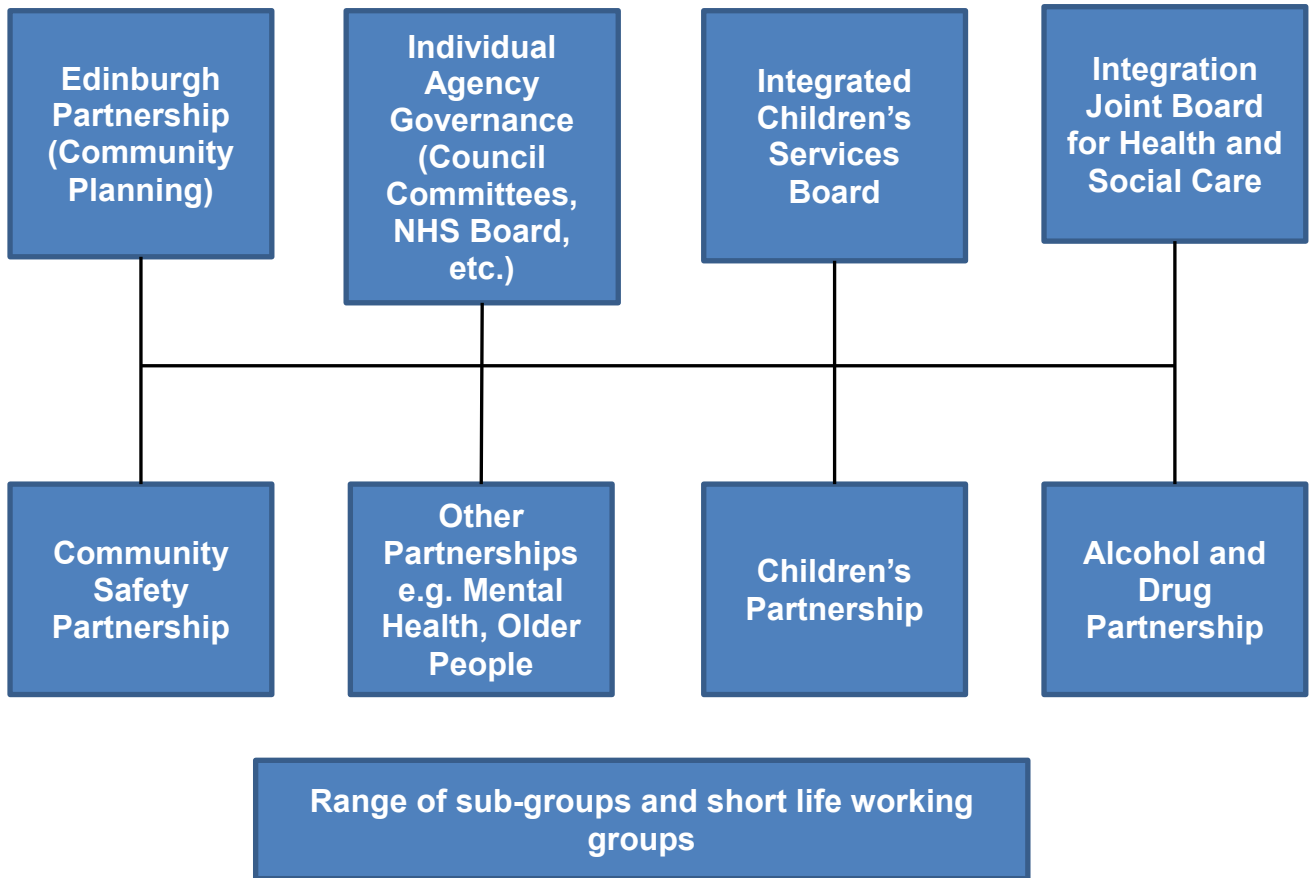
Following the decision to raise the registration fees of social workers by over 100%, the Scottish Social Services Council was invited to the ELPF to explain how the fee increase will benefit social workers, and to discuss workforce development opportunities. Mark MacDonald MSP, the Minister for Early Years and Child Care, whose portfolio includes social work and social care, will be attending the next meeting in August 2017.

## **Registration**

Since 2002, an ambitious programme of registration of the social work and social care workforce has been underway. The Scottish Social Services Council is the national professional registration body for social workers and social services staff. Appendix 3 sets out the progress of the Council in meeting the requirements of the workforce registration and the timescales for the remainder of the programme.

**Appendix 1 - Public Protection Strategic Partnerships and Monitoring Arrangements**

**Diagram 1 – Strategy and planning groups**



**Diagram 2 – Public protection groups**



## Appendix 2 – Statutory Complaints Analysis

### SUMMARY:

The following table sets out the number of social work complaints over the last three years dealt with as frontline resolutions (stage one); the number of complaints that required formal investigation (stage two); and the number of complaints referred to a Complaints Review Committee. The Social Work Advice and Complaints Service also respond to enquiries made by the public, and by elected members (MPs, MSPs and Councillors) on behalf of their constituents.

Many of the contacts received from Councillors, MPs and MSPs are recorded as an enquiry.

	2014/15	2015/16	2016/17
<b><u>Stage One Frontline Resolutions</u></b>	243	173	67
<ul style="list-style-type: none"> <li>• Health and Social Care</li> <li>• Communities and Families</li> </ul>	96	66	26
<b><u>Stage Two Investigations</u></b>	125	114	87
<ul style="list-style-type: none"> <li>• Health and Social Care</li> <li>• Communities and Families</li> </ul>	84	60	49
<b><u>Complaints Review Committees</u></b>	5	5	14
<ul style="list-style-type: none"> <li>• Health and Social Care</li> <li>• Communities and Families</li> </ul>	4	8	11
<b><u>Scottish Public Services Ombudsman</u></b>		1	2
<ul style="list-style-type: none"> <li>• Health and Social Care</li> <li>• Communities and Families</li> </ul>	1 1	3	1
<b><u>Enquiries</u></b>			
<ul style="list-style-type: none"> <li>• Health and Social Care</li> <li>• Communities and Families</li> </ul>	79 23	219 76	155 62

In addition to the 136 stage two complaints formally responded to during 2016/17, a further 93 complaints were completed through stage one frontline resolutions. The service, taking a lead from the Scottish Public Services Ombudsman, continues to seek frontline resolution to complaints; to deliver improvements using analysis of outcomes to support service delivery; and to drive service quality improvements.



The service responded to 217 enquiries made by the public, and by elected members (MPs, MSPs and councillors) on behalf of their constituents. The service recorded 8 positive comments made by the public.

	2014/15	2015/16	2016/17
<b><u>Positive Comments</u></b>	18	20	8
<ul style="list-style-type: none"> <li>• Health and Social Care</li> <li>• Communities and Families</li> </ul>	1	1	0

During 2016/17, the Social Work Advice and Complaints Service continued to improve the way it operates by:

- liaising with colleagues in other Council service areas to implement the Scottish Public Services Ombudsman's model complaints handling procedure, and to implement the Council's policy on Managing Customer Contact in a Fair and Positive Way
- encouraging localised frontline resolution of complaints in service areas
- improving the recording of enquiries from elected members
- upgrading the complaints database to enable more effective management of complaint activity information, including service improvements
- providing information on complaint activity in targeted service areas for operational managers
- increasing joint working with other Council service areas and NHS Lothian to improve joint complaints handling
- reporting to elected members the service improvements achieved because of Complaints Review Committee recommendations
- learning from outcomes of Scottish Public Service Ombudsman investigations
- providing training in complaint investigation for social work managers in the model complaints handling procedure and the Council's policy on Managing Customer Contact in a Fair and Positive Way
- participating in the work of the Corporate Management Complaints Group
- updating and improving the Council's social work complaints webpage to reflect the Scottish Public Services Ombudsman model complaints handling procedure

During 2017/2018, the coordination of complaints for all social work services will revert to the operational service areas (Health and Social Care Partnership, Communities and Families and Safer and Stronger Communities). This brings complaints handling in these services into line with other Council provision, and will allow for a greater focus on quality assurance by the Chief Social Work Officer, who will no longer oversee the coordination of and responses to complaints.

## **HEALTH AND SOCIAL CARE**

### **Summary Information:**

During 2016/17, Health and Social Care completed:

- 87 formal stage two complaint investigations; this represents a decrease of 24% on the previous year
- 67 complaints were completed as frontline resolutions
- 155 enquiries were resolved
- 8 positive comments

The level of complaints received is set against a background of service provision volume in the following key areas:

### **Social Care Direct:**

- Approximately 62,800 contacts were received by Social Care Direct. This reflects a 7% decrease on last year when 67,800 contacts were received.

### **Practice Team, Sector Based Social Work Services:**

- 5,321 assessments were carried out by practice teams (Sector Teams, Residential Review Team), which is a 10% decrease from last year when 5,894 assessments were carried out.
- 3,880 reviews were carried out, representing a 4% decrease on last year when 3,534 reviews were carried out, giving a total figure of 8,701.

### **Home Care Service:**

- 4,575 people received 48,537 hours' home care service each week, either from the Council's Home Care and Support Service or purchased by the Council from the independent sector. This represents a decrease on last year in the number of people receiving support at home and in the hours of support delivered.

### **Residential Care Homes:**

- 357 adults aged under 65 years were supported in permanent care home places (all service user groups) representing a 15% increase from last year.
- 3,679 adults aged 65 and over were supported in long term care home placements, which is a 2% increase on last year. Of these, 704 had a placement in a Council run care home at some point in the year, which is an increase on last year.

### **Criminal Justice Services:**

- 2,755 people were supported through open community orders by criminal justice social work; this represents a 14% increase from support given last year.
- Criminal justice staff completed 2,547 social work reports to support decision making by the courts, representing a 4% decrease from last year.

### **Direct payments:**

- Approximately 1,268 adults and 91 children received a direct payment, which is a 27% increase on last year.

### **Support to Carers:**

- There were 700 carers who received a carer's assessment and support plan in 2016/17. This is a 40% increase on the number of carers assessed last year. Additional carers will have also been assessed as part of a joint assessment with the person they care for. Support to carers will continue to be a development priority over the next few years with the introduction of the Carers (Scotland) Bill.

### **Occupational Therapy:**

- Community and specialist teams carried out Occupational therapy assessments for 2,130 individuals to identify support needs, including adaptations, equipment and services required.

### **Timescales:**

The Social Work Advice and Complaints Service continue to work with senior managers to improve complaint response times. In 2016/17, Health and Social Care responded to 31.03% of complaints in 20 working days; 41.38% with an extension agreed by the complainant. 18.39% of complaints were not completed in the targeted timescale. 9.2% of complaints were withdrawn by the complainant.

### **Outcomes:**

Of the complaints formally investigated 20 (23%) were upheld, 44 (51%) were partially upheld and 15 (17%) were not upheld. 8 (9%) of complaints were withdrawn.

### **Complaint Trends:**

#### **• Practice Teams:**

There were 30 complaints completed regarding practice teams. This represented a 39% decrease from last year.

<b>Complaint related to:</b>	<b>Number of Complaints</b>
Adult Protection	1
Report Content	1
Review of Service	1
Multiple Issues	1
Professional Practice	3
Lack of Response	3
Service Provision	1
Staff / Professional Practice Issues	1

Assessment: Decision	5
Consultation / Communication	1
Decision of Practice Team	7
Funding Issues	2
Assessment: Delay	2
Finance: Charging	1
<b>Total</b>	<b>30</b>

- **Home Care:**

During 2016/17, there were 5 complaints completed regarding the Council's Home Care Services. This is a 55% decrease from last year. There were 11 complaints regarding Care at Home services purchased from external providers. This is a 57% increase from last year. Complainants may choose to contact the Care Inspectorate directly to report their concerns relating to purchased services.

- **Respite Care:**

During 2016/17, one complaint was completed regarding residential respite care services: this was about older people's residential services.

- **Occupational Therapy Services:**

During 2016/17, there were 2 complaints regarding occupational therapy, which represents a 100% increase on last year's 1 complaint.

- **Residential Care:**

During 2016/17, there were 8 complaints completed for older persons' residential care services. A 100% increase on last year's 4 complaints. There were no complaints undertaken regarding residential care services for people with a disability.

Complaints are an important part of quality assurance. They provide an opportunity for services to improve, based on feedback of personal experiences of service users, carers and families. The Council's social work services are required by statute to report annually on complaints received from service users, would-be service users, their carers and representatives. This report meets that requirement. Appendix 2 sets out performance data and commentary.

The following are some examples of improvements that Health and Social Care has undertaken to make as a result of complaints relating to adult services.

- To address the lack of clarity regarding financial information provided to family in advance of selecting a care home, the financial process will be highlighted to the allocated worker and to other workers in the team involved in arranging care home placements.

- The implementation of a robust audit procedure for residents' items placed in care home safes.
- The Self-Directed Support leaflet is to be redrafted to include more information for service users, their families and staff. Additional training is to be provided to practitioners in relation to direct payments.
- The development of a robust procedure for the "Moving On" policy so that it is applied in a uniform way for people who are ready to leave hospital.
- A review of the process for replacing/repairing essential equipment to ensure a speedier response.
- The new direct payment letter will be amended for respite cases to ensure the person's contribution is clear. Assessors will be reminded that where a contribution is unknown when completing a support plan, they must inform the person that the final payment could be slightly less. Where a payment is known to be late/behind schedule, the person will be notified.
- All staff involved with call handling will be provided with a copy of the 'Calling an Ambulance Procedure' as a reminder of the correct action to take, including an emphasis on contacting the next of kin.

## **COMMUNITIES AND FAMILIES**

### **Summary Information:**

During 2016/17, Communities and Families completed:

- 49 formal stage two complaint investigations. This represents a decrease of 18% on the previous year.
- 26 complaints were completed as frontline resolutions,
- 62 enquiries were resolved.

The level of complaints received is set against a background of service provision volume in the following key areas:

### **Practice Teams:**

- around 3,400 children and family cases managed by practice teams as at 31 March 2017
- approximately 1,343 child protection referrals
- approximately 200 reports per month submitted to the Authority Reporter.

### **Accommodated Children and Young People:**

- 1,372 children and young people 'looked after' by the Council (347 at home, 1025 away from home)
- 584 children in foster care
- 83 children in residential care
- 9 children in secure accommodation
- 320 children placed with kinship carers
- 24 children with prospective adopters
- 6 children in 'other' settings (e.g. in community)

### **Young People's Service:**

- 791 young people discussed at multi-agency pre-referral screening (early intervention)
- 404 referrals received
- 417 risk assessments undertaken
- 60 risk management case conferences held for young people under the age of 18

### **Timescales:**

Communities and Families completed 73% of formal complaints in 20 working days or an agreed extension, in accordance with the statutory regulations – 10 (20%) were completed in 20 working days; 26 (53%) were completed with an extension agreed by the complainant; 8 (16%) of complaints were not completed in the targeted timescale; 5 (10%) complaints were withdrawn.

### **Outcomes:**

Of the complaints completed, 20 were not upheld (41%), 18 were partially upheld (37%) and 6 were upheld (12%).

### **Complaint Trends:**

There were 24 complaints completed regarding social work practice teams. This represents 48% of the total. These related to staff practice; communication; service provision; decision making; foster carers' concerns; breach of confidentiality; and funding issues.

Three complaint investigations were completed regarding Family Based Care services. This represents 6% of the total complaints formally investigated. These related to staff practice; decision making; and foster carers' concerns.

Three complaints were completed from accommodated young people who were either in residential or secure services. This represents 6% of the total complaints formally investigated. These related to decision making; staff practice; and restraint.

Four complaints were completed regarding disability services; this represents 8% of the total. The matters related to decision making; funding issues; and service provision.

The following are examples of improvements underway in children's services, based on complaints received.

- Practice team managers will review the Section 23 statutory report list and communicate regularly with parents when there is going to be a delay. The Section 23 scoring model will be improved.
- Breach of confidentiality – staff have been reminded of the information that can be shared when preparing permanence reports and other relevant documentation.
- Plans have been put in place to ensure improved communication between staff and families for when an agreed service is to be delayed or changed. Arrangements have been made for work to be covered when a member of staff is off sick.
- Practice team leaders to ensure that where siblings are involved, each child is recorded and dealt with separately and any decisions communicated timeously to the family. The process for recording self-directed support reviews is being reconsidered to ensure that children do not fall through any

gaps. When a child moves up an age banding, a 'milestone assessment', this is accurately recorded and reviewed at the correct time – this is a new process that is being developed and will be embedded in practice.

- Senior managers and team leaders in Family Based Care will remind workers that carer concerns must be relayed to practice team staff to ensure effective communication and resolution. A practice note and guidance are being developed regarding the process for requesting a Specialist Carers Fee.
- Complainants will be provided with a written copy of their support plan. Complainants' case files to be updated to show when they do not wish to receive unannounced visits.
- Review team staff will be reminded to keep their voicemail messages up to date.
- Newly approved carers will be supported in attending carer/development groups. Carers should be made aware that participation in these groups is an agency expectation

### **Complaints Review Committees:**

If a complainant is not satisfied with the Council's response, s/he may request that the case be heard by a Complaints Review Committee. The Complaints Review Committee is made up of three independent lay members, drawn from a wider panel. The law has now been amended and Complaints Review Committees no longer feature in the complaints process. They will continue to operate for those complaints referred before 1 April 2017, but there will be a steady decline in numbers over 2017/18.

Twenty-Five Complaints Review Committees were completed during 2016/17. The recommendations of the Complaints Review Committee were then presented for ratification at the Council's Health, Social Care and Housing Committee for 14 Health and Social Care cases; and at the Education, Children and Families Committee for 11 Communities and Families cases. The Complaints Review Committee upheld the Council's position in six of the cases heard; in ten cases the complainant's position was partially upheld; and in two, the complainant's position was fully upheld.

The following actions were taken, following the upheld Complaints Review Committee:

- Practice team staff have been instructed to carry out annual reviews of service user direct payments, in line with department policy; and that any changes to direct payment amounts are to be communicated in writing.
- The accredited Telecare Service was utilised to ensure that procedures and audit are industry relevant and up to date. A continual programme of training and monitoring of call handlers has been embedded as part of the audit process.
- A service user's respite award was increased to better reflect the person's level of need. Furthermore, the mechanism of communicating any change to respite care guidance, for those persons accessing the service, is now more personalised, to take account of people's individual circumstances.
- The Council will now ensure that all meetings, relating to Looked After and Accommodated children are arranged in consultation with families.
- Recording of assessment outcomes or no assessment will be improved so that Social Care Direct is aware of situation with all service users.

- The Community Alarm Telecare Service committed to implementing a process of recording notes at informal meetings with relatives and carers following an initial complaint. Call handling procedures were re-issued to ensure staff ask appropriate questions after an activation, which will include questions such as 'are you in pain'. The service agreed to review the information left with service users in the 'Welcome Pack' and issue this to all people, as well as review the annual update form to include a specific question regarding the use of oxygen in the home, and prompt follow up questions to identify people's need / use of oxygen.
- The importance of clarity on financial processes was highlighted to all social workers completing assessments for those requiring residential or nursing home placements. The 'Paying for a Care Home' leaflet is provided to all service users considering a move to a care home.

### **Scottish Public Services Ombudsman**

In 2016/17, there were two complaints were investigated by the Scottish Public Services Ombudsman relating to Health and Social Care and one in relation to Communities and Families. In all three cases, the Council's position was upheld.



### Appendix 3 – Registration of the Workforce with the Scottish Social Services Council (SSSC)

The table below outlines: dates set for compulsory registration in each part of the register; the number of Council staff employed in the social services workforce; and the number who have achieved registration.

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Social workers	813	824	Relevant social work qualification is main criterion for registration. Registered numbers include employees who have chosen to register, but are not practicing social workers.	1 September 2005	3 years
Managers of residential child care	9	9		30 September 2009	5 years
Residential child care workers with supervisory responsibility	34	31	Registered numbers include staff located at Edinburgh Secure Services. One staff member is registered with the General Teaching Council Scotland and one with the Nursing and Midwifery Council.	30 September 2009	5 years
Residential child care workers	197	323	Registered numbers include Locum Bureau workers.	30 September 2009	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
Managers of care homes for adults	13	12	1 manager is registered with the Nursing and Midwifery Council (NMC)	30 November 2009	5 years
Managers of adult day care services	6	6		30 November 2009	5 years
Managers of day care of children services	104	22	Remaining managers are Head Teachers who are registered with the General Teaching Council Scotland	30 November 2010	5 years
Practitioners in day care of children	673	860	Registered numbers include supply workers	30 September 2011	5 years
Supervisors in a care home service for adults	57	66	Registered numbers include supply workers	30 March 2012	5 years
Support workers in day care of children services	125	150	Registered numbers include supply workers	30 June 2014	5 years
Practitioners in care homes for adults	213	184	Discrepancy in registered numbers is due to 29 current vacancies and newly recruited	29 March 2013	5 years

Section of Register	Number in Workforce	Workers currently registered	Comments	Date of Compulsory Registration	Renewal Period
			staff in the process of applying to register		
Support workers in care homes for adults	252	289	Registered numbers include supply workers	30 September	5 years
Managers of housing support services	7	6	One manager in the process of registering	31 January 2014	5 years
Managers of a care at home service	3	2	One manager in the process of registering	31 January 2014	5 years
Managers of a Combined Service	11	5	Discrepancy in registered numbers is due to 4 managers registered with NMC, two managers registered with Health Care Professions Council	31 January 2014	5 years
Supervisors in housing support and/or care at home services	120	120		30 June 2017	5 years
Workers in housing support and/or care at home services	1329	0	Register opens in October 2017	2020	To be confirmed

## Appendix 4 – Levels of Inspection by the Care Inspectorate for Council Registered Care Services

The table below sets out the levels of inspection by the Care Inspectorate of the Council's registered care services during 2015/16.

Key to grades: 1 – Unsatisfactory; 2 – weak; 3 – adequate; 4 – good; 5 – very good; 6 – excellent

Services can be inspected on up to 4 quality themes. Frequency of inspection varies to take account of type of service and performance of a service. Grades indicated represent grades achieved during inspection of each type of registered service.

	Number of Services	Number of Inspections	1 or more Grades 1 and 2	1 or more Grade 3	Grades 4 and 5	1 or more Grade 6
Adoption	1	1			1	
Care Homes (children and young people)	13	8		1	7	
Day care of children (early years) 3 of these were joint inspections with Education Scotland	102	45	1	2	33	9
Fostering	1	1			1	
Secure Accommodation	1	1		1		

Care at Home	4	2	1		1	
Adult Placements	2	2	1		1	
Care Homes (adults)	15	10	1	1	8	
Housing Support	7	2			2	
Offender Accommodation	1	1			1	
Support Services (Day Care)	8	2		1	1	
Combined (dual registration-housing support)	10	6			6	
<b>Total</b>	<b>165</b>	<b>81</b>	<b>4</b>	<b>6</b>	<b>62</b>	<b>9</b>

For adult services, grades of 2 and 3 will trigger a referral to the relevant multi-agency quality assurance meeting (care homes, home care or housing support) for scrutiny. Other triggers for referral are:

- a pattern of upheld complaints
- a single serious upheld complaint, e.g. adult protection
- a large-scale inquiry

The multi-agency quality assurance meetings share information on poor performing services, discuss and implement appropriate action, and monitor progress on improvements. The meetings make recommendations to suspend referrals to services until satisfactory improvements are made, and/or to terminate Council contracts. The decision on suspension and re-instatement is made by the Chief Social Work Officer.

Children's services graded 2 or 3, are similarly discussed at management meetings for Looked After and Accommodated Children, to consider required action on addressing issues.

### **The Role and Expectations of Social Work in the City of Edinburgh Council and the Edinburgh Integration Joint Board**

The effectiveness of services in improving people's life experiences is significantly enhanced when those services work together in a coordinated and integrated way. Meaningful joint working does not depend on formal system integration, although this can help to overcome some historical and organisational barriers.

Whether agencies integrate their processes, budgets and management, e.g. the Integration Joint Board for Health and Social Care, or whether they simply expect services to collaborate positively, e.g. children, community justice, health, employment, housing, etc., the most important requirement is a culture of cooperation, shared priorities and joint accountability.

More effective joint working does not mean the loss of specialist knowledge, expertise or professional responsibility, which remain essential to meet the complex needs of people who depend on public services. It is helpful, however, to remind ourselves of those actions and behaviours for which *all* staff are responsible, and to create clarity regarding when *specialist* input is required. For example, it is everyone's responsibility to understand the shared priorities to which they should be working; to follow agreed procedures; to comply with their codes of conduct; to pursue the highest possible standards of practice; to focus on the needs of people who depend on services; to operate in a culturally-sensitive way; to emphasise preventative approaches; and to be aware of the financial limitations and take responsibility for making decisions on eligibility and resource allocation.

It is also everyone's responsibility to understand and articulate clearly the contribution their profession makes and how their specific skills, experience and role fit in the wider context. This paper sets this out for social work and provides clarity regarding the statutory functions that are social work's responsibility, within integrated and collaborative working environments.

#### **Why a Registered Social Worker?**

Social workers are trained to provide support to children and adults in need or at risk, working with them and their communities and partner agencies to keep people safe and well, and to help them achieve their potential. They assist people to have control and influence over their own lives, recognising when it may be necessary to use statutory powers of intervention.

Social workers make assessments taking account of a range of factors, including balancing need, risk, and rights. They deal with behaviour that may be abusive or challenging, or reflective of extreme vulnerability; and they intervene to assist and to protect both individuals and communities.

The title 'social worker' is protected in law. To qualify as a registered social worker, an individual must hold an entitling qualification in social work, be registered with the Scottish

Social Services Council (SSSC) and comply with the SSSC Code of Practice for Social Service Workers.

This provides both probity of actions and assurance to individuals and the wider public that judgments about intervening in families to provide protection, depriving individuals of their liberty or managing offenders are being made by people who are suitably trained, experienced and professionally qualified to take decisions that will have a major impact on people's lives.

This does not in any way diminish the contribution of anyone else involved in an individual's support and protection, nor does it mean that it is only in this way that registered social workers contribute. It clarifies the lines of accountability for specific statutory social work functions. It is for Chief Executives, elected members, Chief Social Work Officers and line managers to ensure that whatever the configuration of services or functions, only registered social workers are delegated accountability for the exercise of these functions. These requirements apply equally to staff providing health and social care services delegated to the Integration Joint Board as it does to the Council's children and community justice services.

Set out below are illustrations of the areas of work that require the intervention of a registered social worker, followed by a framework of accountability and governance for the work. The last section is an explanation of how the role of the local authority Chief Social Work Officer fits in the framework and is expected to function across the complex landscape of delegated and non-delegated services.

## **The Role of the Registered Social Worker in Statutory Interventions**

### **Care and Protection**

Careful and complex decisions as to when and how to intervene in the lives of individuals and families may have far-reaching consequences and fundamentally affect the future course of their lives. Several agencies and professionals will contribute to the process. However, it is important for the assurance of all involved, that *accountability* for these important decisions and the subsequent exercise of statutory functions lies with a suitably qualified and trained professional – a registered social worker.

So, where either children or adults are:

- in need of protection; and/or
- in danger of serious exploitation or significant harm; and/or
- at risk of causing significant harm to themselves or others; and/or
- unable to give informed consent

a registered social worker must retain accountability for:

- carrying out enquiries and making recommendations where necessary as to whether a person requires to be the subject of compulsory measures
- implementing the social work component of a risk management plan and taking appropriate action where there is concern that a multi-agency plan is not being actioned
- making recommendations to a children's hearing or court about whether a child should be accommodated away from home
- making recommendations on behalf of the local authority to a children's hearing or court about permanence, the termination/variation of supervision orders

- carrying out the measures identified in the Adoption and Children (Scotland) Act 2007 and The Looked After Children (Scotland) Regulations 2009.
- Make recommendations to court under the Adults with Incapacity Act (Scotland) 2000 as to whether formal proxy decision-makers are required to protect the welfare and/or financial affairs of adults who lack capacity to make these decisions for themselves.

## **Community Justice**

Criminal justice social work relies on partnership working, with a range of professionals working with offenders. The functions set out below reflect the criticality of decision-making regarding effective assessment and management of risk, and are carried out by registered social workers who are best placed to ensure safe and accountable practice.

Within community justice, a registered social worker must retain accountability for:

- provision of all reports to courts that could have an impact on an individual's liberty
- provision of all reports to the victims, witnesses, parole and life sentence division of Scottish Government, as they could impact on public safety and/or on an individual's liberty
- investigation, assessment, review and implementation of risk management plans and supervision of those who will be subject to statutory supervision on release from prison
- case management in respect of people subject to statutory orders or licences and who are considered to pose a risk of serious harm.

## **Mental Health, Adults with Incapacity and Adult Protection**

Mental health is an area of practice with functions reserved in law to suitably qualified social workers. Only registered social workers with an *additional* qualification may:

- carry out the duties of a Mental Health Officer as set out in the Adults with Incapacity Act 2000, Mental Health (Care and Treatment) (Scotland) Act 2003 and the Criminal Procedures (Scotland) Act 1995
- carry out the duty to enquire into individual cases where adults with mental disorder may be at risk from others or whose property is at risk or who are putting themselves at risk.

'Council Officers' with specific duties under the Adult Support and Protection (Scotland) Act 2007

- carry out inquiries into the circumstances of adults at risk of harm to establish actions required to stop or prevent harm
- coordinate multi-agency responses by developing and reviewing multi-agency support and protection plans.

## **Practice Governance Framework: Responsibility and Accountability in Social Work Practice**

### **1. Risk, Discretion and Decision-making**

Risk is an essential and unavoidable part of everyday life. Social workers are accountable for maintaining professional standards and the quality of their work. A focus on assessment and prevention helps to identify and manage risk. Social workers need to be



empowered and supported to make well informed decisions, using their professional judgement and discretion within a framework of accountability. A fundamental core value of social work is the principle of self-determination. Human growth and development are dependent on the opportunities available for individuals to take risks. For adults, effective risk management should allow people to live their life to the full, as long as this does not prevent others from doing the same. Social workers use assessment tools and professional judgement to achieve desired outcomes and minimise potentially harmful ones. Risk management does not necessarily seek to eliminate all risks or to safeguard *at all costs*, but takes a balanced approach to identify and differentiate between manageable and unmanageable risk to the individual and to others.

For children, or where an adult lacks capacity to understand, social workers must apply their professional judgement in a way that takes account of this additional dependency and vulnerability.

Where serious or complex risk is identified, for example when managing the risk posed by serious offenders, there is a shared responsibility to assess and manage this on an inter-agency basis.

### **Social workers should:**

- Uphold professional social work values and ethics in their practice
- Exercise, justify and record professional judgements and decision making
- Use as a basis for approach to risk, discretion and decision making:
  - legislation, protocols, codes, guidance
  - social work theory, models, practice
  - best knowledge-based practice
  - evidence
  - informed opinion
- Develop and maintain knowledge, skills and competence, recognising and working within the limits of their competence.

### **What does this look like?**

- It is understood, including by elected members, that risk is inevitable and that there is a structure that promotes appropriate risk-taking, supported by evidence-based risk assessment
- Considered risk-taking weighs up the potential benefits or disadvantages of each course of action
- Individuals' understanding and capacity to share risk are routinely explored and considered in decisions made about social work intervention with them
- Practice is reviewed openly when things go well or go wrong, and learning is identified and shared
- Social workers demonstrate enhanced critical decision making skills, backed up by sound evidence and best practice
- There is clear guidance and understanding of working with risk, including child and adult risk assessment and management
- Social workers have the appropriate skills and training to:
  - carry out risk assessment tasks

- use their discretion effectively to develop innovative, personalised solutions in conjunction with partners and people who need support
- make and justify their decisions
- There is an up to date and accurate record and analysis to support decisions made.

## **2. Self-regulation**

Social workers must manage and prioritise work; justify and be accountable for practice; and

evaluate their effectiveness in meeting organisational requirements and the needs of individuals, families and communities, through safe, effective and personalised practice.

### **Social workers should:**

- Comply with all relevant Codes of Practice, legislation, standards, training, organisational and inter-organisational guidance
- Maintain professional registration and comply with post registration training and learning requirements
- Take responsibility for their own practice, learning and development
- Reflect and critically evaluate their practice, and be aware of their impact on others
- Acknowledge and address risk to themselves and others
- Maintain appropriate relationships and personal boundaries with people who use services
- Demonstrate emotional resilience in working with challenging situations and behaviours
- Use supervision and peer support to reflect on and improve practice
- Seek assistance if not able to carry out an aspect of work, or not sure how to proceed
- Use the authority of their role in a responsible and respectful manner.

### **What does this look like?**

Social workers:

- Carry out duties using accountable, professional judgement, based on social work knowledge, skills, practice and values, complying with relevant Codes of Conduct, legislation, guidance, etc., working in a safe and effective manner
- Are aware and consider the impact of their own values, prejudices, ethical dilemmas and conflicts of interest on their practice and on other people
- Challenge discrimination, disadvantage and other forms of inequality and injustice
- Maintain clear and accurate records and provision of evidence for professional judgements, in an accessible and appropriate manner
- Use risk assessment policies and procedures to address whether behaviours of people who use services present a risk of harm to themselves or others
- Manage proactively their own training and development needs as an integral part of their job.

## **3. Developing Knowledge and Skills**

Continuous learning and development are essential to improving outcomes for individuals, families and communities. Engaging in learning and development, linked to organisational and individual priorities and objectives, supports service improvement.

**Social workers should:**

- Routinely review and update knowledge of legal, practice, policy and procedural frameworks
- Use supervision to reflect on practice and use critical analysis to support social work interventions
- Keep up to date with relevant research through reading journals, learning from other professionals, and listening to service users
- Continually evaluate and learn from practice
- Engage in critical analysis and research.

**What does this look like?**

- There is a learning culture in the workplace, which promotes and supports continuous improvement in practice and performance, including opportunities for critical feedback on that culture
- Social workers make effective use of the SSSC Continuous Learning Framework and are involved in professional networks
- There is a strategy for learning and development, based on the learning needs of social workers, the workforce planning needs of the organisation, and local and national priorities developed by Chief Social Work Officers, social workers and people who use services and their carers
- The impact of learning on practice is evaluated systematically, and is used to inform planning
- Social workers at all levels contribute to the continuous improvement of practice
- There is a clear link between organisational and operational priorities and objectives, personal learning and development plans, and activities
- The working environment promotes engagement in research and evidence-based practice.

**4. Guidance, Consultation and Supervision**

Reflective practice, an environment that promotes wellbeing, a healthy work/life balance and appropriate accountability, support improving practice and ongoing professional development. 'Effective supervision is the cornerstone of safe social work practice. There is no substitute for it'. Lord Laming in his inquiry report into the death of Victoria Climbié (2003).

**Social workers should:**

- Actively seek, and engage fully with, supervision on a regular basis to reflect on their practice and identify areas for development
- Undertake regular analysis and assessment of the quality of their practice, including reflection on engagement and interventions with people: what is going well; what requires to change; and identifying and addressing barriers to safe and effective practice
- Manage and prioritise their workload in ways that are consistent with organisational policies and priorities.

**What does this look like?**

- Organisational policies, priorities and standards are formally recorded, communicated, evaluated and audited on a regular basis, and the results are made known to managers and social workers
- Casework is formally recorded and audited periodically by senior managers
- The role of the Chief Social Work Officer in providing professional advice and guidance, and how these can be accessed, is clearly communicated and understood
- Social workers routinely consult with their peers and others to inform practice, share lessons learned and meet continuing professional development needs
- There is a formal supervision policy, communicated, and understood, which:
  - reviews workload and associated stress levels, balances best practice requirements with organisational policies, procedures and priorities; and supports professional judgement and continuous development
  - specifies the minimum time and frequency of supervision for all social workers/other staff/staff with particular needs
  - requires managers to record when and why sessions are cancelled/cut short
  - makes clear that this is a reflective process, and both managers and social workers should undertake appropriate preparation by analysing their practice, identifying challenges and potential solutions, and considering development needs
  - requires the main points raised to be recorded and signed by both manager and social worker
- There is a clear process for handling professional disagreement, including the role of the line manager and Chief Social Work Officer in providing advice and support with respect to professional standards and decision-making
- There is clear guidance on how this is recorded
- Social workers are encouraged to raise issues and seek guidance from their supervisor outwith formal supervision, and the organisation has systems in place to allow the reporting of anything that might impede safe and effective practice.

## **5. Information-sharing and Joint Working**

Effective information sharing and joint working across different agency boundaries are essential to the provision of high quality integrated care and support. They are also an important aspect of local multi-agency systems of child, adult and public protection.

### **Social workers should:**

- Take the necessary action to understand the roles and responsibilities of key colleagues in other agencies and services
- Recognise significant information relating to child, adult and/or public protection and communicate it timeously to other key agencies and services
- Respect the contribution of colleagues from different disciplines
- Actively promote and co-operate fully in joint working to ensure people receive personalised and collaborative services
- Understand and apply agency policy for handling and sharing sensitive or highly confidential data
- Identify dilemmas of respecting confidentiality and the importance of information sharing, and seek support to address these issues.

## **What does this look like?**

- High quality integrated services are delivered through effective partnerships
- Good, regular multi-agency training is in place
- There are effective links within and across agencies and services to monitor and manage risk
- There is good use of technology to support information sharing and joint working promoting integrated and single assessment processes, such as MAPPA, or Single Shared Assessment
- All agencies promote the uptake of “universal” supports and services where appropriate
- Partners have good systems to resolve operational disagreements with appropriate recourse to senior managers when needed
- Accessibility to services is straightforward and personalised
- Confidentiality and privacy are respected, with due regard to legislation on Data Protection, Human Rights and Equalities.

## **The Role of the Chief Social Work Officer**

The overall objective of the Chief Social Work Officer post is to ensure the provision of effective, professional advice to local authorities and Integration Joint Boards – elected members and officers – in the authorities’ provision of social work services. The post should assist authorities in understanding the complexities of social work service delivery – including issues, such as corporate parenting, child protection, adult protection and the management of high risk offenders – and the key role social work plays in the achievement of national and local outcomes.

The Chief Social Work Officer also has a role to play in overall performance improvement and the identification and management of corporate risk, as far as this relates to social work services. Clarity and consistency of the purpose and contribution of the Chief Social Work Officer are particularly important, given the diversity of the service landscape.

The Chief Social Work Officer is a ‘proper officer’ in relation to the social work function: an officer given responsibility on behalf of a local authority, where the law requires the function to be discharged by a specified post holder.

The Chief Social Work Officer is responsible for providing professional leadership and should:

- support and contribute to evidence-informed decision making and practice – at professional or corporate level – by providing appropriate professional advice
- seek to enhance professional leadership and accountability throughout the organisation to support the quality of service and delivery
- support the delivery of social work’s contribution to achieving local outcomes
- promote partnership working across professions and agencies to support the delivery of suitably integrated social work services; and promote social work values across corporate agenda.

# Chief Social Work Officers in Local Authorities: Annual Reports 2015-16 A Summary

Produced by the Children and Families Analysis Team in the  
Scottish Government with the Office of the Chief Social Work Adviser



May 2017

0

# Contents

Foreword by Alan Baird, Chief Social Work Adviser, Scottish Government (March 2013 - April 2017) Page 2

<b>SECTIONS</b>	<b>Page</b>
1. Summary of main messages and reflections from the reports	3
2. Partnership Structures and Governance Arrangements	7
3. Social Services Delivery Landscape	12
4. Finance	16
5. Service Quality and Performance	22
6. Delivery of Statutory Functions	24
7. User and Carer Empowerment	27
8. Workforce Planning and Development	31
<b>ANNEXES</b>	
ANNEX 1 Relevant References and Links	36
ANNEX 2 CSWO Annual Report Template and Guidance 2015-16	37

## Foreword by Alan Baird, Chief Social Work Adviser, Scottish Government – (March 2013 - April 2017)

The reports by CSWOs indicated that 2015-16 was a year of significant change and challenge as local authorities continued redesigning structures and prioritising, streamlining and re-aligning services. In line with Public Service Reform and their commitment to service improvement, local authorities are clearly focussed on developing new care models and new ways of joint working, informed by adults and children using services and by the workforce. A need to further shift the culture towards self-directed support and empowerment was acknowledged, with some reports already evidencing the benefits of SDS for people using services.

Most CSWOs reported significant pressures in balancing improvement and early intervention whilst facing increases in service demand at a time of continued fiscal constraint.

CSWOs report a more settled role within newly integrated health and social care structures, with significant involvement in budgetary decisions. Integration has increased their responsibilities particularly through an increased requirement for representation on strategic groups. Reports highlighted that CSWOs remain instrumental in providing professional advice and support for social workers as well as maintaining and supporting effective approaches to professional development and governance.

I hope this summary report is helpful in collating and promoting the important information that CSWOs share through their Annual Reports and that it helps readers reflect on what is working well across Scotland. It lets us identify common and individual challenges and it facilitates learning around delivery.

The challenges for the sector are significant, as are the opportunities to work differently and more sustainably through earlier intervention and a holistic approach to providing care and support. These reports highlight the benefits which can be achieved whilst recognising the effort required to ensure resilient and high quality services and a skilled and valued workforce.

The role of the sector has never been so vital and it requires to demonstrate, and be supported by, strong and effective leadership both locally and nationally. As I leave my role as the Scottish Government's Chief Social Work Adviser, I remain optimistic and inspired by the high-quality care and support delivered across Scotland and by the high degree of motivation and co-operation found in those working in local authorities and across the independent and third sectors to sustain and build on this most vital of Scotland's public services.



# 1. Summary of main messages and reflections from the reports

This section provides a summary of the key challenges and developments that the CSWOs chose to focus on in their 2015-16 reports. Examples of challenges and developments from specific local authorities are provided throughout the report.

## *Resource Pressures/Challenges*

- Increasing financial pressures and meeting increased demand/public expectation was challenging for most CSWOs
- Integration requires a meaningful transfer of resources from acute health services to community-based health and social care
- Balancing early intervention/prevention whilst meeting current need
- MHO recruitment issues and workload pressures due to implementation of new legislation
- Implementation of living wage
- Community/Criminal Justice reform
- Rising complexity of need in children, young people and older people
- Some pressure on care at home services – demand outweighing supply – but also some reports of financial and staff investment in these services
- SDS challenging to deliver in time of financial pressure
- Brexit uncertainty – potential impact on finances
- High pressure areas are older people, adults with learning difficulties, care at home and care home services
- Extending support to care experienced young people causing some resource concerns - being closely monitored by LAs

## *Managing Change*

- Service redesign is underway in many LAs – driven both by efficiencies and resource constraints
- Implementing legislative changes and integration is generally challenging
- Good evidence of new delivery models to support early interventions and to deliver SDS (planning/commissioning improvement activity evident)
- CSWOs report having a key role in integrated partnerships and on budget setting/decisions
- CSWOs playing a key role in providing support and clear direction to social work professionals
- Work reported on criminal/community justice reform – to embed change
- Challenges around implementing named person, child's plan
- LAs thinking about new Carer Act and its implementation/impact

## *Workforce*

- Recruitment and retention remains a significant issue for many CSWOs – particular rural issues – activity to address this reported
- Some challenges around recruiting foster carers/adopters
- CSWO workloads increasing and role more challenging under integration
- Many reports highlight challenges for staff in relation to structure/line management changes as a result of integration
- Some investment in staff training around SDS and outcomes approaches

- Workforce planning remains challenging – some CSWOs playing a leading role in planning
- CSWOs report some collaborative workforce development which is benefitting health and social care staff and supporting joint working
- Some evidence of improving leadership (through investment) and succession planning at all levels
- Several reports highlight use of workforce surveys

### *Improvement*

- Most reports have early intervention/prevention central to the year's activity - early intervention being seen in both children and adult services
- Some report that Integration allowing more effective use of resources
- Engagement with users/carers/key partners in service planning/delivery seen as more critical given financial constraints and consultation evident in the reports – also driven by Community Empowerment Act
- Increased focus on empowering individuals but recognition more needs done
- Most reports reflect positive relationships with the Third Sector
- Evidence of staff being more involved in service redesign
- SDS reported as impacting positively on users and delivery partners – evidence LAs appreciate culture change required for SDS
- Some reports mention that early intervention reduces pressure on services
- Many examples of consultation with children to improve services
- Improving dementia services important for many partnerships
- Improving an outcomes-based approach is a key/current issue for many LAs
- Evidence of learning across LAs/Partnerships and from outside Scotland –also evidence of Scottish activity being promoted outwith Scotland

### *Service Performance*

- All reports indicate a wide range of quality assurance activity
- Many highlight that a culture of self-evaluation & continuous improvement is embedded across all services

## Examples of common challenges

### North Ayrshire

*“Balancing prevention and early intervention with the needs of those already vulnerable and at risk is increasingly difficult as budgets constrict further.”*

### City of Edinburgh

*“The integration of health and social care provides unprecedented opportunities to shift resources to align with partners’ shared ambitions to support people to live at home. Its success will be manifest in greater coordination and focus on joint priorities; however, it will also be entirely dependent on a realistic and meaningful shift of resources from acute health services to community-based health and social care. In a climate of extreme pressure on all aspects of public services, achieving this shift will be very challenging.”*

### East Renfrewshire

*“ The commitment of the Scottish Government to implement the Living Wage, a level of pay for social care staff above the statutory minimum wage will present a significant challenge at a time of reductions overall in funding to local government. “*

### Moray

*“During 2015/16, the key challenges for Community Care were: taking forward integration with Health, providing complex care for people with Learning Disabilities, Mental Health and Autism, providing care at home for increasing numbers of older and frail people and continuing to roll out changes associated with Self Directed Support.”*

### Glasgow

*“The challenge and opportunity presented by the establishment of the Integration Joint Board and Health and Social Care Partnership. Traditionally health colleagues have been much clearer about clinical and professional governance and the need to take cognisance of professional views in making decisions about service delivery, and in providing professional leadership for staff separate from general management than local authority social work services. Consequently, in the context of the integration of health and social work services, now required by legislation, there has been some anxiety across social work services in Scotland that the less well developed professional identity in social work services may lead to social work not being afforded the same status as professionals within partnerships.”*

### Examples of key developments

Whilst reports indicate that financial pressures have posed challenges for the sector, some CSWOs also reported that the pressures have provided opportunities for innovation in service delivery and that steps are in place to ensure that the quality of service is not compromised.

#### **Aberdeenshire**

*“In spite of a challenging financial climate Aberdeenshire’s social work service has been supported to deliver a diverse range of services of commendable quality. Alongside this investment, officers have continued to modernise approaches to service provision, and have created a range of innovative projects that meet the changing needs of the public of Aberdeenshire and which articulate with the Scottish Government’s legislative and Policy requirements. In addition, external scrutiny and internal self- evaluation continues to evidence a service that is performing to a high standard.”*

## 2. Partnership Structures and Governance Arrangements

This section covers partnership structures and governance arrangements. The reports mentioned a range of partnerships, with most also highlighting arrangements and/or actions that have been taken to engage with and involve users, carers, communities and the Third Sector, who are seen as critical partners in service development and delivery.

The range of strategic partnerships mentioned in relation to service planning included:

- Health and Social Care Integration Authorities
- Public Protection Committees (including the respective Adult and Child Protection Committees)
- Multi Agency Public Protection Arrangements (MAPPA)
- Alcohol and Drug Partnerships
- Community Safety Forums
- Integrated Children's Services Group
- Community Planning Partnerships

### Partnership Structures

Many CSWOs reports highlighted the importance of partnership working to the delivery of effective social work services. There is evidence of wide stakeholder engagement and local participation in the reports with some Authorities having an established engagement strategy. Meaningful engagement of people who use services in service planning, design and delivery was a recurring theme in the reports. Some reports acknowledge that this is even more critical with the shift in the balance of care from residential to community-based care and self-directed support. There is also good evidence of engaging early with carers to ensure effective implementation of the Carers (Scotland) Act 2016 which comes into effect on 1 April 2018.

### Health and Social Care Partnerships

Following the approval of proposals for integration schemes most CSWOs report on major developments and restructuring happening within their local authorities to accommodate the changes required by new policies and legislation. Most reports mention both opportunities and challenges created by integration. Activity to aid transition included:

- working with the social care workforce to develop a clear care governance framework
- promotion of professional development opportunities
- developing a strong sense of professional identity for staff and reinforcing their contribution in the integrated service context
- establishing groups to improve integrated planning processes
- strengthening the visibility of senior managers
- developing strong partnerships with the Third Sector around delivery

## East Ayrshire

“The membership [of Strategic Planning Group] includes a health professional, user of health care, unpaid carer, commercial and non-commercial provider of healthcare, social care professional, commercial and non-commercial provider of social care and housing services and a third sector representative. In addition, to the membership prescribed by the legislation, representatives from the employee side, finance and acute sector were also agreed.”

## Partnerships in Criminal/ Community Justice

Most CSWOs reports in 2015-16 mention delivery of community justice services under the old framework. There are however clear plans to transition to the new model in 2017 and CSWOs appear to be playing a critical role in some local authorities to ensure a smooth transition.

CSWOs report that work is being undertaken in LAs to ensure that criminal justice will smoothly transition and embed into the new community justice arrangements. Some IJBs have incorporated all adult social work services, including community justice, within Integration Partnerships.

## Scottish Borders

“In Criminal Justice services, a full service review has been undertaken and staffing adjustments made to reflect the workload demands and to ensure a clearer focus on quality assurance processes, including file audit. Improved performance data for reporting has been developed. Good progress has also been made in preparation for the new Community Justice arrangements to be established in 2017 including consultation on the new proposals and service developments.”

## Falkirk

“During 2015-16, Community Justice and the new delivery model has been driven forward within the council. A reducing re-offending group – chaired by the CSWO – has focussed on the key tasks....In relation to my responsibilities as Head of Criminal Justice, I attend Community Justice Authority meetings and also chair MAPPA Level 3 meetings as well as attending the MAPPA Strategic Oversight Group. Criminal Justice issues are reported (within the Council) by Chief Social Work Officer membership of the Chief Officers Public Protection Group. The Community Justice Strategy Group is a newly formed group to assist us to move from reporting arrangements with the Community Justice Authority to transferring reporting arrangements to the Community Planning Partnership. Work will be ongoing throughout 2016 to both extend and embed the remit and reporting processes.”

## Third Sector and User Groups

The CSWO reports demonstrate a high level of consultation work with service users, carers and other stakeholders. This is covered in more detail in the Section on User and Carer Empowerment. The means of engagement vary from membership on advisory groups to surveys and face to face engagement:

## East Dunbartonshire

“Recent Stakeholder Engagement (Your Services, Your Choices) activity has focused on working with local community groups and the wider East Dunbartonshire public through a large-scale survey and focus groups to identify local budgetary priorities and options for future public service delivery.”

## Falkirk

*QUOTE FROM BARNARDO'S "We have an established history of positive partnership and collaborative working across Falkirk. Our progress has been recognised both internally and externally and we have welcomed opportunities this year to reflect and share our experience and learning. Opportunities such as the GIRFEC learning events, Family Support Public Social Partnership and representation and participation in the full range of Children's Commission strategic forums has enabled us to co-design Services, influence processes and decisions and further develop Services and practice together."*

## Role of The Chief Social Work Officer in the Context of Partnerships

The requirement for every local authority to appoint a professionally qualified CSWO is contained in section 3 of the Social Work (Scotland) Act 1968. The overall objective of the CSWO is to ensure the provision of effective professional advice to local authorities in relation to the delivery of social work services. Updated guidance on CSWOs responsibilities was produced by the Scottish Government in 2016 to reflect the role of CSWOs in the new integrated arrangements introduced by the Public Bodies (Joint Working) (Scotland Act) 2014.

The reports describe how the CSWO role is changing and widening in the context of integration. Most CSWOs report their responsibility to monitor social work service activity across the Council and, within the Health and Social Care Partnership, to ensure that agreed targets are being met and that professional standards are maintained. In this period of change, some reports demonstrate how CSWOs continue to take a leadership role in providing support and clear direction to social work professionals. This has, however, not been without challenges.

## Scottish Borders

“Over the past 12 months I have, in my role as Chief Social Work Officer, ensured that Social Workers and Social Care staff across all service areas have had opportunities to meet together and ensure that professional leadership and support is available to all staff across the Council and commissioned services. Key cross cutting themes such as public protection and transitions are therefore able to be progressed. In addition all Managers responsible for Social Work tasks come together monthly in a CSWO meeting to consider practice governance including standards, quality and professional leadership and training across Social Work.”



CSWOs continue to play a key role in:

- designing supervision and care governance arrangements
- supporting and promoting continuous improvement, quality assurance and management of social care services
- financial planning
- identifying service pressures
- developing delivery plans and risk registers
- Criminal Justice Social Work and Mental Health Officer work

CSWOs sit on Integrated Joint Boards (IJBs) as non-voting members and are either Chairs or members of various other partnerships/ committees. The revised guidance is clear that the CSWO responsibilities in relation to Local Authority Social Work functions continue to apply to functions which are being delivered by other bodies under Integration arrangements.

#### Perth and Kinross

“The Chief Social Work Officer (CSWO) is required to ensure the provision of appropriate professional advice in the discharge of local authorities’ statutory duties. Overall, the role is to provide professional governance, leadership and accountability for the delivery of Social Work Services, whether these are provided by the local authority or purchased from the voluntary or private sector. In addition, there are a small number of specific duties and final decisions in relation to a range of social work matters, which must be made by the Chief Social Work Officer.”

#### East Ayrshire

“The CSWO is a member of the Integrated Joint Board (IJB) and during the first year of implementation in 2015/16, opportunities have been taken to present reports and to highlight the work taking place across social work and social care. Given that many IJB members and participants stem from health backgrounds, the social work function relating to community care and health has been central to consideration of shifting the balance of care. The statutory work relating to children and families and justice social work services is less familiar, and more time is needed to ensure that the holistic nature of social work provision is fully understood and recognised.”

Many CSWOs mention reporting directly to the Chief Executive of the Council, the Chief Officer/ Director of the Health and Social Care Partnership and/or local authority Corporate/ Strategic Management Team. Whilst most CSWOs report that clear governance structures are in place, a few are still in the process of detailed governance arrangements being finalised by the IJBs, with either existing governance structures being reviewed and refreshed or new governance structures being designed.



## **East Dunbartonshire**

“Since April 2016, significant progress has been made in relation to management structures with the second stage now achieved. One consequence of this has been the siting of the CSWO position alongside the Group Service Manager post for Adult Statutory Services, reporting directly to the Director of Health and Social Care. Work is currently being carried out on governance and clear reporting mechanisms, with CSWO attending key strategic, management and practitioner meetings e.g. Council Management Team, Committees, Operational Management Teams, etc.”

## **Moray**

“The CSWO is responsible for monitoring Social Work service activity across the Council to ensure agreed standards are met and that professional standards are maintained. The post assists Moray Council in understanding the complexities of Social Work Service commissioning and provision; including particular issues such as child protection, adult protection and the management of high risk offenders, as well as the key role Social Work plays in contributing to the achievement of local and national outcomes.”

### 3. Social Services Delivery Landscape

In writing this section of their reports CSWOs were invited to provide an overview of how social services provision is supplied within their local areas. They were asked to comment on the nature and make-up of local provision, how well the provision is working and whether there are any significant service or provider gaps and what is being done to address those. The key themes highlighted by the CSWOs are summarised in this section.

#### Challenges to Service Delivery

Many CSWO reports mention the challenging environment in which they are operating , particularly in relation to:

- demographic shifts
- increasing expectations and requirements to support people in their own homes and communities, financial pressures
- workforce challenges
- developments in integrated services
- managing rising and complex needs of both children and young people

Most CSWOs reported particular challenges around the ageing population in relation to service demand, increasing demands on the workforce and issues around housing and community facilities. For some Councils, rurality brings further challenges.

#### South Ayrshire

“Due to changing demographics, notably increasing numbers of older people, the demand for social services to support the most vulnerable individuals living in South Ayrshire continues to increase significantly.

Social Work services in South Ayrshire have developed robust partnership arrangements with a range of third sector organisations in order to meet the needs of local people. Over the past three years this approach has supported development of a range of new and innovative services in order to ensure adequate support is available for individuals across all categories of need.”

#### Dumfries and Galloway

“With an ageing population region wide and with children and adults living longer with more complex needs there is increasing demand on services; this at a time when across the UK there are significant problems recruiting and retaining staff in social care provision. Over the past year we have seen unprecedented capacity problems in care at home services in the towns in addition to the rural areas. Even specialist service providers with better terms & conditions for staff have been experiencing difficulties in securing the workforce they need. We are continuing to explore ways of managing demand on our demand-led services and to work with partners in health, housing and social care provision to find sustainable ways forward.”

Alongside concerns relating to increasing demand of services for older people, there are also other vulnerable groups like those with learning disability, substance misuse and mental health difficulties who need social work support.

Similarly, in children services, some reports indicate a growing number of children that need to be looked after and/or are in need of social work intervention because of increased deprivation and substance misuse. In criminal justice, the introduction of Community Payback Orders means that there is an increase in the numbers of disposals from the Court. This offers benefits around reduced re-offending but coupled with the recruitment and retention challenges in the sector, is reported as putting an enormous pressure on the social services sector.

### Strategic Commissioning

CSWO reports highlight that in light of Integration and recent changes required to be made in organisational structures, reviews are being undertaken at various levels to find efficiencies and also to plan the design and delivery of future services. Some reports highlight that Integration has allowed for more targeted/effective use of resources, bringing increased creativity to delivery. Some CSWOs reported on how commissioning strategies are being reviewed to identify where further efficiencies and savings can be made.

#### East Ayrshire

“In recent years, there has been a shift in the way in which partnerships evolve, with less dependency on traditional forms of commissioning activity and more creative, joint approaches to identifying and responding to need and risk. This also reflects shifting expenditure patterns and the increasing contribution of the third, business, entrepreneurial and independent sectors.”

Some reports detail how strategic needs assessment and strategic commissioning of services is being planned. For instance, in children’s services, some CPPs (e.g. Clackmannanshire) are participating in Scottish Government’s Realigning Children’s Services Programme (RCS) which is aimed at delivering a joined up and strategic approach to commissioning and delivery of children’s services through the provision of good quality information and service mapping. Data is to be used to develop a joint strategic commissioning plan and inform future design and delivery of children’s services. Similarly, some others (e.g. Dundee City) have used the Dartington Survey of representative households and over 90% of the school population (9-16 years old) to help integrated Children’s Services partners identify key risk factors and priorities to focus on.

The Integrated Children’s Service Plans were mentioned by CSWOs as critical in defining the priority areas of focus and where collaborative working will benefit children and young people. Work has also been reported as undertaken to engage with staff locally in both drafting of this plan and/ or in raising awareness and expectations of the staff. Similarly, some reports also mention a wider engagement in the drafting or refresh of these plans.

## Orkney

“The Integrated Children's Services Plan is currently being updated with front line staff being an instrumental part of this work, as well as using questionnaires to engage the views of children, young people and parents.”

## Care At Home

CSWOs report investment of finances and staff to provide support and care to people in their own homes in order to lower the use of residential care or unnecessary hospital stays. Demand, in some places, however outweighs supply and puts pressure on existing services. Lack of care at home capacity has been quoted by some CSWOs as the main reason for delayed discharge from hospitals. Additional private sector capacity was being secured by some authorities to support effective discharge. Some CSWOs reports highlighted more in-house home care than care purchased from external providers and efforts to shift the balance. Developments in assisted technology are also reported as key in providing support to people to stay at home for longer.

## East Lothian

“During 2015-16, the commencement of re-commissioning of care at home began with the intent of making a significant shift away from paying providers by the hour to provide care at home, with a move towards establishing a personal budget for the client. This would be costed around the individual assessment which helps inform the support plan, where personal outcomes are the focus of what needs to be achieved. This very much embraces personalisation and SDS.

The project will pilot new models of service delivery, including Neighbourhood Networks, which enables a person to become part of a group of service users in their immediate community and relies on peer support with minimal staff input. This helps develop independence as well as combating social isolation. The work will also plan how to support people differently at night through the greater use of Technology Enabled Care.”

## Implementation of Self-Directed Support (SDS)

Most CSWOs reported progress on implementation of SDS. Some also reported on how the legislation has positively impacted on people and the key role played by partners in implementing the policy.

Whilst there is much evidence in the reports in support of self-directed support and the better outcomes it promotes, concerns were also raised in terms of implementing SDS in the current financial climate. This has required creative new approaches to service design and delivery. Reports mention how SDS implementation poses new challenges as increasing numbers of people are becoming commissioners of care, changing the delivery landscape and meaning that traditional approaches to planning services are no longer adequate and that new frameworks for commissioning services are therefore being designed.

There is evidence in the reports that LAs have been appreciative of the need for a cultural shift if self-directed support is to be properly implemented. There are some positive examples shared by CSWOs.

#### **MidLothian**

“The focus of the work related to Self Directed Support in Midlothian since then has been embedding the requirements of this legislation into business as usual activities. Individuals are increasingly choosing different ways of receiving their support and using direct payments and option 2 to increase the control they have over their support

A focus continues to be around embedding the personal outcomes approach to assessment in all social work practice. In adult social work and social care this approach is resulting in a increased amount of creativity and innovation around how support is provided and more ‘non traditional’ support packages being put in place. Work is being undertaken on back office and finance processes to ensure these processes support this flexibility in the provision of support”

#### **City of Edinburgh**

“Feedback from citizens is that self-directed support has made a very positive impact on their lives and in some cases has included a reduction in the level of support the individual now receives. Self-directed support can only be achieved by working in partnership with third sector organisations and partners, as well as with individuals.”

There is however, a mention of the challenges that this new legislation is posing, especially in the context of financial constraints under which the local authorities are operating and around new commissioning frameworks.

#### **Orkney**

“The significant changes to assessment and service provision structures have bedded in however the legislation continues to bring significant ongoing financial challenges. There continue to be no economies of scale to make use of to deliver fundamental service change to support implementation and it is increasingly the case that it is clear that the legislation is not a cost neutral activity, as the Scottish Government envisaged. Concern in this area is such that the Chief Officer of the Integration Joint Board has commissioned an independent review of the local implementation of this Act, with a view to ensuring every possible step is being taken to understand and manage the financial risks associated with it, while still delivering the purpose of the Act.”

## 4. Finance

This section summarises the main points that were raised in the CSWO reports on financial challenges. The reports cover in some depth the main financial pressure areas and what is being done to address these. Some reports also detail how investments are being diverted to early intervention and prevention, in line with the public service reform agenda and the Government focus on improving outcomes for people using social services and their carers.

Whilst it appears that service redesign is primarily driven by the need to find financial efficiencies, a number of CSWOs also mentioned how it has also opened up opportunities to find new and creative ways to improve service delivery.

### Financial Pressures/Challenges

Most CSWO reports highlighted the challenging financial environment and the challenges faced by vulnerable individuals and families due to shrinking public sector budgets. Generic, key challenges identified in the reports include:

- meeting the complex needs of a vulnerable population (e.g. those affected by mental health problems, those with a history of self-harm and with offenders who pose risk to the public) can be expensive
- uncertainty over level of funding from the Scottish Government beyond 2016/17 means that long-term planning is difficult
- many CSWOs mentioned further anticipated pressures in 2016/2017 due to the Living Wage requirement - to pay social care workers £8.25 an hour from 1 October 2016
- the wider financial environment –inflationary impact on care fees, recycling costs, utility costs etc
- increasing demand for equipment and adaptations
- risk that the Change Programme is not progressed within the desired timescales or achieves the desired outcomes
- future impact of impending legislation to improve support for carers

Adult and older people services were recognised as an area where financial pressures were high due to the complex needs of adults with learning difficulties and older people requiring care home provision or intensive support at home. This is unlikely to change given the demographic trends and hence, has been identified by CSWOs as one area of high financial pressure. Some areas reported specific additional pressures on adult services due to increases in:

- hospital admissions/bed days
- delayed discharges
- costs of medications and purchased care services
- rates of dementia
- numbers of people assessed as needing adult care services
- activity to further embed self-directed support

In children's social work services the pressures highlighted in the reports relate to:

- residential school placements
- external residential care placements
- crisis care placements

- fostering/external fostering
- financial pressures experienced by some LAs due to unaccompanied asylum seekers

### Aberdeenshire

“Nevertheless from a social work perspective it is reasonable to assert that austerity is having a significant effect on many of our citizens. Vulnerability, perhaps particularly for children, is a complex issue and is not solely a matter of finance. Nevertheless austerity is making some of our already vulnerable individuals and families even more so.”

### Meeting Challenges/Pressures

Reports highlight a range of activity to deal with these pressures and examples are set out below. Efficiency savings through service redesign are a key approach featured in reports. As reflected earlier in this report, CSWOs also confirm playing a critical role in budget setting and financial decisions around the social work element of the Health and Social Care Partnership budget. They therefore report being able to influence and advise on budgetary issues affecting the operational delivery of statutory social work services and any challenges faced by the social work profession. Scottish Government’s social care funding allocation to partnerships has also been reported as a critical enabler to allow transformation.

A mix of approaches to finding efficiencies in both the children’s social work and the adult social work sector are also being reported such as:

- reducing commissioned services
- redesign of the management structure
- service redesign
- staffing reductions
- reductions in the cost of commissioning
- new approaches to assessment and care management.

However, there are also instances where CSWOs have reported that further efficiencies are difficult to find without compromising on staffing numbers or service provision. Examples of engagement with the community in prioritising spend is also evident from some reports.

### East Dunbartonshire

“The Council carried out a Budget Stakeholder Consultation to understand community priorities to be considered during the process of updating its long term financial strategy. Feedback clearly demonstrates the priority associated with Social Work Services. Accordingly, officers are developing options for securing appropriate service provision to vulnerable clients, mindful of the challenges of on-going financial constraint. Options will be developed and taken forward in partnership with other statutory agencies.”

For services to support children there are also examples of finding efficiencies/savings through returning children and young people previously placed out of region to in-region support settings, which can result in significant reduction in agency placement costs at the same time offering the potential to deliver improved outcomes for children. Similarly, reduction in the use of secure and



residential care and an increased drive to recruit foster carers and kinship carers in line with the early intervention agenda has also been mentioned as offering the potential for efficiencies.

Other children's service initiatives include:

- review of contract costs with external foster care providers
- renewed efforts to develop more imaginative foster carer recruitment campaigns
- development of a co-ordinated family support service
- secondment of a Social Work manager to enhanced education provision and exploration of opportunities in integration between Education and Social Work Children & Families

In adult social care, investments are being made in re-ablement and telecare/telehealth to generate financial efficiencies while continuing to provide quality care. Other improvement and efficiency initiatives highlighted in reports include:

- re-profiling eligibility criteria to target resources at those with the highest level of need
- intense scrutiny of individual placements
- review of contract costs with external providers
- recalibration of resources towards early intervention and prevention

Other specific examples include:

- opening of reablement and assessment beds in one care home
- development of an initiative in provision of enhanced care at home
- introduction of real time monitoring for care at home staff
- a Community Meal service was highlighted for achieving both financial efficiency but also supporting independent living.

Some reports demonstrated financial savings being found through modernisation of work environment e.g. through hot desking. This, however, is not without its own set of concerns.

## Aberdeenshire

"Social Work has welcomed the above initiatives and has benefitted from the modernisation and financial efficiencies arising from them. The opportunities of hot desking for example have enabled social work staff to work more efficiently in the large geographical area of Aberdeenshire through, for example, saving time in travel to and from the location in which they are based.

In seizing these developments however we are also mindful of the need to balance these opportunities with the need to provide colleagues with safe/confidential space in which they can discuss dilemmas and reflections with team members/colleagues when they return (often charged) visits."

In anticipation of future challenges in relation to the Living Wage, some LAs are already planning action as is evident in the case of Dumfries and Galloway:



## Dumfries and Galloway

“In preparation for this [implementation of living wage] we will be issuing an invitation to tender for all Adult Care at Home services. Although this will inevitably increase the cost of service provision, it should at the same time allow us to manage and plan service provision more effectively. We will also be continuing with the roll-out of the Real Time Monitoring Management information system across all Care at Home services. This includes an electronic brokerage facility which will make sourcing of care more streamlined, transparent and efficient.”

## Shift to Early Intervention

Most CSWOs reported that early intervention and prevention was central to their work in 2015/16. The focus on early intervention is being seen in both children’s and adult’s services. Risk assessments have also been emphasised as critical in early identification and intervention. CSWOs report challenges around diverting funds to early intervention when there are imminent needs of a vulnerable population that need to be urgently met.

## City of Edinburgh

“The main challenge in an environment of severe resource constraint is to maintain and increase preventative spend, which will have a longer term positive impact, in the face of pressing immediate demand. Despite the difficulties this presents, the alternative – continuous focus on urgent need to the exclusion of preventative measures – will result in the system of public services being overwhelmed.”

## Clackmannanshire and Stirling

“There are pressures on the Social Services budget in both local authority areas. In reaching decisions about where to prioritise the use of our resources, there is a tension between continuing to invest in preventative approaches and the need to protect service provision for those with the highest levels of need. We have sought to strike a balance, with an emphasis on strengthening review arrangements across all service areas, more joined up approaches with universal services and further developing intensive support services, designed to promote independence and reduce the need for formal service provision.”

Partnership working has also been regarded as critical in delivering services under financial pressure and relationships with key partners has been reported as critical in agreeing to commit resources to early intervention.

## East Ayrshire

“During such periods of challenge and uncertainty, partnership working becomes core to being able to deliver effective services within the budget envelope available. Within East Ayrshire, community planning partners including the third sector, independent and business sectors recognized the difficulties being encountered across sectors. Transparent conversations have increased understanding and this has harnessed collective thinking in

respect of early intervention, prevention and creative modeling of service provision. There has been a joint effort to addressing the challenges arising from deprivation and disadvantage, recognizing the longer term impact of child poverty and welfare reform. This has included preventative use of funding e.g. Integrated Care Fund and innovative solutions funded through the independent and business sector e.g. the development of community capacity in reducing dependency on foodbanks through Centrestage's creative use of a bus to access remote communities with a focus on learning to cook on the basis of an approach through reciprocity principles."

#### **East Lothian**

"The older people's day centres programme is aiming to encourage early intervention and prevention in all centres by developing them as health and social care centres and community hubs, providing more integrated service links to both social work and health services and community based partner 3rd sector and voluntary organisation. This challenges and creates opportunities for us to enable a shift in the balance of care with greater focus on supporting people in their communities close to their home."

Similarly, while it is acknowledged in the reports that the current financial environment makes it challenging to divert investment towards early intervention, some reports are evidencing benefits including emerging examples of where early intervention approaches are working efficiently and helping reduce pressure on the sector.

#### **East Dunbartonshire**

"A range of early intervention approaches have led to significant reductions in the number of children referred to the Children's Hearing System, a speedier response to families affected by domestic abuse and a more coordinated response to vulnerable pregnant women. Work with community groups and families are planned and on-going. "

#### **Moray**

"We have begun to see some of the benefits of more integrated system working, for example, in supporting older people to remain at home or to return home from hospital as soon as possible. Our delayed discharge rates have been markedly improved and IJB investment in Care at Home services has contributed greatly to making this improvement. Many of our prevention and early intervention strands of work have begun to demonstrate significant improvements with Stop Now and Plan, Multi-Agency Domestic Abuse Response Team and our Early Years developments all evidencing positive impact. Protecting the investment in all of this work will be difficult at a time of significant funding pressures but crucial given these are the very initiatives which are helping us off-set future demand for high-cost services."

The life stage approach has also been reported as helpful in moving resources from reactive to more proactive, preventative spend.

## West Lothian

“Through the Life stages approach the council has been in the vanguard of changing the focus from crisis management to prevention. Through implementation of the Health and Social Care Change fund and the Early Years/ Early Intervention change fund the council in partnership with Community Planning partners is now well advanced in applying this approach to service design across the whole of Social Policy with a much greater focus on prevention, including building capacity within communities to help people maintain their independence wherever possible.”

There are numerous good practice examples in the reports of service redesign and delivery to help shift the balance of care towards earlier action, building capacity and taking cognisance of the changing service delivery environment. Reports describe how Technology-Enabled Care (Telecare and Telehealth) is critical in meeting the needs of people, presenting them with choice and empowering them more and at the same time making best use of limited staff resources. Examples highlighted include significant improvements in Telehealth care capacity and service users being supported through the introduction of pre-payment cards.

## East Renfrewshire

“Tele Enabled Care (TEC) has enabled the partnership to shift the focus and balance of resource intensive packages for people with a learning disability to provide them with more choice and control over their lives. It is also fundamental to providing a responder service locally to meet the needs of people with unscheduled care events.”

## 5. Service Quality and Performance

This section summarises some of the key approaches that CSWOs were taking to ensure that the services being delivered were of high quality.

In the template for the reports, CSWOs were encouraged to provide an overview of performance, highlighting achievements and weaker areas of delivery and what they were doing to understand and resolve these. It was for CSWOs to decide which areas of performance they covered but they were encouraged to consider their contribution to the achievement of national outcomes and public service reform.

### Quality Assurance

In the current environment with a drive towards integration, separately reporting on the quality and performance of the social services sector was reported as a challenge. All CSWOs report that a wide range of quality assurance activities were taking place locally. These ranged from day to day operational management at a local level, to broader self-evaluation and external audit, involving quality assurance staff, practitioners and operational managers.

Many reports highlight that a culture of self-evaluation and continuous improvement has been embedded across all services.

### City of Edinburgh

“Single agency practice evaluation – this is a model well established in our children’s services and criminal justice, and which is now being rolled out across adult social care. It is a method of self -assessment and reflection on the effectiveness of intervention and the quality of the relationship between the practitioner and service user. The feedback from the model provides services with qualitative evidence regarding the direct impact on service users and their families”

Acting on the outcomes of Care Inspectorate inspections were also mentioned by many. The reports included reflection on the strengths that were identified by the inspections and also on areas of improvement, what actions were being taken and the critical role played by CSWOs in taking some of the recommendations forward.

### Dundee City

“Given the focus of Social Work in supporting the most vulnerable towards positive outcomes, it was particularly noteworthy that assessing and responding to risks and needs; the participation of children, young people and families; and the impact of services were all rated [by the Care Inspectorate] as Good. The Dundee Champions Board for Looked After Children and Care Leavers was highlighted as an example of best practice and is being used as a national exemplar.”

Whilst recognising the value and helpfulness of the CI inspections, some CSWO reports also highlighted that they could be resource intense and have implications for staff especially in the current climate of tight resources.

#### **East Lothian**

“Overall, the inspection was a positive experience which also highlighted the progress we are making with regards the partnership. However, the inspection was hugely time consuming and, for some staff, brought a significant amount of additional work. Whilst we welcome inspections, the number of, and intensity of, have major consequences for the workforce.”

There is evidence in the reports to suggest that feedback from people using services is also regarded as critical and acted upon.

#### **Falkirk**

“Key areas for improvement [in the area of domestic abuse] were identified in relation to quality assurance, workforce development and the revision of procedures and guidance. Information obtained from the focus groups and interviews with parents and young people is being used to inform workforce development and the revision of guidance.”

### **Outcomes Focussed Care and Support**

LAs clearly take national outcomes into consideration and align their strategic priorities to these outcomes, which are delivered collaboratively with health services. CSWO reports mention that performance against national and local outcomes is being constantly measured and monitored. There is also evidence of a person-centred outcomes approach being adopted at an individual level - incorporated into service design and delivery, and staff being trained to ensure that it is implemented. Bespoke tools are also being designed and introduced to improve outcomes for service users.

#### **East Dunbartonshire**

“Social work services continue to make a substantial contribution towards achieving local and national outcomes. East Dunbartonshire social work services collaborate with partners in planning, delivering and evaluating these outcomes. It should be noted that a number of these services are delivered in joint teams, i.e. with staff from health and social work services.”

## 6. Delivery of Statutory Functions

In the template CSWOs were asked to provide an overview of the Council's capacity/ability to deliver its statutory functions related to social work, identify any delivery risk and plans to address those, and comment on the capacity of CSWOs and others to discharge their statutory functions.

In the reports CSWOs provided details on performance over a range of statutory functions – highlighting activity/functions which are challenging to deliver and what plans are being made at LA level to address these.

### Looked After Children

Social work services have a range of statutory duties in relation to vulnerable children, including the duty to act as a corporate parent to children placed under a supervision requirement, to operate a Fostering and Adoption Panel in its role as a fostering and adoption agency and to provide support to care leavers up until the age of 26.

Efforts in relation to the implementation of parts of the Children and Young People (Scotland) Act 2014 were highlighted in a few reports. Specifically, Part 4 (Named Person), Part 5 (the Child's Plan) and the extension of entitlement to continuing care and aftercare for care experienced young people were highlighted as potentially posing particular capacity challenges within children's social work. As some of these changes are being implemented incrementally, LAs report they are closely monitoring the ability to deliver and the impact on costs and resources.

### Aberdeen City

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

We are preparing for these challenges and as part of the implementation of Reclaiming Social Work we have already established a Youth Team whose core responsibilities will include providing aftercare support for care leavers.”

### Mental Health Officers

Mental Health Officers are required to provide a service to individuals who are at risk of harm and who may need protection using statutory measures. The following have direct implications on Mental Health Officers (MHOs) work as they are required to undertake assessments in relation to the following three pieces of legislation:

- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Adult Support and Protection (Scotland) Act 2007

Reports indicated that the limited number of MHOs coupled with increasing demands being made on their time especially with the introduction of the Adults with Incapacity Act had been posing particular challenges to effective service delivery. The bulk of the Adults with Incapacity Act work is in the form of MHO reports for local authority and private welfare guardianships. The capacity issue is becoming evident from the lower completion rates of social circumstances reports and CSWOs mentioned that action is being taken to rectify that.

#### South Ayrshire

“The increase in adult support and protection referrals and the requirement to respond to all referrals is having a significant impact on workloads for all Community Care Teams. In particular an area where real pressure is being experienced is in relation to the statutory duties associated with Mental Health Officers (MHO’s). The workload in this area is significantly greater with a noticeable increase in private guardianships and is placing significant pressure on our ability to meet our statutory duties. It is recognised however, that this is not just an issue for South Ayrshire but is being experienced nationally as well.”

#### Angus

“Given the difficulties appointing and training sufficient mental health officers an enhance rate of pay (an additional 1 increment) was agreed for Mental Health Officers with a view to improving recruitment and retention. However there continues to be a capacity issue in responding to increased demand with an emerging a waiting list for Guardianship assessments.”

#### CSWOs Capacity To Discharge Statutory Functions

CSWOs have direct decision making functions covering a wide range of responsibilities mainly related to curtailment of individual freedom and the protection of both individuals and the public. Although decisions/functions might be delegated to professionally qualified social workers, CSWOs may retain accountability. CSWOs also have a key role to play in ensuring that significant case reviews are considered with respect to all critical incidents either resulting in or which may result in death or serious harm.

As has been highlighted earlier in the report CSWOs have reported increasing workloads due to the impact of health and social care integration and linked to that their increased representation on various strategic groups.

#### Moray

“The role of the CSWO is increasingly challenging in the current context of integration and partnership working, especially for those CSWO’s who are at Head of Service level and have accountability for services they are not involved in the direct day to day management of.”

## Renfrewshire

“During 2015/15, the CSWO continued to engage with senior managers and staff in relation to service developments, particularly in relation to professional leadership within the new governance structures. The CSWO continues to be the professional lead for social work staff within the Renfrewshire Health and Social Care Partnership and sits on the Integration Joint Board. He continues to have direct responsibility for Mental Health Officers and Guardianships. In addition, he continues to take a prominent role in a number of national groups.”



## 7. User and Carer Empowerment

CSWOs reported on the progress being made in empowering users, carers and communities at a service delivery and individual care planning level in an equal partnership of care.

There are many examples in the reports on how user groups are being involved. This ranges from feedback being sought throughout the period of service delivery and through 'satisfaction' surveys, consultations and more active participation through membership in strategic forums.

CSWOs noted that Health and Social Care Partnerships are committed to engaging with a wide range of stakeholders. Some LAs have also devised a separate Participation and Engagement Strategy as part of Integration planning.

### Clackmannanshire and Stirling

"Service users and carers are engaged in strategic planning, service redesign, staff interviews and the design and delivery of training across Social Services. Through Health and Social Care Integration, service users and carers are represented at all levels of planning. We also contract with third sector organisations and community groups to support service user representation, involvement and engagement. The direct experience of service users and informal carers is used to inform priorities for the service. For example, decisions about the delivery of the Integrated Care Fund have been developed in partnership with unpaid carers and service users from a range of services, health, social care, housing, the third and independent sectors. Service users and carers are consulted in all tenders and decisions regarding tender awards."

There is an increased focus on participation, engagement and empowerment given the introduction of the Community Empowerment Act. There is a mention in at least one report of the need to do more to move towards genuine empowerment in service planning and design.

### Perth and Kinross

"Throughout this report, there is evidence of service users being involved in influencing the services they receive but for Social Services and indeed all Public Services to be engaging and empowering users then we need to move from engagement in care plans to genuine empowerment in Service planning....

Through extensive community engagement programmes, it has been possible to work with communities to improve choice through alternative services and community resources. Service User participation in developing improvements is essential and as a result we actively encourage and support service users to be part of the redesign of services."

The recent reforms - Social Care (Self-directed Support) (Scotland) Act 2013 and the Public Bodies (Joint Working) (Scotland) Act 2014 are both viewed as key underpinning legislation which encourages empowerment.

## West Lothian

“The Social Care (Self-directed Support) (Scotland) Act 2013; which came into effect on 1st April 2014, is a key building block of public service reform. It is an approach that has its origins in the Independent Living Movement - sharing the core values of inclusion, contribution and empowerment through real choice and respect.

The 2013 Act creates a statutory framework around the activities already underway across Scotland to change the way services are organised and delivered - so that they are shaped more around the individual, better meeting the outcomes they identify as important. So individuals are seen as “people first” - not just service users.”

## Engagement in Children’s Services

There are many examples of engagement and consultation with children to help design or improve services. Creative approaches to seeking children’s views are being encouraged and the Third Sector is reported as playing a key part in this. There is also evidence of ‘golden rules of participation’ (developed by the Scotland Commissioner for Children and Young People through consultation with children and young people across Scotland) being adopted to ensure effective engagement and participation of children. Viewpoint (an online computer assisted interviewing tool) was mentioned by a number of CSWOs as an effective tool in obtaining the views of young people with care experience.

## Argyll and Bute

“Children 1st and Who Cares Scotland are advocacy services commissioned by Argyll and Bute Council to support children and young people within the child protection or looked after processes. All children and young people within this process are offered support and advocacy. In addition our Care Assessment and Reviewing Officers, who chair these meetings, ensure children and young people’s views are fed into assessments and care planning using different tools. Often Viewpoint, an electronic questionnaire, is used or for older young people the Care Assessment and Reviewing Officer will meet prior to the meeting. In 2015/16, 168 Viewpoint questionnaires were used to support young people to voice their views within both care planning and formal processes.”

## Midlothian

“The Children and Families service is committed to improving how we involve service users in the development of the service. A multi-agency participation advisory group has been established to improve the standard and co-ordination of participation Activity which targets children and young people internal and external to the service. The group will agree a shared approach through the development of a participation strategy and an annual participation programme.”

## Engagement in Adult and Older People's Services

CSWOs also reported on engagement with a wide range of stakeholders to inform the IJB strategic plan and to inform the design and delivery of services. Some reported that online, and in particular, social media based consultation opportunities have proved to be very effective in engaging.

### Dundee City

"The Council commissioned Service User Research for Dundee Adult Services. This involved a total of 325 interviews with older people, people with a learning disability, mental health, physical health and addiction problems. The purpose was to establish the extent to which service users felt they get a say when it comes to planning their care, whether they could access services and whether they were happy with those who delivered their care."

### South Ayrshire

"In addition, the Partnership has established a number of Providers Forums with representatives of Independent Sector and Voluntary Sector organisations. These groups will participate in the development of new strategies and commissioning arrangements for a range of activity areas and will be instrumental in the modernisation of services and in the development of new and innovative approaches. These forums will also provide effective mechanisms for the discussion of issues – both opportunities and difficulties – between providers and Partnership management and staff. To date such groups have been established in the following areas: Learning Disability, Mental Health and Older People."

## Engagement in Criminal and Youth Justice Services

There is evidence of feedback being sought from a wide range of stakeholders (e.g. Sheriffs, service users etc.) to ensure that services are delivering at the right level.

### Clackmannanshire and Stirling

"Our criminal and youth justice services encourage service user feedback on their experience of our service. In 2015-16, a new experiential survey has been introduced in youth justice services. The survey is evidence and research based. The Experiential Survey asks questions which are framed to provide information that will help the service understand whether our approach to engaging with the young person is moving in the right direction and as such supporting more positive communication and involvement by the individual in their programme intervention."

### Dundee

"In Criminal Justice, Social Workers continued to use an accredited risk assessment tool to inform reports to the Court and Parole Board... The service welcomes feedback from Sheriffs' regarding the quality of reports and has used this to directly inform practice. The service also obtained feedback from both service users subject to Unpaid Work and the recipients of Unpaid Work and comments were almost invariably positive. "

## Engagement with Carers

CSWOs report that LAs are already considering the practicalities of implementing the Carers (Scotland) Act that comes into force on 1 April 2018. The reports evidence that many local authorities have Carers Strategies in place and there is mention of existing strategies either being refreshed to reflect the Act's requirements or new strategies being developed.

There is evidence of an active commitment to engage with, and empower carers in strategy development, implementing the Act, as well as on-going improvements around service design and delivery with carers' views being sought in key and strategic decisions – including decisions made at IJB level where in some partnerships carers are directly represented on the Board.

Some reports detail what is currently being done to support carers, separately and alongside the needs of the people they care for, through outcomes-focussed assessment and planning processes and using Self-Directed Support. Some reports highlight activity to improve carer support generally through effective partnerships across health and social care and with the Third Sector, particularly through local carer centres. Identifying 'hidden' carers, engaging with them and obtaining feedback has been reported as particularly challenging.

### Inverclyde

"At an individual level, as part of assessment and support planning, individual reviews are conducted on a regular basis. This provides the opportunity for individual service users and their carers to engage in determining outcomes and how these can be achieved, particularly given the new opportunities since the implementation of Self Directed Support (SDS)."

### Midlothian

"We continue to develop a new Midlothian Carers Strategy, which will persist in pursuing both nationally and locally identified aims and pursue the vision of ensuring that carers are valued as equal partners..... This year local carers became established in significant Carer Member roles within the Integration Joint Board and Midlothian Strategic Planning Group; contributing to the shaping of strategic planning and delivery of services..... "

### Perth and Kinross

"We introduced Participatory Budgeting (PB) for carers in Perth and Kinross, bringing their expertise into the development of services for carers. Called 'Carers Voice, Carers Choice', it gave carers the decision making in how £20K would be allocated to support carers across Perth and Kinross..... Participatory Budgeting received a Silver Securing the Future Award... "

## 8. Workforce Planning and Development

This section provides an overview of workforce planning and development activity within authorities - including joint activity with key partners. Several of the reports indicate that CSWOs are playing a leadership role in workforce development and planning.

### Angus

“At a time of considerable change to professional roles and organisational structures, the leadership role of the CSWO is critical to the development of the current and future social work and social care workforce.”

### Workforce Planning

All CSWOs mention challenges that are being faced in relation to workforce planning and that planning is critical in light of the integration agenda and its associated restructuring. Recruitment and retention issues and their impact on planning was a recurring theme in the reports.

### Clackmannanshire and Stirling

“We are taking forward workforce planning as a core activity to support the delivery of integrated health and social care services. We have identified the total number of staff employed by Social Services in Clackmannanshire and Stirling Councils (and those in NHS Forth Valley), to deliver the functions delegated to the Integration Joint Board. We have commenced workforce planning activities. We have established a Joint Staff Forum with Trade Union and Staff Side Representatives. We have started to explore how we will measure the benefits of staff engagement and staff satisfaction in partnership with the staff representatives.”

### Glasgow

“The financial situation of the Council and the corresponding effect on capacity to recruit to vacant posts is well known and widely reported. To ensure appropriate staffing levels remain in place, the service has undertaken a programme of workforce planning, including the training and redeployment of staff where appropriate. In this way, the service can make best use of existing resources.”

Some of the other key workforce planning challenges reported by CSWOs relate to:

- Supporting the workforce to meet the increasing demand on social work services within budget constraints
- Recruitment and retention of staff with the right skills, values and behaviours
- Impact of the proposed degree level qualification for residential child care staff
- Recruitment of Mental Health Officers ( a recurring theme covered elsewhere in this report)
- Recruitment of social care staff (e.g. Care at Home) in rural areas
- Attraction and promotion of a diverse workforce- specifically in relation to age and gender.
- Reducing staff absence rates (although this was reported as improving)

Some reports mention how Modern Apprentices are being supported in the Health and Social Care sector. Young people are also being provided opportunities to enter the workforce and gain qualifications.

Succession planning was also mentioned in many reports and this was mentioned for both the CSWO role but also in relation to the wider social services workforce.

#### **East Ayrshire**

“The CSWO has recognised the need to succession plan in East Ayrshire. For this reason, she meets regularly with the most senior qualified social workers across the Health and Social Care Partnership to ensure that they are jointly sighted on national work; are aware of the issues impacting on social work service delivery and are jointly agreeing how to respond to these matters. The senior Managers also deputise on a rota basis for the CSWO during periods of annual leave or when otherwise unavailable.”

#### **Midlothian**

“Midlothian Council Adult Social Care Workforce plan 2016 – 17 has highlighted a number of key challenges for the future, linked to demographics, qualification and career opportunities in Social Care. The age profile of the current workforce – the majority are over the age of 45 years - reflects a significant loss of skill and expertise in the next 10 years: succession planning for key management posts demands investment in potential managers, through leadership development opportunities: recruitment to Mental Health Officer posts needs to be creative and responsive to increasing demand on what are currently limited services.”

### **Recruitment and Retention**

Recruitment and Retention issues were reported as particularly challenging by many CSWOs. Some mention the approaches/strategies being adopted to overcome this, which include:

- looking at career pathways
- promoting on the job training
- secondment opportunities
- using redeployment lists
- creative advertising solutions
- reviewing recruitment and selection tools to ensure the right people are recruited

#### **Shetland**

“Recruitment and retention of qualified staff still poses difficulties in some areas. Some social worker posts have been successfully recruited to over the past year, mainly through a well-established process of ‘growing our own’. However, where experienced social workers are required either to deliver specialist services or to undertake higher duties, recruitment is problematic with services having to use agency staff to fill gaps.”



## Aberdeen City

“The public sector generally in Aberdeen faces challenges in recruitment of staff. In all social work services there are few experienced applicants for professional posts and, especially in children’s social work, recruits are often recently qualified. There continues to be a significant shortage of residential child care staff. Promoted posts at any level attract few applicants and particular posts with ‘acting up’ arrangements remain unfilled on a permanent basis, despite middle management salary levels that are higher than the norm.”

## Workforce Development

CSWOs report that collaborative approaches are being used for workforce development and that both health and social care staff appear to be benefitting from it and that it is helping to develop the ethos of joined up/ partnership working.

## Fife

“Fife Council now has an established programme with NHS Fife whereby SVQ Level II in Health and Social Care is jointly delivered to groups of staff from both organisations. This initiative recognises the need for joined up working and multi-skilling within health and social care contexts and also helps ensure the best use of available resources.”

There is also evidence of staff being involved in identifying their training needs and in developing a multi-agency training framework that not only meets the needs of social workers but also widens understanding of staff working in health, housing and other sectors. This was seen as being especially necessary in the context of self-directed support.

## Clackmannanshire and Stirling

“The programme includes a range of **multi-agency learning and development** opportunities. In 2015/16 the service has worked closely with colleagues across Health and Social Care Integration to map learning and development in all areas and to create a Joint Workforce Development and Training Framework. This is being mirrored in training that is currently being delivered internally within adults' services, as approaches focus on roles, shared values and outcomes. Colleagues within Social Services Learning and Development have been part of programmes to deepen understanding in this area through delivery of shared training in areas such as outcomes focused approaches and practices in dementia. Other examples include NHS and Housing services staff accessing Health and Social Care SVQ alongside with social services staff.”

## Fife

“A range of training to meet the different levels required by staff was externally commissioned to develop skills in Self Directed Support. In addition ‘Good Conversations’ training was jointly commissioned with NHS partners. The scope of Self Directed Support transcends service boundaries and is one of a number of areas where training is available to

social work and social care professionals employed with Education and Children's Services and the Health and Social Care Partnership."

A small number of CSWOs also mention how multi-skilling the workforce is helping multi-disciplinary working and approaches to realignment of roles and responsibilities across sectors.

#### **North Ayrshire**

"It is recognised that the shape of our Care at Home service has changed significantly over the past year. As we move towards establishing an ethos of services delivered to the right people, in the right place at the right time, we have worked with our health colleagues to identify tasks that can be safely transferred from a traditional nursing role to the support worker e.g. medication management, diabetes control."

CSWOs reports mention how staff are being assisted to develop through undertaking SVQs and other forms of qualification. Although registration of the social care workforce is considered an important factor in skill development and professionalisation of the service, and a key contributor to overall quality assurance, some reports also raised challenges in this regard, for example in the potential for impact in relation to retention of staff.

#### **Orkney**

"In line with this agenda we continue to assist staff through SVQs and other forms of qualification. While this is a positive approach, there are some future challenges associated with it. When the registration agenda reaches home care staff we anticipate that there may be a drop off in workforce numbers as some staff opt out of the role rather than embark on an SVQ. In discussing this issue with the Scottish Social Services Council who acknowledged our challenges, they are not able to offer any alternative approach for remote and rural areas."

There is also evidence of the use of technology and other innovative approaches across the sector to support learning, which includes working with partners.

#### **Dundee City**

"Dundee City Council's Learning and Organisational Development team, working with the Protecting People Lead Officers leading on Learning & Workforce Development, have developed Scotland's first Learning and Development Framework and Web-based Tool. This framework provides staff across the Dundee Partnership (including all Council services, NHS and voluntary sector agencies) improved access to a wide range of training resources covering all Protecting People areas. This framework has been designed to ensure staff have the skills and knowledge to keep people who are (or at risk of being) harmed safe. This initiative shares learning and development resources related to child protection, adult support and protection, violence against women and management of offenders, in a streamlined way which ensures a more connected and strategic approach to equipping the multi-agency workforce with the competencies required to protect people.

Since the launch of this framework in December 2015, this ground-breaking tool is already having an impact on the take-up of learning opportunities of many staff working in Dundee.



Indeed, other local authorities are looking to adopt a similar approach to protecting children and adults at risk of harm.”

## Leadership

It is evident from the CSWOs reports that investments are being made in development and strengthening leadership across the sector and at all levels in the workforce.

### Inverclyde

“Leadership Development is important in our HSCP; there is a set of established programmes to enable HSCP supervisors and managers to build on their leadership capabilities. These programmes include qualifications such as the Chartered Management Institute (CMI) Certificate in Leadership and the Professional Development Award (PDA) in Health and Social Care Supervision along with programmes such as NHSGGC’s “Ready to Lead”.”

### South Ayrshire

“Leadership development continued to be progressed in 2015/16, with sessions delivered by IRISS. These sessions formed part of the Imagining the Future Leadership for Change programme and included sessions designed around the principles of systems leadership, understanding responses to change, political intelligence, conflict styles and peer consulting. These sessions were offered to managers throughout the partnership. Sessions around ‘Imagining the Future’ were offered to the wider workforce. Further work in this area is planned for 2016/17 through a series of employee engagement events that will focus on the identity and embedding values within the Partnership.”

## Workforce Engagement

There is also evidence in several CSWO reports of staff feedback/opinion surveys being undertaken, sometimes through independent externally commissioned agencies. The results/ feedback from these are being used to ensure there is constant engagement with the staff and that their requirements are being met.

### Aberdeen City

“As part of the implementation of Reclaiming Social Work, the service has commissioned an external organisation to engage with staff to evaluate the impact of the implementation of the approach. This is used as a ‘temperature check’ of the morale and motivation of staff at key points during the change process. Evaluation activity is reported and monitored through the RSW Programme Board.”

## Relevant References and Links

Overview of Legal Framework for Looked After Children and Corporate Parenting:

<http://www.gov.scot/Publications/2015/08/5260/20>

### Legislation and statutory functions:

Public Bodies (Joint Working) (Scotland) Act 2014:

<http://www.legislation.gov.uk/asp/2014/9/contents/enacted>

<http://www.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration>

Children's and Young People (Scotland) Act 2014:

<http://www.legislation.gov.uk/asp/2014/8/contents/enacted>

<http://www.gov.scot/Topics/People/Young-People/legislation>

Social Care (Self-directed Support) (Scotland) Act 2013:

<http://www.legislation.gov.uk/asp/2013/1/contents/enacted>

<http://www.selfdirectedsupportscotland.org.uk/>

### Scottish Government Strategy and Policies:

20:20 Vision for Health and Social Care: <http://www.gov.scot/Topics/Health/Policy/2020-Vision>

Re-shaping Care for Older People: <http://www.gov.scot/Topics/Health/Support-Social-Care/Support/Older-People/ReshapingCare>

2013 Shared Vision for Independent Living: <http://www.gov.scot/Publications/2013/04/8699/1>

Joint Strategic Commissioning: <http://www.gov.scot/Publications/2015/12/7436>

Public Service Reform (The Scottish Approach to transformation of public services)

<http://www.gov.scot/Topics/Government/PublicServiceReform>

Community Empowerment (Scotland) Act 2015

<http://www.legislation.gov.uk/asp/2015/6/contents/enacted>

<http://www.gov.scot/Topics/People/engage>

Carers (Scotland) Act 2016

<http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/CarersBill>

Carers and Young Carers Strategy 2010-2015:

<http://www.gov.scot/Topics/Health/Support-Social-Care/Unpaid-Carers/NationalStrategy>

Mental Health (Scotland) Act 2015

<http://origin-www.legislation.gov.uk/asp/2015/9/introduction>

<http://www.gov.scot/Topics/Health/Services/Mental-Health>

Community Justice (Scotland) Act 2016

<http://www.legislation.gov.uk/asp/2016/10/contents/enacted>

<http://www.gov.scot/Topics/Justice/policies/reducing-reoffending/community-justice>

Criminal Justice (Scotland) Act 2016

<http://www.legislation.gov.uk/asp/2016/1>

<http://www.gov.scot/Topics/Justice>

**Annual Report by Local Authority Chief Social Work Officers**

**Suggested Template and related guidance for production of 2015-16 report**

**May 2016**

#### **PURPOSE**

1. The template and related guidance are intended to assist Chief Social Work Officers (CSWOs) in production of their Annual Reports.

#### **BACKGROUND**

2. In compliance with their statutory functions under the Social Work (Scotland) Act 1968, all Local Authorities have a CSWO. For a number of years CSWOs have produced Annual Reports about social work services which are provided for relevant Committees and/or full Council. CSWO reports in the past tended to differ in structure and approach, making it hard for CSWOs themselves to use them for peer learning, sharing of good practice or comparison.

3. In 2014 it was agreed that use of a Template would enable a more consistent approach to the Reports which would be useful for CSWOs. The approach would also enable the Office of the Chief Social Work Adviser in the Scottish Government (OCSWA) to develop an overview Summary Report based on the key content of the Reports. This summary would:

- be of value to CSWOs and would also support the Chief Social Work Adviser (CSWA) in their role of raising the profile and highlighting the value and contribution of social work services.
- be a useful addition to the set of information available to aid understanding of quality and performance in social work services across Scotland – in line with the actions under the *Vision and Strategy for Social Services in Scotland 2015-2020*.

4. The template approach was introduced in 2014 and summary reports have been produced for 2013/14 and 2014/15 CSWO reports. Links to individual CSWO reports for these years have also been provided on the OCSWA-managed pages of the SG website.

#### **ASSUMPTIONS**

5. In the collaborative discussions which led to the development and uptake of the approach, agreement was made on the following assumptions:

- The Scottish Government has no role in “*performance management*” of LA social work services and use of the template and production of the overview Summary Report is not an attempt to change that position. Use of the template is a decision for each local authority.
- The approach should be of use to the Care Inspectorate and not duplicate its work.
- CSWOs would be invited to comment on any summary overview report which is produced.

## THE TEMPLATE

6. Some key points on use of the template:

- The Template provides a suggested structure for the annual CSWO Reports. The preference is that CSWO Reports will cover a financial year rather than a calendar year or other time period.
- Use of the template should enable CSWOs to demonstrate the contribution of social work services, in the context of integration of adult health and social care services and other key reforms and policy drivers, to national outcomes and the national health and well-being outcomes.
- The Template is not intended to be restrictive. However, guidance within each template section describes what information is required as a **minimum** under each section.
- The purpose of the Template is to enable presentation of information which succinctly and clearly sets out how social work services are being delivered, what is working well, what is not and why and how LAs, and partners, are planning for and delivering change. It is also designed to highlight innovative and good practice as well as areas of challenge for LAs.
- The Template is designed to enable CSWOs to produce reports which draw together already existing information in a more consistent way and does not require new information to be produced. Links to more detailed reports on activity and outcomes can, and should, be referred to and embedded in the report but the data itself need not be repeated.
- The main change since the 2014/15 report template has been to ask for a reflection summary at the start and the provision of specific case studies that highlight examples to share learning in the section under Improvement Approaches.

## ACTION FOR CSWOs

7. CSWOs are requested to use the attached Template to structure their Annual Reports for 2015/16 and **email their completed reports to the Chief Social Work Adviser, Scottish Government by 30 September 2016 or earlier if possible**. Where possible, urls for the published reports should be included in the email. Reports should be emailed to: [Francois.Roos@gov.scot](mailto:Francois.Roos@gov.scot)

8. If at 30 September the report has yet to be cleared by the relevant Council Committee, CSWOs are asked to send in a draft report stating that its content is awaiting formal Committee approval and indicating when that is expected to happen.

*Office of the Chief Social Work adviser, Scottish Government*

*May 2016*

**ANNUAL REPORT BY LOCAL AUTHORITY CHIEF SOCIAL WORK OFFICERS  
TEMPLATE FOR PRODUCTION OF 2015-2016 REPORT**

**1 Summary Reflections - Key challenges and developments during the past year**

**2. Partnership Structures/Governance Arrangements**

**3. Social Services Delivery Landscape**

**4. Finance**

**5. Service Quality and Performance**

**6. Delivery of Statutory Functions**

**7. User and Carer Empowerment**

**8. Workforce**

**a) Planning**

**b) Development**

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

## GUIDANCE ON CONTENT FOR THE TEMPLATE SECTIONS OF THE 2015-2016 REPORT

The guidance provides a note of '*Indicative Content*' for each section of the Template. It is not the intention to prescribe the exact nature of all the information provided in the Template, that is a matter for individual CSWOs. However CSWOs are recommended to provide, as a **minimum**, the Indicative Content set out in this guidance. CSWOs are encouraged to provide additional information within the Template, where they feel that would be helpful.

To underpin the report through use of evidence and to further explain the information provided in the report, CSWOs are encouraged to insert direct links to more detailed reports information sources, performance indicators etc. as judged relevant.

### 1 Summary Reflections - Key challenges and developments during the past year

This section should provide a brief narrative on the key challenges and priorities which arose in 2015/16 and any key developments, achievements and learning which took place.

*Indicative Content:*

- evidence of actions and developments in addressing key priorities in your area
- evidence of actions and developments in addressing key challenges in your area
- highlighting areas where more progress needs to be made
- highlighting particular challenges going forward

### 2. Partnership Structures/Governance Arrangements

This section should outline Governance and strategic partnership arrangements, including integration partnerships, and comment on how they are functioning in regard to social work services. This should include a focus on the partnership arrangements with Third and Independent Sectors and with service users and carers.

*Indicative Content:*

- an overview of strategic partnership structures and governance arrangements - including health and social care partnerships, community planning partnerships and partnerships with the Third and Independent Sectors. It would be helpful to highlight any developments around these partnerships and also to indicate any challenges and how they are being addressed
- the CSWO position in the governance and accountability structures and the arrangements by which the CSWO discharges their functions in these structures
- care governance structures and how the CSWO is placed to assure the quality of social workers and of social work practice
- how users, carers and communities are engaged as individuals and collectively as partners in service planning, commissioning and development

### 3. Social Services Delivery Landscape

This section should provide an overview on how social services provision is supplied within the area (what is the “market” of provision?). This should include comment on the nature and make-up of local provision, how well the provision is working and whether there are any significant service or provider gaps and what is being done to address those.

#### *Indicative Content:*

- what is the nature and size of local social service provision, explain how ‘market’ data is collected and shared with delivery partners - and provide a sense of how well that is working to, improve individual and local area outcomes
- how are the independent and voluntary sectors involved in planning and designing the delivery of services
- how are users, carers and communities engaged as individuals and collectively as partners in service development, delivery and evaluation
- how local commissioning is working and being taken forward – what works well, what doesn’t, what are the challenges and how are these being tackled

### 4. Finance

This section should provide an overview of the resources available to provide social services including: a view on how financial constraints have impacted on services, identifying the pressure areas and how are they being mitigated; highlighting areas where improvements are delivering efficiencies and more cost effective services.

#### *Indicative Content:*

- the financial trends for social work expenditure
- what are the main financial pressure areas, has there been a risk analysis of these areas and are there plans in place to address the financial pressures
- how the LA is shifting resources to early intervention and prevention

### 5. Service Quality and Performance

This section should present an overview of social services quality and performance. It should cover achievements; weaker areas and what is being done to resolve these; challenges and pressures around delivery and sustainability (generic and service specific); key risks to delivery and the activity being taken to mitigate those risks; and it should also describe progress with delivering key national policies and key developments around the continuous improvement agenda. It is for CSWOs to decide which areas of performance they cover in more detail but the overview needs to encompass a view across all areas of service provision.

#### *Indicative Content:*



- how social work delivery is contributing to local and national outcomes, national change programmes and to the public sector reform agenda
- overall progress with the shift to – outcomes focus , early intervention, integration of health and social care, personalisation of services, co-production and self-directed support, risk enablement, and community capacity building.
- an overview on how services are performing, what is working well, what have been the key achievements in the past year, what needs to be improved,
- areas of good practice, new and innovative services developed, service redesign

## 6. Delivery of Statutory Functions

This section should provide an overview of the LA's capacity/ability to deliver its statutory functions related to social work, identify any delivery risks and plans to address those, and comment on the capacity of CSWOs and others to discharge their statutory functions.

*Indicative Content :*

- an overview on performance over the range of statutory functions
- has planning and risk assessment identified any areas of significant concern – if so what are they and what plans are in place to address the issues

## 7. User and Carer Empowerment

This section should provide detail on what progress is being realised in empowering users, carers and communities at a service delivery and individual care planning level in an equal partnership of care.

*Indicative Content:*

- how far is an asset-based and outcomes based approach embedded in practice and in service delivery – what is being done, what challenges are there and what future work is needed
- how the LA is ensuring delivery of personalised services to individuals in line with an outcomes focussed approach to care planning, co -production and self- directed support
- how people across a range of groups are being supported to live independently

## 8. Workforce

The purpose of this section is to provide an overview of relevant a) workforce planning and b) workforce development activity within the LA - including joint activity with key partners.

*Indicative Content:*

### a) Workforce Planning



- key workforce planning activity – what works well and why, what could work better, what are the challenges, what improvements are planned and what are the priorities for the year ahead
- evidence of predictive future workforce planning activity, including work with independent and third sector to workforce plan
- succession planning for the CSWO role
- recruitment issues – overview of position, existing challenges and solutions to tackle these,

#### b) Workforce Development

- collaborative approaches to workforce development, cross-sectoral workforce development strategies/activity
- how the CSWO is strengthening leadership at all levels, collaborative leadership activity any linkages with wider public sector leadership development agenda
- overview of workforce development actions – key challenges and achievements including progress with registration of the workforce and support for CPD.
- the use of technology and other innovative approaches to support learning
- workforce engagement/surveys - describe how feedback from the workforce is used to improve retention of the workforce

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

This section should highlight key areas of progress and provide examples of learning and improvement. You may also wish to highlight work that is being developed to address key challenges or problems. The examples can then be used for shared learning opportunities.



# Corporate Policy and Strategy Committee

10am, Tuesday, 3 October 2017

## Edinburgh Integration Joint Board Annual Performance Report 2016/17

Item number 8.3

Report number

Executive/routine

Wards: All

Council Commitments

### Executive Summary

---

- 1 All integration authorities are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to produce an annual performance report no later than three months after the financial year to which the report relates. The first annual performance report of the Edinburgh Integration Joint Board covering 1 April 2016 to 31 March 2017, which was published on 1 August 2017, is attached as Appendix A.

## Edinburgh Integration Joint Board Annual Performance Report 2016/17

### 1. Recommendations

---

- 1.1 Corporate Policy and Strategy Committee is asked to note the first Annual Performance Report of the Edinburgh Integration Joint Board, which is attached as Appendix A.

### 2. Background

---

- 2.1 All Integration Joint Boards are required by the Public Bodies (Joint Working) (Scotland) Act 2014 to publish an annual performance report for the period 1 April to 31 March no later than 3 months after the end of the period. The report attached as Appendix 1 is the first Annual Performance Report published by the Edinburgh Integration Joint Board.

### 3. Main report

---

- 3.1 As required by the legislation and related guidance the report details performance in the following areas:
- delivery of the nine National Health and Wellbeing Outcomes and related key priorities of the Integration Joint Board
  - finance and best value
  - moving to a locality based model of planning and delivering services
  - inspection of services
  - review of the Integration Joint Board strategic commissioning plan
- 3.2 In the longer term, the expectation is that the annual performance report will include data for the current year and four preceding years, to allow comparison and show trends. As integration authorities have only recently been established, the requirement is that the report covers only the period since services were delegated on 1 April 2016. This makes benchmarking difficult.
- 3.3 For 2016/17, all Integration Joint Boards have been required to report performance against 23 national indicators intended to measure progress in delivering the nine

national health and wellbeing outcomes. From 1 April 2017 onwards, a further six national indicators will be used to measure the progress of integration.

- 3.4 The approach taken in the Edinburgh Annual Performance Report has been to illustrate performance against the 23 national indicators compared to other Integration Joint Boards, where this information has been published. The other comparator used is performance in the previous year, whilst recognising that this predates the delegation of services to the Integration Joint Board. A set of local indicators has also been developed.
- 3.5 The main body of the Annual Performance Report provides a narrative around the areas outlined in paragraph 3.1 above and includes a number of case studies for illustrative purposes. Data detailing performance against specific indicators or in specific areas, is provided in the appendices to the main report, attached as Appendix B to this report.

## **4. Measures of success**

---

- 4.1 The Annual Performance Report of the Edinburgh Integration Joint Board details performance in relation to services delegated to the Board. The report is being used to inform future strategic planning by the Board and services delivered through the Health and Social Care Partnership. The data contained in the appendices is being used to establish a baseline against which future performance can be measured.

## **5. Financial impact**

---

- 5.1 Details of financial performance during 2016/17 are included within the Annual Performance Report.

## **6. Risk, policy, compliance and governance impact**

---

- 6.1 In order for the performance report to be useful, it is necessary for performance to be recorded and monitored and used as a means to improve service delivery and quality.

## **7. Equalities impact**

---

- 7.1 The Annual Performance Report details the performance of services that are used by all sections of the community both specialist services and universal services, such as primary care. In responding to Outcome 5 of the National Health and Wellbeing Outcomes, the Performance Report addresses performance in relation to reducing health inequalities.

## 8. Sustainability impact

---

8.1 There are no direct sustainability impacts arising from this report.

## 9. Consultation and engagement

---

9.1 The development of the Annual Performance Report was overseen by the Performance and Quality Sub-group of the Integration Joint Board, membership of which includes citizens with lived experience of using health and social care services and unpaid carers, along with representatives of the third and independent sectors.

## 10. Background reading/external references

---

10.1 [Scottish Government Guidance on Integration Partnership Performance Reports](#)

### **Michelle Miller**

Interim Chief Officer Edinburgh Health and Social Care Partnership

Contact: Wendy Dale, Strategic Planning, Service Re-Design and Innovation Manager

E-mail: [wendy.dale@edinburgh.gov.uk](mailto:wendy.dale@edinburgh.gov.uk) | Tel: 0131 553 832

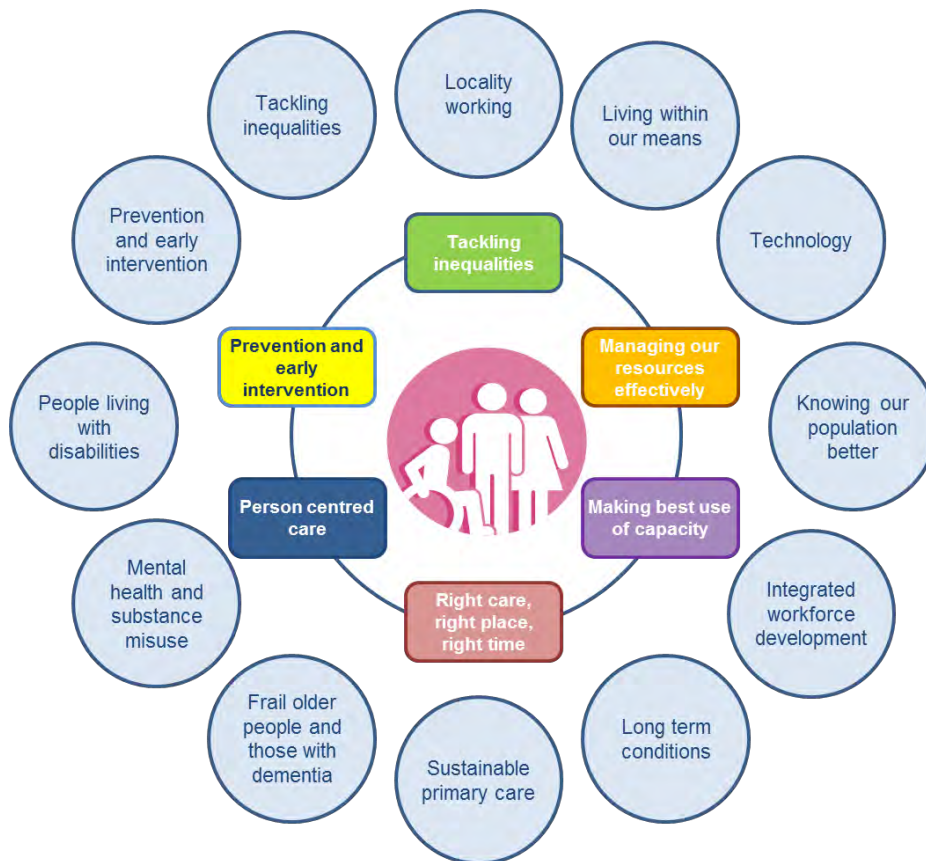
## 11. Appendices

---

Appendix A – Edinburgh Integration Joint Board Annual Performance Report

Appendix B – Appendices to Edinburgh Integration Joint Board Annual Performance Report

# Delivering Health and Social Care in Edinburgh



## Edinburgh Integration Joint Board Annual Performance Report 2016/17

## Contents

	<b>Page</b>
Foreword	3
Introduction and overview	4
Strategic planning	6
Our approach to reporting performance	8
Delivering against the National Health and Wellbeing Outcomes	9
Locality working	35
Finance and best value	38
How others see us	41
Appendices	
Appendix 1 – National indicators	
Appendix 2 – Local indicators	
Appendix 3 – Inspection gradings	

-



## **Foreword**

This is the first Annual Performance Report of the Edinburgh Integration Joint Board (EIJB). The report provides a review of the progress made during 2016/17, the first year of operation of the Edinburgh Integration Joint Board and Health and Social Care Partnership.

In line with the expectations set by the Scottish Government the report considers our performance from several different perspectives:

- the progress we have made in:
  - achieving the nine national Health and Wellbeing Outcomes and the related key priorities of the Integration Joint Board;
  - moving to a locality based model of planning and delivering services;
  - making our strategic plan a reality;
- the way in which we have managed our finances and delivered best value; and
- how other people see us based on feedback from people who use our services, unpaid carers and staff and external organisations who inspect and regulate health and social care services

As anticipated we have faced many challenges during 2016/17 to improve the quality of services at a time of significant resource reduction, whilst moving to an integrated four locality model of operation.

The major challenges we faced included:

- too many people in Edinburgh waiting too long to receive the support they need to help them live independent and healthy lives at home; making a significant reduction in the number of people waiting for support and the length of time they are waiting will be an absolute priority during 2017/18;
- a significant proportion of the GP practices in Edinburgh are operating with restricted lists and there are significant difficulties recruiting and retaining care workers in a city with virtually full employment;
- the Joint Inspection of Services for Older People that took place in 2016/17, identified a number of weaknesses in service planning and delivery and found some of our key processes to be 'unsatisfactory'. We have developed a robust action plan in response to the recommendations from the Inspection the implementation of which is being proactively managed.
- although we delivered a balanced budget in 2016/17 our financial position continues to be a challenge.

Whilst we do not wish to gloss over the performance and quality challenges, we have some positives to report. There has been significant progress in implementing the new structure that will support the delivery of services on a locality basis, and will

introduce more preventative and proactive services for the citizens of Edinburgh. We believe that this will allow us to provide more responsive and person-centred services focused on assessing, treating and supporting people as close to home as possible so they can live their lives in ways that suit them.

One of our great strengths is the dedication of our workforce all of whom are committed to providing the best services possible to keep the citizens of Edinburgh safe and healthy. Whilst the Joint Inspection report on Services for Older People was critical in several areas it did identify that services where they were received were good.

*“When people received services, they were generally of good quality and made a positive difference.” Joint Inspection of Services for Older People May 2017*

Our performance in respect of unscheduled care is amongst the best in Scotland.

Our teams are fully aware of the challenges that remain to be met in providing “the right care in the right place at the right time”. With our restructure virtually complete and our staff teams motivated and keen to meet these challenges, we are in a much-improved position at the end of this reporting period.

The information contained in this report has been used to inform the programme of work we are taking forward to implement our strategic plan during 2017/18. The challenges are still great but the goal is within sight and I look forward to presenting next year’s report.

Rob McCulloch-Graham

Chief Officer Edinburgh Integration Joint Board

## **Introduction and overview**

The Edinburgh Integration Joint Board (IJB) was legally established in July 2015. Since April 2016, the Board has been responsible for the strategic planning and operational oversight of most community health and social care services for adults and some hospital based services.

In the main, the services for which the Board is responsible are managed, delivered and commissioned through the Edinburgh Health and Social Care Partnership. The Partnership brings together staff employed by the City of Edinburgh Council and NHS Lothian to provide integrated services under the leadership of a single Chief Officer. The Partnership also commissions services on behalf of the Integration Joint Board from a range of providers in the third, independent and housing sectors.

Whilst the provision of housing is not delegated to the Integration Joint Board, the Board recognises the importance of having somewhere warm, dry and safe to live for the health and wellbeing of citizens. The links between housing, health and social care are set out in the [Housing Contribution Statement](#) which accompanies the Strategic Plan.

The Edinburgh IJB is also responsible for some services that are managed directly by NHS Lothian or one of the other Health and Social Care Partnerships in Lothian.

### **Services for which the Edinburgh IJB is responsible include:**

- Adult social work services
- Community dentistry, pharmacy and ophthalmology
- Community nursing
- Health and social care services for older people, adults with disabilities, adults with mental health issues and unpaid carers
- Health promotion and improvement
- Palliative and end of life care
- Primary care (GP)
- Services provided by Allied Health Professionals (e.g. Therapists)
- Sexual health
- Substance misuse
- Support for adults with long term conditions
- Unscheduled admissions to hospital

In March 2016, the IJB published its [strategic plan](#) setting out the strategic direction for health and social care services in Edinburgh from 2016 to 2019. The plan included our vision of 'People and organisations working together for a caring, healthier, safer Edinburgh'. To help us deliver this vision the plan identified the six linked key priorities in the diagram overleaf. The priorities reflect the dual role of the Integration Joint Board in planning services to meet current need and manage future demand.

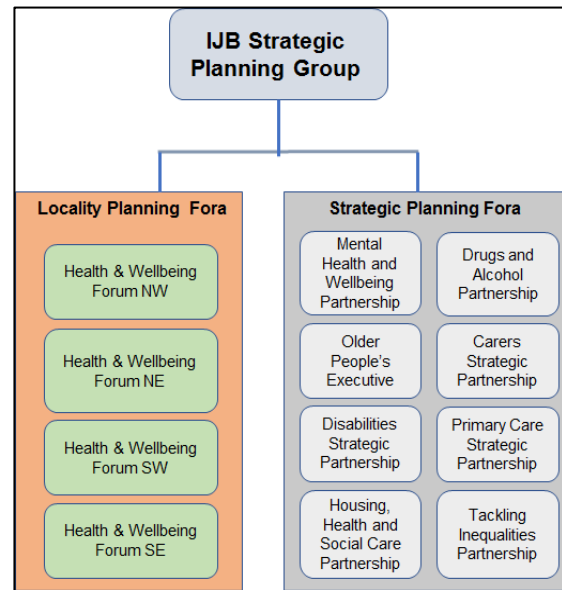


*Edinburgh Integration Joint Board Key Priorities*

## **Strategic Planning**

The Public Bodies (Joint Working) (Scotland) Act 2014 requires integration authorities to establish a strategic planning group for the purposes of consulting on their strategic plans. Our strategic plan published in March 2016 was produced in collaboration with our Strategic Planning Group, membership of which includes the Chair and Vice-chair of the Integration Joint Board; citizens with lived experience of using health and social care services or caring for someone who uses them; representatives of the City of Edinburgh Council and NHS Lothian; third and independent sector interface organisations and providers of health and social care services; providers of social housing and the Integration Joint Board's Professional Advisory Group that represents health and social care professionals.

We have established a strategic planning framework to support the Strategic Planning Group. This includes the locality health and wellbeing forums, strategic planning forums for mental health and wellbeing, older people, people with disabilities, and substance misuse. The framework also includes two cross-cutting forums focused on housing and tackling inequalities. Members of the locality and strategic planning forums include representatives of key stakeholder groups and act as a wider constituency for members of the Strategic Planning Group, providing them with access to a wide range of opinion.



Our strategic plan identifies the following twelve areas of focus which we believe will allow us to deliver our 6 key priorities:

- Achieving integration at a locality level
- Tackling inequalities
- Consolidating our approach to prevention and early intervention
- Ensuring a sustainable model of primary care
- Improving care and support for frail older people and those with dementia
- Transforming services for people with disabilities
- Supporting people living with long term conditions
- Redesigning Mental Health and Substance Misuse services
- Maximising the use of technology to support independent living and effective joint working
- Improving our understanding of the strengths and needs of the local population
- Integrated workforce planning and development
- Living within our means

We reviewed our strategic plan at the end of 2016/17 to identify the progress made in terms of what we set out to do and agree priorities for delivery in 2017/18. The outcome of this review has informed the content of our Annual Performance Report.

## **Our approach to reporting performance**

In producing this annual report, we have used several sources of information:

i. **National indicators**

A core set of 23 national indicators has been developed to measure the performance of each health and social care partnership in achieving the Health and Wellbeing Outcomes. The indicators look at both the operational performance of partnerships and the experience of citizens who make use of health and social care services. Our performance against the 23 national indicators is detailed in Appendix 1. Comparative data for other areas across Scotland is not available for all indicators in respect of 2016/17, where this is the case and comparative data for 2015/16 is available, this has been used instead.

ii. **The National Health and Care Experience Survey**

A postal survey is undertaken every two years of a subset of people registered with a GP asking about their experience of accessing and using their GP practice, some social care services and support for unpaid carers. The survey is the source of nine of the core set of 23 national integration indicators. The survey was last carried out in 2015/16 which predates the establishment of the Integration Joint Board; however, the results of this survey identify issues that the Board needs to address and provide a baseline against which to measure future performance. The full results for Edinburgh can be accessed [here](#).

iii. **Local indicators**

A set of indicators has been adopted locally to track progress against the strategic plan and towards the priority outcomes; some are used to measure performance within and between the four localities whilst others show performance at a citywide level. The local indicators can be found in Appendix 2.

iv. **Feedback**

We receive feedback from a number of sources including compliments and complaints and through formal inspections which may be themed or in respect of a specific service. We have also undertaken local satisfaction surveys.

v. **Case studies**

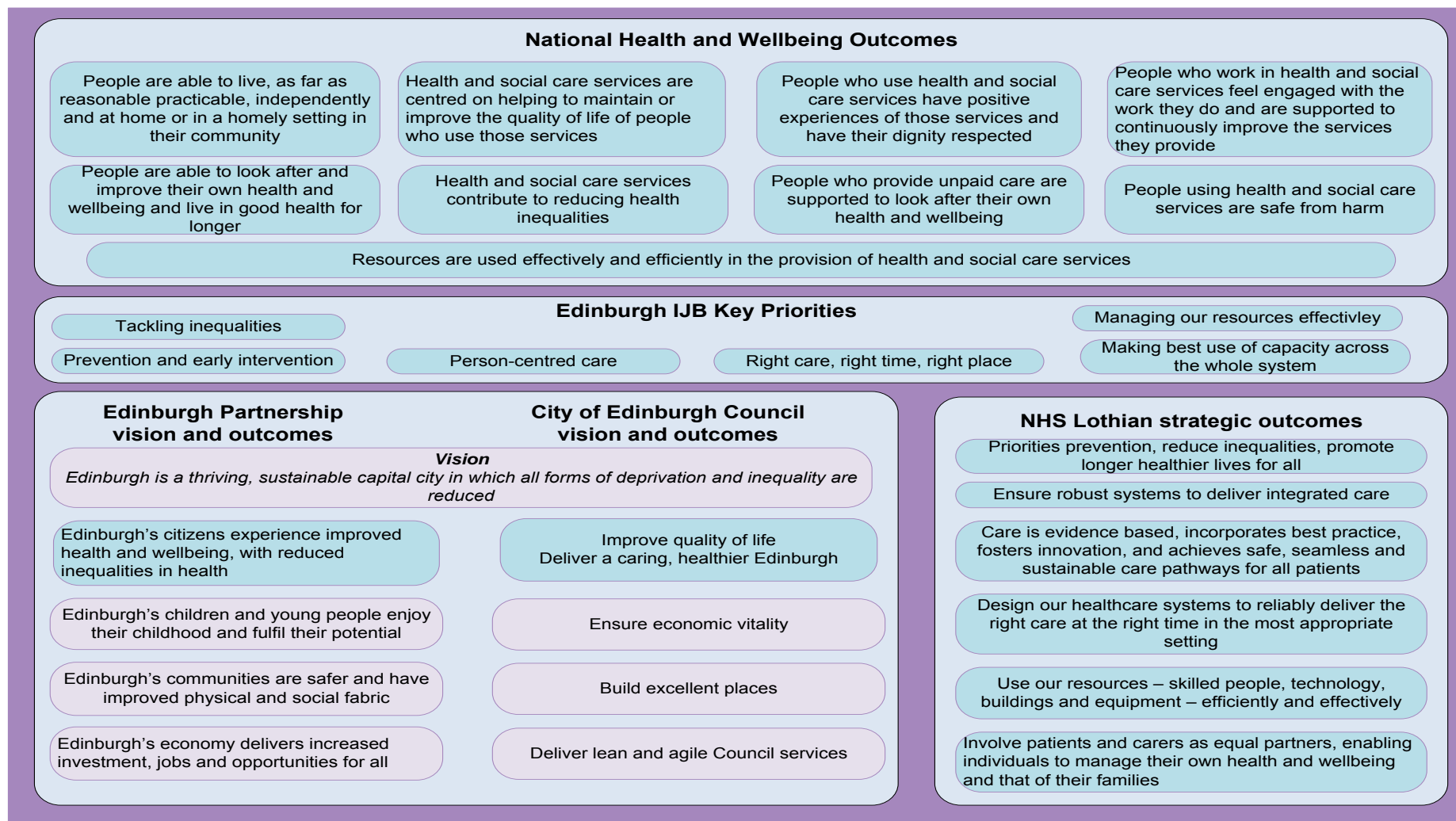
We recognise the importance of stories in helping us to identify the impact of our strategic plan and the services provided and commissioned through the Health and Social Care Partnership. We have included some case studies in this report and will be developing ways of collecting these on a regular basis to help us improve future.

## **Delivering against the National Health and Wellbeing Outcomes**

The nine National Health and Wellbeing indicators shown at the top of the diagram on the following page, are a set of high level statements produced by the Scottish Government. The outcomes describe what Health and Social Care Partnerships are working to achieve through the integration of services and the pursuit of quality improvement.

This section of the Annual Report details our performance against the nine outcomes from 1 April 2016 to March 2017. Information about our performance against each of the 23 national indicators is given throughout this section and in Appendix 1.

The 6 priorities within our strategic plan have strong links to the National Health and Wellbeing Outcomes and the strategic priorities of NHS Lothian, the City of Edinburgh Council and the Edinburgh Community Planning Partnership. These linkages are illustrated in the diagram below.





## Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer

### What we say in our strategic plan

*Our strategic plan sets out a clear intention to develop a new relationship with and between citizens and communities, our services and staff and the many organisations who contribute to encouraging, supporting and maintaining the health and wellbeing of the people of Edinburgh.*

*Preventing poor health and wellbeing outcomes is a key priority within our strategic plan, we aim to do this by working with our partners to support and encourage people to:*

- achieve their full potential, stay resilient and take more responsibility for their own health and wellbeing;*
- make choices that increase their chances of staying healthy for as long as possible;*
- utilise recovery and self-management approaches if they do experience ill health.*

### How are we performing?

Access to responsive primary care services is central to supporting people to look after their own health and wellbeing. GP practices in Edinburgh are under considerable pressure from increased demand due to the growing population in the city and the national shortage of people wanting to enter the profession. Actions to help alleviate this situation have included making better use of the wider primary care workforce, improving GP premises and working collaboratively with partners to improve health and wellbeing in local communities. We also work with individuals affected by long term conditions to support them to manage their condition(s) themselves as far as possible.

Overall 96% of Edinburgh citizens who responded to the 2015/16 Health and Care Experience Survey said that they were able to look after their health very well or quite well. This compares with an average of 94% across Scotland.

Approximately 38 of the 74 GP practices in the city (51%) are operating restricted lists which means that they have introduced criteria to limit the number of new registrations. The number of people registered with GPs increased by 7,000 during 2016/17 and approximately 3.25 million patient consultations were undertaken by GP practices during this period.

Despite these pressures, patients' satisfaction with the services they receive from their GP practice measured through responses to the 2015/16 Health and Care Experience Survey was above the Scottish average:

- 89% of respondents rated the overall care provided by their practice as 'good' compared to a satisfaction level of 87% in Scotland as a whole;
- 85% of respondents in Edinburgh said that they 'could get to see a doctor or nurse within 2 working days' and agreed that the 'arrangements for getting to see a nurse were excellent or good' (compared to a Scottish average of 84% and 82% respectively).

However, only 76% of respondents agreed that the arrangements for getting to see a doctor were excellent or good. Whilst this result is disappointing it is better than the national picture where only 71% of respondents agreed with the statement. Given the considerable pressures that GP practices are working under, it is perhaps not surprising that people feel that their GP is not as accessible as they would like.

### **Progress we have made**

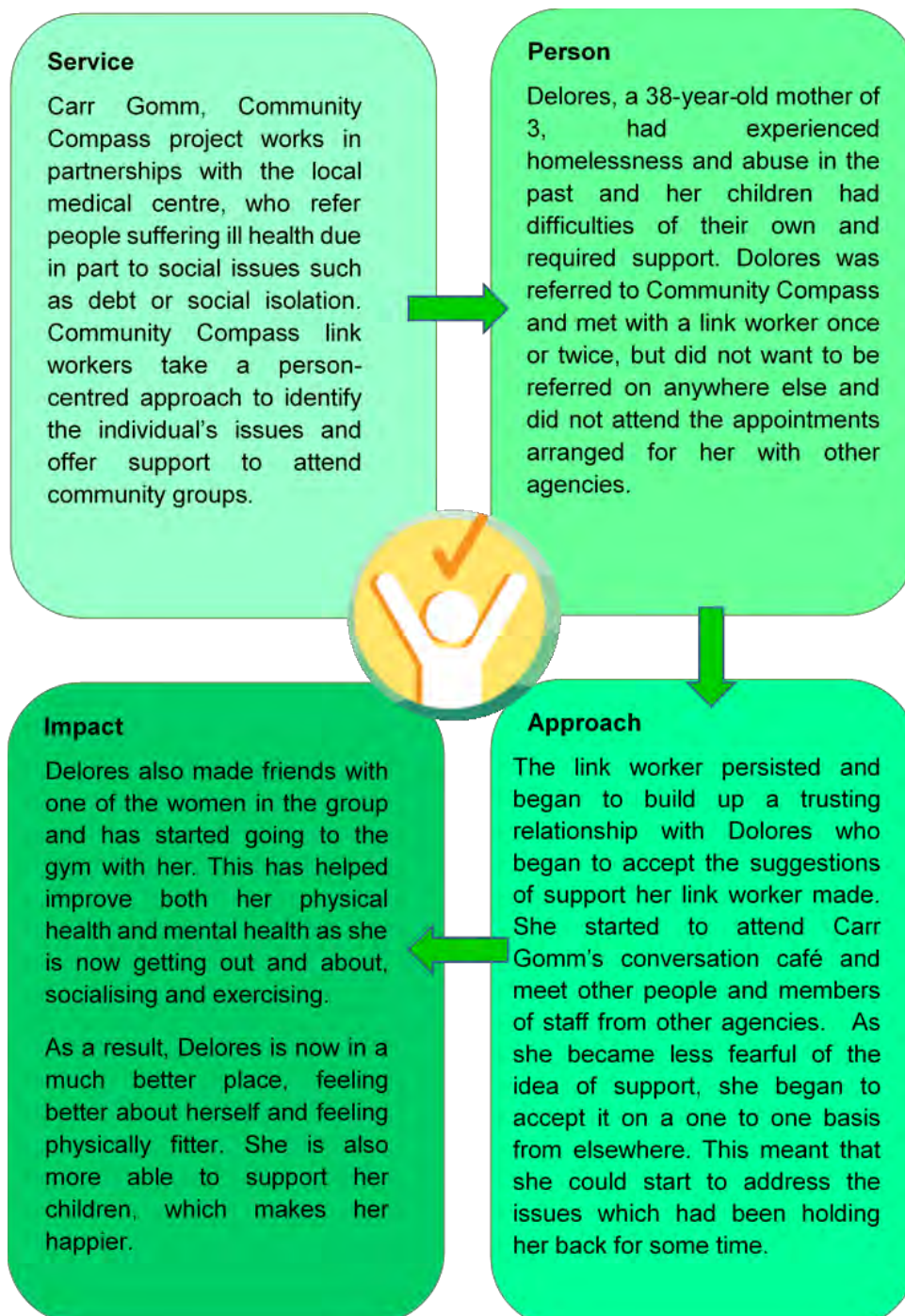
In 2016/17 we have:

- worked with 18 individual GP practices to ensure stability in the short to medium term including the use of pharmacists, advanced nurse practitioners, community psychiatric nurses, link workers and physiotherapists to supplement medical sessions;
- consulted with GPs across the city as to how funding should best be used to augment the workforce and stabilise Primary Care; this includes capacity to develop social prescribing and implement a network of link workers;
- worked with NHS Lothian to provide new or extended premises for eight practices and support population growth;
- developed plans that will see four new primary care premises open in 2017/18;
- consulted extensively with GPs to ensure that there is a premises plan that supports the City's Local Development Plan (2016–2026) which will see the population of Edinburgh increase by a further 50,000;
- developed the 'Fit for Health' physical activity programme in partnership with Edinburgh Leisure helping people with long term conditions to manage their own condition by improving their strength, mobility and cardiovascular function. 78% of participants reported greater wellbeing including weight loss and improved sleep – positively influencing both their physical and mental wellbeing;
- supported people whose health is affected by social issues such as debt or social isolation through Carr Gomm's Community Compass project, which works with local medical centres.

## Priorities for 2017/18

- Continue the programme to enhance GP premises, including: relocation of Polworth practice; commissioning Ratho Medical Practice, North West Partnership Centre, Leith Walk Medical Practice and Allermuir Health Centre; co locate the Access Practice with a range of other services to support homeless people with complex needs.
- Implement the plan developed for the use of funding to augment the workforce and stabilise primary care.

## Case Study – Carr Gomm Community Compass



## Outcome 2:

**People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community**

### What we say in our strategic plan

*Delivering the right care in the right place at the right time for each person, is a key priority within our strategic plan. We aim to ensure that people:*

- are assessed, treated and supported at home and within the community wherever possible and are admitted to hospital only when clinically necessary;*
- are discharged from hospital as soon as possible with support to recover and regain their independence at home and in the community;*
- experience smooth transitions between services, including from children's to adult services;*
- have their care and support reviewed regularly to ensure these remain appropriate;*
- are safe and protected.*

### How are we performing?

To provide the right care in the right place at the right time, we need to ensure that we have the right mix and capacity of services across all settings including preventative services in the community, proactive care and support at home, effective care at times of transition and intensive care and specialist support. Our performance in this regard has been mixed. Whilst we have been relatively successful at keeping people out of hospital and caring for them at home, too many people are waiting too long for the support they need either in hospital or in the community. This remains a significant challenge for the Edinburgh Health and Social Care Partnership.

Of those responding to the Health and Care Experience Survey in 2015/16, 82% agreed that they were supported to live as independently as possible.

Our performance in relation to emergency admissions to hospital in 2015/16, the last year for which comparative data is available, was the best in Scotland with 8,393 admissions per 100,000 of the population compared to the Scottish average of 12,138 admissions per 100,000 of the population. The rate of emergency bed days occupied, 112,147 per 100,000 of the population, also compared favourably to the national figure of 122,713. Whilst comparative data is not available for 2016/17 both the rate of emergency admissions and the rate of emergency bed days occupied have fallen in Edinburgh; admissions by 116 and bed days occupied by 3,542, which is positive. However, the

number of people who are readmitted to hospital within 28 days of being discharged is relatively high.

In 2015/16, 62.3% of adults with intensive care needs were supported to live at home which is better than the Scottish average of 61.6%. However, if we are to be successful in achieving our ambition of shifting the balance of care to the community, this is an area where performance needs to improve.

The Reablement Service provides intensive support for a short period to help people regain their confidence, skills and independence. The majority of people using this service have either needed no ongoing support or the level of support required has reduced.

Our biggest challenges in relation to providing people with the right care at the right time in the right place relate to providing a timely response to requests to assess people's needs and put packages of care in place within the community and supporting people to be discharged from hospital when they are fit to leave.

All urgent assessments are carried out within 24 hours; however, in March 2017, 1,428 people were waiting for social care assessments to take place in the community, the average waiting time was 101 days against a maximum target on 28 days. Although the number of people waiting was beginning to reduce by March 2017, the length of wait was growing. Our assessment processes have been reviewed and streamlined to address this significant challenge.

Our partner providers in the third and independent sectors continue to face difficulties in the recruitment and retention of staff. This impacts directly on our performance in respect of delayed discharges which is poor and has been for some time. There were 176 people whose discharge from hospital had been delayed in March 2017, although this is a reduction from 221 people in January 2017, the number remains unacceptably high. We have a target to reduce this number to 50 by the end of December 2017.

### **Progress we have made**

During 2016/17, we have:

- established a locality based structure with integrated teams that will provide care and support closer to home to avoid hospital admission, facilitate timely discharge from hospital and help people maintain and regain their independence;
- established a new orthopaedic supported discharge team which facilitates safe, supported, early discharge by providing short term rehabilitation at home. 73% of the people supported did not need any further help;
- used dedicated Mental Health Officer time to speed up the granting of Guardianship Orders for people who lack capacity and are delayed in hospital. This resulted in the number of people waiting being reduced by almost 50%;

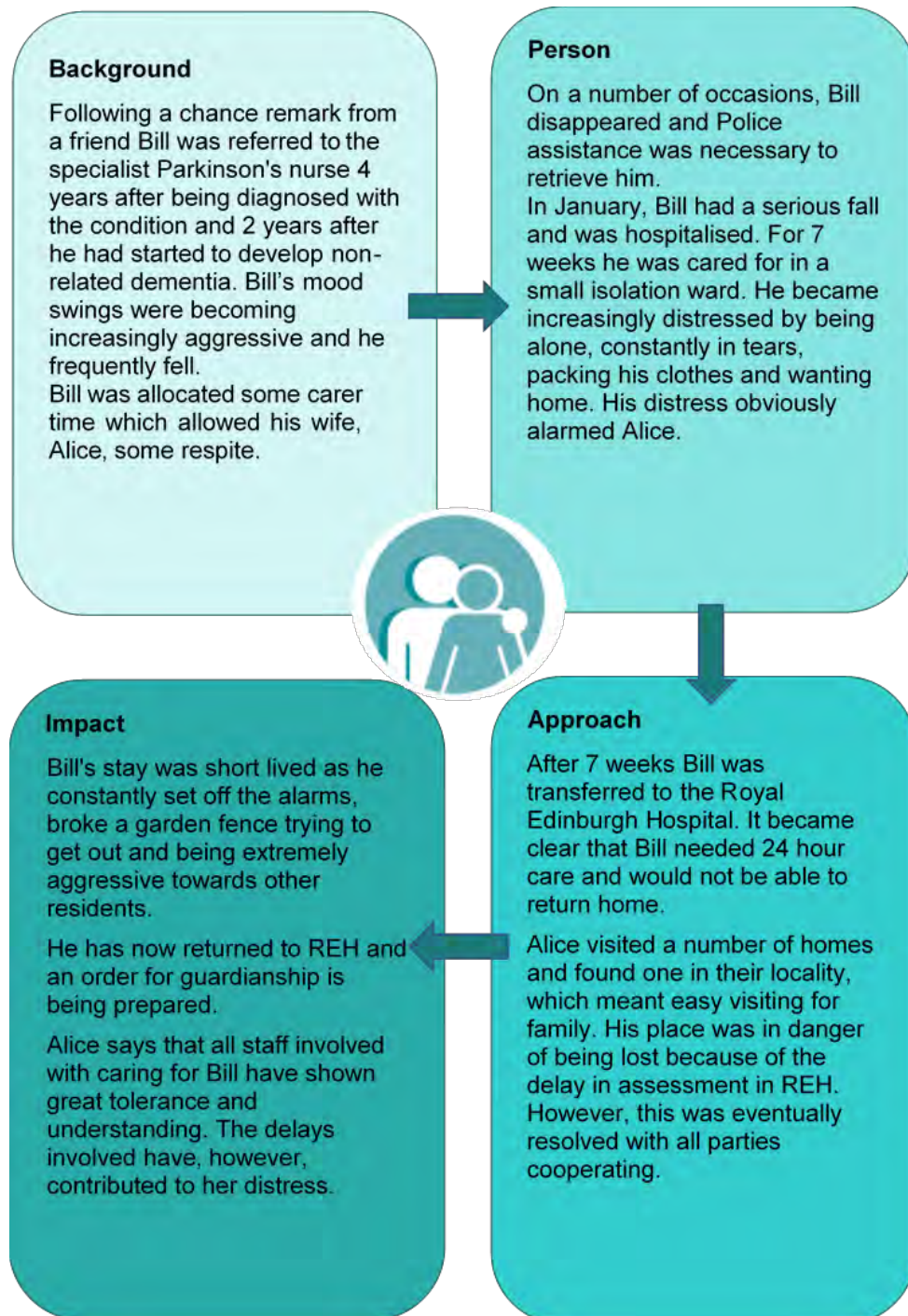
### **Priorities for 2017/18**

- Reduce both the numbers of people waiting for support and the length of waiting times.



- Investigate reasons for hospital readmission rates and develop plans in response
- Work with the providers of care at home services to increase capacity.
- Simplify and streamline our assessment and review processes This will provide additional capacity to reduce the length of time people wait.
- Increase the provision within the community to allow people to move out of long stay hospitals, including Murray Park and the Royal Edinburgh Hospital.

### Case Study – Impact of delays in assessment



## Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

### What we say in our strategic plan

*Practising person centred care is a key priority in our strategic plan and is key to delivering our vision for where we want to be by 2020 when:*

- *people and communities work with local organisations to determine priorities and plan, design, deliver and evaluate services; and*
- *people, their families and carers are supported to decide how their care and support needs should be met and take control over their own health and wellbeing.*

*We aim to do this by placing good conversations at the centre of our engagement with citizens.*

### How are we performing?

Evidence from the 2015/16 Health and Care Experience Survey shows that of those respondents who receive care and support with daily living activities, 89% felt that they were treated with respect and 86% agreed that they were treated with compassion and understanding, which is above the Scottish average of 85%. However, overall service user satisfaction levels are generally lower than we want them to be. The percentage of people who agreed that their health and social care services seem to be well co-ordinated fell from 75%, which is the Scottish average, to 71%. In the same survey, only 77% of people rated the care or support they received as good or excellent which is below the Scottish average of 81%. Whilst 80% of care services were graded as good or better in Care Inspectorate inspections in the same year.

Further work needs to be undertaken with our service users and other stakeholders to inform our improvement programme.

The percentage of people receiving care and support services in Edinburgh responding to the Health and Care Experience Survey in 2015/16 who agreed that they had a say in how their health care and support was provided reduced significantly from 83% in 2013/14 to 76% in 2015/16 which is below the Scottish average of 79%. The total number of people who made a choice as to how their care and support is arranged and managed through the four options of self-directed support increased from 3,989 in 2015/16 to 4,527 in 2016/17. However, the 2016/17 rate of 10 per 1,000 of the population aged 18+ is below the Scottish average of 11, which is the minimum we should aspire to achieve. Reinvigorating our approach to self-directed support to ensure that citizens in need of social care support can exercise greater choice over the way in which their care and support is provided will be a priority in 2017/18.

## **Progress we have made**

During 2016/17, we have:

- increased the value of direct payments from £16.4m to £18.5m;
- rolled out a programme of training to GP practices on anticipatory care planning and the development of key information summaries, ensuring these contain information based on the person's wishes, including preferred place of care. To date training has been delivered in over 90% of practices in the city and four care homes in the North East Locality. 137,185 key information summaries were created in 2016/17. The next step is to implement this approach within the other localities and 6 further care homes;
- worked with people with learning disabilities moving from Murray Park and their families, to commission community based accommodation;
- established a network of autism champions and provided training to front line staff to improve understanding of autism and the local services available;
- funded a multi-agency approach to delivering Promoting Excellence in Dementia Care training across care homes, home care and supported housing services to improve awareness of the Promoting Excellence Programme and improve the quality of care for people living with dementia;
- tested the CleverCogs service through Blackwood Homes and Care, which provides night time support to people with disabilities and/or poor mental health using night time digital video calling service. Feedback from individuals was very positive, including increased feelings of control over how their support is provided and improved family and social relationships through the "Friends and Family" video link;
- engaged with citizens who use community mental health services and third sector and community organisations to take a Public Social Partnership approach to developing locality based preventative services that promote good health and wellbeing.

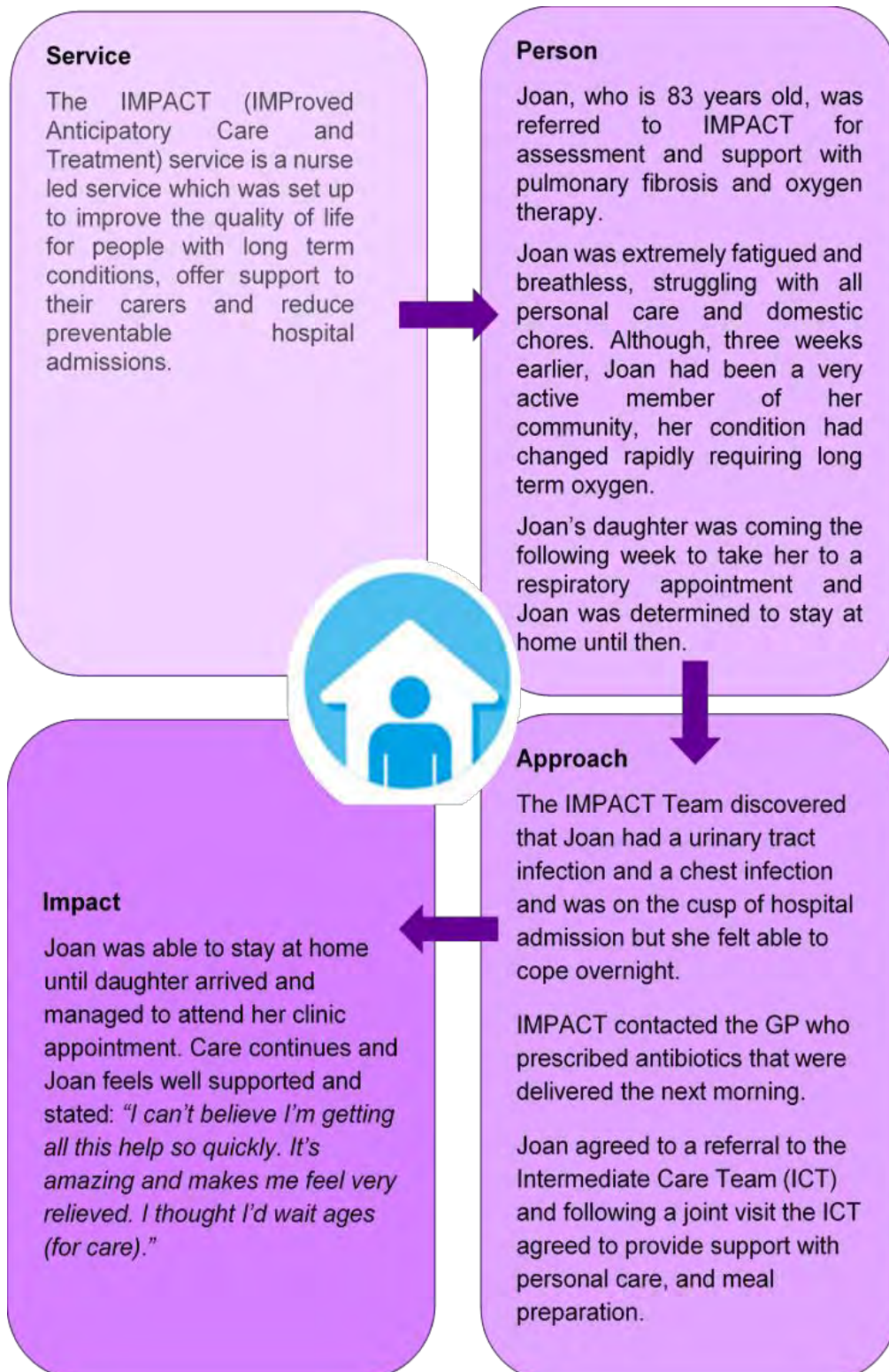
## **Priorities for 2017/18**

- Reduce waiting times for assessment and review by streamlining existing processes whilst ensuring assessments and reviews are comprehensive and reflect the views of the person being assessed and the professionals involved.
- Co-design and deliver a person-centred support planning and brokerage service to provide better outcomes and deliver best value.
- Adopt the national anticipatory care plan, launched in July 2017; complete the anticipatory care planning training with GP practices and introduce this approach in all care homes across the city.
- Transfer 165 mental health patients from out-dated wards in the existing Royal Edinburgh Hospital to a new purpose built facility on the same campus.



- Reinvigorate our approach to the implementation of self-directed support for all citizens

### Case Study – IMPACT (IMProved Anticipatory Care and Treatment) Team



## Outcome 4: Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.

### What we say in our strategic plan

*Our linked priorities of tackling inequalities, investing in preventative approaches that help people retain their independence for as long as possible and involving people in decisions about how they can be best supported in the right place at the right time are key elements in improving the quality of life for citizens.*

### How are we performing?

82% of adults in Edinburgh who responded to the Health and Care Experience Survey in 2015/16 agreed that the services and support they received had an impact in improving or maintaining their quality of life. This is below the Scottish average of 84%.

Delays in accessing the care, support and treatment that people need is likely to have a negative impact on their quality of life. The challenges we face in putting non-urgent community based care in place and supporting people to be discharged from hospital has been detailed under Outcome 2 above. There are national targets for accessing some specific services. In March 2017, 89% of those referred for treatment related to drug and/or alcohol abuse started their treatment within three weeks compared to the national target of 90%. However, in the same month, only 54.5% of those referred for psychological therapies had their first appointment for treatment within 18 weeks compared to the national target of 90%. Average performance against this target in Scotland was 78%.

Most people want to live healthy and independent lives staying in their own home for as long as possible. In 2016/17, 53% of people who had been supported through the Reablement Service required no ongoing support and the overall reduction in the volume of support needed was 52.5%. During the same period, 220 people started to receive a Dementia Post Diagnostic Support Service, a rate of 6.3 per 1,000 of the population aged 75+. The service aims to equip people diagnosed with dementia and their families with the tools, connections and resources they need to live as well as possible with dementia.

Hospital is not a good place for people to be if they can be diagnosed, treated and supported in the community and most people would rather remain at home if at all possible. In 2016/17, 22% of people with acute chronic obstructive pulmonary disease (COPD) exacerbations which placed them at risk of being admitted to hospital, were referred to the Community Respiratory Team and treated at home or in the community rather than being admitted to hospital.

During 2016/17 the number of people waiting in hospital for Guardianship Orders to be issued was reduced by almost 42% from 24 to 14.

Most people also want to be able to die in the place of their choosing. In 2015/16, on average 13.3% of the last 6 months of life was spent in large hospital settings; the target for 2017/18 is to reduce this to 10% of the last 6 months of life.

### **Progress we have made**

During 2016/17 we have:

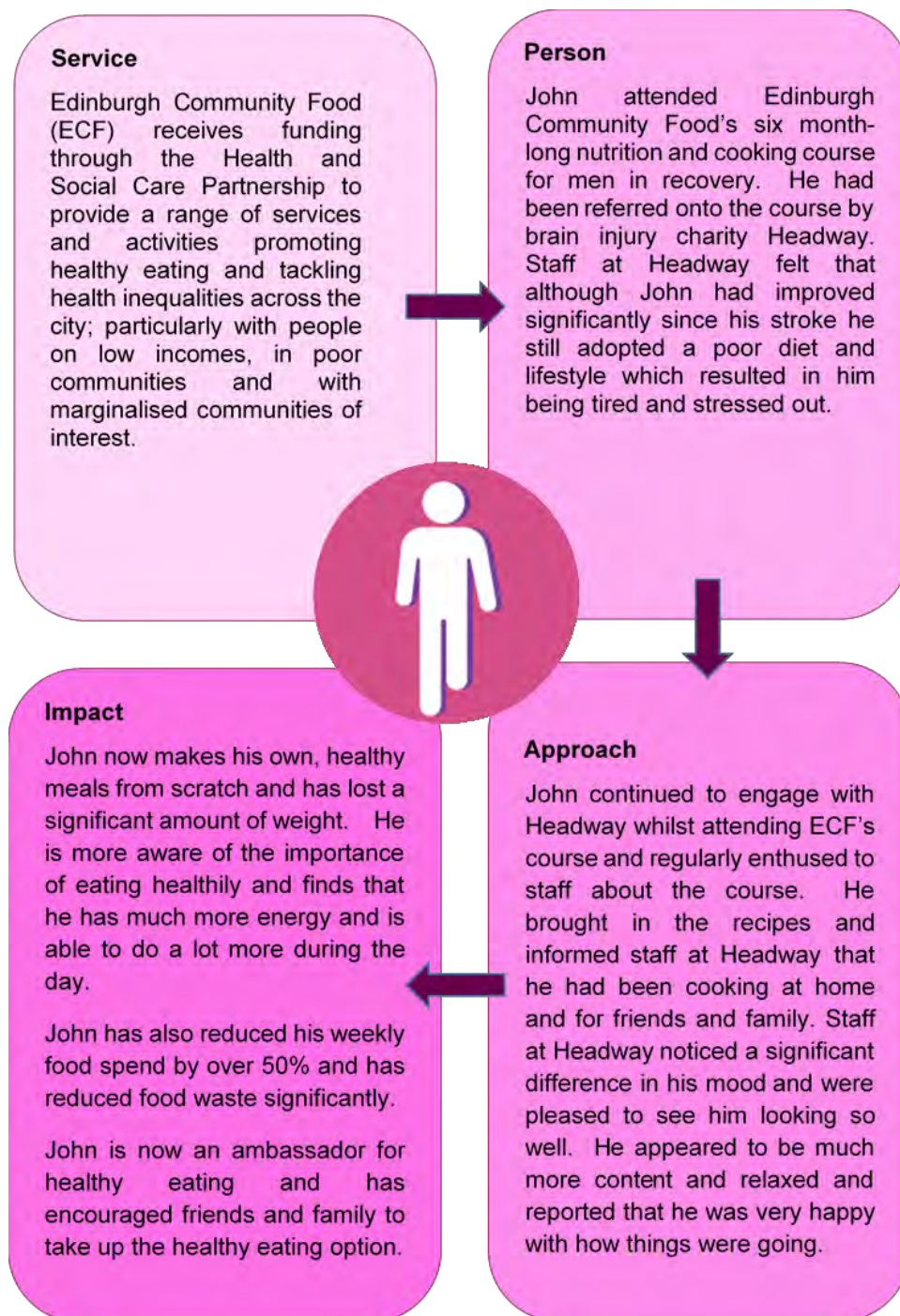
- refocused our reablement service to target those most likely to benefit, this has led to an average reduction in the amount of ongoing care required of 52% as opposed to a reduction of 37% prior to the targeted approach being taken;
- developed a Public Social Partnership approach to expanding the capacity to provide community based mental health and wellbeing support at a locality level;
- established an integrated mental health and substance misuse team in each locality;
- commenced the process to retender the Dementia Post Diagnostic Support service with capacity to support more people;
- provided access to “dementia boxes” in local libraries as part of dementia awareness raising training so that people can learn more about how it feels to have dementia;
- set out “where we’d like to be” in supporting people with long term conditions through having good conversations with the person to find out what matters to them and work in partnership with them to manage their condition;
- supported residents of one care home to work with a filmmaker to create short films about their lives in a care homes under an initiative for the creative ageing festival, ‘Luminate’, providing new, creative experiences for those involved. This is available online;
- held a care home Olympics to tie in with the 2016 Olympics in Rio. Teams of residents from each of the care homes for older people operated by the Council competed in a number of events including indoor curling, javelin, ‘funky moves’ (memory game), ‘Care Homes do Countdown’ and a dancing competition.

### **Priorities for 2017/18**

- Developing ways to demonstrate our effectiveness in helping people to identify and achieve their personal outcomes and manage their own conditions, in order to inform future improvement activity.
- Shifting the balance of care from hospital sites to communities for frail older people, people with disabilities and those with mental health problems so that people get the right care in the right place at the right time.
- Developing and implementing a palliative care and end of life strategy.



## Case Study – Edinburgh Community Food



## Outcome 5: Health and social care services contribute to reducing health inequalities.

### What we say in our strategic plan

*Tackling inequalities by working with our partners to address the root causes, as well as supporting those groups whose health is at greatest risk from current levels of inequality is a key priority within our strategic plan. We aim to do this by:*

- *supporting individuals to maximise their capabilities and have control over their lives*
- *creating healthy and sustainable communities that can resist the effects of inequality on health and wellbeing*
- *ensuring that core health and social care services are delivered in such a way as to reduce and not exacerbate health inequality*
- *recognising that some sections of the population need targeted support to address the cause and effect of inequalities*

### How are we performing?

Each of the four localities in Edinburgh has both areas of affluence and areas experiencing multiple deprivation as defined by the Scottish Index of Multiple Deprivation. Poorer health and earlier deaths affect those who face social and economic barriers such as poor housing, lack of employment, low pay or discrimination. People living in the least affluent areas are more likely to develop long term conditions and to develop them at least ten years earlier than their fellow citizens living in the most affluent parts of the city; they are also at greater risk of emergency admission to hospital.

The premature mortality rate for Edinburgh in 2015 was 406.3 per 100,000 of the population, this is below the Scottish average of 440.5 per thousand.

Whilst the delivery of health and social care services can have some impact on reducing health inequalities, many of the factors that can lead to health inequalities are outside the control of the Integration Joint Board. We are therefore, working with our partners in the Edinburgh Community Planning Partnership to develop and implement a coordinated approach to tackling inequalities across the city.

The Headroom Project was set up to improve outcomes for people in areas of the city with concentrated economic hardship building on the relationship between the patient and the health professional and the opportunities this creates to deliver patient centred care. The number of GP practices involved in the Project increased from 16 to 23 in 2016/17, covering around half of the city's areas of concentrated economic disadvantage. Different GP practices have taken different approaches whilst all involve some degree of social prescribing either through the use of Community Activity Mentors or by organising

activities themselves such as the respiratory choir, set up for people with breathing difficulties, through co-operation between Richmond Church and Niddrie Medical Practice. Although the choir was initially led by nurses from the Medical Practice the members now run it themselves.

Over 30,000 citizens have made use of third sector services funded through the Health Inequalities Grant Programme, total value £1.8 million. An evaluation based on self-reporting by grant recipients, shows the average customer satisfaction rate amongst those using the services was 91% and on average 77% of participants surveyed, agreed or strongly agreed that the service had the intended positive impact on them. The table below shows the number of individuals supported to achieve each priority outcome for the Programme.

Health Inequalities Grant Programme Priority Outcomes	People supported to achieve outcome
Increased income	13,189 people
Increased social capital	5,127 people
Increased number of people eating healthily	4,105 people
Increased community capacity	2,488 people
Reduced levels of anxiety and depression	1,812 people
More people live in and use green spaces	1,728 people
Increased participation in physical activity	1,572 people
Reduced stigma	173 people
Reduced damage to physical and mental health from all forms of abuse and violence	144 people
Reduced misuse of alcohol and drugs	75 people

## Progress we have made

During 2016/17 we have:

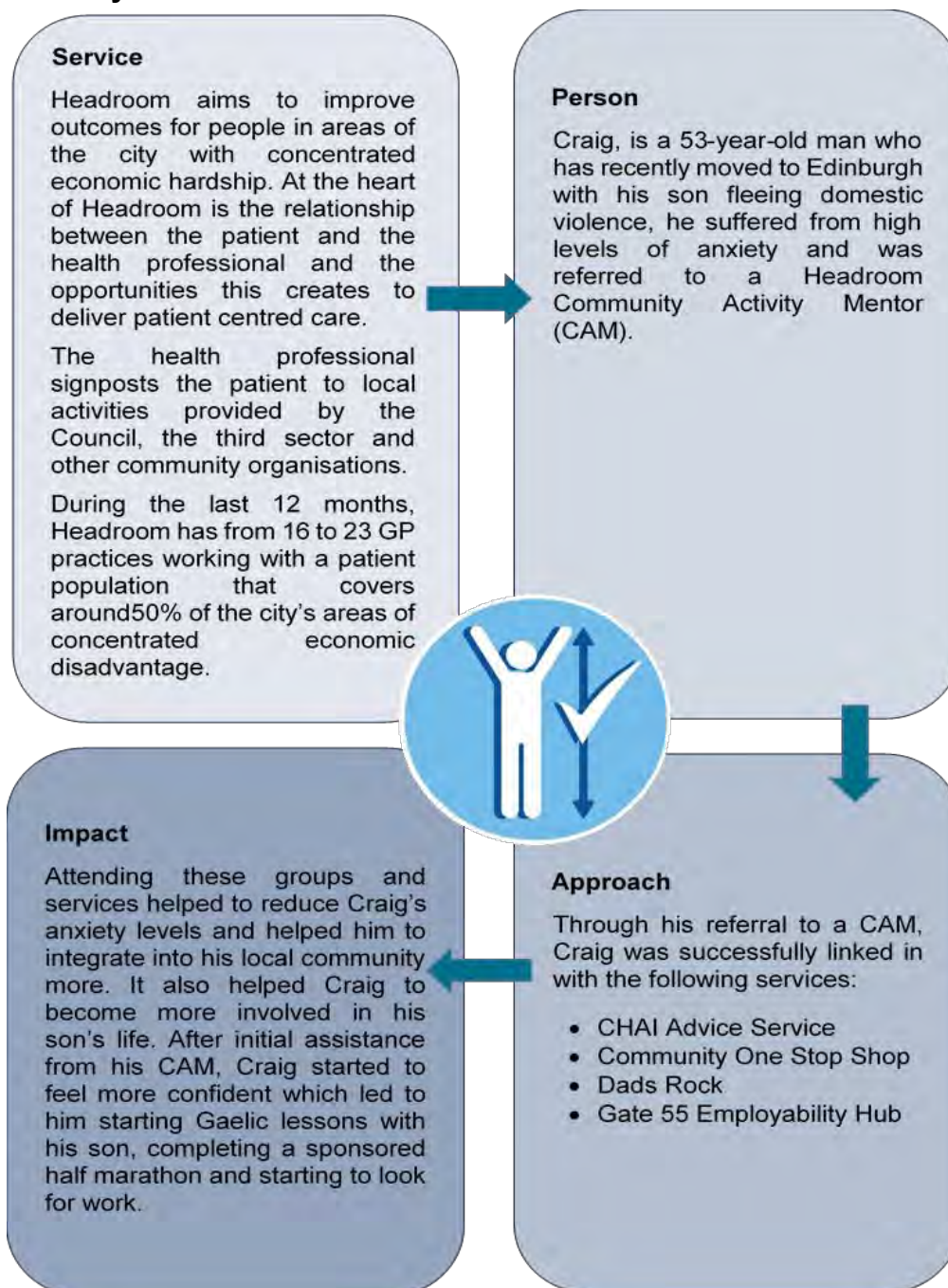
- worked with fellow members of the Edinburgh Community Planning Partnership to consult with local communities to inform the evolving Locality Improvement Plans which will have a focus on tackling inequalities;
- provided a 'bridge' into more effective engagement with services for people who struggle to access service provision in traditional ways through the Inclusive Edinburgh project. We have introduced a "case coordinator" role with a focus on building effective relationships, leading to a higher quality of engagement with people with psycho-social issues;
- brought together people with lived experience, carers, and staff from a wide range of third sector agencies and statutory services to collaborate on the establishment of public social partnerships (PSPs) to improve outcomes for people's mental health and wellbeing.



## Priorities for 2017/18

- Review the current grants programme to reflect the varying nature of the four localities in which we work and Locality Improvement Plans which will be published in October 2017.
- Introduce a network of link workers embedded in GP practices to help people access non-medical services to improve their overall wellbeing.
- Operationalise four locality wellbeing public social partnerships that will provide a range of social prescribing, meaningful activities and psychosocial and psychological support for people experiencing mental health problems.

## Case Study – Headroom



## Outcome 6: People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.

### What we say in our strategic plan

*Our strategic plan recognises the vital role that unpaid carers in Edinburgh play in supporting friends and family members with health and social care needs to live as independently as possible. Estimates for the number of unpaid carers range from 37,589 (2011 census) to 54,175 (Scottish Health Survey). We are also committed to delivering the vision set out in the Edinburgh Carers Strategy that “adult carers are able to live healthy, fulfilling lives and that they will be valued as equal partners in the provision of care and inform decisions about carer support. Carers will be able to sustain their caring role, if appropriate and if they choose it”.*

### How are we performing?

We know from the Health and Care Experience Survey carried out in 2015/16 that the level of satisfaction amongst carers about the support available to them and the people they care for is low both in Edinburgh and across Scotland. 69% of unpaid carers from Edinburgh who responded to the survey said that they had a good balance between caring and other things in their life. This is slightly higher than the Scottish average of 68%; however, only 37% of those Edinburgh carers who responded said that they felt supported to continue caring, which is below the Scottish average of 41%.

A number of wider societal factors such as changes in the welfare benefits system will impact on unpaid carers and will influence the extent to which they feel supported, which makes it difficult to establish an absolute link to the performance of the Health and Care Partnership. However, in Edinburgh, we also know that the number of carers assessments undertaken in 2016/17 is very low; 5,079 people assessed for social care support indicated that they had an unpaid carer, but only 700 carers assessments were completed. Also, the length of time that people are waiting to receive support will inevitably have a detrimental impact on family and friends who are caring for them. The joint inspection of services for older people found that: *“there was insufficient recognition of the need to assess the needs of carers and provide timely support to them to help them maintain their caring role; and that carers often found it difficult to access support such as respite.”*

The Edinburgh Strategic Carers Partnership has now been established as the joint planning forum for carers services linked to the Strategic Planning Group of the Integration Joint Board. The membership of this group includes carers and organisations that support both adult and young carers and will oversee the coproduction of the revised Carers Strategy and the work taking place in preparation for the implementation of the Carers Act (Scotland) 2016. We will also work with this group to establish local



performance indicators in respect of support for carers to drive forward improvement in this vital area.

### **Progress we have made**

During 2016/17 we have:

- funded a new hospital discharge service which works alongside unpaid carers for adults, providing them with emotional support, information and advice; if required a carer support worker will also support carers in the vital first days at home;
- funded a carer support pharmacy technician, based in the Western General Hospital, to support people and their carers with pharmacy issues at the point of leaving hospital and provide ongoing support in the community if required;
- established a multi-agency project team, including representation from unpaid carers and Children's Services to implement the requirements of the Carers Act (Scotland) 2016;
- included content on carer support as part of the induction programme for new staff in Health and Social Care;
- provided dedicated one to one support, social opportunities, short breaks and residential breaks to people who have a caring responsibility, through 'Still caring', a collaboration between two third sector organisations, with reported benefits including improved resilience and being reconnected with their local communities.

### **Priorities for 2017/18**

- To implement the requirements of the Carers Act (Scotland) 2016, including eligibility criteria, assessment and support planning.
- Work collaboratively with carers and carers organisations to review and update the joint carers strategy, taking account of current performance issues, feedback from carers and the legislation.
- Develop capacity plans that takes account of the requirement for respite.
- Train Carers Support Workers to undertake unpaid carer assessments.

## Outcome 7: People who use health and social care services are safe from harm.

### What we say in our strategic plan

*The strategic plan sets out our twin objectives of ensuring that people are protected from abuse, neglect or harm at home, at work or in their community and protected from causing harm to others or themselves. We aim to achieve these by ensuring that people receive the right care in the right place at the right time. We also have a duty to ensure that the services we provide are high quality and safe.*

### How are we performing?

In 2015/16, 82% of people supported to live at home in Edinburgh who responded to the Health and Care Experience Survey said that they felt safe. This is below the Scottish average of 84%.

In 2016/17, we received 1,198 referrals where adult protection concerns were raised. 21% (425) of these referrals led to further work being undertaken under adult support and protection legislation, and 65% (1,292) led to further action being undertaken by social work teams. Longer term 'adult protection and support' plans were put in place in respect of 128 of the 425 (30%) referrals.

The report on the Joint Inspection of Services for Older People in Edinburgh highlighted that whilst systems and procedures were in place to ensure that adults are protected these were not adhered to consistently across the Partnership. Urgent action has taken place to address these deficiencies including the creation of two dedicated posts to provide additional training, development and support in respect of adult protection for the health and social care workforce.

The falls rate for people aged 65+ in Edinburgh is 21.5 per 100,000 of the population which is just above the Scottish average of 20.9 per 100,000 of the population. We are working to reduce this by investing in preventative approaches such as Steady Steps and supporting people at home rather than taking them to hospital when this is not necessary. 94% of the 5,200 calls to the Telecare Service in 2016/17 resulted in the person who had fallen being supported without the need for hospital admission.

We are integrating quality frameworks from health and social care so that they are overseen through a single Quality Assurance and Improvement Group that has oversight of:

- clinical standards and professional governance;
- health care acquired infection;
- inter-agency referral discussion (IRD) review system in relation to adult protection concerns;

- outcomes from multi-agency quality assurance meetings;
- significant adverse events;
- significant occurrence notifications.

### **Progress we have made**

During 2016/17 we have:

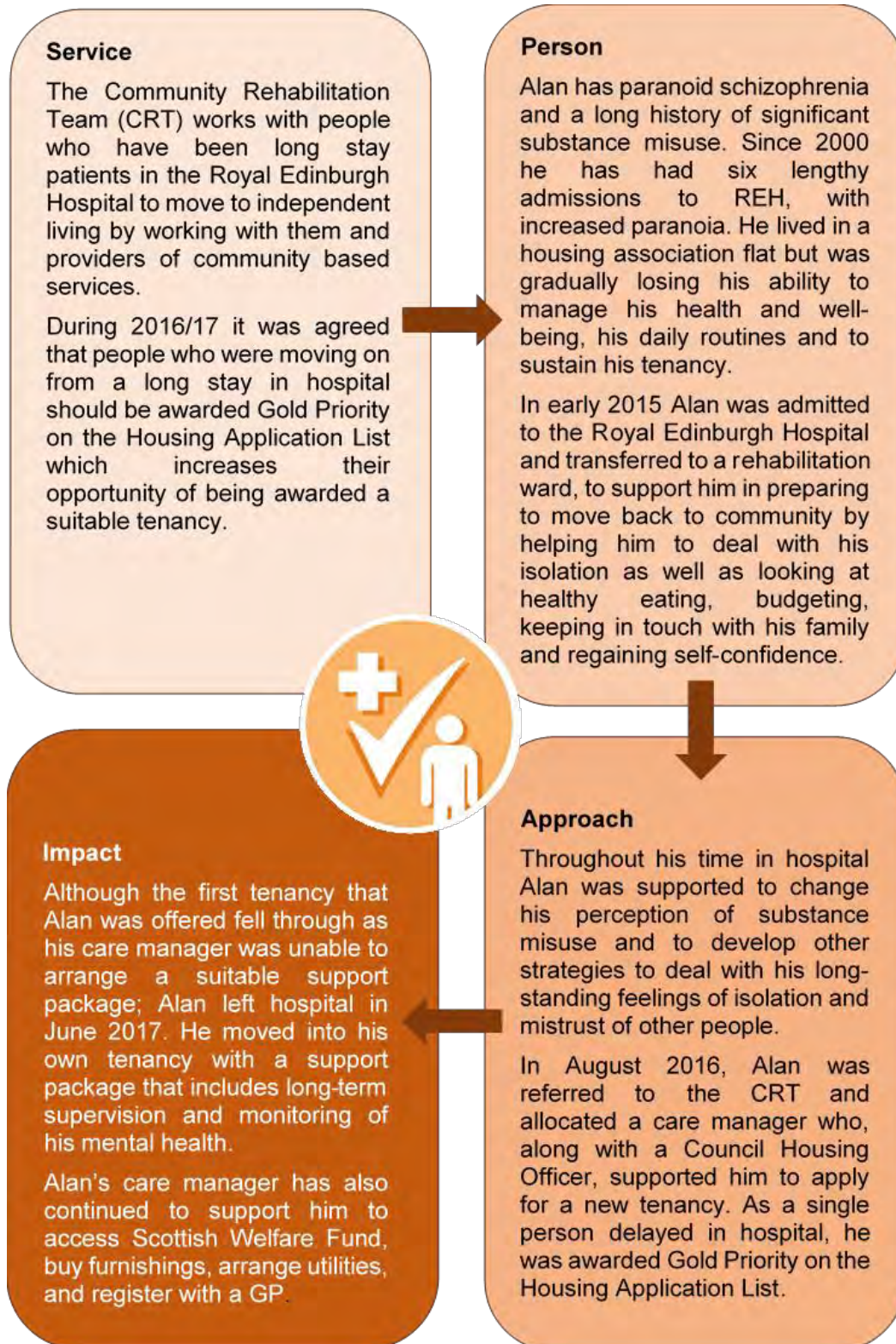
- undertaken a range of self-evaluation and quality assurance activities centred on Adult Protection, including;
  - practice evaluation and multi-agency case file audit found evidence that practitioners are skilled at engaging with service users often in very challenging circumstances
  - independent advocacy agencies have contributed to the adult support and protection training, which raises the awareness of the duty to consider independent advocacy for adults at harm
  - Easy read versions of adult protection leaflet have been produced
- implemented an Escalating Concerns Procedure that provides a framework enabling public partners to convene local multi-agency risk management case discussions (Getting It Right for Everyone) where the individual is not subject to adult protection, offender management or any other public protection process;
- responded to 5,200 calls from fallers to the Telecare service, 94% of whom were assisted by the support teams with no need for further assistance or admission to hospital;
- Edinburgh Leisure's 'Steady Steps' programme supported 302 older people in 2016/17 who have already had a fall, as part of the Falls and Fracture Prevention Pathway;
- provided approximately 700 places on a variety of evidenced-based suicide prevention courses (safeTALK; ASIST; STORM), these are delivered free of charge to professionals working with those at most risk;
- developed a crisis response service to prevent people with autism and learning disabilities being admitted to hospital from their family home or supported accommodation when there is a risk of the caring arrangement breaking down.

### **Priorities for 2017/18**

- Strengthen adult protection processes and ensure staff compliance by increasing access to training and expert adult protection support for practitioners.
- Improve the falls pathway.
- Increase the use of technology enabled care and health by increasing the coverage of existing systems and exploring opportunities for innovation.

- Continue to collaborate with partners to co-produce a responsive, preventative service that will increase the resilience and independence for people with learning disabilities and their families and/or carers.

### Case Study – Supporting people to move from hospital to independent living



## Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.

### What we say in our strategic plan

*Our strategic plan recognises the significant cultural change required to deliver efficient and effective integrated health and social care services. The skills, knowledge, experience and ideas of our workforce together with those of our partner agencies and unpaid carers are central to the delivery of that change. Taking a joined-up approach to developing this workforce will allow us to deliver on our priority of maximising capacity across the whole system.*

### How are we performing?

The national indicator on the percentage of staff who say that they would recommend their work place as a good place to work is under development so figures are not currently available. We are also working to develop a single system of obtaining feedback from our staff across both the City of Edinburgh Council and NHS Lothian using the iMatter system.

A survey of staff across the two employing agencies was undertaken by the Care Inspectorate and Health Improvement Scotland as part of the joint inspection of services for older people found that:

- 85% of respondents agreed that they enjoy their work;
- 79% of respondents agreed that they are well supported in situations where they may face personal risk;
- 78% of respondents agreed that they have access to effective line management;
- 76% of respondents agreed that they feel the service has excellent working relationships with other professionals;
- 76% of respondents agreed that they have good opportunities for training and professional development;
- 76% of respondents agreed that they feel valued by other practitioners and partners when working as part of a multi-disciplinary or joint team;
- 70% of respondents agreed that they feel valued by their managers;
- 64% of respondents agreed that their workload is managed to enable them to deliver effective outcomes to meet individual's needs;
- 47% of respondents agreed that their views are fully taken into account when services are being planned and provided;
- 36% of respondents agreed that there is sufficient capacity in the service to undertake preventative work.

## **Progress we have made**

During 2016/17 we have:

- undertaken a major restructuring of services to support integration at a locality level. We have created teams of nurses, therapists and social care staff within a single management structure;
- introduced a blended approach to training, drawing from best practice in both NHS Lothian and the City of Edinburgh Council;
- ensured that all our contractual arrangements allow for payment of the Scottish Living Wage;
- continued to work with the Dementia Training Partnership to provide a sustainable and affordable model of training to deliver:
  - a confident and competent social care workforce, upskilled to meet current and future demands
  - consistency in service provision - raising standards across public and independent sector providers and
  - a forum for sharing good practice across traditional boundaries. Training was extended to care at home, supported housing and day care services;
- been successful in our application for Prospect Bank in Findlay House to become part of the Learning and Improvement Network for Specialist Dementia Units whose purpose is to bring together specialist dementia unit stakeholders to design a shared learning and improvement network.

## **Priorities for 2017/18**

- Develop a workforce plan for the Health and Social Care Partnership which takes cognisance of the workforce strategy linked to the national Health and Social Care Delivery Plan.



## Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

### What we say in our strategic plan

*Making the best use of our shared resources to deliver high quality, integrated and personalised services, that improve the health and wellbeing of citizens whilst managing the financial challenge, is a key priority within our strategic plan. We use the term resources to include people, buildings, technology and information.*

### How are we performing?

In 2015/16, 23.4% of the total health and care budget was spent on hospital stays where the patient was admitted in an emergency, this is in line with the average figure for Scotland of 23.5%.

The indicator on expenditure on end of life care is being developed nationally and not yet available.

### Progress we have made

As can be seen from our performance against some key indicators including delayed discharge and customer experience, we are not consistently using our limited resources to best effect. Improving flow through all stages of the pathway is an absolute priority.

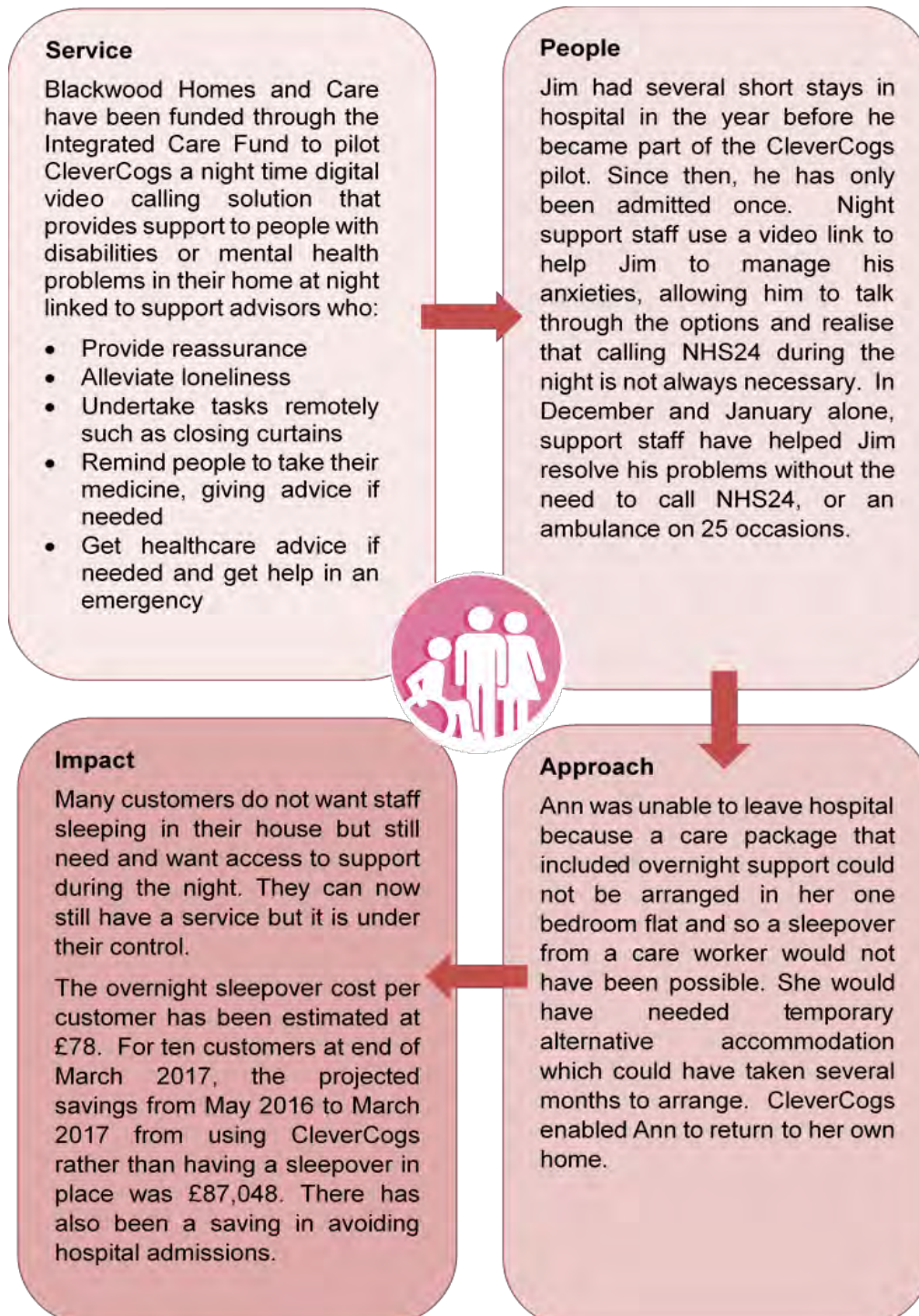
During 2016/17 we have:

- reconfigured hospital based complex continuing care beds and redirected staff to reduce the dependence on supplementary staffing
- brought together the Edinburgh Community Rehabilitation and Support Service as a single hub to provide support to people with physical disabilities across a range of activities from rehabilitation to lifestyle management.
- introduced a whole system approach to allow us to develop a shared understanding of flow across community and acute services to identify and implement targeted actions to address specific blockages
- developed MyConnect—a day support model for people with learning disabilities based on the principle of pooled personal budgets.
- The LOOPs Hospital Discharge Support Project is a partnership of three third sector organisations (Eric Liddell Centre, Health in Mind and Libertus), led by EVOC. The team is part of the new Locality Hub structure and participates in the daily Multi-Agency-Triage-Team (MATT) meetings in each locality to facilitate access to third sector and community based services. The Project aims to ensure that older people receive the support they need upon their return to the community.

## Priorities for 2017/18

- Finalise our capacity plan for older people which will identify our future requirements and how these will be delivered.
- Collaborate with partners to produce a cross sector market facilitation strategy.
- Develop the financial frameworks that underpin the detailed delivery plans arising from the strategic plan. These will set out our intentions for investment and disinvestment.

## Case study – CleverCogs





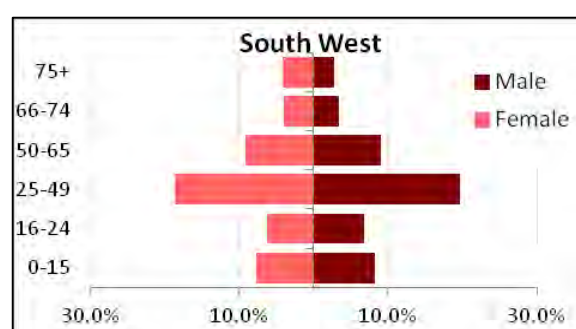
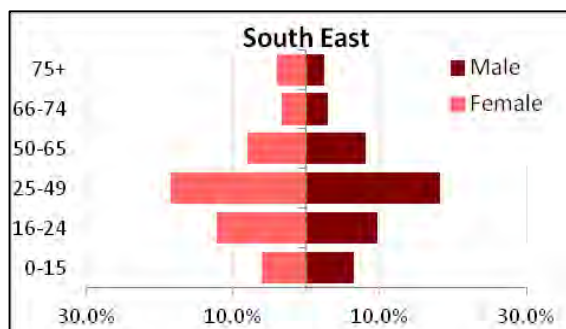
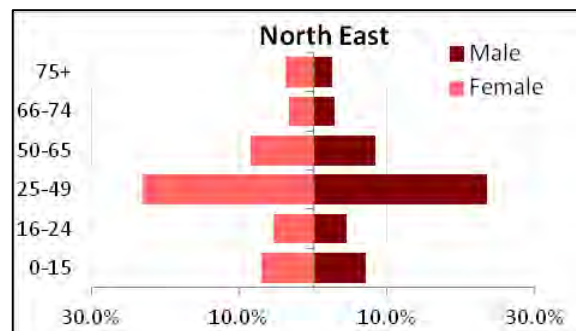
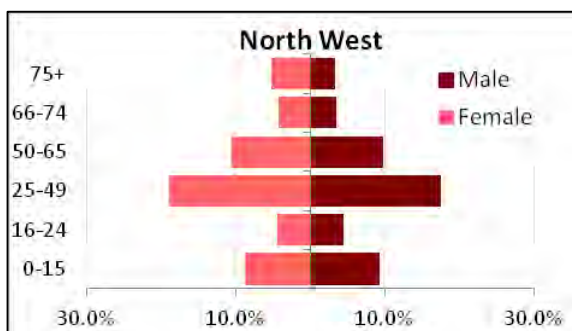
## Locality working

The population of Edinburgh is almost half a million people, accounting for 9% of the total population of Scotland and is predicted to grow faster than any other area of Scotland.

We have worked with the other members of the Edinburgh Community Planning Partnership to establish four geographic localities using neighbourhood partnership boundaries as the basis for service planning and delivery in the city. Whilst the city is often perceived as affluent each locality contains both areas of affluence and significant 'deprivation'. Profiles of the four localities can be found in our [Joint Strategic Needs Assessment](#).



	North East	North West	South East	South West	Edinburgh	Lothian	Scotland
<b>Total population</b>	114,061	141,718	133,041	109,990	498,810	867,800	5,373,000
<b>All Males</b>	55,999	68,144	63,568	54,942	242,653	421,564	2,610,469
<b>All Females</b>	58,062	73,574	69,473	55,048	256,157	446,236	2,762,531

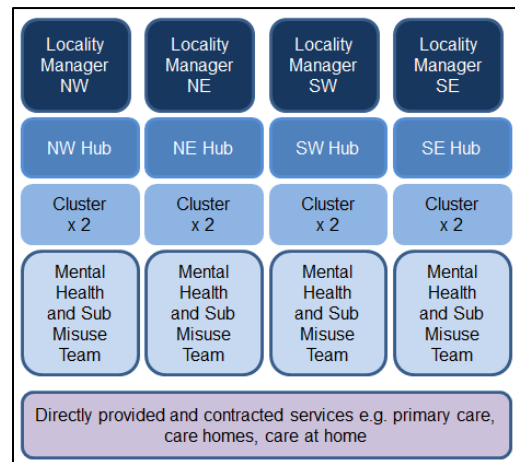


Our main priority in 2016/17 has been to implement a new locality structure to support the planning and delivery of services within the four localities. Each of the four Locality Managers oversees four integrated teams made up of nurses, social workers and allied health professionals (therapists):

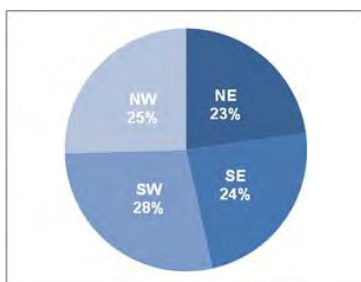
- the Locality Hub provides short-term support at a time of crisis to avoid the need for people to be admitted to hospital wherever possible, facilitate timely discharge from hospital and support people to maintain or regain their independence. A key function of the Hub is the Multi Agency Triage Team (MATT). The MATTs operate on a daily basis to work proactively with individuals in crisis and those ready for discharge from hospital to identify and put in place the most appropriate support to meet their needs. Third sector colleagues take part in the MATT function;
- the two Cluster Teams in each locality are linked to clusters of GP practices. The focus of these teams is to support those citizens who have longer term needs, again with a focus on supporting them to remain living as independently as possible within the community for as long as possible;
- each locality has a Mental Health and Substance Misuse Team that provides specialist support to citizens who have mental health issues and/or issues related to drugs and/or alcohol.

In addition to these teams each Locality Manager is responsible for a number of directly provided and contracted services, including:

- care homes;
- day centres and day services;
- home care and care at home;
- intermediate care and reablement;
- primary care services such as GPs, community nursing and community pharmacy.



A small number of specialist services will continue to be managed centrally and provide services on a citywide basis, examples of these are community equipment, telecare and emergency out of hours clinical and social care services.



The process to align resources to localities began in 2016/17, completing this is a priority for 2017/18. Each Locality Manager will have a clear budgetary framework to support them in developing and delivering services which best meet the needs of their individual populations. An estimate of the overall resource consumed within each locality in 2016/7 is shown in diagram opposite.

It is too early to establish the impact of the locality model, however, the following data from 2016/17 will be used as a baseline to allow us to assess impact in future years:

- Number of GP referrals to hospital
- Hospital admissions per 1,000 (by GP group)
- Sustainability of facilitated discharge (7-day readmission)

Our Locality Managers are members of the Locality Leadership Teams working with other community planning partners to co-ordinate the efforts of statutory, public, independent and third sector services within each locality to address common goals and concerns. During 2016/17 we have engaged with community planning partners at a locality level to engage the local community, including those in areas experiencing high levels of deprivation, in the development of Locality Improvement Plans. Forums have been established within each locality focused on health and wellbeing, bringing together representatives of public and third sector organisations and the local community to discuss and respond to local issues around health and social care.

## **Finance, Governance and Best Value**

### **Finance and Governance**

We have established a governance framework which covers the Integration Joint Board, its subgroups and sub committees as well as the Health and Social Care Partnership. The framework ensures that our structures and processes are transparent and responsive; provide appropriate accountability and scrutiny and encourage broad-based participation. Within these arrangements financial information is a key element of governance framework with financial performance for all delegated services reported at each meeting of the IJB.

### **Financial Plan 2016/17**

Strong financial planning is required to ensure that our limited resources are targeted to maximise the contribution to our objectives. Like many other public sector bodies, we face significant financial challenges and will be required to operate within extremely tight financial constraints for the foreseeable future due to the difficult national economic outlook and increasing demand for services.

It was in this context that we undertook the financial assurance process on the 2016/17 funding contributions made available by NHS Lothian and the City of Edinburgh Council. Through this exercise a shortfall of £5.8 million was identified in the delegated NHS budget; with the council contribution assessed as representing a balanced plan, albeit incorporating a requirement to deliver savings of £15 million.

Based on this assessment, the IJB budgeted to deliver partnership services at a cost of £596 million. Funding adjustments during the year increased this budget to £676 million.

### **Financial performance 2016/17**

Budget monitoring of IJB delegated functions is undertaken by finance teams within the City of Edinburgh Council and NHS Lothian, reflecting the IJB's role as a strategic planning body which does not directly deliver services, employ staff or hold cash resources. However, it is important that the IJB has oversight of the in-year budget position as this highlights any issues that need to be accounted for when planning the future delivery of health and social care services.

In 2016/17 we achieved a balanced budget position despite there being many pressures on the system.

During the year, we worked closely with NHS Lothian to identify measures to mitigate the funding shortfall described above which had reduced to £2.5 million by the end of the year. This which was funded by NHS Lothian through their achievement of an overall breakeven position. The cost of NHS delivered services therefore matched the income available. Similarly, following an additional contribution of £1.1 million from the City of Edinburgh Council, the health and social care services they provided also achieved a

break-even position. The combination of these one-off contributions allowed the IJB to achieve a balanced position for 2016/17.

In addition to this we carried forward £3.9 million of our £20.2 million allocation from the social care fund, established by the Scottish Government to support integration authorities. This money will be used in 2017/18 to support investments aligned to our strategic plan priorities.

Our financial performance for the year is summarised in the table on the following page:

## Summary of financial performance 2016/17

	<b>Budget £k</b>	<b>Actual £k</b>	<b>Variance £k</b>
NHS delivered community services	26,636	27,300	(664)
General medical services	72,916	72,699	217
NHS delivered mental health services	35,098	34,148	950
Prescribing	77,974	80,167	(2,193)
Resource transfer	29,788	29,641	147
Other NHS partnership services	12,279	12,170	109
Reimbursement of independent contractors (dental, ophthalmology and pharmacy)	49,460	49,460	0
Learning disabilities	8,875	8,878	(3)
Other NHS hosted services	48,683	49,222	(539)
Set aside services	100,834	101,177	(343)
External purchasing	127,855	126,604	1,251
Care at home	14,336	14,422	(86)
Community equipment	1,518	1,542	(24)
Day services	14,748	14,829	(81)
Health improvement/health promotion	1,631	1,598	33
Information and advice	3,623	3,782	(159)
Intermediate care	1,611	1,619	(8)
Local area co-ordination	1,480	1,329	151
Reablement	7,810	8,669	(859)
Residential care	22,104	22,594	(490)
Social work assessment and care management	11,509	11,994	(485)
Telecare	700	717	(17)
Other	821	1,328	(507)
<b>Net expenditure</b>	<b>672,288</b>	<b>675,889</b>	<b>(3,601)</b>
<b>Additional contributions</b>			<b>3,601</b>
<b>Net position</b>			<b>(0)</b>

The current challenging financial climate reinforces the importance of managing expenditure within the financial resources available and this will require close partnership working between the IJB as service commissioner and NHS Lothian and the City of Edinburgh Council as providers of services.

### Best Value

We have a duty to achieve best value, as do our partners, City of Edinburgh Council and NHS Lothian. As such we expect our partners to adhere to the principles of best value i.e. to secure continuous improvement in performance whilst maintaining an appropriate balance between quality and cost in carrying out the directions of the board.

## How others see us

This section of the report contains details of the feedback we have received from external sources either from individual citizens or through inspection by regulatory bodies.

### Feedback from people who use our services

We recognise the importance of feedback from our service users as a way of checking that people are getting the support they need in ways that suit them and where we are not getting things right, feedback provides us with the opportunity to improve. Service user feedback is captured in three main ways: through compliments and complaints received through our formal feedback systems, by carrying out satisfaction surveys and by involving service users and carers in planning forums and reference groups.

In terms of formal feedback processes:

- NHS Lothian Patient Experience Team collect feedback in the form of concerns, complaints and compliments about health services. Outcomes and learning from patient feedback is shared with services and reported to the Health and Social Care Partnership Quality Assurance and Improvement Team. In 2015-16, 265 instances of service user feedback were recorded:
  - 91 formal complaints
  - 21 concerns
  - 6 enquiries / feedback
  - 147 compliments
- Social work related feedback is managed through a central team who support managers and staff to resolve and respond to complaints quickly and effectively. The table below summarises the complaints and compliments received in 2016/17.

Complaints	2015-16	2016/17	Commentary
Stage 1	173	67	<ul style="list-style-type: none"> <li>• The figures show a reduction of 24% in stage 2 complaints</li> <li>• 71% of formal complaints were responded to within 20 working days or an agreed extension.</li> <li>• 18% of complaints were not completed within the targeted timescale.</li> <li>• 9% of complaints were withdrawn by the complainant.</li> </ul>
Stage 2	114	87	
Complaints Review Committee (Stage 3)	5	14	
Cases escalated to SPSO	1	2	
Enquiries	219	155	
Care Service Feedback	37	36	
Positive Comments	21	8	

In the autumn of 2016 we carried out a user satisfaction survey in respect of our home care service. Of the 266 people who responded to this survey 94.7% said that they were very satisfied or quite satisfied with the service that they received.

### Inspection by regulatory bodies

Our services are regulated through the Care Inspectorate, Health Improvement Scotland and the Healthcare Environment Inspectorate who carry out inspections of specific themes or services. The partnership responds to any areas of concern highlighted in inspection reports by developing and implementing improvement plans to address any areas of concern and respond to recommendations.

#### Themed inspections:

Between August and December 2016, the Care Inspectorate and Health Improvement Scotland undertook a joint inspection of services for older people in Edinburgh. The Partnership views the inspection as a helpful process and its findings confirm the need to continue to drive forward the improvements identified by the Integration Joint Board and the Health and Social Care Partnership following its inception in 2016.

The [report](#) from this inspection was published in May 2017. Services were evaluated against nine criteria as detailed in the table below:

Quality indicator	Evaluation	Evaluation criteria
Key Performance Outcomes	Weak	<b>Excellent</b> – outstanding, sector leading <b>Very good</b> – major strengths <b>Good</b> – important strengths with some areas for improvement <b>Adequate</b> – strengths just outweigh weaknesses <b>Weak</b> – important weaknesses <b>Unsatisfactory</b> – major weaknesses
Getting Help at the Right Time	Weak	
Impact on Staff	Adequate	
Impact on the community	Adequate	
Delivery of key processes	Unsatisfactory	
Strategic planning and plans to improve services	Weak	
Management and support of staff	Adequate	
Partnership working	Adequate	
Leadership and direction	Weak	

The inspection report also contained 17 recommendations detailed in the table below. A [detailed improvement plan](#) is in place to respond to these recommendations with a lead officer accountable for each of the actions. An Improvement Board meets regularly to oversee delivery of actions within the plan and the Performance and Quality Sub-group of the Integration Joint Board has a role in overseeing delivery of the Improvement plan on behalf of the Board.



<b>Recommendations from the Joint Inspection of Services for Older People</b>	
1	<p>The partnership should improve its approach to engagement and consultation with stakeholders in relation to:</p> <ul style="list-style-type: none"> <li>• its vision</li> <li>• service redesign</li> <li>• key stages of its transformational programme</li> <li>• its objectives in respect of market facilitation.</li> </ul>
2	<p>The partnership should further develop and implement approaches to early intervention and prevention services to support older people to remain in their own homes and help avoid hospital admissions.</p>
3	<p>The partnership should develop exit strategies and plans from existing interim care arrangements to help support the delivery of community based services that help older people and their carers to receive quality support within their own homes or a setting of their choice.</p>
4	<p>The partnership should engage with stakeholders to further develop intermediate care services, including bed-based provision, to help prevent hospital admission and to support timely discharge.</p>
5	<p>The partnership should work in collaboration with carers and carers' organisations to improve how carers' needs are identified, assessed and met. This should be done as part of updating its carers' strategy.</p>
6	<p>The partnership should ensure that people with dementia receive a timely diagnosis and that diagnostic support for them and their carers is available.</p>
7	<p>The partnership should streamline and improve the falls pathway to ensure that older people's needs are better met.</p>
8	<p>The partnership should develop joint approaches to ensure robust quality assurance systems are embedded in practice.</p>
9	<p>The partnership should work with the local community and other stakeholders to develop and implement a cross-sector market facilitation strategy. This should include a risk assessment and set out contingency plans. (A market facilitation strategy sets out in detail the partnership's priorities for the commissioning of services)</p>
10	<p>The partnership should produce a revised and updated joint strategic commissioning plan with detail on:</p> <ul style="list-style-type: none"> <li>• how priorities are to be resourced</li> <li>• how joint organisational development planning to support this is to be taken forward</li> <li>• how consultation, engagement and involvement are to be maintained</li> <li>• fully costed action plans including plans for investment and disinvestment</li> </ul>

<b>Recommendations from the Joint Inspection of Services for Older People</b>	
	<ul style="list-style-type: none"> <li>• based on identified future needs</li> <li>• expected measurable outcomes.</li> </ul>
11	The partnership should develop and implement detailed financial recovery plans to ensure that a sustainable financial position is achieved by the Integration Joint Board.
12	<p>The partnership should ensure that:</p> <ul style="list-style-type: none"> <li>• there are clear pathways to accessing services</li> <li>• eligibility criteria are developed and applied consistently</li> <li>• pathways and criteria are clearly communicated to all stakeholders</li> <li>• waiting lists are managed effectively to enable the timely allocation of services.</li> </ul>
13	<p>The partnership should ensure that:</p> <ul style="list-style-type: none"> <li>• people who use services have a comprehensive, up-to-date assessment and review of their needs which reflects their views and the views of the professionals involved</li> <li>• people who use services have a comprehensive care plan, which includes anticipatory planning where relevant</li> <li>• relevant records should contain a chronology</li> <li>• allocation of work following referral, assessment, care planning and review are all completed within agreed timescales.</li> </ul>
14	The partnership should ensure that risk assessments and management plans are recorded appropriately and are informed by relevant agencies. This will help ensure that older people are protected from harm and their health and wellbeing is maintained.
15	The partnership should ensure that self-directed support is used to promote greater choice and control for older people. Staff and multi-agency training should be undertaken to support increased confidence in staff in all settings so that they can discuss the options of self-directed support with people using care services.
16	The partnership should develop and implement a joint comprehensive workforce development strategy, involving the third and independent sectors. This will help to support sustainable recruitment and retention of staff, build sufficient capacity and ensure a suitable skill mix that delivers high-quality services for older people and their carers.
17	The partnership should work with community groups to support a sustainable volunteer recruitment, retention and training model.

### Service inspections:

The Care Inspectorate is the statutory regulator of care services and awards grades to services in respect of the following separate areas: quality of care and support, quality of environment, quality of staffing and quality of management and leadership. The gradings used are set out in the table below:

Grade	Description
6	Excellent
5	Very Good
4	Good
3	Adequate
2	Weak
1	Unsatisfactory

The Edinburgh Integration Joint Board (EIJB) and City of Edinburgh Council (the contracting authority) has indicated its minimum expectation of all service providers is the achievement of a Care Inspectorate Grade 4 (Good) in all relevant inspection areas. As at May 2017, 82% of providers were meeting or exceeding the EIJB's minimum service quality requirements.

Those who fail to meet the minimum quality requirements are referred to the relevant Multi Agency Quality Assurance Group whose remit is to ensure the immediate wellbeing of service users and co-ordinate the delivery of support and challenge to providers who need to improve service standards. In the event a provider proves unwilling or unable to achieve improvement the Quality Assurance Group will progress the application of sanctions and/or termination of contractual relations with them.

Details of individual service inspections undertaken by the Care Inspectorate and the related gradings are given in Appendix 3. Copies of the inspection reports are held on the [Care Inspectorate website](#). The report on the joint inspection of services for older people concluded that:

*“In the main, at the time of inspection, regulated services were performing reasonably well across sectors and provision types and achieving positive grades.”*

*“When people received services, they were generally of good quality and made a positive difference.”*

Health Improvement Scotland published a [report](#) on their inspection of Hospital Based Clinical Complex care in May 2016. The report includes six recommendations which are being addressed through an improvement action plan.

## Appendix 1

### National Indicators

The scatter plots to the right of the table illustrate where Edinburgh City (the blue dot) lies in relation to both the Peer Group (red cross) average and the Scotland (purple triangle) values.

INDICATOR	● Edinburgh City	✖ Peer Group Average	▲ Scotland	Green indicates the 'positive' side of the chart, yellow the 'negative'
1. Percentage of adults able to look after their health very well or quite well - 2015/16	96.0%	93.0%	94.0%	
2. Percentage of adults supported at home who agree that they are supported to live as independently as possible. - 2015/16	82.0%	85.0%	84.0%	
3. Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided. - 2015/16	76.0%	81.0%	79.0%	
4. Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated.- 2015/16	71.0%	75.0%	75.0%	
5. Percentage of adults receiving any care or support who rate it as excellent or good - 2015/16	77.0%	82.0%	81.0%	
6. Percentage of people with positive experience of care at their GP practice. - 2015/16	89.0%	88.0%	87.0%	
7. Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life. - 2015/16	82.0%	84.0%	84.0%	
8. Percentage of carers who feel supported to continue in their caring role.- 2015/16	37.0%	42.0%	41.0%	
9. Percentage of adults supported at home who agree they felt safe. - 2015/16	82.0%	85.0%	84.0%	
10. Percentage of staff who say they would recommend their workplace as a good place to work.*	Not yet available.			
11. Premature mortality rate (per 100,000 population) - 2015	406.3	472.5	440.5	
12. Rate of emergency admissions for adults (per 100,000) - 2015/16	8,393	12,728	12,138	
13. Rate of emergency bed days for adults (per 100,000) - 2015/16	112,147	127,683	122,713	
14. Readmissions to hospital within 28 days of discharge (per 1,000) - 2015/16	107.2	94.2	96.4	

15. Proportion of last 6 months of life spent at home or in community setting. -2016/17	85.5	87.0	87.5	
16. Falls rate per 1,000 population in over 65s. - 2016/17	21.5	22.5	20.9	
17. Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections. - 2015/16	80%	85%	83%	
18. Percentage of adults with intensive needs receiving care at home. - 2015/16	62.3%	61.6%	61.6%	
19. Number of days people aged 75+ spend in hospital when they are ready to be discharged. (per 1,000) - 2016/17	1,396	600	842	
20. Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency. - 2015/16	23.4%	22.9%	23.5%	
21. Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*	Not yet available.			
22. Percentage of people who are discharged from hospital within 72 hours of being ready.*	Not yet available.			
23. Expenditure on end of life care.*	Not yet available.			
<b>Ministerial Strategic Group Indicators</b>	<b>Edinburgh City</b>	<b>Peer Group Average</b>	<b>Scotland</b>	
Rate of A&E Attendances per 1,000 population - 2016	279.4	297.5	273.3	
A&E performance against standard (seen within 4 hours) - 2016	92.5%	93.6%	94.4%	
Rate of emergency admissions from A&E per 1,000 - 2016	66.3	73.2	70.0	
Conversion rate from A&E to inpatient - 2016	23.8%	24.6%	26.0%	
Rate of emergency admissions per 100,000 - all ages - 2015	7,774.9	10,986.3	10,671.8	
Unscheduled bed days per 100,000 - acute specialties - 2015	70,618.1	76,668.2	75,653.8	
Unscheduled bed days per 100,000 - geriatric long stay - 2015	5,250.6	5,531.6	5,851.6	
Unscheduled bed days per 100,000 - mental health specialties - 2015	30,298.8	28,696.1	23,502.2	
% Last six months of life spent in a large hospital - 2015/16	13.3%	12.8%	10.6%	



# Summary of the 23 National Indicators for Edinburgh Health and Social Care Partnership



## Appendix 2

### Local Indicators

The tables below give an overview of the current key activity and performance indicators which are being used to track progress against the Edinburgh Integration Board's strategic plan and towards priority outcomes. The set of indicators is under development.

There are two sections:

1. Indicators which are available for Edinburgh's four localities, providing a snapshot, which, over time, will allow variation within and between areas to be identified and investigated.
2. Time series at city-wide level.

#### **Important note**

A person's locality can be defined in two main ways: a) where they live (this is the most commonly used) or b) where their GP practice is based.

A third way relates to the former boundaries, referred to as "sectors". These are being phased out, but still apply to some records.

In the tables below, the address of the person is used as the basis of the locality, unless stated.

## SECTION 1 – Locality Measures

### 1. Core Integration Indicators by locality - Outcomes

#### About this data

A core suite of integration indicators has been developed by the Scottish Government in partnership with NHS Scotland, COSLA and the third and independent sectors. The indicators are in two categories, outcomes indicators, sourced from national survey data and other indicators derived from datasets and systems that are primarily used to support operational practice.

The table below shows the results from the Health and Care Experience Survey detailed in Appendix 1 broken down by locality. The survey was last carried out in 2015/16.

	Data Type	North East	North West	South East	South West	Edinburgh	Scotland
Percentage of adults able to look after their health very well or quite well	%	95%	96%	96%	95%	96%	94%
Percentage of adults supported at home who agree that they are supported to live as independently as possible	%	83%	80%	83%	82%	82%	84%
Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided	%	78%	73%	77%	78%	76%	79%
Percentage of adults supported at home who agree that their health and care services seemed to be well co-ordinated	%	73%	66%	70%	73%	70%	75%
Percentage of adults receiving any care or support who rate it as excellent or good	%	76%	78%	77%	78%	77%	81%
Percentage of people with positive experience of care at their GP practice	%	86%	89%	91%	87%	89%	87%
Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life	%	85%	78%	84%	80%	82%	84%



	Data Type	North East	North West	South East	South West	Edinburgh	Scotland
<b>Percentage of carers who feel supported to continue in their caring role</b>	%	41%	42%	27%	40%	37%	41%
<b>Percentage of adults supported at home who agree they felt safe</b>	%	78%	83%	81%	87%	82%	84%

## 2. Pressures, unmet need, waiting lists

The indicators in this section relate to pressures on the health and social care system that present themselves both in the hospital and community. The indicators below focus on people waiting in hospital for discharge and people with learning disabilities who have an identified need for alternative accommodation. Additional information on people waiting for assessments is shown in section 2.

### About this data

Delayed discharge data are collected monthly in line with national recording data definitions and guidance. The four indicators relating to delayed discharge are from the dataset that formed part of the census submission to ISD Scotland for patients delayed at 30 March 2017, the national census date, and for bed days lost to patients who were delayed throughout the whole month. Although data are not published at locality level, the locality of the patients delayed has been derived from their home address.

The number of people on the learning disability accommodation waiting list relates to those who are either in family home or hospital and require suitable long term accommodation. Of the 82 on the list, 60 require a place in 2017 and all but six are in the family home.

	Data Type	North East	North West	South East	South West	Edinburgh
<b>Delayed Discharges: patients delayed March 2017</b>	No.	29	39	47	59	176 <sup>1</sup>
<b>Delayed Discharges: patients delayed per 1,000 population aged 75+ March 2017</b>	Rate	4.1	3.2	5.6	7.8	5.0
<b>Delayed Discharges: bed days lost March 2017</b>	No.	4,188	5,524	4,991	4,180	20,477 <sup>1</sup>
<b>Delayed Discharges: bed days lost rate per 1,000 population 75+ March 2017</b>	Rate	595.6	457.0	596.8	548.9	583.5
<b>Learning disability accommodation waiting list</b>	No.	9	31	19	23	82

<sup>1</sup> Includes people who do not have a locality address e.g. of no fixed abode  
Edinburgh IJB Annual Performance Report 2016\_17 Appendices .docx

### 3. Primary care

This section gives an overview of people's experience of primary care, GP practice capacity and pressures, and a high level indicator of hospital activity.

#### About this data

The source for the first group of indicators in this section is the Health and Care Experience Survey, a national, biennial survey which has sampling appropriate for the collation of data at locality level. The survey was last carried out in 2015/16.

Information relating to hospital admissions has been taken from TRAK (the NHS patient recording system). For this table, the localities are defined by where the person's GP practice is based.

	Data Type	North East	North West	South East	South West	Edinburgh	Scotland
Rate overall care provided by the GP Practice as excellent or good.	%	86%	89%	91%	87%	89%	87%
Can see or speak to a doctor or nurse within 2 working days	%	84%	84%	88%	85%	85%	84%
Can book a doctor's appointment 3 or more working days in advance	%	76%	82%	84%	80%	81%	76%
Overall arrangements for getting to see a doctor are excellent or good	%	70%	73%	81%	75%	76%	71%
Overall arrangements for getting to see a nurse are excellent or good	%	82%	85%	87%	84%	85%	82%
Strongly agree or agree patients are treated with respect	%	91%	92%	94%	92%	92%	92%
Strongly agree or agree patients are treated with compassion and understanding	%	84%	84%	88%	86%	86%	85%
Rate overall care provided by the GP Practice as excellent or good.	%	86%	89%	91%	87%	89%	87%
Hospital admissions per 1,000 (by GP group)	Rate	101.4	101.5	84.1	99.1	96.4	
Number of GP practices	No.	18	19	20	17	74	
Number of GP practices with restricted lists (31 March 2017)	No.	9	11	12	6	38	

## 4. Support in the community

Activity and performance on key supports for people with identified needs are summarised below.

### Context

Reablement is a short term domiciliary care service that aims to support people to regain the skills needed to live as independently as possible.

The Social Care (Self-directed Support) (Scotland) Act 2013 places a duty on local authority social work departments to offer people who are eligible for social care a range of choices over how they receive their social care and support. The options are: a direct payment (option 1), an individual service fund (option 2) or for the council to arrange the support (option 3). Option 4 is a combination of two or more of the other options.

Post diagnostic support for people diagnosed with dementia forms part of the Scottish Government's dementia strategy. The indicator below relates to the service commissioned by the Partnership. Community mental health teams provide additional support.

### About the data

Source: SWIFT (Health and Social Care's Client Information System).

	Data Type	North East	North West	South East	South West	Edinburgh
Reablement - impact (% reduction in hours of support needed)	%	46.2%	52.3%	49.0%	64.3%	52.5%
Reablement - impact (% of people who did not need a package of care)	%	42.9%	53.7%	53.5%	62.3%	52.6%
Carer assessments rate (per 1,000 population 16+)	Rate	1.25	2.21	1.37	1.41	1.68
Multidisciplinary falls assessments by Intermediate Care Teams as a rate per 1,000 pop 75+	Rate	11.1	9.5	11.5	12.6	10.9
Proportion of all services that are DP (Option 1) or ISF (Option 2) as at March 2016	%	13.7%	15.9%	14.9%	12.0%	14.0%
Proportion of all services that are DP (Option 1) or ISF (Option 2) as at March 2017	%	14.9%	19.2%	17.5%	14.4%	16.3%
Dementia post diagnostic support service starts	No.	38	84	55	39	220
Dementia post diagnostic support service starts as a rate per 1,000 population 75+	Rate	5.4	6.9	6.6	5.1	6.3

## 5. Staff

This section includes data on staffing in the new locality teams in the Edinburgh Health and Social Care Partnership

### About this data

To allow the implementation of the integrated locality structure the staffing resource for each staff type in each locality was calculated. A comparison of those in post at the end of April 2017, compared with the allocation is given in this section.

This section is under development.

Proportion of locality social care staffing establishment which is in post	Data Type	North East	North West	South East	South West	Edinburgh
Senior OT	%	76%	106%	100%	111%	98%
Mental Health Officer	%	95%	93%	91%	93%	93%
Senior Social Worker	%	133%	93%	60%	83%	86%
OT	%	81%	91%	88%	93%	89%
Social Worker	%	90%	88%	89%	83%	90%
Community Care Assistant	%	110%	101%	100%	109%	101%

Mandatory training for NHS staff	Data Type	Compliance
Equality and diversity	%	89.3
Information governance	%	69.0
Health and safety	%	88.9
Health associated infections	%	70.7
Fire training	%	79.5
Manual handling	%	84.6
Public protection	%	81.8
Violence and aggression	%	88.5
Resuscitation	%	88.3

## Section 2. Time Series

### 1. Pressure, unmet need, waiting lists

This section includes indicators on people waiting in hospital for discharge, for assessments and for support at home.

#### About this data

Delayed discharge data are collected monthly in line with national recording data definitions and guidance. Data are published at locality level to support operational and performance management.

The number of people waiting for a package of care includes people who are either waiting in hospital for a package of care or in the community where they have no package of care. The number of hours required includes those who require an increase to their existing package of care.

	Data Type	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
Delayed Discharges: number NE	No.						32	42	46	45	41	40	29
Delayed Discharges: number NW	No.						52	58	57	57	61	64	39
Delayed Discharges: number SE	No.						39	48	40	42	69	51	47
Delayed Discharges: number SW	No.						48	48	37	41	50	51	59
Delayed Discharges: Total	No.	67	85	120	173	170	171	196	180	185	221	206	176 <sup>2</sup>

<sup>2</sup> Includes people who do not have a locality address e.g. of no fixed abode

	Data Type	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
Waiting list - social care assessments at month end	No.	1,348	1,409	1,635	1,421	1,629	1,606	1,547	1,444	1,522	1,430	1,495	1,428
Waiting list - social care assessment (average wait in days)	No.	69	70	69	78	97	76	80	84	92	89	92	101

## 2. Psychological treatment – 18 week target

This section focuses on response times for people who have been referred for psychological treatment. The national standard is for at least 90% of people referred for psychological therapies to start treatment within 18 weeks of referral.

### About this data

The services included in this section relate to the former HEAT target 'Deliver faster access to mental health services by delivering 18 weeks referral to treatment for Psychological therapies from December 2014' as listed below:

Primary care mental health teams  
Lothian Group service  
Community mental health teams  
Adult Psychology Teams

Older adult behavioural support service  
Learning disabilities teams  
Substance misuse psychology teams  
Children & adolescent MH Services

	Data Type	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
People seen for 1st treatment appointment	No.	89	119	108	161	163	115	149	169	104	168	152	143
No. of people seen within 18 weeks	No.	50	58	61	84	82	57	60	80	57	70	80	78
No. of people seen over 18 weeks	No.	39	61	47	77	81	58	89	89	47	98	72	65
% seen within 18 weeks for 1st treatment appointment	%	56.2%	48.7%	56.5%	52.2%	50.3%	49.6%	40.3%	47.3%	54.8%	41.7%	52.6%	54.5%



### 3. Support in the community

This section focuses on activity in a range of supports intended to help people to remain living in the community, including: assessments of unpaid carers, fall assessments and telecare. It also shows GP list sizes in recent years and the balance of care – a key measure of the overall pattern of support.

#### About this data

Sources: SWIFT, ECO Stats.

The national balance of care figure reports the number of people receiving personal care at home via a direct payment or council-arranged service as a percentage of the total number of people requiring care. This local measure also includes those receiving personal care funded through an individual service fund.

The numbers included in the table around GP list size are recognised as being inflated by around 6% (this effect has been found in other areas of Scotland and investigated by NRS).

	Data Type	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
Carer Assessments NE	No.	14	5	7	7	7	11	10	12	9	12	8	16
Carer Assessments NW	No.	22	23	23	14	18	28	23	20	17	15	23	26
Carer Assessments SE	No.	20	9	13	19	14	8	13	12	10	6	15	12
Carer Assessments SW	No.	12	10	16	16	9	12	9	18	6	7	9	9
Carer Assessments Total <sup>3</sup>	No.	69	50	60	57	53	60	61	65	47	42	61	69

<sup>3</sup> Note that the total includes people whose locality is not recorded or is outside of Edinburgh.

	Data Type	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
<b>Multidisciplinary falls assessments by Intermediate Care Teams</b>	No.	29	49	39	36	40	15	27	30	39	27	24	30
<b>Telecare: % of Hospital Admissions on response (65+)</b>	%	1.7	2.5	1.1	0.5	0.4	0.6	0.5	0.8	1.6	1.2	0.6	1.2
<b>Telecare: Response to Fallers (65+) – percent telecare staff response only (out of cases where action taken)</b>	%	93.2	91.1	93.9	94.8	94.7	93.9	96.6	95.5	92.2	95	91	93.7
<b>Balance of care</b>	%	57.2	57.4	57.4	57.8	57.6	57.7	57	57.2	57.4	56.9	56.5	56.6

	Data Type	April 2013	April 2014	April 2015	April 2016	April 2017
<b>GP list size</b>	Number	519,434	525,755	530,699	536,016	543,249

## 4. Mental health and substance misuse

The indicators in this section relate to people who are subject to a mental health legal order or guardianship process, and to performance against the national standard for drug and alcohol treatment i.e. that 90 per cent of people will wait no longer than 3 weeks from referral received to appropriate treatment that supports their recovery. The guardianship process where they have been assessed as not having capacity and require legal process under the Adults with Incapacity (Scotland) Act 2000.

### About this data

Sources: SWIFT, Trak, Drug and Alcohol Treatment Waiting Times Database, Edinburgh Leisure.

	Data Type	April 2016	May 2016	June 2016	July 2016	August 2016	September 2016	October 2016	November 2016	December 2016	January 2017	February 2017	March 2017
People on open MH legal orders (excluding guardianship)	No.	509	528	552	571	606	617	640	672	678	760	715	760
Percentage meeting 3-week target from referral to start of treatment for drugs and alcohol services	No.	85	71	79	83	86	79	80	81	85	83	89	
Delayed discharge guardianship delays	No.			24	23	20	20	22	16	17	11	12	14

## 5. Long Term Conditions

Data surrounding activity resulting from the Long Term Conditions Programme is shown below.

### About this data

Sources: Trak, CATS service database, CRT database, Edinburgh Leisure

	Data Type	Apr – Jun 2016	Jul – Sep 2016	Oct-Dec 2016	Jan-Mar 2017	Total
<b>Number of A&amp;E attendances due to falls for people aged 65+</b>	No.	981	985	1013	930	3909
<b>Referrals to fallen uninjured person pathway</b>	No.	35	43	56	81	215
<b>Bed days for people with a primary diagnosis of COPD</b>	No.	1,860	1,757	1,774	1,899	7,290
<b>Acute COPD exacerbations at risk of admission referred to Community Respiratory Team (CRT)</b>	No.	263	237	286	267	1053
<b>Acute COPD exacerbations assessed by CRT where admission avoided</b>	No.	83	44	58	49	234
<b>Number of Key Information summaries</b>	No.	29,892	33,835	35,587	37,871	137,185

Fit for Health Programme	Data Type	2014-15	2015-16	2016-17
Fit for Health: no. referrals	No.	216	427	655
Fit for Health: no. engaged	No. (%)	185 (86%)	308 (72%)	523 (78%)
Fit for Health: Completion rate	No. (%)	22 (12%*)	100 (29%)	131 (33%)
Fit for Health: those completing who reported improved wellbeing	No. (%)	17 (77%)	80 (80%)	102 (77%)

\*participants engaged through the referrals had not yet completed their 12 weeks at year end (first year)

## Annual Performance Report Appendix 3

### Inspection Gradings

*Copies of the inspection reports are held on the [Care Inspectorate website](#).*

#### Care Home Services

Care homes provided by EHSCP	Type	Date of Inspection	Care & Support	Staffing	Management & Leadership
Firrhill	Learning Disabilities	29-Nov-16	5	NA	NA
Castle Craggs	Learning Disabilities	03-Nov-16	5	4	NA
Clovenstone House	Older People	02-Aug-16	5	5	NA
Drumbrae	Older People	08-Sep-16	3	4	4
Ferrylee	Older People	30-Mar-17	4	4	4
Ferrylee	Older People	11-Apr-16	3	NA	NA
Fords Road	Older People	31-Oct-16	5	4	NA
Gylemuir	Older People	03-Apr-17	NA	NA	3
Gylemuir	Older People	22-Sep-16	3	3	2
Inch View	Older People	08-Nov-16	4	NA	NA
Jewel House	Older People	09-Jun-16	5	5	5
Marionville Court	Older People	13-Jan-17	4	4	4
Oaklands	Older People	26-Sep-16	4	4	4

Care homes commissioned by EHSCP	Date of Inspection	Care & Support	Staffing	Management & Leadership
Four Seasons Health Care - Castlegreen	Not inspected in time period			
Abercorn Care Limited - Abercorn Care Home	08/02/2107	5	5	5
Abercorn Care Limited - Spring Gardens	01/02/2017	5	5	5
Abercorn Care Limited - Viewpark	15/02/2017	5	5	5
Antonine Care Limited - Forthland Lodge	24/06/2016	4	5	4
BUPA - Victoria Manor Nursing Home	15/07/2016	3	3	3
Claremont Park Nursing Home	31/10/2016	3	3	3
Crossreach - Queens Bay Lodge	25/10/2016	5	5	5
Renaissance Care (Scotland) Ltd - Letham Park Care Home	01/06/2016	3	3	3
Renaissance Care (Scotland) Ltd - Milford House	01/02/2017	5	4	4
South Park Retirement Home	21/04/2016	5	4	5
Barchester Healthcare Ltd - Strachan House	28/03/2017	6	NA	NA
Belgrave Lodge - Dixon Sangster Partnership	06/12/2016	4	4	4
Bield HA - Craighall Care Home	07/08/2016	4	4	3
Bield HA - Stockbridge Care Home	31/01/2017	4	4	5
Braeburn Home	14/12/2016	5	5	5
Eildon House	Not inspected in time period			
HC-One Limited - Murrayfield House Nursing Home	08/09/2016	5	5	5
Laverock House	23/02/2017	4	4	4
Manor Grange Care Home LLP	New service			
Salvation Army - Eagle Lodge	Not inspected in time period			
Sir James McKay Housing - Scottish Masonic Homes Limited	31/02/2017	4	5	5

Care homes commissioned by EHSCP	Date of Inspection	Care & Support	Staffing	Management & Leadership
Struan Lodge Care Home	24/02/2016	5	5	5
BUPA - Braid Hills Nursing Home	26/11/2015	3	4	4
Cameron Park	25/08/2016	5	4	5
Cherryholme House	15/11/2016	4	4	4
Crossreach - Morlich Care Home	27/10/2016	6	NA	NA
Crossreach - The Elms	01/12/2016	2	2	2
Embrace (Kler) Ltd - Camilla House Nursing Home	13/09/2016	4	4	4
Erskine Hospital Ltd - Erskine Nursing Home	05/12/2016	5	5	5
Four Seasons Health Care - Colinton	09/06/2016	4	3	4
Four Seasons Health Care - Gilmerton Care Home	22/06/2016	4	4	4
Four Seasons Health Care - Guthrie House Nursing Home	23/06/2016	4	3	3
Four Seasons Health Care Group - St Margaret's Care home	29/09/2016	4	4	4
Jubilee House	07/07/2016	4	4	4
Little Sister of The Poor - St Joseph's Home for the Elderly	22/03/2017	5	2	NA
Mansfield Care Ltd - Belleville Lodge Nursing Home	14/12/2016	5	NA	NA
Randolph Hill Care Homes Ltd - Ashley Court Nursing Home	30/09/2016	4	4	4
Royal Blind - Braeside House	25/11/2016	5	4	4
Viewpoint HA - Lennox House Care Home	26/07/2016	5	5	5
Viewpoint HA - Marian House Care Home	13/10/2016	5	5	5
Viewpoint HA - St Raphael's Care Home	18/10/2016	5	5	5
Four Seasons Health Care - North Merchiston	12/11/2015	5	5	5
Lorimer House Nursing Home	25/01/2016	5	5	5



Care homes commissioned by EHSCP	Date of Inspection	Care & Support	Staffing	Management & Leadership
Randolph Hill Care Homes Ltd - Blenheim House Nursing Home	09/03/2016	5	5	5
Salvation Army - Davidson House	12/09/2016	4	4	5
Thorburn Manor Nursing Home	21/03/2017	6	5	5

### Home care and care at home services

Home care services provided by EHSCP	Type	Date of Inspection	Care & Support	Staffing	Management & Leadership
City of Edinburgh - Resource and Development Team	Support Service	20/02/2017	4	4	2
Intermediate Care - North	Home care	24/10/2016	4	NA	NA
Intermediate Care - South	Home care	24/10/2014	4	NA	NA
North East Edinburgh Home Care and Support Service	Home care	17/06/2016	5	4	NA
North West 1 Edinburgh Homecare and Support Service	Home care	18/01/2017	5	NA	4
North West 2 Edinburgh Home Care and Support Service	Home care	03/11/2016	4	4	NA
Overnight Home Care Service	Home care	27/05/2016	5	4	4
Positive Steps	Home care	20/02/2017	5	5	NA
South Central Edinburgh Home Care and Support Service	Home care	06/02/2017	5	NA	5
South East Edinburgh Home Care and Support Service	Home care	28/03/2017	4	4	4
South West Edinburgh Home Care and Support Service	Home care	22/08/2016	5	NA	4
SupportWorks	Home care	01/02/2017	5	4	NA

Care at home services commissioned by EHSCP	Type of service	Date of Inspection	Care & Support	Staffing	Management & Leadership
Hoseasons & Broomhouse (C&S) Quartermile (C&S)	Care at Home	12/12/2016	2	2	2
COMMUNITY INTEG CR SUPP LIV (CIC)	Care at Home	12/01/2017	3	4	4
DEAF ACTION	Care at Home	30/11/2016	5	NA	NA
LYNEDOCH CARE LTD	Care at Home	15/09/2016	5	NA	NA
MOCHRIDHE SUPPORT SERVICE	Care at Home	02/12/2016	5	NA	NA
PENUMBRA (VISITING SUPPORT)	Care at Home	30/11/2016	5	NA	5
Places for People St Leonards (Base C&S)	Care at Home	06/02/2017	5	5	NA
Places for People St Leonards (Base C@H)	Care at Home	06/02/2017	5	5	NA
Barony Housing Association Ardmillan Terrace, Mardale Crescent, Mayfield Rd, Upper Gray St (C&S) (C@H)	Care at Home	09/03/2017	5	NA	5
COMMUNITY HELP & ADV (CHAI)	Care at Home	Not inspected in time period			
CROSSREACH THRESHOLD EDINBURGH	Care at Home	07/03/2017	6	NA	5
ENABLE	Care at Home	26/08/2015	6	6	6
FREESPACE HOUSING	Care at Home	30/03/2017	2	2	2
FREESPACE HOUSING	Care at Home	08/09/2016	3	3	3
GARVALD EDINBURGH	Care at Home	26/10/2016	5	5	4
Leonard Cheshire Disability Stenhouse (Base C&S)	Care at Home	08/12/2016	6	5	NA
Link Living Edinburgh Mental Health Service	Care at Home	Not inspected in time period			
Places for People Edinburgh Mental Health Service	Care at Home	08/09/2016	4	4	4
REAL LIFE OPTIONS	Care at Home	24/11/2016	5	4	4

Care at home services commissioned by EHSCP	Type of service	Date of Inspection	Care & Support	Staffing	Management & Leadership
SUPPORT AND SOC CR NETWRK SSCN	Care at Home	04/01/2017	4	4	4
SUPPORT AND SOC CR NETWRK SSCN	Care at Home	03/05/2016	4	2	3
Bluebird Care	Care at Home	13-Oct-16	5	NA	NA
Care UK Homecare (Mears)	Care at Home	24-Aug-16	3	4	4
Carrick Home services	Care at Home	02-Jun-16	4	4	4
Everycare (Edinburgh)	Care at Home	02-Nov-16	5	4	NA
Family Circle Care	Care at Home	11-May-16	4	4	4
Home Instead Senior Care	Care at Home	16-Feb-17	6	NA	5
Independent Living Services	Care at Home	06-Feb-17	3	3	3
Highland Care Agency	Care at Home	25-Jan-17	2	1	2
Margaret Forrest Care Management	Care at Home	03-Oct-16	4	NA	NA
Prime Health Care	Care at Home	19-Sep-16	4	4	5
Professional Carers' Scotland	Care at Home	20-Jul-16	5	NA	4
Quality Care Resources	Care at Home	13-Feb-17	3	3	3
Bright care	Care at Home	10-Feb-17	5	NA	5
JB Nursing Employment Agency	Care at Home	07-Jul-16	4	3	4
Prestige Nursing PC Property	Care at Home	03-Mar-17	6	6	6
Blackwood Care	Care at Home	15-Mar-17	5	NA	5
Carewatch	Care at Home	17-May-16	4	5	4
Sutton Care Solutions	Care at Home	14-Jul-16	5	5	NA
Carr Gomm Morningside	Care at Home	02-Feb-17	5	4	NA
Carr Gomm Merchiston	Care at Home	28-Jun-16	4	3	3
Crossreach Eskmills	Care at Home	08-Nov-16	5	NA	NA
Harmony	Care at Home	17-Aug-16	5	NA	NA
L'Arche	Care at Home	29-Aug-16	5	5	4
Leonard Cheshire Bingham	Care at Home	15-Dec-16	5	5	NA
Leonard Cheshire Trafalgar Lane	Care at Home	29-Jul-16	5	5	5
Mears Care	Care at Home	15-Nov-16	5	NA	NA

Care at home services commissioned by EHSCP	Type of service	Date of Inspection	Care & Support	Staffing	Management & Leadership
Places for People Caltongate	Care at Home	20-Sep-16	5	5	NA
Richmond Fellowship	Care at Home	28-Mar-17	3	3	3
The Action Group A	Care at Home	08-Feb-17	5	NA	5
Thistle Foundation	Care at Home	07-Jun-16	5	NA	5
Autism Initiatives Bingham	Care at Home	04-May-16	5	4	4
Autism Initiatives Blackfriars	Care at Home	23-Nov-16	3	4	4
Places for People East Craigs	Care at Home	26-Jan-17	6	6	NA
Ark Housing	Care at Home	12-Aug-16	3	3	2
Avenue Care Services	Care at Home	10-Oct-16	4	NA	NA
Call In Homecare	Care at Home	29-Aug-16	4	NA	NA
Social Care Alba	Care at Home	24-Feb-17	4	4	NA
SCRT Careline	Care at Home	30-Jun-16	4	5	NA
Shaw Healthcare	Care at Home	02-Sep-16	4	5	NA
AquaFlo	Care at Home	24-Mar-17	2	2	2
MECOPP	Care at Home	Not inspected in time period			
Richmond Fellowship	Care at Home	Not inspected in time period			

## Day services

Day Services commissioned by EHSCP	Date of Inspection	Care & Support	Staffing	Management & Leadership
Caring in Craigmillar	23/03/2017	5	4	NA
Lochend Neighbour Centre	New service			
North Edinburgh Dementia Care	16/03/2017	5	5	NA
Upward Mobility	01/12/2016	5	5	NA
Alzheimer Scotland	22/04/2016	5	NA	5
Corstorphine Dementia Project	Not inspected in time period			
Drylaw Rainbow Club	Not inspected in time period			
Lifecare	Not inspected in time period			
Queensferry Churches' Care in the Community	Not inspected in time period			
Eric Liddell Centre	15/06/2016	6	5	NA
Libertus	Not inspected in time period			
The Open Door	Not inspected in time period			
Places for People Pleasance Day Centre	Not inspected in time period			
Prestonfield and District NWP - Clearburn Club	Not inspected in time period			
Cornerstone Community Care Canalside	27/03/2017	5	4	4

# Corporate Policy and Strategy Committee

10.00am, Tuesday, 3 October 2017

## Conference Invitation – “Tomorrow’s World” – COSLA and Improvement Service Annual Conference & Exhibition 2017 (5-6 October 2017)

Item number	8.4
Report number	
Executive/routine	
Wards	
Council Commitments	

### Executive Summary

---

The report asks the Corporate Policy and Strategy Committee to note the decision by the Chief Executive under urgency provisions, in consultation with the Council Leader, to authorise delegates to attend the COSLA and Improvement Service Annual Conference & Exhibition to be held at Crieff Hydro Hotel, Perthshire on 5-6 October 2017.

## Conference Invitation – “Tomorrow’s World” – COSLA and Improvement Service Annual Conference & Exhibition 2017 (5-6 October 2017)

### 1. Recommendations

---

- 1.1 To note the decision by the Chief Executive under urgency provisions, in consultation with the Council Leader, to authorise delegates to attend the COSLA and Improvement Service Annual Conference & Exhibition to be held at Crieff Hydro Hotel, Perthshire on 5-6 October 2017.

### 2. Background

---

- 2.1 The City of Edinburgh Council is a member of COSLA and is invited to send delegates to this Annual Conference.
- 2.2 Provision is made within the Committee Terms of Reference and Delegated Functions (paragraph 4.1) for the Chief Executive or appropriate Director, in consultation with the Convener or Vice-Convener, to take decisions normally made by committee under urgency provision. The decision has then to be reported to the next meeting.

### 3. Main report

---

- 3.1 This year’s Annual Conference is entitled “Tomorrow’s World” and will explore the opportunities and challenges faced by the public sector over the next five years, following the Local Government Elections in May 2017.
- 3.2 Councillors Burgess, Cameron, Macinnes, Main, McVey, Rose and Whyte have been authorised by the Chief Executive under urgency provisions to attend the conference.

### 4. Measures of success

---

- 4.1 The Council meets its statutory requirements and complies with best practice.

## 5. Financial impact

---

- 5.1 The attendance options and costs are set out in the conference flyer attached to this report (Appendix 1). Costs will be met by Governance and Democratic Services.

## 6. Risk, policy, compliance and governance impact

---

- 6.1 There are no risks or governance concerns associated with the Council having delegates attend the Conference. The future governance and strategic role of COSLA will however be discussed during the conference.

## 7. Equalities impact

---

- 7.1 There are no equalities impacts arising from attendance at this conference.

## 8. Sustainability impact

---

- 8.1 Travel arrangements will be made in accordance with the Council's Sustainable Travel Plan.

## 9. Consultation and engagement

---

- 9.1 Consultation has taken place with the Council Leader on this decision. There are no consultation or engagement requirements. In line with the Conference and Civic Visit Procedure, delegates should, following the event, complete a Feedback Form for inclusion in the Committee Business Bulletin.

## 10. Background reading/external references

---

- 10.1 Background to the Conference can be found at <http://www.cosla.gov.uk/events/2017/10/cosla-and-annual-conference-2017>.

### **Andrew Kerr**

Chief Executive

Contact: Laurence Rockey, Head of Strategy and Insight

E-mail: [Laurence.rockey@edinburgh.gov.uk](mailto:Laurence.rockey@edinburgh.gov.uk) | Tel: 0131 469 349



## 11. Appendices

---

Appendix 1 – “Tomorrow’s World” – COSLA and Improvement Service Annual Conference & Exhibition 2017 – flyer

Appendix 1

# Tomorrow's World

COSLA and Improvement Service Annual Conference and Exhibition 2017

5 – 6 October 2017  
Crieff Hydro Hotel, Perthshire



Question: What is happening in the Crieff Hydro Hotel on Thursday 5 and Friday 6 October 2017 ?

**Answer: The first major Local Government conference since the Local Government Elections in May.**

"Tomorrow's World" is bold in its aspiration and will be dynamic in its execution.

It is a brave decision to try and encapsulate the opportunities and challenges we face for the next five years, given the way the last year has played out politically.

With key speakers and a programme that is sure to engender hot political debate and give challenge to the future we face as a sector. This is the one event not to be missed.

We hope to see you in Crieff.



## The 2017 fee includes:

As a member Authority, attending as a full residential conference delegate will cost £399 plus VAT.

Included in the full residential conference delegate fee is one nights' accommodation on Thursday, 5 October, the fee includes attendance at the COSLA Excellence Awards, Pre-Dinner Reception, Dinner and Ceremony on Thursday 5 October. It also includes attendance at the Conference and Convention sessions including tea/coffee and lunch on 5 and 6 October.

## Plenary Sessions

The conference will start at 9.30am on Thursday, 5 October and concludes at 2.00pm on Friday, 6 October. This is your chance to contribute to the debate on key issues in Scotland.

The conference is an invaluable opportunity to network in an informal situation.

## Accommodation

This year's event will be held at the Crieff Hydro Hotel, Perthshire and it is anticipated that all conference delegates will be accommodated within the hotel and surrounding grounds. **All accommodation must be booked through COSLA by Monday, 11 September 2017.** We are unable to guarantee places for forms received after this date.

**For further information regarding the hotel or accommodation, please contact Linda Bruce on 0131 474 9228 or email [linda@cosla.gov.uk](mailto:linda@cosla.gov.uk)**

## Hotel Information

Crieff Hydro Hotel is Scotland's leading leisure resort. Nestled in the rolling hills of the Perthshire countryside, the resort is under an hour from Edinburgh, Glasgow and Dundee and offers over 300 parking spaces on-site.

## Delegate Attendance Options

The following flexible attendance options allow you to attend the conference on a basis which best suits your needs. These changes are in response to customer demand and reflect delegates' increasing workplace commitments. Please read the options and mark your choices on the booking form.

### OPTION 1

#### Full residential conference delegate

Accommodation on 5 October and attendance at all sessions, including tea/coffee and lunch on 5 and 6 October. Pre-Dinner Reception, Awards Ceremony and Dinner, on 5 October.

### OPTION 2

#### Day delegate on Thursday, 5 October

Attendance at all sessions, tea/coffee and lunch on 5 October. Does NOT include accommodation or attendance at dinner.

### OPTION 3\*\*

#### Day delegate on Friday, 6 October

Attendance at all sessions, tea/coffee and lunch on 6 October.

#### OPTION 4

##### Accommodation on Wednesday, 4 October

Bed and breakfast on the night of 4 October

#### OPTION 5

##### Accommodation on Thursday, 5 October

Bed and breakfast on the night of 5 October

#### OPTION 6

##### Pre-Dinner Reception Excellence Awards Ceremony and Dinner on Thursday, 5 October

Attendance at the Pre-Dinner Reception, Excellence Awards Ceremony and Dinner on 5 October

### Exhibiting

The exhibition is an integral part of the conference, attracting a wide variety of organisations working in both the public and private sectors. Refreshments will be served in the exhibition areas to ensure that exhibitors have the chance to meet with delegates.

Further information is available from [Amanda Hogg](mailto:amanda@cosla.gov.uk) on 0131 474 9213 or email [amanda@cosla.gov.uk](mailto:amanda@cosla.gov.uk)

### Advertising

The official conference handbook contains essential programme and speaker information and is distributed to all delegates attending the conference. There is a limited amount of advertising space available in the handbook which will be A4 size and printed in full colour.

The following rates will apply :

Full page	£450 plus VAT
Half page	£280 plus VAT
Quarter page	£200 plus VAT

For technical specifications please contact [Linda Bruce](mailto:linda@cosla.gov.uk) on 0131 474 9228 or email [linda@cosla.gov.uk](mailto:linda@cosla.gov.uk)

### Sponsorship

Sponsoring one particular aspect of the conference brings its own list of benefits and related costs. Organisations may also contribute to the cost of one of the options shown below with recognition in the Conference Handbook. For estimated costs or to discuss your contribution, [please contact Linda Bruce](mailto:linda@cosla.gov.uk) on 0131 474 9228 or email [linda@cosla.gov.uk](mailto:linda@cosla.gov.uk)

#### OPTION

Excellence Awards Ceremony Dinner  
Evening Pre-Dinner Reception  
Lunch(es)  
Refreshment Breaks  
Delegate Writing Pads  
Delegate Pens  
Delegate Conference Bags

### Promotional Literature and/or Complimentary Gifts

An opportunity exists for including promotional literature or small complimentary gifts in the Delegate Briefcase at a cost of £300 + VAT. We would require you to supply approximately 300 copies or gifts.

Please contact [Linda Bruce](mailto:linda@cosla.gov.uk) on 0131 474 9228 or email [linda@cosla.gov.uk](mailto:linda@cosla.gov.uk) for further information.



## DELEGATE BOOKING FORM

Please photocopy this form for each delegate attending and return it to Linda Bruce at COSLA, Verity House, 19 Haymarket Yards, Edinburgh, EH12 5BH. T: 0131 474 9228 F: 0131 474 9378  
E: linda@cosla.gov.uk by **Monday, 18 September 2017**

First Name	_____	Email	_____
Surname	_____	Address for Correspondence	_____
Job Designation	_____		_____
Organisation	_____		_____
Telephone	_____		_____

### Attendance Options and Costs

Delegates are invited to 'pick and choose' the most appropriate options. For a description of all the options, please refer to the notes overleaf. We regret that **NO REFUNDS** can be made, although delegates may substitute, providing reasonable notice is given. It is also important to note that it is **NOT** possible for delegates to 'share' a conference place.

Prices are shown excluding VAT.

#### Conference Options (please tick)

	<b>*Member</b>	<b>Non-Member</b>
1. Full residential conference delegate (includes everything listed below EXCEPT accommodation on Wednesday, 4 October)	<input type="checkbox"/> £399	<input type="checkbox"/> £475
2. Day delegate on Thursday, 5 October	<input type="checkbox"/> £180	<input type="checkbox"/> £250
3. Day delegate on Friday, 6 October**	<input type="checkbox"/> £180	<input type="checkbox"/> £250
4. Accommodation on Wednesday, 4 October	<input type="checkbox"/> £99	<input type="checkbox"/> £99
5. Accommodation on Thursday, 5 October	<input type="checkbox"/> £99	<input type="checkbox"/> £99
6. Pre-Dinner Reception, Excellence Awards Ceremony and Dinner on Thursday, 5 October	<input type="checkbox"/> £77	<input type="checkbox"/> £77

**\*Member** – Denotes Elected Members and Officers from COSLA's Membership Local Authorities

**\*\*** Access to the Conference sessions on Friday are by prior booking only. If only attending the COSLA Convention, please note the start time of 12.15pm

## Payment

Please choose one of the following payment schemes (A or B)

A. I enclose a cheque for the amount shown above made payable to COSLA

Amount payable £ \_\_\_\_\_

Please add VAT at 20% £ \_\_\_\_\_

Total amount due to COSLA £ \_\_\_\_\_

A VAT Invoice will be sent separately and a confirmation letter closer to the date of the conference.

B. Please invoice my organisation

Authorised signature \_\_\_\_\_

Please print name \_\_\_\_\_

## Special Requirements

	Delegate	Partner
Diet?		
Audio?		
Visual?		
Access?		

## Partner Booking Details

Partners of all delegates are welcome to attend the conference at an additional cost of £280 plus VAT.

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Address for Correspondence \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

## Partner's attendance schedule

Accommodation on Thursday, 5 October (double/twin occupancy)

Refreshments and lunch on Thursday, 5 October

Refreshments and lunch on Friday, 6 October

Pre-Dinner Reception, Excellence Awards Ceremony and Dinner on Thursday, 5 October

Amount payable £280

Please add VAT at 20% £56

Total amount due to COSLA £336

I enclose a cheque for the amount shown above