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Deputations

Policy and Sustainability Committee

10.00 am Thursday, 28th May, 2020

Virtual Meeting - via Skype

Deputations

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THE CITY OF EDINBURGH COUNCIL

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CITY OF EDINBURGH COUNCIL

Item No 3

POLICY AND SUSTAINABILITY COMMITTEE

28 May 2020

DEPUTATION REQUESTS

Subject		Deputation
3.1	**In relation to Items 6.2 and 6.4 on the agenda -** Decisions taken under delegated power and operational decision making – Covid-19 and Revenue Budget 2020/21 Update	Edinburgh Trade Union Council
3.2	**In relation to Item 6.7 on the agenda -** Deferral of Edinburgh Summer Sessions 2020 to 2021	New Town and Broughton Community Council
3.3	**In relation to Item 6.11 on the agenda -** Outcome Report of the Short Life Working Group to Examine Communities and Families Third Party Grants	Crew 2000
3.4	**In relation to Item 6.11 on the agenda -** Outcome Report of the Short Life Working Group to Examine Communities and Families Third Party Grants	Intercultural Youth Scotland
3.5	**In relation to Item 6.11 on the agenda -** Outcome Report of the Short Life Working Group to Examine Communities and Families Third Party Grants	Fabb Scotland
3.6	**In relation to Item 6.11 on the agenda -** Outcome Report of the Short Life Working Group to Examine Communities and Families Third Party Grants	Kindred

CITY OF EDINBURGH COUNCIL

POLICY AND SUSTAINABILITY COMMITTEE

28 May 2020

DEPUTATION REQUESTS

3.7	**In relation to Item 6.11 on the agenda -** Outcome Report of the Short Life Working Group to Examine Communities and Families Third Party Grants	Space & Broomhouse Hub and Voluntary Sector Forum of South West Edinburgh
3.8	**In relation to Item 6.1 on the agenda –** Adaptation and Renewal Programme (received late)	Tolcross Community Council
3.9	**In relation to Item 6.11 on the agenda -** Outcome Report of the Short Life Working Group to Examine Communities and Families Third Party Grants (received late)	Goodtrees Community Centre

Edinburgh Trade Union Council

Submission to the Policy and Sustainability Committee of the City of Edinburgh Council which meets on Thursday 28th May 2020

Covid 19 Issues

We recommend Councillors read the attached report which was published by Commonweal on 20/5/20. It is by an expert called Nick Kempe and is called “The Predictable Crisis - Why Covid 19 Has Hit Scotland’s Care Homes So Hard’.

Revenue Budget 2020/21 Update

Edinburgh Trade Union Council was very disturbed to read the above Revenue Budget Report which is on the agenda of the Policy and Sustainability Committee at its meeting on Thursday 28th May 2020. We consider that the public is due, now, a lot more information on the content of the Report. We have drafted a number of questions for Councillors to ask officials. We hope that the questions will be answered. The public, including the local trade union movement, have a right to know the extent of the crises affecting the City Council and the City and how the Council considers they may be resolved.

The Future of Lothian Buses

The Report mentions (in 4.29) that the Council will not get in this financial year its usual dividend of £6m from Lothian Buses. This statement implies that Lothian Buses is in its own financial crisis. As an excellent public service it now requires to be supported by either the City Council or the Scottish Government (like other public transport operators in the UK). We hope that the Council can guarantee that once this pandemic is behind us Lothian Buses will be able to resume the service we have come to value and expect. What package of support has the City Council demanded of the Scottish Government for Lothian Buses?

Catastrophe Facing Scottish Local Authorities

The Finance Report includes the following statement which refers to continuing representations to the Scottish and UK Governments to avoid a catastrophic impact on local authorities in Scotland. We presume these representations are asking for the money to cover the expected £56.5m projected City Council deficit.

"4.43 In order to address the remaining shortfall, these actions will need to be accompanied by (i) rigorous scrutiny of all discretionary spend, overtime and agency expenditure and (ii) an enhanced focus on identifying additional savings resulting from the Council's reduced scale (and prioritisation) of activity in both the immediate and medium-term. These will require to be undertaken against a backdrop of continuing representations to the Scottish and UK Governments on the potentially-catastrophic longer-term impacts of not adequately funding local government at this time."

We would like to know the Council's negotiating position in its representations to the Scottish Government. Is it asking for the whole £56.5m deficit to be covered and if so when it will be covered? Is it only expecting part of the deficit to be covered? We need to know what services are likely to suffer and to be in an informed position to ourselves lobby local MSPs and the Scottish Government. Unless the Council is fully funded to cover the deficit we are worried that, for example, their capacity to continue to prioritise health, safety, and staff and pupil welfare when there is a return to schools in August will be compromised through no fault of their own, and their current excellent work in this area be undermined.

The Council needs to be compensated for its extra expenditure in dealing with the pandemic and the lockdown, and its loss of income from revenue streams such as parking and Council Tax.

As the result of 10 years of Westminster austerity, local government has suffered from financial cuts to the budgets they have received from the Scottish Government, this has resulted in a substantial loss of jobs and cuts to services. At the same time cuts were also made to the funding of the community and voluntary sector. If the Scottish government does not bridge the gap there will is likely to be a corresponding loss of jobs and services.

If the COVID-19 pandemic has taught us anything, it is that local government and the services it provides are vital to the overall welfare of all.

Preventative Measures

“4.44 Likely recurring increases in service demand in some areas will also require the adoption of a more explicitly preventative approach, particularly in view of the potential for recurring waves of infection, at least into the medium term.”

We do not fully understand the implications of this paragraph. We would like to know what is meant, in more detail, by a ‘more explicitly preventative approach’ and what level of resources such an approach will require. For example, does this refer to preventative work which could be done to ensure that a greater number of people do not have to go into care, and/or does it include more resources for private sector care homes so that there is satisfactory infection control.

Stakeholder/ Community Impact

“7.1 There is no direct relevance to the report’s contents although the scale and coverage of these impacts will require extensive and continuing engagement with key stakeholders as the city enters the recovery phase.”

We would like to know what is meant by this paragraph. It seems clear that the contents of the report are wholly relevant to stakeholders and the community. We regard the local trade union movement as a key stakeholder in promoting economic recovery in the City (given the impact of the lockdown on transport, universities and colleges, and tourism). It has been said that the Council is involved in discussions about the recovery phase. To our knowledge the Council has decided not to involve trade union representatives in these discussions. For some reason we are not seen as a key stakeholder when it comes to dealing with rising unemployment (and associated poverty issues). We hope that this approach will be rethought and changed in the best interests of Edinburgh citizens as a whole.

Illegal Budget

From reading the Report we can see that the City Council may be placed in the position, in order to maintain essential services, to revise its budget. The new budget may be defined as an ‘illegal’ budget given that in this financial year the Council may have a deficit. In the current circumstances we hope that the Scottish Government will produce legislation which will allow the Council to set such a budget - if necessary.

Des Loughney

Secretary,

20.5.20

Common Weal Policy

THE PREDICTABLE CRISIS – WHY COVID-19 HAS HIT SCOTLAND'S CARE HOMES SO HARD

COMMON WEAL

Common Weal is a Scottish ‘think and do tank’ which promotes thinking, practice and campaigning on social and economic equality, participative democracy, environmental sustainability, wellbeing, quality of life, peace, justice, culture and the arts.

Common Weal is entirely funded by small donations from members of the public and is entirely independent of any political party. It is governed by a Board drawn from across the spectrum of progressive politics in Scotland.

Common Weal also runs a news service called Source and has a network of autonomous local groups who seek to put Common Weal ideas into practice in their communities.

For more information visit:
www.commonweal.scot
www.sourcenews.scot

Or contact us at:
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AUTHOR

Nick Kempe spent much of his career trying unsuccessfully to improve the standards of Care in Care Homes and has been prompted to speak out by the scale of the Covid-19 disaster in Care Homes.

Nick is a Social Worker by training (deregistered last year) who moved into commissioning and contract management, became Head of Service for Older People in Glasgow and was then was seconded to Scotland Excel to develop national commissioning in Scotland. He played a central role in the development of the National Care Home Contract and then led on the development of the cost of care calculator for Care Homes in Scotland.

NOTE

This paper originated as a submission to the Covid-19 Committee of the Scottish Parliament on 11th May and was prompted by what was happening at Home Farm Care Home on Skye. It is a policy paper for the "moment", in what is a rapidly changing situation, and the author has done their best to ensure the data and information was accurate as at Tuesday 19 May.

KEY POINTS

— Based on quality ratings at the outset of the crisis more than one quarter of Scotland's care homes (those rated adequate or below) could have been expected to be unable properly to protect older people in the event of a pandemic.

— The Care Inspectorate does a professional job but has few enforcement powers and works inside a regulatory regime which is very limited in scope. As an example, in February they simply did not have the power to do what has now (eventually) been done at the Home Farm Care Home on Skye. The Care Inspectorate was incapable of brining Care Homes up to the standard required by the Covid crisis and poor quality care is embedded in the system.

— The result is that six out of ten care homes in Scotland have had a case of Covid and about 45 per cent still have a current case (as of Monday 18 May) – plus 7.4 per cent of care home staff have been absent with Covid compared to just 4.0 per cent of NHS staff

— All of what has resulted was accurately predicted in 2016 but calls to prepare were ignored. In particular there has been a continuing decline in trained medical staff and a rise in unfilled nursing vacancies (52 per cent of private sector Care Homes have nursing vacancies, compared to 15 per cent in the voluntary sector). There is no formal training for Infection Control for non-medical staff in Care Homes in the care SVQ.

— In 1993 the Community Care Act transferred responsibility for providing nursing care for Older People from the NHS to the private sector and for the first eight weeks of the crisis the Scottish Government was adamant that the the Providers (and not the Scottish Government) was responsible for protecting care home residents – until a mid-May U-turn. This effectively represented the privatisation of the responsibility for Older People in Care during the crisis and had the later U-turn been made at the beginning many lives would have been saved.

— This meant that medical treatments which could have been delivered in Care Homes (such as the provision of oxygen) were not supported by the Scottish Government who left treatment to the discretion of private companies geared around property finance. In addition the nature of the deaths of Care Home residents was not taken to be a government responsibility and so the use of palliative measures (to make deaths as comfortable as possible) was also left to Providers. This almost certainly means many old people faced an absolutely unnecessarily uncomfortable and painful death. Health staff were not instructed to take the clinical lead in Care Homes until 17 May.

— In addition the mental wellbeing of residents was not made a priority, with people being locked in rooms alone for indefinite periods (as a result of Scottish Government advice), with some being told or knowing that they would be likely to die before seeing family members again. A Human Rights approach was not taken, and while individual Care Homes and staff will have done the best they can, no guidance on quality of life was provided.

— But the repeated updating of guidelines and the urgent steps taken to remove traces of the preceding guideline created a confusing impact – between 10 May (when revised guidelines issued two days earlier were withdrawn) and 15 May (when new revised guidelines were issued) there were no official Scottish Government guidelines at all.

— Private operators have extracted tens of millions of pounds of public money dedicated to care as private profit – and even more has been extracted by ‘flipping’ property which is effectively paid for by the public (the biggest profits in the care sector come from property and not from providing care).

— This is all exacerbated not only by the power of private providers and the way they have influenced the decision-making of successive Scottish Governments but also by prevailing management culture which, by emphasising ‘partnership working’, make criticism of the system almost impossible.

INTRODUCTION

The number of people dying as a result of Covid-19 in Care Homes in Scotland, both residents and staff, has been an unmitigated disaster. For a country focussed on improving outcomes for its citizens, it is the worst possible health and social care outcome that anyone could ever have conceived of for older people. It possibly represents the single greatest failure of devolved government – and I use that term broadly to encompass successive Scottish Governments and different levels of government - since the creation of the Scottish Parliament.

In the first two weeks of May deaths in Care Homes accounted for well over half of all deaths from Covid-19 in Scotland*1. As at 16 May, 632 or 58 per cent of all Care Homes in Scotland have reported at least one case of Covid-19 since the start of the crisis and 486 have a current case*2. The statistics also show that on 12th May 3121 or 7.4 per cent of Care Home staff had been reported absent due to Covid-19 compared to 6,620, or around 4.0 per cent, of the NHS workforce*3. It is not just the direct deaths of Care Home residents from Covid-19 that should be of concern, it is also the number of indirect or 'excess' deaths, which no-one yet has started to calculate. These will have resulted from Care Home residents being unable to access treatment for other conditions but also from Older People, confined to their rooms for weeks and denied social contact, losing the 'will to live'.

While Scotland has, after a poor start, become much better at recording the number of deaths in Care Homes than England, deaths only tell part of the tale. How people die, whether in pain or with their loved ones, is fundamental to good palliative care. How care has been provided during the crisis will have had a significant impact on the physical and mental health of those who are still living. Residents and staff working in Care Homes will know that only too well. But their voice, despite the crisis, has as yet hardly been heard

This paper considers how government in Scotland has managed the Covid-19 crisis in Scotland to date, using what has happened at Home Farm Care Home on Skye to illustrate the issues but also, potentially, to point to the way forwards. It argues that much of the Covid-19 disaster in Care Homes was quite predictable and, as such, represents a failure by both Care Home Providers and our public authorities. It then looks at these failures within the broader context of the development of the Care Home sector in the last 27 years, with a particular focus on how this has provided for the health of Older People It concludes with some recommendations, both for immediate action and for more fundamental reform of the sector and the role of public authorities within it.

SUMMARY

Scottish Government preparedness and response to Covid-19 in Care Homes

Neither the UK nor the Scottish Government appear to have acted on the Cygnus Report (2016) which recommended the need to increase capacity in the social care sector and to stockpile Personal Protection Equipment in preparation for a pandemic. Despite identifying Older People as being particularly at risk after the declaration of the Covid-19 pandemic, Scottish Government efforts focused on preparing the NHS.

Its abandonment of contact tracing, on 16 March, and failure to test staff and residents being moved from hospitals to Care Homes, meant that the Scottish Government had no mechanisms to prevent the virus from entering Care Homes. Once in, a combination of generally poor staffing levels, low skills, staff sickness and lack of Personal Protective Equipment meant that by early April there had been severe outbreaks of Covid-19 in many Care Homes across Scotland.

Apart from helping out with PPE, the Scottish Government assigned primary responsibility for protecting residents to Providers, despite the increasing death toll. From mid-April, monitoring of what was happening in Care Homes increased. Providers were asked to report staff shortage, outbreaks of Covid-19 and number of suspected deaths to the Care Inspectorate while nationally the Scottish Government started to report on the total number of deaths in Care Homes.

It was not until the end of April that government started to take a more pro-active role, introducing testing and contact tracing, arranging for the NHS to provide support to Care Homes and at Home Farm Care Home 'stepping in' to manage the crisis. This was accompanied by a far more comprehensive suite of guidance to Care Homes and Public Authorities which, had the Cygnus Report been acted on, should have been available from the start

Case Study – Home Farm Care Home on Skye

Covid-19 appears to have entered Home Farm Care Home late on in the crisis, around 30th April. By this time a number of Care Homes had experienced 20 deaths or more. The virus appears to have spread through the Home very rapidly, infecting 26 staff and 28 residents, nine of whom had died by 15 May.

The Care Inspectorate's Inspection Reports prior to the crisis indicate that the rapid spread of the virus through Home Farm Care Home was a disaster waiting to happen. Poor infection control and the number and skills of staff were highlighted as serious issues in January 2020 along with the failure of the Provider, HC-One, to address requirements dating back to December 2018.

The Older People resident at Home Farm were clearly at high risk from Covid-19 as soon as it arrived in Scotland but it is unclear what, if any action, the Care Inspectorate, NHS Highland or the Provider then took before the outbreak at the end of April.

Once they became aware of the outbreak, the public authorities appear to have acted far more proactively. They put staff into the home and tested residents and staff in other Care Homes on Skye, including one where a Covid-19 case had been ignored early in the crisis. By 17th May, public authorities appeared to be working together to take over the Care Home, having established that the Provider was unable properly to look after the Older People in their care.

Such a takeover would be unprecedented in Scotland and appears to have become possible because of the 'politics' of the outbreak at Home Farm. The deaths there, while so far lower than many other Care Homes in Scotland, stand out because Skye is a remote rural area where up till now levels of Covid -19 appeared low. It has also happened at a point in the crisis where lots of attention was focussed on Care Homes and is in the constituencies of two of the most senior members of the SNP. This raises the question of how many other Care Homes in Scotland require similar interventions from our Public Authorities and presents an opportunity to reform the wider care system to make it possible for them to do so.

The role of the Care Inspectorate and the Covid-19 crisis

The Care Inspectorate stopped Inspections in mid-March as a result of the crisis and indicated it was conducting a risk assessment of all services. Until mid-April, however, it appears to have done very little to increase monitoring of services and it is unclear whether it conducted any systematic assessment of the Care Homes where residents might be most at risk from the pandemic and, if so, what action it took.

It appears that decisive action might have helped reduce the risk of the virus spreading in the 59 Care Homes in Scotland which in February, like Home Farm were graded poor or less, and also in the 227 graded as adequate. At the best of times 'adequate' is hardly good enough and it is very likely that most of these Providers will have really struggled to contain Covid19 where it has entered their Care Home.

Unfortunately, the Care Inspectorate is a toothless regulator and was in no position to act. It operates within a public policy and regulatory framework which puts private ownership and private financial interests before care and crucially where there are no proper effective mechanisms for improving standards of care in failing Care Homes. The only enforcement option available to the Care Inspectorate that has teeth is to close a service down, an unthinkable option in most cases. It also operates in a culture that puts 'partnership working' before standards. This has led to Care Homes, however often they fail, always being given another chance.

Covid-19, Health and Care Homes – a crisis a long time in the making

The origins of the current crisis lie in the Community Care Act 1993 which handed responsibility for providing nursing care for Older People from the NHS to the private sector. Since then, the division between the care offered by NHS and Care Homes has increased. Nursing capacity and health related skills having been stripped out of the Care Home sector over the last 25 years while provision of community health services remains problematic despite the health needs of the Care Home population having increased. The result has been that few Care Homes had the *health* skills necessary to prevent Covid-19 spreading among their residents

This situation has been made worse by a longstanding staffing crisis in Care Homes, the result of low pay, poor working conditions, a lack of training and few career opportunities. Many Care Homes were short of staff at the very moment they needed more staff than ever before to care for Older People safely.

Covid-19 – the continued importance of human rights and social care in Care Homes

Human rights and respect for Older People is equally fundamental to the provision of care as health but, unfortunately, was also abandoned at the start of the Covid-19 crisis. The Government's initial response to the need to protect Older People in Care Homes can be summarised as shutting them in their rooms and stopping all visitors.

The adverse social, emotional and physical health consequences of doing this will have been serious and it is not even clear that Older People 'protected' in this way have avoided catching Covid-19. There are Care Homes and many Care Home staff who have tried to protect people while treating them with respect, re-thinking how communal spaces might be used while incorporating principles of good infection control (physical distancing as far as possible, washing hands and cleaning) and making as much use of outdoor spaces as possible. For this to happen safely and as a matter of course, however, additional resources are required.

Given the risk of Covid-19 in Care Homes will continue for many months, the latest National Guidance issued on 15 May which explains how health needs and rights can be respected – including how families might meet their relatives - is very welcome.

Care Homes - Resourcing Model is not in the Public Interest

There is no doubt that social care as a whole is underfunded and that to control outbreaks of Covid-19 in Care Homes requires additional resources. But that does not mean that increasing public funding to private providers, particularly to large financialised providers in the Care Home sector, is the answer.

Many Care Home Providers have extracted tens of millions of pounds from the sector in the last twenty years and there is very little to show in return. The basic explanation for this is two-fold. First, a percentage of all Care Home fees is extracted as profit, rather than being invested in care. Second, the fees paid are in effect paying for Care Home buildings time and time again. Each time a Care Group is sold, it is just like a house, the debt starts being paid off all over again. This continually drains money out of the care sector into the financial sector. The biggest profits being extracted from Care Homes are not from the care, but the buildings.

Attempts have been made in Scotland to channel more of the money being paid by Public Authorities into care through the National Care Home Contract but this has generally been ineffective. It is for these reasons that there are now calls to return to pre-1993 and the Community Care Act and for the public sector once again to assume responsibility for the provision of care. The costs of this are not as high as often is assumed and mainly relate to staff numbers, skills and wages, an area that needs to be addressed if Older People are to get the care they deserve. In terms of building costs it would be far cheaper in the medium term for government to own Care Home buildings.

Are we at a cross-roads in the Care Home crisis in Scotland?

After a disastrous couple of months, in which hundreds of people have died in Care Homes unnecessarily, government in Scotland is starting to take the sort of actions it might have done at the beginning of the crisis had it been properly prepared.

The updated National Clinical Guidance for Care Homes for Adults is a fairly comprehensive document and well thought through. The problem is the capacity of a system, not just Care Homes but also the NHS, to deliver the new guidance. Both have been stripped to the bone after 12 years of austerity. Asking GPs and other NHS professionals to support Care Homes and asking Care Homes to assume new responsibilities won't make it happen. For that, new resources are needed both to address current staff shortages and to increase staffing levels and skills in Care Homes.

There is the potential to supply this staffing through health and social care staff returning to work and from the current surge in applicants for care jobs which appears to be the result of people losing their jobs elsewhere. For this to work will require a mechanism to co-ordinate human resources effectively and ensure new staff are properly trained in a very short time.

This can't happen without clear and agreed mechanisms for paying for additional staff. That could potentially be done through the National Care Home Contract but could also be done through increased public intervention in the Care Home sector. That would provide an opportunity to re-think the current model of predominantly private Care Home Care.

There are wider questions here about whether our current models of institutional care are fit for purpose. In terms of Covid-19, there are questions about whether Older People would have been safer and had a better quality of life if cared for at home. More broadly, the question is whether, pandemics or not, more Older People couldn't be cared for at home and, if so, how we could do this.

Summary of main recommendations

— *The Scottish Government should lead the development of a national plan to protect Older People in Care Homes from Covid-19 and future pandemics building on the Clinical Guidance of 15 May. The focus of this should be on what inputs and resources are needed to deliver the guidance.

— The Scottish Government should commission an immediate independent short-term investigation into what lessons can be learned from outbreaks in Care Homes to date. This should include both Care Homes where outbreaks have been contained, those where it has spread rapidly, like Home Farm, and what there is to learn from the countries that have successfully prevented outbreaks in residential settings.

— Scotland should no longer tolerate the delivery of poor care to Older People in Care Homes and develop a longer-term plan to address this.*

COVID-19 IN CARE HOMES - THE SCOTTISH GOVERNMENT'S PLANNING AND RESPONSE

In 2016 the UK Government conducted a pandemic planning exercise named Operation Cygnus and produced a report which was apparently shared with the devolved governments*4. The Report included specific recommendations for the social care sector:

Obj 5. To explore the social care policy implications

LI 18: A methodology for assessing social care capacity and surge capacity during a pandemic should be developed. This work should be conducted with Directors of Adult Social Services and with colleagues in the Devolved Administrations

LI 19: The possibility of expanding social care real-

estate and staffing capacity in the event of a worst case scenario pandemic should be examined

e. Providing Secondary and Community Care.

The planning around critical care is detailed and clear however, it would be useful to develop a similar level of detail around other secondary care services and supporting community care services. This work should consider:

The possible role for community nurses and the ambulance service in delivering care during a pandemic, including to people in residential care

How NHS England can work with others to mobilise and deploy retired and off-duty medical/nursing staff and/or allied health professionals to support primary care.

The potential for use of alternative accommodation for patients discharged from hospitals and for whom care at home is not available, including use of accommodation available via private providers and third sector.

The use of innovative approaches such as telephone triage and possible mobile device apps to reduce the amount GP contacts and optimise use of staff.

Ambulance services to agree 'no send' and 'non-conveyance' protocols for attending crews to use in a severe pandemic.

Primary care diverting to alter native services except for pregnant women, under Ones, serious and chronic condition.

How NHS England, PHE the CQC and Las can develop a whole system approach to the distribution of PPE to health and care staff.

PHE to define and communicate who will receive PPE from national stockpiles and which parts of the private and voluntary sectors are expected to make their own arrangements to safeguard their workers in the event of an influenza pandemic.

Extend the escalating surge and triage guidance to services beyond critical care.

It doesn't appear that any of the recommended work took place anywhere in the UK. In other words, there had been no recent planning for how the Care Home sector might manage in a pandemic.

While the Scottish Government's messaging from the start, based on evidence from elsewhere in the world of who was most at risk of dying from Covid-19, was about the need to protect the over 70s and 'shield' the vulnerable, its initial focus was not on preventing the spread of the virus but preparing the NHS. National Clinical Advice was issued to Care Homes on 13 March and then updated on 26 March to include advice from Health Protection Scotland on care home admissions (no need to test), shielding advice (who to isolate) and visiting. Both advice notes were far from comprehensive and not revised until 8 May when they disappeared from the internet.

Also, on 13 March the Scottish Government took the fateful decision, along with the UK government, to discontinue contact tracing. Instead, of tracking down people who might be carrying the virus, people were advised to isolate if they were experiencing symptoms*5. That decision made it inevitable that Covid-19 would be taken into Care Homes by asymptomatic carriers of the virus. Just how many of the 632 Care Homes infected by the virus to date could have been protected had Public Health, supplemented by Scotland's unused Environmental Health staff, been allowed to continue with contact tracing focussed on protecting Care Homes, is not something that can be answered yet* 6.

The levels of infection being taken into Care Homes was then increased by further serious mistakes. First, contrary to the advice from the World Health Organisation message on 16 March to Test, Test, Test*7, testing was abandoned alongside contact tracing. The then Chief Medical Officer, Catherine Calderwood, dismissed testing as a 'fallacy' as late as 1 April*8. This meant there were no safeguards to prevent Covid-19 being brought into Care Homes by staff or by residents being transferred from hospital. The order from the NHS on 17 March, endorsed by the Scottish Government, to discharge Older People from hospital, without ascertaining who had Covid-19, may have been the single biggest reason why Covid-19 entered

Care Homes*9.

After the Scottish Government was forced to change its position on testing, testing for staff and residents in Care Homes was treated as a lower priority than for hospitals. Effectively Care Home residents were left exposed, without any protection, for almost six weeks.

Once Covid-19 enters a Care Home, the number of staff, their skills and the equipment available to them then becomes crucial to whether the infection can be contained or not. The general shortage of Personal Protective Equipment (the need for adequate stockpiles was highlighted in the Cygnus Report) meant that the virus was able to spread rapidly even in Care Homes with skilled and experienced staff. Again, PPE issues in Care Homes were afforded less priority than PPE in the NHS, though the availability of PPE appears to have been greatly improving by the end of April.

For the first five weeks of the crisis, the Scottish Government's approach to protecting Older People in Care Homes can be summarised as stopping visits from relatives, advising Care Homes to keep Older People in their rooms as much as possible and not to use agency staff in order to reduce the risks of transmission between Homes. This last piece of advice ignored the fact that, due to staff shortages across Scotland*10, many Care Homes were already dependent on agency staff before facing additional shortages when staff rightly started to self-isolate when showing symptoms that might have indicated Covid-19. The lack of testing meant more staff self-isolated than was necessary, increasing reliance on agency and making the job of those still working much more difficult.

After multiple deaths were reported in a number of Care Homes at the end of March and in the first week of April, the scale of the crisis became apparent and, in mid-April the Scottish Government – unlike the UK Government – committed to publish the number of deaths in Care Homes*11. The Care Inspectorate also stepped up its monitoring, issuing guidance on 10 and 17 April requiring Care Homes to report staff shortages, suspected outbreaks of Covid-19 and suspected deaths from Covid-19. While there have been issues with the accuracy of the statistics about these deaths in Care Homes, these have been gradually been addressed over the last four weeks and they have helped focus political attention on Care Homes. With that has come action.

On 28 April, just as Covid-19 deaths in Care Homes reached almost 50 per cent of all those in Scotland and as deaths in hospital started to drop, Scotland's Chief Nursing Officer issued guidance*12 to Health Boards encouraging staff to volunteer and support Care Homes affected by Covid 19. On 1 May the Scottish Government announced enhanced testing for Care Homes and on 8 May the National Clinical Guidance finally offered comprehensive advice focussed on protecting Older People in Care Homes from Covid-19. Unfortunately, that Guidance was withdrawn without explanation two days later leaving Care Homes without any guidance at all until 15 May, when amended guidance appeared*13. Then on 17 May, the Health Secretary wrote to Health Boards clearly stating they had a responsibility for providing clinic oversight for residents in Care Homes*14. This represented a welcome about-turn. Had the Cygnus Report had been acted on, all this advice might have been available from the start.

Throughout March and April, the Scottish Government appeared to be in denial about the scale of the crisis in Care Homes and continued to assign almost all responsibility for protecting residents to Providers:

*"The proportion of deaths in Scotland in care homes - while obviously deeply distressing - is however broadly in line with the proportions being reported now for many other countries. And that demonstrates again how crucial it is to make care homes as safe as they can possibly be during a pandemic of this nature.

Care homes have had strict guidance to follow since 13 March. And it is incumbent all care home providers, whether they are in the public or private sector to follow and to implement that guidance." (Nicola Sturgeon, 29th April)*15

Apart from helping out with PPE, the idea that public authorities might need to intervene or provide direct support to Care Homes residents

appeared to be an anathema. This reflected both a neoliberal mindset – leave it up to the market to sort matters out – and the deep division that has developed between health care provided inside and outside of the NHS since the Community Care Act in 1993 (considered further below).

The non-interventionist stance rapidly changed after Nicola Sturgeon's 29 April speech and government started to take a far more pro-active role, introducing more extensive testing and contact tracing, actively enquiring about staff vacancies in Care Homes and in the case of Home Farm Care Home on Skye, appears to have supported a government takeover of the Home.

CASE STUDY: HOME FARM CARE HOME ON SKYE

The outbreak

On Thursday 30 April it was revealed that a number of staff and residents from the 40 place Home Farm Care Home on the Isle of Skye had tested positive for Covid-19*16. It transpired that a staff member had begun showing symptoms on Friday 24, was tested on the Sunday and a positive result confirmed on Monday 27. Testing of all residents and staff started the next day, with a mobile unit brought in by the army on 4 May. By 8 May, 28 of its 34 Residents and 26 of its 52 staff had tested positive for the virus. By the 15 May 9 residents had died.

Unlike outbreaks of Covid-19 in Care Homes in Scotland up until then, Public Authorities appear to have responded quickly. By 30 April staff from the Health Board, Care Inspectorate and Social Work were all reported to be in the Care Home, although for what purpose was not explained. On 12 May the Care Inspectorate undertook an Inspection, on 13 May NHS Highland announced it has agreed a "partnership approach" to addressing the problems at Home Farm and on the 14 May the Care Inspectorate announced it had found "serious and significant concerns" and that it had submitted an application to the Sheriff Court to cancel the Care Home's registration. Details about this are not yet available on the Care Inspectorate website*17.

How the virus was brought into the Care Home has not been made public and may never be known. HC-One states it started restricting visitors to its Care Homes on 13 March. It appears that this was quite stringent as there are a number of reports in the West Highland Free Press of relatives being prevented from visiting residents even when they were dying*18. The most likely routes therefore appear to be residents being moved into the Care Home or by staff. On 10 May the Times*19 reported information suggesting both routes were possible: *"Elderly residents are also said to have been relocated to Home Farm from the chain's homes on the mainland to fill empty rooms" and "It is also understood that an area manager from Perth, nearly 200 miles away, arrived at the Skye home with four staff without being tested beforehand for coronavirus. HC-One says they were symptomless before arrival and points out that critical key workers were allowed to travel for work." It also reported "one worker was brought in from Kent in March, after the lockdown".

So far, there is no public evidence about what testing, if any, might have taken place in these cases but the virus could also have been brought into the Care Home from a member of staff living in the community.

A predictable disaster

For four years following its purchase from Southern Cross in 2011, Home Farm Care Home was awarded consistently high grades (Very Good) by the Scottish Regulator, the Care Inspectorate. Quality, as evidenced by Inspection Reports, then started to decline first to 'good' and then by December 2018 to 'adequate'. At that inspection two legal requirements were issued to HC-One to improve the care at Home Farm.

A follow up Inspection in April 2019 found that neither of these requirements had been met but extended the deadline for meeting them to June. This does not appear to have been followed up until the Care Inspectorate received and investigated two serious complaints in October

and November. Those investigations - the documents are not public - apparently found that neither of the two existing requirements had been met, repeated them and issued a further requirement relating to Infection control*20. A new deadline, of 31 December 2019 was set. The Care Inspectorate also formally assessed the staffing in the home to be 'weak', the second lowest classification on a six-point scale.

Care Inspectorate staff then made an unannounced Inspection between 21-24 January. That Inspection found that none of the three legal requirements had been met by Home Farm. Despite it being over a year since the first two requirements had been issued, the Care Inspectorate once again extended the deadline for meeting them, this time for another two months until 30 March 2020.

In the light of what's happened subsequently, the content of the Inspection Report, which is a credit to the Inspection Staff concerned, makes sobering reading and is worth quoting at length. On staffing the Inspectors found that:

*"The number of direct care staff and ancillary staff fluctuated across different days of the week and times of day which was not linked to the needs of people experiencing care. The inconsistency in the staffing arrangements across the service was being affected by a number of factors, for example current staff vacancies, less management and supporting staff at the weekends, lack of suitable contingency arrangements to cover staff holidays, in consistencies in the way staff were deployed and the way staff breaks were arranged. We saw that this meant the level and quality of care and support people received was not always adequate".

Although some staff had been recruited, the situation was serious enough that the Provider had agreed to stop new admissions "in the interim period to minimise the risk to people using (*sic) while they improved and stabilised the management and staffing arrangements sufficiently and was working closely and meeting regularly with the Health and social care partnership". The Care Inspectorate issued the following requirement: "The provider must always ensure that suitably qualified and competent persons are working in the care service in such numbers as are appropriate for the health, welfare and safety of service users".

Covid-19 is challenging enough for well-staffed and highly qualified NHS staff to manage, but if the situation described in January still persisted in April, that would help explain why the outbreak developed so quickly. Using Personal Protective Equipment safely is very time consuming and requires not just adequate staffing levels, but also proper training and round the clock expertise in infection control. It doesn't appear that staffing at Home Farm in January was anywhere near like sufficient for them to be able to respond to a crisis adequately.

On Infection Control the inspectors found that:

*"The member of staff who worked in the laundry was on leave for two weeks and housekeeping staff were being used to cover theses duties. This had led to insufficient housekeeping staff being on duty to carry out their planned duties and was also impacting on the level of direct care and support people were receiving as care staff were helping out with the cleaning duties. People experiencing care should have confidence in the organisation and infection control policies and procedures are adhered to ensuring people are not at risk. We found that on some days there was only one member of housekeeping staff on in the morning for all the domestic duties in the whole home and there was no housekeeping staff on in the afternoon and evening."

The requirement, which was repeated from the November Complaint Investigation, has obvious relevance to the Covid-19 outbreak:

*"People experiencing care should have confidence in the organisation and infection control policies and procedures are adhered to ensuring people are not at risk. In order to achieve this the provider must ensure. The environment is hygienically cleaned to an acceptable standard and all areas are malodour free. Cleaning protocols in all areas of the premises must be adhered to and regular deep cleaning is carried out"

And thirdly, on the delivery of care, Inspectors found that:

*"We looked at one person's wound care plan and this contained good, clear information which staff would need to know. We also saw examples where the information was poor and insufficient about the way one person's pain was being managed and another person's skin care. The service had put systems in place they could use to ensure that people receive the care that was identified in their care plan and where there were indications of poor care, they are recognised and action is taken promptly to address them, however these had not been fully implemented, were not always followed and had not become established enough to be effective at the time of this inspection."

Unless there had been a major turnaround, it's easy to see from the Inspection Reports why Covid-19 might have spread so quickly at Home Farm Care Home and that all residents would be very high risk in a pandemic. The recent Care Inspectorate Improvement Notice would appear to confirm that the issues had not been addressed between January and April and therefore that Home Farm Care Home was a disaster waiting to happen.

Response of the Care Inspectorate

At present, it's not known what action if any took in respect of Home Farm Care Home following its Inspection in January and the reported presence of its staff in the Care Home on 30 April*21.

On 13 March the Care Inspectorate informed Providers*22 that they had suspended Inspections and instead were:

*"...assessing the level of risk in care services and establishing assurances about the quality of care people experience. In order to protect the safety and wellbeing of people experiencing care we are only making visits to services when that is absolutely necessary".

According to the Care Inspectorate data store report of 29 February*23 out of 788 Care Homes for Older People in Scotland, there were 54 that, like Home Farm, has been graded as poor and five as Unsatisfactory (Grade 1 on a six-point scale). One might have expected all 59 of these Care Homes to have been considered in the Care Inspectorate's risk assessment and, given the staffing and infection control issues at Home Farm, that it would then have been identified as very high risk from the pandemic

It's not yet known, however, what action, if any, the Care Inspectorate took as a result of its risk assessment exercise including whether the issues identified in the Home Farm's January Inspection Report had been addressed by the 30 March deadline. Nor is it known whether the Care Inspectorate brought the deadline forward given the risks posed by the pandemic. The January Inspection Report also records that the local Health and Social Care Partnership were providing support to the Care Home, without saying what this was. Another question that needs to be clarified is whether the Care Inspectorate started to work with the HSCP to up its levels of support before 30 April when representatives from both were reported to be in the Home

The Care Inspectorate data store records 34 whole time equivalent staff being in place mid-February, which is not far off the average for a Home of this size run by the operator HC-One. The figure, however, includes catering and domestic staff as well as care staff and it's not possible to tell how many care staff were employed. It would, however, be very surprising if staff shortages had been addressed in such a short period given the general staffing situation in Care Homes for Older People which, in 2018 reported that no less than 58 per cent had difficulties recruiting care staff and 45 per cent difficulties recruiting nurses*24.

Even had staff been recruited by February, given generally high turnover in the sector, other vacancies could have arisen by March and having staff in itself does not address care issues. It takes time to form knowledgeable and skilled staff teams who know residents and are in a position to provide effective care and support at any time, let along in a pandemic.

On 3 April the Care Inspectorate asked Providers across Scotland to notify them if they had concerns about staffing levels, for example as

a result of staff self-isolating. Following this, on 17 April, the Care Inspectorate asked Providers to complete weekly returns of staff vacancies. It would be in the public interest to know if and how Home Farm responded and how this fitted with any subsequent action taken by the Care Inspectorate in the two weeks before the outbreak became known.

The response from the Provider HC-One

The West Highland Free Press submitted 10 questions to HC-One about the outbreak on 6 May and on 14 May had not had an answer*25. Accounts lodged from within the company group on 2 April show that they had set up a working group to address agency staff and PPE issues:

> **Going Concern and COVID-19**
>
> As at the date of signing the accounts, the world is in the early stages of fighting the COVID-19 virus. Although it is not possible to predict the full impact that COVID-19 will have on the Group, management are taking steps to steer their way through this pandemic. These are unprecedented times and the healthcare sector is at the forefront. The Group has a working party, including appropriate management from our Directors, Operation, Clinical, Procurement, Human Resources, Commissioning and Finance departments, which keep the Board fully informed on a daily basis. The Group is working closely with our suppliers, in particular of agency workers, food and medicines, in order to mitigate any shortage in supply. Occupancy is being monitored constantly. We are working tirelessly with our local authorities, CCGs, NHS, relatives and residents to reassure and care for our residents with the kindest possible care. To date, occupancy rates have remained stable, death rates are not materially different to historic rates and the Group has received a number of requests from the NHS and Local Authorities to block book beds.

HC-One should therefore be able to fully account for how they responded to the crisis.

Sir David Behan CBE, who was appointed Executive Director of the HC-One in February, did respond to the BBC on 5 May*26, maintaining that adequate Personal Protective Equipment was in place and that the issues raised in the Inspection Report had been addressed. When challenged directly his responses cast doubt on how far the issues had been addressed:

*"In this particular home we have competition from tourism and other industries"

And;

*"This is a virus which disproportionately affects older people. I don't think the situation that we're finding is due to any questions about the quality of the staff."

This carefully avoided answering the question about whether HC-One had fulfilled their responsibilities and ensured there were enough staff and whether they had the right skills mix by 30 March.

Sir David, had been Chief Executive of the Care Quality Commission, the body responsible for standards in Care Homes in England from 2012-18. He, if anyone, should know that once standards and staffing problems reach a certain point, they take a long time to rectify. It is almost inconceivable that problems that had first been identified in December 2018 and which HC-One had failed to address since then (missing three deadlines in March, June and December 2019) would have been successfully addressed between the end of January and the end of March. The latest Inspection Report and Improvement Notice would appear to confirm this.

Preparedness of the provider HC-One for the pandemic

HC-One was formed in response to the financial collapse of Southern Cross in 2011 and Home Farm was one of the Care Homes it acquired. It is part of a group that includes Meridian Healthcare (30 Homes, 1200 residents) and which, after the purchase of 120 Care Homes from BUPA in 2017 (now HC-One Oval Ltd), became Britain's biggest Care Home Provider. HC-One is now owned through Libra Intermediate Hold Co Ltd, based

in Jersey and the ultimate owner of all the Care Homes in the group is FC Skyfall LP, based in the Cayman Islands. The has a complex corporate structure, with 50 companies, six of which are registered offshore either in the Cayman Islands or Jersey.

HC-One Ltd, reported in its last accounts ending September 2019 that it operated 170 Care Homes and had property lease costs of £36,513,000 or c£215,000 per Care Home. Its top paid Director received a salary of £808k. HC-One Ltd has only once returned a profit since 2011 and is, according to an analysis earlier this month*27, now burdened by c£265m in debts. It's recently that the need to source extra Personal Protective Equipment may push it over the financial cliff edge.

HC-One is similar to all the other equity backed highly-geared care home providers. These companies use homes as a financial instrument to extract cash through sale and lease back or inter-company loans. There have been a number of reports now on how these companies operate*28 which explain that their modus operandi is not in the public interest.

The Scottish Government should have known this and that such Care Homes were extremely unlikely to be prepared for or to be able to protect Older People in a pandemic.

The political response to the Home Farm Care Home crisis

The intervention by public authorities in Home Farm Care Home at the end of April, took place around the same time that the Scottish Government started to take a far more proactive approach toward Care Homes.

The contrast between what our Public Authorities are now doing at Home Farm and government's initial hands-off approach is illustrated by what happened at another Care Home on Skye. On 20 March a worker from the ten-place An Acarsaid Care Home in Broadford, run by Highland Health Board on behalf of Highland Council, was admitted to hospital. They tested positive for Covid 19 a few days later. It was left to the individual to alert colleagues at the Care Home*29. There was no follow up testing of either residents or staff until the Home Farm outbreak prompted a rush of concern. The belated tests have all, thankfully, come back negative as have tests at Budmhor, another Care Home in Portree. As a result of these tests, Public Authorities on Skye now know where they need to focus their attention in terms of contact tracing and isolation.

Even more significant is the speed with which the Care Inspectorate issued its Improvement Notice and the assurances that NHS Highland will continue to operate the Care Home. This is unprecedented. That it has happened at Home Farm rather than any of the other 58 poor quality providers in Scotland appears in part political. Home Farm stands out because its on an island which, until the outbreak, appeared to be experiencing low levels of Covid-19. It also is in the constituencies of Ian Blackford MP, the leader of the SNP at Westminster, and Kate Forbes MSP the Scottish Finance Minister, two powerful politicians who may have helped prompt a re-think.

The question now is how far the pro-active response of Public Authorities at Home Farm Care Home will be extended to other Care Homes in Scotland.

THE ROLE OF THE CARE INSPECTORATE AND THE COVID-19 CRISIS

The Care Inspectorate is the body responsible for registering and inspecting care and support services and ensuring they are of a sufficient standard. Besides Home Farm and the 58 other Care Homes graded as poor or worse in February, there were 227 Care Homes in Scotland which were graded as adequate. Given the challenges of controlling Covid-19, which has spread in even some of the best Care Homes, it is extremely unlikely that any Home graded 3 or less was in a good position to protect Older People in a pandemic or that they would be able to raise their standards in time.

As the history of repeat requirements at Home Farm Care Home shows, while Care Inspectors still do a highly professional job identifying issues of public concern within the very limited Inspection regime in which they operate, they effectively have no power. In February 2020 they were in no position to take the type of action that was necessary to bring Care Homes up to the minimum standard necessary to manage the Covid-19 crisis

The reasons for this go back a long way but they include:

*A public policy and regulatory framework which puts private ownership and private financial interests before care. Crucially, there is no provision for the public sector to assume control of failing Care Homes. After the collapse of Southern Cross, the Care Inspectorate was instructed to curtail its normal evaluation processes for approving new Providers and make it possible for HC-One and other Providers to take over as quickly as possible*30. The consequence is that in the middle of a largest crisis ever to face the Care Home sector, much of it is still run by financial speculators.

Where the standard of care is inadequate, the only option available to the Care Inspectorate is to close a service down. That option is almost always unthinkable for Care Homes, not just because of the impact on residents living there (it's well documented that when Care Homes close death rates are very high) but also because in many areas – like on Skye – there are few alternatives. Poor quality care in embedded in the system

A culture that puts partnership working before standards. This has led to Care Homes, however often they fail, always being given another chance. Home Farm provides a good example.

The resources available for limited enforcement actions available to the Care Inspectorate are hopelessly inadequate. This ranges from Inspectors not having the time to follow up requirements, as is evident at Home Farm, to lack of legal fire power.*

To compound the problems, the number of regulated services for which the Care Inspectorate is responsible has increased historically without any proportionate increase in resources. There are for example now dozens of child minders who have to be monitored. It's hardly surprising in this context that however good individual Inspectors may be when out assessing services – as evidence by the content the Home Farm Inspection Reports – the actions they are able to take is strictly limited because their time is strictly limited. Responsibility for these general failures lie with a succession of Scottish Governments but also the prevailing management culture in Scotland which makes it almost impossible to criticise the system or to speak out against being asked to do ever more with ever less.

Since the outbreak of the crisis the Care Inspectorate appears to have focussed on issuing guidance, which like the advice from the Scottish Government has increased in intensity*31, and then from mid-April on increased monitoring of staff vacancies and deaths, rather than intervening. Having, however, declared on 13 March it had suspended all Inspections, what's happened at Home Farm suggests there is a need for a re-think.

In 2011 after just two deaths at the Elsie Inglis Care Home in Edinburgh, Nicola Sturgeon the then Health Secretary announced a tougher inspection regime to redress previous cuts at the Care Inspectorate*32. At the time, the plan had been to reduce inspections of care homes to less than one per year based on assessed risk. Due to the Elsie Inglis, Nicola Sturgeon halted this and the planned reduction was not implemented. Since then the statutory minimum is one unannounced Inspection per year, plus another unannounced inspection for Care Homes assessed as medium and high risk. The idea is to spend more time in higher risk Care Homes. The issue is that the Inspections focus on outcomes, which are almost impossible to define, and there are no robust mechanisms for following up requirements and enforcing change, when needed. Instead, the Care Inspectorate's Improvement Team, which does not have the capacity to work with all Care Home, supports a few Providers.

Judged on a comparable outcomes basis to the Elsie Inglis, i.e. the number of deaths, many Care

Homes in Scotland would have been closed since the start of the Covid crisis.

The reality, however, is that this disaster in Care Homes has been a system failure.

COVID-19, HEALTH AND CARE HOMES – A CRISIS A LONG TIME IN THE MAKING

In 1993 the Community Care Act moved responsibility for long-term nursing from the NHS to the private sector. As long-term hospital provision closed, there was an explosion in private provision. Much of this started out in the form of small Care Homes, located in old (and cheap to buy) Victorian buildings, but which were often operated by doctors and nurses, i.e. people with health expertise, looking for supplementary income or a new career outside of the NHS. This small business market rapidly consolidated and gave way to large providers. Their expertise lay in buying land and constructing new buildings, and accessing the finance needed to do this, rather than in health care. Finance rather than health became central to the provision of residential care to Older People.

The Scottish Parliament recognised some of the issues soon after its creation. The introduction of Free Personal and Nursing Care in 2002, following the publication of the report of the Royal Commission on Long Term Care (the Sutherland Report)*33 was an attempt to address the issues that had been created by charging for care that formerly had been free. The initial values of the Personal and Nursing Care provided by Care Homes was determined as £120 and £65 respectively. The amounts were determined more by budgetary constraints than consideration of the actual cost of providing such care or an accurate estimate of how much care might be necessary. Eighteen years later the amounts are £80 and £177 a week, both significantly less than those agreed under the fair cost of care calculator adopted in 2016*34.

One of the assumptions underpinning the Nursing Payments was that the role of skilled nursing staff in Care Homes should be limited, for example to nursing assessments and the administration of technical nursing inputs. These payments have helped entrench a very restricted view of nursing in Care Homes.

The Regulation of Care Act 2001 brought nursing and residential homes as well as community services under one regulator, the Care Commission (now the Care Inspectorate). The intention in respect of residential provision, was a good one, with the new concept of a Care Home intended to combine the best of health and social care. But the consequences were rather different. First the focus on physical space standards hastened the demise of the small independent nursing homes and hastened the development of massive debt-driven providers like Southern Cross. Second, these new providers, whose focus was on extracting as much profit as possible, quickly identified nursing staff as one of main costs.

Apart from physical space, the new care standards focussed on outcomes rather than inputs and this enabled Providers to cut the number of qualified nurses employed. Whereas Health Boards had required a ratio of one nurse to 15 residents, the Care Inspectorate accepted 1:30 and sometimes, as at Home Farm, even less. HC-One have even developed the concept of peripatetic nurses, nurses who travel between Care Homes.

The shortage of skilled nursing staff has not been accompanied by the creation of any new ‘Care Home Professional’ whose training and skills might have included matters like infection control. While Care Home staff are now registered with the Scottish Social Services Council, the qualification levels required are generally very low and poor pay in the sector has resulted in a constant churn of frontline staff with high vacancy levels. Apart from nurses, managers are the only staff required to have a professional level qualification.

This whole process, in which the wider professional role of nurses and nursing leadership has been undermined, has also been driven and excused by labour market shortages.

A large percentage of the nurses still working in Care Home are now recruited from abroad. Even so, vacancy rates are extremely high. The latest Scottish Social Services Council/Care Inspectorate report for 2018*35 reported 45 per cent of Care Homes for Older People had nursing vacancies. With this there is a significant difference between the private sector (52 per cent) and the voluntary sector (15 per cent) vacancies. This difference can be explained by the greater respect that the voluntary sector generally accords to nursing practice and skills which makes nurses more likely to want to work there.

The more general crisis in the social care workforce obviously plays a role in this but has been more recognised*36 and is now being monitored by the Scottish Government through the National Health and Social Care Workforce Plan adopted in 2017*37. Arising out of this initial steps have been taken to address low pay, if not pay and conditions more generally, training, job worth and the self-esteem of the workforce. What Covid-19 raises beyond the measures taken so far – which clearly need to be accelerated – is the question of whether current SVQ training for care staff has prepared them sufficiently to protect both themselves and the people they work with in a pandemic. At present learning about Infection Control and other health matters are often dealt with at induction, either on the job or through on-line training and the quality of this varies considerably.

To add to the challenges, the new Care Home Inspection regime launched in 2018 has ceased using staffing schedules and has handed over responsibility to Providers to decide what staff are necessary. This is evident at Home Farm Care Home where Inspectors required HC One to employ sufficient suitably qualified staff but did not say what these staff would be. While in theory this might have increased numbers of skilled staff, without a mechanism for paying for such staff*38, what has happened is that the more financially driven providers have taken this as another opportunity to save on wages costs. That has added to the workforce crisis and the lack of career opportunities in social care.

Last year the Scottish Parliament passed the Health and Care (Staffing) (Scotland) Act 2019. It gave power to Scottish Ministers to issue regulations that could address these issues but, so far, no regulations have been put in place. The Act provides an opportunity to put nursing and skilled health care back into the heart of care homes for Older People.

The other key issue pertaining to the provision of health care in Care Homes is the provision of medical and other primary care health services. The outsourcing of provision to the private sector from 1993 created gaps in service provision. For people staying in long-term hospital care, medical provision was always available and even when the NHS sub-contracted some of its long-stay provision to private providers, doctors would still visit those resources on a weekly basis. It was simply assumed that the new Nursing Homes set up after 1993 would receive support from GPs and other community services. Some community health services, however, did not have the capacity to do so with the result that many Older People in Care Homes had great difficultly accessing health care, from eye checks to dental treatment, from bespoke wheelchair provision to General Practice. It was partly as a consequence of this that Greater Glasgow and Clyde Health Board Area for a time set up specialist teams to support Care Homes, including a dedicated GP service. This was later replaced by a system of paying individual practices to take on responsibility for specific homes. At present it appears that no-one in government is looking at how well this works across the country.

Adequately resourced GP services might have played a key role in preventing the pandemic spreading through Care Homes. The decision early in the crisis to leave Care Homes to manage Covid-19 themselves, appears to reflect a lack of confidence that sufficient capacity existed in the NHS. This is not to say that individual GPs and Practices did not respond as best they could.

Older People in Care Homes with nursing staff, who once would have been seen as the responsibility of the NHS, were effectively abandoned except for approaches to families asking them to sign Do Not Resuscitate agreements. The blanket decision not to bring frail Older People with Covid-19 from Care Homes into hospital to treat them on ventilators

was perhaps understandable from a clinical and human viewpoint (being on a ventilator can be an extremely distressing experience). That, however, should not have meant that other medical treatment within Care Homes might not have been appropriate. For example, some of the people who have died might have been saved by the provision of oxygen. And how many of the people whose deaths were unavoidable might have died more peacefully had there been medical input into their palliative care plans*39?

It was not until 15 April that the Scottish Government wrote to Health Boards asking them to provide clinical *assessments (not treatment) to Older People displaying Covid19 symptoms in Care Homes. And not until 17 May that they instructed health staff to take the clinical lead in Care Homes (arguably the first time this has happened since the creation of community care in 1993). Whether there are the resources to do this is another matter.

The consequence of this is that at the beginning of this year most of our Care Homes simply didn't have the staff with the knowledge and skills to protect Care Home residents in a pandemic – as the Cygnus Report recognised. There is a contrast here with the attention that has been given to infection control in hospitals over the last twenty years (e.g. the recent Review of Infection Control at the Queen Elizabeth University Hospital in Glasgow). Neither did Care Homes have sufficient support from the NHS, despite the valiant efforts of individual staff. What is surprising is not that Care Homes like Home Farm have experienced serious outbreaks of Covid-19 but rather that many Care Homes, against all odds, have so far managed to contain infections. With the threat of Covid-19 forecast to remain for many months, and the risk of new pandemics quite predictable, it is time for an urgent rethink about how to upskill staff in nursing homes and replace lost nursing capacity and what specialist supports are needed.

There is another argument for upskilling care home staff in health quite apart from Covid-19. Care Homes for Older People are unlike most other services regulated by the Care Inspectorate as they provide for people at the end of their lives when health needs are increasing. The median length of stay for Older People in Care Homes when last reported in 2017*40 was 1.8 years and the resident population in Care Homes has become increasingly dependent with 62 per cent, for example, now being recorded as having dementia. These people deserve the highest standards of health care and the staff that cares for them need a more health-oriented skills mix than other sectors of the social care workforce (which is not to claim that health skills are not also needed in community services).

COVID-19 – THE CONTINUED IMPORTANCE OF HUMAN RIGHTS AND SOCIAL CARE IN CARE HOMES

The need for more clinical and nursing input in Care Homes should not, however, be taken as an argument for the abandonment of person-centred care. This is equally fundamental but was also abandoned at the start of the Covid-19 crisis.

While it would not have been possible to tighten infection control in Care Homes without impacting on daily life – and specifically changing how communal areas were used – that need not have resulted in Older People being confined to their rooms, all outside visits being cancelled and hundreds dying in anything but person-centred circumstances, had there been sufficient staffing in place.

There are Care Homes*41 and many Care Home staff who have tried to protect people while treating them with respect, re-thinking how communal spaces might be used while incorporating principles of good infection control (physical distancing as far as possible, washing hands and cleaning) and making as much use of outdoor spaces as possible. Those staff and Providers have done better than the Care Inspectorate who put out guidance on 30 March on "supporting people to keep in touch when not accepting visitors"*42 without giving any indication of how and when visits could be safely

continued.

In response to a question in the Scottish Parliament about Home Farm Care Home and a lack of capacity*43, the Health Secretary Jeanne Freeman, perhaps under pressure, stated that:

*"The guidance to care homes is clear and that guidance is that residents should be looked after in their own rooms, there should be no communal socialising or meal times, that visits should be stopped and there should be no transfer of staff from one care home to another because all of this is about breaking the transmission route."

Effectively, this seemed to have been saying that the only way to keep older people safe in Care Homes is to isolate them individually for months. That is akin to being placed in solitary confinement in prison. Unless Care Home staff have the right PPE, are trained how to use it and have sufficient time it won't even guarantee residents are protected against infection.

Such guidance is also unworkable and contrary to human rights. First because a large proportion of Older People in Care Homes have dementia, lack capacity to obey such instructions and those that are mobile will wander or, if locked into their rooms, become distressed. Second, for those who have mental capacity, imagine knowing you have just a few months to live and being told that you are likely to have to spend the rest of your life confined to your room and that your relatives won't be allowed to see you till you are your death bed – as happened to one of the residents at Home Farm Care Home.

Given the risk of Covid-19 in Care Homes will continue for many months, we need guidelines that enable person centred care to be continued as much as possible and respects Older People's rights while maintaining very high standards of infection control. That has now been partly provided by the updated National Guidance issued on 15 May. Ideally, the only reason Older People should be confined to their rooms is when they have Covid-19 or for quarantine purposes (e.g. new admissions). They should also be facilitated to have physically distanced contact with families. That will need more resources, as it will put further demands on staff to be done safely and may need dedicated space. But there is potential for families to meet relatives safely in garden areas that would have very little costs. Again, a robust contact tracing system might provide safeguards and re-assurance about family visits

Thankfully it now appears recognised that families should be allowed to be with relatives while they are dying, whether they have Covid-19 or not.

CARE HOMES - RESOURCING MODEL NOT IN THE PUBLIC INTEREST

*"One of the issues this virus has exposed is the underfunding of adult social care throughout the UK" (Sir David Behan)

There is no doubt that social care as a whole is underfunded and that to control outbreaks of Covid-19 in Care Homes requires additional resources. But that does not mean that increasing public funding to private providers, particularly to large financialised providers in the Care Home sector, is the answer.

Many Care Home Providers have extracted tens of millions of pounds from the sector in the last twenty years and there is very little to show in return*44 45. The basic explanation for this is two-fold. First, a percentage of all Care Home fees is extracted as profit, rather than being invested in care. The percentage of profit extracted also has tended to increase the higher the fees, so that self-funders often pay a lot more for not very much more care (with Providers claiming they subsidise publicly funded residents). Second, the fees paid are in effect paying for Care Home buildings time and time again. Each time a Care Group is sold, it is just like a house, the debt starts being paid off all over again. This continually drains money out of the care sector into the financial sector. The biggest profits being made from Care Homes are not from the care, but the buildings, hence the op/co prop/co model*46 as it is called.

Attempts have been made in Scotland to channel more of the money being paid by Public Authorities into care through the development of the National Care Home Contract between Local Authorities and Providers. The contract, for example, this has been used to require Providers to pay the Scottish Living Wage. Monitoring and enforcing such contractual conditions, however, is an even greater challenge than enforcing care standards. A provider can recoup increased wage costs in many ways, e.g. dragging staff vacancies, understaffing a few shifts or cutting down on training provision, all of which impact on staff. Addressing wage rates in isolation will not address the wider problem which relates to pay and conditions as a whole. Tighter contracting could make a difference but it would have to be comprehensive and would need to be combined with tough regulation.

It is for these reasons that there are now calls to return to pre-1993 and the Community Care Act and for the public sector once again to assume responsibility for the provision of care. The costs of this are not as high as often is assumed and mainly relate to staff numbers, skills and wages, an area that needs to be addressed if Older People are to get the care they deserve. We need to pay more for care.

On the building side, however, it would be far cheaper in the medium term for government to own Care Home buildings. Government can borrow more cheaply than the private sector, should be able to build and maintain Care Homes for similar cost and, once any debt had been paid off, that would release further funds for care. Had government taken over the Southern Cross Care Homes when it went into administration, instead of letting them be handed over to HC-One, we would be in a much better position than we are now.

ARE WE AT A CROSS-ROADS IN THE CARE HOME CRISIS IN SCOTLAND?

After a disastrous two months, in which hundreds of people have died in Care Homes unnecessarily, the Scottish Government is starting to take the sort of actions it might have done at the beginning of the crisis had it been properly prepared.

Despite its disappearance for a week, the updated National Clinical Guidance for Care Homes for Adults is a fairly comprehensive document and well thought through. It's the type of product one might have expected had the recommendations of the Cygnus Report ever been progressed. Had it been in place and acted on in early March, it would have significantly reduced the number of deaths in Care Homes in Scotland. Particularly welcome, given the arguments of this paper, is the very clear guidance on the importance of GP support to Care Homes and how this should be delivered, the importance of additional staffing to manage any outbreak safely and how advice on Infection Control is balanced by respect and understanding of the needs of Older People. It directly contradicts the statement Jeanne Freeman, the Health Secretary, made in the Scottish Parliament on 5 May (see above) and recognises that Older People may become highly distressed if confined, that some social activity and visits should continue and that staff may need to be brought in from outside. That may explain why the Guidance has disappeared. It is to the credit of the Government that it has now allowed professional advice to come before politics and the instruction to Health Boards to provide professional clinical support to Care Homes reinforces this.

The problem is the capacity of the system, not just in Care Homes but also the NHS, that has been stripped to the bone after 12 years of austerity. Asking GPs and other NHS professionals to support Care Homes, however welcome in terms of bringing Care Homes back under the umbrella of the NHS, won't make it happen. Without a plan to resource the Health Secretary's instruction, it looks like yet another central government initiative that asks people at the front-line to do more with less.

The National Clinical Guidance suggests that staff absence rates in Care Homes may still reach 50 per cent due to the pandemic and that Health Board and Local Authorities may need to help as

part of 'mutual aid'. It assumes all Providers will have 'resilience plans' worthy of the name but does not explain who is responsible for filling posts if these exceed the Provider's 'resilience plans or who is responsible for paying. Without clarity about where the money comes from, inadequate staffing, for whatever reason, is unlikely to be addressed.

The National Clinical Guidance clearly states that increased capacity is necessary if residents are to be cared for as safely as possible while respecting their rights to dignity. What that actual capacity might be is not stated. It might be possible to work this out by increasing the standard time allowances included in the Cost of Care Calculator to determine Care Home by the extra amount of time taken to care for Covid-19 residents. For example, using PPE approximately doubles the time needed to undertake care tasks with older people, while you could also use a formula to work out how much additional cleaning, laundry etc was required, From those calculations you could you could work out the cost of the additional capacity.

Without an agreed way to do this nationally, it is unlikely to happen and people will continue to die unnecessarily as staff are forced to take short-cuts. Private providers are unlikely to be willing to pay for this additional care and support, let alone have access to the care staff needed, so additional capacity is likely to have to be provided through the public sector. That is not simple, as redeploying staff from the NHS or from community social care services will have impacts on the care of non-Covid patients.

Whether it is now possible, may depend on how many health and social care staff return to work and what age these are*47. Another ray of hope is that the number of applicants for care jobs appears to be surging, no doubt connected to the loss of jobs in areas like the tourism and entertainment sector. The challenge of training and inducting additional staff in a short time to care safely, however, is a massive challenge and will almost certainly need to be co-ordinated by the public sector*48. To then deploy these additional staff successfully, is likely to require a major human resources exercise. For example, recently retired and older staff could only be deployed in Care Homes without Covid-19, while all additional staff would need to subject to tests. How to co-ordinate all that with any additional staff Providers might secure adds to the complications.

It should be clear to everyone there isn't currently the capacity in the system to deliver successfully the type of care recommended in the National Clinical Guidance. Given Covid-19 is here to stay until such time as a vaccine is developed, the issue of how to protect Older People in Care Homes while maintaining their quality of life, is not going to go away. The Scottish Government therefore now needs to focus its efforts on how to resource what is being recommended for the next couple of years.

The Guidance, while clarifying arrangements for testing residents and staff (all to be tested if there is a single case in a Care Home) there is no mention of contact tracing arrangements, only that any suspected case of Covid-19 should be referred to the local Health Protection Team and reported to the Care Inspectorate. Until fully resourced contact tracing teams are in place, the risk of staff bringing the virus in Care Homes will remain very high and that in turn has implications for how care can be delivered

The Guidance could be developed further. It makes no mention about use of garden areas or about families taking relatives home. There are real challenges, which are acknowledged in the guidance, about following Physical Distancing between residents indoors but gardens are a generally under-utilised space which could also – weather dependent - be used for meeting relatives. It's also the case that however good the care, Care Homes like hospitals are very high-risk environments for spread of the virus. Indeed, given the number of residents with dementia, they are arguably higher risk environments. Perhaps therefore it's time to consider the option of older people moving to be looked after by relatives for a few weeks where these were able and willing to do so with the help of paid carers? That might also help relieve pressure on staff for those that remained improving the likelihood of them being protected from the virus.

This raises questions about whether our current models of institutional care are fit for purpose. In terms of Covid-19, there are questions about

whether Older People would have been safer and had a better quality of life if cared for at home. However lonely one might have been before admission to care, being confined to a flat would appear infinitely preferable and better for one's general health than being confined to a room in a Care Home. The wider question is whether, pandemics or not, more Older People couldn't be cared for at home.

RECOMMENDATIONS

1. The Scottish Government should lead the development of a national plan to protect Older People in Care Homes from Covid-19 and future pandemics building on the Clinical Guidance of 15 May. The focus of this should be on what *inputs and resources are needed to achieve this. Key elements of this should include:

— Contact tracing and testing in preventing viruses from entering Care Homes with contact tracing teams working closely with Care Inspectorate, SSSC and staffing agencies

— Ensuring adequate medical support is in place for all Care Home

— Restoring the role of qualified nurses in ensuring safe care

— A national training programme for ALL staff on infection control and safe use of PPE (NHS now has videos on this for Care Home staff)

— Assessment of what additional staff capacity is required to manage outbreaks and the development of mechanisms to ensure this happens where needed

— The further development of guidance on how best to combine high standards of infection control with respect for Older People's rights and person-centred care (utilising ideas like use of garden areas)

2. As part of the development of the Covid-19 plan, the Scottish Government should commission an immediate independent short-term investigation into what lessons can be learned from outbreaks in Care Homes to date. This should include both Care Homes where outbreaks have been contained, those where it has spread rapidly, like Home Farm, and what there is to learn from the countries that have successfully prevented outbreaks in residential settings.

3. Scotland should no longer tolerate the delivery of poor care to Older People in Care Homes. To end this, the Scottish Government should:

— *Use the Health and Care (Staffing) (Scotland) Act 2019 to ensure that the health skill set possessed by staff in nursing homes is sufficient to protect and meet the health needs of vulnerable Older People

— Increase the resources and powers available to the Care Inspectorate so that they can remove Providers who fail to meet requirements for improving a service within given timescales.

— Ask the Care Inspectorate to identify as a matter of urgency all Care Homes where, like Home Farm, residents might be particularly at risk (perhaps a third of all Care Homes in Scotland).

— Resource Local Authorities and Health Boards so that they can step in and take over failing services.

— Require the provision of full accounts for all services, cap the amount of money that Providers can extract from them (both as profits and service charges) and require all Providers to be fully registered in the UK.

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2. https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/

3. NB As the statistics report points out these figures are collected in different ways, so not directly comparable, In addition, because care home staff have greater difficulties accessing tests, more Care Home staff may be isolating unnecessarily than in the NHS while reporting is less comprehensive (only 75% of Homes) so less likely to be accurate

4. https://www.theguardian.com/world/2020/may/07/revealed-the-secret-report-that-gave-ministers-warning-of-care-home-coronavirus-crisis - includes a copy of the report.

5. The Scottish Government were warned of the consequences by experts in Public Health https://www.allysonpollock.com/?page_id=2906

6. As contact tracing teams start to operate the answer to this question may become clearer by allowing comparisons between infection rates

7. https://www.reuters.com/article/us-healthcare-coronavirus-who-idUSKBN2132S4

8. See here for example https://www.telegraph.co.uk/politics/2020/04/02/coronavirus-mass-testing-distraction-will-not-slow-spread-scotlands/

9. Just how far front-line NHS staff suspected the patients they were discharging had Covid-19 but were forced to follow orders will no doubt be revealed eventually through litigation and the inevitable public inquiry

10. https://www.careinspectorate.com/images/documents/5532/Staff%20vacancies%20in%20care%20services%202018.pdf

11. https://www.thenational.scot/news/18375876.deaths-scotlands-care-home-residents-published/

12. https://www.sehd.scot.nhs.uk/dl/DL(2020)13.pdf

13. https://www.gov.scot/publications/coronavirus-covid-19-clinical-and-practice-guidance-for-adult-care-homes/

14. https://www.gov.scot/publications/coronavirus-covid-19-care-home-oversight/

15. https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-speech-29-april-2020/

16. The factual information summarised in this and succeeding paragraphs comes from the excellent coverage in the West Highland Free Press - see here for an example

17. https://www.careinspectorate.com/index.php/care-services?detail=CS2011300714

18. https://www.whfp.com/2020/05/07/human-stories-of-loss-amid-unfolding-tragedy-at-home-farm-in-portree/

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20. NB. Neither of the two requirements issued in December 2018 have been signed off as being met but the January 2020 Inspection report on progress on requirements states that these two requirements date from the April 2019 Inspection. This conceals the true period they have been outstanding.

21. NB please see Section on Regulation for explanation of why responsibility for any lack of action should not be taken to be the responsibility of individual staff but is reflective of a broader system failure

22. https://www.careinspectorate.com/index.php/coronavirus-professionals gives Care Inspectorate Communications to Providers in date order

23. Summary reports of Care Inspectorate data across all services are published quarterly

24. https://www.careinspectorate.com/images/documents/5532/Staff%20vacancies%20in%20care%20services%202018.pdff

25. https://www.whfp.com/2020/05/14/editorial-the-unanswered-questions-on-home-farm/

26. https://www.bbc.co.uk/news/uk-scotland-highlands-islands-52546673

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28. https://hummedia.manchester.ac.uk/institutes/cresc/research/WDTMG%20FINAL%20-01-3-2016.pdf

29. https://www.whfp.com/2020/05/04/isle-of-skye-care-home-worker-had-to-make-sickbed-e-mail-to-inform-colleagues-and-relatives-of-positive-covid-19-test/

30. The author witnessed this while on the National Care Home contingency group which was set up to respond to the collapse of Southern Cross. Normal registrations processes and checks resumed afterwards.

31. https://www.careinspectorate.com/index.php/coronavirus-professionals

32. https://www.bbc.co.uk/news/uk-scotland-14935530

33. https://www.parliament.scot/visitandlearn/Education/15870.aspx

34. The Author was employed by Scotland Excel to develop the Fair Cost of Care Calculator

35. https://www.sssc.uk.com/knowledgebase/article/KA-02838/en-us

36. https://www.jrf.org.uk/report/john-kennedys-care-home-inquiry

37. https://www.gov.scot/publications/national-health-social-care-workforce-plan-part-2-framework-improving/

38. The search for a tool to assess dependency levels of Older People in Care Homes and use this to determine staffing levels in Care Homes, has been a holy grail of market driven social care for 20 years. Resource Use Measures, Indicators of Relative Need, no tool has worked and none is workable from a financial perspective as individual fees would constantly change according to need. We need to resource Care Homes sufficiently to provide enough staff to care for residents as a whole and once again specify what skill levels of staff are required to do this safely.

39. This is so bad that on 11th May the Care Inspectorate issued guidance on using non-prescribed

medicines in palliative care https://www.careinspectorate.com/images/documents/coronavirus/Guidance_for_repurposing_medicines_May_2020.pdf

40. https://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Care-Homes/Previous-Publications/index.asp

41. https://www.theguardian.com/world/2020/may/08/a-champagne-toast-and-a-ve-day-party-to-remember

42. https://www.careinspectorate.com/images/Supporting_people_to_keep_in_touch_when_care_homes_are_not_accepting_visitors.pdf

43. https://www.rhodagrant.org.uk/2020/05/05/msp-asks-questions-about-tragic-outbreak-of-covid-19-at-skyes-home-farm-care-home/

44. WHERE DOES THE MONEY GO? Financialised chains and the crisis in residential care https://hummedia.manchester.ac.uk/institutes/cresc/research/WDTMG%20FINAL%20-01-3-2016.pdf

45. https://chpi.org.uk/papers/reports/plugging-the-leaks-in-the-uk-care-home-industry/

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NTBCC

NEW TOWN & BROUGHTON
COMMUNITY COUNCIL

DEPUTATION ON AGENDA ITEM 6.7 'POLICY & SUSTAINABILTY COMMITTEE 28th MAY 2020

"DEFERRAL OF EDINBURGH SUMMER SESSIONS 2020 TO 2021"

The New Town & Broughton Community Council note that the above is due for consideration at the Policy & Sustainability Committee on 28th May 2020.

The report *"seeks approval to reschedule the Edinburgh Summer Sessions event from August 2020 to August 2021 due to the impact of the Coronavirus pandemic on public gatherings going forward."*

We would wish that the following could be considered by the Committee.

Whilst the New Town & Broughton Community Council understands and acknowledges the desire by Edinburgh Council and other commercial organisations to take pro-active steps to try to mitigate the impacts of the Covid-19 pandemic, the leader of Edinburgh Council, Councillor McVey, has recently stated that "*Business as usual isn't an option*" and that "*we need to look to the future & begin to build a better Edinburgh, together….".* The proposal for deferment of this event rather than cancel it seems at odds with these aspirations.

Many councillors will be aware that the decision to approve the 2020 Summer Sessions was taken at the Culture & Communities Committee on 28th January 2020 (as part of the wider report on 'Festivals and Events Core Programme 2020/21') Approval for the 2020 Summer Sessions event was taken prior to any public consultation, as part of the assessment of stakeholder and community impact, in early February 2020 by Parks and Greenspaces – to which many residents and we submitted comments. These concerns have not yet been fully addressed.

This is confirmed in Section 7.1 of report under consideration :

"Confirmation of the event was shared to stakeholders through the Parks Approval Application. Officers were in the process of addressing operational impact on access to Princes Street Gardens at the time of lockdown measures being introduced and would be followed up subsequent to rescheduling the event to August 2021."

We take the view that with many other festival events cancelled, rescheduling or deferring this particular event seems both questionable and unjustified – especially given the lack of opportunity presented in early 2020 for residents' concerns to be raised timeously.

Due to Covid-19 and guidance from both the Scottish and UK Governments, it is clear that the proposed event will not now take place until August 2021; hence cancellation of the 2020 event, followed by a new consultation at a later date would seem a more appropriate course and furthermore, would allow development of the delayed "Public Space Management Plan" to be progressed, which may be material as to the decision relating to the Summer Sessions event in 2021.

Finally, we are aware that the Cockburn Association have also separately submitted their comments on the proposed deferral – with specific concerns raised regarding the continuing commodification of Edinburgh's public spaces, especially in Princes Street Gardens – both east and west as well as the scale and duration of the proposed Summer Sessions 2021 programme. WE share many of their views.

<u>On behalf of the New Town & Broughton Community Council</u>

Richard Price (Secretary, NTBCC)

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27th May 2020

Deputation from Crew 200 Scotland to the City of Edinburgh Council Policy and Sustainability Committee Thursday 28th May 2020 10AM

Authors: Emma Crawshaw, CEO, Crew; Dr Malcolm Bruce, Chair, Crew 27th May 4.15PM

2020-23 City of Edinburgh Council Communities and Families Grants to Third Parties Deputation regarding agenda item 6.11 and Addendum in relation to recommendation 1.1.5:

Committee agrees that funding for the additional organisations (identified below) shall be met from the small education grants allocation within the Council budget and beyond that sum, from the currently unallocated additional monies from the Scottish Government budget setting in February 2020

Impacts on recipients of front-line services and subsequent gaps in provision for vulnerable young people: Crew 2000 Scotland's Drop-in opened **297** days 2019-20, including Saturdays (when other youth services are closed) providing Brief Interventions and 1-2-1 support to prevent and reduce drug-related damage **(Priority 5)** low threshold Blood Borne Virus (BBV) and pregnancy testing and is the 2nd busiest C:card (free condoms for Sexually Transmitted Infection (STI) and unwanted pregnancy prevention) service across Edinburgh and the Lothians.

1. **2,556** young people aged 12-25 accessed Drop-in services
2. **64%** of young people for whom we record postcodes live in **SIMD band 1 and 2** target areas. 12% (North West) 20% (North East) 20% (South East) 12% (South West)
3. **556** would be considered 'vulnerable' as a result of their drug use or life circumstances
4. We provided training inputs to **67** teachers in Edinburgh, **94%** of whom reported being more confident to support young people effectively as a result
5. **26** young people aged 12-25 were actively engaged in developing our strategic plan and harm reduction information resources
6. **75%** reported making positive changes in relation to drug harm/sexual health
7. **87%** reported greater confidence to support their friends
8. **92%** reported an increased understanding of drug/sexual health risks
9. **97%** reported improved harm reduction strategies

Crew's application for a 3rd Party Main Grant of **£40,000** for the Drop-in service 2019-22 was not awarded. Crew was previously in receipt of a multi-year award from City of Edinburgh Council Communities and Families; however, our Service Level Agreement was extended to **June 30th 2020**; unlike organisations receiving grants whose awards have been extended to **August 31st**.

Our requests:

1. We believe it is remiss of the Council to withdraw funding for existing young people's services in the midst of the COVID-19 pandemic, particularly those on which young people rely for drug harm reduction, child protection, mental health and wellbeing support. This will place young people at risk of significant harm. We ask the council to delay their decision until March 2021, consider an additional impact assessment taking Covid19 into account, and sustain the current level of Crew Drop-in service provision and availability to young people in need at this time.
2. In the event that this is not possible, we ask the Council to increase the extension of Crew's funding supporting vulnerable young people whose health and wellbeing is at risk of being damaged by drug and alcohol use (Priority 5) to August 31st 2020 in line with other organisations with multi-year awards.
3. We attach a letter from **Public Health, Sport and Wellbeing Minister Joe FitzPatrick MSP** highlighting the necessity of *"maintaining service-level provision for drug and alcohol services as part of your on-going commitment to tackling drug and alcohol related harm."*
4. We are concerned that new services recommended for funding before the Covid19 pandemic may not be able to get services up and running and available to children and young people from September in the midst of COVID-19 restrictions. Instead we ask that the Council continue to support Crew's existing service provision along with the organisations noted in the Addendum and confirm funding for new organisations that will enable them to develop appropriately in response to the COVID-19 pandemic, reactions to easing of lockdown and their longer-term effects.

Minister for Public Health, Sport and Wellbeing
Joe FitzPatrick MSP

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Chief Executives of Health Boards
Chief Officers of Health and Social Care Partnerships
Alcohol and Drug Partnership Co-ordinators

16 April 2020

Dear Colleagues

CONTINUATION OF DRUG AND ALCOHOL SERVICES

I am writing to seek assurance that you are, and will be, maintaining service-level provision for drug and alcohol services as part of your on-going commitment to tackling drug and alcohol related harm. We welcome the fact that COVID-19 Mobilisation Plans from several HSCPs already include some detail on drug and alcohol services. However, we require you to ensure that these services are being continued across the country. The CMO has been clear that drug and alcohol services are essential services, not elective services, and has therefore recommended that pre-COVID-19 service levels be maintained for this at-risk group.

We recognise that local services are under intense pressure and that you are having to make difficult decisions as we mobilise support to tackle the pandemic and that the shape of the services you provide is likely to change to take account of social distancing measures. However, you need to continue to provide drug and alcohol services as fully as possible.

I am working with the Drug Death Taskforce on a number of recommendations it has made to reduce risks associated with the pandemic. The Taskforce has identified and discussed some worrying feedback from services and communities which suggests that service-level provision is being scaled back in some areas. We have had reports that some ADP co-ordinators have been moved to other planning roles. We know of some services closing their doors to new clients and of staff being moved to other areas of work such as mental health. I have also been approached directly by a number of organisations and by clinical leads from Health Boards expressing their concerns about the risks which contingency measures could be having on the wellbeing and lives of some people who rely on drug and alcohol services.

In light of these reports, we wanted to make clear that it is important to maintain service-level provision and to plan for adding capacity to these services in anticipation of growing need – not least to minimise the number of hospital admissions. This is particularly important during this time when we are seeing demand increasing from those being released from prison –

over 100 people most weeks. Many of these people will require access to services quickly which will bring on-going additional pressures onto services.

My Officials are in regular contact with ADPs about business continuity for these vital services. This has highlighted some excellent examples of innovative work going on across the country - including work to provide accommodation for people who are homeless, many of whom also use drugs and alcohol.

However, we need to maintain the day-to-day drug and alcohol services as well. At the very least we would expect that drug and alcohol service staff are not redeployed to other work and that where people are unwell or self-isolating that their posts are, wherever possible, backfilled for the duration of the absence. There may also be opportunities to deploy people with appropriate skills coming back into the workforce to this work, which we would encourage you to explore. We would also encourage you to work closely with colleagues in the third sector who are skilled in supporting this particular group.

The Taskforce has suggested that services should refer to key guidance to be able to maintain service-level provision. A list of relevant guidance is attached to this letter.

In summary, the CMO and I would welcome your assurance that you are, and will be, maintaining service-level provision for drug and alcohol services during the Covid 19 outbreak and that you are have flexibility built into plans which would allow these services additional capacity on the basis of any growing need.

Joe FitzPatrick MSP
Minister for Public Health, Sport and Wellbeing

Dr Gregor Smith
Interim Chief Medical Officer

CONTINUATION OF DRUG AND ALCOHOL SERVICES
CURRENT GUIDANCE AND INFORMATION

SDF's Guidance to support local areas and services in their contingency planning for COVID-19 in relation to people who use drugs - shared with all Alcohol and Drug Partnerships and all drug services in Scotland.
http://www.sdf.org.uk/covid-19-guidance/

The Drug Deaths Taskforce statement supporting the SDF guidance and flagging up the risk of overdose for patients on opiate replacement treatment.
https://www.gov.scot/publications/opiate-replacement-therapy-covid-19-and-risk-of-drug-related-deaths-march-2020/

The Drug Deaths Taskforce 30 March update statement on its short-to-medium term focus to mitigate any potential rise in risk of Drug Related Deaths as an indirect result of COVID-19
https://www.gov.scot/publications/drug-deaths-task-force-status-update-30-march-2020/

SDF's leaflet for people using drugs - http://www.sdf.org.uk/covid-19-information-flyer-for-people-who-inject-drugs/

SHAAP Alcohol contingency planning guidance
file:///C:/Users/U442618/AppData/Local/Microsoft/Windows/INetCache/IE/6TBE0M7M/COVID%20Final%2026%203%2020.pdf

HPS guidance on non-healthcare settings (including homelessness) – it includes alcohol and drugs
https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2973/documents/1_covid-19-guidance-for-non-healthcare-settings.pdf

HPS guidance on community and residential settings – including prisons and care homes (most rehabs are residential care homes by registration)
https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2980/documents/1_covid-19-guidance-for-social-or-community-care-and-residential-settings.pdf

Guidance on how to find and register with a community GP practice on release from Prison is provided on the NHS inform website: NHS Inform

4th Deputation - COVID19

Deputation from Intercultural Youth Scotland 2020-23 Communities and Families Grants to Third Parties & COVID19

These are unprecedented times, and all of us are dealing with very significant impacts on many of our basic human rights. Local authority is having to make difficult decisions about what is necessary and proportionate to protect young people's right to life and right to health and must respond flexibly to this public health crisis. Policy and practice responses do not derogate from human rights protections unnecessarily.

The Committee must make sure that no one is ignored or discriminated against in decision-making and make sure that law, policy and practice responses do not derogate from human rights protections unnecessarily.

We need to recognise and acknowledge inequality in services provided to BAME young people Unfortunately, as the number of BAME youth has increased in Edinburgh schools and services including youth services are not ready to serve them which highlights the need for practitioners to be sufficiently prepared. Limited funding dedicated to culturally proficient mental health services have contributed to lack of availability of resources devoted to culturally and linguistically diverse young people.

We are thankful to see that the Committee has agreed that funding for additional organisations have been met from the small education grants allocation within the Council budget. However, Intercultural Youth Scotland Youth Ambassadors stood at the last committee meeting with the other 2 BAME organisations, joining together to let you know of the inequalities they were facing and was the only organisation to be left out of the new positive motion and amendments. This is now the 4th deputation in a row made by Intercultural Youth Scotland, the only organisation from the whole list of funded organisations to do this and raise concerns and it is in disbelief that their voices were still not heard.

Intercultural Youth Scotland Ambassadors are making a plea for the Committee to take the time to see the actual evidence of limited engagement and impact for BAME young people 13 - 19 year old's in Edinburgh, looking at outputs and outcomes. Also, to truly see the effective engagement Intercultural Youth Scotland are making in the city, but without Council support, this service is not sustainable.

Concerningly, significant human rights infringements that appear to be discriminatory or disproportionate are already being raised by many of BAME young people in Edinburgh and Intercultural Youth Scotland's Ambassadors.

Intercultural Youth Scotland has been working in consultation with Race Equality Youth Ambassadors during this current crisis and are currently developing a report on the impact with particular focus on 16+ school leavers.

Many of our Black, Asian, and minority ethnic (BAME) young people are the most vulnerable. Many are from the most deprived areas and are currently experiencing violence in the home along with cultural expectations and complete isolation, not being allowed out at all during this global pandemic.

There is evidence that BAME young people will face challenges receiving estimated grades from teachers. Schools in less affluent areas will not have the previous performance privileges, as a result there is a greater risk of disadvantaged pupils from lower socioeconomic backgrounds and from ethnic minority backgrounds.

BAME young people are in a dangerous, unprecedented situation which could cause structural disadvantage to deepen and implicit bias which could influence a teacher's decision to give a pupil a lower mark on assessments throughout the year and influence their final estimated grades.

There is evidence that BAME young people will leave school with no positive destination and no support to assist in making timely and positive decisions as there is currently a lack of culturally appropriate and ‘street’ style services to support them.

There are key statistics that clearly show existing bias, and that if you are a person of colour, you are more likely to come out at the bottom, which will inevitably lead to young people who are going through transitional periods, making the wrong choices, mental health problems and many other costly, destructive outcomes.

Funding for organisations which are focused on BAME youth work 13 - 19 is almost non-existent in Edinburgh, and even after the motion and amendment, it is still only one funded organisation appears to have a project focused on this area, working with children and adults, and that organisation has, in reality, a limited remit and an unequal proportion and participation from BAME young people 13-19.

In the area of Youth Work provision, Councillors have been made to choose between long standing community projects and newer youth led, innovative, initiatives which meet the needs of the changing communities in the City, such as Intercultural Youth Scotland.

These choices will have a long-term impact in many other areas and could create a future climate of entrenched disadvantage for minority ethnic communities, which will continue racial inequality in institutions such as schooling, healthcare and employment.

Intercultural Youth Scotland Ambassadors are continuing to make a plea for you all to have a clear understanding that even with this new allocated funding, there is still no funding given for specialist support for BAME, in particular, African 13 – 19 year old's across Edinburgh.

The Need

We have surveyed 200 families of disabled children across Edinburgh and 100% support all the services we provide, including after school groups , partnership projects, themed weekends, short breaks and holidays and 85% indicated they would be willing to pay more for services and 95% supported new projects identified.

Since COVID19 we have continued to provide a full programme of virtual youth activities on line for 80 disabled children and young people using zoom. This has been very well received by families and children. In addition we have provided 1:1 telephone support for families most in need over the past 10 weeks. Many families are struggling to cope now and some are at breaking point.

The Impact

If this decision is taken, our weekly services will cease after 30 years of close partnership working across the sector in Edinburgh. The weekly groups provide the platform for disabled children to get active, gain confidence, make friends, learn independent skills and have fun. At the same time parents and carers become more confident to enable their children to try new things, so they can enjoy time away from home giving vital respite to families.

The Cost

The revenue grant of £35k funds a full time Inclusion Officer in Edinburgh and it is this post holder that coordinates the full programme of services locally. We would normally provide after school youth groups and partnership projects, 6 days per week term time, weekend services and residentials during school holidays. We have provided services for families in Edinburgh since 1991

The Added Value

alue We have been creative over the years, levering in a **minimum of 50k per year** over the past 20 years which is the equivalent of **£1m+** for services in Edinburgh for disabled children and young people.

As a youth and educational charity, we appreciate the funding that CEC is allocating to inclusive youth work after many years of funding being directed to other priority areas. Projects like Fabb Flex, that mentored young people into mainstream youth services was extremely successful and sustainable. It acted as a stepping stone, reducing the costs of "care" and enabling youth providers in Edinburgh to develop their skills and young disabled peoples confidence in the provider.

The Questions I have relate to inequality and long term impact of the recommendations.

How will the universal youth organisations recommended for funding be open to disabled children and young people, when currently young disabled people are being turned away if they do not attend with a 'carer' or support worker ?

When can we begin to signpost disabled children and young people to youth work organisations across the city?

Why when resources are limited were organisations encouraged to apply multiple times and be recommended for more than one grant award?

We have not informed parents/families of the recommendations as we do not wish to cause families additional stress or create difficulties for the Council, particularly at this time. We have worked in partnership with the Council for many years and we hope to continue the good relationship we have.
We are, of course, very disappointed that the joint working we have engaged in with the Council for almost 30 years has been not supported. We were instrumental in setting up many community projects still going strong today. e.g. Open all Hours. a partnership with Edinburgh Leisure, CEC and ourselves started in 2013 with one venue.

We will close the weekly services from August and will inform parents and families as soon as we have confirmation from CEC.

Fiona Hird
Chief Executive
Fabb Scotland
Norton Park
57 Albion Road
Edinburgh
EH7 5QY

Introduction

Kindred will celebrate our 30th anniversary in October this year. Since 1990, we have been providing a service at the Royal Hospital for Sick Children Edinburgh. We are proud to be an established Edinburgh charity and we have extended our service over the years, with a team in Fife and a national project (children who are ventilated/tube-fed). Since the onset of the Covid-19 pandemic we have continued to provide information, advocacy and emotional support to families of children with complex needs. We have a closed Facebook group for parents who are shielding because of the high level need of their children. We continue to support families of children who are life-limited, inpatient in RHSC Edinburgh and receiving Tier-IV CAMHS (inpatient psychiatric care or equivalent).

Over the last 5 years our funding from City of Edinburgh has been eroded and as of August we will receive no funding at all from the City.

Why does it matter to Edinburgh if Kindred loses our funding from the city?

Kindred provided advocacy for parents of children with high-cost care packages. The cost of a child with exceptional healthcare needs who is inpatient at RHSC Edinburgh is around £600k per year. The cost of a children with autism and learning disability in residential schooling is £120,000 - £350,000 per year. Kindred supports families to set up care packages which are suited to their needs and allow them to care for their children at home or close to home. We are valuable to the city for these reasons:

1. consultation and engagement with families of children with complex needs results in lasting care packages and prevents the cost of high care out of authority residential care;
2. by setting up the right care in childhood, Kindred helps to prevent very costly care arrangements later in adult life, thus saving significant sums in adult care packages;
3. Kindred staff assist with discharge planning from RHSC Edinburgh resulting in savings for NHS Lothian and helping to ensure lasting care packages within the community;
4. Kindred is a voice for parents of children with complex needs and we are able to provide feedback to the City to help ensure that appropriate services are provided to the most vulnerable of our children;
5. finally, we are a parent-led organisations and we provide emotional support to families when they face their most difficult times.

Brief summary of Edinburgh Families supported by Kindred:
Below are stats from Kindred families supported since 1 April 2019. We are supporting 159 families of whom many (94) have very high level need. Many are supported through our team at the Royal Hospital for Sick Children and are long term inpatient.

- 27 'CEN' children are ventilated/tube fed (and life limited)
- 11 other life limited/terminal
- 46 complex disabilities
- 10 Tier IV CAMHS

Of the 64 other children, many have complex situations such as being LAAC, or going through ASN Tribunal processes.

These families have very substantial care packages for their children and they require advocacy support to ensure that they are able to sustain the care that they provide for the children and avoid family breakdown.

Sophie Pilgrim
Director
Kindred Advocacy

Deputation: Policy and Sustainability Committee Thurs 28 May 2020

As CEO of Space and Broomhouse Hub, and as Chair of the Voluntary Sector Forum, in SW Edinburgh, I would encourage scrutiny of the grants awarded in more detail in advance of allocations coming to committee as part of the process. **Bridie Ashrowan. CEO, Space & Broomhouse Hub**

1. **Scrutiny of Grants**

We have provided the name of one charity to CEC councillors and officers, whose OSCR entry indicates: 'This charity failed to provide information on its finances within 9 months of its Financial year end date. Where the number of 'documents days overdue' exceeds 75, this charity is classed as 'defaulting'. We actively pursue defaulting charities using our powers under the Charities and Trustee Investment (Scotland) Act 2005.

As Chair the EVOC's Voluntary Sector Forum South West, with 10's of orgs in regular attendance, no one there knows who this charity are, or of their capacity to deliver hundreds of thousands of pounds of activity to the under 3's. It is half the budget allocated to SW only. We raised this issue back at the start of March and with councillors, who raised it and got no answer.

2. **Improved Scrutiny**

No external scrutiny has been brought to this process, e.g. by the Edinburgh Poverty Commission. The best scenario is to have higher scrutiny, such as that applied by Children in Need, Corra, or other funders, such as provision of audited accounts and external referees. In other local authorities, locality education, police or social work endorsement on delivery, and phone interviews and/or site visits are the type of activities that will give greater confidence. This is good due diligence, it is doing the job differently, not more expensively, and 'following the public pound'. From extensive experience of a grant making panels, I know that this desk based exercise that CEC has carried out is insufficient.

SW Locality staff, CEC, IJB, Education, and Police know who is working with the children and families at risk. Multiple city wide organisations, or organisations with Glasgow or London postcodes, in the awarded list, do not provide in SW Edinburgh, or have such low numbers as to be insignificant, other than notable examples, such Barnardos and Princes Trust, who have excellent local programmes.

3. **SW Allocation is made worse**

The new grants in the amendment today further exacerbate the detailed analysis we provided to the last committee, of an imbalance away from SW, where there is significant and growing poverty.

4. **Addendum as of 26/5/2020**

Broomhouse Centre (Space & Broomhouse Hub) new allocation of £15,000, and we are now told it is for 3 years, is 4 years out of date. It is not reflective of the applications our organisation put in.

Officers and councillors need to consider how they invest in Edinburgh communities and charities that are bringing innovation and new activity to the table. To allocate funding from 4 years ago feels unethical in the extreme. It is also not taking stock of a process that needs to improve for the future.

We would ask for that decision to be revised, and an offer is made that is indicative of activity in reality, considering applications made by us and also, allocations to SW. We are happy for that to be scrutinised by SW locality Social work, Police and Education staff. We will report on that basis, and will be subject to scrutiny to help you 'to follow the public pound', and to continue to provide support to children and families in SW Edinburgh.

Policy and Sustainability Committee
Councillor Adam McVey (Convener)
Councillor Cammy Day (Vice-Convener)

Dear Councillors,

Tollcross Community Council would like to comment on the *Adaptation and Renewal Plan.*

We are concerned about the press reports concerning a past meeting to discuss the recovery from the coronavirus crisis. It is obviously essential that we do plan to help Edinburgh and its citizens and businesses to recover as soon as is practicable. We felt that the essence of the meeting concerned tourism which is an important component of Edinburgh's activities

The Council has made clear that it is committed to sustainable and responsible tourism where there would be a number of crucial stakeholders, including residents, tenants' organisations, environmentalists, transport authorities and others. We assume CEC's commitment to sustainable and responsible tourism means a commitment to tourism that mitigates rather than exacerbates climate change and poses no threat to the preservation of Edinburgh as a city with a thriving living centre worthy of World Heritage status. Such a commitment is incompatible with increasing numbers of flights to and from Edinburgh Airport and the peak numbers of visitors to the city centre during recent years. The single biggest contribution to sustainability for tourism would be to pare it back to a more reasonable level such that the city would not be overwhelmed to the detriment of residents.

We were therefore surprised that the new tourism oversight group comprised Edinburgh Tourism Action Group (ETAG), Edinburgh Airport, Festivals Edinburgh, Visit Scotland, Essential Edinburgh and the Chamber of Commerce. All these business organisations have a clear interest in maximising footfall as fast as possible. It is fair to say that these organisations have dominated policy up to now and this has led to Edinburgh appearing near the top of lists of cities with problems from over-tourism. Furthermore, some are on record as having had aims of increasing tourism by one third (this before the crisis). After the crisis, business as usual should not be an option.

Up to now business groups always preface discussions of tourism with how much money is brought into the city. Recent statements from Air B&B, Underbelly and Visit

Scotland have stressed this point. In fact, the Council, itself uses these misleading terms. However, it is worth following the money and seeing how much of it leaks out of the city and the country. Different strategies could address this.

There are many things to consider when moving forward with the tourism strategy. For instance, is the almost unregulated expansion of hotel building and short term letting sustainable (or responsible)? Data shows that when visitors stay in family run B & Bs, almost twice as much money stays in the city as when they stay in internationally owned hotel groups. Should this type of consideration be incorporated in our strategy? Should we be thinning out festivals and spreading them more evenly through the year and dispersing around Edinburgh. Should we roll back on using public space for private profit and ensure that all common good land remains just that? How can we address the housing and rent price crises with appropriate policies on tourism? Is it possible to create less precarious, better paid jobs for local residents in the tourist industry? Many more considerations should also be taken into account.

It is therefore disappointing that other types of stakeholders were not represented in these recovery discussions. Indeed, it tends to reinforce the view that despite words about considering Edinburgh's residents when determining policy, the profit of private companies is the main driving force. For a strategy to have any credibility, it is essential that recovery discussions include residents, tenants' groups, employee representatives and community council in addition to business interests.

We are pleased to now see some such contributors to the Committee discussions

We endorse the paper to the committee by the Cockburn Association. We hope that you take account of the fact that when the Association recently organised a public meeting about over-tourism, it was oversubscribed and attended by over 800 Edinburgh residents and the overwhelming view was that Edinburgh was also oversubscribed and the agencies trying to increase tourism were damaging the city as a place to live and work. The view was also strongly expressed that the city authorities should not be commercialising public space.

Yours, sincerely,

Paul Beswick for Tollcross Community Council

CC Paul Lawrence, Executive Director of Place

Dear Committee,

Whilst we feel as an organisation, feel that we will should move on from this unfortunate decision. We are still waiting on answers to the points that were raised in our initial letter.
a full response & explanation to the young people who have put so much energy, time and effort into putting forward a case for funding to be awarded to the area where they live.

The priority of supporting the personal and social development of Young People through Universal Youth work has be inadequately met in the Lib\Gil area of the city with no small grant locality-based funding in place from CEC despite this being one of the most deprived areas in the city and indeed in Scotland.

You asked young people their views regarding what they feel their needs are and have not taken them on board with any action at all. Young people are talking, and don't feel listened to or heard.

Although we are pleased that the council found over a further £600,000 meaning that valued youth services will continue to be funded throughout other areas of Edinburgh. We still have grave concerns and disappointment that the Lib/Gil area has not be allocated any council funding to provide much needed Youth services (aside from 5k). Further widening the divisions between South East and other areas. We note the stats provided re population of Sim1-Sim2 areas across the city and this may make it look like its proportionate, but the fact remains there is £5000 in an area that covers 8 of the most deprived locations in the country. Young people have been and are continually asked their views and have been vocal about their concerns. Regardless of this young people in the area continue to feel ignored.

Goodtrees Neighbourhood Centre
5 Moredunvale Place
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T: 0131 672 2629
Scottish Charity no. SCO26880

Goodtrees NC management committee feel that the Liberton Gilmerton area has been left behind as CEC funded facilities and services have reduced. The number of core long term, dedicated youth and community organizations, staff and support has decreased. This has happened in conjunction with an increase in poverty and inequality in the area as well as a more complex demographic within our population with more complex needs.

How do we move forward? How do we offer young people the local support that they need, a dedicated local support organisation that is imbedded within our community? How do we offer a service that is listening and responding the needs of young people in our area? Now many of our young people (some of them very vulnerable) feel let down unheard and unsupported. How do we help them feel heard and that their needs and opinions matter?

We are keen to ensure our service continues to meet the need and demand of our local community. Having almost 0% of CEC funding this will prove challenging. Serious youth violence and crime continue in the area and your response to support the community will be lower than we had hoped.

We along along with partners will continue with integrity to ensure the voices or the young people and local community are heard at every level and continue campaigning for a Stronger Liberton/Gilmerton.

Yours Sincerely

Goodtrees Neighbourhood Centre Management Committee, Valley Park Management Committee, Gilmerton Community Centre Management Committee, Tron Kirk Gilmerton & Moredun Churches, Gilmerton/ Inch Community Council

Goodtrees Neighbourhood Centre
5 Moredunvale Place
EH17 7LB
T: 0131 672 2629
Scottish Charity no. SCO26880

Dear Councillors,

My name is Brandon Bonner, I am 13.

I am a youth volunteer for Goodtrees neighbourhood centre, im sure you have saw my recent videos on twitter pleading to the council about the lack of funding they have given in the southeast of Edinburgh.

Back in March myself, and my pals went to Edinburgh city chambers, myself, hammed, Lennon and Miska spoke about the deputation. we spoke about why we should get the funding, why we deserve it and the positives it would make to the community. The deputation got postponed to this month.

We should get the funding because the areas are poverty stricken especially Moredun, the positives would be people would be off the streets because there would be funding for resources to help them and this could resolve the violence between Gilmerton/Inch and I will get into this more later…

The past couple of year there has been gang fighting between Gilmer ton/inch it is getting out of control. Hand knifes and everything are now being used… so that shows for me that the council don't care? Young people are fighting for no reason, they are fighting because it has always been done, and they follow on from what they have seen and heard from older boys and adults. My Grandad has told me stories about when different gangs used to fight when he was a young boy. This is still goin on, but it is getting worse cause weapons are starting to get used. Things aren't getting better, a we need Goodtrees to help. The committee say they want people to have a better outcome at life, why are use not giving the funding to get the young people that are involved in gangs in fighting and get them of the street?

I found out on Tuesday that the council rejected the funding, to be honest I'm stunned and was left speechless after everything we have done, and they are still ignoring us. Now I want to give my opinion on the decision about the funding I think its shambolic that ignored us and did not give us a reason for this I feel angry and disappointed that my areas around me are still going to suffer because the council don't listen and don't care, its like they don't even take acknowledge that were making videos and trying to get there point out there. There is many questions to be asked, "why do we not matter?", "Why are we being ignored?" "do use care?"

I know this was a very tough decision to make but myself, my pals, and many other people think it was the wrong decision.

Thank you for taking time to read this letter

If you would like to view my videos I sent to the council if you have not seen them, they are on my twitter, Brandonbonner76.

Yours sincerely,

Brandon Bonner.

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Deputation speech

Hi there my name is Lennon Blues a youth volunteer for goodtrees since I was 9 year old and I am 12 now and I want to talk about the equal funding and how we desver and why need it to support young people like myself I f we don't get are funding we will be out on the streets getting in trouble just to pass time.

In the deputation a couple months back we spoke about why we needs this funding and one off the main reasons We need this funding is 1 in 3 people live in poverty in the area off mourdun. With the funding we can support these people more. In the inch and Gillmorton its 1. In 5 people living in poverty and we need to give as much help as we can to people that need it.

In my opinion the council say they do care about us, but its been proved they don't because they don't want to give us the funding. Now we will probably see more young people getting in trouble just to pass time because we can't have as many groups ran and good enough support. To the council I have one big question.

what happened to equal rights?

The south won't stand

Yours Sincerely,

Lennon Blues