Brighton & Hove City Council

Title:	**Overview & Scrutiny Commission**
Date:	**27 March 2012**
Time:	**4.00pm**
Venue	**Council Chamber, Hove Town Hall**
Members:	**Councillors:** Mitchell (Chair), Janio (Deputy Chair), Brown, Follett, Littman, Morgan, K Norman, Powell, Rufus and Summers
Contact:	**Tom Hook** **Head of Overview & Scrutiny** 29-1110 tom.hook@brighton-hove.gov.uk

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OVERVIEW & SCRUTINY COMMISSION

AGENDA

Presentation by the Head of Property Services

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OVERVIEW & SCRUTINY COMMISSION

Date of Publication - Monday, 19 March 2012

PROCEDURAL BUSINESS.

A. Declaration of Substitutes

Where a Member of the Commission is unable to attend a meeting for whatever reason, a substitute Member (who is not a Cabinet Member) may attend and speak and vote in their place for that meeting. Substitutes are not allowed on Scrutiny Select Committees or Scrutiny Panels.

The substitute Member shall be a Member of the Council drawn from the same political group as the Member who is unable to attend the meeting, and must not already be a Member of the Commission. The substitute Member must declare themselves as a substitute, and be minuted as such, at the beginning of the meeting or as soon as they arrive.

B. Declarations of Interest

(1)   To seek declarations of any personal or personal & prejudicial interests under Part 2 of the Code of Conduct for Members in relation to matters on the Agenda. Members who do declare such interests are required to clearly describe the nature of the interest.

(2)   A Member of the Overview and Scrutiny Commission, an Overview and Scrutiny Committee or a Select Committee has a prejudicial interest in any business at meeting of that Committee where –

(a) that business relates to a decision made (whether implemented or not) or action taken by the Executive or another of the Council's committees, sub-committees, joint committees or joint sub-committees; and

(b) at the time the decision was made or action was taken the Member was

(i) a Member of the Executive or that committee, sub-committee, joint committee or joint sub-committee and
(ii) was present when the decision was made or action taken.

(3)   If the interest is a prejudicial interest, the Code requires the Member concerned:-
(a) to leave the room or chamber where the meeting takes place while the item in respect of which the declaration is made is under consideration. [There are three exceptions to this rule which are set out at paragraph (4) below].
(b) not to exercise executive functions in relation to that business and
(c) not to seek improperly to influence a decision about that business.

(4)   The circumstances in which a Member who has declared a prejudicial interest is permitted to remain while the item in respect of which the interest has been declared is under consideration are:-

(a) for the purpose of making representations, answering questions or giving evidence relating to the item, provided that the public are also allowed to attend the meeting for the same purpose, whether under a statutory right or otherwise, BUT the Member must leave immediately after he/she has made the representations, answered the questions, or given the evidence,

(b) if the Member has obtained a dispensation from the Standards Committee, or

(c) if the Member is the Leader or a Cabinet Member and has been required to attend before an Overview and Scrutiny Committee or Sub-Committee to answer questions.

C. Declaration of party whip

To seek declarations of the existence and nature of any party whip in relation to any matter on the Agenda as set out at paragraph 8 of the Overview and Scrutiny Ways of Working.

D. Exclusion of press and public

To consider whether, in view of the nature of the business to be transacted, or the nature of the proceedings, the press and public should be excluded from the meeting when any of the following items are under consideration.

NOTE: Any item appearing in Part 2 of the Agenda states in its heading the category under which the information disclosed in the report is confidential and therefore not available to the public.

A list and description of the exempt categories is available for public inspection at Brighton and Hove Town Halls.

BRIGHTON & HOVE CITY COUNCIL

OVERVIEW & SCRUTINY COMMISSION

4.00PM 31 JANUARY 2012

COUNCIL CHAMBER, HOVE TOWN HALL

MINUTES

Present: Councillors Mitchell (Chair); Janio (Deputy Chair), Brown, Follett, Morgan, K Norman, Rufus, Summers, Sykes and MacCafferty

PART ONE

60.   PROCEDURAL BUSINESS

The Chair reminded the meeting that the proceedings were being webcast live and the recording would be saved.

60a Declarations of Substitutes

Councillor Sykes was substituting for Councillor Powell and Councillor MacCafferty for Councillor Littman.

60b Declarations of Interests

There were none.

60c Declaration of Party Whip

There were none.

60d Exclusion of Press and Public

In accordance with section 100A(4) of the Local Government Act 1972, it was considered whether the press and public should be excluded from the meeting during the consideration of any items contained in the agenda, having regard to the nature of the business to be transacted and the nature of the proceedings and the likelihood as to whether, if members of the press and public were present, there would be disclosure to them of confidential or exempt information as defined in section 100I (1) of the said Act.

RESOLVED: That the press and public be not excluded from the meeting.

61. MINUTES OF THE MEETING HELD ON 13 DECEMBER 2011

61.1 The minutes of the meeting held on 13 December were agreed and signed by the Chair.

62. CHAIR'S COMMUNICATIONS

62.1 There were none.

63. PUBLIC QUESTIONS/ LETTERS FROM COUNCILLORS/REFERRALS FROM COMMITTEES/NOTICES OF MOTION REFERRED FROM COUNCIL

63.1 Councillor Phelim MacCafferty introduced his request for scrutiny, referring to the murder of Andrea Waddell and describing the discrimination and misunderstanding faced by the Trans community. Trans issues were excluded from the Stonewall equalities index. A scrutiny panel would be timely in view of new government guidelines, work to be done during the year on Trans issues by the LGBT Workers' Forum, and the setting up of an LGBT health inclusion project and LGBT community safety forum. At a meeting earlier this month with FTM Brighton and the Clare project, a joint work programme had been established and the Leader of the Council had indicated support for a scrutiny review.

63.2 Councillor MacCafferty said public institutions continued not to challenge transphobia effectively and the Council should be taking the lead with best practice to help change attitudes in the CIty. He asked that OSC agree to set up a Scrutiny Panel that would bring in key witnesses to highlight the needs of the Trans community.

63.3 Some Members directly supported the scrutiny request. Councillor Warren Morgan, Chair of Environment and Community Safety O&S Committee said this was an area that had not taken priority and was due for review.

63.4 Some Members were not against the proposal but were concerned that any scrutiny should not duplicate work that was already planned or under way. Following discussion the Commission unanimously agreed to ask for a full scoping report to the next meeting.

63.5 RESOLVED that a scoping report be brought to the 27 March OSC meeting.

64. CITY PERFORMANCE PLAN AND ORGANISATIONAL HEALTH REPORT

64.1 Paula Black the Head of Analysis and Performance, gave a presentation on the 6-monthly reports on the City Performance Plan and Organisational Health and circulated a diagram of the performance and risk management framework. It was a difficult time of uncertainty in resources for the Council and partners, to report on achievements, targets and future activity against the framework.

64. 2 This was a move towards outcome-led and away from indicator-led reporting with explanation of progress rather than the use of suite of indicators.

64.3 There had been good progress on some of the City's priorities as set out in the report, including for example the visitor economy, conference economy, reductions in first-time entrants to the youth justice system and Decent Homes. Key areas of concern included child poverty, young people not in education employment or training and homelessness. The report gave some reasons for targets not being met at the 6-month stage, plus work to mitigate some of the effects.

64.4 The Organisational Health report was being 'tweaked' to take into account the Corporate Plan. The exceptions report showed the 'red' areas of performance where targets were not being met; 5 of top 5% of earners who declare they have a disability and number of Local Government Ombudsman complaints.

64.5 RESOLVED that the report be noted and recommendations 2.1 – 2.7 be agreed.

65.   CITY PERFORMANCE PLAN TARGETS

65.1 In introducing the City Performance Plan targets report, the Head of Analysis and Performance outlined that though focussing on outcomes rather than indicators, following consultation some targets had been agreed for some of the key indicators. Slides in the presentation gave criteria for including targets (using 2010/2011 as baseline); ie where statutory targets had been adopted, where targets had already been included in policy or strategies, or where past performance was a useful guide.

65.2 The Head of Analysis and Performance answered questions on Member involvement; using the CPP and OH report to help identify potential areas of benefits and savings or costs via shared resources and joint working with other public organisations; the extent to which indicators could change in-year; target-setting for different years; and how performance reporting would change with a move to a Committee system. She was looking to bring relevant key performance indicators to future committees and also providing a picture of progress towards shared outcomes with partners across the City.

65.3 Andy Edwards Senior Performance Analyst explained that the Local Area Agreement had included 35 key indicators and a further 30 local indicators. The City Performance Plan included 30 indicators but the focus was more towards achieving outcomes. A suite of indicators was used by the Thematic Partnerships to micromanage delivery of the outcomes, but it was not intended to report these. He invited Members to suggest other areas where key indicators would be useful.

65.4 Members commented that more detail was required in places eg: Action Progress on Strategy 4.3.5 (Page 50 refers): expanding electric vehicle charging point network in Strategy 7.1.1 (page 63); and the cost, effectiveness and timetable for 'share-the-road-share-the-responsibility' messaging under 'Barriers' in Strategy 7.3.1 (page 68). The relatively high target for 'stopping smoking' was queried.

65.5 Deputy Chair Councillor Tony Janio said additional text would be helpful; including where indicator descriptions could be changed to plain English, making clear whether a high or a low result indicates progress. Members noted that full details on performance were available on request.

65.6 **RESOLVED:** that the report be noted.

66.   PEOPLE STRATEGY

66.1 The Head of Human Resources and Organisational Development Charlotte Thomas introduced a brief and answered questions on developing the People Strategy, starting in Summer 2011 that would replace the Workforce Development Plan. It aimed at researching how much the Council's employees wished to engage with important employment issues and linked with the recently-completed staff survey and investors in people assessment that was due in March.

66.2 This was a new approach and more open method of responding to staff issues and included 10 questions over 10 weeks that had a broad appeal eliciting more than 600 comments. Focus groups followed for around 500 people. A 'world Café' event with city Partners was held, investigating working with Council officers and potential improvements in collaboration and openness. Focus groups had developed a momentum and would continue until all staff with an interest had been able to attend.

66.3 Around 20 broad themes were emerging and being investigated further. Analysis of the information would feed into the development of the People Stratgey followed by a series of action plans. Milestones had not been set for this work but a draft Strategy would be available before Easter.

66.4 The Head of Human Resources and Organisational Development said the process was an outcome in itself, that benefitted staff in terms of productivity, performance, engagement and commitment. She answered questions on the staff survey (3,000 – 4,000 people involved), and the range of participation by staff in responding to the 10 questions and joining focus groups. There would be further engagement with staff in developing the Strategy; there was commitment to a positive outcome from the process, she confirmed.

66.5 Members asked whether officers' raised expectations can be met, the resources needed for this type of engagement and the effectiveness of the investment, plus how representative were the respondents, of the workforce as a whole . Members said that in the 'next steps,' it was important that respondents should have the opportunity to contribute to suggested solutions.

66.6 The meeting heard that the process did not have a budget and had not been costed but had been set in the context of the current economic climate with costs being kept to a minimum.

66.7 The Commission agreed that this important matter warranted a formal report setting out in particular the staff numbers involved and implications regarding finance, risk/opportunity and corporate outcomes.

66.8 RESOLVED that a detailed formal report on the full draft People Strategy with implications be presented to the next meeting of OSC, 27 March.

67. EQUALITIES UPDATE

67.1 Sarah Tighe-Ford Equalities Coordinator presented the regular Equalities update to Scrutiny. She said the remit of the Communities and Equality Team included Geographical Neighbourhoods through Community Development Commissioning; Citywide work on Discretionary Grants as well as Equalities responsibilities.

67.2 Equalities covered both the internal role of compliance with the law and meeting the commitment of reducing inequality, and externally working with Partnerships, communities of interest and community and voluntary sector groups across the City.

67.3 The Equalities Coordinator outlined the new Equality and Inclusion Policy and the Council's equality duties and went on to summarise the latest work on: equality impact assessment of the Council's budget proposals; the City Inclusion Partnership; Needs Assessments; engagement, community development commissioning, corporate activities and supporting the review of the Council's Traveller Strategy.

67.4 Answering a question the Equalities Coordinator set out the current work on equalities implications of proposals for neighbourhood councils pilots.

67.5 The Chair welcomed the report and especially the Countability project on barriers faced by disabled people. She thanked the officers for comprehensive information.

67.6 RESOLVED; that the report be noted.

68. CLIMATE CHANGE ADAPTATION

68.1 The Head of Sustainability and Environmental Policy Thurstan Crockett introduced the report on implementing the climate change adaptation scrutiny review recommendations. Rather than emergency planning and business continuity planning, this work was pro-active for the longer term to ensure a resilient Council and community, as part of the city Climate Change Strategy.

68.2 We frequently face severe weather; for example a City temporary emergency cold weather shelter had just been opened for homeless people. There had been about 60 severe weather incidents in the city in the last decade.

68.3 Action since the scrutiny review included progress with the surface water management plan: the preliminary flood risk assessment had been completed and published on the Environment Agency website. The risk assessment was in progress and due to be completed in 2013. The Climate Change Strategy had been to the Strategic Partnership and Cabinet and a task and finish work group was being set up to implement the local climate impact profile (LCLIP) report recommendations.

68.4 The Head of Sustainability and Environmental Policy summarised each of the actions against the scrutiny recommendations. Regarding recommendation 5 (performance); although the organisation remained at level 0, a number of actions did meet a higher level in this framework, and few local authorities were achieving more than level 1 when last benchmarked; and at recommendation 6 (external funding) bids had been made for Big Lottery funding. Members would be provided with details of the performance levels 0 – 5.

68.5 The Commission agreed that in a committee system, it was important that an elected Member would still undertake responsibility for climate change adaptation. Councillor Ollie Sykes emphasised the importance of both a political and technical lead from the Sustainability Team on climate change issues. He said the European Programme 'Coastal Communities 2150' would be relevant to this work.

68.6 Councillor Tony Janio, Deputy Chair who also served on the scrutiny panel supported the principle of the adaptation test generally being unsuitable for small businesses. (recommendation 8). He asked about the impact of recent Flood legislation and on funding of coastal and flood defence. Councillor Sven Rufus who served on the Regional Flood and Coastal Committee said there would be changes from 2013-2014.

68.7 Councillor Warren Morgan pointed out the value of working with neighbouring authorities, and said a regional government agency would have been ideally placed to coordinate these actions.

68.8 Summarising, the Chair Councillor Gill Mitchell, also a Member of the scrutiny panel said the activity needed monitoring in the future and this was agreed.

68.9 RESOLVED that a further monitoring report be presented to a future scrutiny meeting.

69.   BUDGET SCRUTINY PANEL

69.1 Councillor Ken Norman Chair of the Budget Scrutiny Panel introduced the report of the review. He had enjoyed the process. He thanked the Members serving on the Panel – Councillors Mary Mears, Gill Mitchell, Anne Pissaridou, Christina Summers and Ollie Sykes and was pleased that Joanna Martindale had also been an active member as the Community and Voluntary Sector Forum co-optee.

69.2 This had been a challenging review and a more detailed budget scrutiny than before. The Panel had heard from all the Cabinet Members and had asked a wide range of questions in a series of five meetings. Councillor Norman thanked all the witnesses for providing information and for sending written replies afterwards where necessary.

69.3 The Panel had made 13 recommendations to refer to Cabinet; these related more to organisational issues for the future rather than to specific budget areas in this year's proposals. Councillor Norman looked forward to budget Council and meanwhile asked that the Commission approve the Panel's report.

69.4 Councillor Gill Mitchell, Chair of OSC and a Member of the Panel, said this had been the best budget scrutiny yet. It had focussed on individual areas of the budget as well as the general approach to the proposals.

69.5 Councillor Janio commented that the budget scrutiny process had been open and handled much better than previously. It was helpful that the Panel was able to question Cabinet Members directly, for example. This approach should be used for future budget scrutiny he said.

69.6 Members felt that the Budget Panel had been an effective in-depth method of scrutiny, allowing consistent cross-party challenge and more constructive than previous alternatives (i.e. the whole budget presented to OSC; or relevant sections of the budget considered separately by each Overview and Scrutiny Committee). It was helpful that the papers had been published well in advance.

69.7 The background to recommendation 8 (funding to the third sector) and recommendation 9 (partnership approach) was discussed by the Commission. Councillor Norman explained that proposals to transfer public health funding to the Council had, in the event, been unavailable for scrutiny comment. He hoped there would be wider involvement and more information from health and other public sector partners to enable closer examination of proposals in future.

69.8 Councillor Warren Morgan asked how proposals for savings via joint commissioning would be coordinated. He said that the process needed to be clear and timescales should be agreed in good time to meet future budget deadlines. The Head of Policy Performance and Analysis told Members a cross-partnership group had been set up by the PSB and an update on this work would be provided for OSC Members.
69.9 On behalf of the Commission, Councillor Mitchell put on record thanks to Cabinet Members and officers for giving information and answering questions and to Councillor Norman and the other Panel Members and the scrutiny team for their work on the scrutiny review.

69.10 RESOLVED: that the Budget Scrutiny Panel report be endorsed and referred to the Cabinet.

70.   UPDATE FROM CHAIR OF OVERVIEW AND SCRUTINY COMMITTEE: HOSC (VERBAL)

70.1 Councillor Sven Rufus, Chair of HOSC, outlined the Committee's involvement in the many changes in the NHS, both locally and as part of a regional HOSC network. These included abolition of Primary Care Trusts and creation of Clinical Commissioning Groups, creation of Healthwatch, transfer of public health responsibilities to local authorities, and establishing of Health and Wellbeing Boards.

70.2 Local issues that HOSC had considered included the reduction in the number of acute mental health beds at Mill View Hospital. Members were interested in more information re; the clinical task force that had been established.

70.3 Councillor Rufus detailed some of the plans for future health scrutiny. He said HOSC would be holding scrutiny workshops on NHS 'quality' and end of life care; Members expressed an interest in attending.

70.4 RESOLVED: that the report be noted.

71.   OSC DRAFT WORK PLAN

71.1 Members noted the work plan.

72.   ITEMS TO GO FORWARD TO CABINET, CABINET MEMBER MEETING OR FULL COUNCIL

72.1 The Budget Scrutiny report would be referred to 9 February Cabinet.

    The meeting concluded at 6.00pm

    Signed   Chair

    Dated this   day of

Subject:	Information sharing regarding vulnerable adults Scrutiny Panel		
Date of Meeting:	27 March 2012		
Report of:	The Strategic Director, Resources		
Contact Officer:	Name:	Julia Riches	Tel: 29-1084
	E-mail:	Julia.riches@brighton-hove.gov.uk	
Wards Affected: All			

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT

1.1 The subject for this Panel was originally suggested by East Sussex Fire & Rescue Service (ESFRS) during a consultation process to identify potential issues for scrutiny panels. In September 2010 the Overview and Scrutiny Committee agreed that the issue should be put on the list of forthcoming panels when time allowed.

1.2 The Panel members were Councillor Ruth Buckley (Chair), Councillor Ken Norman, Councillor Alan Robins, and a co-opted member Andy Reynolds, Director of Prevention and Protection, East Sussex Fire & Rescue Service.

2. RECOMMENDATIONS:

2.1 That members:

(1) Endorse the attached report and its recommendations;

(2) Agree to refer the report to the relevant executive committee requesting that they enact the Panel's recommendations.

3. BACKGROUND INFORMATION

3.1 The request from East Sussex Fire & Rescue Service was based on a desire to explore with partners how information about vulnerable adults

was shared and to "work with them proactively to improve the safety and quality of life" including what improvements were required. There is clear definition of an individual being vulnerable to risk of fire. For example, in terms of mobility, smoking, alcohol and substance misuse, and mental health, the more vulnerable that person was to risk of fire. These factors linked with old age, sensory impairment and living alone increased that vulnerability considerably.

3.2   The Panel held one private scoping meeting on 15 September 2011 and three public evidence gathering sessions on 18 October 2011, 7 November 2011, and 28 November 2011. The report contains nine recommendations to help information sharing regarding vulnerable adults.   In addition, the Panel were delighted that, through their information gathering process they were able to facilitate links between organisations and build on those already there.

3.3   More information on information sharing regarding vulnerable adults is included in the Scrutiny Panel report (**Appendix 1**).

4.   CONSULTATION

4.1   The Panel report is the result of an evidence-gathering process which has included representatives from Adult Social Care, Housing, Emergency Planning, Sussex Police, Sussex Partnership Trust, Sussex Community Trust, and Rise UK.

5.   FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:
5.1   The financial implications of adopting the scrutiny panel's recommendations will be considered by the Council's Executive alongside the relevant budgets.

Legal Implications:
5.2   The Committee has the necessary power to agree the panel's recommendations. It then falls to the Executive and other bodies to whom the recommendations are directed to decide what action, if any, to take in response.

Equalities Implications:
5.3   An Equalities Impact Assessment was carried out at the start of the inquiry.

Sustainability Implications:

5.4   The Scrutiny Panel report does not specifically address sustainability implications.

Crime & Disorder Implications:
5.5   The Scrutiny Panel report does not specifically address crime and disorder implications.

Risk and Opportunity Management Implications:
5.6   The Scrutiny Panel report does not specifically address risk and opportunity management implications.

Corporate / Citywide Implications:
5.7   The Scrutiny Panel recommendations support the outcome in the Corporate Plan "vulnerable adults supported to live healthy, independent lives".

SUPPORTING DOCUMENTATION

Appendices:
1.   The Scrutiny Panel report

Documents in Members' Rooms:
None

Background Documents:
None

Report of the Overview and Scrutiny Panel

March 2012

Information Sharing Regarding Vulnerable Adults

Panel Members

Councillor Ruth Buckley (Chair)
Councillor Ken Norman
Councillor Alan Robins
Andy Reynolds, East Sussex Fire & Rescue Service

Chair's Foreword

Brighton & Hove has many vulnerable adults, some of whom are known to the council and relevant agencies, others who have, or are in danger of falling through the gaps. This Inquiry set out to look at how information is shared regarding vulnerable adults, and how this could be improved whilst maintaining confidentiality requirements.

Initially the Panel considered the concept of a shared database for vulnerable adults across all services, however it quickly became apparent that this was not a feasible option. Issues such as budget constraints, confidentiality, maintenance and ownership were just a few of the reasons why this would not be viable.

One of the key findings of this Panel was that a great deal of information sharing took place in an emergency, be that through the Multi Agency Risk Assessment Conferences (MARAC) or through emergency planning (for example, planning for a possible flu pandemic). However, there was no regular or rigorous information sharing in cases of lower risk. One of the Panel's main recommendations is that the MARAC system should be replicated for lower risk cases. There are many vulnerable people in the city who are not necessarily receiving the help they need. The report also makes two recommendations regarding the East Sussex Fire & Rescue Service (ESFRS) – the scrutiny was requested by ESFRS and we are grateful to Andy Reynolds, Director of Prevention and Protection for agreeing to join the Panel.

A wide range of people fed into the Panel process, and were delighted that, through our information gathering process, we were able to facilitate links between organisations and build on those already there. At the time of writing, the Sussex Partnership Trust and East Sussex Fire & Rescue Service were in discussions with Rise (the domestic violence charity) about training and information sharing.

On behalf of the Panel, I would like to thank all those who shared their experience, both by coming to talk to us and by submitting information. I would like personally to thank the other Panel members: Councillor Ken Norman, Councillor Alan Robins and Andy Reynolds.

Councillor Ruth Buckley
Chair of the Panel

2

Executive Summary

Information sharing regarding vulnerable adults is a complex subject. Bound by strict legislation governing data protection and consent, it is not always easy – or appropriate – to share information across services and organisations. Nonetheless, central Government is committed to information sharing as a way to deliver better and more efficient public services focussing on the needs of individuals.

Looking at the situation in Brighton & Hove, this Inquiry found that there are a plethora of different databases held in different ways, all containing information on adults deemed to be vulnerable. These databases are non-interoperable, creating additional challenges for professionals and organisations who are working with vulnerable adults. In particular, ways need to be found to allow easier and quicker access across the different databases used by Adult Social Care and Mental Health services.

Data sharing at a 'high risk' level was generally deemed to be good with the local Multi-Agency Risk Assessment Conference (MARAC) working well. At a lower level, however, information sharing was not as regular or rigorous. The MARAC system should be used as a template for information sharing at a lower level.

Increasing secondments, removing the use of faxes in reporting vulnerable adults, and further information sharing - including on indicators that an individual may be particularly vulnerable to a risk of fire - are all recommendations of this report.

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List of Recommendations

RECOMMENDATION 1: Adult Social Care and Mental Health services are using separate non-interoperable databases, creating difficulties in responding quickly to individual cases. Easier and quicker access across these separate databases is required and ways of doing this must be considered. For example, a nominated person in each team could be given access to both databases and act as a central point of reference. In the longer term, better ways of working should be considered by the Health and Wellbeing Board, which will have a statutory duty to foster improved co-working across health and social care. (p19)

RECOMMENDATION 2: A Multi-Agency Risk Assessment Conference (MARAC) should be set up to discuss lower-risk cases. Meeting regularly, this group would share information on cases that are presenting as potentially at risk to more than one agency, but which have not yet triggered the threshold for crisis services. (p24)

RECOMMENDATION 3: The initial risk assessment carried out by Adult Social Care should include noting any indicators that the individual may be particularly vulnerable to risk of fire. With the individual's consent, that information should be shared with East Sussex Fire & Rescue Service (ESFRS). Protocols should be put in place to ensure the fire and rescue service are routinely informed when there is a potential risk to enable them to put preventative measures in place. (p27)

RECOMMENDATION 4: Although there are issues over the definition of 'vulnerability', consideration must be given to creating a system that allows Mears staff to flag up when a person is particularly vulnerable. A system should be set up to ensure feedback from Mears is consistent. (p27)

RECOMMENDATION 5: Following an emergency housing incident, there are standard debrief meetings to discuss what worked well and what needed improvement. It is important that this continues and there is cross agency involvement as appropriate. (p28)

RECOMMENDATION 6: The use of faxes between organisations in reporting vulnerable adults must be replaced immediately by a more secure and unambiguous system. Given that agencies working with adults at risk are all part of the government's secure email system, it seems ludicrous that referrals are not sent by email. The Panel recommends that whatever obstacles currently exist to prevent the use of email are removed as a priority. (p29)

RECOMMENDATION 7: Adult Social Care and East Sussex Fire & Rescue Service should consider supporting a further secondment of a member of ESFRS into Adult Social Care. Seconding members of staff

from partner organisations is always a useful way of learning across organisations. Rotational secondments across key partners should be considered when looking at future ways of working. (p30)

RECOMENDATION 8: The Patchwork programme allows one organisation to see which other organisations hold information on a particular individual. This appears to be an excellent initiative and the Panel would welcome feedback from the early trials. We recommend that this initiative is rolled out to Adult Social Care as soon as possible. (p31)

RECOMMENDATION 9: The Director of Adult Social Care should create an action plan, based on the recommendations in this report. This plan should be reported to the appropriate scrutiny committee within twelve months. This should be discussed with the new Health and Wellbeing Board and/or the relevant council committee as appropriate. (p34)

6

1. Introduction

Background to the Panel

1.1   The subject of sharing information regarding vulnerable adults was originally suggested by the East Sussex Fire & Rescue Service during a consultation process to identify potential issues for scrutiny panels. A number of different organisations and agencies kept lists of 'vulnerable' adults but there appeared to be very little sharing of data. This led to 'vulnerable' adults being on more than one database, and some organisations not being aware of who was 'vulnerable'. There were many different definitions of 'vulnerable': we consider this later in this report.[1] In September 2010 the Overview and Scrutiny Commission (OSC) agreed that this issue should be put on the list of forthcoming panels when time allowed.

1.2   The Panel first met privately on 15 September 2011 and agreed their terms of reference as:

> *"To examine the current information sharing systems for vulnerable adults in the city with a view to making recommendations for closer sharing in appropriate circumstances".[2]*

Members

1.3   The Panel comprised Councillor Ruth Buckley (Chair), Councillor Ken Norman, Councillor Alan Robins, and a co-opted member Andy Reynolds, Director of Prevention and Protection, East Sussex Fire & Rescue Service. The Panel held three evidence-gathering meetings on 18 October 2011, 7 November 2011, and 28 November 2011.

Witnesses

18 October 2011 attendees

   DCI Neville Kemp and DSI Laurence Cartwright, Sussex Police

   Guy Montague-Smith, Access Point and Daily Living Centre Operations Manager, Brighton & Hove City Council (B&HCC)

   Rachel Chasseaud, Head of Tenancy Services, B&HCC

   Brian Doughty, Head of Assessment Services, Adult Social Services, B&HCC

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[1] See p10
[2] Private scoping meeting 15 September 2011

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Councillor Rob Jarrett, Cabinet Member for Adult Social Services, B&HCC

Denise D'Souza, Director of Adult Social Care, and Lead Commissioner, People, B&HCC

Annette Kidd, Professional Lead, and David Dugan, General Manager, Sussex Partnership NHS Foundation Trust

Philip Tremewan, Safeguarding Adults Lead, Sussex Community NHS Trust

Alistair Hill, Consultant in Public Health (and previous Caldicott Guardian)

Robin Humphries, Civil Contingencies Manager, B&HCC

28 November 2011 attendees

Kevin Claxton, Resilience Manager, NHS Brighton & Hove

Peter Wilkinson, Deputy Director of Public Health, NHS B&H

Colin Lindridge, Interim Deputy Director Adult Services, and Sam Allen, Service Director, Sussex Partnership NHS Foundation Trust

Jess Taylor and Carys Jenkins, Rise UK

Paul Colbran, Head of ICT, B&HCC

Panel members also talked to residents of one housing block and to Kim Philpott, Service Manager, Home Care, B&HCC.

Details of the meetings and the minutes can be found in Appendix 2 to this report.

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2. Background Information

2.1   The Panel set out to look at ways of sharing information regarding vulnerable adults, both in terms of what was happening and what was not. There are many reasons why information was or wasn't shared, but there can also be some reticence around information sharing. There can be the presumption that if one agency was aware of a vulnerable adult, then other organisations would be too but this is not always the case. As this report was being drafted, the Parliamentary Health Select Committee published a report on Social Care. Whilst this was looking at the future of social care and commissioning arrangements, it made the point that often people accessing services were being assessed at different times by non-linking organisations:

> " *The evidence is therefore clear—many older people, and those with disabilities and long-term conditions need to access different health, social care, housing and other services, often simultaneously. Unfortunately the evidence is also clear that these services are fragmented, and those who need to rely on them often find that they are hard to access and that there are inadequate links between them. Indeed, on our [the Select Committee] visits to Torbay and Blackburn with Darwen the Committee heard evidence that before integration it was commonplace for multiple assessments of older people to take place. The result is that assessments are duplicated, opportunities to provide necessary help are not taken and the condition of individual patients deteriorates in many cases where this did not need to happen.*"[3]

2.2   This gives an interesting insight into the difficulties faced when multiple services are dealing with one individual. This Panel was tasked to look at one specific issue that may help to alleviate these difficulties. There are obvious benefits to sharing information (where appropriate) including helping different organisations to work together and preventing individuals being contacted by multiple organisations.

2.3   This Inquiry has not looked at the way different organisations hold and record information in any detail. All agencies and organisations offering support to vulnerable adults are required to keep clear, legible and up to date records of contact, information held and consent given. As discussed later in this report, legislation states that data should only be shared when either, the individual has given consent, or when the situation is such that not to share information would lead to a risk of harm or injury.

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[3] http://www.publications.parliament.uk/pa/cm201012/cmselect/cmhealth/1583/1583.pdf

Definition of 'Vulnerable'

2.4   It was very clear to the Panel that there was no single definition of 'vulnerable'. A person may be vulnerable at one time but not another; be vulnerable to one specific incident, but not another. Witnesses told the Panel that vulnerability can change on a daily basis. We consider this issue later in this report.[4] For the purpose of this Inquiry, vulnerable adults are deemed to be those who, for reason of ill health, disability, frailty, or special circumstance, are more likely to depend on others for their wellbeing.

2.5   The definition provided in the Government Guide "Information Sharing: Guidance for practitioners and managers" is:

> "*a person who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself against significant harm or exploitation.*"[5]

2.6   The Director of Prevention and Protection, East Sussex Fire & Rescue Service and a Panel member, informed the Panel that there was a clear definition of an individual being vulnerable to risk of fire. For example, in terms of mobility, smoking, alcohol and substance misuse, and mental health, the more vulnerable that person was to risk of fire. These factors, linked with old age, sensory impairment and living alone increased that vulnerability considerably.

Data Protection and Consent

2.7   The issue of data protection was central to the Panel's Inquiry. Exchange of data must have a lawful basis and take place within the constraints of the relevant legislation. Overall, the use of data is governed by the Data Protection Act (DPA) 1998. Essential to the issue of sharing of data is that of consent. Many of the data protection issues surrounding the disclosure of personal data can be avoided if the consent of the individual has been sought and obtained.[6] If consent is not given, information may still be shared if it is felt that the public interest is better served by sharing information than by not.

2.8   There is, understandably, a considerable amount of other legislation and guidance that aims to protect people from improper sharing of

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[4] See p16
[5] Information Sharing: Guidance for practitioners and managers. Glossary (from 'Who Decides', Lord Chancellor's Department 1997)
[6] P9 of the draft Draft Sharing Protocol

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information. However, as a result there can be more emphasis on what cannot be done at the expense of what is allowable. In reality, legislation places few constraints on anyone "acting in good faith and exercising good judgement".[7]

Further details of definitions of consent, public interest and confidential information can be found in Appendix 1 of this report.

Information sharing

2.9   Information sharing involves the transfer of information from one agency to another. This can be information that is transferred via electronic means, in paper records, or verbally between partner agencies. This can include the sharing of both personalised and depersonalised information as well as non-personal information. The '*Government Guide to Information Sharing*' notes that:

> "*Information sharing is key to the Government's goal of delivering better, more efficient public services that are coordinated around the needs of the individual. It is essential to enable early intervention and preventative work, for safeguarding and promoting welfare and for wider public protection. Information sharing is a vital element in improving outcomes for all.*" [8]

2.10   The *Guide* sets out seven 'golden rules' for information sharing which can be summarised as:

> 1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately;
>
> 2. Be open and honest with the person about what, why, how, with whom information is shared and seek agreement;
>
> 3. Seek advice if in doubt;
>
> 4. Share with consent where appropriate, and where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest;

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[7] Information sharing and mental health. Guidance to support information sharing by Mental Health Services
[8] HM Government *Information Sharing: Pocket Guide* (Introduction)

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5. Consider safety and well being: base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions;

6. Necessary, proportionate, relevant, accurate, timely and secure: ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely;

7. Keep a record of the decision and the reason for it – whether it is to share information or not.[9]

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[9] HM Government *Information Sharing: Pocket Guide*

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3. Existing Structures and Policies

Regional

Sussex Resilience Forum

3.1   The Civil Contingencies Act 2004 set the framework for civil protection in England and Wales. It created the requirement for plans to be put in place to handle any emergency that might occur. The Sussex Resilience Forum is the regional body that deals with this for Brighton & Hove. They have recently agreed to take forward the 'list of lists' approach to identifying, planning and providing for vulnerable people. This is not a central list of individuals but a list of partners and contact numbers that can be used to gather relevant information in the event of an emergency (see p32).

Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk

3.2   The *Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk* is a Sussex-wide agreement that sets out policies and procedures for safeguarding adults at risk. The result of a joint piece of work between East Sussex, West Sussex, and Brighton & Hove Safeguarding Adults Boards, it has been agreed by B&HCC and partners in Heath, the Ambulance Service and Sussex Police. It sets out a range of procedures, including those for sharing information. It states:

> "*Effective information sharing between organisations is essential to safeguard adults at risk of abuse, neglect and exploitation. This could include statutory and independent sector organisations involved in all aspects of adults safeguarding work.*"[10]

Brighton & Hove

Brighton & Hove Safeguarding Adults Board

3.3   The *Safeguarding Adults Board* is the multi-agency partnership that leads the strategic development of safeguarding adults work in Brighton & Hove. It includes the Sussex Partnership NHS Foundation Trust, the Partnership Community Safety Team, NHS Sussex, Sussex Community NHS Trust, South East Coast Ambulance Services, East Sussex Fire & Rescue Service, Sussex Police and Brighton & Hove City Council.

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[10] Sussex Multi-Agency Policy and Procedures for Safeguarding Adults at Risk, (p77 of p167) part2, p37

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Data Sharing Protocol – Brighton & Hove Strategic Partnership

3.4   A substantial amount of work has gone into developing a data sharing
       protocol under the auspices of the Local Strategic Partnership. This
       has recently been signed by the Police, the NHS and B&HCC. The
       protocol is a high level document that aims to facilitate the sharing of
       information between the private, public and voluntary sectors so that
       members of the public receive the services they need. The aims
       include: to emphasis the need to develop and use Data Exchange
       Agreements; to support a process which will monitor and review all
       data flows; and to encourage data flows. The Protocol notes that the
       specific purpose for the use and sharing of information will be defined
       in Data Exchange Agreements.[11]

Brighton & Hove City Council's Corporate Plan

3.5   One of the outcomes from the tackling inequality section of the
       Corporate Plan is "vulnerable adults supported to live healthy,
       independent lives". There is an obvious place for information sharing
       in meeting this objective.

Staff Survey

3.6   As this Inquiry was underway, the annual B&HCC Staff Survey (2011)
       asked two questions around protecting people's data. The responses
       to this indicate that within the council, knowledge of appropriate data
       sharing was good.

           *48% of respondents <u>strongly</u> agreed with the statement "I know
           my personal responsibilities when handling personal
           customer/client information", 46% agreed and only 3%
           disagreed.*

           *In response to the statement "I know the rules for sharing
           personal customer/client information with other people" 45%
           <u>strongly</u> agreed, 46% agreed and only 5% disagreed.[12]*

Brighton & Hove City Council's ICT Strategy

3.7   B&HCC's ICT Strategy acknowledged that there were more than 300
       applications in use across the council. This vast number was a key
       issue preventing data from being joined up across applications.[13]

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[11] P4 of draft data sharing protocol. (Electronic copy)
[12] B&HCC staff survey 2011
[13] ICT Strategy p4

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3.8   The strategy states:

> "*The current system is costly to maintain and is a barrier to interoperability and information sharing which are critical requirements for delivery of intelligence commissioning and the wider ambitions of "a council the city deserves."*

3.9   Paul Colbran, Head of ICT for B&HCC gave evidence to the Panel and this is reflected later in this report.

Multi-Agency Risk Assessment Conferences (MARAC)

3.10   MARACs are multi-agency meetings where statutory and voluntary agency representatives meet to share information about high risk victims of domestic abuse in order to produce a co-ordinated plan to increase victim safety. The role of the MARAC is to provide a forum for effective information sharing and partnership working. The evidence the Panel heard about the MARAC in Brighton & Hove is reflected in the evidence later in this report (see p19).

Families with multiple disadvantages

3.11   The Government recently announced a new Troubled Families Team within the Department for Communities and Local Government. In December 2011, additional resources totalling £448m over the next three years were announced for this programme. The Panel understand that work to date in Brighton & Hove has focussed on taking this initiative forward in the local context, responding to the particular needs of the city. This work has focussed upon sharing of information from partner agencies with a clear recognition that front line practitioners need to meet to both share information and target resources better.

4. The Panel's findings

Shared Vulnerability Database

4.1   When this Panel was first set up, the idea of a shared vulnerability database that would enable professionals to access information on an individual case, and know what other organisations held data on that individual, was considered. However, it became clear that there were so many databases in operation, so many different definitions of vulnerablity, and so many issues over who would hold the data and be responsible for it, that a shared database was not a feasible option.

4.2   Many witnesses expressed concern over the idea of one shared vulnerability register. Denise D'Souza, Director of Adult Social Services and Lead Commissioner, People, told the Panel that any such register would be quickly out of date and there were issues around how it was held and where. She commented:

> "*There was also the question of who was vulnerable: it was not possible to keep an update list as needs changed and vulnerability can change on a daily basis*".[14]

4.3   David Dugan, General Manager, Sussex Partnership NHS Foundation Trust (SPFT) agreed that there were problems with the concept of a shared database: vulnerability in mental health was contextual and fluctuated.[15] Guy Montague-Smith, Access Point Operations Manager, B&HCC, noted that different organisations looked at issues in different ways so it would be very difficult – and cost prohibitive – to try and create a central system that would work for everyone.[16]

4.4   The difficulty in defining who is 'vulnerable' was highlighted in information supplied by Access Point, the agency that receives all new referrals for Adult Social Care support. They provided information showing that Access Point had a significant number of Safeguarding Adults at Risk (SAAR) alerts that were not actually safeguarding issues (129 or 36% of the total). This number has increased from the same period the previous year (24). Access Point stated:

> "*.. these figures relate directly to an increasing trend of alerts from the Police and SECamb that are not SAAR but related to self-neglect, substance misuse or mental health issues*".[17]

4.5   The figures showed that there were a number of safeguarding referrals made to Access Point that were not actually safeguarding issues.

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[14] 7 November 2011 minutes
[15] 7 November 2011 minutes
[16] 18 October 2011 minutes
[17] Access Point written submission

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Differing definitions in use for who is 'vulnerable' are no doubt behind the figures but there may also be an issue around further training over what is deemed to be a safeguarding alert. Despite this apparent confusion over terminology, it is also clear that all people who are referred need help. Further consideration should be given as to how this can best work. Safeguarding alerts were not intended to identify vulnerable adults.

Existing databases

4.6 There are currently a number of non-interoperable databases all holding information on potentially vulnerable adults. GPs, the Sussex Police Force, ESFRS, the Housing team, Health bodies, and third sector agencies, all hold information on their own systems.

4.7 The Panel were given the following examples:

- DCI Laurence Cartwright of Sussex Police explained that the Anti-Victimisation Unit of the Police used a simple database called *Sharepoint* that could be searched by name and address. This recorded all Vulnerable Adults at Risk (VAAR) and was accessible only by authorised police users. A huge number of cases were recorded and the system worked well for that purpose: it was more difficult to see how well information dissemination worked.[18]
- ESFRS hold generic profile information against the 'vulnerable to fire' definition on a system known as the *Cube*.
- Amaze, the charity working with parents of children with special needs, runs a database called *The Compass* on behalf of B&HCC. This is a register of children with disabilities or special needs from birth to age 20. In addition, they collate information on parents who use their Disability Living Allowance service: this information was only shared in the form of anonymous data.[19]
- Since the national IT programme for health had been stopped, there were a number of databases within the health services, for example GPs, district nurses, and community nurses had their own databases.[20]
- B&HCC's housing team use the *Open Housing Management System* (OHMS): housing is considered later in this report.

4.8 The Head of ICT, B&HCC, explained that the new ICT strategy focussed on what was currently available and how it was used. There were a range of systems that did not join up. Additionally, when systems did not meet the demands of the users, people took out the bits they needed, leading to multiple systems and no single core

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[18] 18 October 2011 minutes
[19] Email from Amaze
[20] 28 November 2011 minutes

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system.[21] He gave the example that a customer record could be found in 14 or 15 different places with different spellings. A key question when looking at IT systems was not what system do you need, but what information do you need to do your job?

4.9 The issue of non-interoperability was highlighted by the systems used by Adult Social Care (CareFirst) and by the Mental Health Teams (ECPA[22]). Adult Social Care use CareFirst, which holds information from the point of referral, through casework to services provided for an individual. This system went live in B&HCC in 2001 so whilst it is 'fit for purpose' it does have a number of anomalies. Anecdotal evidence suggests that individuals may be on more that once, under different spellings or if they have received care packages at different times. It is not able to be 'tiered' to enable differing levels of access. In an ideal world, the Panel would recommend that CareFirst be overhauled to better reflect the needs of the users, including interoperability with other systems. However, resources today mean this is an unrealistic ambition.

4.10 CareFirst does not interface with ECPA, the electronic clinical system used by other teams including the Mental Health teams. The Operations Manager of Access Point gave the example of having to wait 8 months to be granted access to ECPA when the designated Mental Health worker in his team was absent. This had caused frustration and delays in helping people.[23] Philip Tremewan, Safeguarding Adults Lead of Sussex Community Trust told the Panel that working across a number of local authorities with their own databases and systems was challenging.[24]

4.11 Brian Doughty, Head of Assessment, Adult Social Care, noted that his team had limited access to the Mental Health database and this could cause problems. There was no formal agreement with the Sussex Partnership NHS Foundation Trust which made it difficult to access information on mental health cases. Colin Lindridge, Interim Director Adult Services, Sussex Partnership NHS Foundation Trust told the Panel that staff from social care teams who had 'honorary' contracts with the Trust were given access to the recording systems.

4.12 The Brighton & Hove Safeguarding Adults Board Annual Report 2010/11 stated that:

> " .. *ensuring robust arrangements are in place with services provided through S75 arrangements, where different IT systems are in use, continues to be a challenge and is subject to ongoing review*".[25]

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[21] 28 November 2011 minutes
[22] Electronic Care Program Approach
[23] 18 October 2011 minutes
[24] 7 November 2011 minutes
[25] P18 Annual Report 2010/11

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4.13   Operating within a Section 75 Agreement means organisations should be working as an integrated team, yet they are using non-interoperable databases.[26]

4.14   There are obvious sensitivities and issues around consent. However, in light of the fact that there is unlikely to be a single database for Adult Social Care and Mental Health teams in the foreseeable future, steps should be taken to facilitate information sharing by increasing shared access across the existing databases. This may take the form of examining the existing protocols for allowing access, taking further advice from all the Caldicott Guardians involved to come to an agreed way forward. [27] A nominated person in both the Adult Social Care Team and the Mental Health Teams could act as a first point of contact.

RECOMMENDATION 1: Adult Social Care and Mental Health services are using separate non-interoperable databases, creating difficulties in responding quickly to individual cases. Easier and quicker access across these separate databases is required and ways of doing this must be considered. For example, a nominated person in each team could be given access to both databases and act as a central point of reference. In the longer term, better ways of working should be considered by the Health and Wellbeing Board, which will have a statutory duty to foster improved co-working across health and social care.

Information sharing

4.15   The Panel heard that data sharing at a 'high-risk' level was generally good. Witnesses told the Panel that the Multi-Agency Risk Assessment Conference (MARAC) system was largely working well. Meeting twice a month to consider cases of domestic violence, MARACs involved face-to-face discussions aimed at both prevention and at dealing with crisis-cases.[28] Recently, the Arson Reduction Team had started attending MARACs and now the risk of arson was discussed in each case.

4.16   Rise UK provided a case study that illustrated the difficulties around co-ordination and sharing information (see p21). Rise agreed that

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[26] Section 75 arrangements are statutory legally binding agreements to share commissioning or provision of services between the NHS and the local authority.
[27] Caldicott Guardians are nominated 'guardians' of person-based information. Their role is to oversee the arrangements for the use and sharing of clinical information.
[28] MARACs are multi-agency meetings where statutory and voluntary agency representatives share information about high risk victims of domestic abuse in order to produce a coordinated action plan to increase victim safety. The role of the MARAC is to provide a forum for effective information sharing and partnership working amongst a diverse range of adult and child focussed services in order to enhance the safety of high risk victims and their children.

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MARACs were a useful forum for sharing information and developing links, although they did make the point that a client can feel disempowered if they are not kept fully informed as they did not attend the MARAC themselves.[29]

4.17 The Director of Adult Social Services told the Panel that improvements could be made at a lower level. She agreed that they "were not sharing systematically for less high-risk people".[30] Annette Kidd, Head of Secondments at the Sussex Partnership NHS Foundation Trust agreed that with lower risk cases information sharing was not as frequent. Sam Allen, Service Director, Sussex Partnership NHS Foundation Trust, commented that the big issue was lower risk cases. A person who was considered a high risk case would have many agencies involved; it was lower risk cases where there was a need for more information sharing.[31] In addition, as every organisation had its own information system, it was very difficult for a care worker to access all the relevant information.

4.18 The Director of Adult Social Services gave the example that there were a range of vulnerable people known to Mental Health services but who were not known to Adult Social Care.[32] This was reflected elsewhere in the evidence: there was information held by one organisation that was not shared, either formally or informally, with other organisations. GPs held some information, but A&E information is not necessarily reported back to GPs or to Adult Social Care.

4.19 DCI Kemp from Sussex Police reported no significant problems around information sharing, although he noted that there had been one or two examples when, during a large investigation, they had not been aware of an individual's existing vulnerabilities.[33] The General Manager of the Sussex NHS Foundation Partnership Trust (SPT) told the Panel that they had a Trust-wide policy for information sharing but this did not include the fire service. He agreed to examine this option.[34]

4.20 Witnesses also raised the issue of individuals not wishing to have certain elements of their personal information shared. In her role as Caldicott Guardian, Denise D'Souza determined whether other agencies could have access to the CareFirst data. In the majority of cases, she refused access. CareFirst can not be tiered so if someone has access then they have access to all the information on there, which was often not desirable.

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[29] 28 November 2011 minutes
[30] 7 November 2011 minutes
[31] 28 November 2011 minutes
[32] 7 November 2011 minutes
[33] 18 October 2011 minutes
[34] 7 November 2011 minutes

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4.21   Witnesses generally felt that the way forward was more collaborative working.[35] The General Manager of the SPFT informed the Panel that there was a pilot scheme underway around information sharing with the Anti-Social Behaviour team. This would create a route into different teams with clearly identified names in organisations.[36] Additionally, there was a weekly hub meeting about the most vulnerable high risk substance misusers which also involved other organisations such as the police and housing.[37]   These are both good examples of inter-agency and partnership working. **The Panel are very clear that the way forward in sharing information regarding vulnerable adults is in partnership working, in networking and in ensuring organisations are in regular contact at a professional level. This may necessitate relationship management by council officers in order to ensure existing relationships are built on and expanded.**

4.22   The example was also given of the information that the Police may hold over time and whether that information could be shared. The General Manager of the SPT told the Panel that they were interested in whether the Police had a formal recording system for how often they visited a property and if that information could be shared.[38]

4.23   Following the Panel's meetings, witnesses agreed to share information, best practice and training between themselves. ESFRS and the SPT both arranged to make contact with Rise UK to offer training and information sharing opportunities. **The Panel were delighted to facilitate this information sharing.**

4.24   Witnesses told the Panel that information sharing had improved over the years. The Director of Adult Social Services summed it up as the concept that it was better to share information than to end up in the Coroner's Court because information wasn't shared. [39] **The Panel are of the opinion that between the organisations that they spoke to, there was the impetus for further information sharing. Some protocols are already in place but mechanisms need to be found for enabling further sharing.**

4.25   Jess Taylor of Rise UK agreed that there was a challenge around co-ordination and resources in cases of low to moderate need. They had experiences of cases being closed because they did not meet the threshold to access services from Adult Social Care. She went on to say that it was difficult to get things actioned and co-ordinated in low to moderate cases.[40]

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[35] Eg 28 November 2011 meeting
[36] 7 November 2011 minutes
[37] 7 November 2011 minutes
[38] 7 November 2011 minutes
[39] 7 November 2011 minutes
[40] 28 November 2011 minutes

Case Study 1 – provided by Rise UK

Working together with vulnerable adults
Names have been changed to protect the client's identity

"Michelle was re-referred to Rise's IDVA[41] service in January 2011. At this time, her ex partner Martin was in prison for an assault against her. She was re-referred as he was soon due for release and there had been a further incident believed to be perpetrated by one of his associates. A risk assessment prior to her referral indicated that Michelle was at high risk of serious harm / homicide from Martin / his associates. Michelle also had other complex needs including mental health issues, self harm and substance misuse. Michelle suffers from anxiety especially when placed in unfamiliar circumstances, depression and possibly bi polar although this had not formally been diagnosed as a result of her level of drinking. As a result of these additional needs, it was difficult to engage with Michelle as she was often chaotic and found it hard to attend appointments. She found it difficult to discuss issues in relation to domestic violence. From her perspective, it was her needs around her mental health, substance misuse and housing that were the most prominent for her. When we first started working with Michelle, she was engaged with community mental health services. However, when her worker left, she started to disengage with this service. At this time, she disclosed the violence from another perpetrator and that she found it hard to attend appointments. Due to non-attendance, community mental health closed her case.

As the date for Martin's release drew closer and she began receiving contact from probation in relation to his release. Her mental health also deteriorated and over the summer period, she regularly self harmed and attempted suicide on at least three separate occasions. The first of these attempts occurred while she was still engaged with mental health services. One each occasion, she was assessed by mental health's duty worker and then released. Once her case had been closed to mental health, she would inform her IDVA that she wanted mental health support. When we contacted mental health, we were advised to re-refer her to her GP.

Michelle felt that with her multiplicity of needs each agency was only concerned with their area / remit and that there was no one in particular who could coordinate this, especially when there were competing priorities. We discussed the possibility of a Common Assessment Framework (CAF) and Michelle though this was a good idea and so we started the process. However, we later learnt that CAFs could no longer be completed for single adults. Instead, we organized a Strategy meeting for Michelle and the professionals who worked with her to meet and have a forum to work together with Michelle as the guiding force. We sent invites to varying agencies and several attended. Unfortunately, substance misuse and mental health did not attend and Michelle found this very frustrating.

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[41] IDVA is the Independent Domestic Violence Advisory Service

> *In September 2011, we referred Michelle to the Rise community outreach service. They are currently working with Michelle and still trying to put mental health and substance misuse support in place and to coordinated social care services for the client.*
>
> ***Some issues raised by evidence***
>
> - *Where there is a multiplicity of needs, clients may get shifted between different services, with no one service acting as lead agency*
>
> - *Better communication between services would have enabled a better outcome for the client*
>
> - *It was difficult for Rise to implement the support in relation to our specialism, safety planning, without the involvement and support of other agencies, like substance misuse and mental health.*
>
> - *It was felt by Michelle and IDVA that structure and coordination of services were required. We felt that this would save time for all agencies in the long-term as we would hopefully have to open and close the case less frequently and it would enable a consistency of approach and containment for Michelle. It was not possible to arrange a CAF for a single person without children under the age of 18 and our own 'strategy meeting' was not successful as not all agencies attended. If we had jointly agreed an action plan with Michelle steering the group in line with her wishes, it could have been a more empowering process for her and more effective for all."*

4.26   Given all the evidence the Panel received, and notwithstanding that there were examples of good practice, the Panel recommends that regular meetings are set up, mirroring the arrangements for the MARAC to ensure that information sharing occurs in lower risk cases. This would be wider than domestic abuse and would serve as a forum for representatives from the police, the fire service, health bodies, adult social care, housing, mental health, GPs and the community and voluntary sector to have the opportunity to meet and discuss issues arising. Obviously not every case or individual who was deemed vulnerable could be discussed as this would quickly overload meetings. Professionals should use their judgement if someone has presented to them more than once recently, or if they feel it is likely that another agency could have relevant information concerning that individual.

4.27   This may necessitate a change to the protocols for gaining consent. It is best practice to set out clearly an organisation's policy on sharing information when a service is first accessed. If this is a multi-agency service, explicit consent for information sharing would usually be involved and would cover all the agencies within the service. However, for agencies outside of the multi-agency service additional consent

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would need to be given. Nonetheless, organisations will already ask people for their consent to share information with partner organisations and it would be a case of clarifying this initial consent process.

4.28 Nationally, there are examples of a similar type of multi-agency working that could be examined. A number of places, including London and Norfolk have created Multi-Agency Safeguarding Hubs (MASH).[42] In Devon, the MASH mainly deals with safeguarding children: it was set up by the Devon Safeguarding Children's Board after an audit had found that key information was not being shared between agencies. The MASH provides:

> *".. information sharing across all organisations involved in safeguarding – encompassing statutory, non statutory and third sector sources. Essentially the hub will analyse information that is already known within separate organisations in a coherent format to inform all safeguarding decisions."[43]*

4.29 The Devon MASH was launched in April 2010 and includes representatives from the police, children's social care, probation, health, adult and community services, mental health services, and the Ambulance Service. The explanatory leaflet notes that once all the processes concerning safeguarding adults are refined, the Devon MASH will embed the same protocols in the safeguarding of adults.

RECOMMENDATION 2: A Multi-Agency Risk Assessment Conference (MARAC) should be set up to discuss lower-risk cases. Meeting regularly, this group would share information on cases that are presenting as potentially at risk to more than one agency, but which have not yet triggered the threshold for crisis services.

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[42] In Norfolk The MASH service is a multi-agency information sharing hub that both physically and virtually co-locates key professionals to facilitate early, better quality information sharing, analysis and decision making in order to more effectively safeguard vulnerable children and young people. http://www.nscb.norfolk.gov.uk/documents/NewsletterNov%2011_Final.pdf The London Safeguarding Children Board is supporting an ongoing initiative to roll out Multi-Agency Safeguarding Hubs across London, with pilots already underway in a number of areas. The London Safeguarding Children Board is supporting an ongoing initiative to roll out Multi-Agency Safeguarding Hubs across London, with pilots already underway in a number of areas.
[43] http://www.devon.gov.uk/mash-leaflet-april2011.pdf

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Potential low level MARAC structure
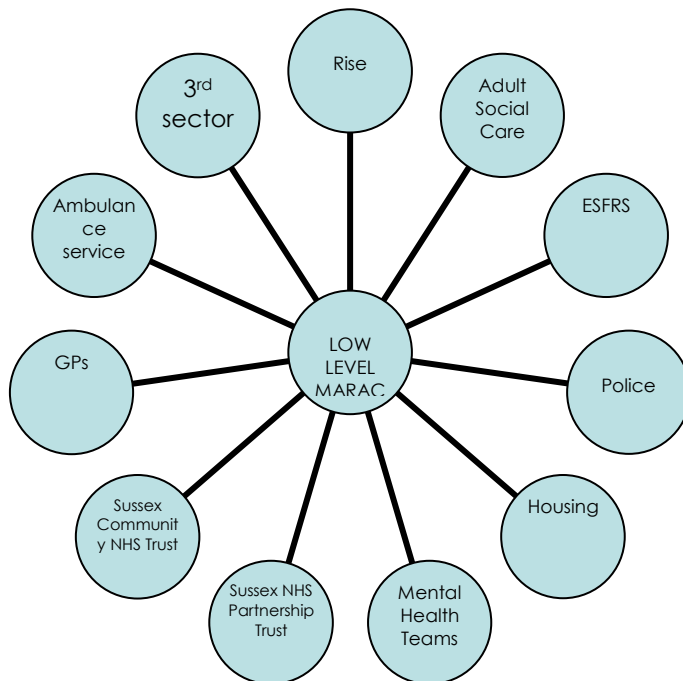
4.30 As the Clinical Commissioning Group take on the role of commissioners and commission health services for the city, as well as providing GP services, the impetus will increase for information that is already collected, to be used proactively. It is important that the structures are in place for this to work.

Diagram of interrelated working

4.31 The new Health and Wellbeing Board (HWB) will be operating as a shadow body for a year from April 2012. The links between this, and/or the committee with control over operational health issues within the B&HCC's new governance arrangements, and a low level MARAC should be explored.
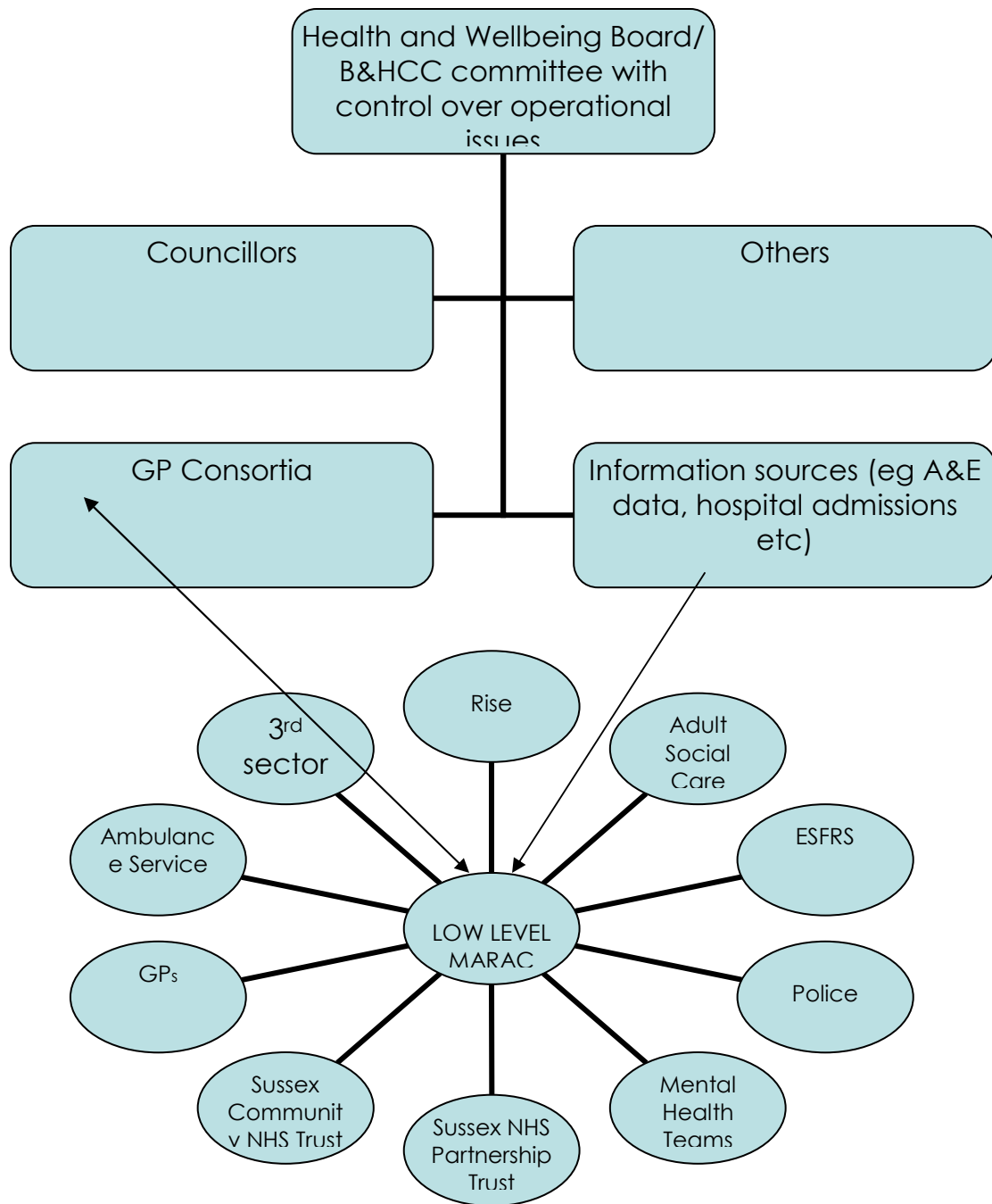
Risk Assessments

4.32   The Director of Prevention and Protection at ESFRS told the Panel that ESFRS were often reliant on other agencies informing them of vulnerable adults at risk of fire and making a referral to them to enable a Home Safety Visit to be undertaken. A recent fatal fire had involved an individual known to Adult Social Care who was someone who should have been referred to the fire and rescue service but was not.

The Director of Adult Social Services told the Panel that Adult Social Care officers did a risk assessment when they entered someone's home but that did not include picking up indicators that a person may be susceptible to risk of a fire (for example, someone who smoked, who had alcohol problems and mental health problems would be more at risk). The Director of Adult Social Services agreed that Adult Social Care could work more closely with the fire and rescue service. With the assistance of ESFRS, Adult Social Care staff could be trained to look for indicators that there was a risk of fire when they carried out their initial risk assessments. If the risk assessment indicated a risk of fire, the individual concerned would be asked for their consent to allow the fire and rescue service to come and discuss fire safety measures in their home to make them safer and to support independent living.

RECOMMENDATION 3: The initial risk assessment carried out by Adult Social Care should include noting any indicators that the individual may be particularly vulnerable to risk of fire. With the individual's consent, that information should be shared with East Sussex Fire & Rescue Service. Protocols should be put in place to ensure the fire and rescue service are routinely informed when there is a potential risk to enable them to put preventative measures in place.

Housing

4.33 Rachel Chasseaud, Head of Tenancy Services, B&HCC, told the Panel that the Housing team used the Open Housing Management System (OHMS). This database was an old system and there was currently no good way of storing information about vulnerability. There was a checklist to record equalities information and some information about vulnerabilities – if permission had been given to record that. A 'Vulnerable Adult' project had recently started in Housing looking at the existing systems and carrying out a gap analysis and risk assessment. The Panel were told that Mears, the contractors employed to carry out repairs on council properties, operated their *own* property focused database to log and manage repairs. Mears currently ask questions about whether a resident requires additional support with a repair and record this in their database. If their operatives note that a resident appears vulnerable or in any difficulty then they refer this information back to the council.

RECOMMENDATION 4: Although there are issues over the definition of 'vulnerability', consideration must be given to creating a system that allows Mears staff to flag up when a person is particularly vulnerable. A system should be set up to ensure feedback from Mears is consistent.

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4.34 During the course of this inquiry, there was an emergency incident involving a flood and a fire at a sheltered housing building. A team was very quickly set up and plans put in place for a rest centre in case residents needed to be evacuated. The information sharing and team work in co-ordinating the response worked well and was greatly helped by the Scheme Manager who was on site and had up-to-date information on who was most vulnerable and where flats were vacant. The contingencies team worked closely with the team at the sheltered housing and they provided information on who to contact and where resources could be located. This situation was an example of good practice and partnership working. **Emergency events such as these highlight the need for efficient team working, awareness of where the necessary information is, and knowledge of who to contact for a range of issues including, supplies, assistance and resources.**

4.35 A second emergency housing incident involved a loss of electrical power to a 19 storey block of flats. Whilst there was much that worked well in this case, and residents were keen to praise officers and Councillors, the Panel felt there were some lessons to be learnt.

Case Study 2 – major housing incident

There was a major incident involving council housing that was brought to the Panel's attention. It involved the loss of electrical power which meant that both lifts in a 19 storey block of flats ceased to operate. In addition, there was no corridor or landing lighting for the first 6 floors.

Residents had some concerns about the length of time it took to carry out the repair and felt there could have been better communication between them, the housing office and contractors. On the issue of information sharing regarding vulnerable adults, in this incident the Housing (OHMS) database provided sufficient information for a community warden to be aware of the majority of vulnerable adults. For exceptionally vulnerable people, officers contacted Carelink who had access to CareFirst and the person's care package. The residents who spoke to Panel members were full of praise for both the Housing Officers and the Councillors who were on hand to help residents access their flats, provide reassurance, and to provide water to the upper flats when the water supply failed.

In summary, there were some areas where systems worked and Housing Officers were clearly working hard to resolve the issues as they arose. There is no indication that information sharing was faulty.

RECOMMENDATION 5: Following an emergency housing incident, there are standard debrief meetings to discuss what worked well and what needed improvement. It is important that this continues and there is cross agency involvement as appropriate.

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Communications

4.36   DCI Kemp of Sussex Police told the Panel that they referred adults to Adult Social Care by fax.[44]   There was an issue around secure email: it had only recently been put in place for children's services. The Operations Manager of Access Point highlighted the use of faxes as a problem for them. Some faxes were undecipherable and often individuals had not been asked for their consent to share the information.   He told the Panel:

> "*There are major issues on how Safeguarding Adults at Risk (SAAR) alerts are sent across to Access Point, particularly the quality of handwritten faxes, which are often difficult or impossible to read. This is extremely time-consuming when attempting to decipher what is being reported and causes delays in processing alerts.*".[45]

4.37   The Panel believe that the use of faxes as a means of communicating alerts on vulnerable adults should cease. Faxing is not a secure means of communication, nor does it lend itself easily to creating an audit trail to follow a referral from start to finish.

RECOMMENDATION 6: The use of faxes between organisations in reporting vulnerable adults must be replaced immediately by a more secure and unambiguous system. Given that agencies working with adults at risk are all part of the government's secure email system, it seems ludicrous that referrals are not sent by email. The Panel recommends that whatever obstacles currently exist to prevent the use of emails are removed as a priority.

Secondments

4.38   The Panel were told that there had been a member of ESFRS Community Safety Team who had been on secondment to Adult Social Care. ESFRS had found this extremely helpful and had seen a significant rise in referrals of very vulnerable people as a result. The Director of Adult Social Services agreed that the secondment had worked well. The Professional Lead for safeguarding for the SPFT told the Panel that there were a number of social workers seconded into different areas, including mental health, older people and substance misuse. Witnesses agreed that the idea of rotational secondments in all key partners working with vulnerable adults was worth exploring. It would allow people to share experiences, if not personal data.[46]

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[44] 18 October 2011 minutes
[45] Access Point written submission
[46] 18 October 2011 minutes

RECOMMENDATION 7: Adult Social Care and East Sussex Fire & Rescue Service (ESFRS) should consider supporting a further secondment of a member of ESFRS into Adult Social Care. Seconding members of staff from partner organisations is always a useful way of learning across organisations. Rotational secondments across key partners should be considered when looking at future ways of working.

Patchwork initiative

4.39   The Panel heard about an initiative underway in Children's Services to help co-ordinate information on children and young people. Known as "Patchwork" the project is developing a secure web application that aims to re-invent the way information is shared by local public services. It will provide an opportunity for professionals who are supporting a child or young person to be able to find one another and connect. By better "joining up the dots", Patchwork aims to improve information sharing within and between agencies by supporting better human relationships.

4.40   The Programme Manager in Brighton & Hove stated:

> "*The interviews we did with practitioners in the lead-up to this project made it very clear that many things get in the way of working together effectively with families. It is difficult to know who's involved and build the network up. It's even harder to maintain good quality multi-agency networks and ensure well co-ordinated support and intervention.*"[47]

4.41   The application will be tested and designed from February 2012 by front line staff working across children's services, housing, community health, neighbourhood policing, fire and rescue, general practitioners and community and voluntary sector organisations. The level of interest from partners has been extremely high. The Panel learnt that detailed work around information governance issues had been successful and provided a sound basis for future development. Next steps will include examining the information governance issues around adults and "family networks" with the aim of showing the service involvements of each individual in the family group, and helping professionals better co-ordinate themselves.

4.42   Staffordshire County Council are a partner in the project and it is expected that Surrey County Council will soon join. The Panel were told:

> "*The technology development approach is "front-line led" and incremental, meaning that vital functionality can be delivered*

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[47] http://patchworkhq.com/2011/11/04/working-better-together-through-technology-brighton

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quickly with relatively low risk and additional functionality can be developed step-by-step, allowing the complex issues around multi-agency working to be accounted for."[48]

RECOMENDATION 8: The Patchwork programme allows one organisation to see which other organisations hold information on a particular individual. This appears to be an excellent initiative and the Panel would welcome feedback from the early trials. We recommend that this initiative is rolled out to Adult Social Care as soon as possible.

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[48] Email from the Programme Manager, B&HCC

5. Community working

Emergency Planning and Resilience

5.1   Currently, there is a national drive to look at empowering communities and individuals to help keep themselves and others safe. The idea of 'community resilience' is that communities use local resources and knowledge to help themselves during an emergency in a way that complements the local emergency services. [49] Resilience is defined as "the capacity of an individual, community or system to adapt in order to sustain an acceptable level of function, structure and identity". The *Annual Report of the Director of Public Health* 2010 explores community resilience in Brighton & Hove. It states*:*

> *"..greater resilience has the potential to realise benefits not just in terms of physical and mental wellbeing, but also in terms of economic development*."

5.2   In the context of this Inquiry, the issue of 'resilience' was touched upon tangentially. The idea that individuals could be encouraged to create their own 'mini resilience plans' was mentioned. The Sussex Resilience Forum was looking at personal resilience plans and how to encourage them.[50] In the future there may be a role for B&HCC to encourage people to look at in what circumstances they are most vulnerable (for example, bad weather, public sector strikes, power outages) and to plan accordingly.

5.3   B&HCC have recently finished a consultation on Neighbourhood Councils and plan to run a pilot scheme in the summer of 2012. **As and when the Neighbourhood Councils go ahead, the concept of personal and community resilience plans could be considered.**

List of lists

5.4   Kevin Claxton, Resilience Manager, NHS Brighton & Hove explained that there were two distinct issues in emergency planning: ensuring careful communication around vulnerable people; and sharing information. Often partners looking at emergency planning found these difficult to resolve. When the PCT was working with partners to create a workable plan to deal with a flu pandemic, they found it difficult to ascertain who was vulnerable. Additionally, any list would be difficult to maintain and would quickly go out of date. Consequently, the idea arose of using a 'list of lists' approach. A list of lists is not a central list of individuals but a list of partners and contact numbers that can be used to gather relevant information in an emergency. This would

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[49] http://www.cabinetoffice.gov.uk/content/community-resilience
[50] Minutes 28 November 2011

include a list of organisations that hold and maintain data on vulnerable people, including the types of vulnerability.

5.5   Using this system, when an emergency arises, procedures and systems were in place to generate information on who was vulnerable at that time. [51] For example, during any flu pandemic, GPs would provide information to identify who needed vaccinations, or needed specific services. It was noted that GPs would be reluctant to share this information without consent however.

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[51] 28 November 2011 minutes

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6. Conclusion

6.1   This report has looked at what information sharing regarding vulnerable adults already exists. There are some areas of good practice, some good partnership working, but also some (often IT based) problems that are unlikely to be solved easily. There is no panacea and this report can not realistically provide one. However, this report does make recommendations that are aimed at encouraging better understanding of information sharing, the benefits it can bring, and steps that can be taken to increase appropriate sharing.

6.2   Safeguarding vulnerable adults and enabling them to access appropriate services means that good communication, co-operation and liaison between agencies is essential.   Clear procedures which promote the interests of vulnerable adults, their families and caregivers must be in place. Whilst this appears to be happening at the level of high risk cases, it is widely accepted that information sharing regarding vulnerable adults who are at lower risk is not as good as it could be.

RECOMMENDATION 9: The Director of Adult Social Services should create an action plan, based on the recommendations in this report. This plan should be reported to the appropriate scrutiny committee within twelve months. This should be discussed with the new Health and Wellbeing Board and/or the relevant council committee as appropriate.

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APPENDIX 1

DEFINITIONS AND GLOSSARY

Caldicott Guardians

The 1997 report of the *Review of Patient-Identifiable Information* (known as the Caldicott report after the Chair, Dame Caldicott) made a number of recommendations regulating the use and transfer of "person identifiable information" (in other words not anonymous data) between NHS and non-NHS bodies. This included all information that was shared that was not for direct care, medical research or where there was a statutory requirement to share. The aim was to ensure that sharing was justified and only the minimum was shared. The central recommendation of the Caldicott report was that each NHS organisation (and subsequently Councils with Social Care Responsibilities) needed to appoint a 'Guardian' of person-based information to oversee the arrangements for the use and sharing of clinical information.

The Panel heard from Alistair Hill, a former Caldicott Guardian for the Primary Care Trust and Denise D'Souza, Caldicott Guardian for Adult Social Care in Brighton & Hove City Council.

Confidential information - is information that is not normally in the public domain or readily available from another source, it should have a degree of sensitivity and value and be subject to a duty of confidence. A duty of confidence arises when one person provides information to another in circumstances where it is reasonable to expect that the information will be held in confidence.[52]

Consent is agreement freely given to an action based on knowledge and understanding of what is involved and its likely consequences.[53]

Consent can be expressed either verbally or in writing – the latter is preferable since it reduces any likelihood of scope for future problems. Consent must also be informed: that is, when someone agrees to information sharing they must understand how much is shared, why, with whom, and what may be the implications of not-sharing. Additionally, consent can be withdrawn at any time.

The government's guide to information sharing states that:

> "*..you may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest".[54]*

Human Rights Act 1998 - Article 8 of the Human Rights Act covers an individual's right to privacy. It states: "Everyone has the right to respect for his

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[52] P 32, Information Sharing: Guidance for practitioners and managers
[53] P 32 Information Sharing: Guidance for practitioners and managers
[54] Information Sharing pocket guide rule 4 for sharing information

private and family life, his home and his correspondence".[55] Any breach of this right must be justified. The Guidance states that courts have taken the view that they would only intervene if the decision to disclose information was palpably unreasonable and disproportionate to the circumstances.[56]

Open Public Services White Paper, July 2011 commits the Government to ensuring that datasets the Government collects are open and accessible. The Government Digital Service (GDS) will develop a digital marketplace, opening up government data, information, applications and services to other organisations, including the provision of open application program interfaces for all suitable digital services.

Personal data (or personal information) means data which relates to a living individual who can be identified: (a) from that data; or (b) from that data and other information which is in the possession of, or is likely to come into the possession of, the data controller.[57]

Public interest is defined as the interests of the community as a whole, or a group within the community or individuals. The "public interest" is an amorphous concept which is typically not defined in legislation. The examples given in the definition of the public interest test are currently accepted common law categories of the public interest.[58]

Public interest test in this context is the process a practitioner uses to decide whether to share confidential information without consent. It requires them to consider the competing public interests – for example, the public interest in protecting individuals, promoting their welfare or preventing crime and disorder, and the public interest in maintaining public confidence in the confidentiality of public services, and to balance the risks of not sharing against the risk of sharing."[59]

Section 75 arrangements are statutory legally binding agreements to share commissioning or provision of services between the NHS and the local authority.

Sussex Multi-Agency Public Protection Arrangements (MAPPA)
The Criminal Justice Act 2003 created a 'duty to cooperate' on health and other agencies during the supervision of people in the community with mental health problems. Strictly speaking, this is a duty to co-operate with a process not to divulge information but it has been seen that effective working

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[55] Information Sharing and Mental Health, Guidance to support information sharing by Mental Health Services, p16
[56] Information Sharing and Mental Health, Guidance to support information sharing by Mental Health Services, p17

[57] Information Sharing: Guidance for practitioners and managers
[58] P34 Information Sharing; Guidance for practitioners and managers
[59] Information Sharing: Guidance for practitioners and managers

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relationships and such things as a single point of contact allow the exchange of information in urgent situations has worked well.[60]

ACRONYMS

ASC	Adult Social Care
B&HCC	Brighton & Hove City Council
DPA	Data Protection Act
ECPA	Electronic Care Programme Approach
ESFRS	East Sussex Fire & Rescue Service
MARAC	Multi Agency Risk Assessment Conference
MASH	Multi-Agency Safeguarding Hubs
OHMS	Open Housing Management System (database)
OSC	Overview and Scrutiny Committee
SAAR	Safeguarding Adults at Risk
SPT	Sussex NHS Partnership Trust
VAAR	Vulnerable Adults at Risk

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[60] Information Sharing and Mental Health, Guidance to support information sharing by Mental Health Services p19

APPENDIX 2 - PANEL MINUTES

BRIGHTON & HOVE CITY COUNCIL

SCRUTINY REVIEW PANEL - SHARING INFORMATION REGARDING VULNERABLE ADULTS

2.00pm 18 OCTOBER 2011

COMMITTEE ROOM 2, HOVE TOWN HALL

MINUTES

Present: Councillor Buckley (Chair), Councillor K Norman, Councillor Robins.

PART ONE

1.   PROCEDURAL BUSINESS

Apologies from Andy Reynolds, ESFRS, co-opted member.

No substitutes are allowed on Scrutiny Panels.

There were no declarations of interest.

There was no declaration of Party Whip.

There was no reason to exclude the press and public

2.   CHAIR'S COMMUNICATIONS

The Chair noted that there was an amendment to the published agenda – Nick Hibberd was no longer attending the meeting but Rachel Chasseaud was here.

The Chair welcomed all witnesses. Scrutiny Panels were set up to carry out short, sharply focused pieces of work into one particular area. This Panel had been set up to look at sharing information regarding vulnerable adults.

The suggestion for this Panel came originally from East Sussex Fire and Rescue Service and the Panel were glad to have Andy Reynolds, Director of Protection and Prevention as a member of this Panel. Andy would be sent the minutes of the meeting and would be attending future meetings.

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This was the first public meeting of this Panel and the Panel would like to hear all views and experiences of sharing information regarding vulnerable adults.

The Chair asked the witnesses if they could introduce themselves and speak for around 5 minutes on their experience of this subject then the Panel would ask questions.

3. WITNESSES

The Chair asked those present if they felt there was a single definition of a 'vulnerable adult'?

Rachel Chasseaud, Head of Tenancy Services, noted that the question of what defined a 'vulnerable adult' was part of the core issue. The definitions had changed over the past few years and 'vulnerability' was temporal and contextual. The principles of the Mental Capacity Act meant that there was an issue about not being able to do one particular thing but having the decision-making ability to do another. There were many different definitions and it can be disempowering to label people. Guy Montague-Smith, Access Point and Daily Living Centre Operations, agreed that there were many different definitions.

DCI Neville Kemp and DS Laurence Cartwright, Sussex Police

DCI Neville Kemp was the crime manager for the B&H Division of Sussex Police and part of this was the anti-victimisation unit which was the point of contact for vulnerable adults. DS Laurence Cartwright ran the Anti-Victimisation Unit (AVU) and was the single point of contact for all referrals from Adult Social Care (ASC).

DCI Kemp told the Panel that a vulnerable adult was someone who was at risk of harm. The police use the definition provided in 1997 by the Lord Chancellor's Department which states that a vulnerable adult is someone who is 18 or over: "*who is or may be in need of community care services by reason of mental or other disability, age or illness and who is or may be unable to take care of him or her self, or unable to protect him or her self against significant harm or exploitation*'

DCI Kemp reported no significant problems around information sharing although there were one or two examples where, during a large investigation, they had not been aware of vulnerabilities, although ASC had been aware. However, not having that information had not changed anything.

The AVU received around 10 to 15 alerts or referrals a week from ASC. ASC acted as a filter for all agencies and they received referrals from a range of organisations and some of these they will refer to the Police. Of these, around 6 or 7 resulted in an investigation into whether any criminal offence had occurred.

The Police referred a similar number of adults - around 10-15 – to ASC. This occurred when uniformed Officers believed there was a need to refer (eg a person living in very squalid surroundings).   There was a threshold that Police Officers would use to refer, but this was subjective. They would then complete a form and fax it to ASC.

There were also vulnerable adults the Police were in contact with who were not referred or for whom there was not an alert. For example, members of the street community may fit the criteria but the Police were not submitting alerts or referrals on them. It was very difficult to determine when to refer, particularly when children are involved. Police Officers used a commonsense approach.

The AVU database had been around since 2006. It was a simple database on an Excel spreadsheet that can be searched by name and address. There were a large number of police systems that record the same information but the AVU was easier to use. It records specific referrals, eg when abuse was suspected. The database can only be accessed by authorised users (Police) who requested access from DS Cartwright. The system was called Sharepoint. Once someone had been granted access they always had access. The database was reviewed every three years but it isn't proactive.

Following a question on the use of faxes, DCI Kemp explained it was an issue around secure email. Progress was being made but it was slow – the use of secure email had only just been sorted out for children's services.

ASC was the main conduit for all referrals but in reality the Police received calls from other organisations as well. For example, a health authority may ring and ask for information about someone admitted to Millview Hospital and the Police would need to decide whether the information can be disclosed.

When a response unit was assigned to a call, the unit leader would make checks on available databases and if there was a concern then it would be flagged up.

There was no statutory framework for sharing information about adults. Grounds for disclosure were on a case by case basis.

A huge percentage of cases involved vulnerable adults and the Police were good at recording this. What was more difficult was to see how well information dissemination worked.

Historically, referrals weren't made for vulnerable adults but now there were a similar number to referrals of children.

Guy Montague-Smith, Access Point and Daily Living Centre Operations Manager, B&HCC

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Access Point received around 3,000 contacts a month on a wide range of subjects. They were a small team of 21 people, including a Senior Social Worker and a Senior Occupational Therapist. They applied the eligibility criteria (which was set nationally) to assess eligibility for social care. If they can't resolve a matter, it was referred to another team, such as the intervention team which included social workers. Access Point was a designated 'safe haven' so they do deal with mental health and substance misuse issues.

Access Point received referrals from the Police and the majority of these were pertinent and needed examining.

Access Point triaged new safeguarding work using the Sussex Multi-Agency policies. They did have access to the ECPA database which was the mental health care plan database. There was a spreadsheet for triaging safeguarding work that detailed person, date, agency, whether it was a safeguarding issue and what had happened.

The majority of records were put on Carefirst, the primary ASC electronic care record. It was password enabled. The main inputting was by social care professionals after face to face discussions or by Access Point for new referrals. IT protocols advised passwords were changed every 12 weeks. As a system it was satisfactory, it had grown organically over the years. It was a very secure system. One problem was that it was very difficult to ascertain whether a case was open to a team or not.

There was a large problem with the use of faxes. Given that many agencies use the central government secure email system, emails would be far more secure than faxes.

In response to a question, Mr Montague-Smith confirmed that it would be very useful to have a central point for information on vulnerable adults. There were many loose definitions around vulnerable adults and issues around people not wanting to be labelled or perceived as 'vulnerable'.

Following a question on areas where sharing could be enhanced, Mr Montague-Smith noted that inter-agency working had caused problems, particularly in relation to mental health. It had taken 8 months for him to get access to Sussex Partnership Trust's (SPT) database, mainly because of the application of the Caldicott principles. The approved mental health worker on his team had access, but until Mr Montague-Smith was allowed that same access, if that person was on leave, it could take a very long time to access information that could be quickly taken from the SPT database.

On the subject of a central system to facilitate intelligent sharing, Mr Montague-Smith noted that different organisations look at things in different ways so trying to tick all the boxes for all the users would be very hard and very cost prohibitive.

The fire service secondee had worked very well and this sort of partnership working is very helpful. If there was a wish list, top of the list would be more partnership working.

It was pointed out that there are 4,000 people on CareFirst and the potential number of vulnerable adults would be immense and very difficult to quantify. Rachel Chasseaud, Head of Tenancy Services, noted that there were a huge number of 'vulnerable' people on the housing lists and they were not categorised as vulnerable.

For high risk offenders there was a panel approach that worked very well. Likewise the MARAC (Multi-Agency Risk Assessment Conference) worked very well – MARAC was convened to look at 8 or 10 incidents where people were in very vulnerable situations.

Mr Montague-smith went on to say that when they get referrals from the Police, they did not know if consent had been given by the individual concerned and they needed to go back and check. If consent had not been given, people could become upset or annoyed when contacted. There was an issue over different organisations all talking to one person, but it had to be about the individual themselves.

Rachel Chasseaud, Head of Tenancy Services, B&HCC

Ms Chasseaud told the Panel that legal advice was that consent was crucial. In housing they were very strict protocols and they would not disclose information without consent. Only on very rare occasions would they disclose information and only then if to not do so would endanger people. One of the biggest challenges was around referring people to get help from ASC and then that person declined help.

In housing, a person must sign a consent form even before they sign a tenancy agreement: the permission was to share information on a 'need to know' basis. People had the choice on which bits of their information was shared. OHMS was the database used by the whole of housing. All information throughout housing was put on OHMS (for example, requests for council housing, people who are homeless etc). OHMS had been used since 1996 so it was an old system coming towards the end of its life. There was no very good way of storing information about vulnerability. There was a checklist to record equalities information and about vulnerabilities – with permission. If a third party informed housing that someone was vulnerable, they still would go back to that person for consent.

There were around 12,500 tenants, 300 leaseholds and Housing Officers worked with around 800 households. There was a very high density of vulnerable people in housing in Brighton & Hove and there was high demand for all housing but especially social housing. Until recent years a significant amount of the housing allocation in the city went to people who had presented through the homeless route. In many cases there was a duty to house homeless people.

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Tenancies were visited every 3 years, partially to check the property but a big part was to make sure there right services were in place. Tenants were asked to sign a disclosure to allow, for example, the fire brigade to access the information.

This financial year a 'Vulnerable Adult' project was started in housing. It was looking at the existing systems. There was no central database to share. Access Point was brilliant as a first point of contact. The Vulnerable Adults project had carried out a gap - analysis and risk assessment. The gaps were generally around systems issues – once these gaps were identified then an action plan would be progressed. They were also looking at the partnership with Mears and how vulnerable people get the services they need during repairs. They were also looking at institutional neglect because the systems were falling down. Vulnerable Adults Project Board were working closely with Michelle Jenkins in ASC.

There was an issue around Mears having a separate database so they had to ask their own questions around vulnerability. There was currently no system for sharing information between the housing team in the council and Mears. A meeting had been set up in November to discuss this issue and how to get the two systems to talk to each other. Mears staff were not currently trained to ask questions around vulnerability but they should be asking questions and prioritising repairs for vulnerable adults. Hopefully, following the meeting in November, a system for flagging vulnerabilities would be established.

Self neglect was a big issue: where people do not want help. A self neglect policy was being drafted by Adult Social Care to give guidance. Vulnerability was very subjective: people may wish to live that way.

Anti-social behaviour often involved a vulnerable adult as a victim or a perpetrator. There were victim and witness support systems to pick up low level issues around vulnerability. These people may not hit the ASC threshold for eligibility but it was about supporting people. In some cases, people were suspicious of the police but community groups may help – although there was the issue of data sharing.

Mr Montague-Smith noted that information sharing within the council was generally okay but the problems were with partners (for example, Ambulance service, police, Sussex Partnership). The main problem was with communication: the issue of handwritten faxes. One recommendation was to stop using faxes! There needed to be a chain of accountability and secure email is far better.

Brian Doughty, Head of Assessment, ASC, noted that there was no statutory framework regarding safeguarding vulnerable adults at all. The SPT were now using emails so things can be tracked which was crucial. Information sharing at the acute level (for example, high end domestic violence, hate crimes) was very good. It was at the next level down where there were concerns about vulnerability and there was clear guidance as to how and

where information can be shared. The key statutory agencies in ASC and Heath were sharing in a better way now. However, Mr Doughty noted that his service had limited access to the mental health database which sometimes caused problems.

There were not formal agreements with the Sussex Partnership Trust and so it was difficult to access information on mental health. This was one area that needed to be sorted out. There was a problem with ASC and Mental Health services not using the same database.

To identify the most vulnerable adults out of around 4,000 would be huge exercise. (It was done for the snow last year and they identified 200 of the most vulnerable but it was an immense manual effort)

Ms Chasseaud noted that there was one single assessment process for ASC and Health and Housing was part of that. For practical reasons Housing's involvement in the Single Assessment Process is limited to Sheltered Housing and Hospital Discharge cases and some referrals to and from ASC and Health. They had looked at how IT systems worked some time ago but the cost of a single IT system was prohibitive. Health ASC and Housing needed one single IT system.

It was noted that CareFirst was designed not to share.

The idea of rotational secondments in all key partners who work with vulnerable adults was a good one. People can share experiences if not data. Information was shared with consent. There could be separate databases and joint working.

Ms Chasseaud told the Panel that there were monthly meetings between Housing and the Fire Service. One issue at the moment was mobility scooters parked in commonways. Tenants with mobility issues had individual care plans for evacuation and this was shared with ESFRS as needed. The risk assessment for each tenant and block had been refreshed and was carefully managed.

The Chair, Councillor Buckley, thanked everyone for all their time and noted it had been a most useful and informative session.

A member of the public contributed to the Panel's discussion around the use of emails and how secure this was, and about how the police accessed information on, for example, young people with autistic spectrum conditions.

4.   ANY OTHER BUSINESS

The next Panel meeting was Monday 7 November in Hove Town Hall.

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BRIGHTON & HOVE CITY COUNCIL

SCRUTINY REVIEW PANEL - SHARING INFORMATION REGARDING VULNERABLE ADULTS

11.00am 7 NOVEMBER 2011

COMMITTEE ROOM 3, HOVE TOWN HALL

MINUTES

Present: Councillor Buckley (Chair), Councillor K Norman, Councillor Robins, Andy Reynolds, Director of Prevention and Protection, ESFRS.

PART ONE

5.   PROCEDURAL BUSINESS

There were no apologies.

No substitutes were allowed on Scrutiny Panels.

There were no declarations of Party Whip.

There was no reason to exclude the press and public.

6.   MINUTES FROM THE LAST MEETING

The minutes were agreed.

7.   CHAIR'S COMMUNICATIONS

The Chair welcomed all the witnesses to the Panel. She explained that Scrutiny Panels were set up to carry out short, sharply focused pieces of work into one particular area. This Panel had been set up to look at sharing information regarding vulnerable adults.

The suggestion for this Panel came originally from East Sussex Fire and Rescue Service and Andy Reynolds, Director of Protection and Prevention was a member of the Panel.

This was the second public meeting of this Panel and the Panel would like to hear all views and experiences of sharing information regarding vulnerable adults. At the first meeting the Panel heard from the Sussex Police, Access Point and Housing.

8.   WITNESSES

Councillor Jarrett, Cabinet Member for Adult Social Services, B&HCC

Councillor Jarrett noted that there was always the problem with large organisations and multiple working that information may get locked into different sections. There were very good reasons for this, in particular the Data Protection Act. (DPA) However, the DPA did not prevent data sharing. If the intention of the information sharing was to keep people safe, then the DPA did not prevent sharing. There were always issues around access to information and any system must be secure and multi-level. It can be useful for a wide range of council officers to know someone was vulnerable, but they would not need to access that entire person's data. There needed to be a system that flagged up simply that another organisation had information on this person. Then there could be a system to allow people to see what information was there, dependent on their requirement and level of access. Information sharing was always a good idea and can prevent deaths.

Information can not all be held in one place but a cross-referencing system would let people know what other organisations held information on a particular person. This was a long term issue and systems probably could be looked at and improved upon. Agencies are on 24 hour alert so information can be rapidly exchanged. In an emergency, information can be looked up on CareFirst 24/7 but care needed to be taken over what information was shared and why.

Denise D'Souza, Director of Adult Social Services and Lead Commissioner, People, B&HCC expressed concern over the idea of a list of vulnerable adults being created. It would be quickly out of date and there were issues around how it was held and where. There was also the question of who was vulnerable: it was not possible to keep an updated list as needs changed and vulnerability can change on a daily basis.

Following a question on CareFirst, Brian Doughty, Head of Assessment Services, told the Panel that CareFirst was good at storing information and there was access 24/7. His team had limited access to the Mental Health database but this was improving. Ms D'Souza noted that CareFirst was okay, it did have some limitations and it only had a snapshot of the people known to Adult Social Services (ASC). There were a range of vulnerable people known to mental health services not known to ASC and the information on them was not available. Information was not available on people who leave A&E but were still vulnerable. GPs may have that information but it was not shared. For people known to ASC, there were protocols in place and information was shared. The belief was that they would rather be in court for sharing information than in the coroner's office for not sharing. But this must be justified.

Ms D'Souza explained that she was the Caldicott Guardian for adults and as such was the champion for confidentiality. Generally, the Caldicott role was used to seek permission for staff to share information with other agencies and to determine whether they could access information to CareFirst, and in the

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majority of cases the answer was no. The request for access often came from other parts of the Council e.g. Blue Badge Scheme. As a client database, it worked well but it can't be 'tiered'. Once someone had access, they had access to everything so there were issues around this and around people accessing it. Those accessing it now need CRB checks. It would be too expensive to change the system although there were issues to be addressed.

Childrens' Services were piloting a scheme called Patchwork which would allow people to see what other organisations were holding information on a person or family.

Ms D'Souza gave the example of how, in advance of bad weather, ASC look at who they are supporting and whether they needed a visit daily, or whether they could be alright for 2 or 3 days. Some people always needed daily visits, whatever the weather and others manage with a day or two with a visit as long as they had appropriate provisions.

Ms D'Souza felt that any vulnerability register was fraught with problems. How was the information kept, for what purpose was it kept? There were protocols in place to share some information but no consent to share with a wide range of organisations outside of this. There was also the issue of people not wanting their information shared: for example, someone with a mental health problem may not want that information shared.

Mr Reynolds noted that there had been a fatal fire in Kemp Town the previous day and other agencies had known about the person involved but the fire service had not. Information needed to be shared before a tragedy occurred. There may be other ways of working together that would allow the fire service to go into people's homes and see if they were vulnerable to fire: this was a very clear definition of vulnerability. For example, the more issues an individual has in terms of mobility, smoker, alcohol, substance misuse, mental health then the more vulnerable to fire that person was.

Ms D'Souza noted that ASC staff did a risk assessment but they did not share that information with the fire service. For example, she was not sure that the risk assessment was picking up those who had alcohol and substance misuse problems who also smoked. ASC needed to work more closely with the fire service to alert them to these people.

Mr Reynolds told the Panel that the new suppliers of oxygen now had a policy in place that a GP could only prescribe oxygen if that person agreed to share the information with the fire service. There must be a list of bariatric people and that information would also be helpful for the fire service.

Mr Doughty remarked that ASC could train staff to ask questions about fire safety and, with consent, could share the information. The risk assessments could be improved to include this information.

Mr Reynolds informed the panel that if they received an urgent referral the fire safety assessment was done that day. If they received a fire alert through the

MARAC then this was flagged up to the responding crew. They would also put a flag on an individual if they knew that person was bariatric.

Ms D'Souza explained that if a person did not wish their information to be shared, it still could be if there was a public health risk if the information was not shared.

In response to a question, Mr Reynolds noted that problem of how to share information was likely to be a national one. The way forward was in terms of joint working and the use of secondments. Ms D'Souza agreed that the secondment from the ESFRS had worked well.

Annette Kidd, Professional Lead and David Dugan, General Manager, Sussex Partnership Trust (SPT)

Mr Dugan headed the recovery teams that worked with around 1,400 people and provided outreach and mental health teams for homeless people. They had a Trust-wide policy for information sharing but this did not mention the fire service: he would examine this.

Recently colleagues in Brighton & Hove in the Access team had been working with the Anti-Social Behaviour team and were piloting a new protocol around information-sharing. This was based around the Caldicott principles but with clearly identified names in organisations. This would be a route into different teams and would provide an entry point to see if information can be shared. This was a pilot now and would be an interesting vehicle to build upon.

There were frustrations around the use of different systems with mental health teams using the CareProgram, an electronic clinical system that doesn't speak to CareFirst. There was a need to work pragmatically and know who to contact and how much information can be shared.

Mr Dugan noted that it may be easier for the police to find people who were vulnerable as they visited over time: for the fire service it was harder as they arrived when there already was an emergency. They were looking at whether the police had a way of recording how often they are visiting a person and if that can be formalised and shared.

There were protocols are round sharing information with carers although some social service users do not want their information shared.

On the subject of using secure email, this was improving and being further considered.

There were many specialist teams within mental health and people can get lost in the system occasionally. It was a case of looking at local contacts and working together. The information that was shared was based on a clear risk assessment.

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Mr Dugan agreed with previous comments that there were problems with the concept of a shared database: vulnerability in mental health was very contextual and fluctuated. The best way forward was to examine how organisations and people linked together and how best to communicate. Conversations can take place on a case by case basis. They were piloting a more streamlined face-to-face approach.

Annette Kidd was the Head of the seconded staff in the SPT. Social workers were seconded into many areas including mental health, older people, and substance misuse. Ms Kidd noted that information sharing had improved over the years: in the past people felt bound by confidentiality not to share. Now there was a multi-agency approach for sharing information. The SPT were signed up to the Pan-Sussex Multi-Agency policy and procedures for safeguarding adults at risk.

Ms Kidd told the Panel that service users were very vulnerable. There was a large number of substance misusers who had mental health issues. To deal with substance misuse, there was a weekly hub meeting about the most vulnerable high risk substance misusers which also involved other organisations such as the police and housing. The idea was to look at 'softer' information available (such as what information the police may have) in order to prevent crisis happening. They had procedures in place for when something happened but they were now also looking at working together to prevent incidents happening. Ms Kidd noted that generally there was much more partnership working than previously and they were looking at finding better ways of working together. The mantra was it was better to share information than to end up in the coroner's because information wasn't shared.

Following a question about 2 sprinklers put in place in properties used by the SPT, Mr Dugan confirmed that the fire service had been involved in these cases. The issue of fire safety had been indentified when looking at independent living for these people and so the sprinklers had been put in. Mr Reynolds noted that there had been occasions when sprinkler systems were in addresses and the fire service had not been involved or informed.

The SPT worked with individuals who were unwell and prone to risky behaviour. In high risk cases, information was routinely shared, but this did not happen with more low-level cases.

Mr Reynolds told the Panel that the Staffordshire Fire and Rescue Service were in partnership with the RNIB and were asking individuals if they had an eye test recently or could read a card. If necessary, they then asked if they could refer that person to the RNIB.

Alistair Hill, Consultant in Public Health, noted that the prevention agenda involved information sharing for a lot more people on a different scale. This needed a systematic approach and designing a prevention programme which included data consent. The process around sharing information needed to be designed into programmes rather than expecting it to grow organically.

In response to a question, Ms D'Souza told the Panel she agreed that they were not sharing systematically for less high-risk people. The process and how systematic this was would be key to sharing further. Mr Doughty agreed that the systems were not perfect and it was about access to information such as how often had an individual been to A&E, or the police had attended and that information was hard to reach. This was about talking to people not databases. Mr Dugan remarked that it was about 'switches' when one event triggers another then allows something to happen.

Philip Tremewan, Safeguarding Adults Lead, Sussex Community NHS Trust

Mr Tremewan told the Panel that the Sussex Community Trust had a dedicated team that co-ordinated the information and clinical incidents reported by staff. For example, they would try and detect a trend of behaviour or a particular set of cases reoccurring.

Working across a number of local authorities with their own databases and systems was challenging. Some of that information needed to be co-ordinated and there was the question of how people communicated. There were always issues that arose. For example, a patient who appeared to have self-neglected, could information have been shared to prevent that?

Mr Tremewan told the Panel he would go back to colleagues and discuss what communication channels were open. Was there a system for bariatric patients? How did the Trust communicate with others?

Councillor Jarrett told the Panel that there was work to be done on picking up early signs, repeated referrals and setting some triggers. This needed to be discussed with partner organisations. When assessments were carried out, ASC can look for different things so there may be a way of sharing what information there was: looking more closely at how ASC and partners worked. Ms D'Souza agreed there was scope for including questions around fire safety in risk assessments and then (with consent) sharing that information.

Alistair Hill, Consultant in Public Health

Mr Hill informed the Panel that he was no longer the Caldicott Guardian as recent changes meant that there was now one single Caldicott Guardian for NHS Sussex. Consent was key to Caldicott principles but there were exceptions. This was set down in protocols and guidance around, for example, prevention of harm, abuse or crime. Consent was built into the process of running a preventative system.

Training and monitoring were important in designing a preventative system that worked across different agencies. This would need consent built in.

Robin Humphries, Civil Contingencies Manager, B&HCC

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Mr Humphries worked in emergency planning. The Civil Contingencies Act 2004 created category 1 responders to an emergency (for example, fire, police, ambulance, local authorities etc) and category 2 responders (utilities, port authorities , telecoms etc). There must be plans in place to handle any emergency, based on knowing what the civil risks were for the city. The Act set out 43 Resilience Forums and Brighton & Hove were part of the Sussex Resilience Forum based in Lewes.   The National Risk Register was translated into local risks. The local emergency planning group looked at the local significant risks. In one sense this looked from the opposite side to the Panel as they looked at premises not people, for example, where there were radioactive materials or chemicals so the high risk areas can be plotted. They also looked at private companies such as electricity suppliers. Generally organisations were willing to disclose information in an emergency, but not so willing before. For example, if there was snow, information is shared on who had meals on wheels, but not before. This was an issue.

The risk register was not a publicly available document but there was a meeting every 6 months to discuss it.

Following the power outage in Leach Close, there were different arrangements for different people so some stayed in their flats, some went to residential homes and some were provided with food in the building. There was an issue with communication at such times (for example, over using candles). Councillor Jarrett reported that he had requested a briefing about the incidents and also about the possibility of emergency lighting being installed in public buildings.

The Chair thanked everyone for a most useful and informative meeting.

9.   DATE OF NEXT MEETING

The next meeting is Monday 28 November at 4.00pm in Hove Town Hall.

10.   ANY OTHER BUSINESS

There was no other business.

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BRIGHTON & HOVE CITY COUNCIL

SCRUTINY REVIEW PANEL - SHARING INFORMATION REGARDING VULNERABLE ADULTS

4.00pm 28 NOVEMBER 2011

COMMITTEE ROOM 1, HOVE TOWN HALL

MINUTES

Present: Councillor Buckley (Chair), Andy Reynolds, Director of Prevention and Protection.

PART ONE

11.   PROCEDURAL BUSINESS

Apologies from Councillor Ken Norman and Councillor Alan Robins.

12.   MINUTES OF THE MEETING 7 NOVEMBER 2011

The minutes were agreed.

13.   CHAIR'S COMMUNICATIONS

The Chair welcomed everyone to the meeting and explained that since two councillors on the Panel had given their apologies, the meeting would be run as a more informal round table discussion. This was the third and final evidence gathering session, following which the Panel would be producing a report with recommendations.

14.   WITNESSES

Kevin Claxton, Resilience Manager, NHS Brighton & Hove worked on emergency planning for the newly clustered PCT for Sussex. Prior to that, he worked for four years for Brighton & Hove PCT, including the planning for the flu pandemic. There were two separate issues: one was ensuring careful communication around vulnerable people; the other was the issue of sharing information. These two were inter-related and the plan was for the two to come together harmoniously. However, many partners found these issues difficult to deal with. The PCT had primacy for pulling together a workable plan for the flu pandemic and engaged with partners to look at the issues. It would be difficult to maintain lists of vulnerable people, difficult to ascertain who was

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vulnerable, depending on the definition of 'vulnerable', and any list would quickly become out of date. So the idea came about of a 'list of lists'. When an emergency arose, procedures and systems were in place to generate information on who was vulnerable at that time. Since the flu pandemic, the Sussex Resilience Forum (SRF) had been looking at the issues. Some agencies felt that the Data Protection Act prevented them from sharing information when there was not an emergency. The SRF have tasked a lead person to look at what can be done in across Sussex. This work was due early next year.

Peter Wilkinson, Deputy Director of Public Health, **B&HCC** had been the Director in charge of the plans for the flu pandemic. There was national guidance about identifying vulnerable people. To identify individual vulnerable people from a shared database would require data sharing. There were information governance arrangements to help patients so that their information was shared in their interest. This could be for identifying who needed vaccinations, or around who needed services. GPs would provide district or community nurses with information regarding vulnerable adults so that they could be vaccinated. The 'list of lists' was a headline list detailing who holds what information, rather than containing individuals' information. However, in non-emergency situations, GPs would be reluctant to share information without consent.

The example of those over 65yrs, living alone and with dementia was given. There were many people in this situation but they don't appear on one list. **Andy Reynolds, Director of Prevention and Protection, East Sussex Fire and Rescue Service (ESFRS)**, told the Panel that there had been seven fire deaths in the last year. The last 2 of these had been in receipt of a care package but there had been no referral to the fire service.

Colin Lindridge, Interim Deputy Director Adult Services, Sussex Partnership NHS Foundation Trust (SPT), agreed that there should be more referrals to the fire service, particularly of elderly people living alone. If this was discussed with people, they would often agree.

Sam Allen, Service Director, Sussex Partnership NHS Foundation Trust noted that a person who was considered a high risk case, would have many agencies involved. The big issue was lower risk cases. At what point is a list of lists created? The way forward was towards more collaborative working and sharing information on a need to know basis. On the question of secondments, there were social care staff seconded into health, but it was more about joint working and integration. There were plans to have a round table meeting that would include the fire service, looking at training and education. There was potential to work more closely in this area

Mr Lindridge noted that staff from social care teams had access to the SPT recording systems. These people had honorary contracts with the Trust that enabled them to access their systems.

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Mr Claxton agreed that the way forward was collaborative working. The SRF was looking at a memo of understanding for closer working in emergencies. There was an issue around levels of risk – this would change from one situation to another and people may not want their information shared in some cases.

Mr Reynolds noted there was work to be done around increasing awareness of professionals, rather than individuals.

Ms Allen remarked that there was also an issue over the fact that data was held in many places. Now that the national IT programme for health had been stopped, in health there were a number of databases, none of which were interoperable, for example, GPs, mental health, district nurses, community nurses. Every organisation had its own information system and for a care worker it was difficult to get the relevant information in a single place. Collaboration between organisations was important to address this issue and there were good examples where this was taking place. Information sharing guidance was being drafted with the homeless team in the city, working in meetings and through sharing information between teams.

The Panel felt that the idea of a low level MARAC (Multi-agency risk assessment conferences) was a good one and could help facilitate further collaborative working for lower risk cases.

Ms Allen made the point that resources were limited and were targeted at high risk areas so there was inevitably less resources for lower level cases. The evidence suggested, however, that investing in prevention worked well. Mr Wilkinson noted that investments in small ways can be rolled out to become bigger projects.

Jess Taylor, and Carys Jenkins, Rise UK
Jess Taylor of Rise UK explained that Rise was a domestic violence service for young people, families, and mainly women. They provided outreach and residential services across Brighton & Hove. Rise was the main domestic violence provider across the city and worked with Crime Reduction Initiatives (CRI). In East Sussex they worked alongside the Worth Project and CRI and nationally with Refuge. They also worked alongside a range of organisations including Oasis, the Brighton Women's Centre and Inspire. Nationally most of the domestic violence services were led by the voluntary sector, particularly Women's Aid and Refuge. Rise were interested in the idea of a lower-level MARAC for vulnerable people. Following a question, Ms Taylor explained that referrals for their residential service came from a range of organisations, including health, social services, and the police or were self-referrals. There was a national database of residential service providers that detailed what accommodation was available. It was maintained by Refuge nationally.

Ms Jenkins explained that the Independent Domestic Violence Advisory Service (IDVA) supported high risk clients and the main function was safety planning. They had 205 referrals between April 2010 and April 2011 of which 83% engaged with the IDVA. Using the definition of a vulnerable adult as:

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"any person who may need extra support with every day living tasks, and may be unable to protect themselves against harm or exploitation" then most of Rise's clients would be classed as vulnerable.

Ms Jenkins told the Panel about a client Michelle who was re-referred to the IDVA service in January 2011.

"At this time, her ex partner Martin was in prison for an assault against her. She was re-referred as he was soon due for release and there had been a further incident believed to be perpetrated by one of his associates. A risk assessment prior to her referral indicated that Michelle was at high risk of serious harm / homicide from Martin / his associates. Michelle also had other complex needs including mental health issues, self harm and substance misuse. Michelle suffered from anxiety especially when placed in unfamiliar circumstances, depression and possibly bi polar although this had not formally been diagnosed as a result of her level of drinking.

As a result of these additional needs, it was difficult to engage with Michelle as she was often chaotic and found it hard to attend appointments. She found it difficult to discuss issues in relation to domestic violence. From her perspective, it was her needs around her mental health, substance misuse and housing that were the most prominent for her. During the course of working with her she informed Rise of a second perpetrator, Gary. Gary was a member of the local street drinking community and her fear of 'bumping' into him made it even harder for her to attend appointments in the central locations that Rise offered. In the end, Rise offered appointments at a mental health day centre which was safe but also close to her home.

When Rise first started working with Michelle, she was engaged with community mental health services. However, when her worker left, she started to disengage with this service. At this time, she disclosed the violence from Gary and that she found it hard to attend appointments. Due to non-attendance, community mental health closed her case.

As the date for Martin's release drew closer and she began receiving contact from probation in relation to his release. Her mental health also deteriorated and over the summer period, she regularly self harmed and attempted suicide on at least three separate occasions. The first of these attempts occurred while she was still engaged with mental health services. One each occasion, she was assessed by mental health's duty worker and then released. Once her case had been closed to mental health, she would inform her IDVA that she wanted mental health support. When Rise contacted mental health, they were advised to re refer her to her GP.

In appointments, Rise explored with Michelle how she would feel supported and that her needs were met and how much of this she could coordinate herself and take responsibility for. Rise worked to an

empowering model and encouraged Michelle to ask agencies and others for support herself. Michelle felt that with her multiplicity of needs; that each agency was only concerned with their area / remit and that there was no one in particular who could coordinate this, especially when there were competing priorities.

Rise organized a Strategy meeting for Michelle and the professionals who worked with her to meet and have a forum to work together with Michelle as the guiding force. Rise sent invites to varying agencies and several attended. Unfortunately, substance misuse and mental health did not attend and Michelle found this very frustrating. As mentioned above, Rise's intervention with clients is usually short to medium term. At this point, Rise had completed as much work as we could around increasing her safety."

The case study had highlighted the difficulties around co-ordination and sharing information.

Following a question, Ms Jenkins explained that as part of the safety planning, a meeting was offered with the arson reduction team. The arson reduction team were now at MARAC meetings and as a consequence arson reduction was considered in all cases. MARAC meetings were now twice monthly. They were crisis meetings. Rise had 48 hours after a referral to attempt to make contact and make a plan.

MARACs were high risk management panels for those at risk of domestic abuse. Information was shared on cases and a joint action plan was created to help keep the person safe. They were very focused and short, around 12 minutes per case. MARACs were a very useful forum for sharing information and developing links. It was important to know who was involved in a case, and what support was available. One criticism of the MARAC process was that the client can feel disempowered as they do not attend. Anecdotal feedback has shown that if someone has it clearly explained to them early on in the process what a MARAC is and what happens, and has clear feedback afterwards, then they feel happier.

Following a question, Ms Taylor agreed they would welcome closer collaboration. Secondments were potentially useful if there are clear terms. Domestic violence was a very complex and challenging areas. Rise does have co-location with a Rise worker in A&E and in the police. These people are clearly Rise workers and identified as such. They had been a ripple effect of awareness of domestic violence as a result, particularly in the police. Rise also had worked with the anti-victimisation unit. There was no-one in housing and that would be very welcome. Housing was very challenging, because of the shortage of housing stock and the lack of safe housing that can accommodate the needs of their clients. It would be very helpful for Rise to have a co-location in the housing team.

Ms Jenkins explained that in West Sussex there were Rise workers placed some days at the children's social care office.

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Domestic violence was one of the intelligent commissioning pilots and around the table the commissioners were looking at the models of delivery.

Ms Taylor agreed that there was a challenge around co-ordination and resources in cases of low to moderate need. There had been a number of cases closed by the Adult Social Care team because they did not meet the threshold. In some cases these people ended up in greater need and then did meet the threshold. It was difficult to get things actioned and co-ordinated in low to moderate cases.

The question was raised over whether people should be given the choice to refuse a referral to the arson reduction team? If a person was living in multiple accommodation, should they have the choice if there was a credible threat of arson?

Ms Taylor noted that there had been different approaches to suicide across the Access Teams and it would be useful to know what the responses were. The commissioning team were looking at domestic violence policies in the workplace and talking to the Brighton Housing Team to see how the vulnerable adults policy interfaced with the domestic violence policy. Often there was not a separate domestic violence policy.

Ms Allen told the Panel that the reactions of the Access Team depended on whether or not the patient was known to them or not and the level of risk. There was not an outreach service so they would liaise with the GP to arrange a face-to-face assessment within 4 hours for emergencies.

Following a question on training and collaboration, Mr Reynolds and Ms Allen both agreed that they would contact Rise to talk about providing training and explaining services.

Paul Colbran, Head of ICT, Brighton & Hove City Council explained that the council's IT strategy focused much less on the historical approach to technology but on what we had and how to use it. There were a range of systems that don't join up, across councils and partners. The systems don't meet the demands of the users so people take out the bits they need which leads to multiple systems and no single core system. There were 300 systems across the council plus all these additional databases.

The strategy was around bringing information assets in, mapping information looking at where assets were and how they were used. At the moment, a customer record can be found in 14 or 15 different places with different spellings. This led to people having to keep being asked about their data to check its accuracy.

Mr Colbran explained that they were working across the region to see what systems were replicated and mapping systems to see where data resides. There was work going on how to create a secure network so partners can join

up. There were conversations with the GP consortia and with the community and voluntary sector on how to link up.

IT was an enabler, not a solution. People needed to be able to articulate their needs and a process of education was required. IT was moving from being a back-room function to more aligned with business functions. They were also looking at how people can collaborate regularly with real time information and be able to sign post to other agencies. A lot of information was held but it was not used to its best effect with the result that people then sourced more information which made the issue worse. The strategy was about joining up information and used it better.

Education was needed around data protection and information handling to help people understand information at a component level and that data protection was not a blockage to information sharing.

Mr Colbran explained that Patchwork as a reusable data sharing model which could be adapted to work elsewhere.

Ms Allen noted that the SPT had been collaborating with the local authority. They were looking at bringing different data sources together to get technology to work for them. The example was given of the 'master patient index' which was created to bring information to a clinician about what information was available about a client on any existing system.

Mr Colbran explained that the IT system had been in the local authority for 15 years and it matched the silo way of working from that time. Now these silos were breaking down. The question was not what system do you need, but what information do you need to do your role? There were small things that can be done that do not cost vast sums of money. The network with other local authorities was a building block and it can be designed in a way to allow people to share information.

Mr Claxton noted that there was a perception issue and it was about changing mindsets and educating people. Ms Allen agreed that there was an issue around education: there was no value in signing up to information sharing protocols if people did not understand them. She gave the example of Torbay health service who were integrating their health and social care records.

Mr Reynolds explained that ESFRS was developing a system called the Cube using Mosaic information, historical data, and the index of multiple deprivation to locate household with a stronger propensity to fire. This enabled them to identify households, although it was difficult to access these households. He mentioned that the fire service was not currently involved in the Health and Wellbeing Boards.

Ms Taylor noted that Rise had got much better with data protection and information sharing and were sharing with the anti-victimisation unit. Ms Allen gave the CRI as an example of good information sharing. In East Sussex they

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were delivering alcohol services with Turning Point and when they were working on joint projects they based them on shared information.

Mr Claxton noted that in response to emergency planning, the people involved were now much better at understanding each others needs.

Following a question from a member of the public, the issue of 'community resilience' was discussed. It was suggested that people could be enabled to take responsibility for their own needs and planning for their own 'resilience plans'. Mr Claxton noted that the SRF had a sub-group looking at personal resilience plans and how to encourage them. It was seen as best practice and was a useful tool.

The Chair thanked everyone for a most interesting and useful discussion.

15.   ANY OTHER BUSINESS

There was no other business.

THE COUNCIL'S PROPERTY ESTATE

Presentation to be given to OSC by the Head of Property Services

The Council has a large property and land portfolio valued at approx £2bn with an operational portfolio consisting of 12,350 house/flat units and in excess of 500 non-housing properties and an non-operational or investment portfolio consisting of approximately 600 properties and 10,500 acres of Downland.

It is important as a major landowner in the City to ensure that the Council makes the best use of its assets and justifies its holdings. The corporate property officer as the Corporate Landlord has overall responsibility for the Council 's corporate Property Strategy and Asset Management Plan which provides a strategic overview of the Council's assets and the systems, processes and policies in place to manage and maintain them to best effect supporting the Council's corporate priorities and outcomes for the City.

The presentation will explain the strategic priorities for the Council's Estate, the asset management property objectives, how we manage our operational and non-operational portfolios, the corporate landlord model and developing asset strategy and how we enable regeneration through our operational sites, capital programme and non operational sites.

OVERVIEW AND SCRUTINY COMMISSION	Agenda Item 79
	Brighton & Hove City Council

Subject:		**Trans Scrutiny: Scoping report**
Date of Meeting:		**Overview and Scrutiny Commission**
Report of:		**Strategic Director, Resources**
Contact Officer:	**Name:**	**Giles Rossington** **Tel:** **29-1038**
	Email:	**giles.rossington@brighton-hove.gov.uk**
Ward(s) affected:		**All**

FOR GENERAL RELEASE

1. SUMMARY AND POLICY CONTEXT:

1.1 This scoping report follows the request for scrutiny of trans equality issues from Councillor Phelim MacCafferty, presented to 23 January 2012 Overview and Scrutiny Commission.

1.2 The Council's Trans Toolkit for Managers is reproduced for information, as Appendix 1 to this report.

2. RECOMMENDATIONS:

2.1 That the Overview and Scrutiny Commission consider the scoping report and agree whether further scrutiny action is required.

3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

Background

3.1 At OSC on 23 January 2012, Cllr MacCafferty presented a request for a Trans Scrutiny panel and highlighted the following as potential issues: Discrimination, Physical Health, Mental Health, Housing, Safety, Accessing Services, Engagement, Workplace. It was agreed that a report be produced to enable OSC to make a decision on the need and potential focus of a scrutiny panel on trans equality.

3.2 Whilst we do not have numbers for our trans population we know that trans people migrate to the city because of the perception of LGBT friendliness. Trans equality has been an area of concern in the city for a number of years due to the particular vulnerabilities of trans people particularly in relation to discrimination and safety.

3.3 The Count Me in Too survey provided useful evidence and analysis of the local issues and work on LGBT equality in the council and the health service has focused on specific trans issues in some instances as described below.

Count Me In Too

3.4   In 2008, the Count Me in Too (CMIT) research project produced a specific report on their findings in relation to trans people in the city. The report highlights the issues as presented by Cllr MacCafferty and also describes the marginalisation that is faced by trans people in both LGB and straight communities.

3.5   In response to these findings, representatives from the Council and the PCT committed to ensuring that the needs of trans people would be addressed within their equality work. The set of general recommendations from the report would be considered as part of this and in particular the statutory sector would work with Spectrum LGBT Community Forum to develop a city-wide trans strategy.

3.6   Subsequent to this, Spectrum LGBT Community Forum was unable to continue to operate and therefore the work that has continued has not been drawn together into one strategy.

Health

3.7   Trans people report experiencing problems with both general and mental health services.

General Health

3.8   In terms of general health services, some trans people report difficulties in accessing primary healthcare services, with front-line staff (particularly GPs) displaying a lack of awareness of/sensitivity to trans issues and sometimes being actively antagonistic. If groups of people under-use primary healthcare, then, on average, they will have poorer long term health outcomes, because health conditions may not be routinely identified at an early stage: early diagnosis and treatment of many conditions is strongly correlated to better outcomes and lower expenditure. In addition, primary care is an increasingly important forum for preventive health messages: people who do not have regular contact with primary healthcare may not be receiving all the advice they need to lead healthier lives.

3.9   Moreover, groups which under-present to primary healthcare tend, on average, to over-present to secondary care – e.g. at hospital A&E. This has cost implications and can exacerbate the already considerable capacity problems faced by urgent healthcare services.

Mental Health

3.10   Trans people are disproportionately likely to use mental health services. Given that trans people typically experience high levels of bullying, discrimination etc, it is unsurprising that they should suffer disproportionately from conditions such as depression and anxiety. However, given that trans people are more likely than average to experience anxiety/depression, it may be that services treating these conditions should be particularly careful to ensure that they meet the needs of the trans community.

3.11   Some trans people also feel that they tend to be categorised as having mental health problems simply because of their trans status. This is a complex issue, as there are recognised mental health conditions which directly relate to gender

dysphoria (i.e. being uncertain about one's gender), even though gender dysphoria is not itself formally classified as a mental illness. However, the point is essentially that while it may be that some people with gender-related mental health problems may tend to identify as trans, it does not follow that everyone who identifies as trans suffers from mental illness.

3.12 Another complicating issue is that the pathway for gender reassignment surgery is managed by mental health services, with people seeking reassignment essentially being treated (according to many of the individuals involved) as if they have mental health problems. Gender reassignment services are specialist services which are not provided locally. Brighton & Hove residents seeking gender reassignment have to use services at Charing Cross hospital, London. There is wide-spread and long standing user dissatisfaction with this service. For several years, Sussex Partnership NHS Foundation Trust (SPFT) has been planning its own gender reassignment service, but this is still at the planning stage, and in the short term there is no realistic alternative to Charing Cross.

Housing

3.13 The Housing Strategy 2009-2014 included a specific LGBT Housing Strategy for the same period with the following objectives:

Strategic Objective 1: Plan and provide accessible, welcoming and safe housing and support services that are responsive to the needs of LGBT people and promote their health and well-being
Strategic Objective 2: Plan and provide housing and support services that actively contribute to LGBT community safety and challenge harassment, discrimination and hate crime
Strategic Objective 3: Plan and provide housing and support services in consultation with the LGBT community

3.14 One of the specific actions against these objectives was the creation of a specialist LGBT Housing Options post. This enables trans people to access tailored and sensitive support with their housing issues.

3.15 Housing services are working in partnership with Social Care services, the Police and the community and voluntary sector. Working groups have looked at LGBT Domestic Violence and Abuse, LGBT Community Safety, and LGBT Sexual Exploitation, to make sure they are working efficiently in partnership with all sectors.

3.16 In 2008, around 50 housing staff received a specific programme of trans awareness training.

Safety

3.17 The new Community Safety, Crime Reduction and Drugs Strategy 2011-14 continues to have a focus on tackling LGBT hate crime and improving the confidence of the LGBT community in the services of the Partnership Community Safety team and Brighton & Hove Police.

3.18 The commitments within this strategy are:

Outcome: Hate incidents and crimes motivated by an offender's prejudicial views or hatred of sexual orientation or gender identity are reduced

Sub-outcomes:

- C The safety needs of marginalised and vulnerable groups within the LGBT population are understood and reflected in the partnership's work
- C Multi-agency and inter sector LGBT-led partnerships are strengthened and sustained
- C Community engagement with LGBT groups, services and individuals is improved, building trust and confidence
- C Awareness of best practice informed by research and service data is maintained and findings are further embedded and mainstreamed into the work of partners
- C Joint working and capacity for responding to LGBT community safety issues among LGBT groups and services continues to develop
- C LGBT community safety is mainstreamed across all services provided in the neighbourhoods where LGBT people live

3.19   The Safe in the City Partnership supports a number of multi-agency LGBT working groups, including a Casework Panel and an LGBT Community Safety Working Group, with standing groups around topics including mental health, housing and domestic violence and abuse. These groups have been instrumental in providing improved partnership solutions to reducing hate crime and incidents and mainstreaming LGBT concerns across front line services. One example of a specific development is the establishment of weekly trans drop-in sessions by The Clare Project, which are facilitated by LGBT PC officers and/or community safety officer to address trans community issues.

<u>Accessing Services</u>

3.20   CMIT reported that trans people are more unlikely to feel uncomfortable in using mainstream public services and are more likely to report that they find such services to be very unfriendly. They are also less comfortable in completing monitoring information unless they deem services to be LGBT friendly.

3.21   The Communities & Equality team have been working with colleagues from Research & Analysis to provide a new equalities monitoring form to be used for service monitoring. This was the result of consultation with representatives from different groups and has been agreed by the City Inclusion Partnership. The questions that are included for trans people are as below:

What gender are you?	☐ Male ☐ Female ☐ Other ☐ Prefer not to say
Do you identify as the gender you were assigned at birth?	☐ Yes ☐ No ☐ Prefer not to say

<u>Engagement</u>

3.21   Trans people reported some feelings of exclusion from the LGBT community but CMIT recommended that it was important to continue to consider the needs of the trans community as part of the LGBT community and not separate from it.

3.22   In response to a lack of trans engagement activity on health issues in 2011 the PCT worked with a consortium of LGBT organisations in the city to develop the LGBT Health Involvement Project. This project is hosted and managed by the LGBT voluntary sector organisations and has specifically addressed the needs of trans people within its work. For example work with the local sexual health clinic, the Claude Nicol, where a group of trans people were involved in understanding their services and feeding back to the staff how the clinic could be more trans friendly.

3.23   The Council has now entered into a partnership with the PCT in funding this project which from January 2012 was renamed the LGBT Health & Inclusion Project. This has enabled council consultations on Neighbourhood Councils and the Equality & Inclusion Policy to proactively include the wider LGBT community.

3.24   As the project has a good track record in addressing trans issues, and the Clare Project is one of the partnership organisations, this mechanism represents a very positive step forward in engagement with trans people.

Workplace

3.25   Our workforce monitoring statistics show 4 people who identified as trans. They are non-schools based staff.

3.26   In 2008, the council produced a Trans Toolkit for managers that provides practical guidance on understanding and supporting transgender employees. (Attached to this report as Appendix 1) The Gender Trust, a national charity supporting people affected by gender identity issues helped to develop the toolkit and it has been recognised by ILGA-Europe (European region of the International Lesbian and Gay Association) in their best practice guide published this month.

3.27   The LGBT Workers Forum has made a commitment in their business plan to focus on developing the inclusiveness of the forum to trans staff. This will include exploring the current barriers and developing potential new activities. As part of this work the Forum have been learning from best practice from the LGBT Excellence Centre in Cardiff and are exploring (with HR and the Communities & Equality team) the use of the GALOP resource – "Shining the Light: 10 keys to becoming a trans positive organisation".

4.   AREAS FOR POTENTIAL SCRUTINY

The areas where it looks like additional activity might be useful are:

Friendliness of front line services:

4.1   This was an area that was highlighted in Count Me in Too and there has been some progress with the provision of trans awareness training for Housing staff. More training for front-line staff across the Council as part of the Improving Customer Experience programme is likely to be useful. This is an area where

some analysis of best practice and dialogue with the trans community could add value and the LGBT HIP provides a vehicle for this.

Health:

4.2   Looking at training for healthcare workers, particularly for GP and GP surgery staff. Potentially focusing on sensitivity to and understanding of trans people (e.g. that trans people are not mentally ill; that people can have health problems which are entirely unrelated to their gender status)

Mental Health:

4.3   There's potentially a piece of work here looking at why mental health workers are perceived as treating trans status as in itself a mental health problem and what can be done to build more trust in the trans community.

4.4   In terms of unhappiness with current gender reassignment services, it's not clear what value scrutiny could add: there is relatively little opportunity to influence the regionally commissioned services provided by Charing Cross hospital, and also little to be done to encourage Sussex Partnership NHS Foundation Trust to speed up the development of their own reassignment services – realistically, they have to be able to justify the development of a Sussex-based service in business terms, and this will necessitate identifying users from a much broader geographical base than Brighton & Hove.

Housing:

4.5   The mechanism for engagement with the trans community on Housing issues was the LGBT Housing Group which was struggling to generate very much interest from the community and has not met for a while. There is therefore an opportunity to look at more effective ways for the Council to work in partnership, perhaps on a wider range of issues, with past members of this group, other stakeholders and the trans community.

5.   **COMMUNITY ENGAGEMENT AND CONSULTATION**

5.1   Relevant Council officers have been consulted in the preparation of this scoping report.

6.   **FINANCIAL & OTHER IMPLICATIONS:**

        Financial Implications:

        If agreed, scrutiny action would be carried out within existing resources.

        Legal Implications:

        The Commission has the following options:

        (i) to appoint an Ad Hoc Overview & Scrutiny Panel to carry out a short,

sharply focused piece of scrutiny, and report its findings to the relevant Council Committee.

(ii) to propose a Select Committee review to carry out a more in-depth investigation. Such a proposal would need to be supported by recommended terms of reference, membership, scrutiny brief and resource requirement.

(iii) to keep a watching brief on the issue and review any need for involvement in the future.

(iv) to agree that no further scrutiny action is needed.

Equalities Implications:
Equalities implications are included in the scoping report.

Sustainability Implications:
None directly in relation to this report.

Crime & Disorder Implications:
None directly in relation to this report.

Risk and Opportunity Management Implications:
None directly in relation to this report.

Public Health Implications:
None directly in relation to this report.

Corporate / Citywide Implications:
Full implications would be addressed by any future scrutiny action.

SUPPORTING DOCUMENTATION

Appendices:

1. Trans Toolkit for Managers

Documents in Members' Rooms
None

Background Documents
None

Brighton & Hove City Council

Transgender Toolkit

Transgender Toolkit	1 of 17	Date: 1 Oct 2010
Document Owner: Liz Boswell		Next Review: 1 December 2012

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1.   Introductory Statement

1.1   Brighton & Hove City Council is committed to developing and retaining a skilled, flexible and sustainable workforce that is representative of the diverse communities it serves. To achieve this there must be equal opportunities in recruitment, training, development and promotion with discrimination, bullying, harassment and victimisation eradicated in all its forms.

This toolkit document supports the council's overall commitment and provides guidance at a practical level for managers to confidently engage with, and to enable effective inclusion of, transgender people into the work place. It outlines manager and employee responsibilities and confirms the support and guidance available for transgender employees and their work colleagues. The full aims and objectives of the toolkit are outlined in Section 2 (part 3).

2.   Background Summary

2.1   Most of us are perfectly comfortable with the fact that we are male or female. In fact we normally never give it a thought. But there are people who feel they were born with the wrong body – men who feel they should have been born women and vice versa. In many cases these people, referred to as transsexual, remember feeling this way even in childhood. When the feeling becomes strong enough, the person may take hormones to bring on characteristics of the opposite sex and seek surgery to alter their external genitalia. These extreme measures are accompanied by discomfort and risk, so no one would entertain them on a whim. *(Reference 'The Gender Trust').*

2.2   The term 'transsexual', originally coined in 1949, is not a good one as the condition has little to do with sexual orientation, so the term causes mush confusion in the mind of the general public. The reasons for crossing the gender divide are about just that – gender, not sex. The main issue is to produce a change in attributed gender to that which matches the person's own gender identity. *(Reference' The Gender Trust').*

2.3   Transgender is a modern day umbrella term used to include 'Transsexual' people, but also 'Gender Variant' people. Common Interpretations are at Appendix 1.

2.4   Transgender people regularly face prejudice and discrimination because of the way in which they transgress many of the norms of our culture and society. Impact within the field of employment can, in particular, create great difficulties for a transgender person, who employers might see as problematic and perhaps best avoided. *(Reference 'The Gender Trust')*

2.5   Most transgender people wish to change their name and personal details and live as a member of the gender with which they identify, which <u>may</u> involve hormone therapy and surgery. This is a process referred to as 'gender re-assignment' or 'transitioning'. An individual is expected to live and work in their new gender role for a minimum period of 1 year before referral for surgery. This is called the "Real-life Experience" (RLE).

2.6   The Gender Recognition Act 2004, which came into force on 4 April 2005, means that a transgender person can now apply for legal recognition in their acquired gender. The Act also includes measures to protect people's privacy. Although it was possible to obtain some official documents in the new gender identity prior to the legislation, including passport and driving license, the lack of legal recognition meant that transgender people had to disclose their gender history when applying for certain jobs, seeking insurance or pensions.

2.7   A trans person can apply for a Gender Recognition Certificate as soon as they can prove that they have been living permanently in their new gender for a period of 2 years. The only compulsory medical requirement is that the trans person has evidence of being diagnosed as having, or having had, Gender Dysphoria (see Appendix B).

2.8   The Sex Discrimination Act 1975, (as amended by the Sex Discrimination (Gender Reassignment) Regulations 1999), prohibits in relation to employment and vocational training, less favourable treatment than other persons on the grounds that someone intends to undergo, is undergoing or has undergone gender reassignment (superseded by the Equality Act 1 October 2010).

2.9   Some transgender people do not have surgery which could be for work, health, family or personal reasons, but live permanently in the gender that matches their own gender identity, rather than the gender they were assigned to at birth. Under the Sex Discrimination Act the harassment and bullying of transgender people who do <u>not</u> undergo surgery is considered unlawful discrimination (superseded by the Equality Act 1 October 2010).

2.10   Some people with less common gender identities or gender expressions also face discrimination. This includes people mistakenly perceived to be transgender from their physical appearance; people who do not conform to traditional gender stereotypes and societal expectations in terms of their behaviour, interests or appearance; and people born with physical intersex conditions (see Appendix B).

<u>Section 2</u>

<u>3.   Toolkit Aims and Objectives:</u>
- Confirms the Council's commitment to ensuring transgender people do not experience victimisation or discrimination in the workplace;
- Complies with the Council's overall commitment to providing equality and fairness in employment, with all employees being treated with dignity and respect;
- Upholds the commitment that all work environments are free of harassment and bullying;
- Outlines employer and employee responsibilities with regard to gender identity and gender re-assignment.
- Provides advice and guidance that enables effective inclusion of transgender people into the workplace.

This toolkit has been produced in partnership with The Gender Trust, of which the City Council are corporate members. Refer to Appendix B for full contact details.

4. Scope

The toolkit applies to all council staff. Schools are advised to adopt as a framework to ensure that they comply with legal obligations and support the inclusion and well-being of transgender staff.

5. Definitions/Terms of reference

There are a number of key terms used in this toolkit that are important to understand. Appendix A provides explanations of these terms. It is acknowledged, however, that the Council supports the right of transgender people and the transgender community to self define and that the terms of definitions/terms of reference may alter, or be added to, in the future.

6. Responsibilities for compliance

All employees have a responsibility to ensure that they comply with the aims and objectives of the toolkit. If it is considered that a member of staff has acted in a discriminatory way, or not followed appropriate guidance, this will be considered a disciplinary matter and could result in dismissal.

6.1 Manager Responsibilities

Managers have a particular responsibility to uphold the commitment for all work environments to be free of harassment and bullying and that all employees are treated with dignity and respect. Should a manager require advice to enable effective inclusion of transgender people into the workforce, it is advised that they seek guidance from their HR Manager.

6.2 Employee Responsibilities

Employees have a responsibility to inform their line manager if they intend to undergo transition in the work place. This will ensure that appropriate support is provided for the individual, but that any operational needs for the service are also accounted for, e.g. the Genuine Occupational Qualification requirement confirmed in part 10(ii).

7. Legislation

7.1 The Gender Recognition Act 2004

This permits transgender people who have undergone gender reassignment to apply for a gender recognition certificate as of April 2005. When a full gender recognition certificate has been issued, the person is considered for all legal purposes to be in the acquired gender. However trans people who live in role, but do not have a GRC have every legal right to permanently live and work in the gender of their choosing.

7.2   The Sex Discrimination Act 1975, as amended by the Sex Discrimination (Gender Reassignment) Regulations 1999)

The Sex Discrimination Act makes it unlawful to treat trans-gender people less favourably than others in relation to employment or vocational training on the grounds that an individual intends to undergo, is undergoing or has undergone gender re-assignment.

The Act also considers the harassment and bullying of transgender people who do not undergo surgery (and consequently do not hold a gender recognition certificate) as unlawful discrimination.

(superseded by the Equality Act 1 October 2010)

7.3   Other direct legislation includes:
- The Human Rights Act 1998
- Data Protection Act 1998
- Section 8 Asylum & Immigration Act 1996 (Eligibility to work in the UK)
- Gender Duty under the Equality Act (2006)

8.   Mechanism for review

8.1   This toolkit will be reviewed on a yearly basis in line with the protocol for the development and review of Human Resources policies.

9.   Links to other policies:
- Inclusive Council Policy
- Harassment at work
- Recruitment & Selection
- Employee Rights and Responsibilities

Section 3

10.   Recruitment & Selection

(i)   Does the Council currently monitor transgender/gender identity?

Yes. The Council has a legal duty to promote gender equality in the workforce, and to eliminate discrimination and harassment of transgender people on the grounds of their gender reassignment. To support this, the Council's Recruitment Monitoring Form holds an optional "Gender Identity" category.

Recruitment monitoring information is not included in the selection process, and is kept strictly confidential at all times, with restricted access in Human Resources. Data is used for monitoring purposes only in line with employer commitments, and does not identify named individuals, but is in statistical format only.

(ii)   Is gender identity relevant to the recruitment & selection process?

A job applicant's gender identity status is irrelevant to the recruitment process, <u>except</u> where a job is only open to a single sex. An example would be a Female Home Care Support Worker job that would involve intimate contact with a female service user in a residential setting. In these circumstances a Genuine Occupational Qualification (GOQ) would apply under the Sex Discrimination Act 1975, as amended by the Sex Discrimination (Gender Re-assignment) Regulations 1999 (i.e. single sex GOQ). If a Single Sex Genuine Occupational Qualification is required, this should be stated within the advert/recruitment material. Contact your HR Manager for guidance.

<u>It is important to note that a person is only considered to belong legally to their acquired gender when they have received a gender recognition certificate.</u>

It is the responsibility of all job candidates to meet the single sex Genuine Occupational Qualification when applying for a post advertised by the Council where a GOQ is confirmed.

The Council will keep the applicant's gender history confidential and will not take this into account in the selection process, unless a Genuine Occupational Qualification makes this relevant. In accordance with the Recruitment & Selection policy, the Council will assess candidates for employment objectively against the requirements that are necessary for the effective performance of the job.

See also part 9(iii) with regard to asking questions at the interview.

If disclosure from the Criminal Records Bureau (CRB) is required as part of the recruitment process, applicants must disclose any previous names and/or gender to the CRB. Transgender applicants may make use of the special application procedure established by the CRB so that their previous name is not disclosed to the council. Visit the CRB website at www.crb.gov.uk for further information or telephone 0151 676 1509/0151 676 1570. Alternatively contact Press for Change at www.pfc.org.uk, or the Gender Trust at www.gendertrust.org.uk

(iii)   *What questions can be asked at the interview?*

Interviewees may not necessarily want to disclose their transgender status at interview, and it is not a question that should be asked. However, if one of the exceptions apply (i.e. a Single Sex Genuine Occupational Requirement) an individual would be expected to disclose his or her transgender status and an interviewer would, therefore, be able to ask an appropriate question of all candidates, e.g. "You will be aware that this post requires a Single Sex Genuine Occupational Requirement *(given the job involves intimate contact with a female service user)*. Can you confirm that you will be able to meet this requirement by being able to produce a copy of your full birth certificate, or your gender recognition certificate, on request?" *(Schedule 9 of Equality Act refers)*

(iv)   *What should you do if a request for a reference is received in respect of a previous employee who went through gender re-assignment?*

This should be responded to in the same way as any other reference request. However, it will be considered a criminal offence if you disclose the employee's previous gender identity.

11. Employment

(i) ***Is the employer required to know the gender history of an employee who has <u>undergone</u> gender re-assignment?***

It will not be necessary for the Council to be made aware of the gender history of an employee who has <u>undergone</u> gender reassignment.

(ii) ***If the Council becomes aware of information relating to an employees gender history, what should happen?***

If the Council becomes aware of information relating to an employee's gender history, it will keep this information confidential and will not disclose information about an employee's gender history to a third party without the employee's consent. Any records that the Council needs to keep that relate to an employee's previous gender, for example relevant qualifications in a previous name, will be kept confidential, with only specified Human Resources staff having access to them. When these records no longer need to be kept they will be destroyed in line with the appropriate record retention guidelines.

(iii) ***If a transgender employee experiences harassment or bullying at work what can they do?***

The Council has a separate harassment at work policy concerning issues of bullying and harassment and how complaints of this type will be dealt with. Disciplinary action will be taken against employees who bully or harass other employees. You can either discuss with your line manager, Human Resources, or through internal welfare (see part 12)

12. Transition in the workplace

The following information around transitioning in the workplace has been taken from The Gender Trust document "Employer's Guide to Transitioning in the Workplace". This provides guidance around the issues involved, suggests strategies and outlines the responsibilities of both the employer and the transitioning employee.

Appendix A provides definitions and/or terms of reference used.

It is advised that line managers and/or the transitioning employee seek guidance from their HR Manager.

(i) ***What is gender re-assignment?***

Medical treatment to enable transgender people to alter their bodies to match their gender identity is known as 'gender reassignment'. The term also includes persons living in their new gender, but who have elected for personal reasons not to undergo surgical treatment, e.g. health, age, or finances.

The individual is expected to live and work in their new gender role for a minimum period of one year prior to any irreversible surgical intervention. This period is often referred to as the 'real life experience', formerly known as the 'real life test'. Any life experience that a trans person may have living in their preferred gender role before the commencement of RLE may count toward it.

(ii) ***What should an employee do if they wish to express an intention to undergo gender re-assignment and commence the Real Life Experience (RLE)?***

The Real Life Experience is a period of time, a minimum of 12 months and typically between 12 and 24 months, living continuously in the gender role with which the individual identifies before referral for surgery. The aim of the RLE is to assist the individual and professionals in decisions about how to proceed. A full definition of the Real Life Experience (RLE) is at Appendix A.

An employee who intends to undergo gender re-assignment and commences the RLE has a responsibility to inform their manager so that adequate support can be provided, but to also ensure that service needs are met accordingly, e.g. where there is a need for a Genuine Occupational Qualification, or relocation during the initial period of the transition (refer also to 11 (iv) below).

The Council will be supportive of any employee who expresses an intention to undergo gender reassignment and will work with him/her to try to ensure as smooth a transition at work as possible.

Where an employee intends to undergo gender re-assignment and to commence the Real Life Experience (RLE) they should obtain evidence by way of a statement from a Clinician or Medical Practitioner confirming that they are being treated for 'Gender Identity Disorder' by a specialist clinic.

(iii) ***Who should be the first point of contact for the employee intending to transition?***

The employee's line manager should normally be the first point of contact so as to ensure that the level of service within the team is maintained to meet operational needs. However, an alternative first point of contact may be agreed through Human Resources after consultation.

If the line manager is not the first point of contact, it is expected that they be kept informed to ensure that appropriate support is given to the transitioning employee and the team in accordance with this guidance.

(iv) ***What are the Line Manager or 'first point of contact' responsibilities?***

The line manager, or nominated representative who is the first point of contact, must agree with the employee an action plan for managing the transition at work.

(v) ***What should happen at the first formal meeting?***

The first point of contact and the transitioning employee should write an action plan together for managing the transition at work at the first formal meeting. This, along with any other notes of the meeting, must be kept strictly confidential in the transitioning employee's personnel file.

The action plan might include:
- whether the employee is to stay in their current post or be redeployed;
- the expected timescale of the medical and surgical procedures and the time off required for medical treatment, if known;
- the expected point or phase of change of name, personal details and social gender;
- whether the employee wishes to inform their line manager, colleagues and clients themselves, or would prefer this to be done for them, and whether training or briefing of colleagues or clients will be necessary;
- what amendments will need to be made to records and systems;
- whether a transgender employee is adequately covered by existing policy on issues such as confidentiality, harassment;
- agreeing a procedure for adhering to any dress code;
- agreeing the point at which the individual will commence using single sex facilities in their new gender (such as toilets).

(vi) *Will the job role of the transitioning employee need to be reviewed?*

It may be helpful to consider relocating a transgender person during the initial period of their transition. For example:
- a male to female transgender person doing heavy manual work could find that the effects of hormones and, later, gender surgery reduces their body strength.
- the working environment may be stressful for someone experiencing gender transition or;
- direct contact with the general public may be stressful during early transition.

Where a Single Sex Genuine Occupational Requirement applies to the post, a change of job may be required by legislation (refer to part 9 (ii)).

(vii) *Should a lead in time for the RLE be agreed?*

Yes. A fair and reasonable lead-in to the commencement of the Real Life Experience should be agreed between the line manager and the transitioning employee to ensure that the appropriate adjustment and arrangements can be made objectively, considerately and sensitively. This lead-in time should be regarded in weeks, rather than days or months.

It is advisable that where possible a period of leave is taken immediately preceding the arrival at work in the employee's new identity. This time can be used by the first point of contact, with the agreement of the transitioning employee, to inform immediate colleagues and or personal confidants. This has the benefit of providing the transitioning employee with a group of people to whom they can relate, seek encouragement and support on their first day of transition.

(viii) How should other employees and service users (where appropriate) be informed?

A communication/education framework should be agreed between the transitioning employee and their line manager as to who justifiably 'needs to know', i.e. colleagues and/or clients working directly with the transitioning employee and who will notify these people, i.e. the first point of contact or the transitioning employee.

Colleagues, clients and the public should not be informed that an employee is intending to undergo, or is undergoing, gender reassignment, without the individual's explicit consent. It is never appropriate to inform colleagues, clients and the public that an employee has in the past undergone gender reassignment. This should be a private matter since gender reassignment will have no bearing on that person's ability to do their job.

Notifying colleagues should encourage the re-establishment of objective links and working relationships with the transitioning employee, quickly address any potential anxieties, stereotypical views, effect successful integration back in to the workplace and reinforce policies on bullying and harassment. The line manager, or first point of contact, should be alert to staffing problems within the team during the Real Life Experience (RLE) and take a proactive role in reminding others of their duties and responsibilities. Any issues that do arise should be discussed with the transgender employee's consent.

(ix) Is time off for medical appointments applicable?

Yes. Time off for medical or other treatment should be treated no less favourably than time off for illness or other medical appointments.

Where possible the transitioning employee should confirm with the line manager, or first point of contact, anticipated time off for medical appointments.

Flexibility should be offered to individuals who may need to take holiday or rearrange working hours in order to attend additional appointments (e.g. electrolysis). Procedures which may be considered 'cosmetic' in the case of non-transgender staff have particular significance for transgender staff in terms of their emotional well-being and the success of their transition. Appointments for such procedures should be approached with due sensitivity and flexibility by managers and colleagues.

(x) If there is a dress code in place what should happen?

Consideration should be given to what, if any, flexibility may be required to accommodate the transition if there is a dress code applying to the job done by the employee.

(xi) What should happen with regard to the use of toilet and cloakroom facilities?

A pre-Real Life Experience (RLE) decision on the use of toilet and cloakroom facilities should depend on all the circumstances, including the stage reached in treatment, how the employee presents and the views of other employees. Unisex toilet facilities (which could include the use of a disabled toilet) MAY provide adequate respect and dignity for the transitioning employee, but should never be seen other than as a temporary response. An employee who has undergone gender re-assignment surgery and/or if they declare they are in possession of a full or interim GRC should be using the toilet and cloakroom facilities appropriate to their new gender role.

(xii) ***How will personal records be amended & confidentiality assured?***

After gender reassignment, personal records such as telephone directories, prospectuses, web biographies and employment details should be amended to reflect current name, title and sex. However, some instances may necessitate the need to retain records relating to an individual's identity at birth, e.g. pensions purposes, professional status or qualifications (see also part 10 (ii)). In this regard Section 22 of the Gender Recognition Act applies.

Once an individual has obtained a Gender Recognition Certificate a copy should be placed on the personal file.

(xiii) ***What can members of staff do to make the transition easier?***

All members of staff should try to refer to the transgender person by their new name and use pronouns appropriate to their new gender role. In the early days it is only natural that people may occasionally get mixed up, and the transgender person should be aware that this could happen and be prepared to make reasonable allowances.

Managers must also be aware of the genuine concerns that members of staff may have, and resolve any issues quickly. Unfortunately, no matter how much preparation is made and support given, there may still be people who do not understand the situation or are unsympathetic. It is advisable to discuss this in advance with the transgender person and agree informally how they would prefer this to be managed.

It is important to note, however, that if it is considered that a member of staff has acted in a discriminatory way, this will be considered a disciplinary matter and could result in dismissal.

13. Support mechanisms

13.1 Internal: Staff Counselling Service

A <u>confidential</u> counselling service is available to all council staff and can be accessed directly by calling on (01273) 481738.

The Service can assist with a wide range of issues including: financial and relationship problems, stress and long term ill-health. In addition to information, advice and support, arrangements for counselling can also be made if you are experiencing problems affecting your work.

13.2 Information and support is also available from the Gender Trust. Refer to Appendix B for full contact details, together with external support mechanisms available to staff to obtain further information and guidance.

14. Pensions

Everyone born after April 1955 now receives state pension at 65. Women born before 1950 can claim state pension at 60. For state pension purposes, transgender people have until recently been regarded as the sex recorded at birth. However, a ruling in the European Court of Justice in 2006 states that once male-to-female transgender people receive a Gender Recognition Certificate, they must then receive state benefits relating to their age and new gender.

The effects of this ruling are time limited for future claimants. From 2010, the UK will be gradually equalising the state retirement benefit age from 60 to 65, but this will take a further 10 years to bring into effect. This means that from 2020, all women born after 5 April 1955 will have to wait until age 65 to receive their state pension.

Contact the Pensions Team for further information.

15. Bibliography

The Gender Trust www.gendertrust.org.uk
A Place at the Table www.aplaceatthetable.co.uk
Press for Change www.pfc.org.uk
Spectrum
Women & Equality Unit: "Gender Re-assignment – A Guide for Employers"
January 2005 www.womenandequalityunit.gov.uk
TUC – Monitoring LGBT Workers www.tuc.org.uk
Equality Challenge Unit www.ecu.ac.uk

Refer also to Appendix B for confirmed support mechanisms and contact details

Appendix A:

Common Interpretations of the term 'Transgender' - *(Reference the Gender Trust)*

'Transgender' is a modern day term. Common interpretations are as follows:
1.   As an umbrella term to cover the entire trans community e.g. Transvestites, Transsexual and Transgender people (and even in some cases those diagnosed and identified as 'Intersex' or 'Gender Variant' i.e. where individuals do not fit comfortably into what we think of as typically male or female).
2.   An individual who lives in their acquired gender with or without some medical intervention and with no desire or intention to undergo gender re-assignment surgery
3   An individual who adopts an undefined gender identity, seeking to be a 'third sex' and adopting a persona that is not gender specific.

Definitions/Terms of Reference *(from various sources)*

Transsexualism
"A desire to live and be accepted as a member of the opposite sex, usually accompanied by a sense of discomfort with, or inappropriateness of, one's anatomic sex and a wish to have hormonal treatment and surgery to make one's body as congruent as possible with the preferred sex". *(Ref: World Health Organisation)*

Transgender
An umbrella term used to include Transsexual people (see **Transsexual (person)**, below), Transvestites (see **Transvestite**, below), and gender variant people.

Trans (Person)
A generic term generally used by those who identify themselves as Transgender (see **Transgender,** above), Transsexual (see **Transsexual (person),** below) or Transvestite (see **Transvestite,** below).

Transsexual (Person)
A person who feels a consistent and overwhelming desire to transition and fulfil their life as a member of the opposite sex, usually to the extent of considering or undergoing gender reassignment.

Transvestite
This is the clinical name for a person who dresses on occasion in the clothing of the opposite sex. Generally, these persons do not wish to alter their body, but may experience discrimination or harassment on the grounds of their perceived gender identity.

Transition
This is the process of acquiring a new gender. Transition can be a long process, and the difficulty many Trans people encounter during transition can result in loss of employment, homelessness, mental health issues, and risk of suicide.

Gender Identity
Is a person's inner sense of what they are, whether male or female, a mixture of the two or something else entirely. When this identity equates with the body it is

expressed without issues and is visible; when it differs it may well be hidden, due to fear of social consequence.

Gender Dysphoria or Gender Identity Disorder
This is where a person's gender identity does not match their appearance and/or anatomy.

A person with gender dysphoria can experience anxiety, uncertainty, or persistently uncomfortable feelings about their birth gender. They may feel that they have a gender identity that is different from their anatomical sex. This in turn **may** lead to a fear of expressing their feelings and a fear of rejection, which **may** lead to deep anxiety, leading to chronic depression and possibly attempted suicide. Sometimes a person with gender dysphoria assumes an identity in the opposite sex. This may involve undergoing hormone and perhaps surgical treatment to change their sex physically, although medical treatment is not a prerequisite of transsexualism or of being recognised in the acquired gender.

Gender Re-assignment
People with Gender Dysphoria who decide to adopt the opposite gender to the one assigned at birth are known as **'transsexual or transgender people'**. Medical treatment to enable trans people to alter their bodies to match their gender identity is highly successful. The process is known medically as 'gender reassignment'. The term also includes persons living in their new gender, but who have elected for personal reasons not to undergo surgical treatment. This can be for personal reasons connected with their health, age, or finances. The process of gender reassignment will normally involve a period of at least one year when the trans person must live and work in the gender to which he/she is reassigning (the 'real life experience (RLE)') and hormone treatment. If the person decides to undergo surgery, this will follow the real life experience.

Real Life Experience (RLE)
The Real Life Experience is a period of time, a minimum of 12 months and typically between 12 and 24 months, living continuously in the gender role with which the individual identifies. The progression from one gender role to the other usually requires support from specialist services during progression through changes in social, family, domestic and work life.

The aim of the RLE is to assist the patient and professionals in decisions about how to proceed. There will be circumstances where the RLE may need to be extended, with the reasons being discussed with the individual.

The quality of the RLE is assessed through discussions about the individual's ability to consolidate their gender role in areas such as employment, voluntary work, education or training, or some other stable social and domestic lifestyle; formally adopt a gender appropriate first name and to demonstrate that society is aware that they are living in their new role *(taken from the "Gender Dysphoria Assessment & Treatment Policy" for Brighton & Hove PCT/East Sussex Downs & Weald PCT, Hastings & Rother PCT).*

Gender Recognition

The Gender Recognition Act 2004 allows trans people (who are able to satisfy the necessary evidential requirements) to apply for full legal recognition in their acquired gender. Following a successful application, the law regards the transsexual person, for all purposes, as being of their acquired gender.

It is important to note that individuals' who do not apply for gender recognition are legally protected in their gender identity and are able to change their name by deed poll or statutory declaration.

Gender Recognition Certificate (GRC)

A certificate, issued by a Gender Recognition Panel, denotes that the holder is legally recognised in his or her acquired gender for all purposes. This means that the person in question now belongs to their new gender in both a legal and social context, and confers full legal protection in the acquired gender. A full GRC also gives the holder the means to obtain a new birth certificate. Not all Trans people (see **Trans (person)**, above) can be issued immediately with a full GRC, and some groups – for example, Trans people who married before transition (see **Transition**, above) – are bound by separate rules in order to acquire a full GRC. A person in possession of an interim GRC must be accepted and treated as a man or woman.

Sexual Orientation

An orientation towards persons of the same sex (lesbians and gay men) or an orientation towards a person of the opposite sex (heterosexual) or an orientation towards persons of the same sex and the opposite sex (bisexual). Transgender people can be heterosexual, lesbian, gay or bisexual.

Gender Variant

A general term used to describe the large range of possible difference in gender identity.

Intersex Condition

Intersex condition occurs when the anatomical sex of a person is ambiguous, and involves having a combination of the physical or chromosomal characteristics of both sexes at birth. For a variety of reasons, one in 80 or so babies is born with some kind of sex or gender anomaly. This could be, for instance, because the pregnant mother has additional hormones in her system, which she has absorbed from, say, medication or the environment, and which she has passed on to the foetus, or the foetus itself may be sensitive to the influence of certain hormones. Occasionally sex/gender anomalies may be associated with unusual chromosomal patterns e.g. XXY, XYY, XO, or even a mosaic (more than one chromosome pattern in the tissues of one individual). The possible permutations are numerous and all such variations may be described as 'Intersex' conditions. *(Reference "Transition in the Workplace" by the Gender Trust).*

FtM (Female to male trans person) – usually known as Transmen

A person who is changing, or has changed, gender from female to male.

MtF (**Male to female trans person) – usually known as Tranwomen**

A person who is changing, or has changed, gender from male to female.

APPENDIX B: Support Mechanisms

Corporate Membership of the Brighton Gender Trust

Corporate members of the Gender Trust receive:

1. Unlimited free access to telephone and email support on any transsexual issue.
2. An annual visit from one of the gender Trust volunteers to discuss any problems, questions or support needed, or:
Support at the organisation's premises for one transition in any year, including as many visits as are reasonably needed.
3. A corporate newsletter at least three times each year.
4. Full voting rights concerning the election of GT officers.
5. Access on request to members' areas of GT website for up to three named individuals.

The Gender Trust

Registered charity No. 1088150
Community Base
113 Queens Road
Brighton BN1 3XG

National Helpline	**Administration Office**
0845 231 0505	01273 234024

Email	**Website**
info@gendertrust.org.uk	www.gendertrust.org.uk

External organisations for advice and guidance:
Taken in part from the Gender Trust Corporate Information

National

Gender Identity Research and Education
Melverley, The Warren, Ashstead, Surrey KT21 2SP
Tel: 01372 801554
Email: info@gires.org.uk   Website: www.gires.org.uk

Press for Change (Trans-political/lobbying organisation)
BM Network, London WC1N 3XX
Email: editor@pfc.org.uk   Website: www.pfc.org.uk

Gender Recognition Certificates (Information & help connected with applications for Gender Recognition Certificates)
Website: http://www.gires.org.uk/grpex.php

The FTM Network (Support for FTM Transsexuals)
BM Network, London WC1N 3XX
Website: www.ftm.org.uk
Hormone Treatment for FTM Transsexuals: www.ftm.org.uk?faq/hormones

UK Intersex Association
Email: jhl@ukia.co.uk
Website: www.ukia.co.uk

Androgen Insensitivity Syndrome Support Group
AISSG UK, PO Box 429, Oldham, Lancs, OL4 4ZT
Email: uk@aissg.org   Website: www.medhelp.org/www/ais

XY Turners – Genetic Mosaic Support Group
Box 5166, Laurel, MD 20726, USA
Email: info@xyxa.org   Website: www.xyxo.org

Harry Benjamin International Gender Dysphoria Association
1300 South Second Street, Suite 180, Minneapolis, MN 55454 USA
Email: hnigda@hbigda.org Website: www.hbigda.org

Sexuality.com (Hormone Therapy for FTM Transexuals)
Website: www.sexuality.org/l/transgen/f2m.html

Equal Opportunities Commission
Arndale House, Arndale Centre, Manchester M4 3EQ
Tel: 0845 6015901
Email: info@eoc.org.uk   Website: www.eoc.org.uk

The Home Office
Direct Communications Unit, 2 Marsham Street, London SW1P 4DF
Email: public.enquiries@homeoffice.gsi.gov.uk
Website: www.homeoffice.gov.uk

Information Commissioner's Office
Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF
Tel: 01625 545745
Email: mail@ico.gsi.gov.ukWebsite: http://www.ico.gov.uk/

Women and Equality Unit, 2nd Floor, Ashdown House, 123 Victoria Street, London, SW1E 6DE
Email: minister@dwp.gsi.gov.uk   Website: www.womenandequalityunit.gov.uk

www.tsroadmap.com – a practical guide to the transsexual journey

Local to Brighton & Hove

www.clareproject.org.uk – The Clare Project is the Brighton & Hove self-help group for people with gender identify issues.

OVERVIEW & SCRUTINY COMMISSION	Agenda Item 80
	Brighton & Hove City Council

Subject:	**ICT Strategy Update**
Date of Meeting:	**27 March 2012**
Report of:	**Strategic Director Resources**
Contact Officer: Name:	**Paul Colbran** **Tel: 29**
E-mail:	Paul.colbran@brighton-hove.gov.uk
Wards Affected: All	

FOR GENERAL RELEASE

1. **SUMMARY AND POLICY CONTEXT:**

1.1   The ICT Strategy 2011 – 2016 sets out the Council's long-term approach to the delivery of information and technical services. The Strategy was approved by 13 October 2011 Cabinet (Reproduced here as Appendix 1)

1.2   This report is a summary and update as requested by the Overview & Scrutiny Commission. A presentation will be given by the Head of ICT (Appendix 2 of this report)

2. **RECOMMENDATIONS:**

2.1   To note the ICT Strategy and progress made so far.

2.2   To comment on potential future involvement of scrutiny in the ICT Strategy.

3. **ICT STRATEGY**

3.1   The ICT Strategy sets out the role of ICT as a facilitator for transformation, value for money public service delivery and a key contributor to the delivery of the Council's current and emerging priorities.

3.2   The ICT Strategy recognises that effective exploitation of technology is essential to delivering the organisations objectives. Our strategy is an ambitious programme intended to incorporate ICT into everyday business. It will ensure the early factoring of technology considerations into the design of policy increases digital inclusion, reduces the cost of our operations, and ensures information is shared and transparent where possible and always handled appropriately.

3.3   Delivering the strategy will support the Council's plans for economic growth and enable workforce transformation providing the tools to deliver a council the city deserves.

3.4   The ICT Strategy aims to drive maximum value from the Council's information and technology assets to underpin different ways of working, support different methods of engaging with citizens and partners and to achieve joined up public service delivery for our customers and communities.

4   SUMMARY OF PROGRESS

4.1   Since publishing our strategy ICT has continued to underpin the Workstyles programme providing a flexible working environment through mobile technologies, electronic scanning of documents and an upgraded voice services platform.

4.2   The replacement of outdated technology including software supporting our website has contributed to improving web services and enabling online transactions. This will support the development of mobile technology services to improve the efficiency of our field workforce and to improving customer experience through self service options and services over the internet.

4.3   An information management programme has been established to introduce a strengthened information governance framework. Working closely with the Information Commissioners Officer we are developing standards and controls which will allow information to be joined and used effectively. We have started to implement enhanced security measures organisation wide which allow information to be shared with partners and introduce safer practices for the use of removable media for staff working flexibly.

4.4   In line with our aim to adopt technologies which reduce administration and realise service efficiencies the implementation of an online room booking system for all core council offices has seen a reduction in the burden for both admin staff and users looking for meeting facilities.

4.5   Brighton & Hove City Council is jointly leading the establishment of the LINK consortium, a partnership of public service organisations across Sussex working together to collectively reduce cost and create a model for collaboration between partners and the wider public sector. Established initially by a collective need to replace individual Wide Area Networks with new Public Service Networks the LINK partnership is already preparing to collectively procure additional building block services such as voice services.

4.6   The LINK is an example of where ICT is working collaboratively with other public sector partners to remove the barriers to sharing information and delivering services in partnership.

5.   FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1   Financial implications are detailed in the Cabinet report, Appendix 1.

Legal Implications:

5.2   Legal implications are detailed in the Cabinet report, Appendix 1.

Equalities Implications:

5.3   Equalities implications are detailed in the Cabinet report, Appendix 1.

Sustainability Implications:

5.4   Sustainability implications are detailed in the Cabinet report, Appendix 1.

Crime & Disorder Implications:

5.5   None

Risk and Opportunity Management Implications:

5.6   Risk and Opportunity Management implications are detailed in the Cabinet report, Appendix 1.

Corporate / Citywide Implications:

5.7   Corporate/Citywide implications are detailed in the Cabinet report, Appendix 1.

SUPPORTING DOCUMENTATION

Appendices:

   1.   ICT Strategy 2011-2016 report to 13 October 2011 Cabinet
   2.   Powerpoint presentation to OSC by Head of ICT

Documents in Members' Rooms:
None

Background Documents:
None

OVERVIEW AND SCRUTINY COMMISSION	Agenda item 80 Appendix 1
	Brighton & Hove City Council

Subject:		ICT Strategy 2011- 2016
Date of Meeting:		Cabinet 13 October 2011 OSC 27 March 2012
Report of:		Strategic Director, Resources
Lead Member:		Cabinet Member for Finance & Central Services
Contact Officer:	Name:	Paul Colbran Tel: 29-0283
	Email:	paul.colbran@brighton-hove.gov.uk
Key Decision:	Yes	Forward Plan No: CAB24410
Ward(s) affected:		All

FOR GENERAL RELEASE

1.   SUMMARY AND POLICY CONTEXT:

1.1   The purpose of this report is to introduce the Information and Communication Technologies (ICT) Strategy which sets out the council's long term approach to the delivery of information and technical services. This strategy supersedes the ICT Strategy 2008 -2012.

1.2   The Strategy sets out the role of ICT as a facilitator for transformation and a key contributor to the delivery of the new corporate plan.

1.3   ICT will help implement different ways of working, support different patterns of engagement to improve services for our customers and communities, and underpin initiatives for providing excellent customer service and delivering Value for Money.

1.3   The Strategy outlines the direction for future ICT services. Delivery of the strategy will be subject to detailed planning undertaken in accordance with organisational business planning and governance processes.

2.   RECOMMENDATIONS:

2.1   That Cabinet approves the council's ICT Strategy 2011-2016 set out in full at Appendix 1

3.   RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:

3.1   The Councils IT capability has grown organically over a sustained period of time but has predominantly been designed around the needs of individual services rather than being purposely defined to meet the collective needs of the wider organisation and those of its partners.

3.2 Currently, the Council has more than 300 independent IT systems which, because of their age, are expensive to support and difficult to update or link together. Information is inconsistently captured and replicated across many systems, documents and databases leading to multiple versions of similar information (for example, address details). The current position is impacting our ability to use data to make informed decisions, restricts our capability to fully join-up with our partners and forces duplicated entry of information (for example, customer details) resulting in inconsistent data quality and reduced levels of customer service. Going forward this will be both costly to maintain and a barrier to meeting many of the Council's objectives.

3.3 The ICT Strategy is a key enabler for our transformation programmes and therefore a key ingredient for better public service outcomes across the city. It sets out how the council can derive best value from its ICT investments whilst also reducing cost. It is service rather than technology led and supports the Council's ambition to be more transparent, open to public scrutiny and share more with citizens. New technologies designed and implemented to meet council priorities will bring flexibility to the working environment, allow citizens to access services when and how it suits them and improve communication with partners, business and communities.

3.4 The strategy has a number of components which taken together create a coherent model for change. Information is at the centre acknowledging its importance as a strategic resource. The intelligent use of information will allow us to target investment where it is most needed and find new and efficient ways to interact with our customers, reduce costs and increase income. The strategy is to capture information just once, store it centrally in easy to understand and access forms, kept secure and presented using web based technologies.

We will use technologies that already exist, rather than develop our own and that we can easily join-up across Council services. Our focus will be on technologies that have the flexibility to interact with citizens, businesses and partners, anywhere they are located at anytime over a wide variety of computing devices. We will continue to invest in technologies which ensure we deliver services safely and securely whilst protecting the integrity of personal and sensitive information.

3.5 The strategy is based on a number of core principles relating to Information, Applications and Technology supporting the councils proposed operating model and corporate objectives. These principles include:

- Capture data once and re-use information, holding only that that is essential
- Open up our information to public use as much as possible
- Design our systems so that information can easily flow throughout and beyond our organisational boundaries
- Standardise and share applications across the council avoiding bespoke systems.
- Provide a standard means of accessing all council systems in a safe and secure fashion
- Make systems mobile so that data can be captured at source and information is available wherever it is best used.
- Make systems simple to use and empowering.

3.6   Sustained funding will be required to ensure our infrastructure and core technologies remain resilient, fit for purpose with capacity to grow in line with organisational demand. The strategy will therefore be supported by detailed plans developed incrementally over time and subject to normal governance arrangements to ensure any investment continues to provide value and is consistent with evolving business need.

4.   COMMUNITY ENGAGEMENT AND CONSULTATION

4.1   The ICT Strategy underpins the objectives outlined in the Corporate Plan that will be consulted upon separately. In addition, individual detailed plans resulting from this strategy will be consulted upon as required.

5.   FINANCIAL & OTHER IMPLICATIONS:

Financial Implications:

5.1   Significant funding will be required to deliver the ICT Strategy in support of the Corporate Plan. A business case will be prepared for each project and the benefits, investment requirements and Return on Investment assessed. Each business case will be subject to a robust governance process and funding requests of over £500,000 will be reported back to Cabinet for decision.

5.2   The Medium Term Financial Strategy assumes that £500,000 is allocated per annum towards the ICT Fund to address the funding of central network support and improvements to the ICT structure. A costed and staged implementation plan will be developed and funding requirements over and above the ICT Fund identified.

5.3   Financial Models will be prepared for key 2012/13 projects which support the Change Programme and considered as part of the revenue and capital budget strategies.

Finance Officer Consulted: Anne Silley   Date: 22/09/11

Legal Implications:

5.4   Cabinet has authority to agree the recommendation at 2.1 above, as the formulation and approval of the ICT strategy is an executive function.

5.5   As indicated in 5.1 above, ICT projects costing in excess of £500,000 may only be authorised by Cabinet or the relevant Cabinet member, in accordance with the council's contract standing orders, and will be subject to standard procurement procedures.

Lawyer Consulted: Oliver Dixon   Date: 26/09/11

Equalities Implications:

5.6   The ICT Strategy supports the council's commitment to promote equality via the use of technology and information systems. The ICT Equalities Impact Assessment (EIA published in September 2010) will be reviewed as part of the

process of updating plans resulting from this strategy. The resulting action plan will demonstrate how we can continue to ensure that effective, appropriate and accessible services are delivered on the council's behalf.

Sustainability Implications:

5.7   The ICT Strategy sets out how we will sustainably manage IT services and assets. We will ensure that procurement and sourcing takes account of manufacturing and disposal practices and where possible we will use local providers to support sustainable economic development. In addition a number of the proposed initiatives (such as mobile & flexible working, consolidated infrastructure, thin client computing and citizen self-service) support the wider corporate commitment to sustainability and energy efficiency.

Crime & Disorder Implications:

5.8   None

Risk and Opportunity Management Implications:

5.9   The risks section of the strategy outlines the major risks associated with the implementation of the ICT Strategy and considers approaches to mitigation. Previous risk assessments carried out against ICT service provision have been included in the Corporate Risk Register. A review of those risks will be carried out against the revised strategy.

Public Health Implications:

5.10   The ICT Strategy supports the sharing of data and joined up delivery with public service and community partners including Health organisations to deliver improved public service outcomes.

Corporate / Citywide Implications:

5.11   The ICT Strategy is a key enabler for transformation across the council and demonstrates how we can derive significant value from ICT investments whilst reducing running costs. It argues that we can deliver a coordinated service, based on an understanding of common shared needs across the organisation. It will support new ways of working that allow better use of physical resources, collaboration, sharing of information and potential economies of scale through shared services. It supports the transparency agenda by allowing us to open up our data to public scrutiny and it allows us to develop our offering of on-line transactional services which make it simpler and more convenient for customers to make contact with us.

6.   EVALUATION OF ANY ALTERNATIVE OPTION(S):

6.1   None considered.

7.   REASONS FOR REPORT RECOMMENDATIONS

7.1   ICT underpins many of the council's operations. Information and technology not only serves the needs of the councils business functions but has become a driving force for change, innovation and service delivery across the city. The ICT

Strategy supports the delivery of a cost effective, efficient and responsive ICT service. Without an overall coherent strategy we will be unable to demonstrate long term, sustainable benefit from our ICT investment, be unable to meet the ambitions of the council and in so doing both save money and protect frontline services.

SUPPORTING DOCUMENTATION

Appendices:

1.   Brighton and Hove City Council: ICT Strategy 2011 - 2016

Documents in Members' Rooms

None

Background Documents

None

Brighton & Hove City Council ICT Strategy

2011 - 2016

Authors	Anita Baxter, Head of ICT Business Strategy
	Sophie Cox, Business Engagement Manger
	Dan Snowdon, Business Engagement Manger
Principle contributors	Paul Colbran, Head of ICT
	Karen Guthrie, Head of ICT Operations
	Nigel Turley, ICT Infrastructure Manager
	Mark Watson, Head of ICT Information Systems

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Contents

1.   EXECUTIVE SUMMARY

Public service organisations face unprecedented social, environmental and economic challenges. This places huge demands on Local Authorities to respond with creative and innovative services. Although challenging, for Brighton & Hove this environment presents new opportunities for the City to be a leader in innovation and a magnet for innovative businesses, where technology is applied rapidly, effectively and sustainably to create wealth and enhance quality of life.

We live in an information age where the initiatives propelling the city towards change have information at their core. These include requirements for the City Council to be more transparent by opening up its data to public scrutiny; to share more with citizens and partners what we do, what we spend and why and to use information and technology to engage more with our communities in decision making and the development of place based services. Our citizens must be able to participate fully in the democratic process through digital inclusion; to embrace opportunities to self serve when and where they wish; and to access services when they need them and take control of their own information.

The City Council is fundamentally changing the way it operates. The objectives of 'A council the city deserves', underline the need for us to change the way we deliver services to save money and protect frontline services. We can no longer afford to work in isolation or in silos and will only achieve our aspirations by working collaboratively within the Council, with local communities, with other public services, private organisations and third sector partners.

The Council is a large and diverse business, engaged in many forms of activity. Using information, systems and technology effectively together to transform council's processes will underpin our ability to commission and deliver services with partners to meet evolving needs of the city.

Our strategy demonstrates that ICT has a deep understanding of organisational ambitions and is able to align itself as a strategic partner to deliver citywide services. We propose to radically change the structure of all components which make up the existing enterprise architecture[1]. We will develop a technology platform which underpins transformation by enabling us to rapidly develop self-service web based products, to model, automate and manage the business processes behind these products and improve the connections and flow of information between systems.

ICT will provide reliable, secure, useful and easily accessible information resources and related services that are innovative and coordinated, cost effective and crucially place customer needs at the centre of service delivery. The key to success will be our determination to ensure that we develop high value systems and technology services that are;

Information driven
able to reliably and continuously gather data
and information from physical environments.

Intelligent
to enable the extraction of value from collected data

User centric
to fit with user requirements, preferences and processes, whether the
user is internal, a citizen, a business or a local partner.

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[1] **Enterprise architecture** is a comprehensive framework used to manage and align ICT assets, people, operations, and projects with its operational characteristics. The enterprise architecture defines how information and technology will support the business operations and provide benefit for the business.

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2. ICT CONTRIBUTION TO ORGANISATIONAL SUCCESS

Public sector leaders continue to recognise technology's critical role in changing the way public services are designed to work and for raising productivity in response to increasing business and public policy demands. Information and technology not only serves the needs of the councils business functions but has become a driving force for change, innovation and service delivery across the city.

Our strategy concentrates on addressing the immediate needs by responding to reducing budgets and increasing business and citizen expectations whilst keeping one eye on the future as technology continues to evolve at an increasing pace. The role of ICT has shifted from being a provider of technology services to concentrating on business processes, enhanced organisation IT and business skills with a more active role in change initiatives.

The current technology environment has grown organically over many years and reflects the traditional silo organisational structure. This has generated an environment with more than 300 applications, duplication of systems and data, applications which force business processes and discrete information structures preventing data from being joined up across applications.

The existing environment has broadly met the needs of the organisation but is costly to maintain and is a barrier to interoperability and information sharing.

The technical architecture lacks flexibility, prevents agility, has a reliance on expensive hardware preventing cost effective integration between systems which leads to an inconsistent customer experience. Many of the systems are proprietary and expensive to change further restricting the ability to interface easily with partners in the city i.e Health, Police and CVS.

The imperative to move from traditional methods of public service delivery highlights the role of technology to support different ways of working, different patterns of engagement with customers and communities and underpin the delivery of services designed around customer needs.

ICT intends to put in place an ambitious programme to radically change the structure of all components which make up our technology and information architecture. This will be underpinned by service redesign, the development of strong governance based on best practise, an IT workforce skilled in business and change management and improved financial and supplier management.

ICT will provide reliable, secure, useful and easily accessible information resources and related services that are innovative and coordinated, cost effective and place customer needs at the centre of service delivery. The key to success will be the development of high value systems and services. Collectively these changes will deliver a technology platform that is agile, collaborative and supports the council in achieving its stated outcomes.

Information

Through the prolific growth of service centric IT systems and data repositories the council is regarded as being information rich but knowledge poor, unable to easily join up and exploit the volumes of information available. Information is held in 'islands' preventing it from being joined up across applications or effectively shared with partners. Much of our information is held as unstructured data in millions of documents unable to be made useful and representing multiple versions of related information. In order to be useful information needs to be accurate, findable, shareable and structured before it can be used intelligently to allow the design of services that meet evidenced based need.

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An objective will be to break down information silos, both within the organisation and between partner organisations with which the council engages. By increasing information flows between organisations we will be able to support intelligence led service commissioning providing accurate and timely information which underpins good decision making and cost reduction.

ICT will introduce an operational (information management framework) and technical information framework (technical enterprise architecture) supported by standards and guidance for the organisation to effectively manage and exploit its information assets. We will deliver a simplified and more flexible architecture which provides seamless information sharing between front and back office functions;

Collaboration

The council has established itself as a lead and enabler for development of strategic partnerships throughout the city. It will bring together the diverse groups, communities, service providers, charities and businesses across the city in order to achieve common goals and aspirations.

In the council we have a prime difficulty in marshalling accurate and timely information to support decision making and information sharing. The drive for joined-up, early interventions to deliver better outcomes at lower cost challenges existing information sharing practice, and makes new demands on information analysis, presentation and systems

The ICT team will build upon existing capability developing the skills necessary to build partnerships, support service redesign, and to help business areas develop innovative solutions. Our focus will be on developing collaborative partnerships providing a transparent but tangible view of the value contributed by ICT to the delivery of service outcomes.

We will provide simple and flexible solutions which facilitate information sharing and an environment in which employees are no longer constrained by physical location, and able to work seamlessly across organisational boundaries.

New Ways of Working

The council provides over 700 services and functions that differ in terms of content, scope and scale leading to a range of technology and systems needs. Historically this has led to a variety of approaches to technology solutions with investment often being driven principally by immediate departmental needs rather than in the context of a bigger picture. This approach is costly both in terms of sustained investment and support resources.

Many of our legacy IT systems drive inefficient business processes, are inflexible and require users to input information into multiple systems. Information is duplicated and inconsistent with customers often being asked to provide the same details each time they contact a different part of the organisation.

Our focus will be to implement a variety of new ways for working which maximising opportunities to mobilise our field workforce, enabling more flexibility for staff and make better use of resources for the council to improve the customer experience.

These new ways of working will also support partnerships models requiring the flow of information between multiple organisations' networks, wider use of mobile devices and the need to establish consistent data capture and reuse.

We will extend self-service to staff in any given locality, including through their own personal devices, enabling more efficient, effective and flexible workstyles to be adopted.

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ICT Key Priorities

The following table describes the key organisational themes that this strategy will underpin and illustrates how ICT will take these themes forward:

Organisational requirement	ICT contribution
Deliver services using information that is joined and can be used effectively	Establish an information framework, introduce standards for information management and provide shared repositories for data.
Support organisational change with skills, expertise and resource to enable service redesign	Develop a federated model for business support services
Reduce the total cost of ownership of technology systems and services.	Adopt technologies which reduce administration and release service efficiencies and savings. Support staff to use ICT effectively.
Work collaboratively with other departments, partners and the public.	Provide new ways of collaborating safely, securely and with confidence on-line across organisational and city boundaries. Capitalise on existing partner networks and multi agency service delivery
Improve employee efficiency and customer experience by enabling self service options and improving access to knowledge and services over the web.	Replace outdated technology in order to improve web services and enable online transactions, personalisation and self-service
Remove technical barriers to sharing information and delivering services in partnership.	Explore opportunities for shared ICT services and options for shared infrastructure with partners. Establish design principles to prevent purchase of unnecessary bespoke solutions.
Ensure that all our citizens can fully participate and enjoy the benefits of digital access channels	Work with our customers to ensure that all avenues for digital engagement are exploited, including social media, customer contact points, learning opportunities through schools and other partners
Enable staff to work in a flexible environment and increase the efficiency of the field workforce	Introduce systems and exploit existing functionality to build in process flow. Provide mobile solutions to those who need them. Introduce access to real-time location data so that mobile fleets and workforce can be allocated and update tasks on demand. Support automation of standard business processes
Identify and implement solutions and technologies which reduce environmental impact	Provide appropriate electronic document and records management solutions. Actively seek technologies that reduce the organisation's carbon footprint. Where possible, use local providers to support sustainable economic development.

Table 1: ICT Contribution to organisational objectives

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The following diagram gives an overview of the strategy and a visual representation of the role of ICT within the context of the organisational environment.
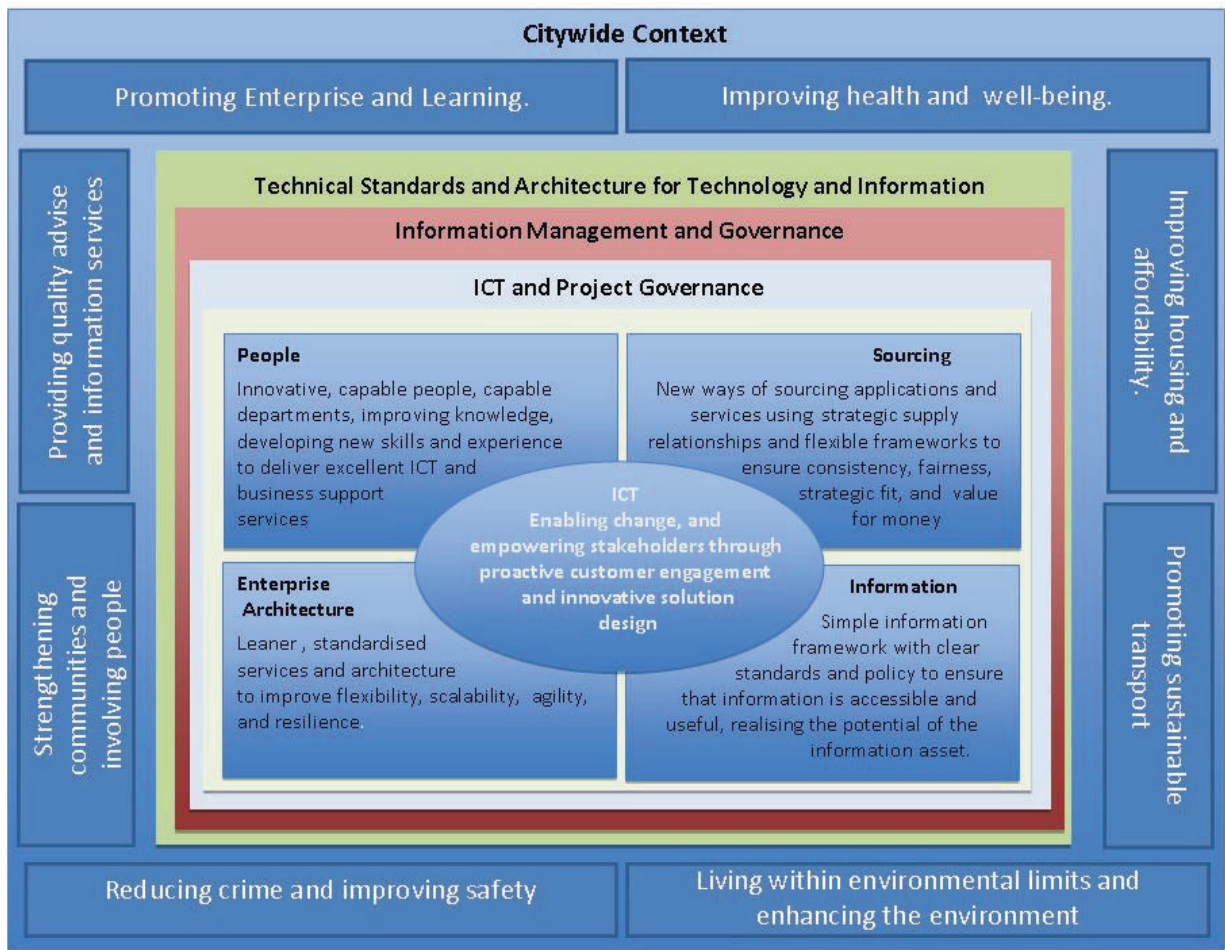
Fig. 1 ICT strategy on a page

3. DELIVERY OF THE ICT STRATEGY

3.1 Enterprise Architecture

Our ambition is for an evolving architecture that delivers over time for a set of principle use cases across the city – these include:

Use Case	Characteristics
Customer	Mobile, Social, Transactional, Personalised, Face to Face
Community	Business, Social, Open, Democracy, Consultation
Workforce	Mobile, Real-Time, Location Aware, Collaborative, Intelligence Led
Partner	Intelligence, Collaborative, Knowledge Sharing, Commissioning, Services

Our aim is to enable simple, secure and sustainable sharing and collaboration across these different user bases providing common views and user experiences. We recognise the differing needs and characteristics of these users, but will demonstrate the value of common platforms which can be combined in different ways for different needs.

The following diagram shows the vision for the future application and information architecture which we expect to have completed designs for by 2015. This model shows how information will be held at the core, structured and processed through subsequent layers and presented through a ubiquitous platform and personalised according to location and role.
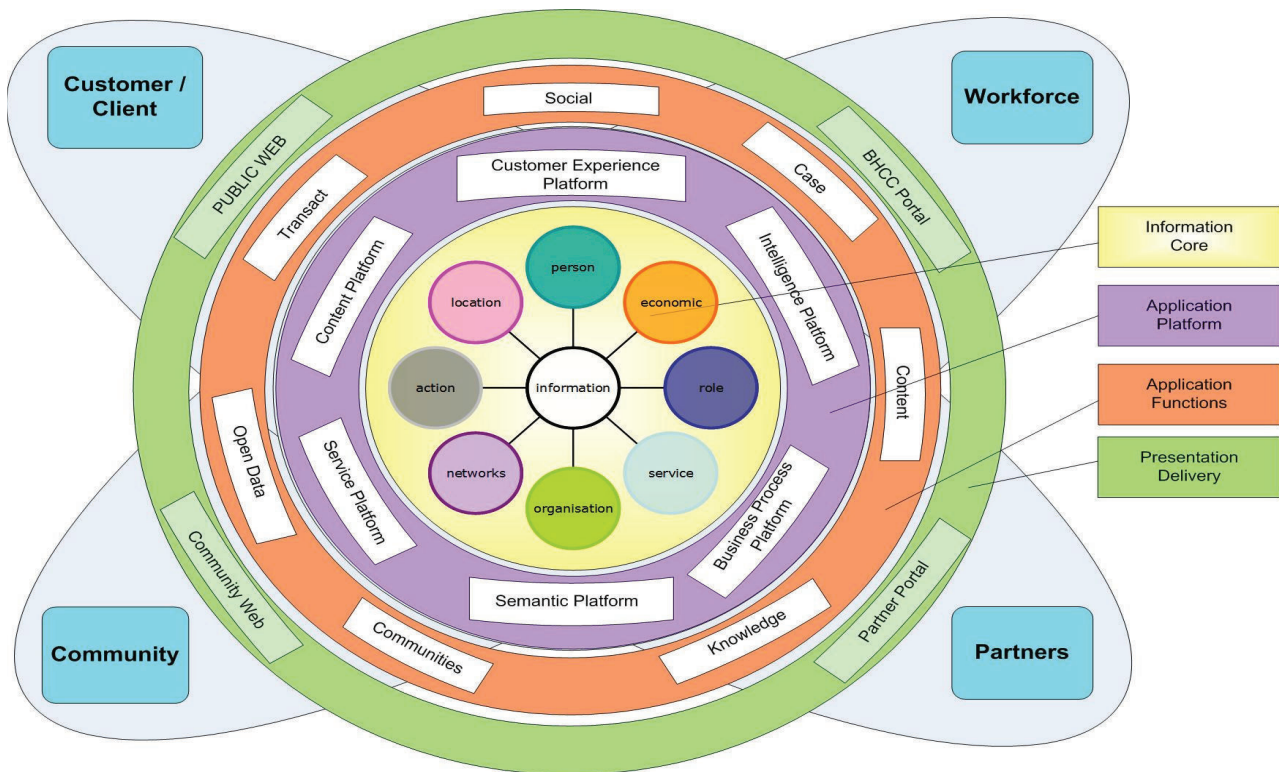
Fig. 6 Future Information/application architecture

By the end of the decade digital delivery is expected to be the default for the majority of local government service interactions with citizens and businesses. These interactions will be characterised by being available on demand with simplified and automated processes providing

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more accessible and joined-up service designed around individual needs. By progressing towards an enterprise architecture, based on emerging open standards, that decouples the technology itself from the users and the application layers we can plan and design technology to support the way we need to work in the future.

3.2   User Architecture

Our aim is to deliver a user experience that is underpinned by the following principles:

Simplicity   Accessibility   Mobility

Standardisation   Flexibility
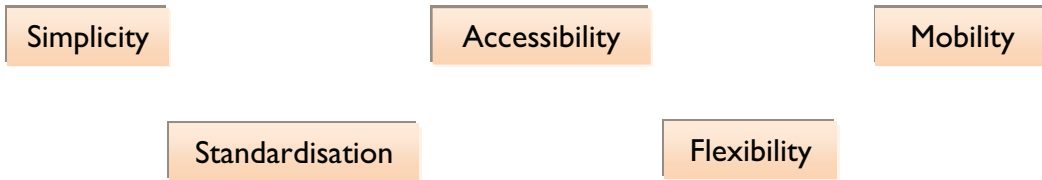
We will develop a single, personalised user interface over time which can be accessed from anywhere with an internet connection allowing individuals to customise and control their environment to meet their need. This will reduce overall support, management and training costs, improve the customer experience and improve public perception of the organisation and the city.

Technologies will be used which capture data at source in real time thereby avoiding inefficient re-/post processing. Integrating mobile capability with back office systems will support timely decision making allowing front line staff to be truly peripatetic.

The conceptual user interface below shows how this may look for a front line worker and a resident. The interface will remain the same for any user whether they be a citizen, business or frontline worker, however, the information will be personalised for that user.

3.3 Information Architecture

Fundamental to the delivery of the council's vision is the effective utilisation and management of information. We must become excellent at understanding our citizens, the service we provide and the market in which we operate.

Information needs to be recognised as a strategic resource that requires management alongside other key resources (i.e people, finance and physical assets). Data and information, both structured and unstructured, will be essential for effective collaboration. ICT will work with all areas of the business and city partners to create an architecture and environment in which information is managed at every point of its lifecycle, from creation and collection through storage, control of access, amendment and deletion, retrieval, usage and eventual archive and destruction.

Furthermore, the intelligent use of information will enable us to understand the impact of services on delivering outcomes for the city, target investment where it will bring the greatest value and continue to find new efficient ways of working to reduce costs and increase income.

ICT will develop information management and assurance processes which ensure that the automated flows of information are secure, appropriate, robust and efficient.

In order to achieve this ICT will introduce an information architecture with the appropriate standards for interchanging data, which ensures we keep data safe but also which supports transparency and open decision making.

These are the operating principles as related to Information Architecture and will be used to aide decision making and future technology investment.

3.3.1 Information Architecture Operating Principles

- **Capture once and re-use information** – Information is treated as an asset, that is captured once, combined and used many times to avoid duplication of information and process. Information assets are re-used wherever it leads to improved data quality, a single version of the truth, reduced cost and increased sustainability.

- **Information held is fit for purpose** - Information remains relevant, adheres to records management standards and industry best practice. The use of information and data takes into account legal and moral obligations to protect confidentiality, privacy and intellectual property. Information and data is made available to those who need it subject to appropriate safeguarding to ensure security.

- **A presumption to safely share information corporately, publicly according to role, unless positively restricted** - All data is held responsibly and shared lawfully. The presumption is to share, except where it can be demonstrated it would be inappropriate to do so. Information is positively made available based on the role of the individual.

- **Manage, govern and publish to common information, data and metadata standards** - Information and data is described using a common and widely understood language and vocabulary so that it can be stored and found easily and is of consistent quality.

- **Information designed for use -** Information and data is portable, accessible and personalised. Information and data is easily available to those that need it, when and where they need it and access will comply with required standards, policies and agreements. Information design authority is vested in the Chief Information Officer / Head of ICT.

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- **Information for intelligence –** Information and data is captured, combined and managed for re-use and analysis within intelligence. Information lineage, relationships and sources are recorded and made visible to enhance the quality of information.

Up to now within BHCC, there has been no overwhelming requirement for a collective approach to Information Management. This has led to:

- localised management of information within departments
- local line of business applications
- large quantities of paper files
- small applications aimed at the needs of distinct teams
- lots of separate information stores with significant duplication

The organisation is changing and now needs to provide for individuals, teams and organisations to work together across information areas. The characteristics of this approach are:

- information drawn together on a subject to improve collaboration and understanding
- eliminating duplication of information to reduce the management overhead and error
- broadening access to what have been paper records to improve access, support workforce mobility and reduce cost
- reduce the burden on staff in seeking out information by delivering the information needed for a role
- encourage resident engagement through proactive publishing of public domain information
- facilitate engagement in decision making through shared knowledge profiles for communities

The varied nature of public sector information means we need to map and categorise our information to understand what can be shared and what can be published. In combining information we drive the development two essential elements –

3.3.1.1 A model of what to combine

3.3.1.2   A description of where information can be shared

Simple Information Domain Model

Open Public	Secure Public
Open Partnership	Secure Partnership
Open Local	Secure Local
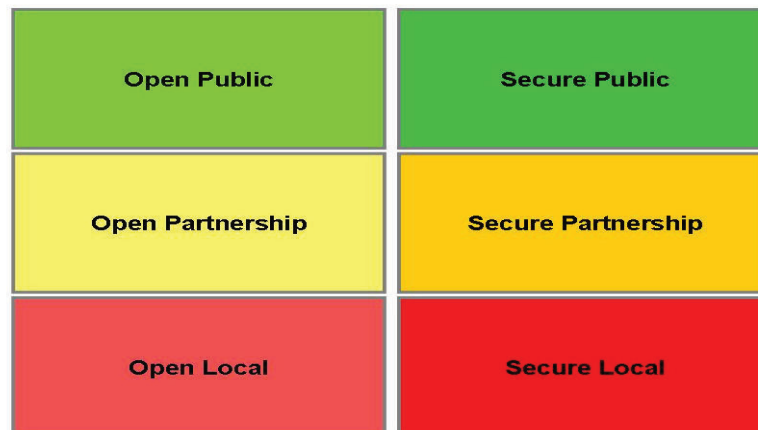
3.4   Application Architecture

These are the operating principles as related to Application Architecture and will be used to aide decision making and future technology investment.

3.4.1   Application Architecture Operating Principles

- **Technology change is governed by the needs of organisational and partner strategy and demonstrable business benefit** – Technology fits with defined architectural design, standards and direction of travel; meet communication requirements for the city; be based on clear strategic and business requirements. Technology allows for and encourages the capability to rapidly and innovatively change business services and processes in a cost effective way to contain total lifetime cost. Technology design authority is vested in the Chief Information Officer / Head of ICT.

- **Simplified and standardised technical architecture** – Technology is provided across a standardised infrastructure that reduces technical diversity and is available to all parts of the organisation and partners ensuring interoperability, sustainability and consistency with established architecture models.

- **Maximise benefits from existing and planned technology investments** - Technologies is retired, re-used or redeveloped to meet similar or changed business requirements across the organisation and with partners, to ensure maximum value for total lifetime cost. Where duplication exists, technologies are rationalised to maximise the value against the total lifetime cost across a functional area.

- **Adopt open standards to enable technical interoperability** - Technologies allow for information, process and services to work across the organisation, the public and with partners. Technologies deliver interoperability supporting effective, sustainable and rapid change by working to defined open standards.

- **Leverage opportunity presented through emerging technologies** - Technology opportunities are used to provide socio-economic and environmental advantage and to maintain relevance to our customers and the users of technology based services.

- **Maximise products and services that support environmental, economic and inclusiveness outcomes** – Technology products and services are designed and commissioned which consider the environmental impact and support sustainable

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economic development. Technology products and services are designed to be inclusive of different needs including accessibility requirements.

- **Sustainable solutions design -** Services and technology offered to the end user and are designed to balance the requirements of the user's role and some elements of personalisation with the need to only implement solutions that are affordable, supportable, have longevity and add value.

The diagram below shows the current application and information architecture which reflects the organisation's traditional siloed structure grown organically over many years. This has created an environment with more than 300 applications, duplication of systems and data, applications which force business processes and non-standard disparate information structures. This is both costly to maintain and is a barrier to interoperability and information sharing which are critical requirements for delivery of intelligent commissioning and the wider ambitions of 'A council the city deserves'.
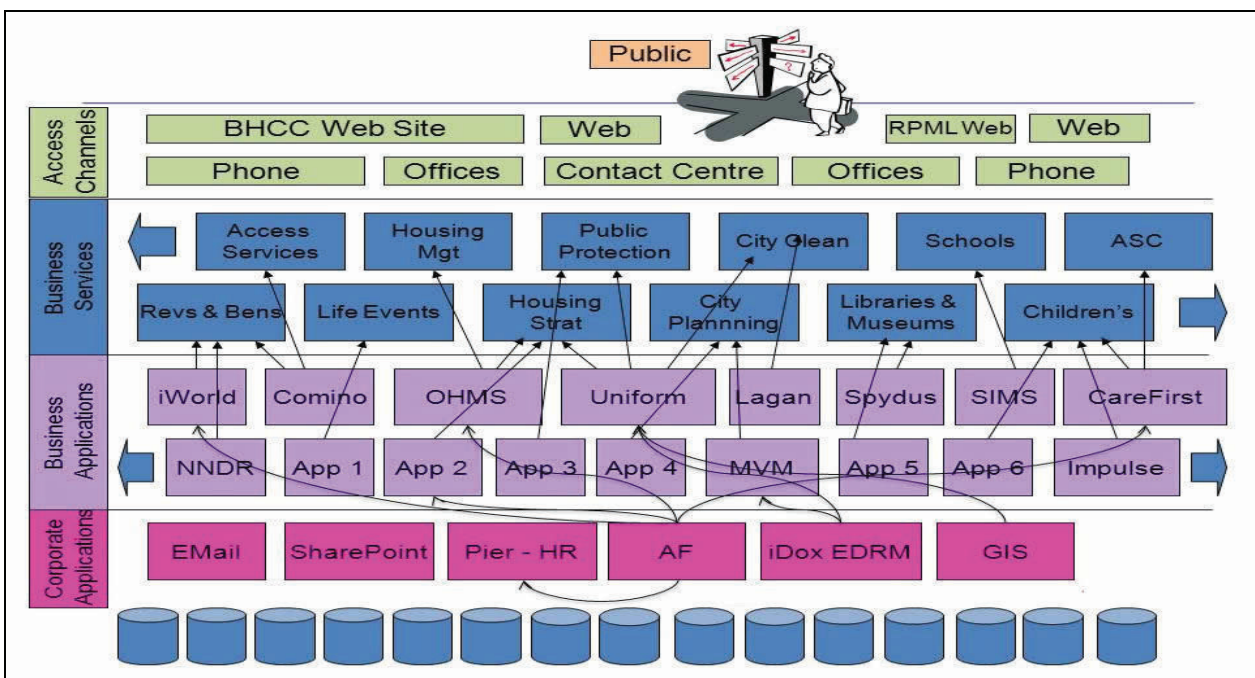
Fig. 4 Current Information/application architecture

The current architecture (Fig.4) is no longer fit for purpose and must be redesigned to meet the requirements of the organisation's new operating model. As the information and application architecture is intrinsically linked to business processes any changes need to be made in conjunction with business partners and users. We will take a staged service oriented approach and will design and develop our architecture using common descriptions and open standards. We will target and align the development of the architecture by identifying common processes and priorities together with stakeholders to ensure service continuity during the transitional phase.

The diagram below shows the transition phase in which platforms and applications are consolidated and rationalised around 6 common platforms.

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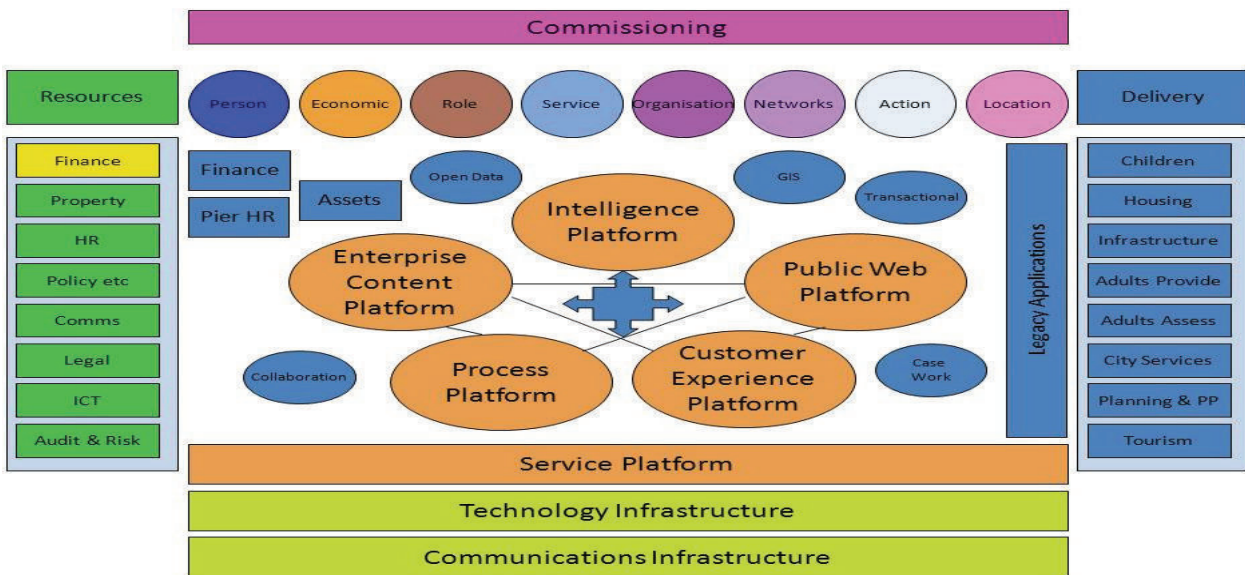
Fig. 5 Transition state Information/application architecture

Ultimately, we will deliver a leaner architecture that will enable delivery of the council's overall objectives to provide value for money and a better customer experience through;

- Reducing ongoing cost of ownership and development by rationalising and re-using systems and applications

- Reducing duplication in systems and data to improve data quality

- Enabling information sharing and delivery of business intelligence to improve workforce efficiency, enhance collaboration and support intelligent commissioning

- Enabling customers to drive business process change through greater transparency

- Improving customer experience through personalised access to services

- Increasing technical flexibility which accommodates business change

3.5   Technology

The technical architecture comprises the hardware configuration, operating systems and networking solutions used by the organisation. It addresses issues such as access, performance, resilience, storage and backup. This section of the strategy describes our approach to the technology architecture which will support the delivery of the organisation's business requirements.

The technology requirements of the organisation will be underpinned by the principles outlined below:

3.5.1   Technology Architecture Operating Principles

- **Technology change is governed by the needs of organisational and partner strategy and demonstrable business benefit** – Technology fits with defined architectural design, standards and direction of travel; meet communication requirements for the city; be based on clear strategic and business requirements. Technology allows for and encourages the capability to rapidly and innovatively change

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business services and processes in a cost effective way to contain total lifetime cost. Technology design authority is vested in the Chief Information Officer / Head of ICT.

- **Simplified and standardised technical architecture** – Technology is provided across a standardised infrastructure that reduces technical diversity and is available to all parts of the organisation and partners ensuring interoperability, sustainability and consistency with established architecture models.

- **Maximise benefits from existing and planned technology investments** - Technologies is retired, re-used or redeveloped to meet similar or changed business requirements across the organisation and with partners, to ensure maximum value for total lifetime cost. Where duplication exists, technologies are rationalised to maximise the value against the total lifetime cost across a functional area.

- **Adopt open standards to enable technical interoperability** - Technologies allow for information, process and services to work across the organisation, the public and with partners. Technologies deliver interoperability supporting effective, sustainable and rapid change by working to defined open standards.

- **Leverage opportunity presented through emerging technologies** - Technology opportunities are used to provide socio-economic and environmental advantage and to maintain relevance to our customers and the users of technology based services.

- **Maximise products and services that support environmental, economic and inclusiveness outcomes** – Technology products and services are designed and commissioned which consider the environmental impact and support sustainable economic development. Technology products and services are designed to be inclusive of different needs including accessibility requirements.

- **Sustainable solutions design -** Services and technology offered to the end user and are designed to balance the requirements of the user's role and some elements of personalisation with the need to only implement solutions that are affordable, supportable, have longevity and add value.

Current Situation

Significant investments in ICT have been made over time by the Council to develop a corporate ICT infrastructure, including network, communications systems, a standard desktop environment, a corporate web presence and internet services, and support for flexible and mobile working using Citrix. A sophisticated central Data Centre has been established providing servers and databases to support corporate and service systems, with secure storage and backup facilities for documents and business data.

Like all technical systems the corporate ICT infrastructure needs to be maintained and kept updated. This ensures the value of the original investments is maximised, and that an effective technical environment for the Council can continue to be provided

Future Plans

During the lifetime of this strategy we will build on the foundations we have laid and move the technology infrastructure into a more flexible and scalable architecture where services can be extended out to partners and are available to those who need it on a self-service basis, wherever they are working. This approach will support the changing shape of the organisation and its relationships with partners and customers.

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Through our investment programme ICT will ensure our infrastructure and core technologies remain resilient, fit for purpose with capacity to grow in line with increasing demand. As expectations continue to grow for information and online services we will invest in technologies which ensure we continue to deliver services safely and securely whilst protecting the integrity of personal and sensitive information.

Currently applications are delivered to end users from our data centre and/or installed directly on desktop machines. It is our aim to replace this model with applications delivered remotely on a "pay as you go" model to reduce ICT hardware related capital expenditure. We have recently completed the initial virtualisation of our server estate, which will enable us to effectively run our infrastructure until the time, where a full migration to a remote delivery model can be achieved.

Consumerisation and Mobility

The rapid pace of change in technology and in users expectations is expected to continue providing more choice to consumers and blurring distinctions between work and personal technology provision. Our strategy is to support this shift by encouraging wider use of consumer devices and technologies supported safely in the workplace to reduce cost, introduce greater flexibility and wider efficiency.

There is a parallel change programme underway in the organisation expected to deliver increased mobility for a flexible workforce and for the capability for staff (and partners) to work from multiple locations dependent on their role. These demands are driving our investments in technologies (such as cloud and Virtual Desktop Infrastructure (VDI) to follow the user, releasing them from the boundaries of their office.

There is a need over a relatively short period to refresh of a substantial part of the desktop estate with more flexible, lower cost desktop computing solutions. As a stepping stone towards these new models we will continue to implement a Virtual Desktop Infrastructure (VDI) to provide desktop services without requiring costly and powerful local machines. Introducing the VDI infrastructure will allow the ICT organisation flexibility and agility in managing the transition towards Cloud Computing as models mature. For instance, it will allow applications to be deployed and tested across different user bases with practically no deployment or administration overhead.

Over time, we aim to replace most of the desktop applications we are currently running with alternatives delivered from the "cloud". In conjunction with this changeover, we aim to significantly reduce the amount of separate applications running in the council by standardising on a few key platforms and limiting the amount of customisation done in response to user requirements focusing instead on finding ways of enabling business processes through standard applications.

Open Standards and Open Source

It is critical that all platforms and applications brought into the council on this model conform to open standards for interoperability and data exchange. This is necessary to reduce the risk of vendor lock in and to ensure seamless integration between systems. Where a business case will support it priority will be given to Open Source software alternatives. Continuous

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monitoring of the evolving space of cloud computing standards will be necessary going forward to accommodate this goal.

The following table outlines the prime areas themes for technical delivery.

Servers and Data centres
- Maximise opportunities for server virtualisation to increase the capacity of the data centre with lower energy consumption, and to upgrade to later versions of virtualisation to provide more flexible scaling of server capacity.   - Establish a model of facilitated infrastructure facilities to partners   - Assess options for off-site hosting and outsourcing opportunity.   - Actively explore a business case for utilising the Cloud for storage, processing and as an architecture for resilience
Mobile Technologies
- Creation of a common, secure local Public Sector Network (PSN) infrastructure to service shared office space and common mobile access   - Establish a common set of standards for personal, mobile and office based end-user devices   - Deploy Identity and Access management solutions (Single Sign-On)   - Provide appropriate personal computing facilities to suit all categories of staff and their working locations   - Develop solutions for secure remote working (i.e encryption, end point management)
Shared Services Infrastructure
- Public Sector Network and GSI adoption with interconnects between regional authorities   - Explore options for shared/hosted data centres, applications and infrastructure   - Develop integrated Directory Services   - Design Enterprise Architecture requirements for shared capabilities
Desktop computing
- Support models for consumer and mobile devices   - Unified Communications platform integrating mail, presence, messaging, collaboration and voice services   - Design a desktop strategy that can evolve and converge with any cloud strategy and to ensure that it is designed in this way.   - Continue to explore virtual desktops as a way of extending the life of older equipment and providing greater central management.   - Increase the usage of web-browser based applications in order to move away from the desktop centric environment and allow for future cloud based services.
Voice and Data
- Development of government (IL) accredited networks for secure hosting and transmission of data   - Modular approach to provision of wireless network coverage   - Implementation of Public Sector Network (PSN)   - Development of Local Broadband Plan alongside Superfast Broadband development   - Deployment of digital (IP) telephony to allow extension numbers to follow staff wherever they logon to the council network   - Support initiatives for 'one number' and associated solutions such as IVR   - The modernisation of the telephony systems that support voice communications and automated call handling.

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The diagram below highlights ICT intended direction of travel for key technology areas

end user computing
- mobile technologies
- identity & access management
- personalisation
- remote desktop delivery
- support for consumer devices

Travel

shared services
- private cloud
- g-cloud
- shared infrastructure
- IAAS/SAAS
- integrated directory services

unified communications
- voice services
- instant messaging
- Intelligent & least cost routing
- email
- video services
- collaboration platforms

data & processing
- virtualisation
- hosting
- on demand provision
- service oriented architecture
- co-location
- DR / BC
- cloud computing

intelligent network
- increased capacity & resilience
- nomadic & mobile
- extended PSN
- hub independence
- wireless in core buildings
- regional interconnects

Fig. 6 Direction of travel for technology based services

3.6 Organisational Capability

In order to deliver the strategic position ICT will support the organisation to build on existing capabilities and develop new ways of working that will deliver sustained improvements now and in the future. The organisation will need to become proficient in:

- Enabling change

- Delivering change through strong leadership and a clear transformational change framework.

- Creating an environment for change by building an organisational culture that promotes creativity, social entrepreneurship, trust and collaboration

- Developing partnerships

- Identifying opportunities for collaboration with internal and external partners

- Negotiating and develop meaningful and sustainable relationships

- Delivering services across traditional boundaries

- Understanding the needs of the City

- Engaging with businesses and residents

- Providing citizens with the opportunity to influence

- Using business intelligence to target services effectively

- Managing information

- Establishing the value of the organisation's information and data assets

- Managing and make best use of data and information assets

- Ensuring transparency

- Making data publicly available and promote its innovative use

- Exploiting technology

- Promoting the innovative use of technology to drive efficiency and lower costs

- Making better use of existing technologies

- Improving workforce efficiency by raising IT awareness and capabilities

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4. ICT PROCESSES AND SERVICES

ICT processes are based on ITIL (Information Technology Infrastructure Library) which provides the best practice framework for delivering ICT services.

The following table summarises the services currently provided by ICT:

Service category	Services currently provided
Network and internet connectivity and data management	Installations, maintenance, support and data storage/backup
Hardware	Installations, maintenance, support and disposal
Communications (including email, VoIP and telephony)	Installations, maintenance and support
Business application, software and information systems	Installations, maintenance, development, change management, supplier management, disaster recovery planning, training and support
Security and information compliance	Procedures, protocols, standards, guidance and investigations
Business support	Business engagement, ICT Consultancy, Project Management, Contract management, invoicing
Office moves	Network installations, telephony, print and copy installations, desktop moves

Table 2: ICT services

4.1 People

Capability for leading and managing ICT enabled change will become more critical in the Council than it is seen to be today as ICT will be expected to deliver innovation, improved customer service and organisational change programmes - not just run traditional ICT services.

Our ambition in ICT is to transform our service from a reactive supplier of technology, to a strategic partner and advisor to the organisation, its partners and the city. The first step towards realising this ambition was to restructure the ICT service to build capacity for increased business support and engagement. This was completed in July 2010 and moving forward needs to be consolidated by a shift capability and skills from where it currently lies.

Organisational change, programme and project management, information management, collaboration and commissioning (procurement) will become more significant roles for ICT staff. Stronger links to business areas including customer service, channel management, HR, facilities management will be developed as ICT increasingly lies at the heart of these activities and can only be leveraged by experienced and capable ICT professionals - staff who know about running change programmes, service design and understand the risks and opportunities for technology.

A major change is needed in attitudes of staff within the ICT profession and the way ICT professionals are viewed by the council. Service reform and business change management will be a capability and skill we develop within ICT so the council stops seeing ICT as a 'centre of

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technology' or just as a support service; regarding ICT instead as a source of innovation, efficiency and improved service.

ICT will build capability and skills to encompass:

- Organisational change management and process simplification

- Business (re)development enabled by ICT

- Management of the organisations information assets

- Commissioning and supplier management

There are two further factors heavily influencing the organisational design of ICT service provision.

The first is the need to reduce cost and increase productivity. To this end, ICT will become more efficient by removing duplication, centralising ICT category spend and services currently distributed across the organisation, breaking down silos and inconsistent working practices and developing the skills that provide best value.

In addition technological advances together with the emergence of a supplied services marketplace have opened opportunities to commoditise some technical and support services. This is an approach which has been taken by many organisations in recent years to achieve improved value for money.

The second factor is the degree and pace of change across the city which will increase demand for technical solution design, service design and business support services described in the previous section. To meet this demand our workforce will be supported to develop new skills through a programme of Continual Professional Development (CPD) and performance management.

New and additional skills will be developed in the following areas to support the strategy:

Strategy and Architecture

Information management; records management; enterprise and solutions architecture design

Business Change

Business, data and process analysis; business process testing; business modelling; stakeholder relationship management; project management skills

Solutions Development and Implementation

Business reporting; solutions and integration testing; solutions development and systems development; requirements definition

Procurement and Management Support

Supplier relationship management; negotiation skills; contract management; financial management; workforce development, category and contract management

Alongside this approach ICT will engage with local and national organisations in the private and public sectors that can provide short-term expertise and transfer knowledge to our workforce. This is duel approach is essential to shorten the time required to develop the skills needed to deliver new services and scale service provision against demand.

These three approaches, centralisation, commoditisation and re-skilling will position ICT to become a strategic partner and advisor to the organisation.

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4.2   ICT Governance

The ICT Governance process is a collection of decision making frameworks with business representation. This provides a setting for the effective management of ICT and creates an environment in which organisational business objectives can be achieved. The processes empower the ICT workforce to make decisions more rapidly and remove the reliance on hierarchical structures. By formally integrating our customers into a more holistic decision making process which is both consistent and transparent, customer relationships will be improved and solutions will be better aligned to business and user needs.

As stated earlier in the strategy ICT has a new and more demanding role as a facilitator to enable the organisation to realise its ambitions to increase operational impact, improve efficiency and reduce operating costs. Indeed technology is one of the biggest areas of investment for any organisation seeking to increase efficiency and reduce cost. For BHCC the investment required to deliver the full benefits of our transformation programme is likely to be significant so it is essential that a robust framework is in place to ensure the rational allocation of resources.

Currently, our governance process considers two main elements, the technical feasibility and the financial feasibility of the change proposals.

Technical decisions concerning security and risk or changes to our enterprise architecture, are made by the Change Advisory Board (CAB) which has representation from technical and information experts to guide its decision making.

All ICT decisions and programmes that require financial investment are subject to corporate change board and in line with established organisational decision making procedures. This is designed to ensure that investments are transparent, deliver value for money and are closely aligned to business and IT strategy.

It is important that the existing framework matures and introduces new governance domains. A complete ICT governance model is shown below;
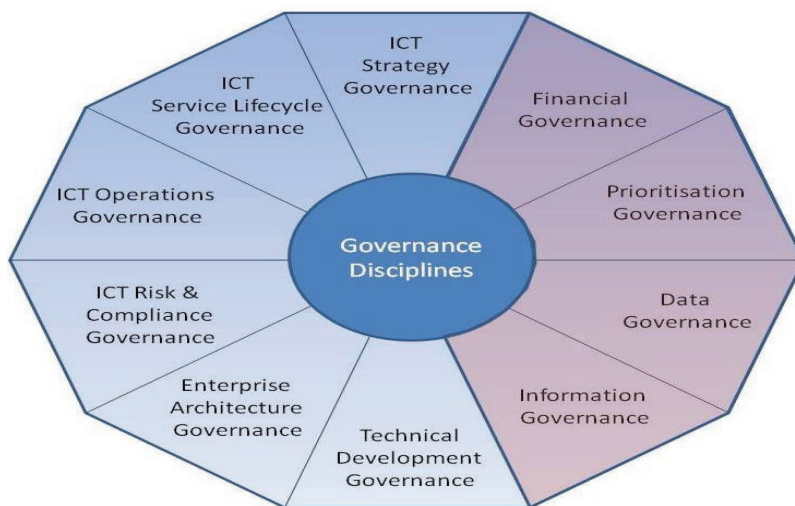
Fig. 9 the ICT governance landscape

4.3   ICT Financial Management

The Council uses different plans and strategies at all levels of the organisation to plan and monitor the achievement of its objectives. This overall context of working can be explained by our Corporate Planning Framework. The priorities from the Corporate Plan influence the ICT strategy, and the financial implications of this flow into the Medium Term Financial Strategy.

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Many of the requirements identified in this strategy will inevitably have associated costs and where this is the case a full business case will be prepared. This business case will list the alternative approaches and solutions considered, make a considered and explained recommendation, and then give a complete cost breakdown of what will be involved. Where appropriate a clear rationale will also be provided for the requirement which shows demonstrable return on investment.

It is not possible to provide costs within this document, as these will depend on analysis work at the time the requirement is being further investigated however in order to support the benefits outlined through delivery of the ICT strategy it is assumed the following are in place:

- Revised financial arrangements to facilitate investment in corporate facilities outside service department budgets.
- A corporate approach to planning investment in technology balanced against improvement and savings in business delivery units.
- Robust governance to make sure that all technology investment and all service delivery partnerships work with and make best value use of our existing technical infrastructure.

To plan and cost-justify the implementation of the new technical architecture we will define an ICT Delivery Plan that connects with programmes of work established through corporate governance processes including a timetable for projects and full cost models.

Previous ad hoc funding and procurement of ICT systems has encouraged piecemeal development and the proliferation of separate small-scale applications, leading to duplication, inefficiencies, and increased maintenance costs. Investing in ICT on a strategic basis, focusing funding to deliver shared and re-usable solutions for widely shared requirements, is a vehicle to help develop a more flexible and effective Council serving the local community, in line with priorities in the Corporate Plan, Community Strategy, and key service strategies.

ICT aims to adopt a new financial model which will support our role as strategic partner to the organisation. Through the adoption of this model we will ensure that the cost of ICT systems and services are more transparent and in doing so, raise awareness and ownership at a business level.

We will work within the following parameters;
- Deliver internal services agreed and negotiated against a centralised performance compact
- Deliver traded services where they are to the benefit of the city's outcomes
- Manage the financial investment profile in line with agreed service planning assumptions and the constraints of funding profiles
- By exception deliver additional, directly funded "exceptional" services to discrete business areas.

Each of these is described in more detail below.

4.3.1   Internal Services

It is proposed that the costs of ICT services are defined as management costs which are distributed across Delivery Units and monitored against a central performance compact. The performance compact will contain financial performance measures to include for example -

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cost per desktop, cost per head, cost per MB storage etc. The focus will be on commodity costs where the greatest opportunities exist to drive down costs.

This will achieve the following benefits:
- Ensure prioritisation of ICT services is driven by strategic outcomes not individual competing demands of delivery units.
- Remove administrative overheads (e.g. recharging processes) across all budgets.
- Support application & infrastructure rationalisation
- Support ICT to operate as a gatekeeper for new services and inhibit extravagant and specialist separate line of business solutions.
- Gain business accountability for spend and expose year on year maintenance costs

The benefit for delivery units will be a transparent funding regime delivering to them a common set of services prioritised in line with the Council's agenda. The benefit for the organisation as a whole is the improved ability to strategically direct ICT spend to support agreed outcomes. The benefit for ICT is the ability to plan and execute rational investment in services.

4.3.2   Traded Services

ICT has a successful track record in delivering cost effective and valued services in a traded capacity. The excellent service delivered to schools is an example of this. The services delivered benefit the individual schools, the organisation through the effective information flows and the wider community through the collaborative environments and creative use of learning technologies across the city.

This model and the financial base which underpins it could be expanded to new opportunities where they support the strategic outcomes for the city. Examples may include services to health partners (e.g. G.P. consortia). This has benefits beyond the straight supplier services on offer, as it can enable the effective sharing of information, intelligence and collaboration. There are also likely to be services which we may want to trade (financial or in kind) with other public sector bodies locally in support of the strategic outcomes

In addition the intelligent commissioning model suggests that our engagement with the Community & Voluntary Sector is likely to develop. Here we need to be clear that the benefits of a traded service may not only be measured on financial value. We may decide to supply service to providers within this sector at below cost in order to gain the wider socio-economic benefits that a commissioning model can achieve. The value placed on good information flows (like those already achieved with schools) and a broadened voluntary workforce could be seen to outweigh the direct costs of supplying the ICT services.

4.3.3   Financial Investment Profile

ICT will aim to deliver a holistic investment profile across the ICT Category and identify the required levels of funding to deliver services which support the strategic outcomes of the city. This will support the management of the underlying infrastructure components (see fig 8.) through an asset lifecycle and capacity planning programme. This will also allow us to achieve sustainability benefits, delivering;

- a financially known and viable asset costings planning horizon
- known capacity planning to deliver for other projects and in support of strategic outcomes

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4.3.4   Exceptional Services

There are some circumstances where individual service areas within Delivery Units will have an absolute requirement to go beyond the core, prioritised services delivered by ICT to the organisation as whole. An example would be 24/7 service requirements for Children's Social Care to ensure availability.

These will require agreed business cases being supported by ICT Governance Processes and ratified through the relevant corporate project prioritisation process. A judgement will also need to be made on where the costs should be born for these services, whether they are significant enough in their socio-economic impacts to warrant corporate support (similar in model to the below cost support that could be provided to 3rd sector).

Exceptional service costs should be transparently modelled, to ensure that the true additional costs of this additional service are known and understood.

4.4   ICT Metrics

ICT investment represents a significant percentage of the organisation's budget and underpins an increasing number of business critical processes; therefore, measuring the success of the investment is essential. ICT cost management is clearly an important measure, but the introduction of a balanced scorecard approach will provide a more holistic measurement which will add context and perspective to a pure financial measure.

For some time the balance scorecard approach, originally developed by Kaplan and Norton, has been proven method for performance management and strategic alignment across many industries. However, it is Van Grembergen's ICT specific adaptation that will help us develop meaningful metrics to understand and demonstrate ICT's value to the organisation.

In recent years ICT has been taking a useful measure of **User Orientation** by running annual ICT customer satisfaction surveys to assess how our internal colleagues perceive our services. However, it is important that this measure is extended to include the organisation's customers and partners.

Increasingly services are presented to the public using technology as well as other more traditional channels. The quality of our technology therefore, makes a significant impact on the customer's perception of the quality of Council services. We must acknowledge that we are being compared to other commercial organisations that offer transactional and information services over the web.

Consequently, when developing user orientation metrics, it is important to ensure that we benchmark our performance against comparable services.

Fig. 10 Van Grembergen's ICT Balanced Scorecard

To demonstrate **Business Contribution** it is important that we measure the alignment between ICT strategy and organisational strategy in order to ensure that the organisation's entire project portfolio is coordinated and can deliver expected benefits. In the new organisational landscape, ICT will be increasingly measured on the outcomes of IT investment to ensure that ICT can demonstrate value and return on investment. It is expected that these outcomes will be articulated through the service performance compacts.

In order to address the **Operational Excellence** sector, we will continue to use benchmarking services such as those provided by the Society for IT Management (SOCITM) to compare costs and performance with other local authorities and use the findings to inform improvement strategies. The SOCITM benchmarking indicators are aligned to the UK Public Sector Audit Agencies' 'Value for Money in Public Sector Corporate Services' and are used to review:

- ICT costs and staffing
- ICT performance
- Service quality/quantity
- Information management and quality
- Technology metrics
- Server Infrastructure by platform
- Data and Voice Network services, Internet & Security
- Desktop Services
- Business applications

Finally, to demonstrate ICT's **Future Orientation** we must be able to measure the capability of ICT to innovate and support future business transformation. This measure should include both the flexibility of the technology and the ICT workforce to innovate and respond to variable demand and rapidly changing technological environment.

4.5   Sourcing

ICT will adopt the following set of sourcing principles to ensure consistency, fairness and strategic fit. The application of these principles will be managed through ICT Governance and be subject to performance measures.

Manage cost

We will explore options for collaboration, joint procurement and shared or hosted services with other public bodies (such as South East 7 partnership and Local Strategic Partnership) and partnering arrangements with suppliers.

- Where possible we will ensure suppliers use widespread open source languages and open standards.

- We will engage with communities of interest, such as the local development community and local businesses.

- We will encourage a competitive supply market.

- We will consolidate current supplier numbers to a more strategic and manageable level.

Add value

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- We will engage with relevant stakeholders and service users to ensure that needs analysis and design of specifications reflects community requirements and recognises the contribution of existing local services.

- We will encourage an innovative and varied supplier market.

Sustainability

- We will ensure that products and services are energy efficient.

- We will encourage partners and suppliers to consider the environmental impact of their products and services.

- Where appropriate we will use local providers to support sustainable economic development.

Ensure flexibility and scalability

- We will always have an exit strategy when entering contractual agreements.

- Contracts will enable us to scale supply in accordance with demand.

- Suppliers must be willing and able to support integration with our enterprise architecture.

Legal

Procurement will always be conducted in accordance with the relevant UK and EU legislation.

In order to minimise the overall cost of procurement, we will seek to extend current contracts or use existing framework agreements before considering full OJEU tenders.

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5. RISKS

Table 4 outlines the major risks associated with the implementation of the ICT Strategy and considers approaches to mitigation.

Risk category	Risk description and impact	Mitigation
Cultural change	There is always an element of risk associated with significant change, however, full benefits of technology changes, can only be realised when implemented alongside cultural, policy and process change. There is a risk that the technology changes are made in isolation and benefits are not realised.	Establish an environment for change across the Council with robust governance to ensure that the cultural, policy and process changes are embedded as an integral part of any change.
Interdependencies	All elements of the strategy are interlinked. Failure to invest sufficiently in one element would significantly reduce the value of the overall investment.	The organisation must be made fully aware of, and commit to, the investment required to deliver the strategy.
Financial investment	Across the board cost cutting could result in ICT being unable to secure the investment to deliver the strategy. Risks that could prevent or delay investments are: ICT is not recognised as an enabler of organisational efficiencies and savings. High value, long term investment for strategic objectives are overlooked in favour of short term returns.	Ensure that ICT strategy is clearly aligned with the desired outcomes for the organisation. ICT must be able to demonstrate value and clear return on investment.
Interoperability standards	Development of universal interoperability standards may be delayed or insufficiently developed to meet the timescales for our technology programme which could prevent the development of an enterprise architecture.	Review and monitor the development of standards, make partners and the organisation aware of the risks associated with a lack of defined standards.
Corporate governance	There is a risk that the organisation will not define and implement strategic criteria for selection and prioritisation of corporate projects. There is also a risk that when decisions are taken, ICT impacts are overlooked. This could result in ad hoc or extravagant investments and missed objectives.	The organisation establishes robust governance for change and a process for strategic prioritisation of projects.
Capacity and organisational support for information and change	There is a risk that the organisation provides insufficient resource to manage technology and information change programmes. If we do not appropriately support these change programmes there will be delays to, or inability to achieve organisational outcomes as envisaged	Develop strategic partnerships with both private and public sector organisations. Invest in a programme of continual professional development and identify additional alternative funding sources.
Impact of strategic delivery on business as usual	The increased demand for resources to deliver change work will diverts resources from business as usual resulting in a degrading or inconsistent level of service.	Implement strategies to free up business as usual resources (SCC contract, service desk channel shift, licence management system).

Table 4

6.   APPENDIX 1 - GLOSSARY OF TERMS

Application architecture
See **Information and application architecture**

Architectural design
The process of translating strategic business need into effective enterprise technologies as carried out by the Enterprise Architect. The scope of architectural design includes the people, processes, information and technology of the enterprise, and their relationships to one another and to the external environment.
See also **Enterprise architecture**

(ICT) Asset
Any ICT resource or capability that could contribute to the delivery ICT services. Assets can be one of the following types: management, organisation, process, knowledge, people, information, applications, infrastructure, and financial capital.

Asset lifecycle (management)
The end to end financial, contractual and inventory management of all software and hardware in the business environment. An asset life cycle typically includes the phases of planning, acquisition, deployment, management and retirement.

Business analysis
Business analysis is the discipline of identifying business needs and determining solutions to business problems. Solutions often include a systems development component, but may also consist of process improvement, organizational change or strategic planning and policy development.

Capacity planning
The process of determining the maximum amount of work that an organisation is capable of completing in a given period of time needed in order to meet demand

(ICT) Category management
Category management is the process of managing product categories (instead of the individual products or services) as a strategic business unit.

Commoditise
To source consumer type services (those where quality is unaffected by the market background of the supplier) from the broadest possible marketplace, covering: public, private, shared and cloud service providers, with the aim of reducing cost.

Commodity costs
The cost of a product or service which is supplied without qualitative differentiation across a given market.

Customer Engagement Management software
Applications which integrate the management of customer service, marketing, and sales into a unified system. Customer Engagement Management (CEM) systems provide an enhanced ability to share information, track customers, automate routine services, and enable the customer to manage parts of their own data.

Customer experience platform
Environment that manages all customer contact across multiple channels – web, mobile, phone, face to face etc. The aim is to ensure that the experiences that customers have meet their needs, expectations and delivers the results that the organisation requires.

Data governance
The practice of organising and implementing policies, procedures and standards to ensure the quality and effective use of structured and unstructured data assets

Development governance
The decision making framework which controls the development of applications.

Electronic document and records management
A type of content management system which integrates document management (used to track and store electronic documents and/or images of paper documents) and records management (document lifecycle management) in a single system.
See also **Records management**

Enterprise architecture
A comprehensive framework used to manage and align ICT assets, people, operations, and projects with its operational characteristics. The enterprise architecture defines how information and technology will support the business operations and provide benefit for the business.

Enterprise architecture governance
The decision making framework which ensures that the development of the enterprise architecture is reflective of both current and anticipated, strategic business need.

Enterprise content platform
An integrated environment that allows content to be easily re-used, reassembled and adapted for different purposes and requirements

Financial governance
The policies, processes and controls implemented to ensure that investment is aligned to current and anticipated strategic business need.

GCSx
The Government Connect Secure Extranet (GCSx) is a secure network which enables secure interactions between connected central government departments and national bodies. It also provides secure access to other secure networks, such as the National Health Service (N3), the Criminal Justice Extranet (CJX) and the Police National Network (PNN)
See also **GCSx Code of Connection, N3 Governance**

GCSx Code of Connection
The GCSx Code of Connection (CoCo) is the high level security standards which, when met, enable an organisation to join the GCSx (Government Connect Secure Extranet)
See also **GCSx**

Hardware configuration
The settings that have been applied to the various computer devices (e.g. IRQ lines, DMA Channels, memory address settings, etc).

Information architecture
The practice and processes for developing frameworks for ensuring the maximum exploitation of an organisations information assets. Will include the development of structures and processes to ensure that information is findable, usable and useful.

Application architecture
The practice and processes for developing a framework for all applications and information systems across the organisation. The aim is to ensure the appropriate fit for now and the future between business requirements and the delivery of applications. This will include whole life planning and where appropriate development, procurement, decommissioning and replacement.

Information governance
The policies, processes and controls implemented to manage information to ensure that it supports the organisation's immediate and future regulatory, legal, risk and operational requirements.

Information management
A business process that formalises the management and use of an enterprise's information assets. Information management promotes a collaborative and integrative approach to the creation, capture, organisation, access and use of information assets, including the tacit, uncaptured knowledge of people.
Information management is also referred to as IM and knowledge management.

Integration testing
The phase of software testing in which software modules are combined and tested as a group.

Intelligence Platform
An environment which allows users at all levels of the organisation from frontline workers to strategy developers to access, analyse, manipulate and act on structured and unstructured information sources using a variety of tools and visualisations appropriate to their role. Allows the development of predictive analysis for decision making based on existing intelligence.

Interface
The protocols that unrelated technologies use to communicate with each other.

Interoperability standards
Commonly agreed and established protocols that provide a common interface between different technologies and/or applications.

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ISO270001

An Information Security Management System (ISMS) standard published by the International Organization for Standardization (ISO) and the International Electrotechnical Commission (IEC).

Local Strategic Partnership

Local Strategic Partnerships (LSPs) bring together representatives from the local statutory, voluntary, community and private sectors to address local problems, allocate funding and discuss strategies and initiatives. The LSP for Brighton & Hove is the 'Brighton & Hove Strategic Partnership'.

N3 Governance

The processes and controls that organisations must comply with in order to gain access to the NHS National Network (N3). N3 Governance is also known as The Information Governance Statement of Compliance (IG SoC).
See also **GCSx**

Network

A system containing any combination of computers, terminals, printers, audio or visual display devices, or physical communication equipment or cables: used to transmit information

OJEU

Official Journal of the European Union

Operating system

An operating system (OS) is the software that controls the allocation and usage of hardware resources such as memory, CPU time, disk space, and input and output devices.

Operations governance

The policies and controls used to ensure the quality and effectiveness of ICT processes and services.

PCI DSS

The Payment Card Industry Data Security Standard (PCI DSS) is an information security standard defined by the Payment Card Industry Security Standards Council developed to help prevent credit card fraud.

(Web) Personalisation

In ICT terms, personalisation refers to the use of technology to accommodate the differences between individuals.

Personalised web pages use the characteristics and attributes of the individual user to determine the type of content provided. This could be based on as diverse as interests, social category, role or functional area within an organisation.

Portfolio management

A systematic and formal approach to managing ICT capabilities.

Prioritisation governance

The decision making framework used to establish the relative importance of ICT projects and pipeline work.

Process analysis

The analysis of a chain of logical connected, repetitive activities that utilise the organisation's resources to refine an object for the purpose of achieving specified and measurable results or products for internal or external customers.

Process platform

A framework of services which allow for the development, management, automation, review and interaction between human and transactional processes within the organisation.

Programme management

The process of managing several individual but related projects in order to produce an overall outcome.

Public sector network

The Public Sector Network (PSN) will create the effect of one network from multiple suppliers and different infrastructures for use by the public sector.

Public web platform

Web environment used for the delivery and development of applications, content, social media and interaction with the public across multiple web channels (website, mobile etc.)

Remote access to desktop

Applications and data (traditionally accessed from only a single desktop computer) are accessed from any location, using any device with an internet connection, thereby providing a more flexible, mobile work style.

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Records management
The practice of managing the end to end lifecycle of an organisation's records from the time they are created until their eventual disposal. This includes classifying, storing, securing, archival preservation and destruction of records.
Records Management is also referred to as RM.

Risk and compliance governance
The policies, processes and controls used to manage operational, financial, strategic and regulatory risk and the management and monitoring of compliance with agreed policies and procedures.

(Web) Self-service
Web self-service allows customers to access information and perform routine tasks over the Internet, without requiring any interaction with a representative of the organisation. It offers the customer immediate access to information without having to wait for an email response or a returned telephone call. Web self-service is dependent on the quality and quantity of information available and the ease with which it can be accessed.

Service life-cycle governance
The controls used to manage changes (including retirement) of live ICT services.

Service oriented
A technical design principle in which functionality is organised into a set of interoperable services. Services are subsequently used within multiple, separate systems from several business domains. Also referred to as Service Oriented Architecture (SOA).

Service platform
Integrates and brings together business applications and processes. Allows for the reuse of existing and new services in support of a service oriented approach. Helps to identify gaps/areas for innovation and drive down cost and accelerate the speed of change.

Software development
The act of working to produce software to meet a specified need. In its broadest sense the term includes all that is involved between the conception of the desired software through to it's final delivery.

Solution design
The design of a service or product based on a specified need. The output of this process is a technical description of how the specified requirement will be met.

Solution development
The assembly of the modules described in the solution design phase. This process may require software development and/or the acquisition and configuration of off-the-shelf technologies. Iterative unit and module testing will be carried out in this stage by the developers.

South East 7 partnership
The South East 7 (SE7) is a partnership of seven Councils (Brighton & Hove City Council, East Sussex County Council, Hampshire County Council, Kent County Council, Medway Council, Surrey County Council and West Sussex County Council) that have committed to working together to improve the quality of services and to achieve savings.

Strategy governance
The processes and controls implemented to manage the initial development of ICT strategies and any subsequent changes made to them.

Strategic partner
A long term partner that shares resources in order to achieve a common objective. ICT/technology to be recognised as part of the service delivery model.

Unified communications platform
A unified communications platform enables the convergence in communication networks and applications into a single unit replacing discrete or separately sold applications.
Major elements that fall under "unified communications" include telephone calls, e-mail, unified messaging, presence, instant messaging, contact management and web, video and audio conferencing.

User architecture
The understanding and design of all interactions between the user and any ICT enabled service. This covers all channels from desktops to phones to written communication.

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Virtual collaborative environment

Secure area for collaboration between partners and BHCC staff

Application virtualisation

Application virtualization allows computing resources to be distributed dynamically in real time. In standard computing, applications install their settings onto the host operating system, hard-coding the entire system to fit that application's needs. With application virtualization, each application brings down its own set of configurations on-demand, and executes in a way so that it sees only its own settings. This leaves the host operating system and existing settings unaltered.

VoIP

Voice over Internet Protocol (VoIP) describes the technique for transmitting analogue voice calls as data over IP networks such as the Internet. VoIP is also referred to as Internet telephony and IP telephony.

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7. APPENDIX 2 - ICT STRATEGIC DELIVERY PLAN

Phase 1 — Phase 2 — Phase 3

Security & Governance

- Identity and Access Management strategy published
- Authentication consumed from national ID database
- Citywide Role and ID access to personal information

Information Architecture

- Citizen access to low risk transactional data
- Framework for the inventory of information asset & data map released
- Corporate programme for data quality initiated
- Personalised information by location & registered interest available
- Information Management standards published
- Strategy for person & location based information published
- Availability of aggregated information for commissioners
- Availability of combined person and risk information for prioritised services
- Availability of records management for prioritised areas
- Life events automation
- Open & linked data platform implementation
- Combined data for intelligence led commissioning
- Portals for partners
- Personalised web
- Business intelligence for the city
- Semantic platform available
- Availability of mature flexible working services citywide

Application Architecture

- Consolidation of existing common platforms (reporting, EDRM)
- Delivery of tactical mobile and flexible services (Citrix, EDRM, unified comms)
- Video conferencing, presence, instant messaging available from prioritised desktops
- CMS implementation
- CEM implementation
- ECM implementation
- Intelligence platform implementation
- Customer & partner collaboration platform implementation

Technical Architecture

- Desktop roadmap published
- Voice & comms platform extension
- Delivery of increased resilience in the internet feed
- Work styles delivered to prioritised areas
- PSN implementation for BHCC & major partners
- PSN extended to partners

ICT Enabling change, and empowering stakeholders through proactive customer engagement and innovative solution design

Phase 1 — Phase 2 — Phase 3

8. APPENDIX 3 - ICT STRATEGY GOVERNANCE

8.1.1 Duration

This strategy will remain valid until 1st April 2016 or until superseded by a replacement ICT strategy. Interim updates are only permitted through the ICT Strategy change process outlined below.

8.1.2 Change to strategy

The Head of ICT will carry out an annual review of the strategy to ensure it remains consistent with organisational objectives. Any changes made under the review must be approved by the Head of ICT and the Strategic Director Resources prior to release.

Significant change to this strategy will require an updated strategy will be issued to cabinet for approval under the direction of the Lead Member Central Services.

8.1.3 Measurement

The alignment between ICT and organisational strategies and the execution of the ICT Strategy Delivery Plan will be measured in the 'Business Contribution' quadrant of ICT balanced scorecard.

8.1.4 Responsibility

All aspects of ICT strategy governance are the responsibility of Head of ICT Business Strategy.

9. APPENDIX 5 – MAJOR APPLICATIONS LIST

Applications	Supplier	Description	Area(s) of use
Case Management / Customer relationship management (CRM)			
Attila	Compiforce	Case management system for debt recovery by baliffs	City Services
CareFirst	OLM	Case management system for adult and children's care services.	Adult Assessment; Adults Provider; Children & Families
CentrePoint (Respond)	CDC Software	System to manage the feedback, comments and compliments processes from capture through to resolution.	Policy, Performance & Analysis
Clients of Concern	BHCC	Database of people who as a result of violent or abusive behaviour pose a risk to employees.	Organisation-wide (front-line services)
InCase Intelligence	INTEC	Fraud case management software	Finance; Housing & Social Inclusion
iTrent (PIER)	MidlandHR	Human Resources, payroll and workforce planning solution	HR; Organisation-wide
i-World	Sx3/Northgate	System managing the administration of Revenues (Council Tax and Business Rates) and Benefits (Housing Benefit and Council Tax Benefit).	City Services
Lagan Enterprise Case Management (ECM)	Lagan	Service delivery platform which supports case handling through configurable business processes.	City Infrastructure
Marval MSM	Marval	IT service management (ITSM) software used to record and track ICT incidents, problems and changes	ICT
Mayrise	Mayrise	A suite of inter-related environmental management modules covering, street lighting, street works, highways, waste management and grounds maintenance.	City Infrastructure
MVM	MVM/Northgate	Planning application case management tool	Planning & Public Protection
OHMS	Northgate	Housing Management, Contractor Management and Financial	Housing & Social

		Management	Inclusion
IDOX Uniform Suite (inc. TLC)	IDOX	A suite of integrated modules for the management and administration of land and property	City Infrastructure
VIDESS (iris legal)	Iris legal solutions	Electronic case and practice management for the legal sector	Legal & Democratic Services
Core desktop tools			
Citrix XenApp	Citrix Systems	Application virtualization/application delivery product that allows users to connect to their corporate applications remotely.	Organisation-wide
MS Office suite (inc. MS Outlook)	Microsoft	Inter-related desktop applications. Includes the tools provided as standard (Word, PowerPoint, Excel) and those available with an additional licence (Visio and Project). Also includes the corporate email Outlook.	Organisation-wide
The Wave	n/a	BHCC intranet	Organisation-wide
BHCC corporate web site	n/a	BHCC public facing web-site	Organisation-wide
Data analysis			
AccsMap	Buchanan Computing	Map-based road casualty analysis system	City Infrastructure
BHLIS (Brighton and Hove Local Information Service)	n/a	Access to national and local statistics and indicators relating to Brighton & Hove.	Organisation-wide
uEngage	Limehouse/Objective	A suite of tools for consultation management, analysis and reporting.	Organisation-wide
Document management (EDRM)			
Comino DMS	Civica	Captures paper records electronically and stores them for later viewing.	City Infrastructure
IDOX EDRM	IDOX	Document management system enabling document scanning, indexing and viewing.	Organisation-wide
Finance			

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Authority Financials	Civica	Core accounting and finance administration tool.	Organisation-wide
Authority Purchasing	Civica	Core procurement and finance administration tool.	Organisation-wide
ICON	Civica	An integrated cash receipting, income management and epayments system	Organisation-wide
Mapping			
ArcGIS	Esri	Suite of tools for advanced spatial analysis, operational processes modelling, and geographic visualisation	Organisation-wide
Local Land & Property Gazetteer (LLPG)	n/a	A unified and consistent database of addresses for the city	Organisation-wide
Localview	Esri	A browser based GIS application used to deliver geographical services to citizens via the corporate web site.	Organisation-wide
Reporting			
Business Objects XI	SAP AG	Business Intelligence tool used for multi-data source reporting, query and analysis.	Organisation-wide
Crystal Reports	SAP AG	Business Intelligence tool used for multi-data source reporting	Organisation-wide
InfoMaker	SAP AG	Database management report writing and building software	Housing & Social Inclusion
Other			
SIMS	Capita	Schools' administration system for managing school business processes and whole school improvement	Children & Families
Interplan	CAM Management Solutions	Integrate corporate planning, monitoring, budgeting and reporting.	Policy, Performance & Analysis

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10.   APPENDIX 6 - SUPPORTING DOCUMENTS

External supporting documents

UK Government. *Government ICT Strategy.* Cabinet Office. March 2010.

Brighton & Hove Strategic Partnership. *Creating the City of Opportunities.* 2010.

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Internal supporting documents

R. Conway. *Customer Access Strategy (draft).* ICE Programme. April 2011

S.Cox and J. Jonker Mobile Working Business Case. City Clean. Date 14th January 2011.

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F. Radford. *Children and Young People's Trust Information Systems Strategy 2008 to 2010.* CYPT. May 2008.

R. Conway. *Improving the Customer Experience.* Finance & Resources. April 2010.

M. Watson. *City Planning ICT Improvements.* ICT. October 2010.

Brighton & Hove City Council. *Intelligent Commissioning Framework - Interim guide to outcome and intelligence led Commissioning.* March 2011.

A. Dymott. *Accommodation Strategy (doc to cabinet).* Property and Design. 2010

Brighton & Hove City Council. *BHCC ICT SFIA Skills Matrix.* ICT. Print. December 2010.

M. Watson. *BHCC Information Strategy (draft).* ICT. January 2011. Print

J. Ainger. *Brighton & Hove City Council - VFM High Level Business Case.* iMPOWER. December 2009
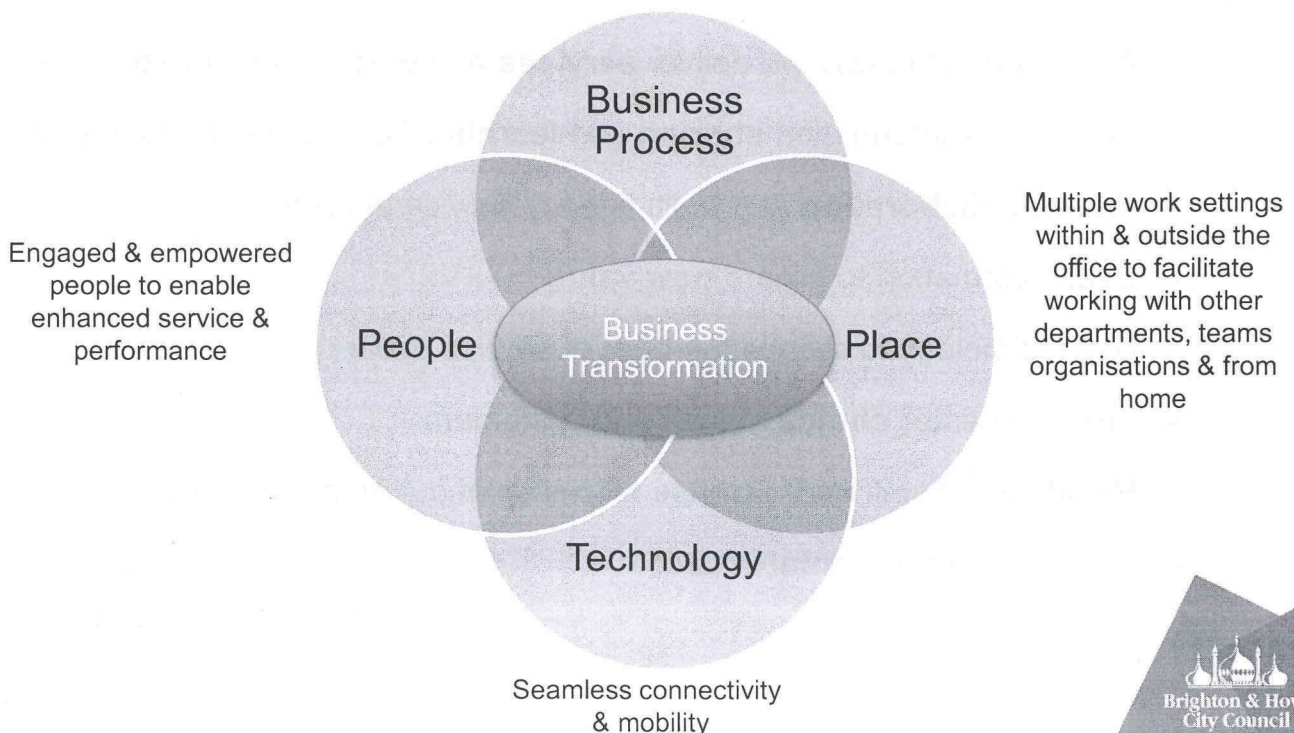
Brighton and Hove City Council

Information Communication Technology Strategy

Paul Colbran – March 2011

Brighton & Hove City Council

Vision

Integrated built around customer's needs & delivered in a sustainable way

Business Process

Multiple work settings within & outside the office to facilitate working with other departments, teams organisations & from home

People

Business Transformation

Place

Engaged & empowered people to enable enhanced service & performance

Technology

Seamless connectivity & mobility

Brighton & Hove City Council

Information, Communications and Technology

Previous technology services introduced in organisational silo's leading to:

- Duplication
  - \>300 applications, 2,500 (approx) spreadsheets and databases, millions of documents and unstructured data
  - Multiple versions of the truth

- Technology driving business processes
  - Inconsistent customer service
  - Lack of physical flexibility

- Disparate Information Structures
  - Islands of information
  - Data that cannot be joined across applications

Opportunities

Develop an environment which supports

- A change in the way we deliver **services** and **engage** with **customers**

- Appropriate information **sharing** and **learning** from the information held

- Enable **collaboration** and Multi agency service delivery

- Uses information to **create new value**

- Use technology to reduce the **cost** of service delivery

- Provide greater **choice** to staff and customers

- **Mobilise** our staff and increase efficiency of our field workforce

- Reduce **environmental** impact

Risks to the ICT Strategy

- Mis-aligned pace of change
    - Business, Cultural and Technical change is not consistent

- Ability to embrace technology
    - Business does not engage with technology
    - Technology is put in place but not used
    - Impact of IT change on service delivery

- Corporate governance
    - Full benefits of technology can only be realised when implemented alongside cultural, policy and process change
    - Technology changes made in isolation will fail to realise benefits

- Information
    - Staff unaware of their personal responsibilities for safe information handling

Delivering the ICT Strategy

- Approach
    - Technology services designed and built around the customer
    - Delivering technologies that mobilise workforce
    - Expanding the use of information/intelligence
    - Support for organisational change initiatives
    - Building Information skills in the organisation
    - Reducing the total lifetime cost of IT
    - Consolidating IT operations (eg shared services)

- Delivery
    - Modular Development
    - Business transformation driving priorities – Customer Access, Workstyles, Commissioning
    - Investment decisions submitted through established governance processes