Notice of meeting and agenda

Corporate Policy and Strategy Committee

10.00am Tuesday 5 August 2014

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

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

Contact

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THE CITY OF EDINBURGH COUNCIL

1.   Order of business

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

2.   Declaration of interests

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

3.   Deputations

3.1   Underbelly and Unique Events (in respect of item 7.3 Edinburgh's Christmas and Edinburgh's Hogmanay 2013/14 Event Update) – email dated 10 July 2014 from Charlie Wood, Director, Underbelly Ltd and Pete Irvine, Director, Unique Events

4.   Minutes

4.1   Minute of the Corporate Policy and Strategy Committee of 10 June 2014 (circulated) – submitted for approval as a correct record.

5.   Forward planning

5.1   Corporate Policy and Strategy Committee Key Decisions Forward Plan September to November 2014 (circulated)

5.2   Corporate Policy and Strategy Committee Rolling Actions Log (circulated)

6.   Business Bulletin

None.

7.   Executive decisions

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

7.2   Discretionary Housing Payments (DHP) Policy – report by the Director of Corporate Governance (circulated)

7.3   Edinburgh's Christmas and Edinburgh's Hogmanay 2013/14 Event Update - report by the Director of Corporate Governance (circulated)

7.4   Update on the Events Governance Review – report by the Director of Corporate Governance (circulated)

7.5   Political Management Arrangements – Annual Review of Working Groups – report by the Director of Corporate Governance (circulated)

7.6   Commercial and Procurement Strategy – report by the Director of Corporate Governance (circulated)

7.7   Complaints – Unacceptable Actions Policy – report by the Director of Corporate Governance (circulated)

7.8   Corporate Performance Framework - Performance Report – Improvement Actions - report by the Director of Corporate Governance (circulated)

7.9   Summary of the Draft Regulations to Support the Public Bodies (Joint Working) (Scotland) Act 2014 - report by the Director of Health and Social Care (circulated)

7.10   Health and Social Care Integration - Responses to Draft Regulations Relating to the Public Bodies (Joint Working) (Scotland) Act 2014 - report by the Director of Health and Social Care (circulated)

7.11   Health and Social Care Integration – Options Analysis of Integration Models – report by the Director of Health and Social Care (circulated)

7.12   Eurocities AGM and Conference – report by the Director of Economic Development (circulated)

8.   Routine decisions

If any

9.   Motions

If any

Carol Campbell

Head of Legal, Risk and Compliance

Committee Members

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

Information about the Corporate Policy and Strategy Committee

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

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

Further information

If you have any questions about the agenda or meeting arrangements, please contact Louise Williamson, Committee Services, City of Edinburgh Council, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh EH8 8BG, Tel 0131 529 4830, email louise.p.williamson@edinburgh.gov.uk .

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

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

From: Charlie Wood
Date: 10 July 2014 15:29
To: Gavin King; Allan McCartney
Cc: Pete Irvine
Subject: CP&S Committee - 5 August: Deputation request

Dear Gavin and Allan

I understand that there will be a report to the Corporate Policy and Strategy Committee on 5th August on Edinburgh's Christmas and Hogmanay 13/14.

As directors of Underbelly and Unique, the contractors for Edinburgh's Christmas and Hogmanay 13/14, myself and Pete Irvine request the opportunity to make a deputation to the Committee.

Could you please confirm that the deputation is accepted? We understand that the Committee is on 10am on 5 August, in City Chambers.

Many thanks

Regards

Charlie

Charlie Wood - Director
Underbelly Limited
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Reception 020 7307 8480
www.underbelly.co.uk

Corporate Policy and Strategy Committee

10.00 am, Tuesday, 10 June 2014

Present

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

1. Minute

Decision

To approve the minute of the Corporate Policy and Strategy Committee of 13 May 2014 as a correct record.

2. Corporate Policy and Strategy Committee Key Decisions Forward Plan June to September 2014

The Corporate Policy and Strategy Committee Key Decisions Forward Plan for August to October 2014 was presented.

Decision

To note the Key Decisions Forward Plan for August to October 2014.

(Reference – Key Decisions Forward Plan for August to October 2014, submitted.)

3. Corporate Policy and Strategy Committee Rolling Actions Log

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

Decision

1) To agree to close actions 3, 4, 6, 8, 16, 20 and 21.

2) To otherwise note the Rolling Actions Log.

(Reference – Rolling Actions Log, submitted.)

4 Public Bodies (Joint Working) (Scotland) Act; Update

The Committee had continued consideration of an update which had been provided on the progress of the Public Bodies (Joint Working) (Scotland) Bill.

Decision

1)   To note that the Bill had progressed through the parliamentary process and, following amendments, was passed on 25 February 2014. It was granted Royal Assent on 1 April 2014.

2)   To note that the Finance and Resources Committee, of 7 May 2014, agreed that the Chief Executive should convene a meeting of relevant Conveners/Vice-Conveners, to review overall progress with the project; and that this meeting had now happened.

3)   To note that the Finance and Resources Committee, of 7 May 2014, further agreed that a monthly progress update – on the *delivery of* the Integration Authority - would be provided to that Committee.

4)   To agree that the preferred option for the creation of the Integration Authority was option a. the Integration Joint Board; but further note that a final decision on the Draft Integration Scheme would not take place before September 2014 at the earliest (paragraph 3.15) and therefore agrees:

- to instruct the Director of Health and Social Care to provide a full options appraisal on each of the potential models to the meeting of the Corporate Policy and Strategy Committee on 5 August 2014, prior to the Draft Integration Scheme being approved.

5)   To note that work was in hand to progress the establishment of the Edinburgh Integration Authority and was reported formally through the Corporate Programmes Office Major Projects arrangements; and that *policy development* for this area would remain with the Health, Social Care and Housing Committee.

6)   To note that the Draft Integration Scheme would be submitted to full Council for approval prior to consultation and submission to Scottish Ministers.

(References – Corporate Policy and Strategy Committee 6 August 2014 (item 10) and 13 May 2014 (item 9); report by the Director of Health and Social Care, submitted)

Declaration of Interests

Councillor Ricky Henderson declared a financial interest in the above item as a Non-Executive Director of NHS Lothian.

Councillor Edie declared a financial interest in the above item as Chair of the Care Inspectorate and left the meeting during the Committee's consideration.

5.   Sustainable Edinburgh 2020 Annual Report and Improving the Delivery of Carbon, Climate and sustainability Outcomes

The Council had approved the "Sustainable Edinburgh 2020" policy framework which set out the aims, objectives and targets for the sustainable development of the Council and the city to 2020.

The second Sustainable Edinburgh 2020 Annual report was presented together with proposals to improve the delivery of carbon, climate and sustainability outcomes for the Council.

Motion

1) To approve the Annual Report and note the significant progress made on sustainability initiatives across the Council and by partner organisations to meet the objectives of Sustainable Edinburgh 2020 (SE2020).

2) To approve the SE2020 Work Plan as detailed in the recommendations in Appendix 1 to the report by the Director of Corporate Governance,

3) To approve the establishment of a new corporate project team to better co-ordinate sustainability activity within the Council, chaired by the Director of Economic Development and supported by the Corporate Policy and Strategy Team.

4) To note that the Carbon, Climate & Sustainability Member Officer Working Group agreed that 'projects rated as Amber to be expanded upon included:
   - Reason(s) why they were Amber
   - What actions were being to taken to address the lack of progress/barriers to progress.
   - A timeline for when the project could be expected to be re-profiled as Green

5) To note that an update of the objectives rated as Amber would be considered at the next meeting of the Working Group.

- moved by Councillor Hinds, seconded by Councillor McVey

Amendment

1) To note the report

2) To note that the Action Plan recommendations for 2014-15:

   a) were presented almost three full months into 2014-15;

   b) contained actions which were simply repeated from other streams of Council work.

3) To note that the report highlighted that the issues covered by the report had grown increasingly diverse and complex and recognised the need to clarify and simplify this area of Council activity.

4) To call for a report in 3 cycles on an action plan for sustainability policy and actions which would prioritise:

   a) complying with legal obligations on the Council;

   b) measures to increase efficiency and reduce costs.

- moved by Councillor Rose, seconded by Councillor Nick Cook.

Voting

The voting was as follows:

For the motion   -   12 votes
For the amendment   -   3 votes

Decision

To approve the motion by Councillor Hinds

(References – Policy and Strategy Committee of 27 March 2012 (item 4); report by the Director of Corporate Governance, submitted.)

6. Achieving Excellence Performance Report October 2013 to March 2014 and Complaints Management 2013/14

An update was provided on Council performance against all of the Council's strategic outcomes covering the period October 2013 to March 2014 together with complaints management for 2013/14.

Decision

1) To note performance for the period from October 2013 to March 2014 and note complaints analysis for the period 2013/14.

2) To further, welcome that the majority of the Council's performance targets had been met, but note there were a number of significant targets that had been missed, including;

   - duration of homelessness;

   - waste sent to landfill and recycling;

   - priority road repairs;

   - hospital discharge delays;

   - resident satisfaction with the Council; and

   - budget and procurement savings.

3) To therefore call for a report to Committee within one cycle on the actions that would be taken to improve performance in areas where performance was not meeting targets.

(References – Corporate Policy and Strategy Committee 3 December 2013 (item 6); report by the Director of Corporate Governance, submitted.)

7. Corporate Performance Framework – Annual Update

The Council had approved a revised Corporate Performance Framework aligned to political, partnership and operational outcomes.

An annual update of the Corporate Performance Framework was provided.

Decision

1) To agree the annual update to the performance indicators as outlined in the Strategy Maps included in the report by the Director of Corporate Governance.

2) To agree the Strategic Service Plan 2012-17 which had been updated to reflect progress and priorities after the first year of implementation.

3) To agree the five Directorate plans which provided further planning detail across service areas.

(References – Act of Council No 12 of 24 October 2013; report by the Director of Corporate Governance, submitted)

8. Nuclear Free Local Authorities - Membership

The Council were invited to renew its membership of the Nuclear Free Local Authorities organisation.

Motion

To agree to renew membership of Nuclear Free Local Authorities.

- moved by Councillor Burns, seconded by Councillor Burgess

Amendment

That no action be taken on the invitation to renew membership.

- moved by Councillor Rose, seconded by councillor Nick Cook

Voting

The voting was as follows:

For the motion   -   12 votes
For the amendment   -   3 votes

Decision

To approve the motion by Councillor Burns.

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

9. Strategy for Open Data

Details were provided on the Council's proposed Open Data Strategy which would provide easier access to Council services and amenities through alternative channels, support innovative new ventures, enhance citizen participation in the decision making process and make better use of public assets for citizens, communities, businesses and the Council.

Decision

To approve the Open Data Strategy.

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

10. Pension Auto-enrolment Update

The Council had implemented pension auto-enrolment for all staff on 1 April 2013. Details were provided on the number of employees who had been auto-enrolled and the financial costs to the Council.

Decision

1)   To note the successful implementation of the pension legislative changes.

2)   To note that 112 employees were auto-enrolled in a Council occupational pension scheme on 2013/14.

3) To note that the initial costs associated with auto-enrolment had been contained within budgets.

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

11 Crackdown on Legal Loan Sharks – Payday Lending

The Committee had agreed to the establishment of an Officer Working Group to take forward agreed actions which had been identified within the petition 'Crackdown on Legal Loan Sharks', as possible Council contributions to protect people from the actions of payday loan companies. A report had also been requested back to the Corporate Policy and Strategy Committee within one calendar year:

Details were provided on actions which had already taken place within the Council to reduce the impact of payday loan services to residents of the city as well as employees of the Council. Further potential actions which could be considered if additional sources of funding were secured were outlined.

Decision

1) To note the report by the Acting Director of Services for Communities and the actions taken to minimise the impact of payday lending.

2) To note that any proposals to lease council property to payday loan companies would be considered by the Economy Committee with ratification from the finance and Resources Committee.

3) To agree to discharge the outstanding remits from the Corporate Policy and Strategy Committee of 11 June 2013 and the Economy Committee of 6 March 2014.

4) To note that Craigmillar Credit Union was now known as Castle Credit Union.

(Reference – Corporate Policy and Strategy Committee of 11 June 2013 (item 9); report by the Acting Director of Services for Communities, submitted)

12. Krakow Partnership Agreement Re-signing

Details were provided on proposals for the re-signing of the Krakow Partnership Agreement between Edinburgh and Krakow for a further five years with a number of project proposals being considered through the Partner Cities Anniversary Working Group. It was further proposed that the Lord Provost travel to Krakow in October 2014 to formally re-sign the Partnership Agreement.

Decision

1) To approve the re-signing of the Partnership Agreement between Edinburgh and Krakow for a further five years to 2019.

2) To approve travel for the Lord Provost in October 2014 to formally re-sign the Agreement and launch a range of activities, including welcoming Krakow to the UNESCO City of Literature network, founded by Edinburgh.

(Reference – report by the Director of Economic Developent, submitted)

13 Communities and Neighbourhoods Policy Development and Review Sub-Committee Work Programme 2014-15 – referral from the Communities and Neighbourhoods Committee

The work programme for the Policy Development and Review Sub-Committee of the Communities and Neighbourhoods Committee was presented.

Decision

To note the Communities and Neighbourhoods Policy Development and Review Sub-Committee Work Programme for 2014-15.

 (References – Communities and Neighbourhoods Committee 6 May 2014 (item 7); referral report from the Communities and Neighbourhoods Committee, submitted.).

14. Discretionary Housing Payments for Bedroom Tax – Motion by Councillor Burgess

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

"Committee;

Notes that the Scottish Government has undertaken to fully fund Councils for the cost of Discretionary Housing Payment (DHP) paid to mitigate the Bedroom Tax (Underoccupancy);

Further notes that the UK Government has agreed to enable the Scottish Government to achieve this undertaking and that therefore, subject to the legal process being completed, there is no budgetary limit for the Council for such payments;

Recognises that whilst there is a delay in the legal process there is continuing concern and confusion amongst tenants some of whom believe that the "Bedroom Tax" has been "abolished" from 1 April 2014 and that many council and housing association tenants are accumulating rent arrears and many of these have not yet made applications for DHP;

Therefore agrees that the Council's DHP policy is amended accordingly such that all qualifying Bedroom tax (Underoccupancy) DHP applications are appropriately backdated and paid in full <u>without the need for a financial assessment</u>, noting that this will greatly streamline the application process for tenants, housing associations and the Council and increase take up of DHP amongst some groups of tenants."

Decision

Councillor Burgess withdrew his motion.

15. Council Powers in Relation to Poor Performance of Contractors

The Committee, in terms of Section 50(A)(4) of the Local Government (Scotland) Act 1973, excluded the public from the meeting during consideration of the following item of business for the reason that it involved the likely disclosure of exempt information as defined in Paragraph 12 of Part 1 of Schedule 7(A) of the Act.

The Committee had called for a further report within 2 cycles, on the implications of including provisions in all future framework agreements which the Council procured which would allow for the suspension of a party from a framework agreement in certain specified circumstances, including where work carried out under that framework agreement was sub-standard.

Decision

To note the report by the Director of Corporate Governance.

(References – Corporate Policy and Strategy Committee 25 March 2014 (item 12); report by the Director of Corporate Governance, submitted).

Key decisions forward plan

Corporate Policy and Strategy Committee
September to November 2014

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
1.	Review of Management Structured – Revised Arrangements	2 Sept 2014		Chief Executive	CO 24-26
2.	Compliance, Risk and Governance – Corporate Debt Policy	2 Sept 2014		Director: Alastair Maclean Lead officer: Fraser Rowson, Acting Principal Accountant fraser.rowson@edinburgh.gov.uk Neil Jamieson, Depute Head of Customer Services neil.jamieson@edinburgh.gov.uk	CO24-26

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
3.	Management of Asbestos	30 Sept 2014		Director: Alastair Maclean Lead officer: Linda Holden, Interim Head of Organisational Development linda.holden@edinburgh.gov.uk Dennis Henderson, Senior Health and Safety Adviser dennis.henderson@edinburgh.gov.uk	CO24-26
4.	Annual Review of Corporate Debt Policy	30 Sept 2014		Director: Alastair Maclean Lead officer: Hugh Dunn, Head of Finance hugh.dunn@edinburgh.gov.uk	CO 24-26
5.	ICT Acceptable Use Policy – Review	4 Nov 2014		Director: Alastair Maclean	

Corporate Policy and Strategy Committee

5 August 2014

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
1	06-11-12	The Future Management and Ownership of Easter Craiglockhart Hill Local Nature Reserve (LNR) – motion by Councillor Burns (Agenda for 6 November 2012)	To provide information on the possibility of community ownership and management of the woodland and open space in the area in the longer term and how this might be achieved, with ownership transferring to the Council as an interim measure, with a view to the eventual transfer of ownership and management, to a community organisation.	Directors of Corporate Governance and Services for Communities	Within 4 cycles		Development application is currently with Planning and is awaiting a decision. Update report will be required once decision has been made. Suggestion for report to Planning Committee on 03/09/14 for a decision on the application.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
2	22-01-13	Policy Development and Review Sub-Committee Work Programmes	To ask the Director of Children and Families to report back to the Education, Children and Families Policy Development and Review Sub-Committee on developing the Estates Strategy review.	Director of Children and Families	Not specified		
3	22-01-13	Welfare Reform - Further Update	To ask the Director to provide members with update briefings on a regular basis.	Director of Corporate Governance	Ongoing		Bi monthly updates to the Committee.
4	16-04-13	Redesigning the Community Justice System - Respose to the Scottish Government's Consultation	To agree to receive a report to a future meeting on proposed arrangements to implement the suggested improvements to reduce re-offending, as set out in paragraphs 2.2.1 to 2.2.4 in the report by the Chief Social Work Officer.	Chief Social Work Officer	Not specified		Agreed with the Leader of the Council and the Convener of Health, Social Care and Housing Committee to report to that Committee on 17 June 2014.

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							Report submitted on 17 June 2014. **Recommend action is closed.**
5	01-10-13	A Framework to Advance a Cooperative Capital 2012-17 - Joining the Cooperative Council	To agree to receive a further report by 31 March 2014 assessing the success of the pilot membership and an update on the feasibility study of establishing a Scottish Network of Cooperative Councils.	Director of Corporate Governance	31 March 2014		Report submitted to Communities and Neighbourhoods Committee on 23 June 2014. **Recommend action is closed.**
6	05-11-13	Contact in the Capital - Community Communication Pilot	To receive a full report, evaluating the success of the three pilots, in 12-months	Director of Corporate Governance	November 2015	25 March 2014	
7	05-11-13	Contact in the Capital - Community Communication Pilot	To agree that an additional update report, highlighting (city-wide) successful community based	Director of Corporate Governance	Annual		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			communications initiatives, be reported annually. That report to include the possible use of funding to Community Councils/Neighbourhood Partnerships to encourage better communication. The report also to include investigation of reinvigorating the MyEdinburgh website.				
8	05-11-13	Review of Community and Accessible Transport Programme Update	To note that a further update report would be provided in six months.	Director of Health and Social Care	May 2014		
9	21-01-14	Sex Work in Edinburgh - Harm Reduction Framework	To note that officers would submit a progress report in March 2015 to the Health, Social Care and Housing Committee.	Chief Social Work Officer	March 2015		No change to reporting time

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
10	21-01-14	Energy Services Companies	To note the progress towards the development of Energy Services Companies and that a further report would be submitted to Committee in April 2014 and to ask that the progress report include the options for an Energy Services Company that by providing energy and energy services, could generate this sort of significant revenue for the Council.	Director of Economic Development	April 2014		Scheduled for August 2014
11	25-02-14	Review of Events Governance	To note that 6 monthly progress reports would be submitted to Committee.	Directors of Corporate Governance and Services for Communities	August 2014		Report due August 2014

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
12	25-02-14	Poverty and Inequality Data in the City - referral from the Communities and Neighbourhoods Committee	To instruct that the future report include an assessment of earlier poverty initiatives and clarification of the definitions of "low-pay/poverty".				
13	25-03-14	Riddle's Court and 4-6 Victoria Terrace, Edinburgh	To request officers to report to the relevant committee on the most appropriate mechanism to allow the resources currently allocated to SHBT to be realigned to 6VT to support the cost of capital fit out and rent of their new premises.	Director of Services for Communities	Not specified		There are ongoing discussions taking place with various parties to identify and enable the realignment of funding. Further Riddles Court and Victoria Terrace reports will go to the Economy Committee and thereafter F&R. It is envisaged that Full Council approval will also be required prior to project

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							conclusion. This will be part of the mechanism / process which will enable full funding realignment.
14	25-03-14	Contact in the Capital - Community Communication Pilots Update	To note that the proposed pilot scheme within the Gorgie/Dalry area would be put on hold at this time and following further consideration an update report would be presented to Committee at a later date	Director of Corporate Governance	Not specified		
15	10-05-14	Public Bodies (Joint Working) (Scotland) Act - Update	To instruct the Director of Health and Social Care to provide a full options appraisal on each of the potential models to the meeting of the Corporate Policy and Strategy Committee on 5 August 2014, prior to the Draft	Director of Health and Social Care	5 August 2014		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
			Integration Scheme being approved.				
16	10-05-14	Achieving Excellence Performance Report October 2013 to March 2014 and Complaints Management	To call for a report to Committee within one cycle on the actions that would be taken to improve performance in areas where performance was not meeting targets	Director of Corporate Governance	5 August 2014		

Corporate Policy and Strategy Committee

10.00am, Tuesday 5 August 2014

Welfare Reform - Update

Item number	7.1
Report number	
Executive/routine	
Wards	

Executive summary

The Council continues to engage with tenants providing advice and financial support through Discretionary Housing Payments (DHP).

The Scottish Government has requested and has been granted the power to lift the DHP cap in Scotland. Discussions are ongoing between COSLA and the Scottish Government to agree the allocation of the additional £15m that has been made available for Local Authorities to fully mitigate the effects of Under Occupancy.

During April and May 2014 the monthly budget for Crisis Grants was exceeded and 93% of the Community Care Grant monthly budget was spent. As such the priority levels for both funds were amended.

At the end of June 2014 the Council had committed to spend 84% of the 2014/15 Discretionary Housing Payment allocated budget.

The Council continues to promote alternatives to payday loans and is actively engaged in a range of Welfare Reform activities including Universal Credit Local Support Services Framework and Direct Payments.

Links

Coalition pledges	
Council outcomes	
Single Outcome Agreement	SO2

Report

Welfare Reform – Update

Recommendations

1.1 It is recommended that the Corporate Policy and Strategy Committee notes:

1.1.1 the Council's ongoing activities relating to Welfare Reform; and

1.1.2 the next update will be reported to Committee on 7 October 2014.

Background

2.1 The Corporate Policy and Strategy Committee recommended on 22 January 2013 to continue to monitor the Council's actions relating to Welfare Reform and requested bimonthly update reports. The last report was considered by Committee on 13 May 2014.

Main report

Council Tenants and Housing Services – Under Occupation (UO)

3.1 At the end of May 2014 there were 3,257 Council tenants affected by the UO regulations. Of these tenants, 2,935 (90%) have had a 14% reduction and 322 (10%) have had a 25% reduction in their Housing Benefit entitlement.

3.2 At the end of May 2014 there were 7,295 Council Tenants in arrears (£4.27m), 1,708 of whom were affected by the UO regulations. It should be noted that 969 of those affected were already in arrears when the regulations were introduced. This highlights the fact that, although the UO regulations have had an impact on rent arrears, there are other factors that contribute to rent arrears.

3.3 There is evidence that the advice and financial support being provided by the dedicated Welfare Reform Team is addressing the upward trend. By the end of May 2014 the number of affected tenants in arrears had reduced to 1,708 from a high of 2,602 in August 2013. At the end of May 2014, 48% of Council tenants affected by UO were no longer in arrears. The overall number of affected tenants in arrears has shown a slight increase however this will reduce again on completion of the 2014/15 Discretionary Housing Payment (DHP) review.

3.4 The Council has also simplified the DHP application process for tenants affected by the UO regulations. This will be supported by a further communication campaign to ensure that the Council's share of the additional £35m identified by Scottish Government reaches tenants with rent arrears relating to under occupancy charges in 2014/15. This is considered in greater detail in the DHP

policy update, which is also reported to the Corporate Policy and Strategy Committee meeting of 5 August 2014.

3.5   There are currently around 1,293 Registered Social Landlord (RSL) tenants also affected by the UO regulations. The RSLs have provided details of their current rent arrears, and this information and the Council's position is included in Appendix 1.

3.6   As well as the financial advice provided to affected tenants assistance is given to enable tenants' make informed decision on their future housing options. Factors such as the availability of suitable homes, individual household circumstances and local support networks can impact a tenants' decision to move. The dedicated Welfare Reform Team continues to provide proactive support to affected tenants. This includes help with bidding for available homes and mutual exchanges, financial support to assist with moving costs and assist with rent deposits in the private rented sector. Contact is also being made with tenants currently in one bedroom homes who are looking to move, to help increase the availability of this size of home.

3.7   During 2013/14 there were 3,286 social rented homes advertised for let through the Choice based lettings system. This system is operated by a majority of landlords and receives an average of 133 bids for each home available. There has been a small increase in the number of lets going to households with an under occupation priority, rising from 75 households in 2012/13 (3% of total lets) to 118 households in 2013/14 (4% of total lets). There are just under 1,000 households registered in Edindex with a priority for overcrowding. The letting outcomes for this group have remained fairly static over the same period at around 10% of total lets. During 2013/14 there were 338 homes let to households with an overcrowding priority.

Temporary and Supported Accommodations

3.8   UO regulations currently affect 261 properties within the temporary accommodation estate and currently 31 homeless households have had their Housing Benefit reduced as a result. Families continue to be placed in properties where possible that reduce the likelihood of Under Occupancy.

Temporary Accommodation and Benefit Cap

3.9   There are currently 99 households in temporary accommodation and 39 in Private Sector Leasing properties where the Benefit Cap applies.

3.10   The introduction of the Benefit Cap has not yet had the expected impact on residents in temporary accommodation. This area continues to be monitored by the Council and support is provided as appropriate to affected households.

Scottish Legal Aid Board (SLAB) Funding

3.11   There are currently four welfare related projects supported by the Scottish Legal Aid Board funding. Between March and May 2014 the RSL partnership assisted 81 clients with benefit, welfare and income maximisation related matters. The

partnership is also assisting tenants to complete the new Personal Independence Payments (PIP) application forms. Initial findings indicate that this is a resource intensive activity and demand is expected to increase. Further funding is likely to be sought beyond March 2015 to support this work

3.12 The Council's Advice Shop and Citizens Advice Edinburgh partnership continues to provide support and advice in benefit related matters in all 5 Citizens Advice Bureaus to ensure advice is accessible and responds to customers' needs. An additional outreach provision is being trialled in Oxgangs to determine demand in the area.

3.13 Since the 6 January 2014 the Cyrenians, CHAI and Granton Information Centre partnership has dealt with 310 enquiries, 237 of which were benefit related and 73 were money advice issues. Between January and June 2014 the success of this partnership has resulted in customers accessing over £250k of benefits and grants. The Shelter Scotland Partnership continues to effectively target specific sections of the community that require benefit assistance and advice.

Advice Services

3.14 In March 2014, The Advice Shop initiated a Debt Advice Forum to bring together Council representatives and Third Sector Advice Agencies to share information and coordinate responses to debt issues. This multi agency activity now meets quarterly and recent discussions involving the Council, Edinburgh Voluntary Organisations, Cyrenians, The Advice Shop and the Council's Homelessness service focused on the support, and advice services provide in terms of debt and budgeting advice and the outreach provision that is available.

Council Tax Reduction Scheme (CTRS)

3.15 The Council's CTRS funding for 2014/15 is estimated at £27.5m this will be confirmed later in the year. The demand on the 2014/15 budget will be monitored from month to month in line with changes to customers' circumstances. These changes will be monitored to ensure that any emerging pressure is identified at the earliest opportunity. At May 2014 the annual projection for the fund was 97.4% and within monitoring tolerances.

3.16 The Scottish Government has now published caseload and expenditure statistics for 2013/14, the first year of the CTRS in Scotland. Key statistics include:

- 543,240 CTR recipients in Scotland in March 2014, with a total weekly expenditure estimate of £6.945m;
- provisional total expenditure on CTR in Scotland in 2013/14 was £360.1m;
- number of recipients and average weekly expenditure have both decreased between April 2013 and March 2014 by 1.7% and 2.7% respectively;
- 208,330 (38%) CTR recipients in March 2014 were aged 65 or over;
- 89,820 (17%) CTR recipients in March 2014 were lone parents; and
- number of CTR recipients in March 2014 was equivalent to 22.5% of the total number of chargeable dwellings.

3.17 Edinburgh had the third highest caseload in Scotland with 7% and the second highest expenditure with £27.69m.

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

3.18 Currently 95% of applications for Crisis Grants are being considered the same day they are received, the further 5% continue to be considered within the target of two working days. There has been one 2nd tier review panel meeting since April 2014 and the original decision was upheld.

3.19 Currently 85% of applications for Community Care Grants are being considered within the target of 15 days. To address this pressure two new SWF decision makers have been recruited and have been in post from 14 July 2014. A new Administrative Officer has been appointed to assist with the work relating to the new purchasing system. There have been six 2nd tier review panel meetings since April 2014. Four original decisions were upheld, one was overturned with the customer receiving the relevant household items and one was deferred requiring further information.

3.20 The SWF budget for 2014/15 is £2,187,628, of which £455,000 has been allocated to the Crisis Grant fund and £1,732,628 to The Community Care Grant fund.

3.21 The Crisis Grant fund for 2014/15 is:

- £455,000
- £122,464.42 spend to 30 June 2014 (26% of total fund)

3.22 The Community Care Grant fund for 2014/15 is:

- £2,127,628 (Includes £395,000 carry forward from 2013/14)
- £409,058.21 spend to 30 June 2014 (19% of total fund)

3.23 The Scottish Government recently provided details of the Crisis Grants and Community Care Grants awarded for all Scottish Authorities. The Council's combined performance for April 2014 was 6% and May 14%, which is slightly below the Scottish average of 8% and 17% respectively. The 2014/15 spend profile for each fund is included in Appendix 2.

3.24 During April and May 2014 the monthly budget for the Crisis Grant was exceeded and 93% of the monthly Community Care Grant was spent. Therefore from 1 June 2014 claims for both grants were being considered at medium and high priority levels only. A further amendment was made to the priority levels from 1 July Crisis Grant applications will only be considered for high priority cases and the Community Care Grant continues to be considered at medium and high.

3.25 The monthly spend levels for both grants continue to be monitored on a daily basis to allow appropriate adjustments to be made to the priority levels.

3.26 The Furnishing Service who replaced Bethany Christian Trust as household goods supplier has delivered 88% of ordered goods within 5 working days. The

Furnishing Service has opened a new warehouse in Edinburgh with a view to opening a further one in the North or South of the city later in the year.

Discretionary Housing Payments (DHP)

3.27 There have been 4470 DHP applications considered up to 30 June 2014. Of these applications 356 related to 2013/14 but were received within the cut off period. As the 2013/14 fund is now closed all successful applications will be awarded from the 2014/15 fund.

3.28 During this time there have been 100 refusals for 2013/14 and 214 for 2014/15. The overall refusal rate is currently 5.3%.

3.29 At 30 June 2014 the Council's DHP financial position is:

- £3,833,120 total fund
- £1,124,358.77 spend (29% of spend)
- £2,084,645.35 committed to 31 March 2015 (a further 55% of the fund)

3.30 In overall terms the Council has committed to spend 84% of the allocated budget. Appendix 3 outlines the Council's DHP spend profile at 30 June 2014.

3.31 The Scottish Government has made £15m of additional funding available to Local Authorities to supplement DHP budgets and fully mitigate the effects of Under Occupancy for 2014/15. The Scottish Government requested and has been granted the power to lift the DHP cap in Scotland. Discussions are currently ongoing between COSLA and the Scottish Government to agree the allocation of the additional funding.

3.32 DHP is now being awarded to all tenants who are under occupying their properties in Edinburgh for 2014/15. This is prior to the amount of additional funding being confirmed by Scottish Government.

3.33 While an automatic DHP award is not permissible, the application process for tenants under occupying has been simplified. At this point no application is required for tenants whose shortfall in rent is solely due to the UO regulations. Attempts are also being made to contact up to 2,000 affected tenants by telephone, email and letter to allow the awards to be progressed. The new DHP policy update will be available on the website once it has been approved by the Corporate Policy and Strategy committee.

3.34 Until the Scottish Government has confirmed the Council's share of the additional funding it is unclear if the current DHP budget will be sufficient to consider backdating to April 2013. The issue of backdating has been addressed in the complimentary report on the Corporate Policy and Strategy agenda for 5 August 2014.

Payday Loans

3.35 The Council has also been actively involved in the issue of payday loans. The payday lending working group continue to meet monthly to look at ethical alternatives to payday loans and consider longer term, sustainable solutions. As

part of this work Licensing and Trading Standards presented an update on payday lending to the Corporate Policy and Strategy Committee on 10 June 2014.

3.36 Discretionary Housing Payments (DHP) and the Scottish Welfare Fund (SWF) continue to be advertised and promoted to maximise uptake of the funds to steer customers away from payday lenders. There is however a risk that claimants' will look to payday loan companies to help meet household expenses if their application for DHP or SWF is unsuccessful. To mitigate this risk the DHP and SWF teams will signpost unsuccessful claimants to other Council Services for advice and support. These include the Advice Shop, Welfare Team, Income Maximisation Service, Social Care Direct and local offices.

3.37 Water of Leith Credit Union is a new Credit Union which will open in Edinburgh in early 2015. This will follow the successful Ayrshire partnership model and will invite participation from local Registered Social Landlords (RSLs).

3.38 As part of the Cooperative Capital initiative and specifically the Cooperative Corporate Social Responsibility Theme, an event is being organised which will focus on profiling a responsible approach to loans and financing for people who maybe experiencing poverty or be disadvantaged. This multi-agency event will link with other activities being progressed through the Council's Communities and Neighbourhoods Committee.

3.39 The event is scheduled for November 2014 and will consider case studies surrounding payday loans and potential outcomes. There will also be three workshops facilitated on the day which will cover investigating other forms of loans, tackling in-work poverty and how the term "responsible lending" is best applied in Edinburgh.

Direct Payment Demonstration Project (DPDP)

3.40 The DPDP has now concluded and an independent report has been compiled by the organisations involved. The document highlights issues that social landlords should consider in their preparation for Universal Credit and direct payment of Housing Benefit in particular.

3.41 The final DPDP press release was published in July 2014 and provides the latest analysis of the first 18 payment periods for the projects running in England and Wales and the first 16 payments in Edinburgh.

- a total of 4,719 tenants were paid by direct payment. A further 1,993 had been paid by direct payment but had their payments switched back to their Landlord;
- a further 116 had their payments switched forward, so direct payments were restored after a period of managed payments; and
- the total rent charged was £34,954,984 and the average rent collection rate was 95%.

3.42 The Council will continue to learn from these pilots and ensure that best practice approaches are adopted when Direct Payments are formally launched.

Universal Credit (UC) and Local Support Services Framework (LSSF)

3.43 As previously reported, the number of claimants being processed through Universal Credit is significantly lower than anticipated and these are restricted to pilot sites. The DWP are now accepting new UC claims in the "live sites" for couples and people with children over the spring and autumn. However there are no firm details of timescales or volumes as yet. It is unlikely that UC will roll-out in Edinburgh before 2016 at the earliest.

3.44 The DWP are funding 6 pilot areas throughout the UK to test different aspects of LSSF before being rolled out nationally as part of UC. Only 1 pilot area in Scotland has been funded.

3.45 Edinburgh submitted a joint bid with the DWP Jobcentre Plus for funding but this was unsuccessful. It is still the Council's intention to support customers prepare for UC. This will include establishing:

- skills and work experience;
- basic digital skills; and
- personal budgeting knowledge and experience.

3.46 This will be a joint approach and will include various Council services, DWP Jobcentre Plus, Registered Social Landlords, Advice Agencies, voluntary organisations and Work Programme Providers.

The Welfare Reform Working Group

3.47 The Welfare Reform Working Group continues to meet quarterly to monitor the impacts of Welfare Reform on the Council and its service user. The next meeting is scheduled for September 2014.

3.48 The member/officer meeting of 10 June 2014 discussed and considered a number of issues that feature in this report. These include:

- delivering Social Security in Edinburgh and the development of a Strategic Response to Welfare Reform in Edinburgh;
- activities relating to the Local Support Services Framework; and
- presentation from the Furnishing Service (SWF household goods supplier)

Strategic Response to Welfare Reform in Edinburgh

3.49 As previously reported the Welfare Reform Core Group has been developing a strategic response to welfare reform in Edinburgh. The draft response was presented at the member/officer meeting and it is anticipated that the paper will be presented to the Corporate Policy and Strategy Committee in September 2014.

Single Fraud Investigation Service (SFIS)

3.50 SFIS is a new national body that will bring together welfare benefit fraud investigations currently undertaken by DWP, councils and HMRC. This will see Council Housing Benefit fraud staff transfer to the DWP.

3.51 The implementation date for the Council is 1 November 2014. Meetings between the DWP's and the Council's HR teams have taken place and we will continue to work together to ensure that staff are properly supported during any transfer and transition to the new service.

3.52 In conjunction with this activity the Council is also progressing the creation of an internal fraud team that will investigate potential fraudulent activities that fall out with the scope of SFIS e.g. CTRS fraud.

Measures of success

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

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

Financial impact

5.1 The increase in numbers of people experiencing hardship has led to increased demand for services across the Council and also partner advice agencies. There is a risk to Council income, particularly in relation to rent arrears, changes to subsidy levels for temporary accommodation and service charges. Known risks include:

- loss of rental income to the Housing Revenue Account (HRA) arising from Housing Benefit under Occupation reforms and Direct Payment under Universal Credit;
- Scottish Welfare Fund and Discretionary Housing Payment budget will be insufficient to meet demand longer term;
- the spend on Council Tax Reduction Scheme exceeds the available funding;
- reduced DWP Administration Subsidy due to the abolition of Council Tax Benefit, the phasing out of Housing Benefit and Central Government budget savings; and
- increased demand on advice and advocacy both for the Council and Third Sector advice agencies.

Risk, policy, compliance and governance impact

6.1   The financial risk to the Council as well as the risk to the Council's reputation is being monitored regularly. Actions taken to assess and mitigate these risks and ensure effective governance include:

- bimonthly update to Corporate Policy and Strategy and Finance and Resources Committees;
- annual update to Risk, Governance and Best Value Committee;
- dedicated teams introduced to provide support and assistance;
- quarterly meetings with Elected Members, Council Officers and External Partners; and
- a strategic approach and action plan for delivering Social Security in Edinburgh (A strategic response to Welfare Reform in Edinburgh)

Equalities impact

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

Sustainability impact

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

Consultation and engagement

9.1   Council officials continue to engage with the UK and Scottish Governments, directly and through COSLA, with the DWP, the Third Sector, the NHS and other partners. The Council is also engaging with citizens, both in and out of work, who rely on benefit income and tax credits.

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

Background reading / external references

Recent reports to committee:

Welfare Reform – update – Finance and Resources Committee, 5 June 2014

Welfare Reform – update – Corporate Policy and Strategy Committee, 13 May 2014

Welfare Reform – update – Finance and Resources Committee, 20 March 2014

Welfare Reform – update – Corporate Policy and Strategy Committee, 25 February 2014

Welfare Reform – governance – Governance, Risk and Best Value Committee, 30 January 2014

Alastair D Maclean

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Links

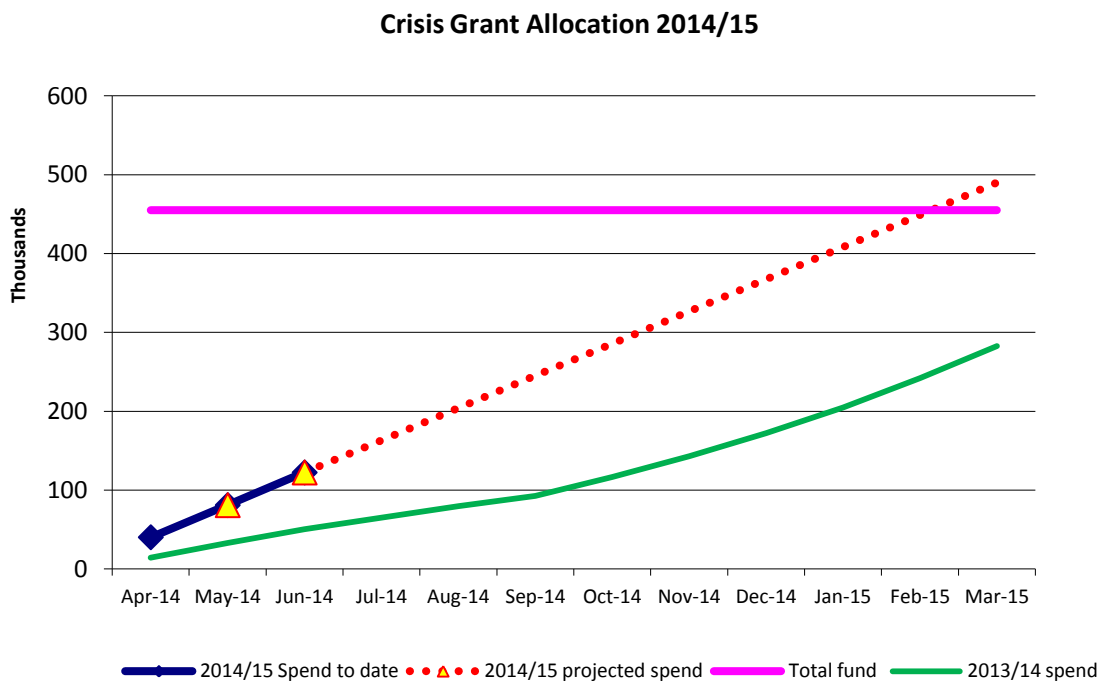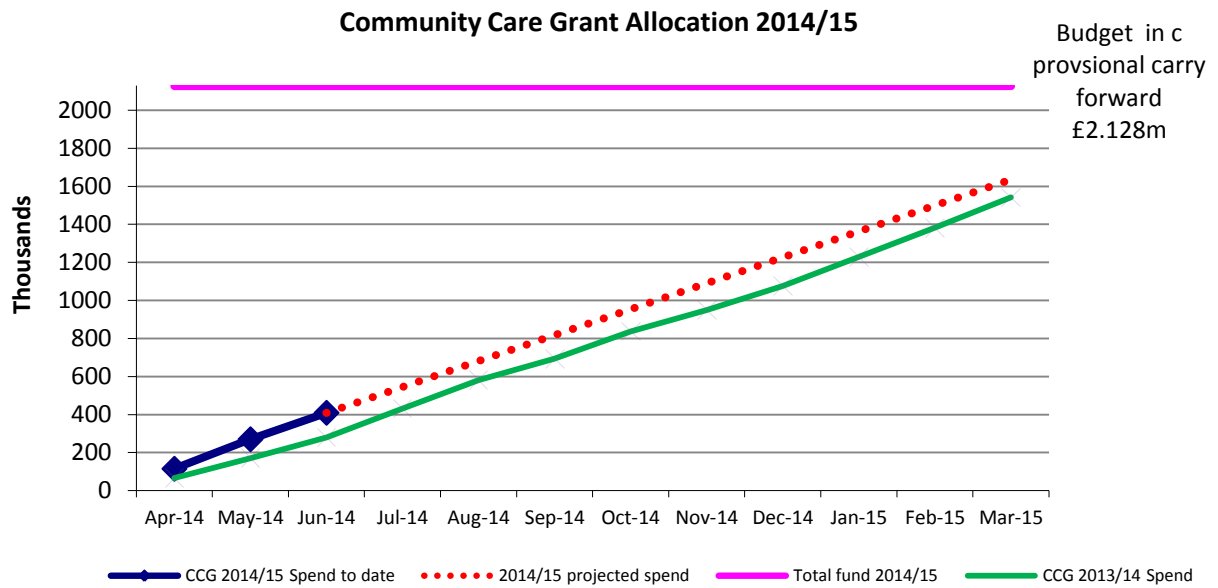|	
Coalition pledges	
Council outcomes	
Single Outcome Agreement	**SO2** – Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	Appendix 1 – Council and Registered Social Landlord rent arrears profile
	Appendix 2 – The Scottish Welfare Fund spend
	Appendix 3 – Discretionary Housing Payment Spend

Council and Registered Social Landlords Rent Arrears Profile

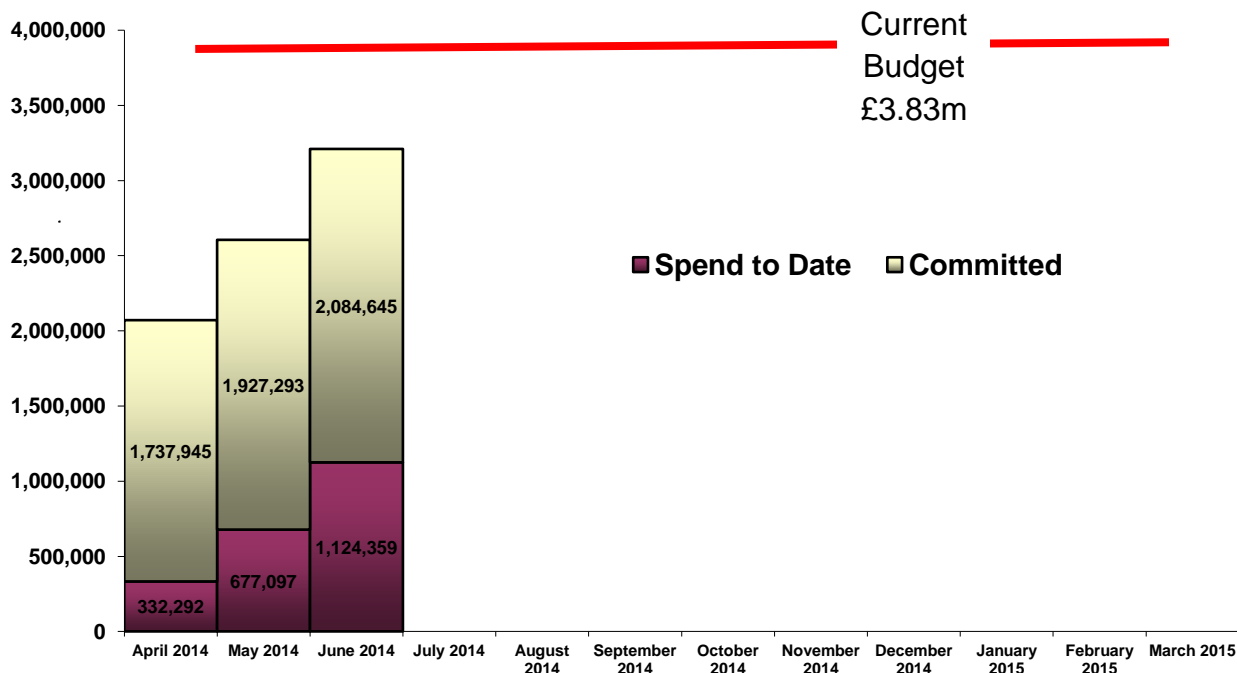| Name	Total Housing Stock Properties	Total Rent Arrears (£) 2014/15	Current Number of Tenants Impacted by UO	Number of Tenants UO who have Rent Arrears	% of Tenants UO who have Rent Arrears	Total Current Rent Arrears Relating to UO (£) 2014/15
*CEC	19,915	4,272,479	3,257	1,708	52%	556,664
**RSL 1	482	63,562	46	33	71.7%	6,964
RSL 2	5,451	740,126.38	363	232	63.91%	95,164.54
***RSL 3	201	23,279	21	4	19%	1,013

-
- *Information relates to the end of May 2014
- *£556,664 this figure excludes pre existing arrears for tenants affected by UO rules prior to April 2013
-
- **Arrears are high as 2 weeks housing benefit for all tenants has not been received a it's paid 4 weekly in arrears
- **We are unable to provide a breakdown of arrears attributable to UO only. I have included the total arrears for these cases
-
- *** Information as at the end of June 2014

Scottish Welfare Fund (June 2014)

Community Care Grant Allocation 2014/15

Budget in c
provsional carry
forward
£2.128m

Legend: CCG 2014/15 Spend to date — 2014/15 projected spend — Total fund 2014/15 — CCG 2013/14 Spend

Crisis Grant Allocation 2014/15

Legend: 2014/15 Spend to date — 2014/15 projected spend — Total fund — 2013/14 spend

Discretionary Housing payment 2014/15

DHP Fund Allocation 2014/15

Current Budget £3.83m

■ **Spend to Date** □ **Committed**

Month	Committed	Spend to Date
April 2014	1,737,945	332,292
May 2014	1,927,293	677,097
June 2014	2,084,645	1,124,359

Corporate Policy and Strategy Committee

10.00am, Tuesday 5 August 2014

Discretionary Housing Payments (DHP) Policy

Item number	7.2
Report number	
Executive/routine	
Wards	All

Executive summary

The report entitled "Discretionary Housing Payments (DHP) Policy presented to the Corporate Policy and Strategy Committee on 5 November 2013 stated at Appendix 1 paragraph 14.1 that the DHP policy would be reviewed when required. Given the provision of additional DHP funding by the Scottish Government a revision is now required. The proposed 2014/15 policy changes include:

- DHP awards will be made where the household is subject to under occupancy;
- DHP awards will be made where a households rent is protected following a succession in tenancy and the 52 week protection crosses a rent increase; and
- claimants in the above categories will not be required to complete an application form/financial assessment, and the claim will be triggered following a request for DHP by telephone, email or letter.

This report also addresses the Council decision on 26 June 2014 seeking further information on the backdating of DHP claims to April 2013. To fully mitigate the effect of under occupancy and backdate all awards to 1 April 2013 is estimated to cost the Council an additional £1.8m. Until the Scottish Government confirm the Council's share of the additional funding the Council is not in a position to confirm whether backdating to April 2013 can be achieved within the available funding.

Links

Coalition pledges
Council outcomes
Single Outcome Agreement   SO2

Corporate Policy and Strategy Committee

Discretionary Housing Payments (DHP) Policy

Recommendations

1.1 It is recommended that the Corporate Policy and Strategy Committee:

1.1.1 approve the revised DHP policy attached at Appendix 1.

Background

2.1 The Council has discretion under Section 2(1) of the Discretionary Financial Assistance Regulations 2001 to provide financial assistance (discretionary housing payment) to persons who require financial assistance (in addition to benefit to which they are entitled) in order to meet housing costs.

Housing costs are not defined in the regulations but can be interpreted as a claimant's eligible rent and Council Tax liability.

2.2 The Welfare Reform Act 2012 has introduced a range of reforms including a benefit cap, a reduction in Housing Benefit for under-occupation in social housing and Universal Credit, which will impact on the Discretionary Housing Payment Scheme.

2.3 A revised DHP policy was approved by Council in November 2013 in response to the Welfare Reform Act 2012. A further revised DHP policy has been drafted in response to the additional funding provided by the Scottish Government and this is attached at Appendix 1.

2.4 The key aims of the DHP policy are to prevent hardship and to protect families and vulnerable people by sustaining tenancies and to prevent homelessness.

Main report

3.1 The Department for Work and Pensions (DWP) increased its UK DHP baseline funding of £20m by £40m in 2012/13 to cover welfare reforms in the private rented sector. For 2013/14 the DWP has increased funding by a further £30m to cover under-occupation in social housing and a further £65m for the benefit cap. The funding is aimed specifically at two groups:

- where the property has been significantly adapted for disabled people within the household; and

- kinship carers, whose Housing Benefit is reduced because of a bedroom being used by, or kept free for, kinship children.

3.2 The Council's DHP allocation from the DWP for 2013/14 was £1,430,709. The Scottish Government made £20m additional funding available to Local Authorities to supplement DHP budgets for the financial year 2013/14. The maximum additional funding to the DHP fund by Local Authorities for 2013/14 was 1.5 times the funding provided by DWP. The revised DHP allocation for 2013/14 was £3,555,182.

3.3 The Council's DHP allocation for 2014/15 is £3,833,120. The Scottish Government has made £15m of additional funding available to Local Authorities to supplement DHP budgets and fully mitigate the effect of under occupancy reductions for the financial year 2014/15. In order that this could happen the Scottish Government has obtained permission to lift the 1.5 times cap on DHP within Scotland. Discussion is currently ongoing between COSLA and the Scottish Government to agree the allocation to Local Authorities of the additional £15m.

3.4 A number of changes are proposed to the existing DHP policy ahead of receipt of this additional funding from the Scottish Government. These are:

- DHP awards will be made where the household is subject to under occupancy (this includes all occupancy categories previously detailed in the will pay section of the Policy approved by Committee in November 2013);
- DHP awards will be made where a households rent is protected following a succession in tenancy and the 52 week protection crosses a rent increase;
- claimants in the above categories will not be required to complete an application form/financial assessment, and the claim will be triggered following a request for DHP by telephone, email or letter; and
- claimants will be notified in writing of their award.

3.5 In line with these changes all appropriate tenants that have received a partial DHP award in 2014/15 will now automatically receive the full under occupancy award for 2014/15. All 2014/15 DHP under occupancy awards are also started from April 2014 (or the applicable Housing Benefit start date) irrespective of when the claim is received by the Council.

3.6 Any action to fully mitigate the effect of under occupancy for 2013/14 and backdate all awards to 1 April 2013 is projected to cost the Council an additional £1.8m. Until the Scottish Government confirm the Council's share of the additional funding the Council is not in a position to confirm whether backdating to April 2013 can be achieved within the available funding.

3.7 The overarching objective of the DHP policy is that each application is considered on its own merit and it is ensured that the principles of fairness,

reasonableness and consistency are adhered to in all cases. The above policy changes are designed to simply elements of the DHP process, while maintaining its overall objectives.

Measures of success

4.1   The success of the DHP policy will be measured through:

4.1.1   customer satisfaction with awareness of availability, advice and advocacy services provided by the DHP team through application of the DHP policy. This includes increased benefit take up and minimised losses by ensuring people get their full entitlement to Housing Benefit.

Financial impact

5.1   The increasing numbers of people experiencing hardship has led to a significant increase in demand for DHP. The material increase in funds from the Scottish Government means that assistance through DHP will now be more readily available to meet significantly more of that demand. There has been a requirement to considerably increase administration resources to ensure that the new funds are appropriately and fairly distributed.

Risk, policy, compliance and governance impact

6.1   The Council will ensure that as far as possible all customers are made aware of the availability of DHP and that all agencies supporting customers are made aware of the funding available and how it can be utilised to support their client group. The DHP policy will be published on the Councils website.

6.2   A Quality Assurance Framework operates within the Benefits service area. This framework ensures that at least 4% of all decisions are checked for accuracy on a random sample basis. The results from the samples are reported back to Team Managers and Development staff within the area where action is taken to avoid a recurrence.

Equalities impact

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

Sustainability impact

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

Consultation and engagement

9.1   Due to the restricted timescales within which the increased budget allocation must be actioned limited consultation and engagement will take place. Ongoing consultation has been undertaken with The Scottish Anti Bedroom Tax Federation and customers who are eligible will be actively contacted to progress the distribution of funds received.

Background reading/external references

[Welfare Reform – further update – Corporate Policy and Strategy Committee, 13 May 2014](#)

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Links

Coalition pledges	
Council outcomes	
Single Outcome Agreement	**SO2** – Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	**Appendix 1** – Discretionary Housing Payment Policy

City of Edinburgh Council   Appendix 1
Discretionary Housing Payment Policy

1.   Introduction

1.1   Discretionary Housing Payments (DHP) were introduced as a result of the Discretionary Financial Assistance Regulations 2001. DHPs are not payments of benefit but payments to be made at the discretion of the City of Edinburgh Council (the Council) for those that are having difficulty in meeting their housing costs. However DHPs cannot meet expenditure which is not eligible for benefit.

1.2   The amount of funding available for DHPs is strictly limited by legislation and the Council has to manage applications within the maximum budget set out each financial year. The Council cannot exceed the maximum budget.

1.3   All applications will be considered on a case by case basis and awards will be made at the discretion of the Council. This policy document provides a framework for outlining circumstances under which DHPs may be awarded. The examples given are not exhaustive and other circumstances will be considered.

2.   Policy Aims and Objectives

2.1   To distribute equitably the DHP funding to benefit claimants that meet the qualifying criteria, and to promote the following Council objectives:

> ➢ Prevention of homelessness;
> ➢ Alleviating poverty;
> ➢ Sustaining tenancies and safeguarding residents in their homes;
> ➢ Preventing hardship;
> ➢ Supporting vulnerable young people in the transition to adult life;
> ➢ Supporting young people to achieve good educational outcomes;
> ➢ Encouraging residents to seek and sustain employment;
> ➢ Keeping families together;
> ➢ Supporting domestic abuse victims who are trying to move to a place of safety;
> ➢ Supporting the work of foster and kinship carers; and
> ➢ Support disabled people remain in adapted properties

2.2   The City of Edinburgh Council will ensure that as far as possible all customers are made aware of the availability of DHP and that all agencies supporting customers are made aware of the funding available and how it can be utilised to support their client group.

2.3   The DHP policy will be published on the Councils website.

3 Eligibility

3.1 In order to be considered for a DHP the claimant must:

   3.1.1 be in receipt of Housing Benefit or Universal Credit (with Housing Element) and have a rental liability; and

   3.1.2 have a shortfall between the amount of benefit being received and the amount of rent that is due to be paid; and

   3.1.3 be having difficulty in meeting the shortfall in their rental liability; or

   3.1.4 be having difficulty in meeting rent deposit or rent in advance.

4.0 When DHP will be Paid:

4.1 DHP awards will be made to eligible claimants in the following circumstances:

   4.1.1 where the household is subject to under occupancy; **

   4.1.2 where a households rent is protected following a succession in tenancy and the 52 week protection crosses over a rent increase;**

   4.1.3 where a household in mainstream accommodation is affected by the benefit cap and is actively engaging with the Department of Works and Pensions (DWP) regarding employability.

5. When DHP may be Paid:

5.1 The following examples outline circumstances where DHP applications will be considered but not guaranteed. The list is not exhaustive and all applications will be considered on a case by case basis:

   5.1.1 where a claimant is chronically sick or disabled;

   5.1.2 where a claimant is experiencing hardship;

   5.1.3 to cover the reasonable costs of renting a particular type of accommodation to suit a particular need;

   5.1.4 where a member of the household moves out of the property and this reduces the household's bedroom entitlement;

   5.1.5 where a household in temporary accommodation is affected by the benefits cap;

   5.1.6 to facilitate a move to a different area where support is available from family members or friends and it is clear the support is essential to the household;

   5.1.7 to cover the rent shortfall of accommodation which is either too big or too expensive, where the tenancy started at a time when the claimant could easily afford the rent without help from Housing Benefit;

   5.1.8 to facilitate a move to a smaller or more affordable home that would allow the household to cover their housing costs.

6. When DHP will not be Paid

6.1 DHP will not be paid to a claimant under the following circumstances:

6.1.1 where a tenancy was not affordable when taken on (except in exceptional circumstances where no other reasonable alternative was available);

6.1.2 where benefit fraud has been committed;

6.1.3 to reduce water and wastewater charges;

6.1.4 where a benefit is in payment is subject to a reduction direction, sanction or suspension;

6.1.5 to cover a reduction in Housing Benefit resulting from a Housing Benefit overpayment which is being recovered from ongoing entitlement;

6.1.6 to cover service charges which are ineligible for Housing Benefit;

6.1.7 where an increase in rent has been made by the landlord to cover rent arrears;

6.1.8 where non dependant deductions that are not being paid by the non dependant (except in exceptional circumstances);

6.1.9 DHPs will not be awarded simply because a claimant is in debt. However a view will be taken on the type, reason and level of debt and the actions that the claimant has taken to repay the amounts outstanding. Claimants will be expected to take a reasonable attitude towards debt and only borrow what they can reasonably repay. Claimants must be seen to be making regular payments before help from the DHP fund would be considered appropriate and should take Money Advice;

6.1.10 where the tenant is entitled to another benefit that they are not already claiming.

7. Level and Period of Award

7.1 For category 4.1.1 above, the level of award is solely for the under occupancy charge;**

7.2 For category 4.1.2 above, the level of award is solely for the difference in the rent charge;**

7.3 For category 5 above, the level and period of award will be based on the individual circumstances of the applicant;**

7.4 In the case of a shortfall the amount of DHP will not exceed the weekly eligible rent;

7.5 In the case of lump sum payments, no period will apply but due regard will be given to the DHP funding available, for example a rent deposit;

7.6 Payment may be made to the applicant, agent, appointee, and landlord or directly into the rent account;

7.7 Payments of DHP will cease after 3 months if the claimant is affected by the benefit cap and has not engaged with the DWP regarding employability;

7.8 Payment of DHP will stop if an applicant fails to disclose a material fact or obtained the funds under false pretences or the payment was made in error;

7.9 Claimants are required to notify the Benefits Service of any change in their circumstances. The level and period of award of DHP will be reviewed if there is a change in the circumstances of the claimant and payments will be reduced or stopped if no longer required.

8.   Assessment of DHP

8.1   The Council will consider a wide variety of circumstances when deciding if DHP will be paid. The Council will assess a claimants income and expenditure against the key aims of the policy, which are, preventing hardship and protecting families and vulnerable people by sustaining tenancies to prevent homelessness.

8.1.1   The Benefits Service will consider increasing the claimants declared expenditure, when appropriate, prior to assessing the claim;

8.1.2   The City of Edinburgh Council reserves the right to advise the claimant to reduce expenditure if it is unreasonably high. It may also be reasonable to expect the claimant to reduce expenditure on non-essential items, such as mobile phones, cable/satellite television, cigarettes, alcohol and entertainment. However the personal circumstances of the claimant will be considered when determining if this expenditure is non-essential. Advice will also be provided on the appropriate agencies/contacts to assist claimants with managing their money.

9.   Backdating an Award

9.1   Each backdated claim will be reviewed on its own merits and the claimant should explain the reason for the delay in making the DHP claim;

9.2   DHP can only be considered for a period when the claimant was in receipt of Housing Benefit or Universal Credit.

10.   Recovery of Overpaid DHP

10.1   The City of Edinburgh Council will recover all overpaid DHP unless the award was due to Local Authority error.

11.   How to Apply for DHP

11.1   Requests must be made on an application form. The form can be obtained online at www.edinburgh.gov.uk , by telephoning 0131 469 5000 or collected at the local office situated at 249 High Street, Edinburgh, EH1 1YJ;

11.2   No application is required for any claimant that falls under Section 4 above. The claimant must, however, request a DHP by telephone, email or letter.**

11.3   The claimant will be notified in writing of their award.**

12.   The Right of Review

12.1   There is no statutory right of appeal against a DHP decision. The applicant (or their appointee or agent) who disagrees with a DHP decision may request a review of that decision from the Benefits Service;

12.2   A request for a review must be made in writing within one calendar month of the written decision about the DHP being issued to the benefit claimant;

12.3   An officer from the Benefits Service who was not involved in the original decision will consider the request for the review;

12.4 The reviewing officer will notify the customer of their decision in writing;

12.5 If on receipt of the decision the claimant continues to feel aggrieved, then they can make a complaint under the Councils Corporate Complaints Procedure;

12.6 A claimant may also have recourse to a judicial review.

13. **Monitoring Arrangements**

13.1 The Benefits Assessor when making a decision to award DHP will record the following information about the award:

13.1.1 Has the claimant been affected by one of the key welfare reforms, namely: the benefit cap, social sector size criteria, Local Housing Allowance reforms or a combination of the reforms;

13.1.2 The total amount paid to the claimant;

13.1.3 The intended outcome of the award, for example, to help with short term rental costs until the claimant secures alternative accommodation or to help with ongoing rental costs for a disabled person in adapted accommodation;

13.1.4 A monthly report detailing the level of DHP applications received, the decisions made and the level of DHP committed for the financial year will be forwarded to the Benefits Manager for monitoring purposes, and to ensure that the statutory limit is not exceeded;

13.1.5 The level of spend will form part of the Councils monthly budget monitoring of Housing Benefit and will also be included in the bi monthly report on Welfare Reform to the Corporate Policy and Strategy Committee.

14. **Policy Review**

14.1 The City of Edinburgh Councils DHP policy will be reviewed annually or sooner if appropriate by the Benefits Manager and the Councils Corporate Policy and Strategy Committee will be asked to approve any material changes.

DHP Policy Changes

*** indicates a new category or amendment*

Examples of how DHP can be used

1) Mr and Mrs Smith rent a three bedroom property for £340.00 per week. They have two children and receive the following benefits:

   Jobseekers Allowance - £111.45
   Child Tax Credit - £88.07
   Child benefit - £33.70
   Housing Benefit - £340.00
   Total welfare benefits - £573.22

   The benefit cap for Mr and Mrs Smith is £500.00 per week. Therefore, their award of Housing Benefit is reduced to £266.78 per week (reduction of £73.22). Mr Smith has been unemployed for one year and has had difficulties finding employment in his usual vocation. He is currently attending his local Work Programme provider for support to find work.

   In addition, Mr and Mrs Smith's oldest child is 15 years old and in the process of completing her GCSE's at school. Mr and Mrs Smith have found a cheaper property that would take them below the benefit cap in another area but it would mean their oldest child would have to move schools. They believe this would have a negative impact on their child's education.

   DHP of up to £73.22 could be awarded until Mr or Mrs Smith move into work or their eldest child completes her GCSE's.

2) Mr and Mrs Collins have recently become kinship carers for their three grandchildren after the children's parents were no longer able to take care of them. The local authority has re-housed the family from their one bedroom flat to a three bedroom property.

   This change in circumstances has caused an increase in the amount of benefits that the household receives meaning that the benefit cap will now be applied to the household.
   Mr and Mrs Collins don't believe it would be appropriate to move into employment straight away as the children need time to adapt to their new circumstances.

   DHP could be paid until Mr and Mrs Collins are able to move into employment or adapt their circumstances so that the benefit cap no longer applies.

3) Mr and Mrs Thom rent a four bedroom house from a registered housing provider. They have two children, a girl aged seven and a boy aged five. They receive Housing Benefit to cover the full rent of £90 per week.

   Under the new size limit rules, they are considered to be under-occupying the house by two bedrooms as the children are both under ten years old and would be expected to share a bedroom. As they are under-occupying by two bedrooms a 25% reduction of £22.50 would be applied to the eligible rent meaning they would now receive Housing Benefit of £67.50 per week.

Mrs Thom is in a wheelchair and significant adaptations have been made to the house to make it more accessible. If the family moved to a smaller property, it would need to be adapted at considerable expense. DHP of £22.50 per week would therefore be awarded to enable the family to remain in their current adapted house.

Corporate Policy and Strategy Committee

10.00am, Tuesday, 5 August 2014

Edinburgh's Christmas and Edinburgh's Hogmanay 2013/14 Event Update

Item number	7.3
Report number	
Executive/routine	
Wards	All

Executive summary

This report provides an update on the delivery of the 2013/14 Edinburgh's Christmas event programme and Edinburgh's Hogmanay festival by the consortium comprising Underbelly Ltd and Unique Events Ltd. This was the first year of a three-year contract between the Council and this consortium (approved following a procurement process by the Finance and Resources Committee on 21 March 2013).

The contract includes an option to extend for a further two years. The contract agreement transfers all financial risk to the consortium contractor.

Under the terms of the contract, Underbelly Ltd has operational responsibility for delivering the Christmas elements of the programme, and Unique Events Ltd has operational responsibility for delivery of the Edinburgh's Hogmanay festival.

Links

Coalition pledges	P24
Council outcomes	CO8, CO20, CO26
Single Outcome Agreement	SO1

Report

Edinburgh's Christmas and Edinburgh's Hogmanay 2013/14 Event Update

Recommendations

1.1   Note the delivery of year one of the new Edinburgh's Christmas and Edinburgh's Hogmanay.

Background

2.1   Edinburgh's Christmas and Edinburgh's Hogmanay festival together offer a rich and varied programme of activities, events and celebrations designed to attract and entertain residents and visitors.

2.2   Edinburgh's Christmas event takes place over a six-week period from November to January in and around the city centre.

2.3   Edinburgh's Hogmanay is an internationally renowned New Year festival, taking place over 3 to 5 days centred on 31 December. The festival provides unrivalled promotion for the city. Images of the midnight fireworks are broadcast around the world to significant international audiences. Social media coverage is also extensive.

2.4   The current contract replaced two separate contracts, and transfers all financial risk to the consortium contractor comprising Unique Events Ltd and Underbelly Ltd.

2.5   The term of the contract is three years from 2013/14 (at a cost of £3,937,368) with an option to extend for two further years.

2.6   The maximum subsidy in any year to the contractor is £1,312,456. The contractor will be liable for any costs that exceed the agreed subsidy.

2.7   The consortium is required to report regularly against contractual terms throughout the year.

Main report

3.1   **Edinburgh's Christmas** was substantially developed and enhanced for year one of the new contract. Traditionally sited in East Princes Street Gardens and consisting principally of a market and funfair attractions, in 2013/14 Edinburgh's Christmas took place in two key arenas in the city centre, St Andrew Square and East Princes Street Gardens.

3.2 Given that this was a renewed offer and enhanced format for Edinburgh's Christmas, the consortium undertook business and visitor research. Key findings are set out below.

3.3 The activities on offer in East Princes Street Gardens were enhanced and refreshed to include 'Santa Land' for young families (comprising a Christmas Tree Maze, the 'Santa Train' and 'Santa's Grotto'); a European Market; an ice rink; a double carousel; and a Big Wheel.

3.4 The Maze was visited by 19,000 people; the ice rink attracted 33,000 visitors; the Santa Train, 45,000 visitors; the double carousel, 46,000; and the Big Wheel, 120,000 visitors.

3.5 St Andrew Square was a new arena for the event. It included a Spiegeltent which housed family entertainment during the day, and 'Limbo', in the evening, a critically acclaimed show. The family shows were attended by 6,791 people while Limbo attracted 17,329. A Children's Market in St Andrew Square provided activities for families including craft workshops and present-making. A traditional carousel attracted 23,800 visitors. The site also housed a Scottish Market. The major addition to the activities was the Star Flyer attraction which drew 62,000 people. Overall, Edinburgh's Christmas sold 397,000 tickets for its various attractions and performances.

3.6 Edinburgh's Christmas marketing campaign was significantly more extensive than in previous years. The success of this was demonstrated, for example, by the attendance at the renewed free opening event, 'Light Night', which took place in George Street and attracted 26,000 people – more than double the projected numbers. Also, the new website was launched in autumn 2013. A social media campaign generated increases of fans and followers by a total of 30,000.

3.7 A new box office system was also introduced ensuring easy access on one system to buy tickets for all attractions and shows. A new booking system was also installed on the website, improving customer experience.

3.8 Footfall was recorded through both arenas and represented an increase of 7.6% on the previous year. The UK average for the period was -2.9%. Footfall was particularly high on Princes Street in the area adjacent to Edinburgh's Christmas events where it increased by 16.8% on the same period last year.

3.9 The results of the visitor research by Edinburgh's Christmas confirmed this renewed event's positive impact on the city centre. Half of the event's visitors were from Edinburgh (37%) and the Lothians (13%); 24% of visitors came from other parts of Scotland; 14% of visitors were from other parts of the UK; and 11% of visitors came from abroad. The event was cited as the sole or an important reason to come to the city centre on the day by 73% of respondents from Edinburgh and the Lothians and 51% of respondents from outwith Edinburgh and the Lothians.

3.10 City centre businesses were also asked for their views about the programme's impact. Nearly 90% of respondents said trading in December 2013 was up on the previous year and 100% of responding hospitality businesses reported the same.

3.11 The press and media coverage for Edinburgh's Christmas was extensive. However, there were a number of critical articles about some aspects of the programme. Based on reader feedback, concerns were raised in the local media regarding the affordability of some of the activities for families in the city. This feedback has directly influenced the planning for the 2014 event. The continuation and development of co-operative promotional campaigns with key local media will also be explored for this year's event.

3.12 An incident involving one of the attractions at Edinburgh's Christmas resulted in the closure of the ride for two days while the Council's Public Safety team responded swiftly to the incident. A full safety inspection of the attraction was undertaken before reopening to the public. Although the incident provoked a large amount of media coverage the ride continued to prove attractive to the public for the remainder of its installation.

3.13 Planning is well developed for Edinburgh's Christmas 2014/15. The contractor plans to enhance the family activities and improve ticket offers for Edinburgh residents. While the extent and quality of family entertainment in 2013/14 was greater than in previous years the contractor has committed to offering a more affordable programme of attractions for 2014/15. There are also plans to extend the reach of the event and to offer more attractions. A revised layout for the 'Light Night' opening event is planned to ensure maximum attendance with minimum disruption. The Star Flyer requires to be relocated for 2014/15 following the on-site start and enclosure requirements of a major building demolition and re-development in St Andrew Square. Council officers are working with the contractor to identify a suitable alternative site for the Star Flyer. The full programme for Edinburgh's Christmas will be launched in late September; the programme for Edinburgh's Hogmanay will be launched in November.

3.14 **Edinburgh's Hogmanay** festival comprises the following core events: the Torchlight Procession and the Street Party which includes the Fireworks, the Concert in the Gardens and the Keilidh.

3.15 A post-event evaluation report was not commissioned for 2013/14. However, it is intended that evaluation and research be commissioned for 2014/15. Five out of six ticketed events in the Hogmanay programme sold out.

3.16 The Torchlight Procession proved very popular once again, with an estimated 8,500 torch bearers and estimated total attendance of 35,000. Given the event's popularity, crowd management will be reviewed for 2014/15, while working within the same budget.

3.17 The Street Party and its event components, including the fireworks at midnight and the Concert in the Gardens, continue to ensure Edinburgh is one of the world's top New Year destinations.

3.18 The three-day programme also included non-core events: the Candlelit Concert in St Giles Cathedral on 31 January and on 1 January the Loony Dook and Scot:lands. The latter in particular depends on funding and sponsorship from other partnership sources, including the Scottish Government's Edinburgh Festivals Expo Fund. The Scot:lands event on 1 January attracted a record audience of 15,000 people.

3.19 As in previous years, press and media coverage for Edinburgh's Hogmanay 2013/14 was extensive and very positive. The number of online stories this year nearly doubled from 353 in 2012/13 to 598 for 2013/14. In total, press coverage generated from the 2013/14 festival included over 101 news stories in the national and Scottish press (against 94 in the previous year). Broadcast coverage was also excellent. For example, through live coverage on BBC television and radio and on Sky News, of the Torchlight Procession and throughout the evening of 31 December, Edinburgh's Hogmanay was available to view by a potential audience of over a billion in 200 different countries and territories around the world.

3.20 The second year of 'Blogmanay', the social media travel blogger initiative, attracted extensive engagement. Conceived in 2012 as a means of using international travel bloggers, this high-impact social media campaign showcases the unique experience of Edinburgh's Hogmanay, whilst welcoming over 20 international and local travel bloggers to experience the festival using it as a gateway to explore Edinburgh and Scotland, the 'Home of Hogmanay'.

3.21 The campaign garnered 65 million impressions and reached over 4.6m people, a 24% increase of 900,000 on 2012/13. The campaign also:

  3.21.1 inspired over 19,000 tweets by the public, a 94% increase of 9,220 tweets;

  3.21.2 trended at least once a day between 29 December and 1 January;

  3.21.3 produced 2,383 photographs on Instagram, with over 75,000 likes and comments and 5 million impressions; and

  3.21.4 attained over 5.5 million impressions on Facebook.

3.22 The appointment of a digital media manager from November 2013 meant that all the digital content, including the addition of Instagram, was shared across platforms as appropriate. This gave Edinburgh's Hogmanay the opportunity to use social media to respond instantly and personally to customer queries on the ground.

Measures of success

4.1 The events contribute to the delivery of the Council's outcomes.

4.2 The contractual agreement ensures reporting requirements are met.

Financial impact

5.1 The subsidy from the Council for delivery of both events is £1,312,456 per annum, fixed for 3 years. This is in line with the previous combined budget for both events.

5.2 The maximum subsidy in any year is £1,312,456. The contractor will be liable for any costs that exceed the agreed subsidy.

5.3 The final net cost for Edinburgh's Christmas and Edinburgh's Hogmanay in 2013/14 was not less than the Council contribution of £1,312,456, and therefore the Council did not receive a percentage share of the balance.

Risk, policy, compliance and governance impact

6.1 The Council's contribution to these events is within budget and financial risk rests with the contractor.

6.2 The events comply with all Council event management and safety policies.

Equalities impact

7.1 The events are required to meet contractual social cohesion and quality of life proposals for people across the city included in the contractor's procurement submission. Measures include commitment to provide work placement or training opportunities to those in education; recruit long term unemployed and disadvantaged or young people; provide outreach/education events or programmes to relevant groups.

Sustainability impact

8.1 The contractor has an Environmental Policy including undertaking to minimise impact on the environment which includes the reduction of emissions; the efficient use of energy; the use of biodegradable and recycled products and minimisation of waste amongst others.

8.2 Edinburgh's Hogmanay participates in the Festivals Edinburgh Green Venue Initiative which promotes best practice in sustainability. The contractor will maintain membership.

Consultation and engagement

9.1 The contractor has ensured consultation and engagement with local businesses; stakeholder agencies and organisations as well as community groups, schools and other groups and individuals in the planning, delivery and assessment of events and attractions. This is expected to continue.

Background reading/external references

Reports to Finance and Resources Committee on 21 February and 21 March 2013.

Alastair D Maclean

Director of Corporate Governance

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Links

Coalition pledges	P24 Maintain and embrace support for our world-famous festivals and events
Council outcomes	CO8 Edinburgh's economy creates and sustains job opportunities
	CO20 Culture, sport and major events – Edinburgh continues to be a leading cultural city where culture and sport play a central part in the lives and futures of citizens
	CO26 The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives
Single Outcome Agreement	SO1 Edinburgh's economy delivers increased investment, jobs and opportunities for all
Appendices	

Corporate Policy and Strategy Committee

10.00am, Tuesday, 5 August 2014

Update on the Events Governance Review

Item number	7.4
Report number	
Executive	
Wards	All

Executive summary

This report provides the first six-month update on the Action Plan which was approved by this Committee on 25 February 2014.

The report gives details of progress made against each action and the expected timescales for completion.

Links

Coalition pledges	P24
Council outcomes	CO20
Single Outcome Agreement	SO1

Report

Update on the Events Governance Review

Recommendations

1.1 Note the progress made against the action plan to date.

Background

2.1 The findings of the Events Governance Review were presented to Committee on 5 November 2013. On 25 February 2014, the Committee approved recommendations for implementing this review (including a revised application and approval process and the establishment of relevant roles and responsibilities) and approved an action plan to implement the remaining improvements. The Committee noted that the action plan would be taken forward by the Events Management Group, and that six-monthly progress reports would be submitted. This is the first of those progress reports.

Main report

Events Management Group

3.1 The Events Management Group was highlighted within the original report as being the key conduit through which the event approval process would be managed. Key roles and responsibilities were approved for this group and it has met regularly since February 2014.

Red Flags

3.2 One of the key recommendations of the Events Governance Review was the implementation of a stakeholder engagement, communication and consultation protocol. A red flag system has been introduced that highlights when an event would have wider implications for the city.

3.3 It is the responsibility of every member of the Events Management Group to raise any items that they think may meet the red flag criteria. If these criteria are met then the Events Team can ensure that the relevant stakeholders are kept informed, through the completion and circulation of the red flag form to relevant officers and elected members. (The red flag form which is issued to officers and members and the previously approved criteria are appended.)

3.4   Feedback from elected members and senior officers on the system has been positive to date; it is recognised that this is a significant improvement and provides effective communication to key stakeholders.

3.5   While the red flag system is not used to seek the approval of elected members for an event to proceed, nor to act as a permission form, it will highlight any implications for the city and ensure stakeholder awareness.

3.6   The red flag form also highlights the permissions required of and from the Council for the event, for example, licensing, Temporary Traffic Regulation Orders, and so on. A recent addition to the red flag system is the indication of a likely timeline for decision-making and/or approvals.

Remaining Improvements in the Action Plan

3.7   Much progress has been made in the six months since the original report; many of the actions in the report are complete or in train. An update against each of the remaining seven actions is given below.

Action 1 – Revise the Events Strategy. Revised completion date: December 2014

3.8   A procurement exercise to appoint a consultant to produce a refreshed Events Strategy for Edinburgh has been completed and appointment of the successful bidder is in progress at the time of writing. It is expected that the refreshed Strategy will be complete by the end of 2014. The scope of the refreshed Strategy will review Edinburgh's current position within the international events marketplace; provide an updated Events Strategy for the city; and make recommendations on the types of events that Edinburgh should be bidding to attract or initiate in future.

Action 2 – Establish a Stakeholder Engagement Protocol. Completed: February 2014

3.9   The red flag system has been created to provide a process for notifying stakeholders of events that may have a wider impact or implications for the city. The red flags are managed through the Events Team and the Events Management Group, as described above.

Action 3 – Produce a manifesto for high profile and city centre public spaces. Completion date: December 2014

3.10   Work on this action is ongoing.

Action 4 – Revise application form. Revised completion date: December 2014

3.11   This action is ongoing to incorporate the outcomes of a review of the Licensing application process and a review of the Parks Manifesto.

Action 5 – Improvements to website and central database. Revised completion date: September 2014

3.12   Improvements to the Events Edinburgh web site and the event planning and co-ordination sections of the site have been commissioned and will be completed over summer 2014.

Action 6 – Establish a comprehensive charging policy. Target date: April 2015

3.13   Work on this action is ongoing and dependent on the outcome of the reviews of Licensing and the Parks Manifesto. The overall charging policy will be co-ordinated through the Events Management Group.

Action 7 – Workforce planning: appointment of an Events Officer; and training, staff cover and succession planning. Target date: April and May 2014

3.14   An Events Officer has now been appointed to fulfil the co-ordination role sought in the original review; workforce planning to ensure the continued availability of suitably skilled staff is ongoing and part of the Performance Review and Development process.

Measures of success

4.1   The Action Plan update will be reported every six months to this Committee until every action has been completed. This will result in a more streamlined approach to events governance.

Financial impact

5.1   The review and the implementation of its recommendations have involved contributions from staff mainly in Corporate Governance and Services for Communities at no additional cost to the Council. The costs of appointing an Events Officer, as recommended by the Review, are contained within the existing Culture and Sport revenue budget.

Risk, policy, compliance and governance impact

6.1   A comprehensive review of Events Governance was previously approved by this Committee. There has been no change to the risk profile or any impact on policy, compliance or governance since then.

Equalities impact

7.1   It is expected that the improvements arising from the implementation of the Key Principles of Events Governance and the Events Governance Review Action Plan will have a positive equalities impact.

Sustainability impact

8.1   None.

Consultation and engagement

9.1   The review has included consultation and engagement with officers, elected members, and external event organisers.

Background reading / external references

Review of Events Governance – Corporate Policy & Strategy Committee 25 February 2014

Review of Events Governance – Corporate Policy & Strategy Committee 5 November 2013

Review of Events Governance – Corporate Policy & Strategy Committee 6 August 2013

Festivals and Events Core Programme for 2013/14, Proposed Investment – Culture and Sport Committee 12 March 2013

Festivals and Events Champion – City of Edinburgh Council 28 June 2012

Inspiring Events Strategy – www.eventsedinburgh.org.uk

Inspiring Events Guide – www.eventsedinburgh.org.uk

Alastair D Maclean

Director of Corporate Governance

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Links

Coalition pledges	P24 - Maintain and embrace support for our world-famous festivals and events
Council outcomes	CO20 - Culture, sport and major events – Edinburgh continues to be a leading cultural city where culture and sport play a central part in the lives and futures of citizens
Single Outcome Agreement	SO1 – Edinburgh's economy delivers increased investment, jobs and opportunities for all.
Appendices	Appendix 1 – Red Flag form
	Appendix 2 - Red Flag criteria

·EDINBVRGH·
THE CITY OF EDINBURGH COUNCIL

CULTURE AND SPORT

EVENT MANAGEMENT GROUP

RED FLAG

Ref No	
For Information	
For Consultation	
RED FLAG	
Affected Wards:	
Decision-making Process & Timeline:	
Deadline:	
Venue:	
Circulation List:	
Lead CEC Officer Contact:	

Event Management Group Membership:
Lindsay Robertson, Arts & Events Manager (Chair)
David Waddell, Events Team
Susan Lanham, Events Team
Lucy Emslie, Events Team
Stephanie-Anne Harris, Sports
Stuart Mullen, Finance
Scott Findlay, Roads Services
Alan Simpson, Roads
Iain MacPhail, City Centre Project Manager

Sarah Murphy, Parks
John McNeill, Public Safety
Lindsey Sibbald, Econ Dev
Andrew Mitchell, Licensing
Catherine Scanlin, Licensing
Chris Wilson, Comms
John Donnelly, Marketing Edinburgh

Reputational

- Reputation or integrity of the Council is at risk

Political

- May be political implications related to the event

City Wide / Location

- Takes place in more than one ward or crosses city boundaries

Scale

- The scale attracts media or other attention

Impact

- Size, duration and location etc. has an affect on the normal running of the City, eg. transport

Timescale

- Considerations and permissions require long lead in times

Date / event conflicts

- Events occur simultaneously resulting in one or more of the aforementioned headings

Policy

- Conflicts with established Council policy

Legislation

- Legislation requires specific considerations

Corporate Policy and Strategy Committee

10.00am, Tuesday, 5 August 2014

Political management arrangements: annual review of working groups

Item number	7.5
Report number	
Executive/routine	Executive
Wards	

Executive summary

On 3 December 2013 the Corporate Policy and Strategy Committee agreed that an annual review of the number and scope of working groups should be completed to enhance governance and corporate oversight.

The Committee also agreed that the appropriate director, in consultation with the Convener and Vice-Convener of the relevant committee would consider which groups could be rationalised as officer only groups or if their work could be undertaken by the policy development and review sub-committees.

An initial review and rationalisation has been undertaken and the number of working groups supporting the decision making bodies of the Council has been reduced from 43 to 28.

Links

Coalition pledges	
Council outcomes	CO25
Single Outcome Agreement	

Report

Political management arrangements: annual review of working groups

Recommendations

1.1   To agree the current status of Council working groups as set out in appendix 1; and

1.2   To note a review of the effectiveness of policy development and review sub-committees will be considered by Council in October 2014.

Background

2.1   On 24 October 2013, the Council agreed that the majority of issues currently being considered by working groups could be included in the work programmes of policy development and review sub-committees. In addition, Council confirmed that working groups should only be used where essential and be constituted appropriately to align with the issue under consideration.

2.2   Subsequently the Corporate Policy and Strategy Committee on 3 December 2013, considered the number of working groups and a series of proposals to improve the governance arrangements surrounding them.

2.3   The Committee agreed that the membership and remit of working groups should be appointed by committee and the membership should be re-appointed annually. The Committee also required that an annual report should be submitted to the Committee, following the re-appointment of working groups by committees, on the number and scope of working groups to ensure that corporate oversight could be undertaken.

2.4   The Committee also agreed that the appropriate director, in consultation with the Convener and Vice-Convener of the relevant committee, would consider which groups could be rationalised as officer only groups or if their work could be undertaken by the policy development and review sub-committees.

Main report

3.1   Working Groups are now appointed annually by the relevant committee and the membership is re-appointed in the May/June meeting cycle in line with the practice undertaken for sub-committees. This provides a democratic legitimacy and allows each committee to monitor the number and relevance of all working groups in their area.

3.2 In December 2013 there were a total of 43 working groups in operation. Over the last six months, efforts were taken to reduce the number of these by subsuming their work into the policy development sub-committees, rationalising with other working groups and making some groups officer only. A number of working groups also completed their work programme and were dissolved.

3.3 An example of this included the Education, Children and Families Committee which subsumed the work of the Early Years, Estate Strategy and Rising Rolls and Strengthening Support for Pupils with Behavioural Difficulties Working Groups into the work programme of the Committee's policy development and review sub-committee.

3.4 The Health, Social Care and Housing Committee utilised a different method and reduced its working groups by merging groups with similar areas of work into new groups with a wider remit. An example of this was the merging of the Co-operative Housing group and the Empty Homes Task Force to become Housing Pledges.

3.5 Both committees have reduced the number of working groups but ensured that key areas of work continue to be prioritised in an efficient, effective and joined up manner.

3.6 Many working groups that are established are now short term working groups with a documented and specific work programme. The outcome of the matters considered by the working group is then reported to committee directly or contributes to the content of a report to committee. An example is the Pay Day Loans Working Group which completed its work programme, reported to committee and the recommended next steps implemented.

3.7 The current status of working groups is as follows:

Working Group Status	Number
Retained	23
Completed work programme	7
Rationalised with other groups	4
Subsumed into PDR Sub-Committee	4
Officer only	3
New	5
To be confirmed	2
Total working groups still operational	28

3.8   The reduction from 43 to 28 operational working groups represents a significant streamlining in the governance arrangements that support the decision making committees of the Council. However, it is still recognised that working groups can be an appropriate vehicle to discuss, consult and engage on certain areas of Council business.

3.9   Each executive committee will continue to monitor its complement of working groups in the upcoming year and determine whether in each case they remain the most appropriate way to support the decision making bodies of the Council.

3.10   In addition, consultation is underway, in line with the review of political management arrangements, to assess the effectiveness of policy development and review sub-committees. The outcome and recommendations will be reported to Council in October 2014.

Measures of success

4.1   To operate an efficient streamlined system to effectively support the decision making bodies of the Council.

Financial impact

5.1   There are no financial implications as a result of this report.

5.2   The streamlining of working groups results in a reduction in elected member and officer time in supporting and attending the groups.

Risk, policy, compliance and governance impact

6.1   The reduction in working groups supports the decision by Council in October 2013 and Corporate Policy and Strategy Committee in December 2013 to only utilise working groups when necessary and to use policy development sub-committee instead. A robust system where committee appoints working groups annually and the Corporate Policy and Strategy Committee performs monitoring role, supports good governance.

Equalities impact

7.1   There are no direct equalities impacts as a result of this report.

Sustainability impact

8.1   There is no direct sustainability impact as a result of this report.

Consultation and engagement

9.1 Engagement with service areas and committees was undertaken when each committee reviewed its working groups.

Background reading/external references

Review of political management arrangements – Council 24 October 2013

Corporate Policy and Strategy Committee 3 December 2014 minute

Corporate Policy and Strategy Committee 3 December 2014 – report: Working Groups

Alastair D Maclean

Director of Corporate Governance

Kirsty-Louise Campbell, Governance Manager

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Links

Coalition pledges	
Council outcomes	CO25: The Council has efficient and effective services that deliver on objectives.
Single Outcome Agreement	
Appendices	Appendix – working group status

Ref	Name of Group	Connected Committee	Status
1	Member / Officer Working Group on the Review of Grants to Third Parties	Communities and Neighbourhoods	Completed work
2	Neighbourhood Partnership (NP) Conveners	Communities and Neighbourhoods	TBC
3	Edinburgh Cultural Partnership	Culture and Sport	Retained
4	Meadowbank Working Group	Culture and Sport	Retained
5	Short Life WG - Council Owned Sport Facilities and Services	Culture and Sport	New
6	Festivals and Events Working Group	Culture and Sport	Retained
7	Edinburgh Youth Issues Forum	Education, Children and Families	Retained
8	Improving Community Access to Schools	Education, Children and Families	Retained
9	Strengthening Support for Pupils with Behavioural Difficulties	Education, Children and Families	Subsumed into PDR Sub-Committee
10	Estate Strategy and Rising Rolls	Education, Children and Families	Subsumed into PDR Sub-Committee
11	Early Years	Education, Children and Families	Subsumed into PDR Sub-Committee
12	Consultative Committee with Parents	Education, Children and Families	Retained
13	Joint Officer/Member Group on Corporate Parenting of Looked After Children	Education, Children and Families	Retained
14	Castlebrae Working Group	Education, Children and Families	Completed work
15	Third Party Payments Working Group	Education, Children and Families	New
16	Pay Day Loans	Finance and Resources	Completed work
17	Elected Members ICT and Digital Sounding Board	Finance and Resources	Retained
18	Budget Sounding Board	Finance and Resources	Retained
19	Joint Consultative Group	Finance and Resources	Retained
20	Corporate, Health, Safety and Well Being	Finance and Resources	Retained
21	Edinburgh Affordable Homes	Health, Social Care and Housing	Combined with 21st Century Homes to become Edinburgh Affordable Housing
22	21st Century Homes	Health, Social Care and Housing	Combined with Edinburgh Affordable Homes to become Edinburgh Affordable Housing
23	Edinburgh Affordable Housing	Health, Social Care and Housing	Retained
24	Empty Homes Task Force	Health, Social Care and Housing	Merged into Housing Pledges
25	Edinburgh Homelessness Forum	Health, Social Care and Housing	Retained
26	Multi Storey Working Group	Health, Social Care and Housing	Officer only
27	Tenant Participation Working Group	Health, Social Care and Housing	Subsumed into PDR Sub-Committee
28	Co-operative Approaches to Housing Cross-Party Political Sounding Board	Health, Social Care and Housing	Merged into Housing Pledges
29	Housing Pledges	Health, Social Care and Housing	New
30	Welfare Reform	Health, Social Care and Housing	New
31	Health and Social Care Partnership	Health, Social Care and Housing	Retained
32	Civic Forum	Planning	Officer only
33	City Centre Vision Member Officer Group	Planning	TBC
34	Edinburgh Development Forum	Planning	Officer only
35	Regulatory Policy	Regulatory	Now one group
36	Licensing Policy Development: Member/Officer Working Group	Regulatory	Retained
37	Tram All Party Oversight Group	Transport and Environment	Retained
38	Tram Operations Group	Transport and Environment	Completed work
39	Active Travel Forum	Transport and Environment	Retained
40	Capital Prioritisation	Transport and Environment	Completed work
41	CEC Local Access Forum	Transport and Environment	Retained
42	Transport Forum	Transport and Environment	Retained
43	CEC Officer and Member Working Group on Carbon, Climate and Sustainability	Transport and Environment	Retained
44	Zero Waste Cross Party Group	Transport and Environment	Retained
45	Duddingston Village Traffic Working Group	Transport and Environment	Retained
46	Edinburgh Roadworks Ahead	Transport and Environment	Retained
47	Water of Leith Phase 2	Transport and Environment	Completed work
48	Leith programme Oversight Group	Transport and Environment	New
49	Leith Links Steering Group	Transport and Environment	Completed work

Corporate Policy and Strategy Committee

10.00am, Tuesday 5 August 2014

Commercial and Procurement Strategy

Item number	7.6
Report number	
Executive/routine	
Wards	

Executive summary

The Council spends approximately £650million a year on goods, services and works. The new Commercial and Procurement Strategy (the Procurement Strategy) sets out how the Council will direct this external expenditure for the next three years and the objectives it seeks to deliver.

The Procurement Strategy incorporates and develops the three main strands of the Commercial Excellence programme, the aims of the national Procurement Capability Assessment and forthcoming changes required by the Procurement Reform (Scotland) Act 2014 and the new procurement Directives.

Links

Coalition pledges	P30
Council outcomes	CO24-27
Single Outcome Agreement	

Report

Commercial and Procurement Strategy

Recommendations

1.   It is recommended that the Committee note the contents of this report and approve the Procurement Strategy.

Background

2.1   The Council spends over £650 million externally each year on goods, services and works, representing over 50% of the Council's net expenditure.

2.2   The Council's Commercial and Procurement Service (the "Service") provides advice, support and tendering services to internal customers to ensure the Council's purchasing, legal and commercial requirements are met. The Service has a crucial role to play in helping the Council to achieve its budgeted savings targets.

2.3   Following considerable consultation, the Service has developed a formal Procurement Strategy for 2014-2017 which will apply to all external spend on goods, services and works. The Procurement Strategy reflects and restates the aims and objectives of the Commercial Excellence programme, underway since 2013. It also aligns with the requirements of the Contract Standing Orders which were approved in October 2012.

Main report

3.1   The stated vision in the Procurement Strategy is "**to embed commercial excellence throughout the organisation, ensuring that our services always deliver Best Value. To be recognised as having leading commercial, procurement and commissioning practices and skills delivering outstanding outcomes. To have the people of Edinburgh and service users at the heart of what we do**".

3.2   The Procurement Strategy reflects the three main strands of the Commercial Excellence programme and addresses how these will achieved – namely:

   3.2.1   Deliver savings and Best Value by generating cash savings through improved commercial activity by collaborative working and developing a pipeline of future procurement projects;

   3.2.2   Change supplier behaviour, internal behaviour and improve processes and policies by improving the quality and control of all purchasing activity.

This will be achieved by the introduction of Procurement Panels, Procurement Forums and by improving contract and supplier management across the Council; and

3.2.3 Increase the Council's expertise, capacity and effectiveness by developing staff and improving the Council's commercial awareness including contract and supplier capacity and capability with regard to commercial and procurement activities.

3.3 As highlighted in the report to Finance & Resources Committee on 5 June 2014, the Service has to date already made considerable improvements by following the above aims and objectives through the Commercial Excellence programme, including:

1) major service changes and enhanced commercial activities achieved through the Commercial Excellence programme resulting in £22million of savings or cost reductions being delivered in 2013/14;

2) the improvements recognised by the independent Procurement Capability Assessment carried out by Scotland Excel on behalf of the Scottish Government reflected by a 8% increase in score in 2013 since the previous year;

3) the development of the capability and capacity of the Service;

4) the introduction of the Procurement Handbook which follows the Scottish Government's procurement journey and best practice to ensure that there is a consistently high standard achieved in every procurement process;

5) the introduction of a management information dashboards to allow service areas to better understand their spend and provide CMT with up to date and effective management information;

6) A five stage procurement process (idea, develop proposal, approve proposal, implement proposal, operate and measure) has been developed and implemented with key responsibilities and activities identified for all relevant stakeholders. This ensures all parties are fully involved in the decision and implementation process; and

7) an increasing trend, showing improved compliance, in the use of Purchase Orders as part of the implementation of the wider "Procure to Pay" process work stream.

3.4 The Procurement Strategy will help build upon and develop these achievements and form a key element in the delivery of procurement related savings. It will be kept under review and will be updated as required as a result of forthcoming legislative changes following the implementation of the Procurement Reform (Scotland) Act 2014 and the Procurement Directives.

Measures of success

4.   The measure of success of the Procurement Strategy will be:

   4.1.1   the increased delivery of procurement related savings and efficiency targets which have been included in the approved budget within a robust purchasing control environment
   4.1.2   increased compliance in the use of Purchase Orders
   4.1.3   increased customer satisfaction; and
   4.1.4   an increased Procurement Capability Assessment score from the 59% achieved in 2013 indicating improved procurement and commercial capabilities and standards.

Financial impact

5.1   To date over £22million of savings or cost reductions have been achieved through improved commercial and procurement activities through the Commercial Excellence programme. Enormous benefits can be derived from more effective procurement and commercial activity and the Procurement Strategy will assist in the delivery of the planned savings which play a significant role in enabling the Council deliver a balanced budget position.

5.2   Following a review of the structure of the Service completed in autumn 2013 the team has now been resourced to deliver the strategic aims of the Council.

Risk, policy, compliance and governance impact

6.1   The key risks to successful implementation of the Procurement Strategy include those highlighted in the report to Finance and Resources Committee on 5 June 2014.

6.2   The risks associated with delivering the Procurement Strategy will be mitigated by regular monitoring with review and management action taken as appropriate. In addition, the Procure to Pay (P2P) review, the Better Outcomes through Leaner Delivery (BOLD) programme and improved Contract Register and supplier management will help in addressing these underlying issues.

Equalities impact

7.1   There is no relationship to the public sector general equality duty to the matters described in this report and no direct equalities impact arising from this report.

Sustainability impact

8.1 The proposals in this report will have a positive impact on sustainability and help to achieve a sustainable Edinburgh because the aims of the Procurement Strategy include:

8.1.1 supporting a cooperative approach and the development of cooperative and consortium-based bids by third sector and other providers for public contract opportunities;

8.1.2 promoting opportunities to use public social partnerships and other co-production models for service and contract designs which focus upon the needs of the user and the wider community; and

8.1.3 Embedding sustainable procurement as business as usual and incorporating community benefits into our contracts. Supporting local businesses and SMEs through closer working with Economic Development and by making our processes more streamlined and accessible.

Consultation and engagement

9.1 Consultation has included:-

9.1.1 feedback and formal approval by the Corporate Management Team;

9.1.2 feedback from Heads of Service and key colleagues in service areas with a direct involvement in procuring goods, services or works; and

9.1.3 discussions and input from EY colleagues.

9.2 The Strategy will be annually reviewed and a specific request for feedback is included.

Background reading/external references

Report to Finance and Resources – 29 August 2013, Commercial Excellence Programme - update

Report to Finance and Resources – 5 June 2014, Commercial Excellence Programme - update

The Procurement Capability Assessment 2013 - Scotland Excel

McClelland Phase 2 Transforming Procurement: Accelerating Delivery

The Procurement Reform (Scotland) Act 2014.

Alastair Maclean

Director of Corporate Governance

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Links

Coalition pledges	**P30 -** Continue to maintain a sound financial position including long-term financial planning.
Council outcomes	**CO24** - The Council communicates effectively and internally and externally and has an excellent reputation for customer care.
	CO25 - The Council has efficient and effective services that deliver on objectives.
	CO26 - The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives.
	CO27 - The Council supports, invests in and develops our people
Single Outcome Agreement	
Appendices	Appendix 1 : Corporate Procurement Strategy

Commercial and Procurement Strategy

April 2014

Commercial and Procurement Strategy

April 2014

Contents

1 Foreword

The launch of the Council's new Commercial & Procurement Strategy is a good opportunity to look back at the progress made so far in the Commercial Excellence programme and also to look ahead to the challenging times which we face. These challenges include demographic changes, increasing service user expectations, environmental and social challenges and the need to deliver further significant efficiency savings.

These challenges can only be met through partnership working – by service areas working closer together, through better engagement with communities and the supplier market, as well as working with our strategic partners (including NHS Lothian) and EY as our procurement delivery partner.

This strategy sets out a framework, which is designed to enable the Council to continue on its journey of change and innovation through:

- Building capacity and skills within the Council to continue to improve commissioning and procurement activity
- Increasing the level of collaboration both internally, between service areas, and externally with other partner organisations
- Engaging proactively with key suppliers through contract and supplier relationship management to ensure that we extract maximum value and innovation from our supply base
- Focusing our commissioning and procurement activity on delivering improvements for the people and communities in the City of Edinburgh
- Working cooperatively in everything we do to support SMEs and the third sector as the Co-operative Capital

Councillor Alasdair Rankin
Convener of Finance and Resources

Alastair Maclean
Director of Corporate Governance

2   Purpose of the strategy

The purpose of this Strategy is to set out how the Council will direct its external expenditure on goods, services and works over the next three years.
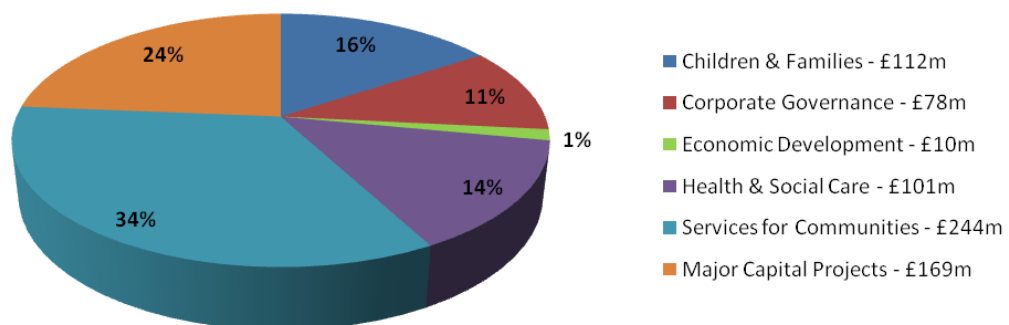
3   Context and drivers for change

The strategy is heavily influenced by internal and external factors, all of which require the Council to continue to accelerate its delivery of Commercial Excellence and ensure that the drive for Best Value is embedded at all levels throughout the organisation. Further details of the internal and external context can be found in the Appendix.
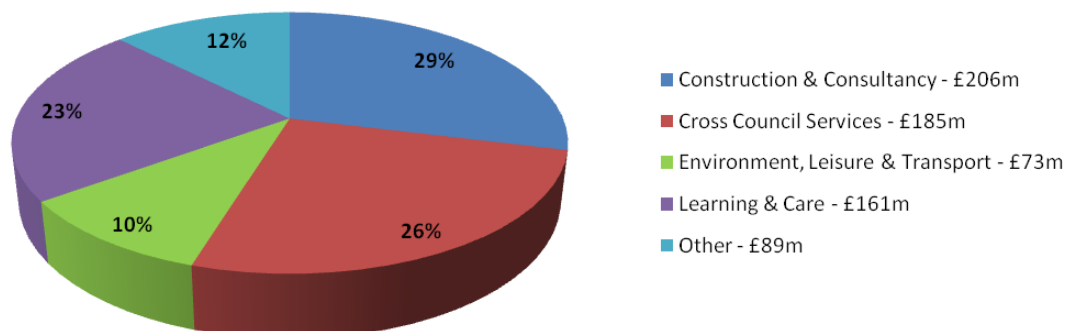
The City of Edinburgh Council spends over £650 million externally each year on goods, services and works, which accounts for over 50% of our operating costs and represents a large proportion of Scottish local authority external expenditure.

The graphs below provide an analysis of the Council's external expenditure.

Directorate Expenditure 2012/13

- Children & Families - £112m
- Corporate Governance - £78m
- Economic Development - £10m
- Health & Social Care - £101m
- Services for Communities - £244m
- Major Capital Projects - £169m

Category Expenditure 2012/13

- Construction & Consultancy - £206m
- Cross Council Services - £185m
- Environment, Leisure & Transport - £73m
- Learning & Care - £161m
- Other - £89m

4   Scope

This strategy applies to all of the Council's external expenditure on goods, services and works, with the exception of grant funding and expenditure by Council owned entities which have their own arrangements in place.

5   Where we are now

The City of Edinburgh Council seeks to embed a culture of Commercial Excellence throughout the organisation.

Recognising the importance of employee contribution to change, the Council has also recently launched the BOLD programme - Better Outcomes, Leaner Delivery - an internal initiative to generate ideas for achieving the wider budget savings required across the Council.

To date, significant progress has been made, including:

- Through the Commercial Excellence programme in 2013/14 major service changes and enhanced commercial activities have resulted in significant savings (in excess of £20m) being delivered;

- The independent Procurement Capability Assessment carried out by Scotland Excel on behalf of the Scottish Government recognises the incremental improvements made by the Council with regard to procurement and commercial capabilities and standards;

- The development of the capability and capacity of the Council's Commercial & Procurement Service to enable a greater focus on strategic procurement and being a trusted commercial partner to service areas; and

- The Council has developed a Procurement Handbook which is in line with the Scottish Government's Procurement Journey and Best Practice to ensure that there is a consistently high standard achieved in every procurement process.

6   Our vision, strategic aims and objectives

Our vision

To embed commercial excellence throughout the organisation, ensuring that our services always deliver Best Value.

To be recognised as having leading commercial, procurement & commissioning practices and skills delivering outstanding outcomes.

To have the people of Edinburgh and service users at the heart of what we do.

Our strategic aims and objectives

Our strategy is to:

1. Deliver savings and Best Value and we will do this by:

- Working together to identify opportunities and continuing to challenge the status quo

- Ensuring that all opportunities are thoroughly considered and all implications of change in service areas are fully appraised

- Increasing our collaboration with other organisations

- Developing a coordinated pipeline of future procurement projects to improve our services

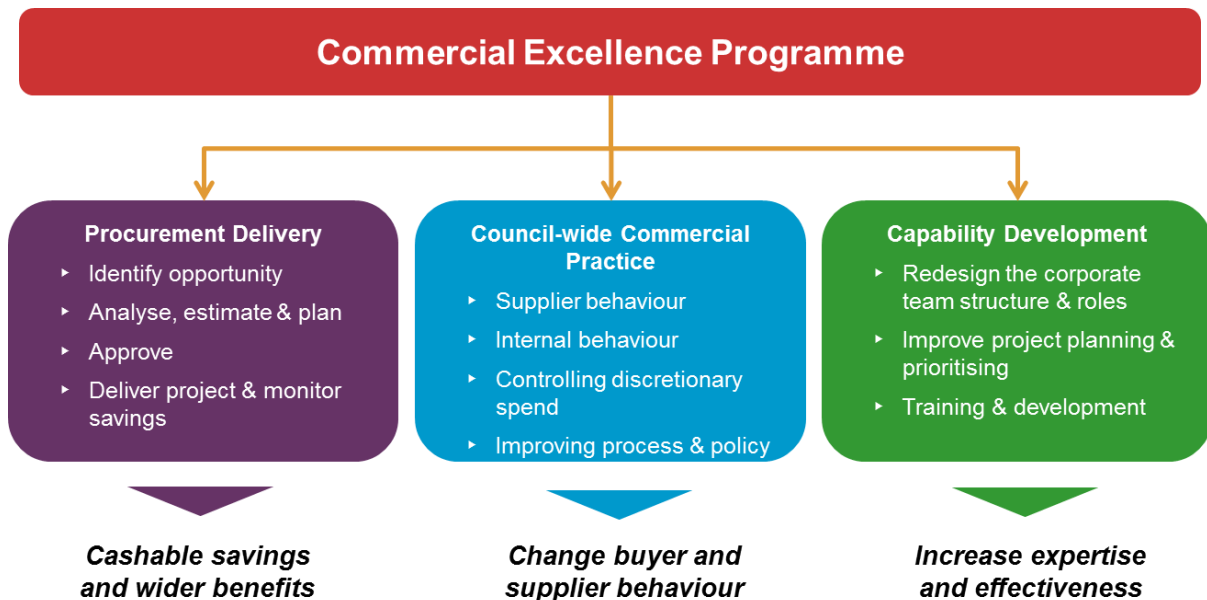### 2. Change supplier and internal behaviours, improve processes and policies by:

- Creating a Procurement Panel to provide support and promote support and understanding at a senior management level in the Council and to oversee implementation of this Strategy

- Creating Procurement Forums to engage with service areas at a middle manager level in the Council, including schools

- Introducing regular reporting of procurement performance and compliance

- Improving contract and supplier relationship management across the Council to ensure that we are getting the most value and innovation from our contractual relationships

- Reviewing and improving our Purchase to Pay (P2P) processes to strengthen controls, increase efficiency and provide useful and up-to-date management information

- Ensuring that there are standard templates in place for all procurement and contracting documentation and ensure that these are regularly reviewed in line with new legislation and best practice

- Embedding sustainable procurement as business as usual and incorporating community benefits in all appropriate contracts. Supporting local businesses and SMEs through closer working with Economic Development and by making our processes more streamlined and accessible

3. Increase expertise, capacity and effectiveness and we will do this by:

- Developing staff in Commercial & Procurement Services through training, secondments and mentoring

- Developing and professionalising contract and supplier management practices and improving commercial awareness across the Council

This can be represented graphically as follows:

Commercial Excellence Programme

Procurement Delivery
- Identify opportunity
- Analyse, estimate & plan
- Approve
- Deliver project & monitor savings

Cashable savings and wider benefits

Council-wide Commercial Practice
- Supplier behaviour
- Internal behaviour
- Controlling discretionary spend
- Improving process & policy

Change buyer and supplier behaviour

Capability Development
- Redesign the corporate team structure & roles
- Improve project planning & prioritising
- Training & development

Increase expertise and effectiveness

7   Consultation & Review

The strategy will be annually reviewed. If you have any comments or feedback please contact procurement@edinburgh.gov.uk

Appendix – Local and National Context

Local context

Financial pressures

The Council is operating in an increasingly challenging financial environment. Whilst demand for services is increasing, mainly due to demographic changes, our net revenue funding is increasingly under pressure. Adopting this Strategy will help service areas to address this pressure.

The Edinburgh Partnership Community Plan (SOA 4) 2013 -16

This plan is focused on key economic, environmental and social priorities in the City including neighbourhood partnership activity, prevention strategies, resource sharing initiatives, health inequality factors, promoting economic growth to create employment, reducing re-offending, promoting physical activity, enhancing the quality of life for older people, improving early years services and ensuring safer communities.

The Corporate Governance Service Plan

The Service Plan commits to achieving savings through efficiencies in procurement by delivering a fit for purpose, sustainable in-house procurement team and raising standards in procurement practices across the Council.

The Capital Coalition's pledge

We will support a cooperative approach to maximise value in the way that we deliver our services. We will also encourage, where appropriate, the development of cooperative and consortium-based bids by third sector and other providers for public contract opportunities and seize opportunities to use public social partnerships and other co-production models for service and contract designs which focus upon the needs of the user and the wider community.

The Council's Sustainable Procurement Policy and Action Plan

This aims to maximise the social, economic and environmental benefits flowing from the Council's procurement activity through, for example, the use of community benefit clauses in contracts.

Edinburgh Compact Social Enterprise Strategy

This commits the Council and other public bodies to engage with social enterprises and community organisations to better engage and understand this provider community.

National context

Changes to European Directives

The new Directives aim to simplify and speed-up public procurement processes.

Procurement Reform Bill

Introduced to Parliament in October 2013, the Bill aims to deliver social and economic benefits to the Scottish economy by introducing a new sustainable procurement duty as well as other duties. For example, publishing the Council's contract register and a forward plan of forthcoming contracts.

Self Directed Support (Scotland) Act 2013

The Act gives people a range of options for how their social care is delivered, beyond just direct payments, empowering people to decide how much ongoing control and responsibility they wish to have over their own support arrangements.

Public Bodies (Joint Working) (Scotland) Bill

This Bill relates to the integration of health and social care services in order to improve the quality and efficiency of these services to the public.

The Scottish Government's reform agenda

McClelland Phase 2 Transforming Procurement: Accelerating Delivery – with four key priorities: efficiency and collaboration; delivering real cash savings; improving access to public sector contracts for SMEs and making sustainable procurement business as usual.

The Procurement Capability Assessment (PCA)

A key tool used by the Scottish Government's reform programme to help drive best practice, deliver savings and improve the procurement capability of organisations. Councils are compared against each other and also against other sectors. Whilst the Council has an upward trend in performance it would like to be the highest performing local authority in Scotland.

Corporate Policy and Strategy Committee

10.00am, Tuesday, 5 August 2014

Complaints: Unacceptable Actions Policy

Item number	7.7
Report number	
Executive/routine	
Wards	

Executive summary

This report asks the Committee to approve the amended Council's Unacceptable Actions Policy. This Policy updates the existing Unacceptable Actions Policy (10 June 2008) and complements the Council's Complaints Procedure. The Policy update is required to ensure that our principles are consistent with those of the Scottish Public Services Ombudsman (SPSO).

This policy is only invoked in exceptional circumstances where a complainant is displaying unacceptable behaviour towards our staff or demands on our service, and has exhausted our complaints handling procedure. This policy does not preclude existing policies that relate to staff or elected members raising complaints.

The amended policy provides clearer guidance for staff to handle certain situations appropriately and in a customer focused way. For the customer, the guidance is more accessible from an equalities perspective and gives them an opportunity to appeal if a decision has been made to restrict contact. Any decision to restrict access does not affect the Council's legal responsibilities to customers.

Links

Coalition pledges	P27, P30 and P33
Council outcomes	CO24, CO25 and CO26
Single Outcome Agreement	SO1, SO2, SO3, SO4
Appendices	Appendix 1 – Unacceptable Actions Policy

Report

Complaints: Unacceptable Actions Policy

Recommendations

1.1   It is recommended that Committee approve the amended Unacceptable Actions and Behaviour Policy.

Background

2.1   The Scottish Public Services Ombudsman (SPSO) is the body which manages the final stage for complaints about councils. In 2010, it established the Complaints Standards Authority (CSA) to work with public bodies to standardise and simplify complaints handling procedures and to help drive improvement. In addition, the CSA is taking forward new responsibilities provided to the SPSO by the Public Services Reform (Scotland) Act 2010, including requiring the SPSO to monitor and promote best practice in complaints handling. These responsibilities allow the SPSO to take forward recommendations made by the Crerar Review (2007)[1] and Sinclair (2008)[2] reports which conclude that there is a need for a quicker, more consistent, more user focused approach to handling complaints.

2.2   In light of these recommendations, the CSA advises that:

> 'Organisations should aim to make their services as accessible as possible whilst protecting and supporting staff, and helping them to identify and manage unacceptable behaviour or actions proportionately and effectively. As part of their commitment to ensure that procedures remain user-focused, many organisations adopt an 'unacceptable actions policy' to manage unacceptable actions of customers.[3]'

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[1] The Crerar Review: The Report of the Independent Review of Regulation, Audit, Inspection and Complaints Handling of Public Services in Scotland, 2007.
http://www.scotland.gov.uk/Topics/Government/PublicServiceReform/IndependentReviewofReg/latest-news/TheCrerarReview

2 Fit-for-Purpose Complaints System Action Group (FCSAG), 2008.
http://www.scotland.gov.uk/Resource/Doc/923/0063564.doc

[3] Unacceptable actions. http://www.valuingcomplaints.org.uk/csa-guidance/unacceptable-actions/

2.3   The revised Unacceptable Actions Policy replaces the 'Customer Access - Unacceptable Actions Policy' approved by the former Policy and Strategy Committee on 10 June 2008 and is essential to ensure that the City of Edinburgh Council's procedures are consistent with the best practice guidance provided by the CSA.

2.4   The Policy outlines how decisions to restrict contact are taken and the appeals and review process in place to manage these decisions.

2.5   In implementing the policy, the Council is working in partnership with the SPSO, adopting their toolkit for good practice. This is an opportunity for the Council to handle difficult situations in a constructive and transparent manner, driving this with the SPSO based on experience and learning.

Main report

3.1   This Policy explains how the Council may restrict or change access to a service when a customer's actions are deemed to be unacceptable. This is to protect staff and the services provided to other customers.

3.2   Unacceptable actions are grouped under four headings:

- aggressive or abusive behaviour;

- unreasonable demands;

- unreasonable levels of contact; and

- unreasonable use of the complaints process.

3.3   There are situations where a member of staff might find difficult to respond to but which is not unacceptable. Examples of this would include:

- persistence - where a customer is forceful or determined; or
- behaviour which an individual staff member find personally difficult.

3.4   Some disabilities are hidden and a small number of customers may require more time to resolve complaints to their satisfaction. The Council has an obligation to make reasonable adjustments to services to allow customers to make complaints and to respond appropriately to customers with genuine access needs.

3.5   This Policy does not seek to manage any perceived unacceptable actions arising from complaints between Elected Members and Council Officers. It does not replace the Member/Officer Relations Protocol which establishes the roles, responsibilities and standards of behaviour expected of elected members and Council officers when carrying out their respective duties.

3.6   The Policy is not intended to manage any perceived unacceptable actions arising from complaints between members of staff. The Policy on Fair Treatment

at Work addresses this situation for all non teaching staff and the **Grievance Procedure for Teaching Staff** applies for all teaching staff.

Measures of success

4.1   Increased protection for staff and service users where an individual's actions result in unreasonable demands on services or unreasonable behaviour towards staff.

4.2   Supporting customers and wider, effective complaints resolution by addressing the limited number of cases where the unreasonable actions of complainants have a negative impact on service provision. The Policy will ensure that resources are targeted towards the areas where they are most needed, supporting efficient and effective complaint resolution for all customers.

4.3   The Unacceptable Actions Policy is consistent with the best practice guidance provided by the CSA.

Financial impact

5.1   The Policy supports the Council in making best use of the resources available to support all service users.

Risk, policy, compliance and governance impact

6.1   This update to the existing policy is essential to ensure that our principles are consistent with those principles set out in the SPSO's Unacceptable Actions Policy and to make sure that the language used to describe unacceptable actions reflects current usage by the Ombudsman. This is required for transparency as the SPSO is the body which manages the final stage of the complaints process for complaints relating to councils and their services.

Equalities impact

7.1   The Policy balances the rights of the individual to express complaints, with the freedom of staff and other service users to work or access services without discrimination, harassment or victimisation.

7.2   An Equalities and Rights Impact Assessment has been completed.

Sustainability impact

8.1   No significant environmental impact is anticipated as a result of this policy revision. A Pre Screening Report has been submitted to the SEA Gateway.

Consultation and engagement

9.1   The Policy has been developed in consultation with the Corporate Management Complaints Group, Corporate Policy and Strategy team and Legal, Risk and Compliance Division.

Background reading/external references

Unacceptable Actions Policy, Scottish Public Services Ombudsman, 2013

Alastair Maclean

Director of Corporate Governance

Contact: Davina Fereday, Corporate Manager (Business Intelligence)

E-mail: Davina.Fereday@edinburgh.gov.uk | Tel: 0131 529 7040

Links

Coalition pledges	P27 Seek to work in full partnership with Council staff and their representatives P30 Continue to maintain a sound financial position including long-term financial planning P33 Strengthen Neighbourhood Partnerships and further involve local people in decisions on how Council resources are used
Council outcomes	CO24 The Council communicates effectively internally and externally and has an excellent reputation for customer care CO25 The Council has efficient and effective services that deliver on objectives CO26 The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives
Single Outcome Agreement	SO1 Edinburgh's Economy Delivers increased investment, jobs and opportunities for all SO2 Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health SO3 Edinburgh's children and young people enjoy their childhood and fulfil their potential SO4 Edinburgh's communities are safer and have improved physical and social fabric
Appendices	Appendix 1 – Unacceptable Actions Policy

Unacceptable Actions and Behaviours Policy

Implementation date: 1 September 2014

Control schedule

Approved by	Corporate Policy and Strategy Committee
Approval date	5 August 2014
Senior Responsible Officer	Alastair Maclean, Director of Corporate Governance
Author	Davina Fereday, Corporate Manager, Business Intelligence
Scheduled for review	July 2015

Version control

Version	Date	Author	Comment
0.1		Davina Fereday	
0.2	07/07/2014	Kirsty-Louise Campbell	
0.3	17/07/2014	Davina Fereday	

Committee decisions affecting this policy

Date	Committee	Link to report	Link to minute

Unacceptable Actions and Behaviours Policy

Policy statement

1.1 We aim to deal fairly, honestly, consistently and appropriately with all our customers, including those whose actions we consider unacceptable. We believe that all customers have a right to be heard, understood and respected. We aim to provide a service that is accessible to all and will make all reasonable adjustments to accommodate complainants.

1.2 The behaviour or actions of individuals using our service can, in exceptional circumstances, make it difficult for us to deal with their complaint. This policy explains how we manage actions that result in unreasonable demands on our services or unreasonable behaviour towards our staff.

1.3 The policy is required to address a limited number of cases where actions become unacceptable as they involve abuse of our staff, stop us doing our work or providing a service to others.

Scope

2.1 This policy affects all customers, staff and elected members. It explains how we may restrict or change access to a service when we consider a customer's actions to be unacceptable. This is to ensure we can protect our staff and the services we provide to our customers.

Definitions

3.1 Complaint: an expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.

3.2 Customer: a customer is anyone the Council works with, provides a service to, or supports. This includes residents, businesses, visitors, or someone acting on behalf of a customer e.g. a Councillor, MSP or relative.

3.3 SPSO: the Scottish Public Services Ombudsman (SPSO) is the body which manages the final stage for complaints about councils, the National Health Service, housing associations, colleges and universities, prisons, most water

and sewerage providers, the Scottish Government and its agencies and departments and most Scottish authorities.

3.4   Unacceptable actions: people may act in ways which are out of character when they are in trouble or distressed. There may have been upsetting circumstances in the lead up to a complaint coming to us. We do not view behaviour as unacceptable just because a complainant is forceful or determined.

3.5   Review Panel: the Panel is responsible for considering any appeal over a decision to restrict contact. The Panel will be chaired by a senior member of staff (at grade 10 or above) and will comprise members of the Corporate Complaints Management Group, drawing on their expertise in complaints and customer service. The panel members will only be selected from services that are not involved in the initial decision to restrict contact with the complainant.

3.6   On occasion, behaviour is difficult for an individual member of staff to deal with because it doesn't conform to the standards they expect or the values they hold. An action is not necessarily unacceptable because a member of staff finds it personally difficult.

3.7   Unacceptable actions are grouped under the four headings with details below:

- aggressive or abusive behaviour: anger which escalates into aggression, threatening behaviour or verbal abuse, or unsubstantiated allegations;

- unreasonable demands: a demand is unreasonable when complying with it would impact substantially on our work or on the services provided to other customers;

- unreasonable levels of contact: when the amount of time spent dealing with a complaint impacts on our ability to deal with it or with other people's complaints; this is not the same as persistence which can be a positive advantage when pursuing a complaint; and

- unreasonable use of the complaints process: when the effect of the repeated complaints is to harass, or to prevent us from pursuing a legitimate aim or from implementing a legitimate decision.

Policy content

4.1   Managing aggressive or abusive behaviour:

4.1.1   We understand that many complainants are angry about the issues they have raised in their complaint. If that anger escalates into aggression towards Council staff, we consider that an unacceptable action and operate a zero tolerance approach to such behaviour. Any violence or abuse towards staff will not be accepted.

4.1.2 Violence or abuse is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language, verbal or in writing, that may cause staff to feel afraid, threatened or abused. This includes threats, personal verbal abuse, derogatory remarks and rudeness.

4.1.3 We also consider inflammatory statements and unsubstantiated allegations to be abusive behaviour.

4.2 Unreasonable demands:

4.2.1 A demand becomes unacceptable when it starts to, or would if complied with impact substantially on our work and provision of services. For example, if the demand takes up an excessive amount of staff time and leads to other customers being disadvantaged.

4.2.1 Examples of actions grouped under this heading include:

- repeatedly demanding responses within an unreasonable timescale
- insisting on seeing or speaking to a particular member of staff when that is not possible
- repeatedly changing the substance of a complaint or raising unrelated concerns.

4.3 Unreasonable levels of contact:

4.3.1 The volume and duration of contact made to us by an individual can cause problems. This can occur over a short period, such as a number of calls in one day, or it may occur over the lifespan of the complaint. This could include the complainant making long telephone calls to us or inundating us with copies of information which have been sent to us already or which are irrelevant to the complaint.

4.3.2 We consider that contact has become unacceptable when the amount of time spent dealing with it impacts on our ability to deal with that complaint or impacts on service provision more broadly. Contact time may involve time spent talking to a complainant on the phone; responding to, reviewing and filing emails; or written correspondence.

4.4 Unreasonable use of the complaints process:

4.4.1 Customers have the right to complain about our services through a range of means. They also have the right to complain more than once about an organisation with which they have a continuing relationship, if subsequent incidents occur.

4.1.2 This contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent us from pursuing a legitimate aim or from implementing a legitimate decision.

4.5 Restricting access to the complaints system

4.5.1 We consider access to a complaints system to be as a critical element of our service arrangements and it will only be in exceptional circumstances that we would consider such repeated use as unacceptable. We reserve the right to restrict access in those rare occasions.

4.5.2 The threat or use of physical violence, verbal abuse or harassment towards our staff is likely to result in a termination of all direct contact with the complainant. Incidents may be reported to the police. This will always be the case if physical violence is used or threatened.

4.5.3 We will not accept any correspondence that is abusive to staff. We will tell the complainant that we consider their language offensive, unnecessary and unhelpful and ask them to stop using such language. We will state that we will not respond to their correspondence if the action or behaviour continues.

4.5.4 Our staff will end phone calls if they consider the caller aggressive, abusive or offensive. Our staff have the right to make this decision, to tell the caller that their behaviour is unacceptable and to end the call if the behaviour persists.

4.5.5 In extreme situations, we tell the complainant in writing that their name is on a No Personal Contact List. This means that we will limit contact with them to either written communication or to contact through a third party.

4.6 Dealing with other categories of unreasonable behaviour:

4.6.1 We have to take action when unreasonable behaviour impairs the functioning of our services. We aim to do this in a way that allows a complaint to progress through our process. We will try to ensure that any action we take is the minimum required to solve the problem, taking into account relevant personal circumstances including the seriousness of the complaint and the needs of the individual.

4.6.2 Where a complainant repeatedly phones, visits, raises the same issues, or sends large numbers of documents where their relevance isn't clear, we may decide to:

- limit contact to telephone calls from the complainant at set times on set days
- restrict contact to a nominated member of staff who will deal with future calls or correspondence from the complainant
- see the complainant by appointment only
- restrict contact from the complainant to writing only
- return any documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed

- take any other action that we consider appropriate.

4.6.3 Where we consider continued correspondence on a wide range of issues to be excessive, we may tell the complainant that only a certain number of issues will be considered in a given period and ask them to limit or focus their requests accordingly.

4.6.4 In exceptional cases, we reserve the right to refuse to consider a complaint or future complaints from an individual. We will take into account the impact on the individual and also where there would be a broader public interest in considering the complaint further.

4.6.5 We will always tell the complainant what action we are taking and why.

4.6.6 Except where a "Zero Tolerance" approach is required, customers will be advised that their behaviour is giving cause for concern, to provide them with the opportunity to modify their behaviour in advance of any sanction being applied. A written warning informing customers of our policy for dealing with problem behaviours will be sent and will:

- Identify the unacceptable behaviour
- explain why it is inappropriate
- explain the steps we have taken
- advise the customer that, if they do this again, restrictions will be put in place
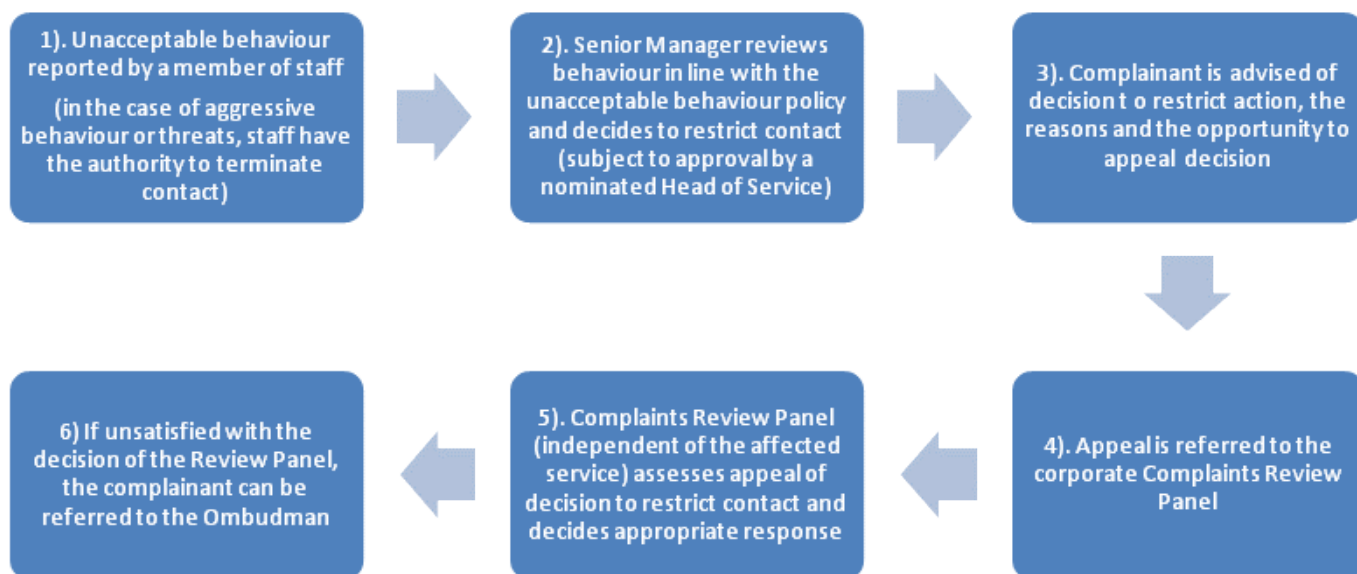- advise customers on how to challenge the decision.

Implementation

5.1 How we make decisions about unreasonable behaviour:

5.1.1 Any member of our staff who directly experiences aggressive or abusive behaviour from a complainant has the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation and in line with this policy.

5.1.2 With the exception of such immediate decisions taken at the time of the incident, decisions to restrict contact with the Council are only taken after careful consideration of the situation by a senior member of staff. Wherever possible, we will give the complainant the opportunity to change their behaviour or action before a decision is taken.

5.2 Appealing a decision to restrict contact:

5.2.1 A complainant has 20 working days to appeal a decision to restrict contact. If they do this, we will only consider arguments that relate to the restriction and not to either the complaint made to us or our decision to close the complaint.

5.2.2 Grounds for an appeal could include, for example, a complainant telling us that:

- their actions were wrongly identified as unacceptable
- restrictions were disproportionate
- restrictions will adversely impact on the individual because of personal circumstances.

5.3 A Review Panel will consider the appeal. The Panel is responsible for considering any appeal over a decision to restrict contact. The Panel will be chaired by a senior member of staff (at grade 10 or above) and will comprise members of the Corporate Complaints Management Group, drawing on their expertise in complaints and customer service. The panel members will be independent of the service(s) involved in the initial decision to restrict contact with the complainant. The Panel will have the discretion to quash or vary the restriction on the basis of what they think is fair and reasonable, and will be open and transparent with decisions made. If the complainant remains unhappy with the decision made by the Panel they will be signposted to the SPSO.

1). Unacceptable behaviour reported by a member of staff

(in the case of aggressive behaviour or threats, staff have the authority to terminate contact)

2). Senior Manager reviews behaviour in line with the unacceptable behaviour policy and decides to restrict contact (subject to approval by a nominated Head of Service)

3). Complainant is advised of decision to restrict action, the reasons and the opportunity to appeal decision

6) If unsatisfied with the decision of the Review Panel, the complainant can be referred to the Ombudman

5). Complaints Review Panel (independent of the affected service) assesses appeal of decision to restrict contact and decides appropriate response

4). Appeal is referred to the corporate Complaints Review Panel

Roles and responsibilities

6.1 When a Council employee makes an immediate decision in response to aggressive or abusive behaviour, the complainant is advised at the time of the incident. When a decision had been made by a senior member of staff, we will

always tell a complainant in writing. We will explain why the decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place. This ensures that the complainant has a record of the decision. The decision in writing can be supplemented by another form of communication if written communication is not the most appropriate medium for the complainant.

6.2　　Where it is decided to restrict complainant contact, an entry noting this will be made in the relevant file and appropriate computer records. A decision to restrict complainant contact may be reconsidered by the Review Panel. This panel reviews the status of all complainants with restricted contact arrangements on a quarterly basis. We record all incidents of unacceptable actions by complainants. A Review Panel of individuals not involved in the original decision will consider the appeal. They will advise the complainant in writing that the restricted contact arrangements still apply or that a different course of action has been agreed. Again, the decision in writing can be supplemented by another form of communication if written communication is not the most appropriate medium for the complainant.

Related documents

7.1　　How we deal with complaints: http://www.edinburgh.gov.uk/complaints

7.2　　The City of Edinburgh Council's customer care standards: http://www.edinburgh.gov.uk/info/20036/performance_and_statistics/962/customer_care_standards

7.3　　SPSO Unacceptable Actions Policy: http://www.spso.org.uk/sites/spso/files/communications_material/leaflets_public/general/2013_10_18_Unacceptable_actions_policy.pdf

Equalities impact

8.1　　We aim to provide a service that is accessible to all and will make all reasonable adjustments to accommodate complainants. For example, any decision in writing can be supplemented by another form of communication if written communication is not the most appropriate medium for the complainant.

8.2　　A full Equalities and Rights Impact Assessment has been carried out on the policy in consultation with the Equalities Team.

Sustainability impact

9.1 No significant environmental impact is anticipated as a result of this policy revision. A Pre Screening Report has been submitted to the SEA Gateway.

Risk assessment

10.1 This policy replaces the Customer Access - Unacceptable Actions Policy approved by the Policy and Strategy Committee on 10 June 2008. The revised policy is essential to ensure that our principles are consistent with those set out in the SPSO's Unacceptable Actions Policy and to make sure that the language we use to describe unacceptable actions reflects current usage by the Ombudsman. This is required for transparency as the SPSO is the body which manages the final stage of the complaints process for complaints relating to councils and their services.

Review

11.1 The policy will be reviewed in July 2015 for consideration by the Corporate Policy and Strategy Committee.

City of Edinburgh Council
Record of Equality and Rights Impact Assessment

Part 1: Background and Information

(a) Background Details - Please list ERIA background details:

ERIA Title and Summary Description	Unacceptable Actions Policy – revision to existing policy (10/06/08) to reflect amendments to the Scottish Public Services Ombudsman's Unacceptable Actions Policy		
Service Area	Division	Head of Service	Service Area Reference No.
Governance	Corporate Governance	Alastair Maclean	

(b) What is being impact assessed? Describe the different policies or services (i.e. decisions, projects, programmes, policies, services, reviews, plans, functions or practices that relate to the Corporate ERIA Title):

Policies and Services	Date ERIA commenced
1. Unacceptable Actions Policy (update to existing Unacceptable Actions Policy)	3/6/14

(c) ERIA Team - Please list all ERIA Team Members:

Name	Organisation / Service Area
1. Davina Fereday	Business Intelligence, Governance, Corporate Governance (on behalf of the Corporate Management Complaints Group)
2. Angela McInnes	Business Intelligence, Governance, Corporate Governance (on behalf of the Corporate Management Complaints Group)
3. Julie Houston	Corporate Policy & Strategy: Equalities, Organisational Development, Corporate Governance

Part 2: Evidence and Impact Assessment

(a) Evidence Base – Please record the evidence used to support the ERIA. Any identified evidence gaps can be recorded at part 3(i). Please allocate an abbreviation for each piece of evidence.

Evidence	Abbreviation
1. SPSO Unacceptable Actions Policy - update to policy so that it aligns to SPSO guidance	SPSO
2. Minutes of Corporate Management Complaints Group and feedback on policy received	Complaints
3. Meeting with Julie Houston on 9/6/14 to receive guidance on the policy from the Council's Equalities Team. Emails received from the Equalities Team providing feedback on draft policy	Equalities
4. Meeting on 5/6/14 with Matthew Clarke to receive input from the Council's Legal Team	Legal

(b) Rights Impact Assessment – Summary - Please describe all the identified enhancements and infringements of rights against the following ten areas of rights. Please also consider issues of poverty and health inequality within each area of rights:

Life	Health	Physical Security	Legal Security	Education and Learning	Standard of Living	Productive and Valued Activities	Individual, Family and Social Life	Identity, Expression and Respect	Participation, Influence and Voice
	X	X		X	X			X	X

Please indicate alongside each identified enhancement or infringement the relevant policy or service (see Section 1b) and relevant evidence (see Section 2a).

Summary of Enhancements of Rights
The policy balances the rights of the individual to express complaints, with the freedom of staff and other service users to work or access services without discrimination, harassment or victimisation.   The tone of the updated policy uses softer, more tolerant language, while enhancing protection for staff and other service users.   A zero tolerance approach to aggressive or abusive behaviour will have a positive impact on the physical security of staff and other service users.   If contact is restricted to allow staff to make more equitable use of existing resources, it can be argued that, for the majority of service users, this will have a positive effect on the services provided relating to health, education and learning and standard of living. Rights to identity, expression and self-respect and rights to participation, influence and voice will also improve for most users, in these circumstances.

Summary of Infringement of Rights. Can these infringements be justified? Are they proportional?

The revision to the policy introduces no new infringements to rights, of which we are aware.

To ensure all decisions are proportional, a process is in place to appeal any decision to restrict contact. To safeguard neutrality, the decision will be reviewed by a panel who were not involved in the original decision. Any decision will be communicated in writing but can also be supplied in an alternative format, where written communication is not the most appropriate medium for the complainant. In addition, any decision to restrict contact will be reviewed on a regular basis.

(c) Equality Impact Assessment – Summary - Please consider all the protected characteristics when answering questions 1, 2 and 3 below. Please also consider the issues of poverty and health inequality within each protected characteristic:

Age	Disability	Gender Identity	Marriage / Civil partnership	Pregnancy Maternity	Race	Religion/ Belief	Sex	Sexual Orientation
	X				X			

1. Please describe all the positive and negative impacts on the duty to eliminate unlawful discrimination, harassment or victimisation. Please indicate alongside each identified impact the relevant policy or service (see Section 1b) and relevant evidence (see Section 2a).

Positive Impacts

The policy builds in safeguards to eliminiate unlawful discrimination, harassment or victimisation for those groups who may find communication challenging and potentially frustrating. These groups include adults at risk, people with mental health problems, people with learning disabilities, those with lower literacy levels and those who speak English as an additional language.

Negative Impacts

The revision to the policy has no negative impacts on the duty to eliminate unlawful discrimination, harassment or victimisation, of which we are aware.

2. Please describe all the positive and negative impacts on the duty to advance equality of opportunity (i.e. by removing or minimising disadvantage, meeting the needs of particular groups that are different from the needs of others and encouraging participation in public life)? Please indicate alongside each identified impact the relevant policy or service (see Section 1 b) and relevant evidence (see Section 2 a).

Positive Impacts

Safeguards to remove or minimise disadvantage include the opportunity to choose the method of communication most appropriate for the person concerned and an appeals process to review decisions to restrict contact.

The updated policy is written in simpler language and is easier to understand.

The policy will be made available in other formats on request.

Negative Impacts
The revision to the policy has no negative impacts on the duty to advance equality of opportunity, of which we are aware.

3. Please describe all the positive and negative impacts on the duty to foster good relations (i.e. by tackling prejudice and promoting understanding)? Please indicate alongside each identified impact the relevant policy or service (see Section 1 b) and relevant evidence (see Section 2 a).

Positive Impacts
The policy promotes understanding by acknowledging that people may act in ways which are out of character when they are in trouble or distressed. A degree of empathy is especially important in relation to provision in areas such as homelessness or care services which affect fundamental wellbeing. This guidance supports the rights of those living in poverty and health inequality by acknowledging the potential frustration of those seeking to meet these most basic needs. The policy tackles prejudice by stating that "an action is not necessarily unacceptable because a member of staff finds it personally difficult." This respects the dignity, rights and identity of individual complainants in respect of gender identity, sexual orientation and faith or beliefs, eliminating unintentional or hidden bias.

Negative Impacts
The revision to the policy has no negative impacts on the duty to foster good relations, of which we are aware.

Part 3: Evidence Gaps, Recommendations, Justifications and Sign Off

(i) Evidence Gaps - Please list all relevant evidence gaps and action to address identified gaps.

Evidence Gaps	Action to address gaps
1. There is no centrally managed No Personal Contact List at the moment so it is not possible to review current decisions to ensure that they do not target any individual unfairly	Create No Personal Contact List and manage this list corporately
2. There is no equalities monitoring in place for those whose access is restricted. This means that it is not possible to review decisions to ensure that they dor target any group unfairly	Implement equalities monitoring of those on the No Personal Contact List

(ii) Recommendations - Please record SMART recommendations to (i) eliminate unlawful practice or infringements of absolute rights, (ii) justify identified infringements of rights or (iii) mitigate identified negative equality impacts.

Recommendation	Responsibility of (name required)	Timescale
1. Create centrally managed No Personal Contact List and review annually to ensure that the policy does not inadvertently discriminate against any individual	Davina Fereday	July 2015
2. Equalities monitoring of 10% of people on No Personal Contact List to ensure that there is no unintentional bias towards a specific group	Davina Fereday	July 2015
3. Publish link to policy on Council website and ensure that there is mention of making the policy available in other formats if required	Angela McInnes	August 2014
4. Once new CRM is in place, review policy to ensure that the No Personal Contact List is only accessible to staff with a legitimate need to view it. Review to ensure that steps are in place so that the List is not being used to unfairly stigmatise individuals.	Davina Fereday	July 2015

(iii) Sign Off - I, the undersigned, am content that: (i) the ERIA record represents a thorough and proportionate ERIA analysis based on a sound evidence base, (ii) the ERIA analysis gives no indication of unlawful practice or violation of absolute rights, (iii) the ERIA recommendations are proportionate and will be delivered, (iv) the results of the ERIA process have informed officer or member decision making, (v) that the record of ERIA has been published on the Council's website / intranet or (vi) that the ERIA record has been reviewed and re-published.

Date	Sign Off (print name and position)	Reason for Sign Off (please indicate which reason/s from list (i) to (vi) above)

Strategic Environmental Assessment (SEA) Pre Screening Report
The City of Edinburgh Council
Unacceptable Actions Policy

SEA PRE SCREENING REPORT

PART 1

To: SEA.gateway@scotland.gsi.gov.uk

or

SEA Gateway
Scottish Executive
Area 1 H (Bridge)
Victoria Quay
Edinburgh EH6 6QQ

PART 2

An SEA Pre Screening Report is attached for the plan, programme or strategy (PPS) entitled:

Unacceptable Actions Policy

The Responsible Authority is:

The City of Edinburgh Council

COMPLETE PART 3 or 4 or 5

PART 3

Screening is required by the Environmental Assessment (Scotland) Act 2005. Our view is that:

☐ **an SEA is required** because the PPS falls under the scope of Section 5(3) of the Act and is likely to have significant environmental effects **or**

☐ **an SEA is required** because the PPS falls under the scope of Section 5(4) of the Act and is likely to have significant environmental effects **or**

☑ **an SEA is not required** because the PPS is unlikely to have significant environmental effects

PART 4

☐ The PPS does not require an SEA under the Act. However, we wish to carry out an SEA on a voluntary basis. We accept that, because this SEA is voluntary, the statutory 28 day timescale for views from the Consultation Authorities cannot be guaranteed.

PART 5

☐ None of the above apply. We have prepared this screening report because:

………………………………………………………………………………………
………………………………………………………………………………………..
………………………………………………………………………………………..

SEA PRE SCREENING REPORT (COVER NOTE)

PART 6

Contact name	Angela McInnes
Job Title	Business Intelligence Officer
Contact address	Governance Corporate Governance City of Edinburgh Council Waverley Court Level 2:2 4 East Market Street Edinburgh EH8 8BG
Contact tel no	0131 529 4934
Contact email	angela.mcinnes@edinburgh.gov.uk

PART 7

Signature (electronic signature is acceptable)	Angela McInnes
Date	5 June 2014

Responsible Authority	The City of Edinburgh Council
Title of PPS	Unacceptable Actions Policy
Purpose of PPS	The Unacceptable Actions Policy is an update to an existing policy (10/06/08). The policy explains how the Council may restrict or change access to a service, if it consider a complainant's actions to be unacceptable. This is to protect staff and the services provided to other customers. The policy complements the Council's Complaints Procedure.
What prompted the PPS	The Unacceptable Actions and Behaviours has been amended to reflect changes to the Scottish Public Services Ombudsman's Unacceptable Actions Policy.
Subject	Complaints
Period covered by PPS	July 2014 – Jun 2015
Frequency of updates	Annual review
Area covered by PPS	The City of Edinburgh Council local authority boundary (see attached map – Appendix A).

Summary of nature/ content of PPS	Sometimes, the behaviour or actions of individuals using our service make it difficult for us to deal with their complaint. This policy explains how we manage actions that result in unreasonable demands on our offices or unreasonable behaviour towards our staff. It is required to address the small number of cases where actions become unacceptable as they involve abuse of our staff or stop us doing our work or providing a service to others.

Are there any proposed PPS objectives?

☑ **YES**   ☐ **NO**

Copy of objectives attached   ☑ **YES**   ☐ **NO**

Draft Unacceptable Actions Policy is attached as Appendix B

9 June 2014

Date

Our determinations regarding the likely significance of effects on the environment of Unacceptable Actions Policy is set out in Table 1.

TABLE 1 – LIKELY SIGNIFICANCE OF EFFECTS ON THE ENVIRONMENT

TITLE OF PPS

Unacceptable Actions Policy

RESPONSIBLE AUTHORITY

The City of Edinburgh Council

Criteria for determining the likely significance of effects on the environment (1(a), 1(b) etc. refer to paragraphs in Schedule 2 of the Environmental Assessment (Scotland) Act 2005)	Likely to have significant environmental effects? YES/NO	Summary of significant environmental effects (negative and positive)
1(a) the degree to which the PPS sets a framework for projects and other activities, either with regard to the location, nature, size and operating conditions or by allocating resources	**No**	It is not anticipated that the Policy will have any significant environmental impact.
1(b) the degree to which the PPS influences other PPS including those in a hierarchy	**No**	It is not anticipated that the Policy will have any significant environmental impact.
1(c) the relevance of the PPS for the integration of environmental considerations in particular with a view to promoting sustainable development	**No**	It is not anticipated that the Policy will have any significant environmental impact.

Criteria for determining the likely significance of effects on the environment (1(d) etc. refer to paragraphs in Schedule 2 of the Environmental Assessment (Scotland) Act 2005)	Likely to have significant environmental effects? YES/NO	Summary of significant environment effects (negative and positive)
1(d) environmental problems relevant to the PPS	**No**	It is not anticipated that the Policy will have any significant environmental impact.
1(e) the relevance of the PPS for the implementation of Community legislation on the environment (for example, PPS linked to waste management or water protection)	**No**	It is not anticipated that the Policy will have any significant environmental impact.
2 (a) the probability, duration, frequency and reversibility of the effects	**No**	It is not anticipated that the Policy will have any significant environmental impact.
2 (b) the cumulative nature of the effects	**No**	It is not anticipated that the Policy will have any significant environmental impact.
2 (c) trans-boundary nature of the effects (i.e. environmental effects on other EU Member States)	**No**	It is not anticipated that the Policy will have any significant environmental impact.
2 (d) the risks to human health or the environment (for example, due to accidents)	**No**	It is not anticipated that the Policy will have any significant environmental impact.

Criteria for determining the likely significance of effects on the environment (2(e), 2(f) etc refer to paragraphs in Schedule 2 of the Environmental Assessment (Scotland) Act 2005)	Likely to have significant environmental effects? YES/NO	Summary of significant environmental effects (negative and positive)
2 (e) the magnitude and spatial extent of the effects (geographical area and size of the population likely to be affected)	**No**	It is not anticipated that the Policy will have any significant environmental impact.
2 (f) the value and vulnerability of the area likely to be affected due to- (i) special natural characteristics or cultural heritage; (ii) exceeded environmental quality standards or limit values; or (iii) intensive land-use.	**No**	It is not anticipated that the Policy will have any significant environmental impact.
2 (g) the effects on areas or landscapes which have a recognised national, Community or international protection status	**No**	It is not anticipated that the Policy will have any significant environmental impact.

A summary of our considerations of the significant environmental effects of the Unacceptable Actions Policy is given below.

TABLE 2 – SUMMARY OF ENVIRONMENTAL EFFECTS

This policy explains how we manage complainants' actions that result in unreasonable demands on our offices or unreasonable behaviour towards our staff.

It is not anticipated that the changes to the Unacceptable Actions Policy will have any significant environmental impact.

Appendix A – The City of Edinburgh Local Authority Boundary

Appendix B – Unacceptable Actions Policy (Draft)

Policy statement
Sometimes, the behaviour or actions of individuals using our service make it difficult for us to deal with their complaint. This policy explains how we manage actions that result in unreasonable demands on our offices or unreasonable behaviour towards our staff. It is required to address the small number of cases where actions become unacceptable as they involve abuse of our staff or stop us doing our work or providing a service to others.

Scope
This policy affects all customers, staff and elected members. It explains how we may restrict or change access to a service when we consider a customer's actions to be unacceptable. This is so that we can protect our staff and the services we provide to our other customers.

Definitions
Complaint: the Scottish Public Sector Ombudsman defines a complaint as:

> an expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation.

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Sometimes behaviour is difficult for an individual member of staff to deal with because it doesn't conform to the standards they expect or the values they hold. An action is not necessarily unacceptable because a member of staff finds it personally difficult.

We have grouped unacceptable actions under four headings:

- aggressive or abusive behaviour (anger which escalates into aggression, threatening behaviour or verbal abuse, or unsubstantiated allegations)
- unreasonable demands (a demand is unreasonable when complying with it would impact substantially on our work)
- unreasonable levels of contact (when the amount of time spent dealing with a complaint impacts on our ability to deal with it or with other people's complaints; this is not the same as persistence which can be a positive advantage when pursuing a complaint)
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Policy content

Managing aggressive or abusive behaviour

We understand that many complainants are angry about the issues they have raised in their complaint. If that anger escalates into aggression towards Council staff, we consider that an unacceptable action and operate a zero tolerance approach to such behaviour. Any violence or abuse towards staff will not be accepted.

Violence or abuse is not restricted to acts of aggression that may result in physical harm. It also includes behaviour or language, verbal or in writing, that may cause staff to feel afraid, threatened or abused. This includes threats, personal verbal abuse, derogatory remarks and rudeness.

We also consider inflammatory statements and unsubstantiated allegations to be abusive behaviour.

Unreasonable demands

A demand becomes unacceptable when it starts to impact substantially on our work. A demand would also be unacceptable if complying with it would impact substantially on our work. For example, if the demand takes up an excessive amount of staff time and leads to other customers being disadvantaged.

Examples of actions grouped under this heading include:

- repeatedly demanding responses within an unreasonable timescale
- insisting on seeing or speaking to a particular member of staff when that is not possible
- repeatedly changing the substance of a complaint or raising unrelated concerns.

Unreasonable levels of contact

The volume and duration of contact made to us by an individual can cause problems. This can occur over a short period, such as a number of calls in one day, or it may occur over the lifespan of the complaint. This could include the complainant making long telephone calls to us or inundating us with copies of information which have been sent to us already or which are irrelevant to the complaint.

We consider that contact has become unacceptable when the amount of time spent dealing with it impacts on our ability to deal with that complaint or with other people's complaints. Contact time may involve time spent talking to a complainant on the phone, or responding to, reviewing and filing emails or written correspondence.

Unreasonable use of the complaints process

Customers have the right to complain about our services through a range of means. They also have the right to complain more than once about an organisation with which they have a continuing relationship, if subsequent incidents occur.

This contact becomes unreasonable when the effect of the repeated complaints is to harass, or to prevent us from pursuing a legitimate aim or from implementing a legitimate decision.

Restricting access to the complaints system

We consider access to a complaints system to be important and it will only be in exceptional circumstances that we would consider such repeated use as unacceptable. We reserve the right to restrict access in those rare occasions.

The threat or use of physical violence, verbal abuse or harassment towards our staff is likely to result in a termination of all direct contact with the complainant. Incidents may be reported to the police. This will always be the case if physical violence is used or threatened.

We will not accept any correspondence that is abusive to staff or contains allegations that lack substantive evidence. We will tell the complainant that we consider their language offensive,

unnecessary and unhelpful and ask them to stop using such language. We will state that we will not respond to their correspondence if the action or behaviour continues.

Our staff will end phone calls if they consider the caller aggressive, abusive or offensive. Our staff have the right to make this decision, to tell the caller that their behaviour is unacceptable and to end the call if the behaviour persists.

In extreme situations, we tell the complainant in writing that their name is on a No Personal Contact List. This means that we will limit contact with them to either written communication or to contact through a third party.

Dealing with other categories of unreasonable behaviour
We have to take action when unreasonable behaviour impairs the functioning of our services. We aim to do this in a way that allows a complaint to progress through our process. We will try to ensure that any action we take is the minimum required to solve the problem, taking into account relevant personal circumstances including the seriousness of the complaint and the needs of the individual.

Where a complainant repeatedly phones, visits, raises the same issues, or sends large numbers of documents where their relevance isn't clear, we may decide to:

- limit contact to telephone calls from the complainant at set times on set days
- restrict contact to a nominated member of staff who will deal with future calls or correspondence from the complainant
- see the complainant by appointment only
- restrict contact from the complainant to writing only
- return any documents to the complainant or, in extreme cases, advise the complainant that further irrelevant documents will be destroyed
- take any other action that we consider appropriate.

Where we consider continued correspondence on a wide range of issues to be excessive, we may tell the complainant that only a certain number of issues will be considered in a given period and ask them to limit or focus their requests accordingly.

In exceptional cases, we reserve the right to refuse to consider a complaint or future complaints from an individual. We will take into account the impact on the individual and also where there would be a broader public interest in considering the complaint further.

We will always tell the complainant what action we are taking and why.

Implementation
How we make decisions about unreasonable behaviour
Any member of our staff who directly experiences aggressive or abusive behaviour from a complainant has the authority to deal immediately with that behaviour in a manner they consider appropriate to the situation and in line with this policy.
With the exception of such immediate decisions taken at the time of the incident, decisions to restrict contact with the Council are only taken after careful consideration of the situation by a senior member of staff. Wherever possible, we will give the complainant the opportunity to change their behaviour or action before a decision is taken.

Appealing a decision to restrict contact
A complainant can appeal a decision to restrict contact. If they do this, we will only consider arguments that relate to the restriction and not to either the complaint made to us or our decision to close the complaint.

Grounds for an appeal could include, for example, a complainant telling us that:

- their actions were wrongly identified as unacceptable

- restrictions were disproportionate
- restrictions will adversely impact on the individual because of personal circumstances.

A Review Panel of individuals not involved in the original decision will consider the appeal. They have the discretion to quash or vary the restriction as they think best. They will make the decision based on the information available to them.

Roles and Responsibilities

When a Council employee makes an immediate decision in response to aggressive or abusive behaviour, the complainant is advised at the time of the incident. When a decision had been made by a senior member of staff, we will always tell a complainant in writing. We will explain why the decision has been made to restrict future contact, the restricted contact arrangements and, if relevant, the length of time that these restrictions will be in place. This ensures that the complainant has a record of the decision. The decision in writing can be supplemented by another form of communication if written communication is not the most appropriate medium for the complainant.

Where it is decided to restrict complainant contact, an entry noting this will be made in the relevant file and appropriate computer records. A decision to restrict complainant contact may be reconsidered by the Review Panel. This panel reviews the status of all complainants with restricted contact arrangements on a six monthly basis. We record all incidents of unacceptable actions by complainants.

A Review Panel of individuals not involved in the original decision will consider the appeal. They will advise the complainant in writing that the restricted contact arrangements still apply or that a different course of action has been agreed. Again, the decision in writing can be supplemented by another form of communication if written communication is not the most appropriate medium for the complainant.

Related documents

SPSO Unacceptable Actions Policy:
http://www.spso.org.uk/sites/spso/files/communications_material/leaflets_public/general/2013 _10_18_Unacceptable_actions_policy.pdf

The City of Edinburgh Council's customer care standards:
http://www.edinburgh.gov.uk/info/20036/performance_and_statistics/962/customer_care_stan dards

How we deal with complaints: http://www.edinburgh.gov.uk/complaints

Equalities and impact assessment

We aim to deal fairly, honestly, consistently and appropriately with all our customers, including those whose actions we consider unacceptable. We believe that all customers have a right to be heard, understood and respected. We aim to provide a service that is accessible to all and will make all reasonable adjustments to accommodate complainants. For example, any decision in writing can be supplemented by another form of communication if written communication is not the most appropriate medium for the complainant.

A full Equalities and Rights Impact Assessment has been carried out on the policy in consultation with the Equalities Team.

Strategic environmental assessment

No significant environmental impact is anticipated as a result of this policy revision. A Pre Screening Report has been submitted to the SEA Gateway.

Risk assessment
This policy replaces the Customer Access - Unacceptable Actions Policy approved by the Policy And Strategy Committee on 10 June 2008. This update to the existing policy is essential to ensure that our principles are consistent with those principles set out in the SPSO's Unacceptable Actions Policy and to make sure that the language we use to describe unacceptable actions reflects current usage by the Ombudsman. This is required for transparency as the SPSO is the body which manages the final stage of the complaints process for complaints relating to councils and their services.

Review

The policy will be reviewed in July 2015 for approval by the Corporate Policy and Strategy Committee.

The Environmental Assessment (Scotland) Act 2005
Screening Determination under Section 8(1)

Section 8(1) of the Environmental Assessment (Scotland) Act 2005 requires Local Authorities to determine if a plan is likely to have significant environmental effects.

The City of Edinburgh Council has determined that its Unacceptable Actions Policy is not likely to have significant environmental effects and therefore does not require a Strategic Environmental Assessment.

The reasons for this conclusion are in the Pre Screening Report which can be viewed by contacting Business Intelligence on 0131 529 4934 or business.intelligence@edinburgh.gov.uk.

Dated: 9 June 2014

Alastair Maclean
Director of Corporate Governance
The City of Edinburgh Council
Waverley Court
4 East Market Street
Edinburgh
EH8 8BG

Corporate Policy and Strategy Committee

10.00am, Tuesday 5 August 2014

Corporate Performance Framework: Performance Report – Improvement Actions

Item number	7.8
Report number	
Executive/routine	
Wards	All

Executive summary

This report provides an update on actions to improve performance against six corporate indicators highlighted by the Corporate Policy and Strategy Committee at its meeting on 10 June 2014. These indicators are:

- Duration of homelessness
- Waste sent to landfill and recycling
- Priority road repairs
- Hospital discharge delays
- Resident satisfaction with the Council
- Budget and procurement savings

Links

Coalition pledges	All
Council outcomes	All
Single Outcome Agreement	All

Report

Corporate Performance Framework: Performance Report – Improvement Actions

Recommendations

1.1   It is recommended that the Corporate Policy and Strategy Committee:

     1.1.1   Note the report and the actions taken to improve performance for the six highlighted indicators.

Background

2.1   At its meeting on 10 June 2014, the Corporate Policy and Strategy Committee gave scrutiny to performance against Council outcomes as detailed in the Achieving Excellence Performance Report for October 2013 to March 2014.

2.2   The Committee welcomed the fact that the majority of the Council's performance targets have been met, but took note of six specific areas where performance has fallen below target in the period under consideration.

Main report

3.1   The Committee asked for a further report within one cycle on actions that will be taken to improve performance in these six areas:

- Duration of homelessness
- Waste sent to landfill and recycling
- Priority road repairs
- Hospital discharge delays
- Resident satisfaction with the Council
- Budget and procurement savings.

3.2   Detailed updates for each of these areas are included in Appendix 1.

Measures of success

4.1   Performance measures are outlined across the Corporate Performance Framework.

Financial impact

5.1   The financial impact is set out within the Corporate Performance Framework.

Risk, policy, compliance and governance impact

6.1   Risk, policy, compliance and governance impact is integrated within the Corporate Performance Framework.

Equalities impact

7.1   Reducing poverty, inequality and deprivation is integrated within the Corporate Performance Framework.

Sustainability impact

8.1   The sustainability impact is set out within the Corporate Performance Framework.

Consultation and engagement

9.1   Measures, priorities and outcomes within the Corporate Performance Framework have been developed in consultation with stakeholders and will continue to evolve based on continued engagement.

Background reading / external references

The Council's Performance Framework approved by Corporate Policy and Strategy Committee on 3 December 2013.

The Achieving Excellence performance report October 2013 – March 2014 approved by Corporate Policy and Strategy Committee on 10 June 2014.

Alastair D Maclean

Director of Corporate Governance

Contact: Jo McStay, Business Intelligence Manager

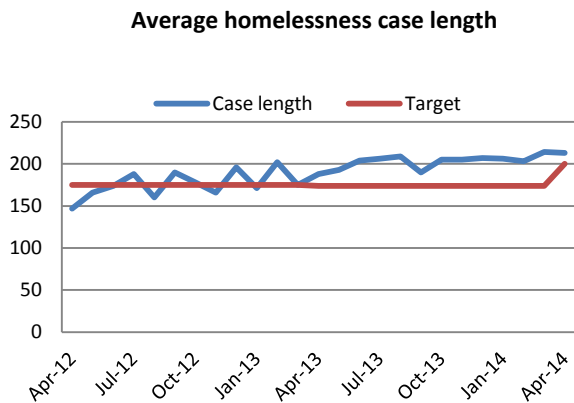E-mail: jo.mcstay@edinburgh.gov.uk | Tel: 0131 529 7950

Links

Coalition pledges	All
Council outcomes	All
Single Outcome Agreement	All
Appendices	Appendix 1: Performance updates

Appendix 1: Performance updates

Indicator 1: Average homelessness case length ⚠️

Summary

Average homelessness case length

- The average case length for a homeless case over 2013/14 is 202.4 days. This was above the target of 174 days which was based on previous performance.

- The target was extremely challenging due to changes in homelessness legislation which placed a duty on local authorities to provide settled accommodation for all unintentionally homeless households, not just those classed as being in 'priority need' as was previously the case.

- In spite of the changes to legislation, the average case length has been fairly consistent throughout the year and is at a similar level to the case length prior to December 2012 when the changes came into effect. This suggests that actions taken to prepare for the introduction of the legislation helped to minimise any negative impacts on homeless households.

- Performance at the end of June 2014 was 190 days. However this is likely to increase throughout the year as a result of increased focus on resolving longer term, complex cases to improve outcomes. Increasing the amount of time spent supporting homeless households with complex needs will help to ensure that when they do move into permanent accommodation, they are more likely to be able to sustain their tenancy and not re-present as homeless.

Background

- Prior to December 2012, local authorities had a duty to provide settled accommodation for households who were homeless or threatened with homelessness and in priority need. The 2012 changes saw the end of the 'priority need' classification, meaning that all households who were either homeless or threatened with homelessness were now entitled to permanent accommodation.

- The South East Scotland Housing Need and Demand Assessment (SESPlan HNDA) identified that Edinburgh needs 16,600 new affordable homes over a ten year period to meet housing need. This shortage of affordable homes and the increase in the number of homeless households who are entitled to permanent accommodation means that it is taking longer to find suitable accommodation for homeless households.

Improvement actions

- Homelessness prevention actions are being prioritised. New pathways through the service have been developed, and these will increase prevention activity and improve housing options services.

- Services for more complex cases and for young people are being developed and will roll out over the next year.

- Staff workshops have taken place during June/July 2014 to ensure there is widespread understanding of the new pathways and changing service.

- Following an innovative collaborative exercise with service providers and service users, commissioned services for advice and support have been reshaped to increase the focus on homelessness prevention. This will deliver more neighbourhood focused services and will deliver new services such as mediation. Re-shaped services should be in place by September 2014.

- The private rented sector is a major element of Edinburgh's housing supply and increasing access to the private rented sector (PRS) is a core part of the homelessness strategy. Actions to increase access to the PRS:
    - staff training on routes into the PRS are taking place in July/August 2014;
    - a new web based portal to access vacant properties within the PRS is being developed;
    - private sector leasing is being re-procured for April 2012 with a new specification to incentivise access to secure PRS accommodation; and
    - Exploration of the Housing Association Leading Direct model which is expected to offer a route into the PRS for homeless households.

- A cross service group focusing on young homeless people has made a number of improvements to the service reducing risk and preventing homelessness. Over the next year proposals to develop a 'foyer' type service will be taken forward, this puts employment, training and education outcomes at the centre of work to support young people who are homeless.

Indicator 2: Waste landfilled ⚠️ and recycling 🛑

Summary

Amount of waste landfilled
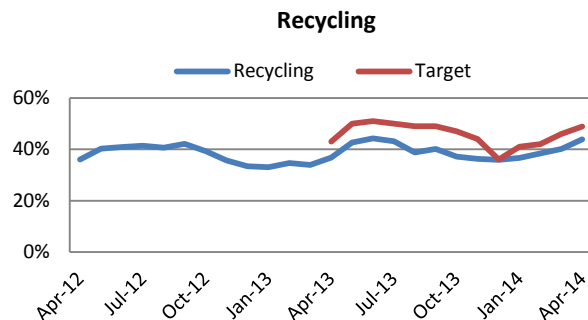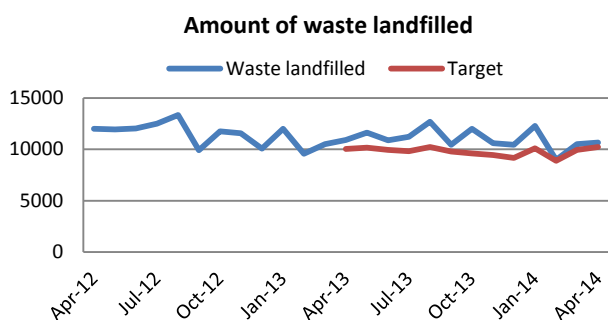
Recycling

- Whilst above target, the amount of waste landfilled has been reducing year on year – from 137,249 tonnes in 12/13 to 132,564 tonnes in 13/14, a reduction of 3.4%. The target level of 118,000 tonnes has not yet been reached.

- Overall recycling increased by 1.4% last year (13/14) to 39.3%. This is 10.7% less than the target of 50% recycling.

Improvement actions

- The primary focus in the year ahead is the introduction of a new kerbside recycling service to approximately 140,000 domestic properties. This is a major change to recycling provision with the first phase roll out to 20,000 households commencing in September 2014. The next three phases will be concluded by October 2015. This will simplify the service for residents, while increasing the range of materials collected. This is expected to make a minimum 4% initial increase in recycling rates and a similar reduction in waste going to landfill. This increase will rise further as phases 2-3 are implemented.

- Communal recycling pilots in some tenement areas are scheduled to commence in the autumn. The capacity for recycling will increase compared to landfill. This will include an increase in the number of on street glass banks. The Waste (Scotland) Regulations 2012 place a duty on the Council to provide collections of paper, card, plastics, cans, and glass to all households. Solutions for glass recycling in tenemental areas are being explored.

- Funding has been secured from Zero Waste Scotland to carry out a waste composition analysis of the amount and types of material that people are putting in their landfill bins. This will allow our recycling strategy to be refined and targets reviewed. It is expected this work will be completed by spring 2015 (which will allow capture of seasonal variations).

- In 2015, the anaerobic digestion facility (ADF) will be commissioned as a joint venture between the Council and Midlothian Council. This will provide a local outlet for food waste collected in both Council areas, and will be the first of two phases in the development of waste infrastructure which will minimise the amount of waste

landfilled by 2017. The ADF will convert the waste to gas and a fertiliser product which can both be re-sold. Community engagement and education campaigns are focussed on increasing the use of the food waste collection service, with a particular emphasis in overcoming perceptions relating to cleanliness, convenience and the need to divert even small amounts of food waste. At present food waste is disposed of by a contractor for processing.

- The Trade Waste team is working to ensure its commercial waste customers are compliant with the Waste (Scotland) regulations and, in particular, that they have facilities in place to collect not just landfill waste, but also mixed recyclate, food waste and, where appropriate, glass.

- Targeted engagement and education campaigns will be ongoing to maximise use of recycling services and minimise use of landfill.

Indicator 3: % of priority road defects repaired within 3 working days

Summary

**Priority road defects repaired within 3 working days**
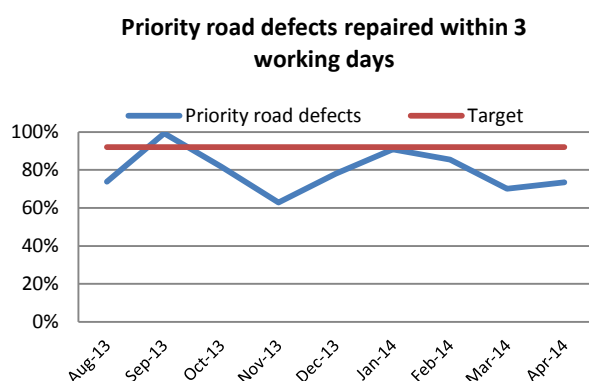
- Revised measure from August 2013 - defects reported by customers, including an element of emergency defects treated as priority.

- Performance has not met target due to issues of recording and prioritising for repair in some neighbourhoods.

- Since 18 April 2014, when revised arrangements were put in place, performance has exceeded target.

Improvement actions

- Performance has been kept under review since the new measure was implemented in August 2013.

- A procedure is now in place for neighbourhoods to clearly identify priority defects, with Road Services providing a 24-hour priority defects service.

- Since 18 April 2014, when the new procedure was implemented, performance has exceeded target as follows:

  - For May 2014 performance was at 96.2%

  - For June 2014 performance was at 94.2%

- In the coming months, the performance levels achieved by the revised procedure will be monitored to ensure that the target is met, with early intervention taken to deal with any dip in performance.

Indicator 4: Late discharge from hospital 🛑

Summary

Late discharge from hospital
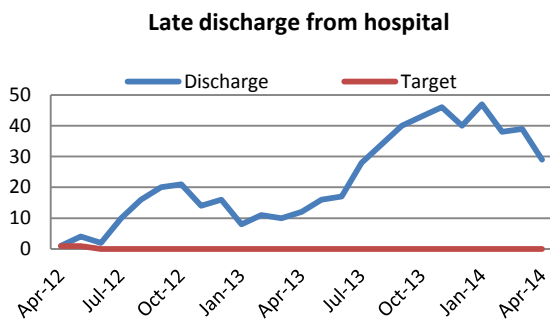
- Edinburgh, along with other authorities in Scotland, continues to struggle to meet the national standard of no one waiting for discharge from hospital for longer than four weeks.

- Since August 2013 the numbers delayed have been greater than 30 at each census (apart from April 2014 when 29 were delayed).
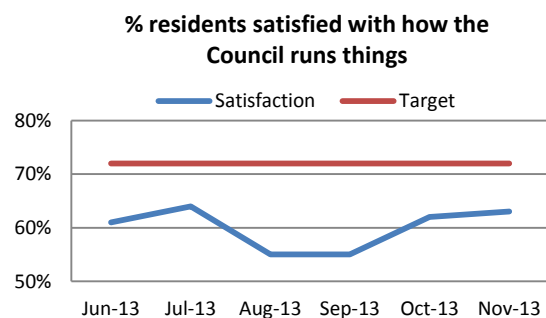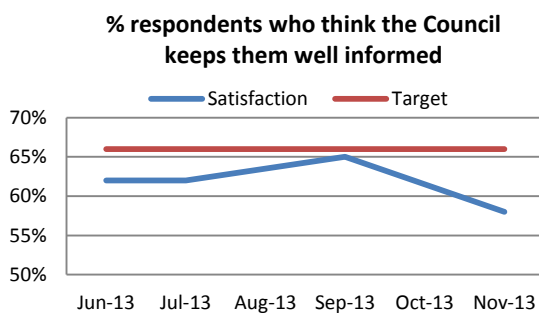
Improvement actions

- The Health and Social Care budget in 2013-14 included £2m demography money and this was used to increase the volume of domiciliary care provided and augment the overnight home care service.

- Change Fund monies were allocated to expand the overnight home care service, recruit additional reablement staff and provide additional resources to the purchased care at home budget.

- Additionally, to help improve capacity within care at home:

  - The *Waiting List Initiative* has split Edinburgh into 15 patches with providers given the responsibility for one or two patches each. Providers have been given a one-off payment to assist with recruitment to allow for service expansion in each patch.

  - Payments to contracted providers who are compliant with electronic monitoring procedures, are being switched to being based on planned rather than actual hours. This has the effect of increasing the payment, and providers have agreed to pass on this increase to staff, thereby improving the recruitment and retention of care staff.

- From October 2013, Health and Social Care introduced Step Down beds in two care homes in the city. All 52 beds are now open. Step Down will provide intensive therapeutic care and an extended period of assessment to people in hospital whose needs are high enough for them to be considered for a care home place. The intention is to enable some of these older people to return home.

- The CHP continues to manage in-patient beds specifically designated for people whose discharge is delayed. The designated delayed discharge beds in the Astley Ainslie relocated to the Royal Victoria Hospital in May 2014 and it is planned to move the beds from Corstorphine Hospital to the Royal Victoria Hospital over the summer. The in-patient multi-disciplinary teams continue to work closely with Health and Social Care colleagues, the patients and their families to ensure a continuous

focus on discharge planning to enable patients to move to their final destination, including Step Down facilities where appropriate, as safely and timely as possible.

- Addressing delayed discharge remains a priority for Health and Social Care. The situation in hospitals and the impact of projects outlined in the workstreams above continues to be monitored. Operational staff from the council and NHS work closely in the Discharge Hubs at the Royal Infirmary and Western General to plan and facilitate discharges. Regular meetings and teleconferences ensure everyone is kept up to date about individual patients. The Chief Executives of the Council and NHS Lothian, along with other senior managers, meet weekly to discuss delayed discharge ensuring that the issue retains a high profile amongst the highest levels of management in both organisations.

Indicator 5: Residents satisfaction with the Council ⬣

Summary

% respondents who think the Council keeps them well informed

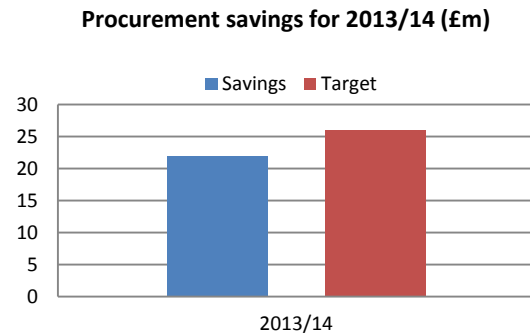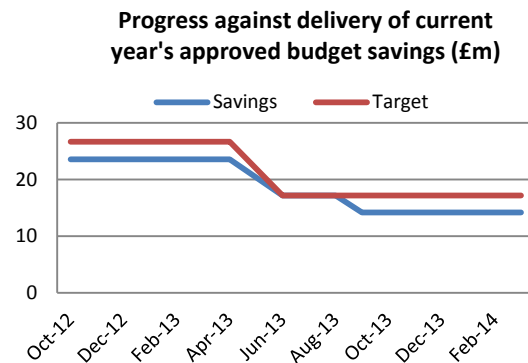**% residents satisfied with how the Council runs things**

A survey to track resident perceptions of the Council was successfully piloted from June to November in 2013. This survey interviewed a sample of 500 residents, selected at random, every month, to monitor short-term and seasonal variations in how Council services are performing, to understand the impact of one-off events, and to facilitate appropriate actions by Communications and relevant operational services.

Improvement actions

- Work is underway to recommence the satisfaction survey in the autumn with reporting available at year end.

- The Edinburgh People Survey provides more detailed satisfaction data on an annual basis. Interviews with 5,100 residents will take place across Edinburgh this autumn (September – November 2014). This survey will provide a representative sample at ward level on resident perceptions of the Council and satisfaction with the quality of Council services.

Exception 6: Budget and procurement savings ⚠️

Summary

Progress against delivery of current year's approved budget savings (£m)

Procurement savings for 2013/14 (£m)

- In 2013/14, of total approved non-procurement savings of £17.2m, £14.2m were forecast to be delivered in full, with the remaining £3m managed by services within the context of a balanced overall position.

- An annual exercise is undertaken to capture the total impact of activity to deliver savings in procurement. This includes delivery of procurement revenue savings as well as an estimate of avoided costs. For 2013/14, this indicated that some £22m of savings had been achieved against a target of £26m.

Improvement actions

Delivery of budget savings

- Monitoring progress in the delivery of approved savings forms an integral part of effective financial management. Where an element of shortfall is forecast, Directors are required to identify proposed remedial action(s) and report this to both the Corporate Management Team and their respective Executive Committees for approval. Progress in the delivery of the remedial action(s), as well as any underlying pressures hastening the initial shortfall, is then also monitored and incorporated as appropriate in subsequent years' budget development processes.

- A number of actions have nonetheless also been taken to improve the robustness and subsequent deliverability of savings proposals, including:

  - Early development of savings implementation plans for all options brought forward for elected member consideration, with respective responsibilities, timescales, dependencies and risks clearly identified;

  - Increased stakeholder consultation on all proposals comprising the budget framework, as well as Equalities and Rights Impact Assessments continuing to be undertaken in all cases;

- Regular tracking of subsequent progress in the delivery of all approved savings as part of a wider, risk-based monitoring approach. This serves to highlight promptly any potential barriers to full delivery and the resulting need for compensating measures to be identified.

Delivery of procurement savings

- Although the more general points about regular tracking of savings delivery apply equally in the case of procurement, a number of specific actions have been, or are being, taken to realise the full level of saving underpinning corporate budgetary assumptions:

  - Development of an integrated project "pipeline", informed by discussion and agreement with services, capturing all constituent savings projects and weighted according to the stage of development of each proposal;

  - Development of fully-documented procedures and standardised templates for all savings opportunities, capturing from project inception to delivery stage respective responsibilities, milestones and risks, as well as the means by which actual savings delivered will then be tracked;

  - Embedding improved procurement and contract management practice throughout the Council, including development of refreshed Contract Standing Orders, a Procurement Handbook, the Procurement Strategy and the recent adoption of a mandatory purchase order policy;

  - Following a number of recent appointments, the revised staffing structure is now also fully in place and this additional expertise, alongside improvements to key processes, will serve to enhance further the capability and capacity of the Commercial and Procurement Service. This, in turn, should provide greater assurance as to the quantum and deliverability of savings contained within the procurement pipeline.

- In addition to improvements to the procurement process, in recognising the need for services to work more closely with the Commercial and Procurement Service, the level of assumed corporate saving from procurement activity will be baselined at 2015/16 levels. Services will then work with Procurement colleagues in maximising the level of savings that can be delivered within their respective areas, increasing service ownership of the process whilst also taking into account maintenance and/or delivery of their priority outcomes.

Corporate Policy and Strategy Committee

10am, Tuesday, 5 August 2014

Summary of the Draft Regulations to support the Public Bodies (Joint Working) Scotland) Act 2014

Item number	7.9
Report number	
Executive/routine	
Wards	

Executive summary

The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework to support improvements in the quality and consistency of health and social care services through the integration of health and social care in Scotland.

Scottish Government has released draft Regulations (in two Sets) to support the Public Bodies (Joint Working) (Scotland) Act 2014 and is now consulting with stakeholders about these. The consultation period for Set I of the draft Regulations is from 12 May to 1 August 2014. The consultation for Set 2 of the draft Regulations is 27 May to 18 August 2014.

The council response to the consultation is subject of a separate report to the Corporate Policy and Strategy on the agenda.

A summary of the Regulations is given at Appendix 1.

Links

Coalition pledges	P12 and P43
Council outcomes	CO10, CO11, CO12, CO13,Co14, Co15
Single Outcome Agreement	SO2

Report

Summary of the Draft Regulations to Support the Public Bodies (Joint Working) (Scotland) Act 2014

Recommendations

1.1   Note the summary of the draft Regulations.

1.2   Note that the Council response to the consultation on the draft Regulations is the subject of a separate report on the agenda. With Scottish Government agreement, the approved response to Set 1 will be submitted on 6 August 2014. The response to Set 2 will be submitted on 18 August 2014.

Background

2.1   The Public Bodies (Joint Working) (Scotland) Bill was passed on 25 February 2014 and became an Act when it received Royal Assent on 1 April 2014.

2.2   The Public Bodies (Joint Working) (Scotland) Act 2014 provides a framework to support improvements in the quality and consistency of health and social care services through the integration of health and social care in Scotland.

2.3   The Scottish Government has undertaken to draft and consult on detailed draft Regulations, which will underpin the Act, during summer 2004. A summary of the draft Regulations is provided in Appendix 1.

2.4   The first set of draft Regulations in support of the Act was issued on 12 May 2014 with a twelve week consultation period until 1 August 2014.   The second set of draft Regulations was issued on 18 May 2014, also with a twelve week consultation period, until 18 August 2014.

Main report

3.1   The content of Set One of the Regulations is as follows:-

- Proposals for prescribed information to be included in the Integration scheme;
- Proposals on the prescribed functions which must be delegated by Local Authorities;
- Proposals for Regulations prescribing functions that may or that must be delegated by a Health Board;
- Proposals for National Health and Wellbeing outcomes;

- Proposals for interpretation of what is meant by the terms health and social care professionals; and
- Prescribed functions conferred on a Local Authority Officer.

   Further details are given in Appendix 1.

3.2   The contents of Set Two of the Regulations is as follows:-

- Prescribed groups which must be consulted when preparing or revising Integration Schemes;
- Memberships, powers and proceedings of Integration Joint Boards;
- Establishment, membership and proceedings of Integration Joint Monitoring Committees;
- Prescribed membership of strategic planning groups; and
- Prescribed form and contents of performance reports.

   Further details are given in Appendix 1.

3.3   A separate report on the agenda provides the Council's proposed response to the draft Regulations. Immediate points to note in the Regulations include:-

- Scope of services - Clarity is required about what services are included in the function 'Housing Support Services' delegated by the local authority to the Integration Authority (Set 1, Annex 2A).
- Scope of Services – delegation of Acute Services from the Health Board to the Integration Authority, while recognising that this will pose a challenge for NHS Lothian, is to be welcomed (Set 1, Annex 2A).
- The councillor membership of the Integrated Joint Board is currently 7 in the shadow arrangements, however, in the formal arrangements the Councillor membership is to be a maximum of 10% of the full Council number so that would be 6 Councillors (Set 2, Annex 2A).

3.4   It has been agreed with Scottish Government that a draft response to Set 1 will be submitted by 1 August subject to approval by Corporate Policy and Strategy Committee on 5 August. The final Council response to Set 1 will be submitted to Scottish Government on 6 August 2014. The response to Set 2 will be submitted to Scottish Government on 18 August 2014.

Measures of success

4.1   The Scottish Government has issued draft National Outcomes for the delivery of integrated Health and Social Care as part of the Set 1 Regulations.

4.2   The Strategic (Commissioning) Plan work stream is tasked with planning for the delivery of these outcomes for the services in scope. The Programme Sub Group on Performance and Quality is tasked with establishing local outcomes for measuring the success of the new Health and Social Care Partnership in relation to the national outcomes. A joint baseline has been developed and work is continuing on a joint framework for the future.

Financial impact

5.1   It is estimated that the new Health and Social Care Partnership will encompass a combined budget of around £4-500 million but will be dependent on the final scope of services to be delegated. This brings together existing budgets from the Health and Social Care Service in the Council as well as those from NHS Lothian's Community Health Partnership. These budgets will be delegated to the Integration Joint Board for governance, planning and resourcing purposes. The Strategic (Commissioning) Plan will identify how the resources are to be spent to deliver on the national outcomes and how the balance of care will be shifted from institutional to community-based settings.

Risk, policy, compliance and governance impact

6.1   A detailed risk log is maintained for the integration programme and reported through the status reporting process to the Shadow Health and Social Care Partnership and through the CPO Major Projects reporting procedure.

6.2   Enterprise level risks for integration are also identified on Corporate Management Team, Health and Social Care and NHS Lothian risk registers.

Equalities impact

7.1   The integration of health and social care services aims to overcome some of the current 'disconnects' within and between existing health and social care services for adults, to improve pathways of care, and to improve outcomes.

7.2   Furthermore, the intention is to improve access to the most appropriate health treatments and care. This is in line with the human right to health.

7.3   Work is in progress to develop a combined EqHRIA procedure between NHS Lothian and Health and social Care Services. This will be used for all EqHR impact assessments as required across the joint service once the Integrated Joint Board is fully established.

Sustainability impact

8.1 The proposals in this report will help achieve a sustainable Edinburgh because:

- joint health and social care resources will be used more effectively to meet and manage the demand for health and care services

- they will promote personal wellbeing of older people and other adults in needs of health and social care services; and

- they will promote social inclusion of and care for a range of vulnerable individuals.

Consultation and engagement

9.1 Consultation and engagement form a key work stream in the programme. A number of events have taken place and mechanisms are being established to ensure the Shadow Health and Social Care Partnership is engaging at all levels. This includes the recruitment of service users and carers as members of the Shadow Health and Social Care Partnership with the express purpose of bring their own perspective to the discussions.

9.2 A comprehensive engagement programme is also underway to engage with a range of staff and practitioners across health and social care services, including the Professional Advisory Committee (whose Chair and Vice Chair are voting members of the Partnership). Finally, the Strategic Commissioning Plan process will adopt a co-production approach to developments to ensure timely and productive engagement with key stakeholders.

Background reading / external references

Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 Set 1.

Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 Set 2.

Peter Gabbitas

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Links

Coalition pledges	Ensuring Edinburgh and its residents are well cared for.
Council outcomes	Health and Wellbeing are improved in Edinburgh and there is high quality of care and protection for those who need it.
Single Outcome Agreement	Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health.
Appendices	Appendix 1 Summary of the Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014

Appendix 1

Summary Extract of Set 1 of the Draft Regulations

Annex 1 – Proposals for information that must be included in the Integration scheme:-

➢ The agreed operating model

➢ Local governance arrangements for the integration joint board:
   • The number of members that will be appointed by the local authority, and the Health Board
   • Whether the first chairperson of the Board will be a member appointed by the local authority or the Health Board. The arrangements for the appointment of the Chair and Vice chair and the chair's term of office.

➢ Local governance arrangements for the integration joint monitoring committee:
   • The number of members that will be appointed by the local authority, and the health board.
   • Where the committee will comprise members in addition to those required by Order, a description of the particular role held by the additional member, or as the case may be the group to be represented by each additional member.
   • The arrangements for the provision of financial support and the arrangements for financing the committee.

➢ Local operational delivery arrangements for the functions delegated to an integration joint board
   • Information on the governance arrangements for the carrying out of integrated functions, particulary arrangements made for the involvement of members of the Integration joint Board in overseeing the carrying out of integration functions by the constituent authorities.

➢ Performance targets, improvement measures and reporting arrangements which relate to integration functions, and those which do not relate to integration functions
   • The process to be used to identify which will transfer and the extent of that responsibility, in full or in part, to the integration authority, and those which will not .
   • The process to be used to identify those which must be taken into account by the integration authority when it is preparing the strategic plan but which relate to functions not delegated.

➢ Clinical and Care Governance : information on
   • The arrangements of clinical governance and care governance which apply to integrated functions.
   • how these arrangements will

- provide oversight of, and advice to, the integrated authority, the strategic planning group, delivery of health and social care services in the localities identified in the strategic plan, in relation to clinical and care governance
- the relationship between the clinical and care governance arrangements of the local authority and the Health board, and those for the integration functions.
- the role of senior professional staff of the Health Board and the local authority in the clinical and care governance arrangements for integrated functions.
- how the clinical and care governance set out in the Scheme relate to the arrangements for the involvement of professional advisors in the integration joint board.

➢ Operational role of and line management arrangements for the Chief Officer
- The structure and procedures which will be used to enable the chief officer to work together with the senior management of the constituent authorities to carry out functions in accordance with the strategic plan.
- A description of the line management which will be put in place by the constituent authorities, to ensure the chief officer is accountable to each of them.

➢ Plan for workforce development
- A list of plans that the health board and local authority will develop and put in place to support staff providing integration functions including at least - a development and support plan for staff and a plan relating to the organisational development of the Health Board, local authority and integration joint board.

➢ Transfer of staff – number as appropriate

➢ Financial management of an integration joint board
- which constituent authority will maintain/host financial ledgers for the purpose of recording the transaction of the integration joint board.
- The agreed arrangements for the preparation of annual accounts, the financial statement for the strategic plan, and such financial reports as are required.
- Payments to the Integrated Joint Board and the process used to schedule the amounts and dates of payments to be made to the integration joint board by the constituent authorities for each financial year.
- The frequency and agreed content of financial monitoring reporting to the integrated joint board and chief officer by the constituent authorities.
- Payments processes for addressing variances to manage in-year or year-end under/overspend, to manage set aside amounts spend, and to determine the use of capital assets of the local authority.

➢ Participation and engagement
- The list of people and groups consulted in the development of the integration scheme, and detail of how the consultation was undertaken
- The process for developing a strategy for engagement with members of the public, representative groups, or other organisations by the Health Board, the local authority and integration authority.

Appendix 1

- **Information sharing and data handling**
  - An information sharing accord, and the processes and procedures which will be adhered in connection with the local authority and Health Board functions and the integrated functions.

- **Complaints handling**
  - The arrangements for managing complaints and the process by which a service user may make a complaint.

- **Claims handling and indemnity** – the arrangements and settlement of claims, and any arrangements made for indemnity.

- **Risk Management**
  - Information on the risk management strategy, which will be applied in carrying out integration functions, how the risk management procedure will be developed, support on risk management to be made available by the local authority and Health Board.
  - How the constituent authorities will produce a list of risks to be reported under the Risk Management Strategy including provision for it to be amended.

- **Dispute Resolution**
  - The procedure used to resolve any dispute between the local authority and the Health Board regarding the integration Scheme or any of the duties or powers placed upon them by the Act.

Appendix 1

Annex 2 – Proposals on the prescribed functions that must be delegated by Local Authorities.

The draft Regulations include those functions listed in the Schedule of the Act as they relate to the following services for adults:-

➢ Social Work Services for adults and older people;
➢ Services and support for adults with physical disabilities, learning disabilities;
➢ Mental health services;
➢ Drug and alcohol services;
➢ Adult protection and domestic abuse;
➢ Carers support services;
➢ Community care assessment teams;
➢ Support services;
➢ Adult placement services;
➢ Health improvement services;
➢ Housing support services, aids and adaptations;
➢ Day Services;
➢ Local area co-ordination;
➢ Respite provision;
➢ Occupational therapy services;
➢ Re-ablement services, equipment and telecare.

Appendix 1

Annex 3 – Proposals for Regulations prescribing functions that may or must be delegated by a Health Board.

These regulations set out that a Health Board **must** delegate all of its functions as they relate to adult primary and community health services, along with a proportion of hospital sector provision.. All services already within the scope of CHP arrangements must be delegated to Integration Authorities.

Healthcare functions are defined very broadly under the legislation, therefore, the regulations specify which healthcare services are included within an integrated arrangement, as listed below :-

  ➢ Unplanned Inpatients Services

  ➢ Outpatients - Accident and Emergency Services

  ➢ Care of Older People Services (previously known as geriatric medicine)

  ➢ District Nursing Services

  ➢ Health Visiting Services

  ➢ Clinical Psychology Services

  ➢ Community Health Partnership Services

  ➢ Addiction Services

  ➢ Women's Health Services (including family planning services)

  ➢ Allied Health Professionals Services

  ➢ GP Out of Hours Services

  ➢ Public Health Dental Services (previously known as community dental services)

  ➢ Continence Services

  ➢ Home Dialysis Services

  ➢ Health Promotion Services

  ➢ General Medical Services (GMS)

  ➢ Pharmaceutical services – GP prescribing

It is noted that some functions on the4 must list cannot yet be included for practical reasons but that as more information becomes available over time the expectation is that they must be delegated.

Healthcare functions in the "may" category include any adult services that do not fall within the "must" category, and children's healthcare services (in each case, with the proviso that the service in question is not precluded from the integrated arrangement by the regulations).

Health care services that may not be delegated include provision of regional and national health services, education and research facilities and some specific duties, e.g. registration of health professionals.

Appendix 1

Annex 4 – Proposals for National Health and Wellbeing Outcomes

The nine draft National Health and Wellbeing Outcomes, including a description of each outcome, is as follows:-

Outcome 1: People are able to look after and improve their own health and well and live in good health for longer.

Outcome 2: People including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonable practicable, independently and at home or in a homely setting in their community.

Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.

Outcome 4: Health and Social Care Services are centred on helping to maintain or improve the quality of life of service users.

Outcome 5: Health and social care services contribute to reducing health inequalities.

Outcome 6: People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.

Outcome 7: People who use health and social care services are safe from harm.

Outcome 8: People who work in health and social care services are supported to continuously improve the information, support, care and treatment they provide and feel engaged with the work they do.

Outcome 9: Resources are used effectively in the provision of health and social care services, without waste.

Appendix 1

Annex 5 - Proposals for interpretation of what is meant by the terms health and social care professionals.

The regulations describe what is meant by the terms 'health professionals' and 'social care professionals' and to whom they refer. People or groups of people not mentioned within these Regulations will <u>not</u> be considered as 'health professionals' or 'social care professionals' in relation to the Act or the Regulation created under the Act.

The professions covered by the prescribed bodies are detailed below:-

Health Professionals	*General Chiropractic Council*
	Chiropractors
	General Dental Council (GDC)
	Dentists, dental nurses, dental technicians clinical dental technicians, dental hygienists, dental therapists
	General Medical Council
	Doctors
	General Optical Council
	Optometrists, dispensing opticians, student opticians and optical businesses
	General Osteopathic Council
	Osteopaths
	Health and Care Professions Council (HCPC)
	Arts therapists, biomedical scientists, chiropodists / podiatrists, clinical scientists, dieticians, hearing aid dispensers, occupational therapists, operating department practitioners, orthoptists, paramedics, physiotherapists, practitioner psychologists, prosthetists /orthotists, radiographers, and speech and language therapists (*and social workers in England*)
	General Pharmaceutical Council (GPhC)
	Pharmacists and pharmacy technicians
	Nursing and Midwifery Council
	Nurses and Midwives

Social Care Professionals	*Scottish Social Service Council*
	Social workers,
	• Social work students,
	• SCSWIS Authorised Officers
	• Managers, workers with supervisory responsibilities and residential child care workers in residential childcare services
	Managers in adult day care services
	• Managers, workers with supervisory responsibilities, practitioners and support workers responsible for care
	• homes services for adults
	• Managers, practitioners and support workers responsible for day care of children services
	• Managers, supervisors and house staff within school hostels, residential special schools and independent boarding schools
	• Managers supervisors and workers responsible for housing support services
	• Managers supervisors and workers responsible for care at home services
	Other Social Care Professionals who are not regulated by the Scottish Social Services Council but provide care or support to users of social care services.

Annex 6 – Prescribed functions conferred on a Local Authority Officer.

These are the functions conferred on a council officer by or by virtue of sections 7,8,9,10,11,14,16 and 18 of the Adult Support and Protection t(Scotland) Act 2007.

The effect of this regulation is that a person who is a officer of the health board or any other local authority with which a local authority has made joint working arrangements under the 2014 Act may exercise those functions in respect of the area of that local authority providing that the officer meets the requirements specified in Article 3, or as the case may be, article 4 of the Adult Support and Protection (Scotland) Act 2007 (Restriction on the Authorisation of Council Officers) Order 2008b).

Summary Extract of Set 2 of the Draft Regulations

Annex 1 – Prescribed groups which must be consulted when preparing or revising Integration Schemes, preparing draft strategic plans, and when making decisions affecting localities relating to the 2014 Act.

The List of standard Consultees is:-

- Health Professionals
- Users of health care
- Carers of users of health care
- Non commercial providers of health care
- Social Care professionals
- Users of Social Care
- Carers of users of social care
- Commercial providers of social care
- Non-commercial providers of social care
- Non commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care

➢ Prescribed groups which must be consulted when preparing Integration Schemes and when they are revised:
- The standard consultees;
- Staff of the Local Authority likely to be affected by the Integration Scheme;
- Staff of the Health Board likely to be affected by the Integration Scheme; and
- Other Local Authorities operating within the area of the Health Board preparing the Integration Scheme.
- Any other persons that the Local Authority and Health Board think fit.

➢ Prescribed consultees for draft strategic plans:-
- The standard consultees;
- Any other persons that the Local Authority and Health Board think fit.

➢ Prescribed Consultees for Locality Planning:-
- The standard consultees;
- Staff of the Local Authority;
- Staff of the Health Board;
- Residents of the locality.

Annex 2 - Memberships, powers and proceedings of Integration Joint Boards <u>An Integration joint Board must include the following members</u>:-

- The Local Authority and the Health Board must agree on the numbers of representatives to sit on the Integration Board and must nominate the same number;
- A minimum of three each is required, however the Local Authority can require that the number of nominees is to be a maximum of 10% of their full council number;
- The Local Authority will nominate Councillors;
- The Health Board will primarily nominate non-executive directors, and there must be a minimum of two, other appropriate people, who must be members of the Health Board, can be nominated where there are not enough non-executive directors to fill all the places;
- the chief social work officer of the local authority (non voting member);
- a registered health professional employed by, and chosen by, the Health Board (non voting member);
- the chief officer of the integration joint board (non voting member);
- a staff side representative (non voting member);
- a third sector representative (includes non-commercial providers of health or social care, representative groups, interest groups, social enterprises and community organisation) (non voting member);
- a carer representative (non voting member);
- a service user (non voting member);
- Any other members may be appointed, as required, by the Integration Joint Board

➢ <u>Appointment of chairperson and vice-chairperson where the integration scheme is prepared by one local authority:</u>

- The constituent authorities must agree the time period, not exceeding three years, for which an authority is to be entitled to appoint the chairperson and which of them is to appoint the chairperson in the first appointing period. Alternating which is to appoint in each successive appointing period.
- The constituent authority which is not entitled to appoint the chairperson in respect of an appointing period must appoint the vice-chairperson of the integration joint board in respect of that period.
- A constituent authority may change the person appointed as chairperson or vice-chairperson during an appointing period.
- The local authority may only appoint as chairperson or vice-chairperson a member of the integration joint board nominated by it.
- The Health Board may only appoint as chairperson or vice-chairperson a member of the integration joint board nominated by it who is a non-executive director of the Health Board.
- The chair person has casting vote.

➢ <u>Standing Orders</u>
- An integration joint board must make, and may amend, standing orders for the regulation of its procedure and business.

Appendix1

Annex 3 - Establishment, membership and proceedings of Integration Joint monitoring committees.

- ➢ Membership of the Integration Joint Monitoring Committee - minimum
  - Three councillors nominated by the Local Authority;
  - Three persons nominated by the Health Board (at least two non-executive directors and another member of the Health Board);
  - The Chief Social Work Officer of the Local Authority;
  - A registered health professional employed and nominated by the Health Board;
  - Health Board Director of Finance (where the Integration Authority is the Health Board) or the Local Authority Section 95 Officer (where the Integration Authority is the Local Authority);
  - Staff-side representative from the Health Board (where the Integration Authority is the Health Board) or a staff-side representative from the Local Authority (where the Integration Authority is the Local Authority);
  - Third Sector representative;
  - Service user representative; and
  - Carer representative.
  - The integration joint monitoring committee may appoint any other members as it sees fit.
  - The appointment of the Chairperson will be jointly agreed between the Local Authority and the Health Board.

- ➢ Standing Orders
- An integration joint monitoring committee must make, and may amend, standing orders for the regulation of its procedure and business, and all meetings of the integration joint board or of a committee of the joint of the integration joint board shall be conducted in accordance with them.

Appendix1

Annex 4 - Prescribed membership of Strategic Planning Group.

The following people or groups of people within the Local Authority area must be represented by an individual on the strategic planning group:-

- Health professional
- Users of health care
- Cares of users of health care
- Commercial providers of health care
- Non commercial providers of health care
- Social care professionals
- Users of social care
- Carers or users of social care
- Commercial providers of social care
- Non commercial providers of social care
- Non commercial providers of social housing
- Third sector bodies carrying out activities related to health or social care.

Appendix1

Annex 5 - Prescribed form and contents of performance reports.

The draft regulations require that Integration Authorities report on:-

- Progress to deliver the national health and wellbeing outcomes;
- Information on performance against key indicators or measures;
- How the strategic planning and locality arrangements have contributed to delivering services that reflect the integration principles;
- The details on any review of the strategic plan within the reporting year;
- Any major decisions taken outwith the normal strategic planning mechanisms;
- An overview of financial performance of the Integration Authority including any underspend or overspend
- The extent to which Integration Authorities have moved resources from institutional to community based care and support, by reference to changes in the proportion of the budget spent on each type of care and support.
- These elements to be reported upon each year, and where applicable, each annual report to include a comparison with at least the five preceding years.

Corporate Policy and Strategy Committee

10am, Tuesday, 5 August 2014

Health and Social Care Integration – Responses to Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014

Item number	7.10
Report number	
Executive/routine	
Wards	ALL

Executive summary

The Public Bodies (Joint Working) Scotland Act 2014 provides for Scottish Ministers to put in place a number of Regulations and Orders and during its passage through Parliament Scottish Ministers committed to consult on these. Draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 were developed in collaboration with stakeholders and were published for consultation in two sets. This report sets out a proposed Council response to the Draft Regulations highlighting implications for Council governance and functions.

Links

Coalition pledges	P12 and P43
Council outcomes	CO10, CO11, CO12, CO13,CO14, CO15
Single Outcome Agreement	SO2

Report

Health and Social Care Integration – Responses to Draft Regulations relating to Public Bodies (Joint Working) (Scotland) Act 2014

Recommendations

1.1   Note that a copy of the response to the Draft Regulations – Set 1, marked 'draft subject to Committee approval', was shared with the Scottish Government on 1 August 2014 in line with their response timeline;

1.2   Approve the response to the Draft Regulations – Set 1as final;

1.3   Approve the response to the Draft Regulations – Set 2 as final; and

1.4   Note that, subject to approval of recommendations 2 and 3 of this report, the responses to both sets of draft Regulations will be submitted to the Scottish Government by no later than 6 and 18 August 2014 respectively.

Background

2.1   The Public Bodies (Joint Working) Scotland Act 2014 received Royal Assent on 1 April 2014. The Act aims to provide better connected, coordinated services for adults in Scotland through integration of health and social care services currently provided by local authorities and health boards.

2.2   The Act requires that the parent bodies (NHS and the Council) establish an Integration Scheme to establish an Integration Authority. The Integration Authorities must be established and in place by April 2016. It is anticipated that the Draft Integration Scheme for Edinburgh will be submitted to full Council in December 2014 for approval, subject to publication of Scottish Government regulations and guidance.

2.3   The Scottish Government is currently consulting on Draft Regulations which specify which local authority functions should be delegated to the Integration Authority.

2.4   This report sets out a proposed Council response to the Draft Regulations – Sets 1 and 2.

Main report

3.1 The Public Bodies (Joint Working) Scotland Act 2014 provides for Scottish Ministers to put in place a number of Regulations and Orders and during its passage through Parliament Scottish Ministers committed to consult on these.

3.2 Draft Scottish Statutory Instruments to accompany the Public Bodies (Joint Working) (Scotland) Act 2014 were developed in collaboration with stakeholders and were published for consultation in two sets.

3.3 Consultation on the first set of draft Regulations ran for twelve weeks from Monday 12 May 2014 – Friday 1 August 2014 and covers draft Regulations relating to:

- Prescribed information to be included in the Integration Scheme
- Prescribed functions that must be delegated by Local Authorities
    i. (Note: functions that *may* be delegated by Local Authorities are included within the Act itself and cover all adult social care services as well as a range of functions relating to homelessness, access to housing and housing advice and support. Inclusion of these is at the Council's discretion)
- Prescribed functions that may or that must be delegated by a Health Board
- Prescribed National Health and Wellbeing Outcomes
- Interpretation of what is meant by the terms health and social care professionals
- Prescribed functions conferred on a Local Authority officer

3.4 Consultation on the second set of draft Regulations runs for twelve weeks from Tuesday 27 May 2014 – Monday 18 August 2014 and covers draft Regulations and Orders relating to:
- Establishment, membership and proceedings of the joint monitoring committee in lead agency arrangements
- Membership, powers and proceedings of integration joint boards in body corporate arrangements
- Prescribed groups which must be consulted when drafting integration schemes, prescribed consultees for draft strategic plans, prescribed consultees for localities, prescribed consultees for revised integration schemes
- Prescribed membership of strategic planning groups
- Prescribed form and content of performance reports

3.5 It should be noted that the draft Regulations cover all integration models that Local Authorities and Health Boards may agree to establish under the Act. Not all annexes of the draft Regulations will therefore ultimately be relevant to the Council following the decision on the 'Health and Social Care Integration: Technical Options Analysis of Integration Models' report to this Committee but

for completeness a response is provided within this report to all parts of the draft Regulations.

3.6 A more detailed summary of the content of the draft Regulations is contained with the report 'Summary of the Regulations to support the Public Bodies (Joint Working) Scotland) Act 2014' to this committee.

3.7 This report sets out the proposed Council response to the consultation on the draft Regulations. The following services have had specific input to the response:

- Health and Social Care;

- Children and Families, via the Council's Chief Social Work Officer;

- Services for Communities, specifically Housing and Regeneration and Corporate Property; and

- Corporate Governance, specifically Legal, Risk and Compliance from both Council governance and legal perspectives.

3.8 **Response to Draft Regulations Set 1**

3.9 The proposed Council response to Draft Regulations – Set 1 is set out in appendix one using the required Scottish Government response format.

3.10 As noted in paragraph 3.3 above, the consultation period for this set of draft Regulations ran until 1 August 2014. The response in appendix one was shared with the Scottish Government on 1 August marked as 'draft subject to Committee approval'.

3.11 The following specific implications for the Council in the Draft Regulations – Set 1 are highlighted:

- Annex 2(d):

    i. A number of Housing and property functions are included on the list of Local Authority functions within the Regulations which 'must' be delegated to the integration authority. It is felt that a number of these should not be delegated for the reasons set out in the response at appendix one. It is unclear how delegation of some of these functions supports the Act's policy intention. Delegation of these functions would also have significant repercussions on the effective delivery of remaining Council services in these areas.

- Annex 4(d):

    i. Clarity is requested on the relationship of performance outcomes within the Regulations to other NHS and Council performance frameworks and measures.

- Annex 5(d)

    i. The response emphasises the need for explicit reference to the importance of links with children's services. The response makes clear that the Council is not, however, suggesting that children's services need to be included within the integration body.

- Annex 6(d)

    i. The response seeks further clarification on the policy intention of the Act in relation to creating a statutory role for the "council officer".

    ii. Greater clarity is requested on the relationship between the draft Regulations and Mental Health legislation and policy, particularly where it relates to compulsory treatment and/or detention. Current practice ensures an effective balance between clinical decision making and human rights and the implications for this of delegation of functions to an integrated body requires clarification.

3.12 **Response to Draft Regulations Set 2**

3.13 The proposed Council response to Draft Regulations – Set 1 is set out in appendix two.

3.14 As noted in paragraph 3.4 above, the consultation period for this set of draft Regulations runs until 18 August 2014. The response in appendix two has therefore not yet been submitted to the Scottish Government.

3.15 The following specific implications for the Council in the Draft Regulations – Set 2 are highlighted:

- Generally:

    i. The response notes the need for greater clarity on the distinction between groups to be consulted on and groups to be involved in decision making.

    ii. The need to include involvement of the local authority Housing Service (and other housing providers) and Children's Services is referenced throughout the responses to this set of draft Regulations.

- Annex 2(d)

    i. The response notes that if a decision is taken to include staff-side representatives in the voting membership of the Integration Joint Board (as requested by other bodies responding to the consultation) the Council would support this. Justification for who /

what groups are accorded voting status would require to be clearly set out in the Regulations.

- Annex 3(d)

  i. The response proposes that membership of the Integration Joint Monitoring Committee (IJMC) should be independent from executive management of both Health Board and Local Authority and that all officer posts should be removed from the regulations (i.e. chief social work officer, director of finance). The list of IJMC members should be reduced to NHS Board members, Councillors, and any co-opted individuals who are not employees of the Health Board or Council.

  ii. If the proposal at point (i) above is not adopted, the response proposes that the minimum membership in terms of Finance representatives should require that the Finance representative of the *delegating* authority is represented and not just the representative of the Integration Authority as stated. This is important given the Integration Joint Monitoring Committee's role to provide assurance and hold the bodies to which the functions are delegated to account.

  iii. The response states that it would be preferable for the chairperson of the Integration Joint Monitoring Committee to be from the authority who was not the lead authority. This would ensure an additional independence from those officers delivering the service. The draft Regulations leave this to the discretion of the Local Authority and Health Board to agree.

- Annex 5(d)

  i. The response recommends that performance reports should include spend data in relation to self-directed support options in addition to other matters for which spend is to be reported.

  ii. In order to ensure that those using health and social care services have a voice in the monitoring and evaluation of performance, reporting should include an element of feedback from people using health and social care services.

3.16 Following the completion of consultation on both sets of draft Regulations an analysis of written responses will be published by the Scottish Government. Scottish Ministers and officials have committed to continue to work collaboratively with key stakeholders to consider the consultation responses. Consequently, the Regulations and Orders may be amended after this consultation.

3.17 The final versions of each instrument will be laid before Parliament from late September 2014, before coming in to force by the end of 2014.

Measures of success

4.1 The Scottish Government have issued draft National Outcomes for the delivery of integrated Health and Social Care as part of the Set 1 Regulations.

4.2 The Strategic (Commissioning) Plan work stream is tasked with planning for the delivery of these outcomes for the services in scope. The Programme Sub Group on Performance and Quality is tasked with establishing local outcomes for measuring the success of the new Health and Social Care Partnership in relation to the national outcomes. A joint baseline has been developed and work is continuing on a joint framework for the future.

Financial impact

5.1 It is estimated that the new Health and Social Care Partnership will encompass a combined budget of around £4-500 million. This brings together existing budgets from the Health and Social Care Service in the Council as well as those from NHS Lothian's Community Health Partnership. These budgets will be delegated to the Integration Joint Board for governance, planning and resourcing purposes. The Strategic (Commissioning) Plan will identify how the resources are to be spent to deliver on the national outcomes and how the balance of care will be shifted from institutional to community-based settings.

Risk, policy, compliance and governance impact

6.1 A detailed risk log is maintained for the integration programme and reported through the status reporting process to the Shadow Health and Social Care Partnership and through the CPO Major Projects reporting procedure.

6.2 Enterprise level risks for integration are also identified on Corporate Management Team, Health and Social Care and NHS Lothian risk registers.

6.3 The absence of agreement on the Joint Leadership Group poses a new risk currently to progress of the programme as there is, currently, no route for escalation and joint resolution of major issues.

6.4 The lack of clarity in the draft Regulations in terms of functions which must be delegated to the integration authority is a risk. Through this response and other representations, the Council will seek clarity from the Scottish Government as these draft regulations are developed further.

Equalities impact

7.1   The integration of health and social care services aims to overcome some of the current 'disconnects' within and between existing health and social care services for adults, to improve pathways of care, and to improve outcomes.

7.2   Furthermore, the intention is to improve access to the most appropriate health treatments and care. This is in line with the human right to health.

7.3   Work is in progress to develop a combined EqHRIA procedure between NHS Lothian and Health and Social Care Services. This will be used for all EqHR impact assessments as required across the joint service once the Integrated Joint Board is fully established.

Sustainability impact

8.1   The proposals in this report will help achieve a sustainable Edinburgh because:

- joint health and social care resources will be used more effectively to meet and manage the demand for health and care services;

- they will promote personal wellbeing of older people and other adults in needs of health and social care services; and

- they will promote social inclusion of and care for a range of vulnerable individuals.

Consultation and engagement

9.1   Consultation and engagement form a key work stream in the programme. A number of events have taken place and mechanisms are being established to ensure the Shadow Health and Social Care Partnership is engaging at all levels. This includes the recruitment of service users and carers as members of the Shadow Health and Social Care Partnership with the express purpose of bring their own perspective to the discussions.

9.2   A comprehensive engagement programme is also underway to engage with a range of staff and practitioners across health and social care services, including the Professional Advisory Committee (whose Chair and Vice Chair are voting members of the Partnership). Finally, the Strategic Commissioning Plan process will adopt a co-production approach to developments to ensure timely and productive engagement with key stakeholders.

Background reading/external references

[Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 Set 1.](#)

[Draft Regulations Relating to Public Bodies (Joint Working) (Scotland) Act 2014 Set 2.](#)

Corporate Policy and Strategy Committee, 5 August 2014 - Health and Social Care Integration: Technical Options Analysis of Integration Models

Summary of the Regulations to support the Public Bodies (Joint Working) Scotland) Act 2014

Corporate Policy and Strategy Committee - 13 May 2014, Health and Social Care Integration Update (TBC).

Finance and Resources Committee - 7 May 2014, Health and Social Care Integration Update (TBC).

Corporate Policy and Strategy Committee – 6 August 2013 – City of Edinburgh Council proposed Response to Public Bodies (Joint Working) (Scotland) Bill.

Peter Gabbitas

Director of Health and Social Care

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Links

Coalition pledges	Ensuring Edinburgh and its residents are well cared for.
Council outcomes	Health and Wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it.
Single Outcome Agreement	Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	1. Response to Draft Regulations: Set 1
	2. Response to Draft Regulations: Set 2

Appendix One – Response to Draft Regulations: Set 1

PROPOSALS FOR PRESCRIBED INFORMATION TO BE INCLUDED IN THE INTEGRATION SCHEME RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the Integration Scheme?

   Yes | Y |

   No | |

2. If no, please explain why:

   | N/A |

3. Are there any additional matters that should be included within the regulations?

   Yes | Y |

   No | |

4. If yes, please suggest:

   General

   The Council would expect to see inclusion of following areas:
   - Equalities
   - Sustainability
   - Data Protection
   - Freedom of Information
   - Health and Safety

   Furthermore, while the draft regulations include staffing and financial resources they do not include other infrastructure resources such as ICT or property. The Integration Scheme should make clear who is responsible for the maintenance and support of ICT and property assets.

5. Are there any further comments you would like to offer on these draft Regulations?

General

The regulations should make more explicit the requirement to set out in the Scheme how the statutory functions of the Chief Social Work Officer will be discharged for those services delegated to the integration body.

The Council welcomes the clarification that the 'Integration Joint Board (IJB) – Chief Financial Officer Role' document (CFO Role post June IRAG -final July 2014.doc) provides on the execution of the Regulations regarding Financial management of an integration joint board.

PROPOSALS FOR PRESCRIBED FUNCTIONS THAT MUST BE DELEGATED BY LOCAL AUTHORITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of Local Authority functions included here which must be delegated?

   Yes ☐

   No Y

2. If no, please explain why:

Schedule

The proposal for prescribed functions that must be delegated, as set out in the schedule need to be more specific. In particular, the regulations should be explicit that functions are only being delegated as they relate to adults with social care needs.

Some of the functions proposed for delegation go beyond the remit/scope of Health and Social Care integration. For example, Section 92 of the Housing (Scotland) Act 2001 relates to the provision of assistance for housing purposes. Whilst this includes assistance relating to adaptations, it also includes powers to promote the formation and development of registered social landlords and provide assistance to individuals in connection with acquisition, construction, repair or maintenance of housing.

Similarly, whilst Section 71 of the Housing (Scotland) Act 2006 does include powers to provide assistance in relation to adapting properties, it also includes the powers under which local authorities provide advice and assistance to homeowners relating to repairs and maintenance of their properties.

The Housing (Scotland) Act 2001 Section 92

In the explanatory note of the draft regulation concerned, it states that "*the prescribed functions include social work services ......**housing support service** and health improvement services*". However there is neither reference to the definition of housing support service, nor the Housing (Scotland) Act 2001 (Housing Support Services) Regulations 2002 – which prescribed the 21 housing support tasks – in the Public Bodies (Joint Working) Act or in the draft regulations.

Services which are universal and include users both with and without care needs, for example, housing support services in sheltered housing

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developments, should not be designated as "must be delegated".

Although Part II of the Housing (Scotland) Scotland Act 1987 is not in the scope of the current consultation of draft regulations, it is of concern that the housing support duty for homeless households under Section 32(B) of the 1987 Act – as inserted by the Housing (Scotland) Act 2010 – may be affected by the delegation of any housing support services. This could have significant implications on local authorities' ability to deliver effective homelessness prevention strategies, which are increasingly focused (in line with Scottish Government strategy) on prevention and provision of housing options service.

Many households who access local authority homelessness services have no health or social care need – they just need a house. The most effective homelessness strategies focus on preventing homelessness through low level and short term support. **The Council does not believe that such services should be delegated to the integration authorities.**

The Housing (Scotland) Act 2006 Section 71

Section 71 of the Housing (Scotland) Act 2006 relates to Scheme of Assistance for Housing Purposes.

As stated above, it is suggested that the Regulations are explicit that these powers, only as they relate to adults with social care needs, are delegated.

It is important to note that while the Scheme of Assistance only applies to the private sector, adaptations are currently funded through three funding sources for people in different housing tenures:

- Revenue raised from renting homes to Council tenants and held on the Housing Revenue Account.
- Stage 3 funding scheme as part of Scottish Government's Affordable Housing Supply Programme for registered social landlord tenants
- Council's General Fund (previously Private Sector Housing Grant) for homeowners and private tenants.

If the adaptations function is to be delegated, it is unclear whether only the service and relevant funding for homeowners and private tenants are to be delegated, or adaptation services and funding for all tenures are to be delegated. If it is the former, there is a risk of different levels of service and assessment criteria for customers in different tenures. If it is the latter, the integration authority will need to ensure that the funding for Council and RSL tenants complies with the Scottish Government's Guidance on the operation of Housing Revenue Account and Affordable Housing Supply Programme funding requirements.

General

It would be helpful if explicit reference was made to services for people with sensory impairments.

3. Are there any further comments you would like to offer on these draft regulations?

Schedule

The draft regulations include the delegation of the power to charge for non-residential social care services (Section 87 of the Social Work (Scotland) Act 1968) which has the potential to create problems in view of the fact that the NHS has a duty to provide services that are 'free at the point of delivery'. This potential conflict in terms of providing integrated services needs further consideration.

PROPOSALS FOR REGULATIONS PRESCRIBING FUNCTIONS THAT MAY OR THAT MUST BE DELEGATED BY A HEALTH BOARD UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the list of functions (Schedule 1) that may be delegated?

   Yes ☐ Y

   No ☐

   If no, please explain why:

N/A

2. Do you agree with the list of services (Schedule 2) that must be delegated as set out in regulations?

   Yes ☐ Y

   No ☐

   If no (i.e. you do not think they include or exclude the right services for Integration Authorities), please explain why:

N/A

3. Are you clear what is meant by the services listed in Schedule 2 (as described in Annex A)?

   Yes ☐ Y

   No ☐

If not, we would welcome your feedback below to ensure we can provide the best description possible of these services, where they may not be applied consistently in practice.

N/A

3. Are there any further comments you would like to offer on these draft regulations?

General

In general the Council is of the view that the inclusion of functions within these draft regulations will support the objective to shift the balance of care from acute hospital setting to preventative care within the community.

The Council acknowledges however that delegation of some of these functions will pose a challenge for NHS Lothian. Nonetheless, the Council's view is that it is right that they are included.

PROPOSALS FOR NATIONAL HEALTH AND WELLBEING OUTCOMES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed National Health and Wellbeing Outcomes?

Yes ☐ Y

No ☐

      If no, please explain why:

N/A

2. Do you agree that they cover the right areas?

Yes ☐

No ☐ Y

3. If not, which additional areas do you think should be covered by the Outcomes?

Schedule

The focus in Outcome 5 is too narrow, centred as it is on health inequalities, rather than on inequalities more generally. A key role for social work services is the promotion of inclusion, social justice and tackling inequalities. There is no reference in the regulations or any of the narrative surrounding them to this aspect of social work (rather than social care), and no indication of where this important responsibility will lie.

4. Do you think that the National Health and Wellbeing Outcomes will be understood by users of services, as well as those planning and delivering them?

Yes ☐

No [Y]

5. If not, why not?

General

The performance landscape is already cluttered with many, sometimes contradictory indicators, many of which do not provide evidence of effectiveness in delivering outcomes. This requires to be addressed as a priority. Specifically, clarity is required on how the outcomes contained within these draft Regulations relate both to NHS outcomes and targets, e.g. HEAT, and other Local Authority outcomes and indicators.

A mapping exercise will be required to ensure that all indicators operate with one another in a consistent way.

6. Are there any further comments you would like to offer on these draft Regulations?

Schedule

The inclusive language used in the outcomes referring to 'people' is very welcome the only exception to this is in Outcome 4 where the phrase 'service users' appears. It would improve the consistency of the outcomes and deliver a strong message if Outcome 4 could be re worded to replace the phrase 'service users' with 'people'.

PROPOSALS FOR INTERPRETATION OF WHAT IS MEANT BY THE TERMS HEALTH AND SOCIAL CARE PROFESSIONALS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree that the groups listed in section 2 of the draft regulations prescribe what 'health professional' means for the purposes of the Act?

   Yes ☐ Y

   No ☐

2. If you answered 'no', please explain why:

   Article 2

   We assume that reference to "health professionals" does not imply professionals only employed by the NHS. The Council's social care workforce includes staff registered with the Health and Care Professions Council.

3. Do you agree that identifying Social Workers and Social Service Workers through registration with the Scottish Social Services Council is the most appropriate way of defining Social Care Professionals, for the purposes of the Act?

   Yes ☐

   No ☐ Y

4. If you answered 'no', what other methods of identifying professional would you see as appropriate?

   Article 3

   In addition to staff registered with the Scottish Social Services Council, some staff may belong to other professional bodies. We suggest checking with the Scottish Social Services Council on the issue of "equivalence".

Corporate Policy and Strategy Committee – 5 August 2014

5. Are there any further comments you would like to offer on these draft Regulations?

<u>General</u>

The regulations could helpfully include consideration of the issue of professional governance for related services, which are not delegated to the integration body.

Children's dependency on adults for care and protection means that many services for adults will have a direct impact on outcomes for children. For example, transitions between children's and adult services for people with disabilities, mental health problems, or who offend do not appear as part of the integration agenda, which assumes a heavy focus on older people. The Council is not suggesting children's services need to be included in the integration body, however, there does need to be explicit reference to the importance of the links between the two areas of service.

PRESCRIBED FUNCTIONS CONFERRED ON A LOCAL AUTHORITY OFFICER RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you believe that the draft Regulations will effectively achieve the policy intention of the Act?

    Yes ☐

    No Y

2. If not, which part of the draft Regulations do you believe may not effectively achieve the policy intention of the Act, and why?

    General

    The policy intentions in relation to public protection are not clear, making this question difficult to answer. It is necessary to understand the policy intention behind creating a statutory role for the "council officer" to allow for an assessment of whether delegation would undermine it. The regulations could usefully expand on this.

    ---

3. Are there any further comments you would like to offer on these draft Regulations?

    General

    The drafting of mental health legislation, in particular when it relates to compulsory treatment and/or detention was subject to extensive, detailed and lengthy consultation with social work and health professionals, the Mental Welfare Commission and other groups. It includes very lengthy and detailed codes of practice, guidance and regulations. A fundamental principle in terms of social justice was the requirement for the involvement of Mental Health Officers (who are also council officers) in decisions about compulsion. This was to ensure an effective balance between clinical decision making and human rights.

    The regulations provide no clarity on this issue or on the implications for people in the event of delegation and of integrated operational management of mental health services.

    This has become even more critical since the court judgment in P v Chesher West and Chester Council and Q v Surrey County Council (although English Courts, the Scottish Courts will take this into account) where a much broader definition of deprivation of liberty has been stipulated, and where this now has to be authorised by an appropriate judicial process – this will have very significant implications for

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Mental Health Officer interventions, which may challenge health professionals' decision-making. How this can be achieved appropriately in the context of integration requires detailed consideration.

Appendix Two – Response to Draft Regulations: Set 2

ANNEX 1(D)

PRESCRIBED GROUPS WHICH MUST BE CONSULTED WHEN PREPARING OR REVISING INTEGRATION SCHEMES; PREPARING DRAFT STRATEGIC PLANS; AND WHEN MAKING DECISIONS AFFECTING LOCALITIES RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

6. Do these draft Regulations include the right groups of people?

Yes ☐

No ☒ Y

7. If no, what other groups should be included within the draft Regulations?

> **Schedule: Standard Consultees**
>
> The list of standard consultees should include:
> - Housing Professionals;
> - Children's services professionals.
>
> **Article 4**
>
> Article 4 of the draft Regulations should also include other local authorities operating within the area of the Health Board where that area covers more than one local authority.

8. Are there any further comments you would like to offer on these draft Regulations?

> **Schedule: Standard Consultees**
>
> The standard list of consultees contains people and bodies who are subsequently treated in two distinct ways in later Annexes and it would be useful to explain and show this distinction if this is to remain. The following table shows the difference:

Group/Body	Annex 1: standard consultee	Annex 2: minimum non-voting advisory membership of IJB	Annex 3: minimum membership of IJMC	Annex 4: must be represented on SPG
Health professionals	Yes	Yes	Yes	Yes
Users of health care	Yes	Yes	Yes	Yes
Carers of users of health care	Yes	Yes	Yes	Yes
Commercial providers of health care	Yes	No	No	Yes
Non-commercial providers of health care	Yes	No	No	Yes
Social care professionals	Yes	Yes (via CSWO & staff-side rep)	Yes (via CSWO & staff-side rep)	Yes
Users of social care	Yes	Yes	Yes	Yes
Carers of users of social care	Yes	Yes	Yes	Yes
Commercial providers of social care	Yes	No	No	Yes
Non-commercial providers of social care	Yes	No	No	Yes
Non-commercial providers of social housing	Yes	No	No	Yes
Third sector bodies carrying out activities related to health or social care	Yes	Yes	Yes	Yes

Schedule: Standard Consultees

The Council would like confirmation that the definition of 'non-commercial providers of social housing' includes both Local Authorities and Housing Associations.

Article 3(d)

Article 3 (d) wording implies that the Health Board will be preparing the integration scheme rather than it being jointly prepared by the Health Board and Local Authority. This section should be reworded along the lines of "other local authorities operating within the geographic area of the Health Board where that area covers more than one local authority".

MEMBERSHIP, POWERS AND PROCEEDINGS OF INTEGRATION JOINT BOARDS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Are there any additional non-voting members who should be included in the Integration Joint Board?

Yes | Y |

No | |

2. If you answered 'yes', please list those you feel should be included:

> **Articles 1(f) / 2 / 6**
>
> The Council notes that the Integration Joint Board may appoint other non-voting members, as required, but would draw attention to the additional comments in response to question 4 below.

3. Are there any other areas related to the operation of the Integration Joint Board that should also covered by this draft Order?

> **General**
>
> A clearer articulation of the expectations in terms of the integration authority receiving advice from the professional representatives, e.g. the Assistant Medical Director/Clinical Director or the Chief Social Work Officer should be included.

4. Are there any further comments you would like to offer on this draft Order?

> **Article 3**
>
> It is important that staff-side representation has an influential role in decision making within the Integration Authorities. The Council is aware that other responses are being drafted that will request the inclusion of staff-side representation from both constituent authorities in the *voting* membership of each Integration Authority. If such a change were made the Council would support this and would put in place procedures to identify a staff-side representative to be part of voting membership.

In this case, however, it would be necessary to set out clearly in the Regulations the justification for voting member status and the rationale for inclusion of staff-side representatives and not other currently non-voting members such as carer representatives and service users.

Articles 1(f) / 2 / 6

Nothwithstanding the acknowledgement in the response to question 1 above and in line with the Council's response to Annex 1, there would be value in considering inclusion of the following as part of the minimum non-voting membership:

- Housing Professionals (Chartered Institute of Housing);
- Children's services professionals.

If these groups are not included as part of minimum membership, the Council will require to put robust arrangements in place to ensure that the Housing service and Children's services are adequately represented in decision making at local level.

In addition, it seems something of an anomaly that, while third sector bodies are included in the minimum non-voting membership, the following groups are not even though they are represented on the Strategic Planning Group and list of "standard consultees":

- Commercial providers of healthcare
- Non-commercial providers of healthcare
- Commercial providers of social care
- Non-commercial providers of social care
- Non-commercial providers of housing

Article 1

"Voting member" sentence has a drafting error where it references 5(1)(a) when it should reference 5(2)(a).

Article 3(3)(c)

This article states that the number of councillors on the Integration Joint Board must 'not exceed 10 per cent of the number of members of the local authority'. Applying the 10% rule to Edinburgh's current complement of 58 councillors would give 5.8 and it is the Council's view that this figure should be rounded up to 6 to reflect the scope and scale of the services involved.

Article 10

One member should have one vote. Any authority that is missing a member can appoint a deputy who can vote instead of the member thus meaning no loss of voting power. The current Article distorts the accepted practice of one member

having one vote and also results in practical problems as it assumes that all members of the authority will vote the same way. Could lead to a vote to determine how to vote. Would suggest this article is deleted and Article 5 (Schedule) on Deputies is clarified to allow a deputy for a vacancy.

Article 12(2)(b)

Clarity is needed on the word 'removed'. The electorate may remove a councillor from a local authority and then re-elect them later. This should not disqualify a councillor from being a member. The Council is unsure of the need for 'removed' when 'dismissed' is in the article. This could also potentially impact on staff who have been employed on a temporary contract.

Article 14 (3)

The similar article for the Joint Monitoring Committee (Annex 3(B) Article 10 (3)) is preferable as it requires the agreement of the health board and local authority for the committee to remove a member. Suggest this is repeated for the Board to ensure that the Board does not remove a member for behaviour that their own authority believes is 'consistent with their membership of the Board'. This would not mean the constituent authorities were stopped from removing their own members.

Schedule Article 5

Should be clarified to allow a deputy for a vacant position. Deputy would have to be from the authority where the vacancy was. This would allow Article 10 and the process of bloc voting to be removed.

Schedule Article 6

This could be adjusted to clarify that it is for the member to decide if they have a conflict of interest.

It is unclear which body would investigate any breach of this Standing Order. The Standards Commission currently has jurisdiction in relation to elected members but clarity would be beneficial.

ESTABLISHMENT, MEMBERSHIP AND PROCEEDINGS OF INTEGRATION JOINT MONITORING COMMITTEES ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

Consultation Questions

1. Do you agree with the proposed minimum membership of the integration joint monitoring committee, as set out in the draft Order?

Yes ☐

No ☒ Y

2. If you answered 'no', please list those you feel should be included:

General

The remit of the Integration Joint Monitoring Committee is essentially one of assurance. It will not take decisions and does not appear to take any responsibilities away from the constituent authorities. The membership of this committee should be independent from executive management. This is similar to the principles used for any other assurance committee within an organisation. Membership gives a right of attendance and this should not be given to executive officers. The committee will invite officers to attend and will have a standing list of attendees who are not members. All officer posts should be removed from the regulations (i.e. chief social work officer, director of finance). The list of IJMC members should be reduced to NHS Board members, Councillors, Any co-opted individuals who are not employees of the Health Board or Council.

In this scenario the IJMC would require to have the powers to call in officers from both the local authority and health board for scrutiny as part of their assurance and monitoring remit.

If the change above is not made then the following comment applies:

Article 3(1)(e & f)

Given the Integration Joint Monitoring Committee's role to provide assurance and hold the bodies to which the functions are delegated to account, the minimum membership in terms of Finance representatives should require that the Finance representative (Health Board Director of Finance or Local Authority s.95 officer as applicable) of the *delegating* authority is represented. The current wording

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requires that only the Finance representative of the Integration Authority is represented as a minimum and this does not seem appropriate since the role of the IJMC is to hold the Integration Authority to account for the delivery of integrated services.

3. Are there any other areas related to the operation of the integration joint monitoring committee that should also covered by the draft Order?

Schedule, Article 5

It is unclear who the voting members of the Joint Monitoring Committee are. The voting article in the Schedule does not mention nominated members. It is the Council's view that officials should be non-voting members of the monitoring committee. This would ensure that officials were not making a decision on scrutinising their own delivery of services. It is suggested that the voting members of the IJMC should be only the 'nominated' members.

4. Are there any further comments you would like to offer on this draft Order?

Articles 3(1 & 2) and 4 (2 & 3)

In line with the Council's response to Annex 1 and Annex 2 above, there would be value in considering inclusion of the following as part of the minimum membership:

- Housing Professionals;
- Children's services professionals.

If these groups are not included as part of minimum membership, the Council will require to put robust arrangements in place to ensure that the Housing service and Children's services can exercise adequate assurance in relation to their affected functions.

Article 6

It would be preferable for the chairperson to be from the authority who was not the lead authority. This would ensure an additional independence from those officers delivering the service.

Article 8

Clarity is needed on the word 'removed'. The electorate may remove a councillor from a local authority and then re-elect them later. This should not disqualify a councillor from being a member. The Council is unsure of the need for 'removed' when 'dismissed' is in the article. This could also potentially impact on staff who have been employed on a temporary contract.

PRESCRIBED MEMBERSHIP OF STRATEGIC PLANNING GROUPS ESTABLISHED UNDER THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. The draft Regulations prescribe the groups of people that should be represented on the strategic planning group. Do you think the groups of people listed are the right set of people that need to be represented on the strategic planning group?

Yes ☐

No ☑ Y

2. If no, what changes would you propose?

Schedule

The list of people or groups that must be represented should include:

- Housing Professionals;
- Children's services professionals.

In addition, Where the strategic plan is being prepared in respect of a local authority area which is part of the geographic area of a Health Board that covers more than one local authority, it would seem sensible for representatives from other local authorities operating within the area of the Health Board to be members of the strategic planning group.

3. Are there any further comments you would like to offer on these draft Regulations?

N/A

PRESCRIBED FORM AND CONTENT OF PERFORMANCE REPORTS RELATING TO THE PUBLIC BODIES (JOINT WORKING) (SCOTLAND) ACT 2014

CONSULTATION QUESTIONS

1. Do you agree with the prescribed matters to be included in the performance report?

Yes ☐ Y

No ☐

2. If no, please explain why:

> **General**
>
> These are very high level, and they are agreed on that basis, however, guidance and consultation will be necessary in terms of the detail of the indicators. This will ensure their relevance in terms of outcomes; and to de-clutter the current landscape of complicated indicators, which do not often provide clarity about performance in terms of achieving outcomes.

3. Are there any additional matters you think should be prescribed in the performance report?

Yes ☐ Y

No ☐

4. If yes, please tell us which additional matters should be prescribed and why:

> **Article 2(2)**
>
> Given the importance of self-directed support to the transformation that the Scottish Government wishes to see in the provision of social care support; there is an argument for including an additional subsection in article 2 (2) (list of matters on which total spend is to be reported) along the following lines:

> *"social care services provided in pursuit of integration functions to allow people to direct their own social care support through self-directed support options 1 (direct payments) or 2 (people direct their own support)".*

General

In order to ensure that those using health and social care services have a voice in the monitoring and evaluation of performance, reporting should include an element of feedback from people using health and social care services based upon their own experience.

5. Should Scottish Ministers prescribe the form that annual performance reports should take?

Yes ☐

No ☐ Y

6. If you answered yes, what form should Scottish Ministers prescribe?

General

The Council does not think that it is necessary for Scottish Ministers to prescribe the form of reports; however, it would be helpful to have an agreed framework, with a template, to encourage consistency and benchmarking across Scotland.

7. Are there any further comments you would like to offer on these draft Regulations?

N/A

Corporate Policy and Stategy Committee

10am, Tuesday, 5 August 2014

Health and Social Care Integration: Options Analysis of Integration Models

Item number	7.11
Report number	
Executive/routine	
Wards	All

Executive summary

This report provides Corporate Policy and Strategy Committee with an options analysis of the available models for the creation of an Integration Authority within the Public Bodies (Joint Working) (Scotland) Act. The detailed options analysis report is provided in Appendix 1.

The report includes:

- The context and case for change;
- Purpose of the legislation;
- Benefits expected by Scottish Government;
- What an Integration Authority is;
- What happens under each of the Models;
- Observations and comments on each model;
- A joint view on the technical viability of each model for Edinburgh;
- Scrutiny of the two viable models against seven key strategic considerations;
- Next steps.

Links

Coalition pledges	P12 and P43
Council outcomes	CO10, CO11, CO12, CO13,Co14, Co15
Single Outcome Agreement	SO2

Report

Health and Social Care Integration - Options Analysis of Integration Models

Recommendations

1.1   To note the outputs of the technical options analysis in Appendix 1.

1.2   To agree that Models c) and d) were dropped from further work on the basis that they were not viable for Edinburgh.

1.3   To approve the recommendation that Model a) Integrated Joint Board provides the best fit in terms of the strategic considerations and Council's organisational values.

1.4   To agree the preparation of the Integration Scheme jointly with NHS Lothian for submission to Scottish Government Ministers on the basis of Model a).

Background

2.1   The report presents an options analysis of the models available for the creation of the Integration Authority for Edinburgh as required by the Public Bodies(Joint Working) (Scotland) Act 2014.

Main report

Public Bodies (Joint Working) (Scotland) Act.

3.1   The Public Bodies Act received Royal Assent at the start of April.

3.2   The Act <u>requires</u> the Council and NHS Lothian to establish an Integration Authority for the governance, planning and resourcing of adult social health and care services in Edinburgh. It allows for the inclusion of other optional services, such as Children's health and social care services.

3.3   The Council and NHS Lothian must agree the model and describe the approach they will adopt in the Integration Scheme which must be submitted to Scottish Government by 1 April 2015 for approval.

What is an Integration Authority?

3.4   The Integration Authority is the body to which the Health Board and/or the Council delegates functions and makes payments associated with those functions. It is the body which is then responsible for the governance and

carrying out of those functions and receives all associated powers and duties associated with that delegation.

3.5   The Integration Authority can be an Integrated Joint Board (IJB), the Council or the Health Board. It is the body which is responsible for planning health and social care services for the local population of Edinburgh, through the Strategic Plan. It is the body which then must instruct the delivery of these functions and make associated payments/allocate resources in line with the intentions in the Strategic Plan.

3.6   It is the accountable body for the carrying out of the functions and for delivering on the national health and wellbeing outcomes and must publish an annual Performance Report.

3.7   Where the Integration Authority is not an Integrated Joint Board, the authority must create a Joint Monitoring Committee to oversee and scrutinise the carrying out of the functions.

Technical Analysis

3.8   There are four models available to the Council and NHS Lothian. Each of these is outlined in detail in Appendix 1, along with a technical description of what happens under each arrangement and a number of observations relating to the impact of the models on the role and function of the Council and NHS Lothian.

3.9   A joint NHS Lothian and Council team undertook the technical analysis supported by internal and external legal advice.

3.10   A summary of the key elements of each model is provided in Annex 5 to the main report.

3.11   Annex 6 of the report contains a brief description of the viability of each model based on the view of the joint team.

3.12   The joint team's view is that both model a) an Integrated Joint Board and Model b) NHS Lothian and lead agency for adult health and social care services are viable options.

3.13   Neither Model c) or d) are considered to be viable due to:

   a. the need in Model c) to disaggregate planning and resources for adult health services within NHS Lothian and the potential risk this creates for a degradation of service/facilities/functions across geographical boundaries; and

   b. The fact that Model d) would only be viable if NHS Lothian delegated its optional children's health services. This would create two Integration Authorities; one very large Integration Authority with responsibility for adult health and care services and one small Integration Authority responsible for Children's health and social care services. The model does not realistically offer any additional benefits over model b).

Strategic Analysis

3.14   Given that the models are not simply an end in themselves but are intended to improve health and wellbeing outcomes for people and ensure improved functioning and resourcing of the whole health and social are system, a further analysis of the viable options was requested in terms of which model can best deliver on the national health and wellbeing outcomes. In addition, the Integrated planning principles are key to the activities of the Integration Authority so the key planks of these principles were also considered. It was also considered important to reflect on how the models related to the values of both organisations.

3.15   Section 12 of Appendix 1 provides details. Council and NHS officers considered both models carefully in terms of how each could achieve the national outcomes and integration planning principles and therefore which would be best. The reality in both cases, is that it comes down to the proposals of the Strategic Plan and to the flow of resources to meet outcomes. Both models will have the mechanisms in place to do this, such that both models could equally achieve the outcomes.

3.16   The questions for the Council then become:

   a. Which model does the Council believe is the best approach to preparing and approving the Strategic Plan?

   b. To what extent does the council wish to retain involvement in decision-making?

   c. To what extent is local democracy and accountability important in the planning of adult health and social care functions in Edinburgh?

   d. What appetite exists for 'wholesale' transfer of adult social care staff (and a proportion of corporate staff) to the NHS?

   e. Which model offers the most effective and efficient decision-making and implementation option?

   f. Which model offers the best approach to engaging with people in the planning and delivery of functions?

   g. Which approach aligns most strongly with current Council organisations values?

Recommended Model

3.17   Appendix 1 provides comments and analysis for each of these questions. Annex 7 of the report provides a summary in table form.

3.18   In light of this analysis, it is recommended that Model a) Integrated Joint Board is approved as the Council's preferred Model for the Integration Authority and that

preparation of the Integration Scheme with NHS Lothian proceeds promptly on this basis.

Timescale

3.19 The Integration Scheme must be submitted to Scottish Government by 1 April 2015. There is a great deal of work to be done within a few months in order to meet this deadline and a detailed work programme has been put together. If Ministers approve the Integration Scheme, Scottish Government will establish, in law, the new Integration Authority sometime during 2015.

3.20 Following submission of the Integration Scheme the focus of the work becomes the preparation of the Strategic Plan, the process and document by which the Integration Authority will plan services for Edinburgh, and make the changes to services it must to deliver on the national outcomes and to shift the balance of care.

3.21 Appendix 2 provides a critical path for the development and approval of the Integration Scheme and for the production of the Strategic Plan. The timeline for the Strategic Plan is indicative as it assumes a three month period for the approval of the Integration Scheme and creation of the Integration Authority by Scottish Government. This may vary.

Measures of success

4.1 The Scottish Government have issued draft National Outcomes for the delivery of integrated Health and Social Care within the regulations for the Act. The Strategic (Commissioning) Plan work stream is tasked with planning for the delivery of these outcomes for the services in scope.

4.2 The Programme Sub Group on Performance and Quality is tasked with establishing local outcomes for measuring the success of the new Health and Social Care Partnership in relation to the national outcomes. A joint baseline has been developed and work is continuing on a joint framework for the future

Financial impact

5.1 It is estimated that the new Health and Social Care Partnership will encompass a combined budget of around £4-500 million, subject to the final scope of functions included. This brings together existing budgets from the Health and Social Care Service in the Council as well as those from NHS Lothian's Community Health Partnership

5.2 Appendix 3 contains a summary of the current 2014-15 budgets for Council health and social care services and NHS Lothian Community Health Partnership

services. Further services may be included relating to housing services and to some 'acute' services. Funds for 'acute' services will be subject to specific 'set aside' arrangements as specified in the Public Bodies Act. Guidance is awaited on this from Scottish Government.

5.3 These budgets will be delegated to the Integration Joint Board for governance, planning and resourcing purposes. The Integration Scheme will set out the mechanism for this. The Strategic (Commissioning) Plan will identify how the resources are to be spent to deliver on the national outcomes.

Risk, policy, compliance and governance impact

6.1 A detailed risk log is maintained for the integration programme and reported through the status reporting process to the Shadow Health and Social Care Partnership and through the CPO Major Projects reporting procedure.

6.2 Enterprise level risks for integration are also identified on Corporate Management Team, Health and Social Care and NHS Lothian risk registers.

6.3 Shadow arrangements based on the Integrated Joint Board have been in place for over 18 months. Doubt about the preferred model will cause a delay in preparation of the integration scheme. Inability to reach an agreed position with NHS Lothian will lead to Ministerial intervention and the imposition of an Integrated Joint Board for Edinburgh.

Equalities impact

7.1 The integration of health and social care services aims to overcome some of the current 'disconnects' within and between existing health and social care services for adults, to improve pathways of care, and to improve outcomes.

7.2 Furthermore, the intention is to improve access to the most appropriate health treatments and care. This is in line with the human right to health.

7.3 Work is in progress to develop a combined EqHRIA procedure between NHS Lothian and Health and social Care Services. This will be used for all EqHR impact assessments as required across the joint service once the Integrated Joint Board is fully established.

Sustainability impact

8.1 The proposals in this report will help achieve a sustainable Edinburgh because:

- joint health and social care resources will be used more effectively to meet and manage the demand for health and care services

- they will promote personal wellbeing of older people and other adults in needs of health and social care services; and

- they will promote social inclusion of and care for a range of vulnerable individuals.

Consultation and engagement

9.1 Consultation and engagement form a key work stream in the programme. A number of events have taken place and mechanisms are being established to ensure the Shadow Health and Social Care Partnership is engaging at all levels. This includes the recruitment of service users and carers as members of the Shadow Health and Social Care Partnership with the express purpose of bring their own perspective to the discussions.

9.2 A comprehensive engagement programme is also underway to engage with a range of staff and practitioners across health and social care services, including the Professional Advisory Committee (whose Chair and Vice Chair are voting members of the Partnership). Finally, the Strategic Commissioning Plan process will adopt a co-production approach to developments to ensure timely and productive engagement with key stakeholders.

Next Steps

10.1 The City of Edinburgh Council and Lothian NHS Board established a key stakeholder reference group to consider which integration model was the best option for Edinburgh.

10.2 The Group's membership was made up of the Council Leader and Chief Executive, as well as five councillors from the Administration and the NHS staff side partnership lead. From the NHS it further included the Chairman and Chief Executive of the NHS Lothian, five non-executives and the Employee Director. The group was supported by officers from both the Council and the NHS Board.

10.3 The group has concluded that the Integration Joint Board is its preferred integration model.

10.4 In reaching the agreed model of integration, the Council Leader and Chief Executive, as well as the Chairman and Chief Executive of NHS Lothian are proposing that this infrastructure is retained and utilised for the development of the Integration Scheme and until the establishment of the Integration Joint Board, following which, it will be disbanded. The membership of the group will

be extended to include opposition politicians, the voluntary sector, service users and carers, and Council union representation.

10.5   The focus and remit of this group and the support function will be to:

- Develop the draft integration scheme for the agreement of the NHS Lothian Board and the Council;
- Agree the process and principles in relation to budget setting to achieve both a balanced budget as well as addressing any care deficits. The principles will include having a shared and equal responsibility for the operational management and use of the Integration Joint Board's resources and an agreed approach to the management of any overspend or underspend;
- Design innovative organisational arrangements to secure delivery of the Integration Joint Board's Strategic Plan;
- Develop a performance management system and agree performance management reporting arrangements;
- Agree the roles, responsibilities and composition of the Edinburgh Integration Joint Board.

10.6   The relationship with the Shadow Health and Social Care Partnership will also need to be carefully considered.

Background reading/external references

Finance and Resources Committee – 30 July 2014, Health and Social Care Integration Update. (TBC)

Corporate Policy and Strategy Committee- 13 May 2014, Health and Social Care Integration Update.

Finance and Resources Committee - 7 May 2014, Health and Social Care Integration Update.

Corporate Management Team – 19 March 2014, Health and Social Care Integration – General Update.

Corporate Management Team – 5 February 2014, Health and Social Care Integration – General Update.

Corporate Management Team - 8 January 2014, Health and Social Care Integration, Progress on the Public Bodies (Joint Working) (Scotland) Bill.

Corporate Management Team – 20 November, Health and Social Care Integration - Strategic Commissioning Plan.

Corporate Management Team – 4 September 2013 City of Edinburgh Council – Proposed Response to the Public Bodies (Joint Working) (Scotland) Bill.

Corporate Policy and Strategy Committee – 6 August 2013 – City of Edinburgh Council proposed Response to Public Bodies (Joint Working) (Scotland) Bill.

See reports above for earlier reporting.

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Links

Coalition pledges	Ensuring Edinburgh and its residents are well cared for.
Council outcomes	Health and Wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it.
Single Outcome Agreement	Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	Appendix 1: Technical Options Analysis Report (includes Annexes 1-8)
	Appendix 2: Critical Path
	Appendix 3: Summary of Council Health and Social Care and Community Health Partnership Budgets 2014/15

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Appendix 1

Integration of Health and Social Care

Public Bodies (Joint Working) (Scotland) Act.

Option Analysis of the Integration Authority Models

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Annexes

Version Control

Document	Integration of Health and Social care – Options Analysis
Filename	G:\HSC\HSC-HQ\C- Integration\1. Programme Files\6. Reports & briefings\Briefings\CP&S_050814_Appendix 1 Integration of Health and Social Care_option analysis.docx
Author(s)	Susanne Harrison
Contributors	Steve Langmead – Technical Analysis Lizzie Connell – Technical Analysis Gavin King – Technical Analysis Stuart Wilson - Finance Stephen Phillips – Burness Paul Solicitors – Technical Analysis Alex McMahon, Jamie Megaw and Alan Payne – NHS Lothian – Strategic Considerations

Version control

Version	Changes	Status	Version date
V1	Initial draft	Draft	2 June
V2	Input from Finance	Draft	10 June
V3	Update following input from Legal Lizzie Connell and Ste4phen Phillips) and Governance (Steve Langmead and Gavin King)	Draft	w/c 16 June
V 4	Strategic Option Analysis	Draft	14 July
V5	Final wording changes for Committee	Final Draft for CP&S APM	16 July

Distribution and review history

Version	Distribution list	Purpose	Comment/action location	Distribution date
V1	Michelle Miller/Monica Boyle/Peter Gabbitas	Initial review	No comments	2/6/14
V3	Michelle Miller/Monica Boyle/Peter Gabbitas/Lizzie Connell, Moira Lyne, Gavin King, Karen Dallas, Steve Langmead	Review version for CP&S – minus strategic options analysis	No comments	8/7/14
Associated slide presentation	Michelle Miller/ Monica Boyle/Tim Montgomery	Update on presentation for NHS and Member Stakeholder Group	No comments	8/7/14
V4	Michelle Miller/Monica Boyle/ Peter Gabbitas/Hilary Coyne	Comments on strategic options analysis extract	Wording amendments	15/7/14
V5	Peter Gabbitas	Sign off for CP&S APM	Working amendments and clarification of NHS values	16/7/14

1 Introduction

1. This report provides an option appraisal of the models available for the creation of the Integration Authority between NHS Lothian and City of Edinburgh Council.
2. There are four models available within the Public Bodies Act and it should be noted from the outset that:
   a) most models require the delegation of functions and funds to another body for governance, planning and resourcing with the exception of when a delegating body is also the 'Lead Agency'.
   b) all the models are included in the legislation and as such they are all viable, legal models. Scottish Government have taken legal advice to ensure the models are sound for adoption by the public agencies in question.
3. As a result, this options appraisal is intended to support a policy decision and will provide information:

   - **on the context on the current position;**

   - **on outcomes and benefits expected from integration;**

   - **the technical governance approach of each model;**

   - **where governance, accountability and liability will lie;**

   - **scrutiny of which model can best meet the national health and wellbeing outcomes.**

4. **In summary, the recommendation rests on:**
   - **the extent to which the Council believes each model can provide the 'best' Strategic Plan;**

   - **the Council's preference for the level of engagement it wishes to retain in the governing and planning of adult health and social care services,;**

   - **the level of local democracy and accountability the Council wishes to see across adult health and social care functions;**

   - **the appetite for 'wholesale' staff transfer;**

   - **the extent to which each model can provide the best approach to engaging with people in the planning and delivery of the functions;**

   - **the extent to which the council considers each model can undertake efficient decision-making and implementation; and**

   - **alignment with the Council's current organisational values.**

2   Context and Case for Change

Background

5. The Integration legislation is set within a context of Christie Commission report (2011) and three very specific pressures on public services, particularly health and social care services:

    - Greater and unceasing demand for services for at least the next 20 years. The SG Finance Committee has estimated that expenditure on health and social care services will be expected to rise by between 18% and 29% by 2030;

    - Higher expectations from people who use our services in terms of availability and quantity, but with a continuing expectation that services will be either free of charge or heavily subsidised by the public purse; and

    - Diminishing resources to deliver historic models of operation, specifically, reducing local authority resources and a static position within the health sector.

6. The fundamental dilemma is therefore, how to meet the minimum 18% rise in demand with less money. It is clear that current models of governance, planning and operation are no longer sustainable and a fundamental transformation of how these services are delivered is required.

Community Health Partnerships (CHPs)

7. The 2004 NHS Reform (Scotland) Act required NHS Boards to set up CHPs with the purpose of bridging the gap between primary and secondary health care and also between health and social care in attempting to address the pressures above.

8. The statutory guidance at the time is not dissimilar to the objectives of the 2014 Public Bodies Act. CHPs were expected to coordinate the planning and provision of a wide range of primary and community health services for their area. Health Boards were given flexibility to devolve other functions to the CHP. The latter happened only rarely.

9. Audit Scotland reviewed CHPs in 2011 and found that while there had been progress in joint working in many areas, it was obvious that the level of partnership required to make the difference was not being achieved. Their key messages are in Annex 1.

10. In Edinburgh, a health only CHP was established with a Joint Director who is also responsible for social care in the Council. The CHP is a committee of the NHS Board, however does not relate to council governance structures. The CHP is regarded as a committee of representatives of the local area and includes two elected members.

11. A Joint Board of Governance was created in an advisory role only. The advisory nature was due to the constraints on local government that a committee of the Council must have two thirds majority of elected members.

12. With respect to shifting the balance of, and resources for, care in community-based settings, ''overall (nationally) there has been a slight increase in the percentage of total NHS resources being spent in the community between 2004/5 and 2009/10 (period studied by Audit Scotland). But there has been no change in the percentage of NHS resources transferred to councils for social care services during the same period'') Audit Scotland 2011. Indeed Audit Scotland note that 'there has been no large-scale shift in the balance of care despite this being a key priority since 2000''.

13. Within NHSL and City of Edinburgh Council the resource transfer framework has been the mechanism used to transfer the balance of resources to adult social care and the figures for the past ten years are in Table 1 below. Table 2 identified current CHP and Council adult social care budgets.

Table 1: Resource transfer from NHS (acute sector) to adult social care 2006/7-2013/14

	Total £m	% increase	Total % increase
2006/07	19.290		
2007/08	19.580	1.50	
2008/09	19.780	1.02	
2009/10	19.897	0.59	
2010/11	20.282	1.93	
2011/12	20.368	0.42	
2012/13	20.414	0.23	
2013/14	20.822	2.00	7.94
Percent of total budgets*		4.16	

Notes:

* RTF as % of current CHP and REAS budgets

Table 2: Current Shadow Partnership Budget

	14/15 budgets	
	Total £m	
CHP	296.775	
CEC(asc)	203.342	(from Partnership finance presentation- March 2014)
	500.117	(approved budget)

Notes

CHP= Community Health Partnership (NHS)

CEC(asc) - Council adult social care budget

Source: Finance Division

28/05/2014

14. Audit Scotland made a number of recommendations (Annex 1). Most of the recommendations were for Scottish Government and have been met or overtaken by the Public Bodies Act legislation. The CHPs will be dissolved once the Integration Authority is established.

Change Fund

15. The Reshaping Care for Older People (RCOP) Change Fund has been a very useful support to NHS, local authority, third, housing and independent sectors to work more effectively together and to share ownership of local change plans and delivery. The governance arrangements and improvement support for Change Plans, which created an equal space at the table for all partners, have accelerated a change in attitudes, cultures and behaviours and have resulted in a greater focus on preventative and anticipatory care.

16. While it is acknowledged that the full ambitions of the RCOP ten year programme of reforms have not yet been fulfilled the recent Audit Scotland report,[1] noted that ''we have not yet been able to achieve a shift in resources away from institutional care''.

http://www.audit-scotland.gov.uk/docs/central/2014/nr_140206_reshaping_care.pdf

17. Further progress will be possible via the Public Bodies (Joint Working) (Scotland) Act 2014 to include key stakeholders within the decision making processes (Strategic planning process) to take advantage of their advice, experience and delivery. Strategic Commissioning will be critical to achieving this and Integrated Care Plans will need to be developed within the strategic commissioning process.

18. Scottish Government and COSLA are of the view that we need now to move to a more targeted but transformational redesign focused on the complex and high cost service models that are in many cases not delivering the outcomes that people need, especially in less affluent areas.

19. Central to these approaches must be the shift to support the assets of individuals and communities so that they have greater control over their own lives and capacity for self management, particularly of multiple conditions. The third sector has a particularly crucial role to play in supporting such an approach.

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[1]

3   Integration Legislation

Purpose

20. The major aim of the Public Bodies Act is to create the conditions for service transformation which can help the public sector meet the challenges above and in particular to :
    - achieving the national outcomes across Scotland (Annex 2);
    - shifting the balance of care from the costly acute focus on health care, to more sustainable community based care.

21. It could be argued that this is one of the most major shifts in health and social care governance and planning in a generation. Partnership working through CHPs and Change Fund has not been able to deliver the required shift in the balance of care to the level required so more prescriptive legislation has been prepared. The legislation is predicated on:
    - considering the existing health and social care systems as a single 'whole system' rather than as two organisations working separately;
    - a scope of functions to be included to ensure whole system transformation is possible;
    - ensuring comprehensive and inclusive strategic planning arrangements to improve strategic leadership across the whole system to shift the balance of care and resources;
    - building on the best of both health board and local authority approaches to public service provision;
    - transforming organisational cultures to be person centred in both individual health and care circumstances and strategic planning processes;
    - engaging more strongly with local clinicians and professionals who are at the 'coal face' of demand;
    - Engaging with communities – third sector, independent sector and local people and their representatives, to ensure that health and social care services are governed, planned and delivered in a way that increases localisation, builds on and enhances community assets and increases responsiveness across local populations.

22. The Act specifically identifies and enshrines in law the Integration Planning Principles (Annex 3), and the health boards and councils have a duty to pay specific regard to these in the carrying out of their duties.

23. Specifically, a number of strategic enablers are required to ensure the right conditions are in place. The legislation creates these strategic enablers in the form of;

- an Integration Authority responsible for governing and planning the 'whole system and jointly resourced;
- a strategic planning process
- a requirement for local planning – with flexibility to local circumstances inbuilt
- mandatory integration planning principles
- accountability for national outcomes;
- a joint (forthcoming) performance framework for which both partners through the Integration Authority are accountable; and
- a fall-back position for Scottish Ministers to intervene should local resolution be impossible.

24. Enablers must deliver:

a) integrated governance and accountability across health and social care
b) Integrated planning and financing of health and social care services for the local population of Edinburgh

They must do this in a way which meets the Integration planning principles.

4 Localities

25. A key strand of the legislation is the emphasis on planning for local populations, engaging with local service users and ensuring that health and social care professionals are fully engaged in the planning and delivery of services for people.

26. A major element of this will be ensuring that the Integration Authority can engage fully in, and build upon, community planning processes for engagement at a local level. This will require some improvements within health and social care and an ongoing commitment to the joining up of local health and social care planning with local service management and delivery.

27. In the longer term there is an expectation that localities will have an influence over resourcing of service provision within their areas. Whilst this may not be full community participatory budgeting, influence over major service spend is expected through the planning process.

5 Expected Benefits

28. The cost of the 'do nothing' option, as mentioned above is impossible to meet. At best it would require, by 2030 a minimum of an18% increase in both NHS and adult social care resourcing. Based on 2011/12 figures and operating current

service models this would equate to an extra c£378m on adult social care in 2030 and an extra c£1.62 billion in 2030 for health services nationally.

29. Current spend nationally on health services for adults in 2011/12 was almost £9 billion. For the same period spend on adult social care was £2.1billion.

30. The Finance memorandum notes that the main areas of savings would be delivered through the areas below.

- Reducing delayed discharge to release beds and funds
- Improving anticipatory care and so avoid admission to hospital in the first place to release beds and funds
- Improving consistency in health and social care delivery and costs to improve the allocation of resources across Scotland

31. The estimated national benefits combined from these are between £138million and £157 million per annum. This must be considered in the context of the funding 'gap' above if we 'do nothing'. The Scottish Government presume that any release of funds will need to be reinvested within partnerships to help meet demand.

32. It should be stressed that, as organisations currently exist, all of these financial benefits would accrue to the NHS and as such the release of any of these resources must currently be made by the NHS to invest in CHP and/or the Council's social care to help meet demand and shift the balance of care.

33. Currently each resource transfer must be worked through in detail and agreed jointly and it is within the control of NHS Lothian to amend and retain agreed amount for a variety of reasons.

34. Current resource transfer levels are £20.822m. The level has risen only in line with inflation over the ten year period from £19.290 in 2004/5. See Table 1 earlier

35. It is obvious that in comparison to a total NHS budget of over c£1.1 billion (2012/13) and total council adult social care budget of £203m (2013/14), the current rate of resource transfer is unlikely to address the demand the minimum 18% increase in demand.

6   Shadow Arrangements

36. Based on the history of joint working, NHSL and the Council took a decision in late 2012 to progress with a shadow arrangements based on the body corporate model. Furthermore, NHSL and other Lothian Councils appointed Joint Directors in preparation for the 'body corporate' model.

37. All shadow arrangements and work so far, over the last 18 months, for the Integration Scheme and preparatory work for the Strategic Commissioning plan has been based on meeting the requirement of this decision. Furthermore, all communications with staff have been on the basis of this decision.

7   Scope of Services

38. Critical to the delivery of the shift in the balance of care is the scope of services of the Integration Authority. The wider the scope across unplanned admissions/unscheduled care (acute hospital), community based health and care and support services for community based approaches, the more likely there is to be a shift in the balance of care in a sustainable way for individuals and for the system as a whole. Learning has been taken by Scottish Government from the narrow scope of CHPs and their inability to shift the balance of care in a way that was envisaged.

39. Inclusion of a wide range of services is challenging for existing organisations. This tension must be acknowledged and addressed to ensure the model adopted is fit for purpose and sufficiently robust to deliver on behalf of the constituent authorities.

40. ***However it must be remembered that the role of the Integration Authority is a governance, planning and resourcing role, essentially a 'commissioning' role. Operational management of services can remain with the constituent authorities.***   Furthermore, it must be remembered that Scottish Government are clear, that this approach is not about the administrative convenience of the existing bodies, but about planning well to meet the national outcomes for local populations.

41. In line with the decision above, an initial scope was agreed in Spring 2013 and additional services were transferred to the management control of the Joint

Director from 1 December 2013. Further discussion has continued during 2013 and early 2014 on scope of NHS services and the NHS Board agreed a scope on 17 April 2014 for the 'body corporate' model.

42. The Bill and Act have, all along, outlined that a portion of acute/hospital services will be required to be in scope and have also included housing aids and adaptations and housing support services.

43. Changes in the Bill have reflected significant concerns by the NHS about the inclusion of acute/hospital services within scope and the arrangements for 'payments' of funds in relation to delegated functions have been 'softened' to the 'setting aside' of funds where they relate to acute/hospital funds.

8   Clarity on Scope of Functions to be delegated

44. The draft regulations released on 12 May prescribe in detail the services to be in scope.

45. For local authorities it is mostly as expected. All adult social care services must be delegated along with housing aids and adaptations.

46. The unexpected element related to the inclusion of housing support services and work is in hand to determine the implications of this. COSLA are preparing a response to this and ongoing discussions between Scottish Government and Directors of Housing in local authorities has clarified that the term is in relation to housing support for social care client groups. As such, it looks as if it will excluded housing support specifically in relation to homelessness and so avoid potential difficulties in relation to complex models of service delivery.

47. Children's social care services and criminal justice services are optional functions and may be delegated.

48. For the NHS, the draft regulations were as expected for primary and community based health services. They also detailed very specific services in relation to the acute/hospital functions. These are indeed challenging and are the services for which monies would need to be 'set aside' for the Integration Authority to utilise. See Annex 4 for details.

49. For NHSL, this effectively means they need to work out an apportionment of funds from their whole acute sector to be set aside for the unplanned / unscheduled care services and then apportion this across four local authorities in many instances. This is an administratively challenging task and will also impact on financial accounting matters going forward.

9   What is an Integration Authority?

50. The Integration Authority is the body to which the Health Board and/or the Council delegates functions and makes payments associated with those functions. It is the body which is then responsible for the carrying out of those functions and receives all associated powers and duties associated with that delegation.

51. The Integration Authority can be either an Integrated Joint Board (IJB), the Council or the Health Board. It is the body which is responsible for planning health and social care services for the local population of Edinburgh, through the Strategic Plan. It is the body which then must instruct the delivery of these functions and make associated payments/allocate resources in line with the intentions in the Strategic Plan.

52. It is the accountable body for the carrying out of the functions and for delivering on the national health and wellbeing outcomes and must publish an annual Performance Report.

53. Where the Integration Authority is not an Integrated Joint Board, the authority must create a Joint Monitoring Committee to oversee and scrutinise the carrying out of the functions.

10 Models Available

54. The local authority and health board must agree the model for the Integration Authority for their area and draft an Integration Scheme which specifies the details of this model.

55. In summary the models are

   a. The 'body corporate' model - The health board and local authority choose to deliver integrated services through delegation to *an Integration Joint Board* established as a body corporate. This will require the appointment of a Chief Officer as the jointly accountable officer.

b. The delegated authority model or 'lead agency' model, which has three permutations and will be accountable through the 'lead' agency Chief Executive.

    i. the health board and local authority choose to deliver services through delegation to the health board in a delegation between partners arrangement and establish a *Joint Monitoring Committee*;

    ii. the health board and local authority choose to deliver integrated services through delegation to the local authority in a delegation between partners arrangement and establish a **Joint Monitoring Committee**; or

    iii. the health board and local authority choose to deliver integrated services through delegation to the health board and the local authority in a delegation between partners arrangement and establish a **Joint Monitoring Committee.**

56. A technical options analysis of each model is provided below. This is a technical analysis in terms of how the models work for each of the key elements of the act, (governance and delegation, what actually happens, strategic plan and performance report).

57. Whatever the preferred model chosen the detail needs to be set out in the Integration Scheme – this is the formal agreement between NHS health board and the council in terms of how matters will work.

58. Specifically is must include details about:

- Governance and financial arrangements

- Strategic planning arrangements

- Local operational delivery arrangements

- Legal liabilities in each model

- Management of risk in each model

11 Technical Options Analysis

59. The technical options analysis was undertaken by a joint team of Council and NHS Lothian officers in June 2014 and drew on internal and external legal advice.

60. A number of items of clarification were sought from Scottish Government and, as a result of the process, Scottish Government have noted the need for Regulations to clarify a number of points with respect to Model d) in particular. The options analysis is written on the basis of the clarification received, rather than on the wider interpretation which is currently possible.

61. A summary of the key elements of each model is provided in Annex 5 and a view on the joint teams' view on the viability of each model is provided in Annex 6.

62. Detail of what happens in each model is provided in detail below along with a number of comments and observations about each.

Models for Integration Authority

Interpreted as would be applicable to Edinburgh and NHSL

 (the references a), b) c) and d) refer to the legislation Section 1 (4).

Model A

Governance Model a) Body Corporate: The Integrated Joint Board is the Integration Authority.

What happens…

63. The Council and the NHS delegate the functions that MUST be delegated to an Integrated Joint Board (IJB), another legal body which is set up by Scottish Government. This body is established via the Integration Scheme. They can delegate functions that MAY be delegated such as children's services.

64. Once the IJB is established the Council and the NHS must delegated the associated resources, via payments, for these functions to the IJB. Where functions are related to hospital/acute setting the NHS must 'set aside' the associated funds for use by the IJB. The process for doing this and for the financial monitoring must be set out in the Integration Scheme.

65. The IJB is to carry out the functions delegated and has all the powers and duties that go along with the functions.

66. The IJB is wholly responsible for strategic planning and must prepare a Strategic (Commissioning) Plan (SCP) – see below. It then MUST instruct the council and the NHS to deliver these functions in line with this (SCP). It cannot instruct any other bodies to perform these functions, however this direction can be given to instruct the bodies to deliver the function jointly.

67. Current delivery responsibilities can be moved between NHSL and the Council and staff transfer and secondment is possible.

68. The IJB must set out how the funds available to it are to be used to meet these instructions by the constituent authorities who will perform the function operationally (the specified amount). The IJB may regulate the manner in which the function can be carried out. Where the funds for delivery are 'set aside' (for acute/hospital functions), the IJB may required the constituent authority to 'pay to it unused amounts'. If the health board requires to use more than the specified amount it may require the IJB to reimburse it for the additional amount used.

69. The IJB appoints a Chief Officer – who can be seconded from a constituent authority

70. The IJB is made up of :

- Voting members - the same number of representatives from the local authority (elected members) and health board (min 2 non-exec directors and 1 other health board member). A minimum of three and up to 10% of the full council number.

- Non-voting members (advisory) –must include minimum of

- A nominated health professional

- Chief Social Work Officer

- A staff-side rep

- A third sector rep

- A carer rep

- A service user rep

- The Chief Officer

71. Chair and Vice Chair must be one from each of local authority and health board and must rotate every three years. Chair has casting vote should it be needed.

72. The IJB is a separate legal entity responsible for governance, resourcing and planning of the functions delegated to it.

Strategic Plan

73. The IJB is responsible for preparing and approving the Strategic (Commissioning) Plan (SCP) which sets out the details of how the delegated functions are to be carried out, how they will meet the national outcomes, how funds are to be used/spent over a three year period in order to deliver on the national outcomes

and to shift the balance of care. The SCP must divide the local authority area into at least two localities and set out separately the arrangements for each locality.

74. The first SCP must be prepared before the integration start day- i.e. the day on which functions are delegated.

75. The IJB must establish a Strategic Planning Group (SPG) and it must include

- at least one person nominated by the Health Board;

- at least one person nominated by the Council; and

- other members as prescribed by Scottish Ministers, including locality representatives.

76. The IJB will be required to:

- Embed patients/clients and their carers in the decision-making process

- Treat third and independent sectors as key partners

- Involve GPs, other clinicians and social care professionals in all stages of planning work

77. The IJB must seek views from the SPG and take account of these views on the approach and each of two drafts, prior to the final version.   It must also send a copy of the second draft to the health board and local authority, seeking their views. It must take account of their views in finalising the SCP.

78. The IJB must publish its SCP along with a statement of the action it took as a result of the views expressed on the second draft SCP.

79. If it appears to a constituent authority that the SCP is preventing or is likely to prevent it from carrying out any of its functions appropriately or from meeting integration planning principles/national outcomes the constituent authorities acting jointly, may direct the IJB to prepare a replacement SCP. The IJB must comply.

Performance Report

80. The IJB is accountable for delivery of the outcomes and must prepare a performance report for the reporting year (annual) to set out how it has planned and carried out the delegated functions. It must contain

- Progress to deliver national outcomes

- Performance against key indicators/measures

- How strategic planning and locality planning arrangements have contributed to delivering services

- Info on any review of the SCP

- Any major decisions taken out with the SCP

- An overview of the IJB financial performance

- The extent to which IJB has moved resources from institutional based to community based care and support, specifically the proportion of budget spent on each type of care and support

- A comparison with at least the preceding 5 years

81. The IJB must publish the report and provide a copy to the Health Board and Council.

82. Comments and Observations relating to the Council

- The IJB is a partnership body with decision-making powers. Councillors will have a vote on all decisions in a timely fashion

- The IJB jointly prepares the SCP and councillors will have stake in its development

- If the Council still does not consider the SCP is 'safe' to implement it can request, jointly with the NHS that a replacement be made

- The IJB jointly prepares the locality element of the SCP and councillors will have stake in this

- The IJB jointly prepares the Performance Report and councillors will have a stake in this.

- It is likely that the IJB will need to appoint a distinct Section 95 Officer to be operationally accountable for funds.

- The IJB does not employ anyone or own any assets

- The Council delegates its functions and resources to this third party for governance and planning purposes

- The Council must decide each year how much it will pay to the IJB and as the IJB receives funding from only the Council and NHS, the Council and NHS continue to carry the financial risk

- The Council must take instructions from the IJB on how to deliver adult social care functions (albeit from a body with 50% voting share) including how much to spend (by default this could be different from past spend)

- In practical terms the liabilities and risks associated with the Council's statutory obligations will remain with the Council

83. Comments and Observations relating to NHS Lothian

- The IJB is a partnership body with decision-making powers. NHS Board members will have a vote on all decisions in a timely fashion(as often as the IJB meets)

- The IJB jointly prepares the SCP and NHS Board will have stake in its development

- If the NHS still does not consider the SCP is 'safe' to implement it can request, jointly with the Council that a replacement be made

- The IJB jointly prepares the locality element of the SCP and NHS Board will have stake in this

- The IJB jointly prepares the Performance report and NHS Board will have a stake in this.

- The NHS delegates its functions and resources to a third party for governance and planning purposes

- The NHS must decide each year how much it will pay to the IJB for community and primary care functions and as the IJB receives funding from only the Council and NHS, the Council and NHS continue to carry the financial risk

- The NHS must work out how much it will set aside for Edinburgh for its acute/hospital based functions

- The IJB does not employ anyone or own any assets

- The NHS must take instructions from the IJB on how to deliver its community based functions (albeit from a body with 50% voting share) (by default this could be different from past spend)

- The NHS must take instruction from the IJB on how it is to deliver the portion of acute/hospital functions (albeit from a body with 50% voting share) (by default this could be different from past spend)

- In practical terms the liabilities and risks associated with the NHS statutory obligations will remain with NHS Lothian

84. The Joint Team considers Option a) as a viable model for Edinburgh.

Model B

Governance Model b) Council delegates to NHS – NHS Board is the Integration Authority or 'Lead Agency'.

What happens…

85. The Council delegates the functions that MUST be delegated to the NHS Board. It can also delegate functions that MAY be delegated.

86. The Council must delegate the associated resources, via payments, for these functions to the Health Board. The Health Board does not need to delegate its own functions as it is the integration authority (lead agency). The process for making annual payments by the Council to the NHS and for the financial monitoring must be set out in the Integration Scheme.

87. The health board, as the integration authority, MAY give direction to the local authority which prepared the integration scheme to carry out the functions delegated.   The health board has all the powers and duties that go along with the functions delegated. In effect, the council hands over the powers, duties and funds for the functions and MAY be instructed to carry out the functions) (– equally it may not). The Health Board can instruct ANYONE to deliver the services.

88. Where the Council is instructed to carry out the function on behalf of the integration authority, the Health Board must specify to the local authority the funds /payments to carry out the function and how such an amount can be used.

89. Alternatively the council can transfer its staff to the health board such that the direction above is not required. (a range of additional elements of the Act apply)

90. There is no requirement for a Chief Officer.

91. An Integration Joint Monitoring Committee (IJMC) is established by the Integration Authority. Its purpose is:

- for the monitoring the carrying out of the integration functions for the area of the local authority; and

- to hold the body or bodies to whom functions are delegated to account for the delivery of integrated services.

92. It will provide assurances to the Council of the progress that is being made to achieve the national health and wellbeing outcomes. It can write reports and make recommendations to the lead agency, where it sees fit. It is key to providing scrutiny and accountability of the integrated arrangements.

- Min of three councillors from the Council

- Min of three NHS board members

- A registered health professional from health board

- Chief Social Work Officer

- Health Board Director of Finance

- A staff-side rep from Health Board

- A third sector rep

- A carer rep

- A service user rep

- Other members as the IJMC sees fit.

93. Chair must be agreed jointly by the NHS and Council and can jointly change the chair person with one months notice in writing.

94. Additional members are permitted as the integration monitoring committee sees fit.

95. The IJMC is enabled to <u>monitor</u> these arrangements and can make reports/recommendations to the Integration Authority. The Health Board must have regard to these IJMC reports/recommendations and take any action it considers necessary. It must also provide a response to the IJMC. (<u>There is nothing explicit</u> in the Act which specifies that the integration authority <u>must</u> take account of the recommendations.)

Strategic Plan

96. NHS Lothian will prepare and approve the Strategic (Commissioning) Plan (SCP) which sets out the details of how the delegated functions are to be carried out, how they will meet the national outcomes, how funds are to be used/spent over a three year period in order to deliver on the national outcomes and to shift the balance of care. The SCP must divide the local authority area into at least two localities and set out separately the arrangements for each locality.

97. The first SCP must be prepared before the integration start day- i.e. the day on which functions are delegated by the Health Board.

98. The Health Board must establish a Strategic Planning Group (SPG) and it must include:

- at least one person nominated by the Council; and

- other members as prescribed by Scottish Ministers, including locality representatives.

99. The health board will be required to:

- Embed patients/clients and their carers in the decision-making process

- Treat third and independent sectors as key partners

- Involve GPs, other clinicians and social care professionals in <u>all </u>stages of planning work

100.   The Health Board prepares the SCP and must seek views from the SPG and take account of these views on the approach and each of two drafts, prior to the final version.   It must also send a copy of the second draft to the Council, seeking its views. It must take account of their views in finalising the SCP.

101.   The Health Board must publish its SCP along with a statement of the action it took as a result of the views expressed on the second draft SCP.

Performance Report

102.   The Health Board must prepare a performance report for the reporting year (annual) to set out how it has planned and carried out the delegated functions. It must contain

- Progress to deliver national outcomes

- Performance against key indicators/measures

- How strategic planning and locality planning arrangements have contributed to delivering services

- Info on any review of the SCP

- Any major decisions taken out with the SCP

- An overview of the Int Auth (Health Board as lead agency)   financial performance

- The extent to which Int Auth (Health Board as lead agency)   has moved resources from institutional based to community based care and support, specifically the proportion of budget spent on each type of care and support

- A comparison with at least the preceding 5 years

103.   The Health Board must publish the report and provide a copy to the Joint Monitoring committee and to the Council.

104.   Comments and Observations relating to the Council

- Council can determine how much it wishes to spend on adult social care functions each year and delegates accordingly

- Council need only monitor performance annually and contribute to SCP once every three years

- The Council delegates its functions and resources to the NHS Board for governance and planning purposes - but will remain statutorily liable

- The Council must decide each year how much it will pay to the NHS Board and make a payment to the NHS. It may not be able to recoup any in year savings.

- The Council MAY be instructed by the NHS Board on delivery of adult social care functions and be given payments from the NHS (by default this could be different from past spend)

- The NHS <u>need not</u> give instruction to the Council to carry out the functions. (it is not clear whether this means another Local Authority could be instructed instead)

- Any future corporate decisions affecting the budget e.g. staff terms and condition changes would need to be negotiated with NHS in terms of the impact on budgets

- Council role in SCP becomes - handing over resources; being a nominated member of the SPG and a consultee in on the second draft

- There is no joint 'veto' on the lead agency SCP.

- Council role in Performance Report is that of a recipient of the annual report. The IJMC can make recommendations that the Health Board must consider, can take action it thinks necessary and respond. There is no legal requirement to action the recommendations as requested.

- There is no Council Finance officer required on the IJMC

- There is no Council staff side representative required on the IJMC

- If the Council become dissatisfied with performance then the only recourse is either a joint review of the integration Scheme, dispute resolution or Ministerial intervention

- This option allows for transfer of staff and if this were to be pursued would reduce the administrative burden on HR, payroll and other related functions in the medium –long term potentially allowing reductions in staffing in some corporate functions.

- Given that functions, powers, duties and payments must be delegated to the Integration Authority and that the Integration Authority need not instruct the Council to deliver the services operationally, it would be less risky for the Council to transfer/second its staff to NHS Lothian.

- Transfer of staff may bring a number of risk to the Council such as:
    o The potential loss of all adult social care skills and experience with which to monitor performance

o Staff discontent and industrial action

- It is also likely that the Council would require NHS Lothian to indemnify it against all claims relating to its statutory obligations

105. Comments and Observations relating to NHS Lothian

- NHS Lothian becomes accountable for the delivery of the national health and wellbeing outcomes for Edinburgh

- NHS Lothian has governance and planning control over the 'whole system' of health and social care

- NHS Lothian need not delegate functions to another body

- NHS Lothian need not make payments for community and primary health care functions

- NHS Lothian need not 'set aside' amounts (funds) for acute/hospital functions

- NHS Lothian need not take instructions from a third party on how to deliver its functions

- NHS Lothian prepares the SCP

- NHS Lothian prepares the Performance Report

- NHS Lothian Board must develop knowledge and skills on governing and planning adult social care functions

- NHS Lothian would become liable for any financial shortfall within the agreed financial period, but the shortfall in subsequent periods will need to be jointly agreed

- NHS Lothian would need to indemnify the Council for any failure to meet statutory obligations

- This option allows for transfer/secondment of staff to NHS Lothian. Transfer of staff brings a number of risk to NHS Lothian e.g.

  o Potential costs of harmonising terms and conditions – specifically when the larger portion of staff may be on lesser pay levels (TBC)

  o Wider staff discontent and industrial action during transfer

  o An increased administrative burden for HR, payroll etc.

106. **Joint Team considers Option b) as a viable model.**

Model C

Governance Model c) NHS delegates to Council – Council is the Integration Authority or 'Lead Agency'.

What happens…

107. The NHS delegates the functions that MUST be delegated to the Council. It can choose to delegate its optional services.

108. The NHS must delegate the associated resources, via payments, for these functions to the Council. The Council does not need to delegate functions as it is the integration authority. The process for making annual payments by the health board (annual budget setting process) to the Council and for the financial monitoring must be set out in the Integration Scheme.

109. The Council, as the integration authority MAY give direction to the NHS which prepared the integration scheme to carry out the functions delegated and the Council has all the powers and duties that go along with the functions delegated. (The NHS hands over the powers and duties and MAY be instructed to carry out the functions) (– equally it may not). The Council can instruct ANYONE to deliver the services.

110. Where it is instructed to carry out the function on behalf of the Integration Authority the Council must specify to the NHS the funds /payments to carry out the function and how such an amount can be used.

111. Alternatively the health board can transfer its staff to the Council such that the direction above is not required.

112. There is no requirement for a chief officer.

113. An Integration Joint Monitoring Committee (IJMC) is established by the council and health board. Its purpose is:

- for the monitoring the carrying out of the integration functions for the area of the local authority; and

- to hold the body or bodies to whom functions are delegated to account for the delivery of integrated services.

114. It will provide assurances to the health board of the progress that is being made to achieve the national health and wellbeing outcomes. It can write reports and make recommendations to the lead agency, where it sees fit. It is key to providing scrutiny and accountability of the integrated arrangements.

- Min of three councillors from the Council

- Min of three NHS board members

- A registered health professional from health board

- Chief Social Work Officer

- Local Authority S95 Officer

- A staff-side rep from local authority

- A third sector rep

- A carer rep

- A service user rep

- Other members as the IJMC sees fit.

115. Chair must be agreed jointly by the NHS and Council and can jointly be changed with one months notice in writing.

116. Additional members are permitted as the integration monitoring committee sees fit.

117. The IJMC is enabled to monitor these arrangements (note make-up above), and can make reports/recommendations to the Integration Authority. The Health Board must have regard to these IJMC reports/recommendations and take any action it considers necessary. It must also provide a response to the IJMC. (There is nothing explicit in the Act which specifies that the integration authority must take account of the recommendations.)

Strategic Plan

118. The prepares and approves the Strategic (Commissioning) Plan (SCP) which sets out the details of how the delegated functions are to be carried out, how they will meet the national outcomes, how funds are to be used/spent over a three year period in order to deliver on the national outcomes and to shift the balance of care. The SCP must divide the local authority area into at least two localities and set out separately the arrangements for each locality.

119. The first SCP must be prepared before the integration start day- i.e. the day on which functions are delegated.

120. The Council must establish a Strategic Planning Group (SPG) and it must include:

- at least one person nominated by the Health Board; and

- other members as prescribed by Scottish Ministers, including locality representatives.

121. The Council will be required to:

- Embed patients/clients and their carers in the decision-making process

- Treat third and independent sectors as key partners

- Involve GPs, other clinicians and social care professionals in <u>all</u> stages of planning work

122. The Council prepares the SCP and must seek views from the SPG and take account of these views on the approach and each of two drafts, prior to the final version.   It must also send a copy of the second draft to the Health Board, seeking its views. It must take account of their views in finalising the SCP.

123. The Council must publish its SCP along with a statement of the action it took as a result of the views expressed on the second draft SCP.

Performance Report

124. The Council must prepare a performance report for the reporting year (annual) to set out how it has planned and carried out the delegated functions. It must contain

- Progress to deliver national outcomes

- Performance against key indicators/measures

- How strategic planning and locality planning arrangements have contributed to delivering services

- Info on any review of the SCP

- Any major decisions taken out with the SCP

- An overview of the Int Auth (Council as lead agency) financial performance

- The extent to which Int Auth (Council as lead agency) has moved resources from institutional based to community based care and support, specifically the proportion of budget spent on each type of care and support

- A comparison with at least the preceding 5 years

125. The Council must publish the report and provide a copy to the Joint Monitoring committee and to the Health Board

126. Comments and Observations relating to the Council

- The Council becomes accountable for the delivery of the national health and wellbeing outcomes for Edinburgh

- The Council has governance and planning control over the 'whole system' of health and social care

- The Council need not delegate functions to another body

- The Council need not make payments for adult social care functions

- The Council need not take instructions from a third party on how to deliver its functions

- The Council prepares the SCP

- The Council prepares the Performance Report

- The NHS must take direction from the Council on the use of set aside funds. If the NHS requires more than the amount directed the NHS may require the Council to reimburse it for the additional amount.

- The Council must develop knowledge and skills on governing and planning community and primary care functions as well as on a number of acute/hospital based health care functions

- This option allows for transfer of staff to the Council. Transfer of staff brings a number of risk to the Council e.g.

  - Potential costs of harmonising terms and conditions – specifically when the larger portion of staff may be on lesser pay levels (TBC)

  - Wider staff discontent and industrial action during transfer

  - An increased administrative burden for HR, payroll etc

- The Council would become liable for any financial shortfall within the agreed financial period, but the shortfall in subsequent periods will need to be jointly agreed

- It is also likely that the Council would need to indemnify NHS Lothian against all claims relating to its statutory obligations

127. Comments and Observations relating to NHS Lothian

- NHS can determine how much it wishes to spend on community / primary functions each year and delegates accordingly;

- NHS need only monitor performance annually and contribute to SCP once every three years;

- This option allows for transfer/secondment of staff and if this were to be pursued could reduce the administrative burden on HR, payroll and other related functions in the medium –long term potentially allowing reductions in staffing in some corporate functions.

- The NHS delegates its functions and resources to the Council for governance and planning purposes- but will remain liable for its statutory obligations.

- The NHS must decide each year how much it will pay to the Council and make a payment to the Council. It may not be able to recoup any in year savings.

- NHS Lothian must determine the amounts to be set aside for 'acute/ hospital functions and ensure these are transparent for the Council

- The Council need not give instruction to the NHS to carry out the functions.

- NHS Lothian must take instructions from the Council, if given, on how to deliver health care functions and take payments made (by default this could be different from past spend)

- NHS Lothian must take direction from the Council, if given, on the use of set aside funds. If the NHS does not use all of the Council may require it to pay the unused amount back. If it requires more it may require the Council to reimburse it

- Given that functions, powers, duties and payments must be delegated to the Integration Authority and that the Integration Authority need not instruct NHS Lothian to deliver the services operationally, it is possible that NHS Lothian would wish to transfer/second its staff to the Council.

- It is also likely that NHS Lothian would require the Council to indemnify it against all claims relating to its statutory obligations.

- Any future corporate decisions affecting the budget e.g. staff terms and condition changes would need to be negotiated with Council in terms of the impact on budgets

- NHS Lothian role in SCP becomes - handing over resources; being a nominated member of the SPG and a consultee in on the second draft

- There is no joint 'veto' on the lead agency SCP.

- NHS Lothian role in Performance Report is that of a recipient of the annual report. The IJMC can make recommendations that the Council must consider, can take action it thinks necessary and respond. There is no legal requirement to action these recommendations as requested.

- There is no NHS Board Finance officer required on the IJMC

- There is no NHS staff side representative required on the IJMC

- If NHS Lothian become dissatisfied with performance then the only recourse is either a joint review of the integration Scheme, dispute resolution or Ministerial intervention

- The delegation of functions and resources which are currently planned for and delivered on a regional scale, to a more local Integration Authority is likely to be very challenging.

- Furthermore, planning at such a local level brings a potential risk to introduce a degradation of services across geographical boundaries. This option allows for transfer/secondment of staff to Council. Transfer of staff brings a number of risk to the NHS e.g.
  - The potential loss of all community /primary are skills and experience with which to monitor performance
  - Staff discontent and industrial action

128. The joint team do not believe Option c) is a viable option due to the potential degradation of services across geographical boundaries.

Model D

Governance Model d) Council delegates to NHS <u>AND</u> NHS delegates to Council. NHS is the Integration Authority for some functions and the Council is the Integration Authority for some functions.

What happens…

129.   Advice from Scottish Government confirms that groups of services for adults or for children's services must be kept together which means that either the health board or the council must delegate all its adult services to the other. i.e. Model b) or c).

130.   Children's services are optional services for delegation and as such a Model d) would only exist if the Council or NHS delegated the optional Children's services in the opposite direction, such as is the case in Highland.

131.   Given that the delegation of adult health care services to the Council (model C) is not considered to be a viable option the only way Model d) could work in Edinburgh would be:

- The Council delegates its adult social care services to NHS Lothian (Model b) AND

- NHS Lothian delegates its optional children's services to the Council (Model c)

132.   The result is that Edinburgh would have two Integration Authorities, both lead agency models, one for adult services and one for children's services.

133.   An Integration Joint Monitoring Committee (IJMC) is established by the council and health board. Its purpose is:

- for the monitoring the carrying out of the integration functions for the area of the local authority; and

- to hold the body or bodies to whom functions are delegated to account for the delivery of integrated services.

134.   It will provide assurances to the health board and council (as appropriate) of the progress that is being made to achieve the national health and wellbeing outcomes. It can write reports and make recommendations to the lead agency, where it sees fit. It is key to providing scrutiny and accountability of the integrated arrangements.

- Min of three councillors from the Council

- Min of three NHS board members

- A registered health professional from health board

- Chief Social Work Officer

- Health Board Director of Finance

- S 95 Officer

- A staff-side rep from Health Board

- A staff side rep from the Council

- A third sector rep

- A carer rep

- A service user rep

- Other members as the IJMC sees fit.

135. Chair must be agreed jointly by the NHS and Council and can jointly change the chair person with one months notice in writing.

136. Additional members are permitted as the integration monitoring committee sees fit.

137. The IJMC is enabled to monitor these arrangements (note make-up above), and can make reports/recommendations to the Integration Authority. The Health Board and Council must have regard to these IJMC reports/recommendations and take any action it considers necessary. They must also provide a response to the IJMC. (There is nothing explicit in the Act which specifies that the integration authority must take account of the recommendations.)

Strategic Plan

138. It is likely that two Strategic Plans would be required, one for adult services and one for children's services with each lead agency taking being responsible for preparing and approving the relevant plan. It is possible that the mechanism for developing the strategic plan could be streamlined, e.g. one Strategic Planning Group, but this will need to be agreed.

139. The Council and the Health Board must seek views from the SPG(s) and take account of these views on the approach and each of two drafts, prior to the final version. (The Act is not clear whether a copy of the SCP(s) must then be sent to each constituent authority). It must take account of the views in finalising the SCP.

140. The Council and the Health Board must publish its SCP(s) along with a statement of the action it took as a result of the views expressed on the second draft SCP.

Performance Report

141. Each Integration Authority must prepare a performance report for the functions delegated to them for the reporting year (annual) to set out how it has planned and carried out the relevant functions delegated to it. It is possible that the process for this could be streamlined.

142. **Comments and Observations**

- The comments would apply from Models b) and c) dependent on the direction of delegation of which functions to whom.

- If adult social care functions are delegated to NHS board and children's health services are delegated to the Council then the relevant comments apply as follows:

    o Adult social care delegated to NHS – Model B

    o Children's services delegated to Council – Model C

- The IJMC would be a more balanced and a more joint committee.

- It would still have an assurance role rather than a decision-making role.

143. The issue of scale of relevant services would need to be considered. Adult Social care = £189million. Children's health care services – c £5-10million.

144. **The joint team does not believe that Option d) offers any more advantages than Option b) in Edinburgh, therefore the team recommends that this option is not pursued.**

12 Strategic Options Analysis

145. As well as a technical analysis, consideration must also be given to how the models could best achieve the national health and wellbeing outcomes (Annex 2) and the requirements of the integration planning principles (Annex 3).

146. This section examines Model a) Integrated Joint Board and Model b) NHS as lead agency against the national outcomes and integration planning principles.

147. When considering national health and wellbeing outcomes the key benefits expected by Scottish Government across the whole system (outlined in the Policy and Financial Memoranda to the Public Bodies Bill) include:

- ***Avoiding unnecessary admissions to hospital***
- ***Reducing delayed discharge into the community***
- ***Shifting the balance of health care to community-based setting***
- ***Providing person-centred health and social care***
- ***Ensuring consistency of provision***
- ***Providing local responsiveness of provision***

148. To deliver on these, the Integration Authority must fund, plan for and instruct delivery of:

- New / improved health care solutions in the community;

- New improved social care solutions in the community;

- New/ improved home-based health and care solutions;

- A redirection of budgets across whole pathways;

- A rebalancing of budgets to community health and care;

- Supported self management for health and care;

- Local area responsiveness; and

- Safe and effective service re-design.

149.   The key challenges within the planning principles mean that the Integration Authority must also :

- improve the <u>wellbeing</u> of service users (note it does not reference health or social care, but the overall wellbeing of people)

- include the participation of service users

- ensure services are planned and led locally in a way which is engaged with the community(including in particular service users, those who look after service users and those involved in the provision of health or social care)

150.   The key mechanism to do all of this is via the Strategic Plan and associated processes of engagement and consultation. This mechanism exists within both Model a) and b) and the 'devil is in the detail' of this.

151.   The 'devil' is in the need to:

- Be innovative in re-design of services and re-balance these towards the community;

- Ensure we take efficient and effective decisions for the whole system;

- Address the historic 'siloed' approaches to planning and service re-design of services.

- Listen and be responsive to individuals, practitioners and communities; and

- Redistribute resources from institutional settings to community-based settings.

152.   Given that both the Council and NHS have different strengths in each of these areas and that we cannot have two Strategic Plans – one from a IJB and one from the NHS as lead agency - and then choose the 'best',   it is not possible to objectively assess which model can best deliver on the outcomes.

153.   It is only possible to pose some key questions and make a judgement based on our organisational history, values, background and beliefs as follows:

Key Questions

154.   Question 1: Do the Council believe that there is a greater likelihood of meeting the challenges in paragraphs 148, 149, 150 and 152 through a Strategic Plan which is prepared, approved and funded by a joint body approach?

155.   It is possible that Model a) will allow a greater level of debate and challenge which could encourage more innovative service redesign, redistribution and resources, tackle organisational inertia, ensure responsiveness to individuals, practitioners and communities in a way which would not be possible in the continuing practice of one existing organisation.

156.   The NHS has had for a number of years the power to transfer resources to community-based functions. However, as was evidenced in early sections of this report, the progress on this across the whole of Scotland has been slow. While it is possible that a single organisation could be more likely to 'obey 'instructions from an existing board rather than from a new partnership board and could adapt more readily to those instructions, it is open to debate, given past history, whether the shift in the balance of resources would progress faster with an NHS Board alone in charge of both institutional and community based care.

157.   If the answer is YES to the question in paragraph 154 then the choice is Model a) Integrated Joint Board. If the answer is NO and the view is that the NHS as a single agency could have more chance of meeting the challenges alone then the choice is Model b) NHS as lead agency.

158.   Question 2: Does the Council want to continue to be involved in making decisions about the ongoing planning and functioning of health and social care functions in Edinburgh?

159.   The Council has had a long standing role in planning for the social care needs of its population and delivering services to meet these needs. Delegation to the NHS (Model b) would relinquish the governance and planning role and would more than likely remove its delivery element (via staff transfer to minimise risk and liabilities). The Council role in relation to adult social care would become one which encompasses funding and scrutiny of delivery.

160.   If the answer is YES to the question in paragraph 158 then the choice is Model a) Integrated Joint Board. If the answer is NO then NHS as a single agency would be the choice.

161. **Question 3: Does the Council believe that local democratic accountability is important to the process of governing, planning and funding of services for the population of Edinburgh?**

162. The advantages of this relate to the fact that council members of the Integration Joint Board will be directly elected by the population of Edinburgh and accountable to them. A disadvantage could be viewed as the perceived bureaucracy that the inclusion of elected members could create. However this is mitigated by the fact that the Integration Authority receives all powers and duties associated with the delegated functions and as such there is no need for duplicate reporting/approval.   The NHS Lead Agency model brings with it national level democratic accountability through the Minister to Parliament and local democratic input through two Councillors on the NHS Board.

163. If the answer is YES to the question in paragraph 161, then the choice is Model a) Integrated Joint Board. If the answer is NO then Model b) NHS lead Agency remains on the table.

164. **Question 4: Does the Council wish to hand over, in a single arrangement, all of its social care staff and potentially a proportion of its corporate staff to the NHS and in so doing does it believe this will deliver the challenges identified in paragraphs ?**

165. It is possible that this arrangement would mean more effective and efficient implementation of decisions in the long run, however this is not guaranteed an d the short term consequences of this would need careful handling. Some transfer may still occur under Model a) but this would be on a case by case basis in line with the Strategic Plan (effectively a business case to justify any transfer)

166. If the answer to this is NO, to the question in paragraph 161 then the choice is Model a). If the answer is YES then Model b) remains on the table.

167. **Questions 5: Does the Council believe that NHS as lead agency would be a faster, more efficient governance and implementation model than a joint arrangement?**

168. The assumption would be that one existing board which encompasses funding, planning and implementation could be more responsive than an IJB with a chief officer who instructs one or both of the existing organisations to deliver. Given the clear role of the Chief Officer, if the Strategic Plan specifies requirements well enough and the process of giving direction is also clear, AND both organisations follow these instructions in the spirit with which they are intended then there should be no reason for a slower response to an IJB matter.

169. Furthermore, the NHS Board will have a range of national, regional and 'planned' health services to plan for and deliver, whereas an IJB can focus on its

attention on the 'unplanned' health and community-based functions which are currently causing the most concern to Scottish Government.

170.   If the answer is YES to the question in paragraph 164 then the choice is Model b) NHS as lead agency. If the answer is NO then an Integrated Joint Board remains a viable option.

171.   Question 6: Does the Council believe that engagement with individuals, practitioners, clinicians and communities can be best achieved through a joint approach or through a single lead agency approach?

172.   Both the Council and the NHS have a range of different practices and practical experiences for engaging with individuals, professionals, clinicians, service users and wider communities. Currently, all these approaches are drawn on for planning and developing services. There is a risk that delegation in Model b) single agency may lead to a focus on NHS existing approaches only without a concerted requirement to continue to build on the best of both approaches, possibly through performance measures. Model a) could ensure consideration of the approaches used by both partners in a more balanced way   drawing on the best of both worlds.

173.   Question 7: Does one model fit more closely with the Council's organisational values:

- Which model allows the Council to put the 'customer first'?

  - By remaining involved in decision-making and planning through Model a), the Council can ensure that the customers of health and social care services remains at the centre of what is happening at all decision-making points. In Model b) the Council would ensure the customer is put first through the performance measures set for the NHS in relation to delegated functions and funds and could scrutinise this, after the fact, and make recommendations through the Integrated Joint Monitoring Committee.

- Which model is the most 'honest and transparent'?

  - By remaining involved in decision-making and approval of the Strategic Plan through Model a) the Council can ensure ongoing challenge. Furthermore, local democratic accountability will remain a part of governance and planning of services into the future as a number of elected members will remain fully accountable for the delegated functions within the IJB. In Model b) the Council will ensure transparency through the arrangements established for the delegation of functions and liabilities and via the Integrated Joint Monitoring Committee.

- Which model allows us to best deliver on 'working together'

- By remaining involved in decision-making and approval of the Strategic Plan through Model a) the council continues to work together in a partnership with the NHS. In model b) the Council will adopt a more contractual approach by delegating and paying for the functions to be delivered and will scrutinise delivery via the Integrated joint Monitoring Committee.

- Which model is the most 'forward thinking'?

  - It could be argued that Model b), full delegation of functions and funds and ultimately staff, is the most forward thinking. However given the points above, there is no guarantee that the NHS will be any more forward thinking than is currently the case and that a true partnership may stimulate more ideas and debate than may be possible in the single agency NHS Board.

174. The choice of Model a) or b) depends entirely on the balance of views across the points above.

175. A summary of the questions and comments above is outlined in Annex 7.

176. If the responses to the questions posed lie mostly in Column A – the preferred Model will be Model a) integrated Joint Board.

177. If the responses to the questions posed lie mostly in Colum B – the preferred response will be Model b) NHSL as lead agency.

13 Matters which are not relevant

178. Matters of administrative convenience for constituent bodies are, from a Scottish Government policy perspective, not relevant to the options analysis.

179. Furthermore, operational management can be determined locally irrespective of which model is chosen so should not be a specific consideration in the governance model.

14 Recommendations

180. It is assumed that:

- the Council will wishes to remain involved in decision-making and planning;

- the Council will consider local democracy as important in ongoing planning and delivery of health and social care;

- a joint approach to strategic planning would be better than a single agency approach from the perspective of range of experience available to draw on; and

- a joint approach to engagement with people would be preferred as it minimises the risk of losing the range of methods and experience currently available.

181. The Model a) Integrated Joint Board also aligns more closely with current Council values than does Model b).

182. The remaining factor of efficient and speedy decision-making and implementation will come down to the clarity specified within the Strategic Plan and the willingness and transparency with which constituent authorities respond to the instructions from the IJB via the Chief Officer.

183. Based on the assumptions above it is recommended that the Council's preferred model of governance for Edinburgh's Integration Authority is Model a) the Integrated Joint Board.

15 Conclusion

184. This report has provided:

- background to the options available under the Public Bodies Joint Working Scotland Act;

- a technical analysis of the options in terms of what each means and how it will work with the pros and cons for each;

- identification of two technically viable options for Edinburgh – Model a) Integrated Joint Board and Model b) NHS as lead agency;

- an acknowledgement that both models can deliver on the national outcomes and integration planning principles and each model must demonstrate how it will do that through its Strategic Plan but that it is currently impossible to determine which can best deliver on these;

- A number of key strategic criteria against which to assess the two technically viable options and associated commentary;

- A recommendation for the preferred option: Model a) Integrated Joint Board.

_____

Annex 1

Audit Scotland Review of Community Health Partnerships 2011– Extract

Key Messages

- CHPs were set a challenging agenda, however responsibiliti3es did not come with the necessary authority to implement the significant changes requri3ed
- CHPs were in addition to existing health and social care arrangements and contributed to duplication and lack of clarity
- Partnership working in health and social care is complex and challenging, differences in cultures, planning and financial management are barriers that need to be overcome.
- There are very few examples of good joint planning underpinned by comprehensive understanding of the shared resources.
- Enhancing preventative services and moving resources across the whole system requires effective joint working. Limited progress has been made

Key Recommendations

Scottish Government should

- Update and consolidate guidance on joint planning and resourcing for health and social care. This should cover the use of funding, staff and assets to support NHS boards and councils develop strategies for joining up resources across the whole system…
- Streamline existing partnership arrangements…
- Put in place transparent governance and accountability arrangements for CHPs…
- Have a clear joint strategy for delivering health and social care services
- Clearly define objectives for measuring CHP performance…
- Collect monitor and report data on costs, staff and activity levels to help inform decisions on how resources can be used more effectively….
- Improve CHP financial management and reporting information to ensure that financial reports are regularly considered by the CHP, NHS board and appropriate council committees.
- Involve GPs in the planning of services for the local population.

Full report can be found at

http://www.audit-scotland.gov.uk/docs/health/2011/nr_110602_chp.pdf

Annex 2 - Integration: Outcomes, Indicators and Health & Care Survey Questions

The Health & Care experience Survey questionnaire : http://www.scotland.gov.uk/Resource/0043/00438630.pdf will be the key data source for several of the **proposed** indicators.
Data on health and social care indicators referenced in the table can be found here:
 http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/CareData

Outcome	Possible Indicator(s)	Source
1. **Healthier living** *Individuals and communities are able and motivated to look after and improve their health and wellbeing, resulting in more people living in good health for longer, with reduced health inequalities.*	*% of people who say they are able to look after their health very well or quite well*	Health & Care Experience Survey Q52. Due June 14
2. Independent living *People, including those with disabilities, long term conditions or who become frail, are supported to live as independently as possible in the community.*	*% of people receiving any care or support who agree that they are supported to live as independently as possible*	Health & Care Experience Survey Q36 Due June 14
	% people receiving personal care at home rather than in a care home or hospital	ISD. Health and social care indicators - table 7
	Rate of emergency admissions to hospital for people aged 75+ or aged 65+	ISD Health and social care indicators - table 3 (select relevant age group)

Outcome	Possible Indicator(s)	Source
3. Positive experiences and outcomes *People have positive experiences of health and social care services and support they use, which encompass their needs and preferences and empower them to maintain or improve their quality of life.*	*% of people receiving any care or support who rate it as excellent or good*	Health & Care Experience Survey Q37 Due June 14
	% of people receiving care and support who say that people took account of what mattered to them	Health & Care Experience Survey Q36 Due June 14
	% who agree that their care and support services had an impact in improving or maintaining their quality of life	Health & Care Experience Survey Q36 Due June 14
	Delayed discharge bed days	Source: ISD http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/
4. Health and Social care services are centred on helping to maintain or improve the quality of life of service users	*TBC- included in regulations for consultation*	
5. Health and Social care services contribute to reducing health inequalities	*TBC- included in regulations for consultation*	

Outcome	Possible Indicator(s)	Source
6. Carers are supported *People who provide unpaid care to others are supported and able to maintain their own health and wellbeing including by having a life alongside caring.*	*% of carers who feel supported to continue in their caring role*	Health & Care Experience Survey Q45 Due June 14
	% of carers who agree that they have a good balance between caring and other things in their life	Health & Care Experience Survey Q45 Due June 14
	Mental wellbeing of carers	Indicator not developed but could potentially be developed from combined Scottish Surveys core questions
	Self-assessed health of carers	Indicator not developed but could potentially be developed from combined Scottish Surveys core questions or combined data from Health & Care Experience Survey Q44 and Q49
	% of carers who say caring has had a negative impact on their health and wellbeing	Health & Care Experience Survey Q45 Due June 14
7. People are safe *People using health, social care and support services are safe-guarded from harm and have their dignity and human rights respected.*	*% of people receiving care and support who agree that they felt safe*	Health & Care Experience Survey Q37 Due June 14
	% of people receiving care and support who agree that they were treated with respect	Health & Care Experience Survey Q37 Due June 14

Outcome	Indicator(s)	Health & Care Survey Question(s)
8. Engaged workforce *People who work in health and social care services are positive about their role and supported to improve the care and treatment they provide.*	*% of staff survey respondents who would recommend their organisation as a good place to work* *Or* *% of staff survey respondents who say they feel supported to do their job as well as possible*	Source: Staff surveys and ISD *TBC* *The actual question to be used is to be determined. Staff surveys for NHS and Local Authorities would be expected to include the agreed question and submit centrally. Work ongoing to develop this.*
9. Effective resource use *The most effective use is made of resources across health and social care services, avoiding waste and unnecessary variation.*	*Balance of spend across institutional and community settings*	ISD/ SG IRF data (under development?)
	% of last 6 months of life spent outside acute hospital	Source ISD/ SG
	Delayed discharge bed days	Source: ISD http://www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Delayed-Discharges/

Annex 3: Integration Planning Principles

Take from Public Bodies Act (Section 4 (1))

a) The main purpose of services which are provided in pursuance of the integration functions is to improve the wellbeing of service users,

b) That, in so far as consistent with the main purpose, those services should be provided in a way which , so far are possible

    i. Is integrated from the point of view of service users

    ii. Takes account of the particular needs of different service users

    iii. Takes account of the particular needs of service users in different parts of the area,…

    iv. Takes account of the particular characteristics and circumstances of different service users

    v. Respects the rights of service users

    vi. Takes account of the dignity of service users

    vii. Takes account of the participation by service users in the community in which service-users live

    viii. Protects and improves the safety of service users

    ix. Improves the quality of services

    x. Is planned and led locally in a way which is engaged with the community(including in particular service users, those who look after service users and those involved in the provision of health or social care

    xi. Better anticipates needs and prevents them arising

    xii. Makes the best use of available facilities, people and other resources.

Annex 4: Scope of Functions to be delegated

Scope of Local Authority Functions:

Social Work services for Adults and older people
Services and support for adults with physical disabilities, learning disabilities
Mental health services
Drug and Alcohol services
Adult protection and domestic abuse
Carers support services
Community cre assessment teams
Support services
Care at Home services
Adult placement services
Health Improvement services
Housing support services, aids and adaptations
Day services
Local area coordination
Respite provision
Occupational therapy services
Re-ablement services, equipment and telecare.

Scope of Health Board Services:

Unplanned inpatient services (in hospital)
Outpatients – accident and emergency (in hospital)
Care of older people (geriatric medicine) (in hospital)
District Nursing
Health visiting
Clinical Psychology (including those in hospitals)
Community Mental Health Teams
Community Learning Difficulties Team
Addictions Services (incl those in hospitals)
Women's health Services (including family planning) (incl those in hospitals)
Allied Health Professional services (incl those in hospitals)
GP Out of Hours services ((incl those in hospitals)
Public health dental Services (incl those in hospitals)
Continence Services
Home Dialysis
Health promotion
General medical Services (GMS) (General practice)
Pharmaceutical services (GP prescribing)

Annex 5: Summary of key elements of the Models

MODEL	A	B	C	D
New decision making body created	✔	x	x	x
Integration Authority	Integration Joint Board	NHS	CEC	NHS, CEC
Scrutiny Function JMC	Optional	✔	✔	✔
Staff Transfer/Secondment possible	✔	✔	✔	✔
Who MUST be instructed to carry out a function?	NHS or CEC or both together	No restrictions	No restrictions	No restrictions
In period financial risk	NHS & CEC	NHS	CEC	CEC, NHS
Approval of Strategic Plan	Integration Joint Board	NHS	CEC	CEC, NHS
Operational Risk (e.g. clinical)	NHS, CEC	NHS	CEC, NHS	NHS, CEC
Reputational Risk	Integration Joint Board, CEC, NHS	CEC, NHS	CEC, NHS	CEC, NHS
Professional Regulation/Registration	Remains with original organisation	Remains with original organisation	Remains with original organisation	Remains with original organisation

Annex 6: Joint Team View on Viability of each Model

Model	
A	This is the only option that both creates a single decision making body and therefore simplifies the process and allows both organisations to remain involved. In the team's opinion there would still need to be consideration of transfer/secondment of staff. **The team believes that this is a viable option.**
B	This creates a single decision making body and therefore simplifies the process but only the NHS has control of the planning process and associate allocation of resources. In the team's opinion option B is only viable if agreement can be reached on the transfer of staff and liabilities to NHS. **The team believes that this is a viable option.**
C	In effect NHS would remain liable for functions but would have no control over planning and delivery of services. As NHS serves more than Edinburgh it would be extremely difficult to disaggregate those services. It has the potential to introduce degradation of services across geographical boundaries. **The team do not believe this is a viable option in Edinburgh.**
D	Following on from our points on model C, in practice this can only be a large model B and a small model C. C still has a potential risk of degradation of services. **The team does not believe that this model offers any more advantages than B in Edinburgh; therefore the team recommends that this option is not pursued.**

Annex 7: Strategic Considerations

	Questions	Model A - IJB	Model B – NHS Lead Agency
1	Best Strategic Plan?	Jointly prepared and approved	NHS prepared and approved
2	Council wants involvement?	Decision-making	Fund and scrutinise (with no actual power)
3	Democratic accountability	Local and Parliamentary	Parliamentary.
4	Efficient speedy decision making and implementation?	View that this would be 'slower' - but not if there is a clear Strategic Plan and NHS/LA adhere to Chief Officer instructions	View that this would be 'faster'?? NHS deciding and adhering to its own instructions
5	Best engagement with communities?	Council and NHS expertise in community engagement	NHS led : risk of losing council connection without concerted effort through CPP process
6	Transfer of Staff?	Potentially on a case by case basis	Likely transfer of Adult Social Care Staff to NHS
7	Alignment with Council values?	Strongly aligned	Less strongly aligned

Focus

Appendix 2

Tactical operational issue resolution

Development of Integration Scheme

Analysis of benefits of each model option

28 May 2014

Final briefing - model selection

21 July 2014

Council (CP&S)/ NHS decision on model

5/6 August 2014

Negotiation of key terms of Integration Scheme

2 Dec (NHS) 11 December (Council)

12 March (Council) 2015, NHS TBC

Approval of draft Integration Scheme

2 month consultation of draft Integration Scheme

Approval of changes resulting from consultation

Submit final Integration Scheme to Scottish Government

31 March 2015

SG review of proposed scheme

Development of Strategic Plan

Est 30 June 2015

Implement new governance model & approve draft Strategic Plan

31 July 2015

1 November 2015

3 month consultation of Strategic Plan

1 December 2015

Revise and approve Strategic Plan

Implement Strategic Plan

31 March 2016

Implementation of Strategic Plan including any organisational changes to delivery

Critical Path

Appendix 3: Notes

Appendixn 3a) CEC-H&SC Budget- Net £203m

All figures in the H&SC budget MUST be delegated as per the regulations apart from Criminal Justice. CJ services MAY be delegated as per the regulations.

The H&SC budget whilst including some aids and adaptations budgets (e.g. Telecare) does not include the budget for other Housing Support services that MUST be delegated as per the draft regulations (e.g. gardening). These budgets are held within other CEC departments and are to be determined.

Children's services MAY also be delegated as per the regulations and this budget is not included in the analysis.

Appendix 3b) Edinburgh-CHP Budget- £285m

The analysis provided by NHS Lothian contains budget for Children's services. Children's services MAY be delegated as per the regulations. The adult elements of the budgets MUST be delegated.

Further to this budget for regional and national services is also included. This MAY NOT be delegated as per the regulations.

The Notional budget for large hospital services relating to the Edinburgh Partnership is to be determined and is not included in the analysis.

The budget analysis contains the full budget for Hosted services provided by Edinburgh CHP on behalf of all Lothian CHPs. These services will be run by one partnership but used by all Lothian partnerships, for planning and commissioning purposes these budgets need to be disaggregated across Lothian and allocated proportionately to each Partnership.

Appendix 3a - Council Approved Budget - Health and Social Care Service - for 2014-15

	2014- 15 approved budget		
	Gross Budget £000's	Income Budget £000's	Net Budget £000's
S5100: OP INTERNAL CARE HOMES	23,413	-7,572	15,840
S5101: OP INTERNAL HOME CARE & REABLEMENT	24,457	-324	24,133
S5102: OP INTERNAL DAY CARE	1,850	-188	1,661
S5103: OP EXTERNAL PURCHASING	65,016	-9,055	55,960
S5104: OP OTHER SERVICES	7,023	-1,086	5,936
(change fund, capacity plan, emergency homecare, EMC step down, P&C OP)			
S5010: OLDER PEOPLE SERVICES	121,758	-18,226	103,532
S5110: DISABILITIES INTERNAL RESIDENTIAL	1,958	-126	1,831
S5111: DISABILITIES INTERNAL CARE & SUPPORT	7,868	-101	7,767
S5112: DISABILITIES INTERNAL DAY CARE	3,768	-88	3,679
S5113: DISABILITES EXTERNAL PURCHASING	56,491	-2,356	54,135
S5114: DISABILITIES COMMUNITY EQUIPMENT SERVICE	3,334	-1,930	1,404
S5115: DISABILITIES OTHER SERVICES	9,006	-144	8,862
(transition team, day services, OT teams, shared lives, LAC, P&C disabilities, FIT)			
S5011: DISABILITY SERVICES	82,424	-4,745	77,679
S5120: GENERIC SECTOR PRACTICE TEAMS INC SOCIAL CARE DIRECT	7,784	-287	7,496
S5121: SPECIALIST TEAMS	4,203	-372	3,831
MH north and south teams, adult protection team, Royal Infirmary and WGH teams			
S5122: EMERGENCY SOCIAL WORK SERVICES	957	-291	666
S5012: ASSESSMENT & CARE MANAGEMENT INC WELFARE RIGHTS	12,943	-950	11,993
S5013: BUSINESS SERVICES	5,283	-266	5,018
S5020: DIRECTORATE	687	-60	627
S5021: STRATEGIC FUNDING & DEPARTMENTAL COSTS	5,225	-22,327	-17,102
S5140: MENTAL HEALTH INTERNAL CARE & SUPPORT	772	-35	737
S5141: MENTAL HEALTH INTERNAL DAY CARE	42	0	42
S5142: MENTAL HEALTH EXTERNAL PURCHASING	9,368	-471	8,897
S5143: MENTAL HEALTH OTHER SERVICES	800	-65	735
(P&C MH, REH- CRT & ABI)			
S5030: MENTAL HEALTH	10,983	-572	10,411
S5150: CRIMINAL JUSTICE CEC-CONTRACTED 27	7,807	-9,705	-1,898
S5151: CRIMINAL JUSTICE CJ-NON SECTION 27 INC PRISON CONTRACT	992	-859	133
S5152: CRIMINAL JUSTICE L&B CJA SECTION 27	0	0	0
S5031: CRIMINAL JUSTICE	8,799	-10,564	-1,765
S5160: SUBSTANCE MISUSE	4,714	-3,334	1,379
S5161: AIDS/HIV	2,009	-232	1,778
S5162: VULNERABLE/HOMELESS SERVICES	1,162	-11	1,150
S5032: SUBSTANCE MISUSE, AIDS/HIV, VULNERABLE GROUPS	7,884	-3,577	4,307
S5033: QUALITY & STANDARDS	2,793	-176	2,617
S5034: STRATEGIC POLICY & PERFORMANCE & CONTRACTS MANAGEMENT	4,082	-40	4,042
S5180: SOCIAL STRATEGY HISG	1,758	-84	1,674
S5181: SOCIAL STRATEGY SOCIAL JUSTICE FUND	294	0	294
S5182: SOCIAL STRATEGY COMMISSIONING STRATEGY SOCIAL EXC PROJECT	18	-1	17
S5035: SOCIAL STRATEGY	2,070	-85	1,985
Grand Total	264,931	-61,589	203,342

Appendix 3b - Edinburgh Community Health Partnership Components	£m
Community Nursing (District Nursing & Health Visiting)	17.9
Community Mental Health Nursing	9.3
Older People Hospital Services	13.3
Community Physio and OT	3.2
Health Centres and Clinics	3.9
Other Community Services (Continence, Community Equipment etc)	5.4
CHP Core Services	**53.0**
Rehabilitation Services (including regional services)	17.3
Sexual Health Services	4.3
Mental Health and Rehab Physio/OT services	5.3
Equality and Diversity activities	0.8
Hosted CHP services	**27.7**
Resource Transfer to Council	**22.2**
Prescribing across Edinburgh Localities	**64.4**
General Medical Services by GPs across Edinburgh	**65.5**
Child & Adolescent Mental Health Services	6.8
Older Peoples Mental Health Services	7.8
Adult Mental Health Services	11.8
Forensic Mental Health Services	5.3
Other Services (including Management and Admin)	1.2
CHP Mental Health Services	**32.9**
Learning Disabilities Services	13.7
Substance Misuse Services	5.9
Hosted Mental Health Services	**19.6**
Total Recurring Budget 2014-15	**285.3**

(figures as at June 2014)

Corporate Policy and Strategy Committee

10.00 am, Tuesday, 5 August 2014

Eurocities AGM and Conference

Item number	7.12
Report number	
Executive/routine	
Wards	City Wide

Executive summary

This report proposes Council representation at the Eurocities AGM and Conference in Munich, Germany, on 5-8 November 2014. The theme of the Eurocities 2014 conference is 'Energising Cities' and will focus on managing the demand for energy in growing cities. It is proposed that an elected member attend, accompanied by an officer from External Relations.

Links

Coalition pledges	P15, P16, P47, P49 and P50
Council outcomes	CO18, CO22, CO25, and CO26
Single Outcome Agreement	SO1 and SO2

Report

EUROCITIES AGM and Conference

Recommendations

1.1   To approve attendance by an elected member representative at the Eurocities AGM and Conference in Munich in November 2014.

1.2   To note that further information on the benefits of attendance will be provided after the event.

Background

2.1   This report proposes Council representation at the Eurocities AGM and Conference in Munich, Germany on 5-8 November 2014.

2.2   Eurocities is the network of major European cities, bringing together the local governments of 170 cities that between them govern 130 million citizens across 35 European countries. Edinburgh has been a member since 1991 and a number of Edinburgh's twin and partner cities are also members.

Main report

3.1   The Eurocities AGM is the key annual decision making meeting of the association. It provides a forum for debate and the formation of future priorities and strategy, as well as electing the President, Vice-President and Executive Committee members of the association. This year's AGM and Conference is taking place in Edinburgh's twin city, Munich, from 5-8 November.

3.2   Eurocities provides member cities with a platform to exchange knowledge, experiences and compare different approaches through a variety of policy forums, working groups, projects and events. The network provides a strong voice for cities, allowing dialogue with the European institutions on EU legislation, policies and programmes that impact on their citizens, services and territories. The network is active across a wide range of urban policy issues and challenges including: economic development, provision of public services, environment, knowledge society, transport, employment, education, social affairs and culture.

3.3   Membership of Eurocities offers the following benefits:

- a channel for influencing policies, legislation and funding programmes;

- intelligence on funding opportunities and policy development from the European Commission, particularly on urban policy;

- an efficient partner search forum for transnational EU funding bids and the design of successful joint projects;

- opportunities to exchange good practice and improve benchmarking for city government;

- opportunities to raise the international profile of the city.

3.4   The theme of the Eurocities 2014 conference is 'Energising Cities'. There will be a sharing of ideas and best practice on how our cities can make a crucial contribution to reducing CO2 emissions through mobility management, local renewable energy production and new technologies. It will include a private session for Eurocities political representatives.

3.5   Council representation at the AGM and Conference will provide opportunities to:

- influence Eurocities' future priorities and work programme;

- share experience and good practice with other European cities;

- promote the city and the expertise available in Edinburgh;

- strengthen links with other European cities for future EU bid development and joint activities.

3.6   The City of Edinburgh Council has submitted an application to the EUROCITIES Awards which recognise outstanding achievement by member cities in the delivery of local activities or practices that improve the quality of life for citizens. The Awards ceremony will take place during the Conference on the 5 November. The Council's submission "Auld but not Reekie – Transforming Transport Energy Use in Edinburgh" has been shortlisted for an award.

3.7   Given that Munich is a twin city of Edinburgh, a link which this year celebrates its 60th anniversary, it is anticipated that the conference will provide the opportunity to arrange several bilateral meetings with counterparts in Munich.

3.8   It is proposed that an elected member attend this year's annual meeting supported by an officer from the External Relations team.

Measures of success

4.1   As there are no specific Capital Coalition Pledges and Council Outcomes for External Relations, the team monitors its contribution to a wide range of related pledges and outcomes. Examples for this current report are given in the Links section below.

4.2   Further information on the benefits of attendance will be provided after the event.

Financial impact

5.1   Travel options have been considered and the recommendation is air travel. Travel costs depend on the time of booking and it is estimated that travel and accommodation per person will be in the region of £500.

5.2   The conference fee is 280 EUR (approximately £220) per attendee and includes participation in all official sessions, workshops and daytime and evening programmes.

5.3   Costs for elected member attendance will be met from the Economic Development budget 2014/15*.*

Risk, policy, compliance and governance impact

6.1   The actions and outputs described in this report adhere to the risk compliance policy and governance arrangements. In addition the recommendations in the report do not impact on any existing policies of the Council.

Equalities impact

7.1   There are no equalities impacts arising from attendance at this conference. The Council's European and International Strategy and Parliamentary activity supports the Council's commitment to equal opportunities.

Sustainability impact

8.1   There are adverse impacts on air quality and noise associated with air travel but overland travel to Munich for the entire journey is not considered practical given the distance and excessive travel time. Much of the work done by the External Relations team supports the Council's Sustainability Strategy in terms of drawing on EU funds and sharing international good practice in service delivery and city development. The theme of the Conference relates to the Council's Sustainable Economy Action Plan.

8.2   A direct return flight to Munich offers best value, has no additional requirement for overnight accommodation above the minimum requirement, and is the most time effective. The recommended option is therefore a direct return flight from Edinburgh to Munich.

8.3   Modern technology is utilised wherever possible in international liaison and all travel is in accordance with the Council's Sustainable Travel Plan.

Consultation and engagement

9.1   Membership of Eurocities provides the Council with a channel for engaging in consultation on EU policy, legislative and funding proposals.

Background reading / external references

Eurocities AGM website: www.eurocities2014.eu

Eurocities website: www.eurocities.eu

Papers held by External Relations Unit

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Links

Coalition pledges	**P15** - Work with public organisations, the private sector and social enterprise to promote Edinburgh to investors
	P16 - Examine ways to source new funding to support small businesses
	P47 – Set up a city-wide Transport Forum of experts and citizens to consider our modern transport needs
	P49 – Continue to increase recycling levels across the city and reducing the proportion of waste going to landfill
	P50 – Meet greenhouse gas targets, including the national target of 42% by 2020
Council outcomes	**CO18 –** Green – we reduce the local environmental impact of our consumption and production
	CO22 – Moving efficiently – Edinburgh has a transport system that improves connectivity and is green, healthy and accessible
	CO25 – The Council has efficient and effective services that deliver on objectives
	CO26 - The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives
Single Outcome	**SO1**- Edinburgh's economy delivers increased investment, jobs

Agreement	and opportunities for all
	SO2 – Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	