

Notice of meeting and agenda

Corporate Policy and Strategy Committee

10.00am, Tuesday, 20 January 2015

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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1. Order of business

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

2. Declaration of interests

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

3. Deputations

- 3.1 If any

4. Minutes

- 4.1 Minute of the Corporate Policy and Strategy Committee of 2 December 2014 (circulated) – submitted for approval as a correct record.

5. Forward planning

- 5.1 Corporate Policy and Strategy Committee Key Decisions Forward Plan February to May 2015 (circulated)
- 5.2 Corporate Policy and Strategy Committee Rolling Actions Log (circulated)

6. Business Bulletin

- 6.1 None

7. Executive decisions

- 7.1 Welfare Reform – Update - report by the Director of Corporate Governance (circulated)
- 7.2 Proposal for a New Meadowbank – report by the Director of Corporate Governance (circulated)
- 7.3 Health and Social Care Integration Scheme: Draft for Public Consultation – Update – report by the Chief Executive (circulated)
- 7.4 Review of Community and Accessible Transport: Feedback from Working Group on Phase One Report – report by the Acting Director of Services for Communities (circulated)

- 7.5 Tackling Poverty and Inequality in Edinburgh – Strategic Framework and Action Planning – referral from the Communities and Neighbourhoods Committee (circulated)

8. Routine decisions

If any

9. Motions

If any

Carol Campbell

Head of Legal, Risk and Compliance

Committee Members

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

Information about the Corporate Policy and Strategy Committee

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

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

Further information

If you have any questions about the agenda or meeting arrangements, please contact Louise Williamson, Committee Services, City of Edinburgh Council, Business Centre 2.1, Waverley Court, 4 East Market Street, Edinburgh EH8 8BG, Tel 0131 529 4264, e-mail 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.

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Corporate Policy and Strategy Committee

10.00 am, Tuesday, 2 December 2014

Present

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

1. Managing Retirement Policy – Additional Report

a) Unison and Unite – Deputation

The deputation acknowledged the positive nature of discussions which had taken place regarding the Council's Managing Retirement Policy and appreciated the adjustment which had been made to the Policy following those discussions. They felt that the pre-retirement days option offered could be for a longer period of up to 6 months. They felt this would be a real benefit to staff. They accepted that this was the last opportunity in the process to make their feelings known and thanked the Council for the compromises which they had made.

b) Report by the Director of Corporate Governance

The Committee had continued consideration of aspects of a report on the Council's Managing Retirement Policy to enable responses to queries raised by members to be provided.

Details of the responses to the issues raised by members were provided to the Committee on 4 November 2014 which had agreed to defer consideration of the matter to this meeting.

A further update was provided together with recommendations for action.

Decision

- 1) To agree to delete the Interim Policy on Preparation for Normal Retirement giving the required 4 months' notice.
- 2) To replace the Interim Policy with a provision for 13 'wind down' days in the last three months before normal retirement for all staff over 60.
- 3) To note that staff choosing to wind down to retirement over a longer period would be able to apply for flexible retirement for a period of four months or longer.

- 4) To approve the new Managing Retirement Policy as detailed in Appendix 1 to the report by the Director of Corporate Governance.

(References – Corporate Policy and Strategy Committee 2 September 2014 (item 1), and 4 November 2014 (item 10); report by the Director of Corporate Governance, submitted.)

2. Minute

Decision

To approve the minute of the Corporate Policy and Strategy Committee of 4 November 2014 as a correct record.

3. Corporate Policy and Strategy Committee Key Decisions Forward Plan January to March 2015

The Corporate Policy and Strategy Committee Key Decisions Forward Plan for January to March 2015 was presented.

Decision

To note the Key Decisions Forward Plan for January to March 2015.

(Reference – Key Decisions Forward Plan for January to March 2015, submitted.)

4. Corporate Policy and Strategy Committee Rolling Actions Log

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

Decision

- 1) To note the Rolling Actions Log.

- 2) To agree to close the following actions:

Action 7 - Edinburgh's Christmas and Edinburgh's Hogmanay 2013-14 Update

Action 8 - Managing Retirement Policy and Death in Service Benefit Scheme

(Reference – Rolling Actions Log, submitted.)

5 ICT Acceptable Use Policy – Six Month Review

The Committee had approved a new ICT Acceptable Use Policy which clarified the Council's expected standard of behaviour in relation to staff who used ICT at work or at home.

The Policy had been reviewed after 6 months' implementation and details were provided on some minor adjustments/clarification which had taken place.

Decision

- 1) To approve the revised policy.

- 2) To note that the Policy would be reviewed in line with the annual policy review cycle unless otherwise requested.
- 3) To note that the next review of the Policy would be November 2016.

(References – Corporate Policy and Strategy Committee 25 March 2014 (item 5); report by the Director of Corporate Governance, submitted.)

6 Information Governance: Update

The Council had established an Information Governance Unit to provide a corporate approach to preserving, accessing and managing Council information.

An update was provided on progress to date in the areas of archives, records management, data protection and freedom of information, and future initiatives in these areas.

Decision

To note progress to date and agree future initiatives to develop the Council's arrangements for archives, records management, data protection and freedom of information.

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

7 Edinburgh's Christmas and Edinburgh's Hogmanay Key Performance Indicators

The Committee had noted 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 and agreed agree that a further report be submitted on performance outcomes.

Details were provided on a set of key indicators for Edinburgh's Christmas and Edinburgh's Hogmanay against which success of the contract could be measured.

Decision

- 1) To approve the key performance indicators for Edinburgh's Christmas and Edinburgh's Hogmanay as detailed in Appendix 1 to the report by the Director of Corporate Governance.
- 2) To note that annual performance reports would be presented to the Culture and Sport Committee from 2015 onwards.
- 3) To agree to monitor the impact and footfall at the events on the rest of the City.

(References – Corporate Policy and Strategy Committee 5 August 2014 (item 2); report by the Director of Corporate Governance, submitted.)

8 Festival and Events Core Programme 2015

The Council had agreed that the strategic overview of Council events should be added to the remit of the Corporate Policy and Strategy Committee to enhance the corporate oversight of high profile strategic city events.

Details were provided of the core programme of Festivals and Events for 2015.

Decision

- 1) To note that on 21 October 2014, the Culture and Sport Committee approved £225,000 funding over three years (2015 to 2017) towards two stages of the Tour of Britain and one Tour series event.
- 2) To note the following planned events and the proposed funding contributions towards them:
 - a) a second public art light installation in St Andrew Square Garden in spring 2015 – proposed funding contribution of £30,000;
 - b) Choirfest in September or October 2015 – proposed funding contribution of £12,000;
 - c) IFSC European Youth Climbing Championship on 12 – 14 June 2015 – proposed funding contribution of £10,000; and
 - d) World War I centenary project and memorial to Scottish farming community to be developed in 2015 – proposed funding contribution of £10,000
- 3) To note that these proposals, would be presented to the Culture and Sport Committee on 16 December 2014 for approval.
- 4) To note that a range of events to commemorate World War I, and the 250th anniversary of the birth of Thomas Muir of Huntershill, would be part of the 2015 programme with advice and support in-kind from the Council.
- 5) To note the introduction in 2014 of a charging regime by Police Scotland to recover the costs of policing major events and festival activity and to note the strategic implications that this might have for the Council's core programme of festivals and events going forward.
- 6) To note that the Edinburgh Lectures partnership had agreed to disband and the annual series had come to an end.
- 7) To note the proposal to replace the Edinburgh Lectures series by a single Edinburgh Capital City Lecture each year.

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

9 Corporate Debt Policy – Amendments to Sundry Debt Policy

The Committee had noted the intention to present to Council an updated Corporate Debt Policy which would incorporate a number of minor changes to the level of late-payment fees and relevant responsible officers, as part of a wider governance update.

Details were provided on the proposed introduction of a specific addendum to the existing sundry debt policy.

Decision

- 1) To approve the proposed changes to the Corporate Debt Policy in specific respect of legacy statutory notice debt.
- 2) To note that the Finance and Resources Committee had approved the setting up of a cross-party working group to review the Corporate Debt Policy as a whole.
- 3) To note that the resulting changes would be incorporated in the full update of the policy to be considered by the Committee by Spring 2015.

(References – Corporate Policy and Strategy Committee 30 September 2014 (item 6); report by the Director of Corporate Governance, submitted.)

10 Lord Provost Visit to Ajman Municipality, United Arab Emirates

Details were provided on an invitation by Sheikh Rashid bin Humaid Al Nuaimi, Chairman of Ajman Municipality and Planning for the Lord Provost to attend the Ajman International Urban Planning Conference in the United Arab Emirates from 1-4 March 2015.

Decision

- 1) To accept the invitation from the Chairman of Ajman Municipality and Planning and approve the Lord Provost's visit to the UAE, the Lord Provost to be accompanied by a City Officer and an officer from Economic Development.
- 2) To ask for a report back on the success of the visit.

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

Declaration of Interests

Councillor Mowat declared a non-financial interest in the above item as a Director of the Edinburgh International Festival Council.

Councillor Rose declared a non-financial interest in the above item as a Director of the Edinburgh International Science Festival.

Key decisions forward plan

Item No 5.1

Corporate Policy and Strategy Committee February to May 2015

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
1.	Events Governance – Update	24 Feb 2015		Director of Corporate Governance Lead officer: Lynne Halfpenny, Head of Culture and Sport lynne.halfpenny@edinburgh.gov.uk	CO 24-26
2.	Leave for Family Care Policy	24 Feb 2015		Director of Corporate Governance Lead officer: Linda Holden, Interim Head of Organisational Development linda.holden@edinburgh.gov.uk	CO24-26
3.	Mortonhall Update	24 Feb 2015		Acting Director of Services for Communities Lead officer: Susan Mooney, Head of Service, Community Safety susan.mooney@edinburgh.gov.uk	CO24-26

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
4.	Annual Treasury Strategy	24 Feb 2015		Director of Corporate Governance Lead officer: Hugh Dunn, Head of Finance hugh.dunn@edinburgh.gov.uk	CO24-26
5.	SEAP	24 Feb 2015		Director of Economic Development Lead officer: Janice Pauwels, Sustainable Development Manager janice.pauwels@edinburgh.gov.uk	CO24-26
6.	ESCO	24 Feb 2015		Director of Economic Development Lead officer: Janice Pauwels, Sustainable Development Manager janice.pauwels@edinburgh.gov.uk	CO24-26
7.	Information Governance Policies - Annual Report	24 March 2015		Director of Corporate Governance Lead officer: Kirsty-Louise Campbell, Governance Manager kirstylouise.campbell@edinburgh.gov.uk	CO 24-26
8.	2014 Employee Survey: Results and Next Steps	24 March 2015		Director of Corporate Governance Lead officer: Davina Fereday, Corporate Manager davina.fereday@edinburgh.gov.uk Martin Glover, Organisational Development	CO 24-26

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
				Manager - Transformation & HR martin.glover@edinburgh.gov.uk	
9.	Welfare Reform	12 May 2015		Director of Corporate Governance Lead officer: Neil Jamieson, Depute Head of Customer Services neil.jamieson@edinburgh.gov.uk	
10.	2014 Employee Survey: Results and Next Steps	12 May 2015		Director of Corporate Governance Lead officer: Kirsty-Louise Campbell, Governance Manager kirstylouise.campbell@edinburgh.gov.uk Davina Fereday, Corporate Manager davina.fereday@edinburgh.gov.uk	
11.	Carbon Management Plan	12 May 2015		Director of Corporate Governance Lead officer: Jenny Fausset, Senior Corporate Policy and Strategy Officer jenny.fausset@edinburgh.gov.uk Nick Croft, Corporate Policy and Strategy Manager nick.croft@edinburgh.gov.uk	CO24-26

Item	Key decisions	Expected date of decision	Wards affected	Director and lead officer	Coalition pledges and Council outcomes
12.	Christmas Festivals	12 May 2015		Director of Corporate Governance Lead officer: Lynne Halfpenny, Head of Culture and Sport lynne.halfpenny@edinburgh.gov.uk	CO24-26

Rolling Actions Log

Item No 5.2

Corporate Policy and Strategy Committee

20 January 2015

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 <u>(Agenda for 6 November 2012)</u>	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.	Director of Corporate Governance and Acting Director of Services for Communities	Spring 2016 or earlier if appropriate		The Craighouse planning permission conditions require the developer to carry out landscaping works in the woodland areas within 12 months of the start of site development. The Council must be satisfied with these works prior to the developers transferring ownership to the Council. A report will then be forthcoming to look at longer term options for the

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							ownership and management of the woodland.
2	22-01-13	<u>Policy Development and Review Sub-Committee Work Programme</u>	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	9 December 2014		<p>Ongoing – Reports to Education, Children and Families Committee on 8 October 2013, 4 March and 20 May 2014.</p> <p>Education Children and Families Committee on 9 December 2014 agreed:</p> <ul style="list-style-type: none"> 1) To approve the Children and Families Asset Management Plan 2014; and 2) Note the intention to provide an update to Committee on

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
							progress in delivering the action plan every six months.
3	22-01-13	<u>Welfare Reform - Further Update</u>	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. – Changed to quarterly reports on 30 September 2014.
4	21-01-14	<u>Sex Work in Edinburgh - Harm Reduction Framework</u>	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		
5	25-02-14	<u>Poverty and Inequality Data in the City - referral from the Communities and Neighbourhoods Committee</u>	To instruct that the future report include an assessment of earlier poverty initiatives and clarification of the definitions of “low-pay/poverty”.	Director of Health and Social Care	Not specified		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
6	25-03-14	<u>Contact in the Capital - Community Communication Pilots Update</u>	To note that the proposed pilot scheme in the Gorgie/Dalry area would be put on hold at this time and that an update report would be presented to Committee at a later date.	Director of Corporate Governance	Not specified		
7	30.09.14	<u>Corporate Debt Policy - Annual Update</u>	To note the intention to present to Council an updated policy, incorporating a number of minor changes to the level of late-payment fees and relevant responsible officers, as part of a wider governance update later in the year.	Director of Corporate Governance	Not specified		
8	30.09.14	<u>2014 Employee Survey Results and Next Steps</u>	To agree that a progress report be submitted to Committee for consideration in six months.	Director of Corporate Governance	March 2015		

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
9	04.11.14	<u>Mortonhall Action Plan - Update</u>	To request a further progress report in 3 months to ensure continued delivery of improvement actions within the service	Chief Executive	February 2015		
10	04.11.14	<u>Scotland's Climate Change Declaration - 6th Annual Report</u>	To agree that the Director report back to this Committee on whether or not increasing the Council's annual target for climate-changing pollution from 2% per annum to 4% would be achievable.	Director of Corporate Governance	Not specified		
11	04.11.14	<u>Review of Community and Accessible Transport - Phase 1 Report</u>	To continue consideration of the report to enable the Working Group to consider the report and refer any comments back to this Committee in one cycle if possible	Director of Health and Social Care Acting Director of Services for Communities	2 December 2014 – if possible		Recommended for closure

No	Date	Report Title	Action	Action Owner	Expected completion date	Actual completion date	Comments
12	04.11.14	<u>Review of Community and Accessible Transport - Phase 1 Report</u>	To note that a further report would be submitted to Committee in spring 2015 detailing the outcomes of the next stage of the review.	Director of Health and Social Care Acting Director of Services for Communities	Spring 2015		
13	02.12.14	<u>Lord Provost Visit to Ajman Municipality, United Arab Emirates</u>	To ask for a report back on the success of the visit.	Director of Economic Development	Not specified		

Corporate Policy and Strategy Committee

10.00am, Tuesday 20 January 2015

Welfare Reform - Update

Item number	7.1
Report number	
Executive/routine	
Wards	

Executive summary

The Department for Work and Pensions have confirmed that Universal Credit will be implemented nationally for new single claimants from February 2015. The roll out will be in four tranches, with Edinburgh scheduled to be included in the first of these, between February and April 2015.

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

Applications for Crisis Grants continue to be considered for high priority cases only and Community Care Grants for medium and high priorities. The priority levels and level of allocation to each arm of the fund is reviewed on a monthly basis.

The Scottish Government has now confirmed that Edinburgh has been allocated an additional £687,102 to fully mitigate Under Occupancy for 2014/15 increasing our Discretionary Housing Payment fund to £4.52m. The Council has committed to spend in overall terms 103% of the allocated budget.

Links

Coalition pledges

Council outcomes [CO6; CO8; CO9; CO16; CO24; CO25; CO26](#)

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;
- 1.1.2 the imminent launch of Universal Credit in Edinburgh;
- 1.1.3 the current projection of overspend on Discretionary Housing Payments;
- 1.1.4 the current projection of spend on Council Tax Reduction Scheme; and
- 1.1.5 the current projection on Scottish Welfare Fund.

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 bi-monthly update reports. The last report was considered by Committee on 30 September 2014.
- 2.2 Following discussions with relevant Councillors it has now been agreed to report the Welfare Reform update on a quarterly basis, to align with the Working Group meeting cycle.

Main report

Universal Credit (UC) and Universal Support Delivered Locally

- 3.1 The Department for Work and Pensions (DWP) have confirmed that Universal Credit (UC) will be rolled out nationally to new single claimants from February 2015. The roll out will be in four tranches, with tranche one taking place between February and April 2015.
- 3.2 It has been confirmed that Edinburgh will be included in tranche one however the exact date has not been confirmed.
- 3.3 The report of [the Smith Commission](#) for further devolved powers to the Scottish Parliament published 27 November 2014, makes the following recommendations:
- UC will remain a reserved benefit administered and delivered by the Department for Work and Pensions (DWP). Within the framework, the Scottish Parliament will have some powers to vary approach in relation to UC.
 - The Scottish Government will be given the administrative power to change the frequency of UC payments, vary the existing plans for single

- household payments and pay landlords direct for housing costs in Scotland. It is not anticipated that the power to vary elements of UC will be in force until 2016.
- The Scottish Parliament will have the power to vary the housing cost element of UC, including varying the under occupancy charge and local housing allowance rates, eligible rent and deductions for non-dependants. This is subject to legislative change.
- The power to vary the remaining elements of UC and the earning taper will remain reserved. Conditionality and sanctions within UC will remain reserved.
- Additional administration and programme costs directly associated with the exercise of the powers in paragraph will be met by the Scottish Government.
- Joint arrangements for the oversight of DWP development and delivery of UC, similar to those established with HM Revenues and Customs in relation to the Scottish Income tax, should be established by the UK and Scottish Governments.

3.4 A meeting between the DWP and the Council took place on 9 December 2014 to discuss the roll out of UC.

- this meeting was part of DWP programme for District Managers to begin engaging with local authorities to assist them to prepare for the introduction of UC in their area in 2015.
- DWP are working on a delivery partnership agreement (DPA) which would form the legal basis for local agreements with DWP. Each authority who enters into such an agreement will be provided with resources to support implementation.

3.5 The Council, DWP and key partners are continuing to collaborate over an informal trial of “Universal Support Delivered Locally” to provide customers with digital and budgeting advice, support and training.

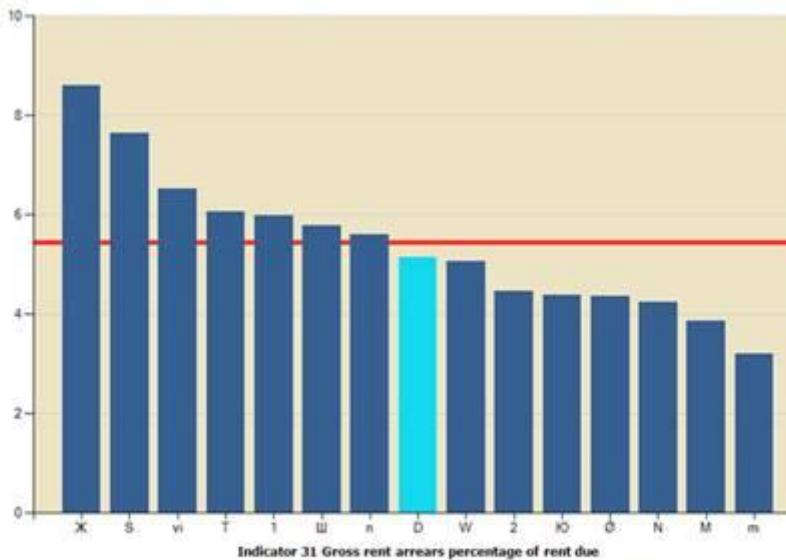
Council Housing Services – Under Occupation (UO)

Rent arrears performance

3.6 Rent collection performance is reported to Health, Social Care and Housing and Finance and Resources Committee. Despite an increase in rent arrears, overall performance in 2013/15 remained above average compared to other social landlords with more than 10,000 homes (Table 1). Rent collection rates for the Council also remained above average compared to other social landlords. Total income collected as a proportion of the annual rent due was 99.1% compared to a national average of 98.9%. This income includes the collection of current and former tenancy arrears.

Table 1 – Rent Arrears Comparison with Peer Group

Gross rent arrears as a % of rent due 2013/14



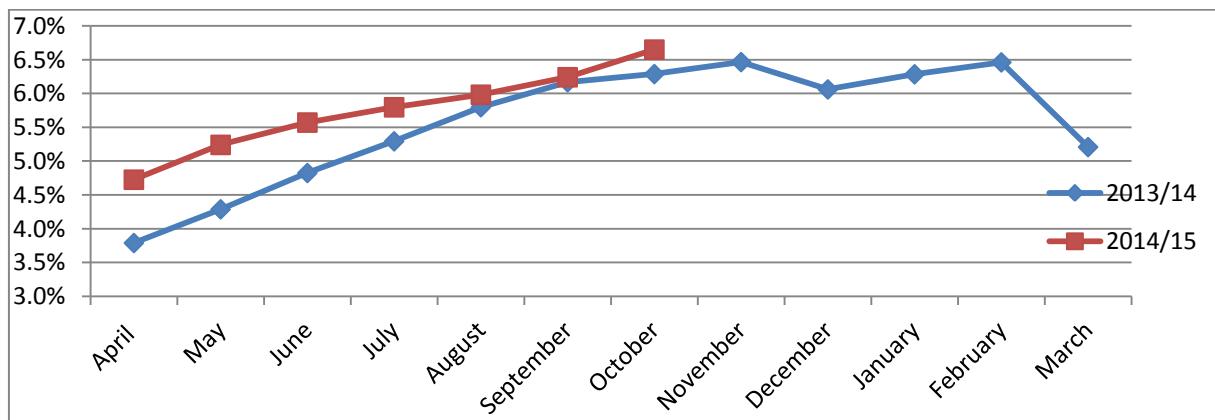
City of Edinburgh Council
Peer Group Average

5.1%
5.4%



- 3.7 Since the start of the financial year the growth in Council house rent arrears has stabilised (Table 2). At the end of October 2014 rent arrears were 6.6% of net rent due compared to 6.3% at the same time in the previous year. The year end target for rent arrears is 4.9% and current projections suggest that total rent arrears will be just over this at 5.1%. The total current cash value of rent arrears is just over £5million. However it is important to note that this figure includes a significant proportion of arrears from previous financial years.

Table 2 – Edinburgh Rent Arrears Comparison



- 3.8 The introduction of Discretionary Housing Payments (DHP) to substitute for the under occupancy charge, has stemmed the increase in rent arrears among under occupying tenants. However there is a legacy of arrears of around £482,000 for the period in which DHP was not available. Overall around £1.5million is owed by tenants affected by the under occupation charge.

3.9 A specialist welfare reform team was established in the housing service to provide advice to Council tenants who were particularly affected by welfare reform. In total, under occupying tenants owe around £1.5million in rent arrears. Currently around 130 under occupying tenants out of 3300 affected have still not engaged with local rents teams, the welfare reform teams or partners in the voluntary sector. It is likely that many of these tenants will be informed that formal action to recover possession will be taken by the Council.

Mitigating action

- 3.10 Rent collection remains fragile and risks of further change arising from welfare reform pose significant challenges. Considerable effort has been made in supporting tenants through different aspects of welfare reform and these have been underpinned by a high profile campaign to advise tenants to seek help from the Council if they are struggling to pay their rent.
- 3.11 Of the 3,224 council tenants affected by the under occupation charge at the end of October 2014, only around 130 households have now failed to engage. A range of contact methods continue to be used to encourage engagement from this remaining group, including working in conjunction with partner advice services.
- 3.12 The phased roll out for Universal Credit currently scheduled between February and April 2015 will apply to new single claimants who would previously have been eligible for Jobseekers Allowance. The initial profiling of claims indicates the number of tenants likely to be affected in tranche one will be small. However this is an opportunity to assess the effectiveness of changes being made to housing services to manage the risk to income collection arising from direct payment of the housing element of Universal Credit. The changes underway include:
- prioritising action on tenants who default on both voluntary and court imposed repayment arrangements;
 - review rent arrears position at point of contact for other service requests (e.g. when tenants make a request for a repair their rent payment position will be checked and referral made to an appropriate rent adviser); and
 - ongoing profiling of arrears to target 'hotspots'.

Enhancements to Northgate IT system being implemented which will allow for the introduction of improved direct debit facilities and rent payment cards which will open up a much wider range of payment points.

Temporary and Supported Accommodations

- 3.13 There are currently 48 households in temporary accommodation and 21 in Private Sector Leasing properties where the Benefit Cap applies. Under Occupancy regulations currently affect 254 properties within the temporary accommodation estate and 29 homeless households have had their Housing Benefit reduced as a result.

- 3.14 Families continue, where practicable, to be placed in properties that reduce the likelihood of them being affected by the Under Occupancy regulations. They may on occasion be placed in a larger property to meet their emergency housing need.
- 3.15 Households in temporary accommodation who are affected by the Benefit Cap and/or Under Occupation continue to be provided with advice and assistance to apply for Discretionary Housing Payments.

Scottish Legal Aid Board (SLAB) Funding

- 3.16 In 2013 the [SLAB](#) was asked by the Scottish Government and Money Advice service to run a grant funded programme.
- 3.17 The SLAB funded projects featured in the awareness raising event at the Scottish Parliament on 28 October 2014 was very positive. Continuation of this funding to September 2016 is currently being sought.
- 3.18 The welfare related partnership projects supported by the SLAB funding continue to work together to assist clients with benefit, welfare and income maximisation related matters. The projects place an emphasis on providing assistance with Discretionary Housing Payment and Personal Independence Payment applications.

Advice Shop

- 3.19 The Advice Shop continues to deal with a significant number of sanctions cases whereby customers have had their benefits stopped by the Department for Work and Pensions (DWP) for an alleged breach of claimant conditionality. Many of these cases have been successfully challenged and claimants' income restored. There is no system in place to report the actual number of sanctions the Advice Shop deals with.
- 3.20 In response to questions raised at Corporate Policy and Strategy Committee on 30 September 2014 regarding the issue of DWP sanctions against claimants of benefit and the impact on Edinburgh's citizens, colleagues in DWP have been approached and at the time of this report, a response had not been received.
- 3.21 Training on sanctions has been delivered by the Advice Shop to Assessment, Homeless and Support staff. Additional training sessions are being planned.
- 3.22 Voluntary sector agencies in receipt of third party grants have reported increasing numbers of customers requiring benefit assistance, with a trend toward more complex casework being required. Claimants are finding it harder to navigate their way through the benefit system with many people trying to resolve their situations without advice initially, only to require more detailed assistance once their own efforts have not been successful.
- 3.23 It has been noted that Personal Independent Payment claims are beginning to be resolved within 26 weeks although this is likely to be reduced to 16 weeks by the end of the year. While many outcomes, are positive there is concern that

delays are detrimental to some people and that others are seeing reductions in comparison to their Disability Living Allowance entitlement.

- 3.24 The Debt Advice Forum and Advice Agencies Forum continue to meet regularly to share and discuss related issues.

Council Tax Reduction Scheme (CTRS)

- 3.25 The DWP has confirmed that it will continue with the funding arrangement in place for 2015/16. This reflects the evolving nature of CTRS and that the implementation and migration of Housing Benefit to UC has been delayed. The related Settlement and Distribution Group continue to consider the distribution of the funding and will advise Local Authorities accordingly.
- 3.26 The demand on the 2014/15 budget continues to be monitored monthly in line with changes to customers' circumstances. At October 2014 the annual projection for the fund was 96% and remains within monitoring tolerances.
- 3.27 No indication of further reductions in this budget have been announced by Scottish Government to date.

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

- 3.28 Applications for Crisis Grants are being considered within 2 days. There were no 2nd tier review panel meeting during October 2014.
- 3.29 Approximately 80% of applications for Community Care Grants are being considered within the target of 15 days.
- 3.30 There was one 2nd tier review panel meeting during October 2014 for Community Care Grants. The original decision was overturned with the customer receiving the relevant household items.
- 3.31 As funding has now been confirmed as permanent for the Scottish Welfare Fund team, recruitment will commence on this basis in the new year
- 3.32 The SWF budget for 2014/15 is £2,187,628 which includes £395,000 carried forward from 2013/14. A total of £455,000 has been allocated to the Crisis Grant fund and £2,127,628 to the Community Care Grant fund.
- 3.33 The Crisis Grant fund position for 2014/15 is:
- £455,000- Budget
 - £283,787.09 - Spend to 31 October 2014 (62% of total fund)
 - £486, 492 - Projected spend
- 3.34 The Community Care Grant fund for 2014/15 is:
- £2,127,628 - Budget
 - £917,757.20 - Spend to 31 October 2014 (43% of total fund)
 - £1,573,298 - Projected spend
- 3.35 The Scottish Government recently provided details of the Crisis Grant and Community Care Grant awarded for all Scottish Authorities. The Council's combined performance to 31 October 2014 was 47%, which is slightly below the Scottish average of 56%. The 2014/15 spend profile for each fund is included in

Appendix 1. Priority levels will be reviewed in January to ensure spend of the total fund is as near to 100% as possible.

- 3.36 Crisis Grant applications continue to be considered for high priority cases only and the Community Care Grant for medium and high. 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. Due to seasonal demands, it is expected that funding will be transferred from Community Care Grants to Crisis Grants to support the demand on this service.
- 3.37 The Furnishing Service has delivered 83% of ordered goods within agreed timescales. Positive feedback has been received from the SWF team and customers.

Food Banks in Edinburgh

- 3.38 Food banks are defined as a not for profit distributor of publically donated food. The first food banks were formed in the UK in the 1980's. Across the UK there has been a growth of food banks and demand continues to rise.
- 3.39 In Edinburgh food banks are run by the Trussel Trust, Edinburgh City Mission, Broomhouse Community One Stop Shop and numerous churches. They provide free food to people in acute need or crisis. In general food banks include:
 - being run by the community for the community;
 - donations of non perishable food from local people including schools;
 - volunteers packing, sorting and distributing food;
 - clients being referred by front line staff; and
 - food parcels providing nutritionally balanced foods for three days.
- 3.40 Clients of food bank clients are typically from low income families. It is estimated that less than 5% of food bank clients are homeless and that one third of food bank clients are children (Trussel Trust 2013). The typical reasons for lack of income leading to the need to access food banks include:
 - Redundancy and reduced working hours;
 - Benefit delays, changes or sanctions;
 - Domestic violence;
 - Debt problems; and
 - Illness.
- 3.41 Food banks provide a short term emergency response to the problem of food poverty. It is important that there is not a dependency created on food banks for vulnerable clients they are a crisis intervention to support people through a difficult period.
- 3.42 Food banks do not tackle the root causes of poverty but do have an important role to play in providing emergency food and signposting onto support services.
- 3.43 **The Trussel Trust** – is a self defined social franchise established in 2004 which partners with churches to establish food banks. They provide a minimum of three days emergency food and support to people experiencing crisis in the UK. Last year the network served over 128,000 people across the UK.

- 3.44 The Trussel Trust have links with major supermarkets and most food is donated this way, although this year some Edinburgh schools' harvest collections were also donated.
- 3.45 Access to the service is by referral from frontline care professionals such as doctors and social workers. They provide advice and signpost clients to other helpful services.
- 3.46 Between April and September 2013 the 14 Trussel Trust food banks across Scotland had 23,073 people referred. This is a threefold increase in the number of people given emergency food in the previous year.
- 3.47 **The Edinburgh City Mission Basic Bank** – works in partnership with city churches, schools and individuals who provide food, hygiene and other items. Local networks of voluntary, statutory and charitable agencies refer clients for assistance through a voucher scheme. Support is usually offered for up to two months, after which the individual is re-assessed and the need for further assistance is considered.
- 3.48 Food is collected through donations and via the Fareshare programme. They state they have on average 160 new referrals each quarter either from single people or families. On average each referral is for 3 people and so it is estimated 480 new people use their service each quarter. The age range of users is 16 to 50, very few older people are referred to them.
- 3.49 **Broomhouse Community One Stop Shop** – is a local emergency food point and is partially funded by the City of Edinburgh Council (CEC), Big Lottery and donations. The service is open to any individual who presents in a food crisis at any time on a referral and self referral basis. The service can be accessed by clients once a month if required and they are provided with three days worth of food. Food is donated by local businesses, schools and individuals.
- 3.50 As part of the food bank process, clients are given a voucher to use in the food co-op and are informed of the cooking skills sessions and support available at the centre. They also provide help with benefits advice, employment opportunities and will signpost people to other support services at the Broomhouse centre and Community Health Hub.
- 3.51 The Council has provided a grant through the Scottish Welfare Fund to help develop the food bank service in the Broomhouse area. The project has also attracted £96,333 Big Lottery funding through Edinburgh Citizens Advice Bureau to enhance its advice services and further develop the food bank. A further Lottery grant of £40,000 was also awarded in December 2013.
- 3.52 Between October and November 2013 the project saw 186 clients which represented a 50% increase in demand on the previous quarter.
- 3.53 In October 2014 the Council wrote to seventeen food banks and fifteen free food providers to establish the provision of the organisations. Twelve food banks and nine free food providers responded. The provision and capacity of food banks is included in Appendix 2.

3.54 The Welfare Reform Team are currently looking at the ways in which food banks are supported across the Council. Officers met recently to discuss a more co-ordinated approach in the terms of advice services and budgetary support to users in an attempt to reduce the need for customers to access these types of services.

Discretionary Housing Payments (DHP)

3.55 The Scottish Government has now confirmed that £12m of the additional £15m will be made available now to 20 Local Authorities who do not have sufficient funds to fully mitigate Under Occupancy. As a result Edinburgh has been allocated an additional £687,102 and this has increased our total DHP fund for 2014/15 to £4.52m.

3.56 The remaining £3m of Scottish Government funding will be distributed to councils based on actual DHP expenditure following the publication of the 2014/15 DHP statistics in May 2015.

3.57 Edinburgh's projected DHP spend for 2014/15 is estimated at around £4.75m. Therefore a proportion of the remaining £3m will be required to cover all of Edinburgh's DHP expenditure. The Council will continue to monitor DHP spend on a monthly basis and an appropriate claim will be made to the Scottish Government.

3.58 Scottish Government powers came into force on the 6 November 2014 therefore Scottish Government is now in a position to make its legislation to remove the DHP cap in Scotland for 2014/15 and any subsequent years.

3.59 Council officers estimated that a further £1.8m would be required to fully mitigate Under Occupancy for 2013/14. The Scottish Government has confirmed it has no plans to provide funding in addition to the £20million already provided for 2013/14. However as the Deputy First Minister intends to remove the DHP cap Local Authorities are free to increase DHP funds from their own resources in order to meet local priorities, such as making payments in respect of any historical arrears.

3.60 There have been 6,817 DHP applications considered up to 30 November 2014. Of these applications 381 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.

3.61 For 2014/15 there have been a total of 557 refusals. The overall refusal rate is currently 8.8%. The most common reasons for refusal is in the situation where a customer's income exceeds their expenditure. To ensure customers are protected against unexpected or unaccounted expense, a decision was taken locally to allow an additional £15 allowance on top of their actual income before it is determined this exceeds expenditure.

Other, less common reasons for refusal of DHP are as follows:

- Applications for deposits and rent in advance where Housing Benefit is not in payment at their former address. This is dictated by DWP guidance.

- DHP to cover Non-Dependant Deductions for other adults in the household.
- DHP to cover ineligible services. This is prohibited under Housing Benefit Regulations

3.62 At 30 November 2014 the Council's DHP financial position is:

- £4,519,902 total fund
- £3,610,205.69 spend (80% of fund)
- £1,052,517.90 committed to 31 March 2015 (a further 23% of the fund)

3.63 In overall terms the Council has committed to spend 103% of the allocated budget. Appendix 3 outlines the Council's DHP spend profile at 30 November 2014.

Payday Loans

3.64 The Council continues to be actively involved in the issue of payday loans and the working groups meet regularly to look at ethical alternatives to payday loans and consider longer term, sustainable solutions.

Direct Payment Demonstration Project (DPDP)

3.65 The Council continues to learn from this project and will ensure that best practice approaches are adopted when Direct Payments are formally launched.

The Welfare Reform Working Group

3.66 The Welfare Reform Working Group continues to meet quarterly to monitor the impacts of Welfare Reform on the Council and its service user. The group met on the 4 December 2014. Agenda items included:

- Universal credit and how the Council and partners prepare for implementation, including income for rents, staff learning, development and awareness and public awareness; and
- Welfare Reform Strategic Plan implementation, monitoring and reporting.

The Welfare Reform Core Group – Delivering Social Security in Edinburgh a strategic response to Welfare Reform

3.67 The Welfare Reform Core Group continues to meet quarterly to agree the delivery of the key actions to achieve outcomes in terms of:

- Prevention of hardship and worsening inequality;
- Effective response to crisis needs for housing heat and food;
- Effective support for vulnerable individuals and families; and
- Partnership action to sustain Edinburgh's social security.

3.68 The group last met on 6 November 2014 and agreed that the Welfare Reform Communications sub committee re-form to plan for and deliver staff learning, development and awareness and public awareness.

The Welfare Reform Partners' Forum

3.69 The Welfare Reform Partners' Forum continues to meet quarterly to facilitate information sharing. The forum last met on 29 October 2014.

Single Fraud Investigation Service (SFIS)

3.70 The Benefits Investigation team transferred to the DWP on 1 November 2014. A Service Level Agreement (SLA) is now in place between DWP and CEC for all Housing Benefit fraud related activity. This is being closely monitored to ensure the impact on the Corporate Fraud Team is appropriate.

3.71 The Corporate Fraud Team was established on 1 November 2014. In the terms of Fraud they will deal with

- Council Tax Reduction Scheme
- Discretionary Housing Payments
- National Fraud Initiative
- Tenancy Fraud
- Other emerging fraud activities relevant to Customer Services activities

The team will also adjudicate on Fraud Referrals from DWP, updating casework as required and feeding results back to DWP.

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:
- bi-monthly updates were provided to Corporate Policy and Strategy and Finance and Resources Committees, however, these will now be reported on a quarterly basis, to align with the Working Group meeting cycle;
 - 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.
- 9.2 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:

[Strategic Response to Welfare Reform in Edinburgh](#) – Corporate Policy and Strategy Committee 30 September 2014

[Welfare Reform – update](#) – Corporate Policy and Strategy Committee 30 September 2014

[Welfare Reform – update](#) – Finance and Resources Committee, 28 August 2014

[Discretionary Housing Payment Policy](#) – Corporate Policy and Strategy Committee, 5 August 2014

[Welfare Reform – update](#) – Corporate Policy and Strategy Committee, 5 August 2014

[Welfare Reform – update](#) – Finance and Resources Committee, 5 June 2014

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

[Smith Commission](#)

[SLAB Annual Report](#)

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Links

Coalition pledges

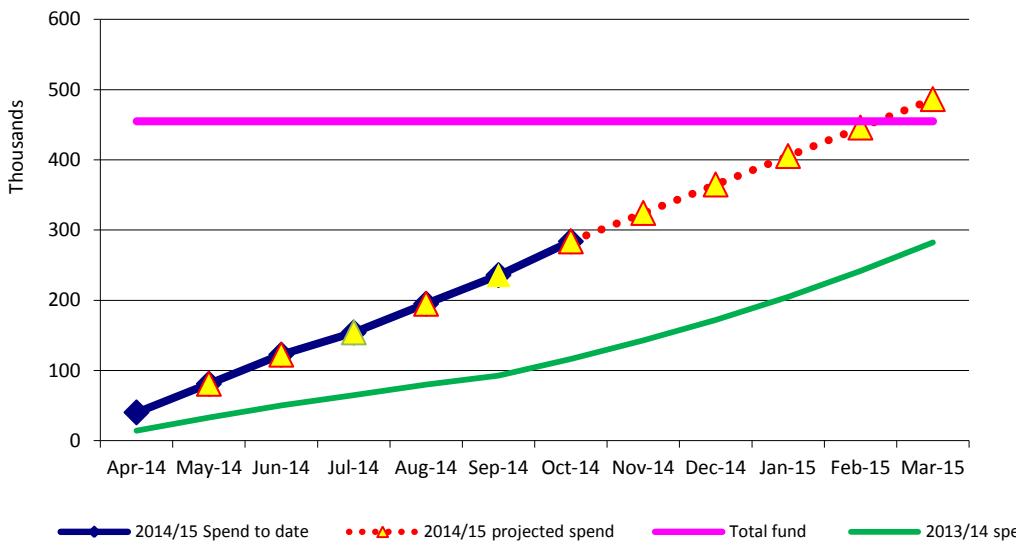
Council outcomes

Single Outcome Agreement SO2 – Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health

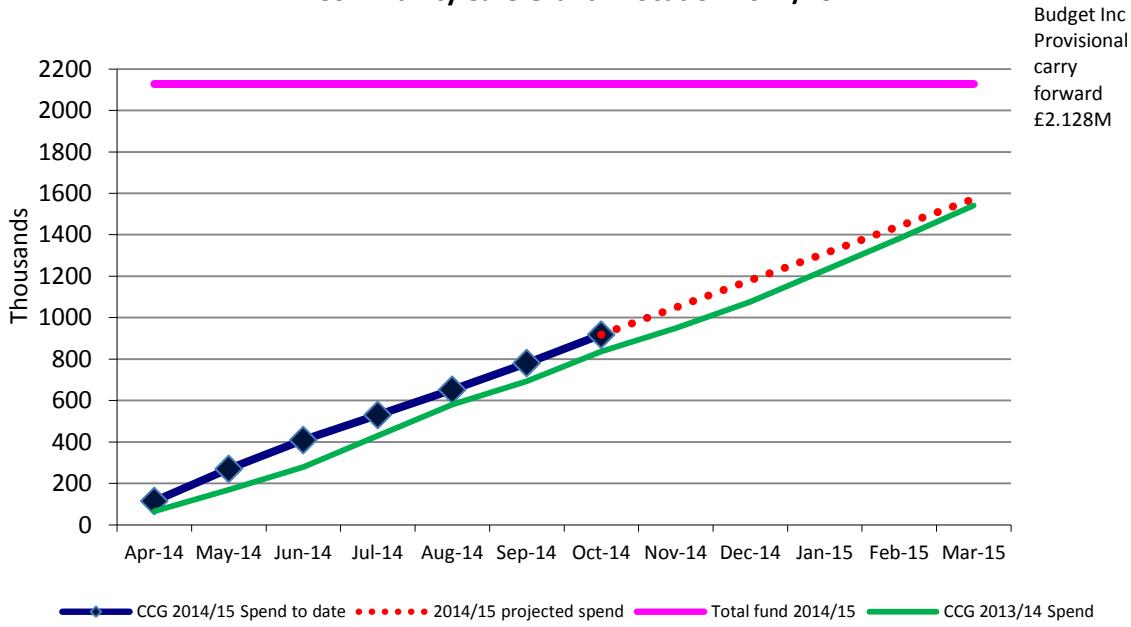
Appendices Appendix 1 – The Scottish Welfare Fund spend
 Appendix 2 – Provision and Capacity of Food Banks in Edinburgh
 Appendix 3 – Discretionary Housing Payment Spend

Scottish Welfare Fund (October 2014)

Crisis Grant Allocation 2014/15




Community Care Grant Allocation 2014/15



Foodbanks in Edinburgh, November 2014

•EDINBURGH•
THE CITY OF EDINBURGH COUNCIL



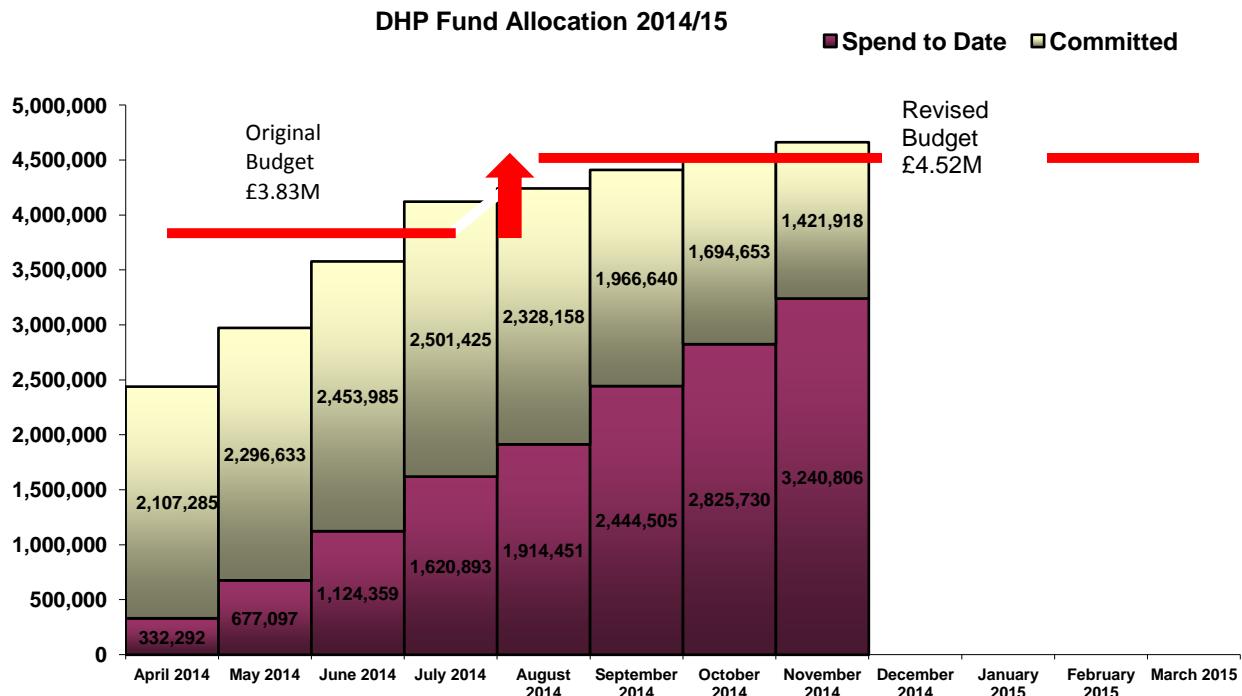
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Foodbank	Referral Process	Maximum number of referrals	Sources of Funding	Volume per week	Frequency of use	No of people fed 2013/14	No of people fed 2014/2015
1 Basics Bank West Pilton	Formal Referral Process	3 month wait between referrals	Donations	17	no information provided	623	no information provided
2 Trussell Trust NW Pilton	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meals per year	3608	2760
3 Trussell Trust NE N Leith	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meals per year	3608	2760
4 & 5 Trussell Trust NE HQ/S Leith	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meals per year	3608	2760
6 Destiny's Angels Salamander	Formal Referral Process	No limit	CEC, Donations	no information provided	no information provided	no information provided	no information provided
7 Basic Bank Leith	Formal Referral Process	3 month wait between referrals	Donations	17	no information provided	623	no information provided
8 Fareshare (Cyrenians)	Formal Referral Process	One off food parcels	CEC, NHS, Donations	no information provided	no information provided	no information provided	no information provided
9 Edinburgh Community Food	Formal Referral Process	no information provided	CEC, NHS, Donations, Big Lottery	30	no information provided	no information provided	no information provided
10 Destiny's Angels Salamander	Formal Referral Process	No limit	Donations	no information provided	no information provided	no information provided	no information provided
11 Trussell Trust NE St Andrews	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meals per year	3608	2760
12 Trussell Trust NE Pilrig	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meals per year	3608	2760
13 Basics Bank Portobello	Formal Referral Process	3 month wait between referrals	Donations	17	no information provided	623	no information provided

Foodbank	Referral Process	Maximum number of referrals	Sources of Funding	Volume per week	Frequency of use	No of people fed 2013/14	No of people fed 2014/2015
14 Rocktrust	Formal Referral Process	no information provided	CEC, Big Lottery	7	300-400 per year	no information provided	no information provided
15 Trussell Trust Central	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meals per year	3608	2760
16 Basics Bank Newington	Formal Referral Process	3 month wait between referrals	Donations	17	no information provided	623	
17 Trussell Trust SE	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meals per year	3608	2760
18 Basics Bank Bruntsfield	Formal Referral Process	3 month wait between referrals	Donations	17	no information provided	623	no information provided
19 Destiny's Angels Gorgie	Formal Referral Process	No limit	CEC Donations	no information provided	no information provided	no information provided	no information provided
20 Salvation Army Gorgie	Formal Referral Process	4 referrals per person	Donations	20	708 per year	no information provided	no information provided
21 Salvation Army Slateford	Formal Referral Process	4 referrals per person	Donations	20	708 per year	no information provided	no information provided
22 Basics Bank Wester Hailes	Formal Referral Process	3 month wait between referrals	Donations	17	no information provided	623	no information provided
23 Broomhouse Food Bank	Self referral	No limit	CEC, Big Lottery, Donations	16	no information provided	no information provided	no information provided
24 Trussell Trust NW Rannoch	Formal Referral Process	3 referrals per year	CEC, Donations	75	32500 meal per year	3608	2760

Appendix 3

Discretionary Housing Payment 2014/15



Corporate Policy and Strategy Committee

10.00am, Tuesday, 20 January 2015

Proposal for a new Meadowbank

Item number	7.2
Report number	
Executive	
Wards	All, and particularly Craigentinny/Duddingston

Executive summary

In 2008, Council agreed to commission an appraisal for a new build facility at Meadowbank. A 2014 feasibility study has concluded that if the Council wishes to replace Meadowbank – at a total estimated cost of £43m - the funding package would comprise ringfenced capital receipt from sale of surplus land on site; revenue savings from closure during construction; prudential borrowing funded from forecast improvement in net income and a sportscotland grant. The Council's advisers have identified a funding shortfall of between £11.3m and £19.8m, using a range of differing estimates for land value receipts and the external grant.

An intrusive ground survey and a Development Brief defined with Planning could confirm, and possibly narrow, the funding gap estimates. This work could be done within the first quarter of 2015 without delaying the programme. These actions would involve costs of up to £0.100m.

A funding shortfall will still need to be addressed. Committee is asked to refer this report to Council as part of its budget considerations on 12 February 2015. If funding cannot be found, or Committee decides in any case not to proceed, an immediate review of Meadowbank will be required and planned withdrawal of service within the next five years.

Links

Coalition pledges	P42, P43, P45
Council outcomes	CO20
Single Outcome Agreement	SO2

Report

Proposal for a new Meadowbank

Recommendations

It is recommended that the Corporate Policy and Strategy Committee:

- 1.1 notes that the feasibility work completed since February 2014 has reviewed a range of different options for funding a new Meadowbank;
notes that the Member Officer Working Group has concluded that the typical package used by UK local authorities to fund sport and leisure developments would be the most appropriate funding method for a new Meadowbank because it would secure delivery within the proposed timescale and retain Council control of the new facility;
- 1.2 notes that there is a funding shortfall of between £11.3m and £19.8m of the estimated £43m total cost of the project;
- 1.3 notes that expenditure of up to £0.100m on an intrusive ground survey and preparation of a Development Brief would potentially reduce the total cost and funding gap, and provide more financial certainty;
- 1.4 notes the proposed sporting facility mix and proposed Royal Institute of British Architects (RIBA) Stage C design for a new Meadowbank;
- 1.5 notes that the current timeline anticipates that a new Meadowbank would open by the end of 2017, should approval be given to proceed, and to demolish the existing facility before construction begins;
- 1.6 notes the potential funding identified to date (capital receipt from sale of surplus land at Meadowbank; revenue savings from closure of the existing facility; prudential borrowing based on income projections for the new Meadowbank; and a **sportscotland** grant); notes the consequent funding shortfall;
- 1.7 agrees to refer this report to the Council budget meeting on 12 February and if Council considers it appropriate, and identifies funding, notes that Council would require to:
 - 1.7.1 approve expenditure of up to £0.040m from the Corporate Governance revenue budget 2014/15 for an intrusive ground survey as phase one;
 - 1.7.2 approve as phase two, subject to the Director of Corporate Governance being satisfied with the ground conditions, expenditure of up to £0.060m from the Corporate Governance revenue budget 2014/15 to prepare and agree a Development Brief with Planning;

- 1.7.3 note that throughout phases one and two, soft market testing and negotiations will continue with external stakeholders and potential partners to reduce the funding gap, and that any resultant changes in the financial costs and funding package would be reported to the appropriate committee;
- 1.7.4 subject to satisfactory completion of phases one and two, approve the proposed sporting facility mix and proposed Royal Institute of British Architects (RIBA) Stage C design for a new Meadowbank;
- 1.7.5 agree to progress the proposed design to RIBA Stage D (design development), and subject to satisfactory completion of Stage D, to Stage E (technical design);
- 1.7.6 agree to demolish the existing facility before constructing the new Meadowbank;
- 1.7.7 approve the ringfencing of any capital receipt from sale of surplus land at Meadowbank for a new Meadowbank to proceed;
- 1.7.8 note the potential funding identified to date (capital receipt from sale of surplus land at Meadowbank; revenue savings from closure of the existing facility; prudential borrowing based on income projections for the new Meadowbank; and a **sportscotland** grant); and
- 1.7.9 consider the consequent funding shortfall.

If the Corporate Policy and Strategy Committee decides to proceed no further with this project:

- 1.8 instructs a review to bring forward proposals for a planned withdrawal of service within the next five years; this review to be developed in consultation with stakeholders, for review by the Board of Edinburgh Leisure and reported to the appropriate Council committees; and
- 1.9 requests a report outlining alternative options for Meadowbank and its site.

Background

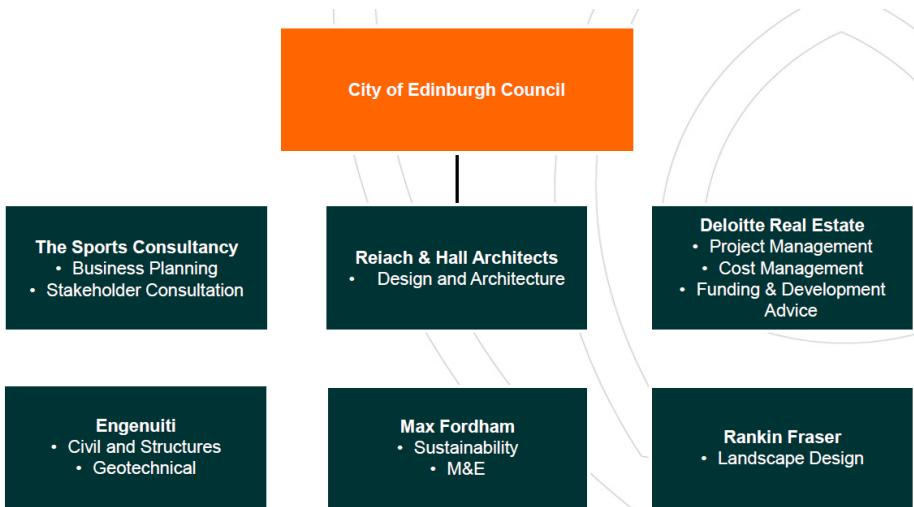
- 2.1 Meadowbank does not meet customer expectations of 21st century sporting facilities nor the requirements specified by Scottish Governing Bodies of Sport for lighting levels, run-offs for courts (to prevent injury) and ceiling heights. Meadowbank is now regarded as inferior when compared to other facilities more recently developed in Glasgow, Aberdeen, Stirling and Motherwell.
- 2.2 On 13 March 2008, the Council approved “a new build at Meadowbank as the best option” for the future of this Sport Centre and Stadium and agreed “to commission an appraisal for this new facility”.

- 2.3 As an interim investment measure, and in recognition that the facility was more than 40 years old, was beyond its designed lifespan and required significant upgrades, the Council spent £1.45m in 2009 to improve the reception areas, showers and changing facilities. Edinburgh Leisure continues to carry out routine repairs and maintenance, and an annual condition survey to identify any immediate risks to the ongoing operation of the facility, including failure of mechanical and electrical services and plant.
- 2.4 Various systems within the building are becoming more difficult to keep in service through repair work, and it is anticipated that a point will be reached in the short term when it is no longer practical or economic to keep the current facility open. Before that point is reached, unless other plans are developed for the future of this facility, a planned withdrawal of service within the next five years will be required.

2.5 Since February 2013, the following work has been completed:

February 2013	Council allocated £60k for an initial stakeholder engagement and options appraisal
August 2013	Council appointed Deloitte Real Estate, supported by The Sports Consultancy and Reiach and Hall Architects, to carry out this study
December 2013	Culture and Sport Committee considered the results of this stakeholder engagement and options appraisal and referred it to Council
February 2014	Council allocated £0.200m towards a detailed feasibility study and business case for Meadowbank and community consultation
July 2014	Design team and cost consultant appointed to deliver the feasibility study, business case and future community consultation, led by Culture and Sport

2.6 Team members are shown in the diagram below.



- 2.7 A Meadowbank Member Officer Group was established during 2013, and has met four times in 2014. The group includes all political groups, local ward members, sportscotland, Edinburgh Leisure and Council officers and is chaired by the Convener of Culture and Sport.
- 2.8 The report discusses the key points of the feasibility study and business case, before providing details of the proposed sporting facility mix. The feasibility study and business case have been placed in political group rooms; key points from both are provided below.

Main report

- 3.1 A **business case for a new Meadowbank** has been prepared and benchmarked against other UK facilities to allow the cost consultants to calculate 10-year revenue projections.
- 3.2 To develop the business case, the team:
 - 3.2.1 reviewed Meadowbank's revenue income and expenditure from 2009 to date;
 - 3.2.2 reviewed Meadowbank's footfall and usage over that period;
 - 3.2.3 reviewed latent demand for health and fitness in Edinburgh;
 - 3.2.4 considered the staffing structure required to operate the new facilities;
 - 3.2.5 prepared conservative estimates of the running costs of the new facility, building in higher than currently projected utility costs, increases in inflation, etc; and
 - 3.2.6 prepared a sensitivity analysis of varying levels of income and costs for the new facility.
- 3.3 Currently, the Council makes a service payment to Edinburgh Leisure to manage Meadowbank. Before 2013, the service payment was approximately £0.400m per annum. Since the opening of the 3G pitch in 2013/14 and the curricular use by James Gillespie's High School of the facility, the payment has fallen to around

£0.250m for the current financial year. This is expected to increase to a payment of around £0.350m in 2015/16, when curricular use by Gillespie's will cease.

- 3.4 The business case for the new Meadowbank demonstrates that after the first year of its operation, the new facility is projected to generate a surplus in each of the following nine years. This business case, which was produced by The Sports Consultancy and reviewed by Edinburgh Leisure, will be regularly reviewed and updated if the project progresses.
- 3.5 Using the business case described above, and the proposed facility mix and architectural design, the team has prepared estimated costings for the entire project and identified different ways to fund the project. These funding options are summarised in appendix one and discussed below.
- 3.6 The **feasibility study** is based on a core sporting facility mix for a new Meadowbank and architectural concept and design to RIBA Stage C (concept and outline proposals for buildings and structures). The purpose of RIBA Stage C is to develop the client's design brief into outline proposals that show the design sufficiently developed for the client to understand, comment on and approve. The Developed Design would be prepared in Stage D. This would include coordinated and updated proposals for structural design, building services systems and outline specifications, along with cost information. The Technical Design would be prepared in Stage E, to include all architectural, structural and building services information, and any specialist subcontractor design and specifications.)
- 3.7 A key element of the feasibility study is that residual land not needed for the new facility (a total of 10 acres in three lots) should be sold for development. (A 3G pitch which is within one of the three lots would be lifted and re-laid in a new position to the west.) The proposed layout plan, showing the residual land, is provided in appendix two.
- 3.8 The design team has drawn up indicative plans for the area to the east for 430 housing units (25% of which will be in the affordable housing category) set in green space with access for vehicles. In addition, a plot of land to the west at Wishaw Terrace could accommodate housing, and the team has identified student accommodation (273 beds) as likely to generate the best financial return. The team is assessing demand for student housing in this area. It is accepted that there is a Planning risk associated with such a use in this location. The smallest lot of surplus land has been identified as suitable for office accommodation.
- 3.9 To progress this work, it will be necessary to work with Planning to produce a Development Brief for the site, based on the design by the current Design Team. This Development Brief would be part of the procurement information package.
- 3.10 It would be beneficial to procure a single company to develop the entire site in accordance with any Development Brief. It would be the responsibility of this

company to deliver each of the land uses across the site through subcontractor agreements where necessary. This would result in one contract between the Council and the developer company and reduce the risks to the Council from a mixed use development. This would also create a single point of contact to the Council to provide efficiencies during the development process.

Estimated cost of a new Meadowbank

- 3.11 The construction cost of the three options reported in December 2013, with varying sporting facility mixes, ranged from £35.1m to £85.2m. These cost estimates excluded some elements of fees, lifecycle costs, asbestos removal, inflation, demolition, risk, contingency, fixtures, fittings and equipment.
- 3.12 The construction costs and the entire project costs have been revised and updated since then, and are now estimated to be £43m. This figure includes a high risk allowance for underpinning the new building, based on worst case assumptions about the underlying ground conditions; an allowance for pre-construction and construction inflation totalling £1.75m, up to the third quarter of 2016; and allowances for removal of contamination and the inclusion of client direct fit out costs.
- 3.13 A detailed ground survey would provide certainty about the exact underlying conditions. If these are better than the worst case scenario, this would reduce the risk allowance required for underpinning the building, reduce the allowance for removal of contamination across the site, and remove some risk from this key construction element of the project.

Review of funding options

- 3.14 The cost consultant, Deloitte Real Estate, has concluded that the majority of community sport and leisure developments in the UK now rely on a blend of funding to make them viable. The typical package used by local authorities includes prudential borrowing (based on the forecast improvement in the revenue position); capital receipts from the sale of assets; grant funding from external bodies, capital funding from local authorities and Planning gain (in Scotland, under Section 75 of the Town and Country Planning (Scotland) Act 1997).
- 3.15 The detailed feasibility study has explored a wide range of funding options. None of these options taken individually would generate enough funding to cover the full cost of the project. A summary of the review of funding options by Deloitte, assisted by the Sports Consultancy, is attached as appendix 1.
- 3.16 The project team and the Member Officer Working Group have reviewed the funding options and have noted that:
 - 3.16.1 some options are incompatible (eg **sportscotland** grant with development partner);
 - 3.16.2 grant funding from **sportscotland** is not available to a private developer, and is dependent on a capital contribution from the local authority;

- 3.16.3 the typical funding package used by local authorities allows councils to retain a great deal of control and also provide greater measures of certainty on future income, costs and service levels than the options which involve the private sector in a lead or management role.
- 3.17 Taking all of this into account, the Member Officer Working Group and the project team recommend the type of funding package which is described in paragraphs 3.14 and 3.16.3 above.
- Recommended funding package**
- 3.18 A fund of £20m set aside by the Scottish Government for [National and Regional Facilities Investment](#) is managed by **sportscotland**. It has been assumed that between £5m to £7m would be available from this fund for the project. It is hoped that it may be possible to achieve more than the higher estimated grant figure through further negotiations with **sportscotland** and the Scottish Government.
- 3.19 It is possible to provide estimates for the total sum which could be achieved by combining the sale of excess land, prudential borrowing, revenue savings during demolition and construction and a grant from **sportscotland**. This total sum is estimated to be worth between £23.2m and £31.7m. This leaves an estimated funding shortfall of between £11.3m and £19.8m. Although alternative funding methods have been reviewed by the Council's advisers, these are not considered to be achievable within the timescale required and have considerable uncertainty attached to them at this stage.
- 3.20 Soft market testing is under way with the private sector and developers. This will continue if the project progresses, and will help to confirm the estimates for capital receipts from surplus land and for income from the operation of the new facilities.
- 3.21 The project team and Member Officer Working Group have also discussed procurement solutions. Alternative procurement routes explored so far include SCAPE (a provider of national construction frameworks), delivery company hubco (for the South East Territory) and the standard procurement route via calls for tender in the Official Journal of the European Union. An indicative high level timeline is provided in appendix three, showing that the earliest point by which the new Meadowbank could open, if the project proceeds, is the end of 2017.

Core facility mix for a new Meadowbank

- 3.22 The design team has re-tested the core facility mix reported in December 2013, by consulting **sportscotland**, Scottish governing bodies of sport, and key clubs which use Meadowbank. As a result of this process, the design team has defined the core sport facility mix for a new Meadowbank as follows:

An outdoor athletics track with seating for 500
A 3G synthetic or grass sports pitch in the centre of the athletics track

An additional outdoor 3G synthetic sports pitch
An indoor 60m 6 lane athletics track with jumps area
Outdoor throws area
An eight badminton court sports hall with 500 permanent seats plus bleachers (in area, the same size as the current Meadowbank Hall 1)
A four badminton court sports hall with 500 permanent seating (the same size as the current Meadowbank Hall 2)
A gymnastics hall
A gym
Studios
Café
Meeting rooms
Changing facilities

- 3.23 For many people, the outdoor athletics track is synonymous with Meadowbank, and its long Commonwealth Games history from 1970 onwards. In contrast with all previous attempts to redesign Meadowbank, this new design (which has been taken up to RIBA Stage C) is based around keeping the outdoor athletics track in its current position. Further details on the architectural concept for a new facility are provided in appendix four.

Measures of success

- 4.1 A decision whether or not to proceed further with the project.

Financial impact

- 5.1 A total of £0.325m in revenue has been spent to date on developing the new Meadowbank proposal.
- 5.2 The total cost of the project is estimated to be £43m. The total estimated funding, which could be achieved by combining the sale of excess land, prudential borrowing, revenue savings during demolition and construction and a grant from **sportscotland**, is between £23.2m and £31.7m.
- 5.3 It is anticipated that the total cost of the project could be reduced if the ground conditions are better than worst case. In order to confirm this, a sum of up to £0.040m requires to be spent on an intrusive ground conditions survey. It is recommended that Council approve £0.040m from the Corporate Governance revenue budget 2014/15.

- 5.4 It is anticipated that a Design Brief for the site, developed and agreed with Planning, and costing up to £0.060m, would remove further risk from the project. Subject to the Director of Corporate Governance being satisfied with the ground conditions following a survey, it is recommended that Council approve £0.060m from the Corporate Governance revenue budget 2014/15 for the Development Brief.
- 5.5 To progress the prudential borrowing element of funding, full approval will need to be sought from the Finance and Resources Committee and Council, based on a business case that demonstrates the associated revenue income / saving streams that would be generated to pay for annual loan charges. The level of prudential borrowing indicated in the funding package has been calculated by assuming that the improved operating position of the new facility would remove the requirement for a service payment. The forecast service payment level for the existing facility (around £0.350m per annum) will be made available by the Council to fund the proposed prudential borrowing.
- 5.5 Pending realisation of capital receipts and grant contributions, the Council could incur additional borrowing costs. These costs will be known once the procurement solution is identified and the cost profile is known.
- 5.6 The report outlines proposed total capital expenditure plans of a maximum of £43m. If this expenditure were to be funded fully by borrowing, the overall loan charges associated with this expenditure over a 20 year period would be a principal amount of £43m and interest of £28.6m, resulting in a total cost of £71.6m based on a loans fund interest rate of 5.2%. The annual loan charges would be £3.580m.
- 5.7 It should be noted that the Council's Capital Investment Programme is funded through a combination of General Capital Grant from the Scottish Government, developers and third party contributions, capital receipts and borrowing. The borrowing required is carried out in line with the Council's approved Treasury Management Strategy and is provided for on an overall programme basis rather than for individual capital projects. Following a request from Members, notional loan charge estimates have been provided above; these estimates are based on the assumption of borrowing in full for this capital project.
- 5.8 If the decision is taken not to proceed with the proposed new Meadowbank, a further report on the financial and other implications of this will be required. As noted in previous reports, the facility cannot be refurbished to a satisfactory standard and there is a five-year limit to the length of time it can remain operational.

Risk, policy, compliance and governance impact

- 6.1 The total project cost and funding projections are, at this stage, estimates and are subject to fluctuating market conditions and inflation which may affect the scope

and delivery of the project. However, inflation has already been included in the construction costs. The capital receipt estimates are based on current day prices.

- 6.2 The revenue costs and income projections for the business case will be subject to regular review and updating which could change the prudential borrowing level.
- 6.3 The Planning risk would be mitigated by preparing and agreeing a Development Brief for the site with Planning.
- 6.4 If the project does not proceed beyond RIBA Stages D or E, or is reduced in scope, design fees related to the abortive elements of the project will require to be written off to the revenue budget.
- 6.5 As discussed in appendix four below, early discussions are ongoing with NHS Lothian on the potential for creating a broader health and wellbeing focus for a new Meadowbank, through locating a primary health care facility on site. This opportunity would be lost, and the current Meadowbank will continue to decline, if the decision is taken not to proceed with this project. Since this is Edinburgh's biggest driver of indoor and outdoor sport participation, the closure of this facility would have a negative impact on levels of physical activity and participation in sport by Edinburgh residents of all ages.
- 6.6 This would have a negative impact on the delivery of key policies including the Physical Activity and Sport Strategy agreed by the Council and city partners; two of the Council's Pledges; and the Scottish Government's National Outcome on physical activity.
- 6.7 If this project does not proceed, the wider implications of this decision for the delivery of physical activity and sport services will be taken into account by the ongoing strategic review of all Council-owned sport and physical activity facilities and services. This wider review, which includes consideration of community access to schools, is scheduled to report early in 2015.

Equalities impact

- 7.1 The new Meadowbank proposal would help to meet the city's housing needs, including affordable housing, and would provide a modern, fully accessible, high quality facility open to all Edinburgh residents and visitors. The new facility would make a positive impact on the health, well-being and quality of life of those who use it. The facility is currently projected to attract over 600,000 visits per year by the second year of its operation. The current Meadowbank has just over 500,000 visits per year. If the project does not proceed, the impact on current users losing this facility within the next five years would require to be assessed.

Sustainability impact

- 8.1 The impacts of this report have been considered in relation to the three elements of the Climate Change (Scotland) Act 2009 Public Bodies Duties, and the outcomes are described below.

- 8.2 The new building would be built to meet or exceed modern energy efficiency standards. On a like for like basis, the energy consumption would be significantly lower than the existing building. The new building's energy demands would be reduced by the proposed enhanced building fabric performance; high efficiency equipment for heating, ventilation, and lighting; and renewable energy technologies such as Photovoltaics.
- 8.3 A visual inspection of the trees surrounding the Meadowbank site was undertaken in September 2014. The inspection report identified the 11 Wheatley Elms on Wishaw Terrace and 10 on London Road as having the most significant impact on the street scene. Unlike many cities in the UK, Edinburgh has managed its stock to retain approximately 15,000 elms in the city. From assessing historic photos of the area and the height of the trees it is reasonable to assume the elms pre-date the existing stadium. The new building proposal has been designed to maintain an adequate distance from the existing elm trees to allow their retention in principle. A detailed survey of their condition and any impacts on the trees of construction works or resurfacing around the trees will be undertaken at the next stage.
- 8.4 The decision to retain the new sports centre on the existing Meadowbank site will enable the new facility to benefit from the existing transportation network already serving Meadowbank. A strategic plan for maintaining and improving these transportation links will be developed if the project progresses. The landscaping proposal will help to create a civic presence along the London Road frontage, and will provide a generous public arrival area at the entrance to building. Shelter will be provided along the length of the building from the roof canopy, and features within the landscape will provide seating and gathering areas. Consideration has been given to providing increased facilities for cyclists in line with National Planning Policy. The existing bus stops would be retained and incorporated into the landscaping proposals along London Road.

Consultation and engagement

- 9.1 Detailed consultation with the public will be undertaken if this project proceeds.
- 9.2 Given the recommendation – for reasons of efficiency, safety and cost – to complete the demolition before construction begins, alternative provision will need to be made for Meadowbank's customers, using Edinburgh Leisure facilities and the school's sporting estate. This is the approach that was taken by the successful £37.1m refurbishment of the Royal Commonwealth Pool. Further work will be done on this if the project proceeds.

Background reading/external references

Report to Culture and Sport Committee on [17 December 2013](#)

Nine previous reports on National and Regional Sports Facilities (incorporating Meadowbank) to Council, Culture and Leisure Committee, and the Culture and Sport Committee, from 2004 to present, including the [March 2008](#) report to Council cited above

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Links

Coalition pledges	P42 – Continue to support and invest in our sporting infrastructure. P43 – Invest in healthy living and fitness advice for the most in need.
Council outcomes	P45 – Spend 5% of the transport budget on provision for cyclists C020 – 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	S02 – Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health.
Appendices	<ol style="list-style-type: none">1. Summary of Review of Funding Options2. Proposed layout plan3. Current proposed timeline for the project4. Architectural concept for a new Meadowbank

Summary of Review of Funding Options - Deloitte, supported by The Sports Consultancy

Principal funding options considered

Option 1	Capital receipt from disposal of the excess land, primarily comprising some 9 acres to the east of the stadium together with smaller areas to the south and west of the stadium	
<i>Advantages</i>	<i>Weaknesses and risks</i>	<i>Conclusion</i>
<p>Council would benefit from a significant capital contribution.</p> <p>Student housing has the potential to raise a higher level of price over other uses.</p> <p>Would help the Council to deliver targets for provision of new homes and will assist in the wider regeneration of the area.</p>	<p>No significant weaknesses</p> <p>Risks:</p> <p>Land values could fall between now and the point at which the site is sold. On the positive side, values could also increase during that period.</p> <p>Planning consent obtained without onerous conditions relating to development density and infrastructure requirements</p> <p>Abnormal costs resulting from soil and site investigations to confirm the development capability and contamination levels</p> <p>Demand for the proposed developments</p> <p>Other points: timing of disposal and the impact this will have on project cash flow; impact of a significant development taking place on the site at the same time as the new Meadowbank is being built should be considered, as the project programme is developed.</p>	<p>Capital receipt from sale of excess land presents the most significant funding opportunity for the project and is relatively low risk to the Council.</p> <p>Opportunities for further intensification of development should be considered and discussed with planners as the project moves forward to determine whether further capital can be generated.</p>

Option 2	Prudential borrowing capability based on improvement in operational revenue	
<i>Advantages</i>	<i>Weaknesses and risks</i>	<i>Conclusion</i>
<p>Prudential loan rates tend to be more competitive than private sector funding. This maximises the amount of capital that can be borrowed.</p> <p>The loan repayments can be fixed for the term of the loan term. This reduces the risk of future index-linked increases in loan repayments.</p> <p>This tends to be the borrowing route of choice for public sector projects.</p>	<p>There are prudential borrowing limits for local authorities. The Council will need to be clear whether it can borrow the amount of funding required, without breaching its borrowing limits.</p>	<p>Prudential borrowing should be used to access capital funding towards the project.</p>

Option 3	sportscotland grant funding	
<i>Advantages</i>	<i>Weaknesses and risks</i>	<i>Conclusion</i>
Grant funding is external funding which does not rely on revenue funding from the Council to support loan repayments.	<p>Funding tends to be conditional on delivery of programme objectives and can limit future use of the funded facilities. The Council should ensure that it is comfortable with the proposed terms, conditions and required outcomes before applying for grant funding.</p> <p>This funding is subject to a funding application process and an application, so cannot be guaranteed at this stage.</p>	<p>The Council should apply to sportscotland for funding to help deliver the project. It should make a strong case for a grant of £7m.</p> <p>sportscotland should be engaged in the development of the project.</p>

Option 4	Revenue savings from closure during build period	
<i>Advantages</i>	<i>Weaknesses and risks</i>	<i>Conclusion</i>
<p>The sooner the centre is closed the more the Council is likely to save in terms of the service payment it makes towards the operation of Meadowbank.</p> <p>In addition to the financial savings, closure is likely to simplify the construction process, reducing risk, cost and timescales compared to retaining operation of parts of the centre while the new build takes place.</p>	<p>The net revenue savings need to be clarified with any deductions for closure costs and operator compensation.</p>	<p>There is an opportunity for the Council to make revenue savings during the construction works that can be used as capital funding towards the project. The final figure will need to be agreed with the Finance Service and is likely to be subject to negotiation with Edinburgh Leisure, with reference to the terms and conditions of the management agreement.</p>

Based on the results of these four principal funding routes, and faced with a further funding gap, we believe that consideration should be given to the alternative sources of funding described in the table below.

<i>Alternative source of funding</i>	<i>Advantages</i>	<i>Weaknesses</i>
Option 5: A contribution from the Council's capital reserves	<p>Avoids the Council being left with an on-going revenue commitment.</p> <p>Assuming funds are available, this is a relatively straightforward approach.</p> <p>Offers flexibility with the delivery approach – the Council could procure a contractor for the sports facility and dispose of the surplus land separately.</p> <p>Alternatively a single development partner could be procured to deliver both elements.</p>	<p>Clearly reliant upon the Council having sufficient capital reserves to contribute.</p> <p>Limited scope for the Council to derive a return on the equity it has invested.</p> <p>High risk – the current forecast is that funds will not be available from capital reserves.</p>
Option 6: Head lease commitment <i>The Council commits to a head lease over the new Meadowbank facility. Ideally, the Council would look to cover its head lease commitment by the management fee paid by the centre's operator. Dependent on the new facility generating a positive income stream.</i>	<p>The Council's covenant would be well received by the funders and developers, particularly if it was underwriting a secure income stream of 20 years plus.</p> <p>The strength of this income stream could be used to generate an up-front capital contribution from a funder, which is a model a number of pension funds are actively promoting.</p> <p>In a best case scenario, the management fee would be greater than the head lease commitment; presenting the Council with a revenue stream.</p>	<p>Head lease commitments of this nature are often linked to fixed rental uplifts, typically on an RPI basis.</p> <p>Should the management fee not cover the head lease commitment, a risk which would increase over the lifespan of the centre, then the Council would potentially be left with an increasing revenue liability.</p> <p>Would require significant change from current operating model.</p> <p>The revenue forecasts for the centre estimate an annual operating surplus of circa £124k per annum. This level of income would not be sufficient to service the head lease payments required to service the capital investment required.</p> <p>Therefore, this option should be discounted.</p>
Option 7: Additional prudential borrowing (including increasing the borrowing term) <i>Using borrowing from the Public Works Loan Board (PWLB), the Council would be required to commit additional annual revenue payments,</i>	<p>The Council has the potential to access borrowing at a lower cost than a developer, via the PWLB. These savings should be reflected in the overall costs of the project.</p> <p>Scope for repayment of the loan from income received from the operator over the borrowing period of the loan.</p>	<p>Loan repayments of this nature are fixed over the borrowing period of the loan. As an example, if the Council wishes to raise an additional £10m capital funding to close the funding gap it would need to find £833,330 per annum to cover the additional repayment costs to service the annual loan repayments.</p>

<i>Alternative source of funding</i>	<i>Advantages</i>	<i>Weaknesses</i>
<i>over and above the forecast revenue improvement, to finance the borrowing costs for the capital sum required, as described previously in the principal funding options section.</i>		<p>The Council is currently unable to afford the loan repayments, unless these can be funded from additional revenue savings elsewhere in the Council.</p> <p>This would require a significant additional revenue commitment from the Council. This additional revenue cannot be generated from the new Meadowbank site and would have to come from other Council budgets. This could include closure of other facilities in the leisure portfolio.</p>
Option 8: Private sector borrowing <i>For example, pension fund annuity funding. This scenario envisages the Council committing to pay an income stream to a pension fund, which would in return offer an upfront capital payment.</i>	<p>Does not require the Council to allow for a Minimum Revenue Provision (MRP) set aside as is the case with Prudential Borrowing.</p> <p>Scope to explore entering into a wider partnership.</p>	<p>Likely to be more expensive than prudential borrowing: rental payments are subject to RPI-linked increases (likely to be between 0-5% per annum).</p> <p>The Council is unable to afford the loan repayments, if these cannot be funded from additional income.</p> <p>Private sector borrowing is likely to be more expensive for the Council over the term of the loan. As with prudential borrowing it would require a significant additional revenue commitment from the Council. This additional revenue cannot be generated from the New Meadowbank site and would have to come from other Council budgets.</p>
Option 9: Other grant funding <i>This would involve the Council accessing other grant funding opportunities, which would effectively provide a one-off capital contribution to the project with no requirement for repayment.</i>	<p>Provides capital contributions without the Council being left with an on-going revenue commitment.</p>	<p>Funding often comes with conditions relating to delivery of specific outcomes. These can have an impact on capital costs and operational revenue.</p> <p>We are not aware of any significant funding opportunities available for a scheme of the specific nature of Meadowbank, other than the £5m - £7m that has been discussed with sportscotland. A fundraiser would need to be engaged to review funding opportunities and work with the Council in making applications.</p>

<i>Alternative source of funding</i>	<i>Advantages</i>	<i>Weaknesses</i>
<p>Option 10: Naming rights and sponsorship</p> <p><i>Would involve attracting a headline sponsor and branding Meadowbank via naming rights. Agreements tend to be for a medium to long term. Most recent examples relate to high profile stadia or arenas, as opposed to community leisure facilities, since sponsors seek maximum exposure for their brands.</i></p>	<p>Provides a sum that can be used to fund capital or revenue over a fixed term of the agreement</p>	<p>Meadowbank is not home to a large, high profile club with a significant fan base and media exposure, particularly TV. Therefore, the value of naming rights is likely to be low and perhaps best suited to local businesses.</p> <p>There may be a conflict between the requirements of the sponsor to promote its association with the venue and the need for the Council and the venue operator to promote their association.</p> <p>There are no significant examples of naming rights and sponsorship of community leisure facilities with the order of funding required for Meadowbank.</p> <p>The relatively low levels of brand exposure mean that any sponsorship that can be obtained will be of low value and will not generate a significant sum towards the funding shortfall.</p>
<p>Option 11: Philanthropic contributions</p> <p><i>Would involve the Council running a fundraising campaign to attract donations from businesses and individuals towards the cost of the project. This is a model frequently used in the arts and culture sectors.</i></p>	<p>Provides a sum that can be used to fund capital or revenue with no ongoing payment from the Council.</p>	<p>There is not an established culture of philanthropy in relation to funding public sector sports buildings, to the extent required to cover the funding requirement.</p> <p>While it may be possible to attract some funding through philanthropic contributions, this is likely to require a significant campaign to be undertaken by the Council and there is no guarantee of success. The amounts raised are likely to be very small compared to the scale of the funding required.</p> <p>In many cases philanthropic donations tend to be distributed funding organisations and trusts set up for specific purposes (covered under “other grant funding” discussion above).</p>

<i>Alternative source of funding</i>	<i>Advantages</i>	<i>Weaknesses</i>
Option 12: Reduce the scope of the building and capital costs <i>This would be achieved by removing areas from the building, with a focus on those areas that provide the lowest return on capital investment.</i>	Reducing the scale and cost of the building could reduce the capital cost and the funding requirement	The specification is based on extensive work completed to date and on the Council's aim to replace Meadowbank with a similar facility. The extent of reductions required to close the funding gap would need radical changes which will not deliver the facility identified through the needs analysis and consultation to date. Changes to the building may have a detrimental impact on revenue generation and must be carefully considered. Any departure from the agreed specification would diminish the Council's ability to meet the sporting needs of the local community and the needs of other stakeholders. We understand that this is unlikely to be acceptable to the Council and partners.
Option 13: Include additional revenue generating facilities within the Meadowbank redevelopment	Other facilities could add to the mix on the site. Some commercial uses could generate additional income for the Council.	Any additional facilities will require additional capital investment, which will increase the initial funding requirements on the Council. There is a risk that the additional facilities may not generate a significant additional income that helps contribute towards the funding of the project. There are planning constraints that will limit the options for commercial facilities at the site. Deloitte has undertaken a broad property market review and concludes that residential development on the surplus land appears to be the most viable option. Adding additional commercial space to the sports centre is likely to increase its build costs and also impact upon the space available to provide the facilities sought. The additional build costs are unlikely to be offset by significant improvement in the net revenue generated at the site. Planning issues are likely to be a barrier to further commercial

<i>Alternative source of funding</i>	<i>Advantages</i>	<i>Weaknesses</i>
		development of the sports centre site. Commercial development is arguably better delivered by the private sector through sale of the excess land to generate a capital receipt for the Council.
Option 14: Rationalisation – contribute additional surplus land/assets to the project <i>Would mean taking a wider strategic view of assets in the leisure portfolio and other Council-owned property to understand if there are any other facilities that could be disposed of to generate either a revenue saving or capital receipt that could contribute towards the funding shortfall.</i>	Capital or revenue can be raised through disposal of excess Council facilities to provide a contribution with no ongoing revenue commitment for the Council.	Scope for additional savings and disposals may be limited. Disposal opportunities beyond the leisure portfolio may be limited and capital receipts and revenue saving may be earmarked for other projects. Many recent community leisure developments have been facilitated by rationalisation of facilities across a portfolio. This has helped unlock capital receipts and revenue savings that have been used to finance borrowing costs. The Council should consider whether there are any further opportunities to dispose of assets to contribute towards the shortfall for Meadowbank.
Option 15: Competitive tendering of the management contract for the centre <i>The operator market in the UK has matured in recent years with the growth of private sector and trust operators that are increasingly expanding their portfolio of management contracts, through aggressive growth. This has provided significant revenue benefits to authorities that have competitively tendered contracts. It is increasingly common for operators to pay a management fee to a local authority, particularly where new facilities have been built. The larger operators are able to do this due to the economies of scale and efficiencies they can offer compared to smaller trust organisations.</i>	This option would require no further investment from the Council. The improvement in revenue position could be used to finance further prudential borrowing. It could bring a fresh approach to the management and operation of the centres.	There is a risk that operators will not be interested in the contract, as there are currently many contracts out for tender in the market. However, initial conversations indicate that there would be interest. Possible conflict with Council policy and commitments (for example, on pricing structures) and therefore would potentially be resisted by the public and governing bodies of sport. Soft market testing should be conducted early in the next stage of development, to test the market's appetite for managing the new Meadowbank.

Conclusions

The majority of community sport and leisure developments in the UK are funded by using a traditional approach. They rely on a blend of funding to make them viable. Typically, this tends to include the following sources:

- Prudential borrowing, based on the forecast improvement in the net revenue position
- Capital receipts from the sale of assets
- Grant funding from external partners eg **sportscotland/Sport England**
- Contributions from capital reserves
- Planning gain/developer contributions eg S106 / S75 funding
- Partnerships eg schools, universities and local authorities pooling funding to deliver a shared facility that meets the need of their users.

There is clearly a significant funding shortfall under the best and worst case scenarios.

As building costs increase it is becoming more difficult for community leisure facilities to be developed in a cost neutral way. Increasingly, local authorities are having to take a broader view of their leisure facility portfolios to unlock value to fund new developments. This tends to involve rationalisation of their portfolios. By closing facilities that operate at a significant deficit, and disposing of sites, many are able to use the revenue savings to fund further prudential borrowing. The capital receipt can also be applied to the development of new facilities. In some cases this has included sale of non-leisure sites, such as libraries, to help fund new leisure developments.

The financial benefits from competitively tendering management contracts are also providing a significant improvement in the revenue position, particularly where new facilities are built. This enables authorities to unlock revenue to service capital borrowing. In addition, many projects are reliant on maximising the commercial return from sale of excess land to developers. This tends to result in development for residential or commercial development, which provides the highest return.

The funding opportunities summarised in this paper have been identified by Deloitte and The Sports Consultancy in consultation with members of the project team, including the City of Edinburgh Council, **sportscotland** and Edinburgh Leisure, as well as the Scottish Futures Trust. This input represents many years of collective experience and knowledge in the development and funding of public and private sector leisure projects.

All realistic options have been reviewed. No single solution is going to close the significant funding gap that exists. **The principal funding options to explore further as the project develops are listed below.**

Capital receipts from sale of excess land

The proposal for the development of the excess land should be reviewed with the Council's Planning Service to explore whether there is any further opportunity to generate additional capital receipts from the site. This should include exploring the possibility of building residential accommodation above the sports centre itself. This has been done successfully on other schemes in the UK, helping to meet demand for new housing which helps fund community infrastructure such as leisure centres.

Rationalisation - Contribute additional surplus land / assets to the project

The ability to raise the shortfall funding required from the Meadowbank site alone is limited. Therefore the Council should take a broader strategic view of other assets within its leisure portfolio and identify whether other sites that are performing poorly from a revenue perspective could be closed or transferred to other organisations to operate. The revenue saving could then be used to help finance borrowing for the development of Meadowbank.

In addition, capital could be raised from sale of leisure or non-leisure sites to contribute towards the development. We understand this work is being conducted as part of a strategic review of the Council's leisure service, which is due to be completed in early 2015.

Competitive tendering of the management contract

This option provides a significant opportunity for the Council. The financial benefits, in terms of additional revenue savings could be provided following a competitive tendering process. This improved revenue contribution could then be used to finance additional borrowing to help fund the shortfall. The main cost to the Council would be the costs associated with the procurement process.

Funding from Council budgets

We are aware that the Council allocates funding for capital and revenue budgets for projects and services and that it is possible for the Council to allocate funding based on the priority of projects as part of its budget setting process. This may also provide a source of funding. Although Meadowbank will be competing against many other priorities.

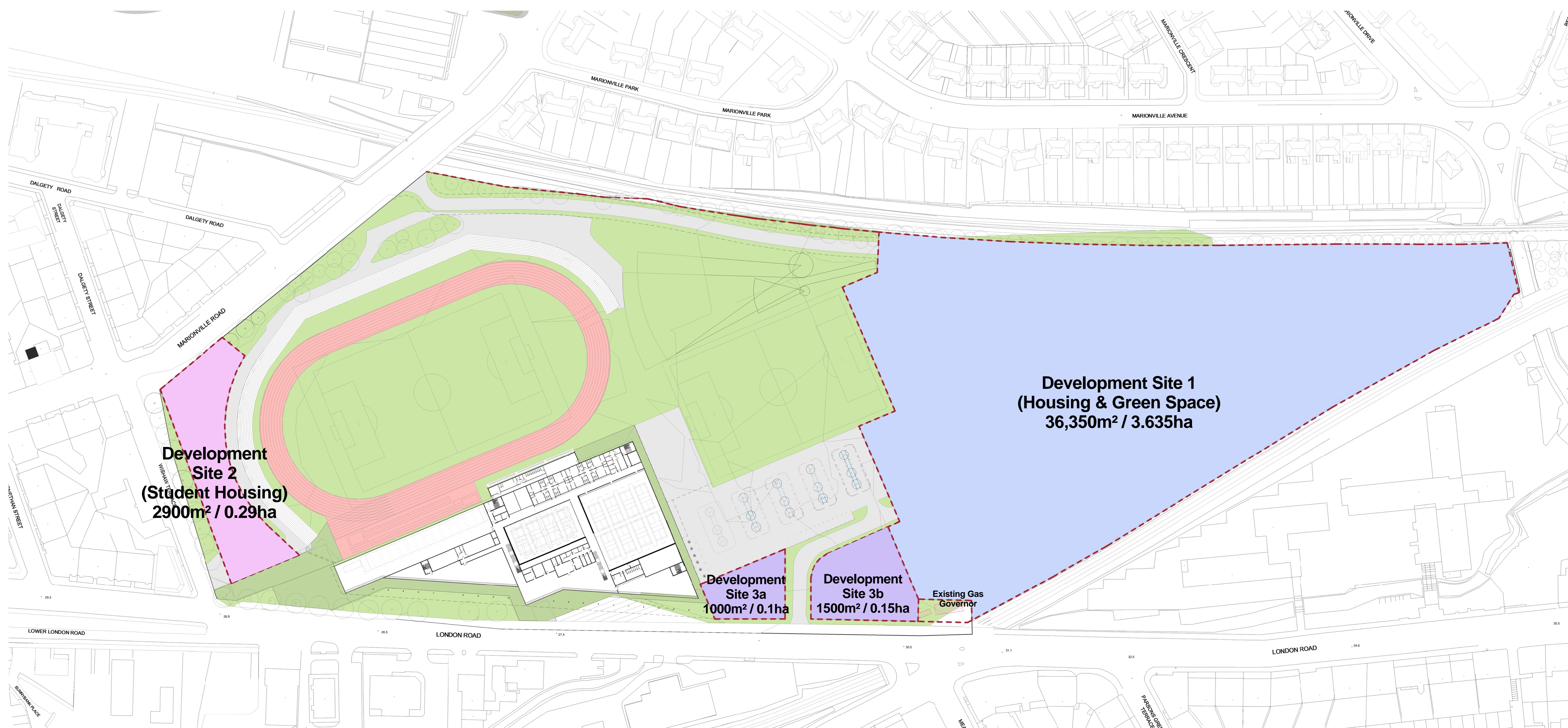
Summary

Overall, the solution to funding the shortfall is likely to be a blend of the principal and alternative options reviewed in this paper. At this stage it is not possible to put figures against the contribution which all of these could make towards funding the shortfall. However, we recommend all options are explored further as the project develops beyond RIBA Stage C.

It is recognised that the disposal of surplus assets at Meadowbank, together with grant funding from sportscotland and a contribution from prudential borrowing, still leaves a funding shortfall of between £11.3m (best case) and £19.8m (worst case). A number of alternative sources of funding have been identified, which could contribute towards closing this gap. The Council will need to decide which of these to pursue as the project progresses. Until some soft market testing and further detailed site analysis are carried out a question mark will remain over the amount of the shortfall. The Council needs to consider internal options to cover this deficit to provide the level of physical activity and sport services required at Meadowbank for the city, and be prepared to allocate internal funds for this purpose in the short term.

NOTE
All dimensions should be checked on site.
Do not scale off this drawing.
Any drawing errors or divergences should be brought
to the attention of the originator of this drawing.

Revision



NOTE:
LEVELS SHOWN ARE RELATIVE TO ATHLETICS TRACK

FOR INFORMATION

Reiach and Hall Architects

Meadowbank Stadium and Sports Centre
Site Plan
Capital Receipt Development Sites

4149 (SK) 075

Date : 05/12/14 Drawn : Scale : 1 : 750

6 Damaway Street
Edinburgh EH3 6BG
Tel : 0131 225 8444
www.reiachandhall.co.uk

Appendix 4

Architectural concept for a new Meadowbank

1. The existing facility is separated from London Road and the pavement by trees and grass, and the reception is reached by a pedestrian bridge. The building's street façade has few windows.
2. The architectural concept for a new Meadowbank is to bring the building forward, right up to the pavement, and to make extensive use of glass to create an open, lively and welcoming feel for users and passers-by. As shown in the architectural visualisations below, pedestrians will have direct access from the street to the reception. Anyone passing will be able to see some of the activities taking place inside the building and come in and use facilities such as the cafe.
3. This design would enhance the street, by fully integrating a new Meadowbank into the streetscape, and creating a lively civic space. This attractive new facility, which could incorporate within its footprint some community uses (described below) should help to regenerate the London Road area.
4. The team has worked in detail on functionality of the building, the optimum design and layout of the overall complex and of facilities within it, to achieve ideal customer flow. The development of the proposed building diagram has been influenced by the reconciliation of two key issues – site and brief. The triangular shape of the site, constrained by London Road to the south, the existing athletics track to the north and the existing Sport Centre to the east, introduces interesting limitations for a building which is essentially comprised of large rectangular spaces. The form and massing of the building is largely a direct result of the specific dimensional requirements of the sports spaces, which are pre-determined by various governing bodies, combined with the area available on the site.
5. A primary structural grid has been placed on the site, determined by the requirement for clear spans across the sports halls. The east-west span is defined by the length of a badminton court, typically the 'building block' around which multi-purpose sport halls are conceived. The intersection of the east-west grid and the building line of London Road determines the north-south grid.
6. Natural daylight is brought into the sports halls through roof lights placed between the courts, whilst avoiding glare. The large 8-Court Hall is located on the east elevation where the site is widest, and the 4-Court Hall and the Athletics Hall are placed further into the site. The more adaptable spaces, such as the Gym, are placed in the voids left between the large halls.

7. At the heart of the layout, accessed directly off London Road, is the entrance and reception area, The Gym is located next to the Reception, allowing direct access to this facility from the street entrance. The café and retail areas are also next to the reception, and could be open for business separately, if required, from the sporting facilities, maximising trading hours and potential income.
8. Forming the west elevation, the Athletics Hall affords views down London Road. Placing it next to the Gym allows both facilities to benefit from sharing the Strength and Conditioning Area which would be located in the Gym. Through the north façade the Athletics Hall opens up onto the existing running track, providing views in and out, daylight and allowing the indoor track to perform as a warm up area during competitions.
9. From the Reception and Café area a stair leads up to first floor level. Located on the first floor are a number of Studio spaces. Elevated above London Road, the Studios offer views across to Arthur's Seat and Holyrood Park whilst providing a level of privacy to their occupants. The double height volumes of the ground floor provide a connection between the Entrance, Café and Gym on the ground floor and the Studios above.
10. The first floor level also provides access to the spectator seating in the Sports Hall and the Hospitality facilities which overlook the outside athletics track and 3G Football/Rugby pitch.
11. This new design includes all the existing sports accommodated currently in Meadowbank with two exceptions. The existing shooting range (currently used by the national shooting squad and some clubs), and the outdoor velodrome (currently leased to Edinburgh Road Club), cannot be replaced because of the space they would require, their high capital cost, and the very low revenue they generate. SportScotland intends to make some funding available to build a shooting range of the same standard elsewhere in Scotland. Members will recall that £1.215m was allocated in February 2013 towards creating a cycling hub in Hunter's Hall park. The results of community engagement on options for this hub were presented to the Culture and Sport Committee on 16 December 2014.
12. The Council continues to explore with Scottish Rugby whether there is potential to provide a home for Edinburgh Rugby at several locations across the city, including Meadowbank. The design team's proposal incorporates the potential for 7,000 seats, which could be included in a future phase should funding become available.

13. Early discussions are also ongoing with NHS Lothian on the potential for creating a broader health and wellbeing focus for the new venue. For example, there may be an opportunity to locate a primary health care facility on site if NHS Lothian is able to identify a funding contribution. It may also be possible to locate supplementary healthcare practitioners, for example offering physiotherapy, remedial massage, injury rehabilitation, and advice on nutrition, fitness and healthy lifestyles. This would help serve as an additional portal into the sporting activities, and help broaden the appeal and footfall of the new venue. It may also be possible to accommodate other community uses within the plans, such as small retail units and office space for small businesses.

Corporate Policy and Strategy Committee

Thursday, 20 January 2015

Health and Social Care Integration Scheme: Draft for Public Consultation.

Item number	7.3
Report number	
Executive/routine	
Wards	All

Executive summary

The report presents the Draft Integration Scheme between NHS Lothian and the City of Edinburgh Council in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act.

It outlines:

- The Draft Integration Scheme;
- The proposed consultation process and list of consultees; and
- The implementation steps and timeline.

Links

Coalition pledges	P12 and P43
Council outcomes	CO10, CO11, CO12, CO13, Co14, Co15
Single Outcome Agreement	SO2

Health and Social Care - Draft Integration Scheme

Recommendations

- 1.1 Approve the Draft Integration Scheme for the purposes of public consultation.
- 1.2 Note the planned consultation process and review the list of consultees.
- 1.3 Note that the 'final' Integration Scheme will be submitted to Council in March for approval, prior to submission to Scottish Government by 31 March 2015.
- 1.4 Note the implementation steps and timeline.

Background

- 2.1 The report presents the Draft Integration Scheme between NHS Lothian and the City of Edinburgh Council in line with the requirements of the Public Bodies (Joint Working) (Scotland) Act. It outlines the consultation process and the timeline for the creation of the new Integration Authority for Edinburgh.

Main report

Public Bodies (Joint Working) (Scotland) Act.

- 3.1 The Public Bodies Act received Royal Assent at the start of April 2014. It requires that NHS Lothian and City of Edinburgh create a new Integration Authority for Edinburgh with responsibility for delivering the national Health and Wellbeing Outcomes.
- 3.2 Policy and Strategy Committee approved the 'body corporate' model for the creation of the Integration Authority in Edinburgh in August 2014, as agreed with NHS Lothian, based on a detailed analysis of all the options. As a result, the proposal included in the Integration Scheme is for Edinburgh to have an Integration Joint Board (IJB).
- 3.3 City of Edinburgh Council delegated authority to this committee to approve the draft for Consultation on 11 December 2014.
- 3.4 The Integration Scheme is the document which sets out how the Integration Authority will be established. The Scottish Government requires that the Draft Scheme is:
 - prepared and agreed by NHS Lothian and City of Edinburgh Council
 - consulted upon publicly

- amended, as appropriate, from the consultation; and
- submitted to Scottish Government for approval by 31 March 2015.

Draft Integration Scheme

3.5 The Integration Scheme will be a legal document and the Draft for consultation is attached as Appendix 1. It covers such matters as:

- aims and outcomes of the IJB
- the integration model, i.e. IJB
- the functions to be delegated to it
- the governance arrangements that it will operate under
- clinical and care governance arrangements
- workforce matters, including the role and responsibilities of the Chief Officer
- financial governance and operation
- risk, claims and complaints
- information sharing
- participation and engagement; and
- dispute resolution.

3.6 It was originally intended for the draft Scheme to be approved by City of Edinburgh Council on 11 December, however, the emergence of draft guidance from Scottish Government in late November raised a number of issues with material effect on the content of the Scheme, specifically in relation to the operational role of the IJB and Chief Officer. It was decided to delay approval pending clarification of these matters.

3.7 It has become clear that, in addition to the requirements of the legislation, the Scottish Government requires both the IJB and the Chief Officer to have operational delivery responsibilities for the functions in scope. The Integration Scheme has been amended to reflect this and the details will need to be worked through during the consultation period and prior to establishment of the IJB.

3.8 The IJB is a separate legal body made up of equal membership of NHS Lothian and Council members and the Chief Officer will be appointed by IJB. The Scottish Government recognises that this arrangement does not fit into any existing legal ‘straight lines’. The issue of liability for operational delivery will be uncertain and will rest on the particular circumstances. There may be particular issues in future and the liability will need to be determined in the courts.

3.9 Detailed guidance on the process and requirements is still emerging. As a result, both the Council and NHS Lothian may be required to make amendments to the Draft Scheme in light of any material changes in guidance. These changes will be captured along with the views of consultees in the final version for submission.

Consultation Process

3.10 NHS Lothian and the City of Edinburgh Council must consult jointly on the Draft Integration Scheme. The consultation process will be in three stages and is outlined in Section 11 of the Integration Scheme and summarised below:

- Stage 1: officers from NHS Lothian and the City of Edinburgh Council prepare the Draft Scheme in line with the Act and latest available guidance, in consultation with a range of key staff/professionals
- Stage 2: the Draft Scheme is reviewed by the Shadow Strategic Planning Group (the shadow version of the statutory group, which will support the IJB in its 'whole system' planning role)
- Stage 3: wide consultation with the public and a range of bodies and organisations, in line with the framework for 'Consulting Edinburgh'; the list of consultees is provided as an annex to the Draft Integration Scheme; this list can be supplemented as required.

3.11 A summary of the Integration Scheme and the key questions for the consultation is available to make it easier for members of the public to respond to, on what is essentially a legal document. The elements to be covered by the summary document include:

- the vision and aims of the IJB
- the factors to be considered in making the IJB model most efficient
- the services, rather than functions, which will be delegated, including those that 'must' be delegated and any that 'may' be delegated
- what will be different, e.g. the joint strategic planning process, the joint budget, improving participation and engagement, joint performance framework and reporting, etc; and
- a brief explanation of what is included in each section of the Integration Scheme.

3.12 The detailed document will also be available publicly for those who wish to comment.

3.13 The consultation will run for five weeks from 20 January until 20 February 2015. This is not an ideal timescale, and to mitigate the negative impact of such a short period, the Council and NHS Lothian have engaged with stakeholders on the key matters of the Draft Scheme wherever possible in advance of its approval.

- 3.14 Specifically, this includes the Shadow Strategic Planning Group, relevant staff groups, partners and other groups, where meeting arrangements permitted. This has been done in an open and collaborative fashion and in the full knowledge that the draft Scheme had not been approved by Committee.
- 3.15 A Consultation and Communications Plan has been prepared in support of this work, specifically Stages 2 and 3 identified above. A working draft of this is provided at Appendix 2.

Implementation Timescale

- 3.16 The Scottish Government issued implementation guidance in October, setting out the key steps, the order they must be taken and the timeline for delivery. This is provided in Appendix 3. In summary, the timeline for the establishment of an IJB is:
 - Council and NHS Lothian consult on the draft Integration Scheme, make appropriate amendments and approve and submit a final Scheme by 31 March 2015
 - Scottish Government reviews the Integration Scheme, and if approved, establish the IJB in statute
 - the IJB appoints its Chief Officer and an officer responsible for the proper administration of its financial affairs
 - the Strategic Planning Group is established formally and prepares the Strategic Plan (including locality plans), which identifies the Integration Start Date
 - the Strategic Plan is published; and
 - responsibility for the integrated services and associated resources are delegated to the IJB on the start date, in line with the direction of the Strategic Plan.

Measures of success

- 4.1 The Scottish Government has issued final National Outcomes for the delivery of integrated health and social care as part of the final regulations. These are as expected.
- 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 Integrated Joint Board (Shadow 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.

- 4.3 The approach to performance is set out in Section 6 of the Draft Integration Scheme.

Financial impact

- 5.1 It is estimated that the Integration Joint Board will encompass a combined budget of around £500 million; c£200 million of Council funds and c£300million of NHS Lothian funds. Section 10 of the Integration Scheme sets out the financial arrangements for determining initial and subsequent payments to the IJB.
- 5.2 The resources for the functions in scope will be delegated to the IJB for governance, planning and financial purposes. The Strategic 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 to the Shadow Health and Social Care Partnership (the shadow IJB) and through the Council's 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 approach to risk management for the IJB is set out in Section 15 of the Draft Integration Scheme.

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 the Council. This will be used for all EqHR impact assessments, as required across the joint service once the Integrated Joint Board is established fully. This will be set out in the Integration Scheme.

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 need 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, to their own perspective to the discussions. A comprehensive engagement programme is underway to involve a range of staff and practitioners across health and social care services.
- 9.2 This report outlines the approach to consulting on the Draft Integration Scheme.
- 9.3 Finally, the Strategic Commissioning Plan will adopt a co-production approach to developments to ensure timely and meaningful engagement with key stakeholders. Work is well advanced for the establishment of the shadow Strategic Planning Group.

Background reading/external references

Finance and Resources Committee – 15 January 2015, Health and Social Care Integration – Update

City of Edinburgh Council – 11 December 2014, Health and social Care Integration Scheme; Update on draft Integration Scheme

Finance and Resources Committee – 28 November 2014, Health and Social Care Integration – Update

Finance and Resources Committee – 30 October 2014, Health and Social Care Integration – Update

Finance and Resources Committee – 30 September 2014, Health and Social Care Integration – Update

Finance and Resources Committee – 28 August 2014, Health and Social Care Integration – Update

Corporate Policy and Strategy Committee – 5 August 2014, Health and Social Care Integration – Options Analysis of Integration Models

Corporate Policy and Strategy Committee – 5 August 2014, Response to Draft Regulations relating to the Public Bodies (Joint Working) (Scotland) Act 2014

Finance and Resources Committee – 30 July 2014, Health and Social Care Integration Update

Health, Social Care and Housing Committee – 17 June 2014, Public Bodies (Joint Working) (Scotland) Act 2014.

Finance and Resources Committee – 5 June 2014, Health and Social Care Integration Update

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.

Sue Bruce

Chief Executive

Contact: Susanne Harrison, Integration Programme Manager

E-mail: [e-mail address](#) | Tel: 0131 469 3982

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: Draft Integration Scheme Appendix 2: Consultation and Communications Plan for Consultation Appendix 3: Implementation Timeline from Scottish Government

**Integration Scheme
(Body Corporate)**

Edinburgh Integration Joint Board

18 December 2014

Version 2.7

DRAFT for Public Consultation

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Preamble: Aims of the Scheme and Vision for the IJB

The vision of the Parties for the IJB is to work together for a caring, healthier, safer Edinburgh.

The work of the IJB will be guided by the integration delivery principles as stated in the Act, and will contribute to the achievement of agreed health and wellbeing outcomes.

The Parties' ambition for the IJB is as follows:

- (a) In Edinburgh, the successful integration of health and social care will mean that people experience improved health and wellbeing; and that inequalities, including health inequalities, are reduced.
- (b) Services will always be planned with and around people and local communities, who will be active partners in the design, delivery and evaluation of these services.
- (c) The Parties will develop, train and support staff from all organisations to work together to respond appropriately to meet people's needs.
- (d) The Parties will deploy their shared resources in the most cost effective way to achieve better outcomes for people, and to allow public funds to go further to meet demand.
- (e) The IJB will work in partnership with each of the Parties, third sector organisations, independent sector providers and most importantly people and communities themselves, to deliver improved and fully-integrated health and social care services for the people of Edinburgh.

The provisions within this preamble are not intended to create legally binding obligations.

Integration Scheme

between

The City of Edinburgh Council, constituted under the Local Government etc (Scotland) Act 1994 and having its principal office at Waverley Court, 4 East Market Street, Edinburgh EH8 8BG (“**CEC**”);

and

Lothian Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Lothian”) and having its principal offices at Waverley Gate, Waverley Gate, 2-4 Waterloo Place, Edinburgh EH1 3EG (“**NHS Lothian**”)

(together the “**Parties**”, and each a “**Party**”)

Background

- A. The Parties are required to comply with either subsection (3) or (4) of section 2 of the Act, and have elected to comply with subsection (3) such that the Parties must jointly prepare an integration scheme (as defined in section 1(3) of the Act) for the Edinburgh Area.

- B. In preparing this Scheme, the Parties (a) have had regard to the integration planning principles set out in section 4(1) of the Act and the national health and wellbeing outcomes prescribed by the Public Bodies (Joint Working)(National Health and Wellbeing Outcomes)(Scotland) Regulations 2014, (b) have complied with the provisions of section 6(2) of the Act and (c) have followed the guidance issued by the Scottish Ministers regarding the governance arrangements that are considered by Scottish Ministers to provide the requisite degree of integration; and in finalising this Scheme, the Parties have taken account of any views expressed by virtue of the consultation processes undertaken under section 6(2) of the Act.

The Parties agree as follows:

1. Definitions and Interpretation

- 1.1 The following definitions shall apply throughout this integration scheme and the preamble, except where the context otherwise requires:

“Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Edinburgh Area” means the local authority area served by CEC;

“IJB” means the Integration Joint Board for the City of Edinburgh Council area, to be established by Order under section 9 of the Act;

“IJB Budget” means the total funding available to the IJB in the relevant financial year as a consequence of:

- a) the payment for delegated functions from NHS Lothian under Section 1(3) (e) of the Act;
- b) the payment for delegated functions from CEC under Section 1(3) (e) of the Act; and
- c) the amount “set aside” by NHS Lothian for use by the IJB for functions carried out in a hospital and provided for the areas of two or more local authorities under Section 1(3)(d) of the Act;

“Integration Joint Boards Order” means the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014;

“Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Lothian IJBs” means the integration joint boards to which functions are delegated in pursuance of the integration schemes in respect of the local authority areas served by CEC, East Lothian Council, Midlothian Council and West Lothian Council respectively;

“Neighbouring IJBs” means the Lothian IJBs excluding the IJB;

“Operational Budget” means the amount of the payment made from the IJB to a Party in order to carry out delegated functions;

“Outcomes” means the health and wellbeing outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Relevant Date” means the date on which the IJB is established by order under section 9 of the Act;

“Scheme” means this integration scheme;

“Standing Orders” means the standing orders for the regulation of the procedure and business of the IJB prepared in accordance with the Integration Joint Boards Order;

“Strategic Plan” means the plan which an integration joint board is required to prepare, in accordance with section 29 of the Act, in relation to the functions delegated to that integration joint board in pursuance of an integration scheme in respect of the relevant local authority area; and, except in its application to a strategic plan prepared or under preparation by one of the Neighbouring IJBs, means the strategic plan which the IJB is required to prepare in respect of the Edinburgh Area;

- 1.2 Words and expressions defined in the Act shall bear the same respective meanings in the Scheme, unless otherwise defined in the Scheme.
- 1.3 References to Sections are to the sections of this Scheme.
- 1.4 References to Annexes are to the annexes to this Scheme and references to Parts are to parts of the relevant Annex.

2. The Model to be Implemented

- 2.1 The integration model set out in section 1(4)(a) of the Act will apply in relation to the Edinburgh Area, namely the delegation of functions by each of the Parties to a body corporate (an “integration joint board”) that is to be established by Order under section 9 of the Act.
- 2.2 This Scheme comes into effect on the Relevant Date.

3. Local Governance Arrangements

3.1 Membership

- 3.1.1 The IJB shall have the following voting members:
 - a. 5 councillors nominated by CEC
 - b. 5 members nominated by NHS Lothian in compliance with articles 3(4) and 3(5) of the Integration Joint Boards Order.
- 3.1.2 The Parties may determine their own respective processes for deciding who to nominate as voting members of the IJB.

3.1.3 Non-voting members of the IJB will be appointed in accordance with regulation 3 of the Integration Joint Boards Order.

3.1.4 The term of office of members shall be as prescribed by regulation 7 of the Integration Joint Boards Order.

3.2 Chairperson and vice chairperson

3.2.1 The IJB shall have a chairperson and a vice-chairperson who will both be voting members of the IJB.

3.2.2 The term of office for the chairperson and the vice-chairperson will be two years.

3.2.3 The right to appoint the chairperson and vice-chairperson respectively shall alternate between each of the Parties on a two-year cycle, on the basis that during any period when the power to appoint the chairperson is vested in one Party, the other Party shall have power to appoint the vice-chairperson.

3.2.4 NHS Lothian shall appoint the chairperson, and CEC the vice-chairperson for the initial two year period from the Relevant Date.

3.2.5 The chairperson shall not have a casting vote.

3.2.6 The standing orders of the IJB shall set out the dispute resolution mechanism to be used in the case of an equality of votes cast in relation to any decision put to a meeting of the IJB.

3.2.7 Each Party may change its appointment as chairperson (or, as the case may be, vice chairperson) at any time; and it is entirely at the discretion of the Party which is making the appointment to decide who it shall appoint.

3.3 Audit and Risk Committee

The IJB will establish an Audit and Risk Committee. The remit, composition and proceedings of the Audit and Risk Committee shall be regulated by provisions contained in the standing orders prepared by the IJB in accordance with article 18 of the Integrated Joint Boards Order.

3.4 Disqualification, Resignation, Removal, Voting and other matters

The provisions of articles 8 to 19 (but excluding article 14) of the Integration Joint Boards Order shall apply in relation to the IJB.

4. Delegation of Functions

- 4.1 The functions that are to be delegated by NHS Lothian to the IJB (subject to the exceptions and restrictions specified or referred to in Parts 1A and 1B of Annex 1) are set out in Parts 1A and 1B of Annex 1. For indicative purposes only, the services currently provided by NHS Lothian in carrying out these functions are described in Part 2 of Annex 1.
- 4.2 The functions that are to be delegated by CEC to the IJB (subject to the restrictions and limitations specified or referred to in Part 1 of Annex 2) are set out in Part 1 of Annex 2. For indicative purposes only, the services which are currently provided by CEC in carrying out these functions are described in Part 2 of Annex 2.

5. Local Arrangements to Support Preparation of the Strategic Plan

5.1.1 The Parties will provide the IJB with all information that it may require to prepare its Strategic Plan, including information that is pertinent specifically to localities.

5.1.2 When preparing its Strategic Plan, the IJB must:

- (a) ensure that the Strategic Plan is consistent with the need to operate within the IJB Budget; and
- (b) determine and allocate a budget amount to each function that is to be carried out by one or both of the Parties.

5.1.3 The Strategic Plan will set out:

- (a) the delegated function(s) that are to be carried out;
- (b) the outcomes to be delivered for those delegated functions;
- (c) the amount of and method of determining the payment to be made to one or both of the Parties, in respect of the carrying out of the delegated functions, in line with the allocated budget.

- 5.1.4 Both Parties have existing expenditure commitments relating to the delegated functions that cannot be avoided in the short to medium term. It is agreed that the IJB will take account of these existing commitments in preparing the Strategic Plan and in issuing directions. The Parties agree that existing commitments shall be managed so far as reasonably practicable in a manner that minimises any difficulties which they present in the context of implementing proposals for service re-design in relation to integration functions.
- 5.1.5 The IJB must have regard to the integration delivery principles when preparing its Strategic Plan. The IJB will consider all feedback from the professions, particularly with regard to the following integration delivery principles:
- (a) protects and improves the safety of service users
 - (b) improves the quality of the service
 - (c) makes the best use of the available facilities, people and other resources.

6. Local operational delivery arrangements

- 6.1.1 The IJB must direct the Parties to carry out each of the functions delegated to the IJB. A direction in relation to a given function may be given to one or other of the Parties, or to both Parties. The primary responsibility for delivering capacity (that is to say, activity and case mix) in respect of the services associated with the carrying out of a given function shall lie with the IJB, and shall be reflected in the directions issued from time to time by the IJB. Subject to the provisions of the Act and the Scheme, the Parties are required to follow those directions.
- 6.1.2 The IJB shall oversee delivery of the services associated with the functions delegated to it by the Parties. The Integration Joint Board is the only forum where health and social care functions for the Edinburgh Area are governed by members of both NHS Lothian and CEC. Accordingly NHS Lothian and CEC agree that the primary focus for performance management in respect of delivery of the delegated functions will be at the Integration Joint Board.
- 6.1.3 NHS Lothian and CEC will provide performance information so that the IJB can develop a comprehensive performance management system.
- 6.1.4 The IJB performance management reports will be available to both NHS Lothian and CEC for their use in their respective performance management systems. However it is expected that the voting members of the IJB will take responsibility for performance

management at the IJB, and will provide an account of highlights and/or exceptional matters to meetings of NHS Lothian and CEC.

- 6.1.5 In the interests of efficient governance, the relevant committees of NHS Lothian and CEC will continue to discharge their existing remits for assurance and scrutiny of the carrying out of NHS Lothian and CEC functions, regarding matters such as internal control, quality and professional standards, and compliance with the law. The Integration Joint Board will not duplicate the role carried out by those committees other than in exceptional circumstances where the IJB considers that direct engagement by the IJB (or by a committee established by the IJB) is appropriate in order to secure the proper discharge by the IJB of its statutory responsibilities.
- 6.1.6 Each of the Parties shall use reasonable endeavours to procure that in the event that one of its committees identifies an issue which is of direct and material relevance to the Integration Joint Board, the chair of that committee will advise the Chair of the Integration Joint Board and the Chief Officer of that matter and will co-operate with the IJB (liaising as appropriate with the IJB Audit and Risk Committee) in supplying such further information and evidence in respect of that matter as the IJB may reasonably request.
- 6.1.7 The Parties shall ensure that their respective standing orders, schemes of delegation and other governance documents are amended (if and in so far as required) to reflect the IJB's powers and remit, and its place as a common decision-making body within the framework for delivery of health and social care within the Edinburgh Area.
- 6.1.8 The voting members of the Integration Joint Board are councillors of CEC and non-executive directors (or other board members) of NHS Lothian. In their capacity as councillors and non-executive directors, they will be engaged in the governance of their respective constituent bodies, and it is likely that they will be members of one or more committees of those constituent bodies.
- 6.1.9 Given the overall vision as outlined in the preamble to the Scheme, it is the intention that the interests of NHS Lothian, CEC, and the Integration Joint Board should be integrated. In all matters associated with the work of the Integration Joint Board, the voting members of the Integration Joint Board will be expected by the Parties to play a crucial role in:
 - (a) communicating, and having due regard to, the interests of NHS Lothian or (as the case may be) CEC, but on the understanding that, in carrying out their

role as a member of the Integration Joint Board, their primary duties and responsibilities are those which attach to them in that capacity;

- (b) communicating, and having due regard to, the interests of the Integration Joint Board whilst discharging their role as a councillor or (as the case may be) as a non-executive director, but on the understanding that, in carrying out their role as a councillor or non-executive director, their primary duties and responsibilities are those which attach to them in that capacity.

6.1.10 Without prejudice to the role of the voting members of the Integration Joint Board (as specified above) in relation to oversight of operational delivery of services in accordance with directions issued to either or both of the Parties by the Integration Joint Board, the Integration Joint Board will, through the Chief Officer, have an appropriate role in the operational delivery of services by the Parties in the carrying out of integration functions. The Parties acknowledge that the Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved. For the avoidance of doubt, the Chief Officer's role in operational delivery shall not displace

- (a) the responsibilities of each Party regarding compliance with directions issued by the Integration Joint Board; or
- (b) the principle that each Party's governance arrangements must allow that Party to manage risks relating to service delivery.

6.1.11 In addition to the specific commitments set out above and the obligations regarding provision of information attaching to the Parties under the Act, each of the Parties will use reasonable endeavours to provide the Integration Joint Board with any information which the Integration Joint Board may reasonably require from time to time to support its responsibilities regarding strategic planning, performance management, and public accountability.

6.2 Potential Impact on another IJB Strategic Plan

6.2.1 The Parties will support the IJB in ensuring that the consultation process associated with the preparation of each Strategic Plan for the Edinburgh Area includes other integration authorities likely to be affected by the Strategic Plan. The integration

authorities that are most likely to be affected by the Strategic Plan for the Edinburgh Area are:

- (a) East Lothian integration joint board
- (b) Midlothian integration joint board
- (c) West Lothian integration joint board.

6.2.2 NHS Lothian will procure that reciprocal provisions to those set out in Sections 6.2 to 6.6 are contained in the integration schemes of the Neighbouring IJBs.

6.2.3 The Chief Officer will establish a system, which will be supported by the Parties, to ensure that the IJB can:

- (a) effectively engage in all of the planning processes and support the Neighbouring IJBs in discharging their role, including contributing to the work of the Strategic Planning Groups for the Neighbouring IJBs as required;
- (b) provide such information and analysis as Neighbouring IJBs reasonably require for the production of their Strategic Plans
- (c) inform Neighbouring IJBs as to how the services, facilities and resources associated with the functions delegated to the IJB by the Parties are being or are intended to be used with respect to carrying out of those functions in line with these planning processes;
- (d) in a situation where Strategic Plans in one area are likely to have an impact on the plans in another area, ensure that these matters are raised with other relevant integration joint boards and resolved in an appropriate manner.
- (e) in a situation where Strategic Plans in another area are likely to have an impact on the Edinburgh Area, ensure that these matters are raised and any associated risks are mitigated for the benefit of service users.

6.2.4 In addition, a template will be introduced for the IJB, with the support of each of the Parties, to help to ensure that all major strategic matters are considered in light of the potential impact on Neighbouring IJBs, and on services provided by the Parties which are not delivered in the course of carrying out functions delegated to the IJB.

6.3 Lothian Hospitals Strategic Plan

- 6.3.1 NHS Lothian will develop a plan (the “**Lothian Hospitals Strategic Plan**”) to avoid destabilisation of hospital provision and to support the Lothian IJBs to achieve their purpose. The Lothian Hospitals Strategic Plan will encompass both functions delegated to the Lothian IJBs and functions that are not so delegated.
- 6.3.2 The Lothian Hospitals Strategic Plan will be developed in partnership with the Lothian IJBs where integration functions are delivered by NHS Lothian in a hospital. It will reflect the relevant provisions of the Strategic Plans prepared by the respective Lothian IJBs, as well as NHS Lothian plans for non delegated functions. The first Lothian Hospitals Strategic Plan will be published by 1 December 2015
- 6.3.3 The purpose of the Lothian Hospitals Strategic Plan is to ensure that planning for hospital functions and use of hospital facilities is:
 - (a) responsive to and supports each Strategic Plan prepared by the Lothian IJBs for delegated functions; and
 - (b) supports the requirement of NHS Lothian to deliver hospital services required by the IJB and other hospital services that are not the responsibility of the Lothian IJBs (e.g. tertiary, trauma, surgical, planned and children’s services).
- 6.3.4 The Lothian Hospitals Strategic Plan will be a plan developed jointly by NHS Lothian and the Lothian IJBs. The elements of the Lothian Hospitals Strategic Plan addressing non delegated functions can only be agreed by the NHS Lothian Board after the four Lothian IJBs have been consulted and their views and requirements appropriately considered. Elements of the Lothian Hospitals Strategic Plan which cover functions delegated to the respective Lothian IJBs will be signed off by relevant Lothian IJBs in consultation with NHS Lothian and all Lothian IJBs.
- 6.3.5 The Lothian Hospitals Strategic Plan will be updated at least every three years; the process to update the plan will be led by NHS Lothian.

6.4 Decisions outside of the Strategic Plans

6.4.1 Section 36 of the Act requires integration joint boards to seek and have regard to the views of their strategic planning group when proposing to take a significant decision about the arrangements for carrying out integration functions other than by revising the Strategic Plan. In addition to fulfilling this specific legal duty the IJB will have regard to the likely impact of any such change upon Neighbouring IJBs and ensure that any such change is discussed with the relevant Neighbouring IJBs.

6.5 Potential Impact on NHS Lothian or CEC strategic matters

6.5.1 NHS Lothian provides clinical services on both a national and regional basis, as well as carrying out functions for the four local authority areas served by NHS Lothian which have not been delegated to the Lothian IJBs.

6.5.2 CEC also delivers a range of other services in connection with the integration functions, including (without limitation) housing services.

6.5.3 To ensure that the potential impact of the Strategic Plans can be considered in relation to all NHS Lothian services, facilities and resources, NHS Lothian will establish systems to ensure (so far as reasonably practicable) that:

(a) the managers associated with the relevant services can effectively engage in all of the planning processes;

(b) it informs each of the Lothian IJBs as to how NHS Lothian's services, facilities and resources are being or are being intended to be used as a result of these planning processes;

(c) it can contribute to any given Strategic Plan having duly considered the interests of all the Lothian IJBs and any other planning requirements.

6.5.4 To ensure that the potential impact of the Strategic Plans can be considered in relation to CEC services, facilities and resources in connection with the integration functions, CEC will establish a system which ensures (so far as reasonably practicable) that:

(a) the senior officers associated with the relevant services can effectively engage in the planning processes

- (b) it informs the IJB where appropriate as to how relevant services, facilities and resources are being or are being intended to be used as a result of these planning processes;
 - (c) it can contribute to the Strategic Plan having duly considered the interests and planning requirement of other services delivered by CEC in connection with the integrated functions.
- 6.5.5 The IJB will factor the output of the above systems into its process for developing its Strategic Plan. This will be achieved by:
- (a) The Chief Officers for the Lothian IJBs sharing information and working collaboratively, taking reasonable steps to ensure that each of the Lothian IJBs is aware of emerging proposals intended to be described in any of the Strategic Plans which are under preparation by the Lothian IJBs;
 - (b) Regular meetings between the Chief Officers for the Lothian IJBs and relevant managers of NHS Lothian to provide the Chief Officers with an opportunity to communicate any proposed changes likely to be required by their integration joint boards which will impact on service provision for the population served by another integration joint board and to allow NHS Lothian managers to make the Chief Officers of the Lothian IJBs aware of any new developments which could have a bearing on Strategic Plans.
 - (c) Regular meetings between the Chief Officer of the IJB and relevant senior officers of CEC to provide the Chief Officer with an opportunity to communicate any proposed changes likely to be required by the IJB which may impact on service provision for other services delivered by CEC, and to allow CEC senior officers to make the Chief Officer aware of any developments which could have a bearing on the Strategic Plan.

6.6 Professional, technical or administrative support services

- 6.6.1 In the short term, the Parties will continue to use the arrangements that have already been put in place to provide professional, technical and administrative support to Community Health Partnerships, social care services and joint working more generally.

6.6.2 In order to develop a sustainable long term solution, a working party will be convened, with membership from NHS Lothian and the four local authorities which prepared integration schemes for the Lothian IJBs. This working party will develop recommendations for approval by NHS Lothian, the four local authorities, and the Lothian IJBs.

6.6.3 Key matters that the working party will address are:

- (a) understanding the needs of the Lothian IJBs (in relation to functions delegated to them), as well as the continuing needs of the Parties (for non-delegated functions);
- (b) defining what is meant by “professional, technical or administrative services”;
- (c) systems to appoint the Chief Officer and Chief Finance Officer, as well as addressing their requirements for support;
- (d) bringing all these elements together and devising a pragmatic and sustainable solution.

6.6.4 The working party will link in with any ongoing initiatives that are pertinent to its agenda, so that all relevant work is co-ordinated. Any changes will be taken forward through the existing systems in NHS Lothian and CEC for consultation and managing organisational change.

6.6.5 As soon as the proposals have been finalised by the working party and agreed by NHS Lothian and the four local authorities which prepared the integration schemes for the Lothian IJBs, a draft agreement will be prepared reflecting the agreed proposals. The draft agreement will be adjusted in line with discussions among the parties, and, as soon as the terms have been finalised, it is intended that the agreement will then be formally executed by NHS Lothian, the four local authorities, and the Lothian IJBs (including the IJB).

6.7 Performance targets, improvement measures and reporting arrangements

6.7.1 All national and local outcomes, improvement measures and performance targets which are connected exclusively with the functions delegated by the Parties to the IJB under the Scheme will become the responsibility of the IJB to deliver; and the IJB will also be responsible for providing all such information regarding integration functions

which is required by either of the Parties to enable each of them to fulfil its obligations regarding reporting arrangements in respect of those functions.

- 6.7.2 Where particular national or local outcomes, measures or targets (and associated reporting arrangements) relate to services which are associated with both integration functions and functions which are not delegated by a Party to the IJB, the responsibility for the outcomes, measures or targets (and associated reporting arrangements) will be shared between the IJB and the Party or Parties which exercise those functions, and the IJB will be responsible for providing all such information regarding those integration functions as is required by the relevant Party to enable it to fulfil its obligations regarding reporting arrangements.
- 6.7.3 A set of shared principles will be developed and agreed between the Parties for targets and measurement based on existing best practice.
- 6.7.4 A core group of senior managers and relevant support staff from each Party will develop the performance framework for the IJB, taking account of relevant national guidance. The framework will be underpinned by the Outcomes and will be developed to drive change and improve effectiveness. The framework will be informed by an assessment of current performance arrangements and the development of a set of objectives which the framework will be intended to achieve.
- 6.7.5 A core set of indicators and measures will be identified by the Parties from publicly accountable and national indicators and targets which relate to services delivered in carrying out the functions delegated to the IJB.
- 6.7.6 An integration dataset (“**Integration Dataset**”) will be created for the IJB. This will include information on the data gathering, reporting requirements and accountability for each of these measures and targets and including, in relation to each target, the extent to which responsibility is to transfer to the IJB. This work will be shared with and reviewed by the IJB and amended as appropriate following such review..
- 6.7.7 Indicators will be aligned with the priority areas identified in the joint strategic needs assessment and the Strategic Plan and will be refined as these documents are reviewed and refreshed. These priority areas will be aligned with all the indicators within the Integration Dataset and will be linked to the Outcomes to demonstrate progress in delivering these.

- 6.7.8 The Parties have obligations to meet targets for functions which are not delegated to the IJB, but which are affected by the performance and funding of integration functions. Therefore, when preparing performance management information, the Parties agree that the effect on both integration and non-integration functions must be considered and details must be provided of any targets, measures and arrangements for the IJB to take into account when preparing the Strategic Plan. Where responsibility for performance measures and targets is shared, this will be set out clearly for agreement by the relevant Parties.
- 6.7.9 The Integration Dataset will include information on functions which are not delegated to the IJB. Either one of the Parties, or the IJB, will be able to reasonably require information of that nature to be included within the Integration Dataset.
- 6.7.10 A draft Integration Dataset will be prepared by the Parties by 1 April 2015 and this will be reviewed and updated during the strategic planning process in 2015. A final Integration Dataset will be submitted for approval by the IJB and the Parties before 1 March 2016.
- 6.7.11 The Integration Dataset will be reviewed on at least an annual basis, through a process similar to that outlined above.

7. Clinical and Care Governance -

7.1 Introduction

- 7.1.1 The Parties are to delegate certain of their respective clinical and care functions to the IJB in accordance with Section 4 of the Scheme. The Parties have had regard to their continuing duties regarding clinical and care governance as well as the integration planning principles (as set out in the Act) and the Outcomes when preparing the Scheme, as well as their continuing duties regarding clinical and care governance.
- 7.1.2 This section of the Scheme sets out the arrangements that will be put in place to allow the IJB to fulfil its role with professional advice and with appropriate clinical and care governance in place.
- 7.1.3 Both Parties have well established governance systems to provide governance oversight in terms of clinical and care governance, as well as professional

accountabilities. Those existing systems will continue following the establishment of the IJB.

7.1.4 Continuous improvement and the quality of service delivery (and its impact on outcomes) will be addressed through the development of the IJB's performance management framework pursuant to Section 5 of the Scheme.

7.1.5 Each Party's existing governance systems will continue to be applied to all functions that will be carried out by that Party.

7.1.6 Within its existing governance framework, NHS Lothian has:

(a) a healthcare governance committee, the remit of which is to provide assurance to the Board of NHS Lothian that the quality of all aspects of care in NHS Lothian is person-centred, safe, effective, equitable and maintained to a high standard and to provide assurance to the Board of NHS Lothian that NHS Lothian meets its responsibilities with respect to:-

- i. NHS Lothian participation standards
- ii. Volunteers/Carers
- iii. information governance
- iv. Protection of vulnerable people including children, adults, offenders
- v. Relevant statutory equalities duties;

and

(b) a staff governance committee, the remit of which is to support and maintain a culture within NHS Lothian where the delivery of the highest possible standard of staff management is understood to be the responsibility of everyone working within NHS Lothian and is built upon partnership and collaboration. The staff governance committee must ensure that robust arrangements to implement the (NHS Scotland) Staff Governance Standard are in place and monitored.

7.1.7 The staff governance committee has the primary role on staff governance matters, but can and does refer matters of relevance to the healthcare governance committee.

- 7.1.8 The healthcare governance committee can request assurance from the staff governance committee on matters of direct relevance to its remit, e.g. quality of recruitment, learning and development, completion of mandatory training.
- 7.1.9 Within CEC, the Chief Social Work Officer has overall responsibility for the professional standards of CEC's social work and social care staff. The workforce is also regulated by the Scottish Social Services Council (SSSC), and all professional staff must by law be registered with the SSSC. This registration requirement will, in due course, extend to all social care staff employed by CEC and the voluntary and independent sectors.
- 7.1.10 The Chief Social Work Officer reports annually to CEC on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.
- 7.1.11 The Chief Social Work Officer also reports annually to CEC on standards achieved, governance arrangements and volume/quantity of statutory functions discharged. This report must comply with national guidance issued by the Scottish Government.

7.2 Professional advice

- 7.2.1 NHS Lothian's Board has within its executive membership three clinical members (referred to below as "**Executive Clinical Directors**") : a Medical Director, a Nurse Director, and a Director of Public Health. Their roles include responsibility for the professional leadership and governance of the clinical workforce (medical, nursing, allied health professionals, healthcare scientists, psychology, pharmacy), as well as clinical governance within NHS Lothian generally. The creation of the IJB does not change their roles in respect of professional leadership, and they remain the lead and accountable professionals for their respective professions.
- 7.2.2 CEC has a Chief Social Work Officer who reports to the Chief Executive and councillors. The Chief Social Work Officer monitors service quality and professional standards in social care and social work, for staff employed in both adult and children's services, together with standards in relation to the protection of people at risk. The Chief Social Work Officer role also includes quality assurance of decision-making with regard to adult social care, mental health, criminal justice and children's services, in particular in relation to public protection and the deprivation of liberty.

- 7.2.3 The creation of an IJB does not change the Chief Social Work Officer's role in respect of professional leadership, and he or she will remain the lead and accountable professional for his or her profession.
- 7.2.4 The Chief Social Work Officer must be a non-voting member of the IJB
- 7.2.5 The IJB may elect to appoint one or both of the Medical Director and Nurse Director as additional non-voting members of the IJB.
- 7.2.6 The Integration Joint Boards Order requires NHS Lothian to fill the following non-voting membership positions on the IJB:
- (a) a registered medical practitioner whose name is included in the list of primary medical services performers prepared by the Health Board in accordance with Regulations made under Section 17P of the National Health Service (Scotland) Act 1978;
 - (b) a registered nurse who is employed by the Health Board or by a person or body with which the Health Board has entered into a general medical services contract; and
 - (c) a registered medical practitioner employed by the Health Board and not providing primary medical services.
- 7.2.7 NHS Lothian will consider the advice of the Executive Clinical Directors, and of any other relevant officer it deems fit, before making appointments to fill the membership positions referred to in Section 7.2.6.
- 7.2.8 NHS Lothian will develop a role description for the appointments referred to in Section 7.2.6, to ensure that their role on the IJB with regard to professional leadership and accountability is clearly defined and understood.
- 7.2.9 The three health professional representatives referred to in Section 7.2.6 will each also be:
- (a) a member of an integrated professional group (should it be established), and/or
 - (b) a member of an NHS Lothian Board committee, and/or

- (c) a member of a consultative committee established by NHS Lothian.
- 7.2.10 If a new 'integrated professional group' is established, then the Chief Social Work Officer must also be a member.
- 7.2.11 The three health professional representatives set out in Section [7.2.6] and the Chief Social Work Officer will be expected by the Parties to play a lead role in:
- (a) communicating and having regard to their duties to NHS Lothian or CEC as the case may be whilst discharging their role as a member of the IJB;
 - (b) communicating and having regard to the interests of the IJB whilst discharging their duties as professionals employed by NHS Lothian or (as the case may be) CEC.
- 7.2.12 The members will be expected to communicate regularly with the Executive Clinical Directors, and CEC's Chief Executive as and when appropriate.
- 7.2.13 The presence of these four members will ensure that the decisions of the IJB are informed by professional advice from within the membership of the IJB.
- 7.2.14 As noted in Section 7.1.10, the Chief Social Work Officer reports annually to CEC on the registration of the workforce and on training, including mandatory training and post-qualifying learning and development.
- 7.2.15 NHS Lothian includes a governance statement in its annual accounts, the content of which is informed by the annual reports of its governance committees (such as healthcare governance and staff governance) and certificates of assurance from its Executive Clinical Directors. The IJB may place reliance on these existing processes, and the Parties will provide any such reports from those processes as the IJB may require.
- 7.2.16 The Executive Clinical Directors shall be entitled to raise issues directly with the IJB in writing. The IJB shall be required to respond in writing when issues are raised in this way. The Chief Social Work Officer will be a non-voting member of the IJB, and can therefore raise any issues directly at the IJB.

- 7.2.17 The engagement of professionals throughout the process to develop and consult on the Strategic Plan, is intended to ensure that the IJB has all the required information to prepare a Strategic Plan which will not compromise professional standards.
- 7.2.18 In the unlikely event that the IJB issues a direction to NHS Lothian which is reasonably likely to compromise professional standards, then in the first instance the relevant Executive Clinical Director will write to the IJB.
- 7.2.19 If the issue is not resolved to his/her satisfaction, he/she must inform the Board of NHS Lothian before it takes action to implement the direction, and the following measures will apply:
- (a) the relevant executive clinical director must ensure that appropriate advice is tendered to the Board of NHS Lothian on all matters relating to professional standards;
 - (b) the relevant executive clinical director must set out in writing to the Board of NHS Lothian any objections he/she may have on a proposal that may compromise compliance with professional standards;
 - (c) the Board of NHS Lothian will inform the IJB that it has received such objections, along with a statement of the views of the Board of NHS Lothian on those objections;
 - (d) if the Board of NHS Lothian decides to proceed with a proposal despite those objections, then the relevant executive clinical director must obtain written authority from the Board of NHS Lothian to act on the proposal. The Board of NHS Lothian must inform the Scottish Government Health & Social Care Directorate if a request for such a written authority is made. A copy of that authority must be sent to the appropriate regulatory body, e.g. General Medical Council;
 - (e) once the relevant executive clinical director has received that written authority, then he/she must comply with it;
- 7.2.20 The three professional clinical members on the IJB (two medical practitioners, one nurse) are non-voting members. They will be expected by the Executive Clinical Directors to raise any concerns in relation to matters which may compromise professional standards with the IJB.

- 7.2.21 If any of the three professional clinical members becomes aware of a matter arising from the conduct of IJB business which may compromise professional standards, he/she must immediately notify the Chief Officer of the IJB of his/her concerns, and if his/her concerns are not resolved by the Chief Officer to his/her satisfaction, must then raise the matter with the Chief Executive of NHS Lothian.
- 7.2.22 The Chief Social Work Officer will be a non-voting member of the IJB, and as such, will contribute to decision-making, and will provide relevant professional advice to influence service development.
- 7.2.23 In the event that the IJB issues an instruction to a Party which in the view of the Chief Social Work Officer compromises professional social work standards or the discharge of statutory functions, the Chief Social Work Officer must immediately notify the Chief Officer of the IJB of his/her concerns, and if his/her concerns are not resolved by the Chief Officer to his/her satisfaction, must then raise the matter with the Chief Executive of CEC.

7.3 Professionals Informing the IJB Strategic Plan

- 7.3.1 With regard to the development and approval of its Strategic Plan, the IJB is required by the Act to:
- (a) establish a strategic planning group (which will review the draft Strategic Plan). This strategic planning group must include a nominee from each Party in its membership, as well as representation from health professionals and social care professionals. The Parties will make recommendations to the IJB with regard to the representation from health professionals and social care professionals;
- (b) formally consult both Parties on its Strategic Plan, and take into account their views before it finalises the Strategic Plan.
- 7.3.2 There will be three opportunities within these arrangements for professional engagement in the planning process;
- (a) at the IJB
- (b) in the context of the work of the strategic planning group; and

- (c) as part of the consultation process with the Parties associated with the Strategic Plan.
- 7.3.3 The membership of the IJB will not be the only source of professional advice available to the IJB. In advance of the establishment of the IJB, the Parties agree that the chairs of all appropriate committees and groups will be informed that they are able to, and expected to, directly provide advice to the IJB. Those committees and groups may also advise an integrated professional group that provides advice to the IJB. Those committees and groups include, but are not limited to:
- (a) Area Clinical Forum
 - (b) Local consultative committees that have been established under Section 9 of the National Health Service (Scotland) Act 1978.
 - (c) Managed Clinical/ Care Networks
 - (d) Edinburgh Public Protection Committees (adult and child protection, drug and alcohol, violence against women, offender management etc). The IJB will consult these committees on any plans that may impact on the protection of children or vulnerable adults or people who are assessed as posing a risk
 - (e) any integrated professional group which may be established.

[Note: A schematic illustrating how the above groups interact with NHS Lothian, CEC, the IJB, the Strategic Planning Group, and the localities will be developed in due course and inserted here]

- 7.3.4 The shadow arrangements established within the Shadow Edinburgh Health and Social Care Partnership will be reviewed in light of the legislation and guidance, in order to determine whether any new professional committees need to be established.
- 7.3.5 The Parties will ensure that the draft Strategic Plan is sent to the following senior professionals in order to secure their input and advice:
- (a) NHS Lothian Medical Director
 - (b) NHS Lothian Nurse Director

- (c) NHS Lothian Director of Public Health & Health Policy
 - (d) NHS Lothian Allied Health Professions Director
 - (e) Chief Social Work Officer.
- 7.3.6 The engagement of CEC professionals will not be limited to social work staff, but will extend to related professionals within social care, such as, but not exclusively, occupational therapists, home care and social care staff.
- 7.3.7 The approach to locality planning and delivery including the arrangements for clinical and social care governance will be developed through the strategic planning process in a collaborative manner and determined by the IJB.

7.4 External scrutiny of clinical and care functions

- 7.4.1 NHS Lothian seeks assurance for internal control/quality through its Healthcare Governance Committee, which includes reports by external bodies such as Healthcare Improvement Scotland.
- 7.4.2 The Care Inspectorate (Social Care and Social Work Improvement Scotland) regulates, inspects and supports improvement of adult and children's social work and social care, and its reports feed into CEC's system of governance.
- 7.4.3 The IJB will consequently be informed of any relevant issues from external scrutiny, as a consequence of drawing from the systems already established by the Parties.

7.5 Service User and Carer Feedback

- 7.5.1 The Parties have a range of systems already in place to capture and respond to service users' experience, and these will continue to be used as the Parties implement the directions of the IJB.
- 7.5.2 As part of the wider strategic planning process, (particularly the joint strategic needs assessment process) and the performance management framework, existing work streams on (a) standards and quality improvement and (b) service user feedback will be used to inform how the IJB can address the integration delivery principles and deliver on the Outcomes.

8. Chief Officer

- 8.1 The Chief Officer will be appointed by the IJB; he/she will be employed by one of the Parties and will be seconded to the IJB. .
- 8.2 The Chief Officer will provide a strategic leadership role as principal advisor to and officer of the IJB and will also have an appropriate role in the operational delivery of services by the Parties in the carrying out of integration functions. The Chief Officer will lead the development and delivery of the Strategic Plan for the IJB and will be accountable to the IJB for the content of the directions issued to the Parties by the IJB and for monitoring compliance by the Parties with directions issued by the IJB. The Chief Officer's role in operational delivery will represent an important means by which closer integration of services, in accordance with the integration delivery principles specified in the Act, can be achieved.
- 8.3 The Chief Officer will be jointly managed by both Parties and there will be a joint process for regular performance reviews, support and supervision with both Chief Executives. Annual objectives for the Chief Officer will be agreed and the process will involve the chairperson of the IJB agreeing objectives with the Chief Officer relevant to his/her role with the IJB as well as the Chief Executives of CEC and NHS Lothian. The Chief Officer's performance against those annual objectives will be monitored through an agreed performance management framework established by the Party which is his/her employer.
- 8.4 If an interim replacement for the Chief Officer of the IJB is required, in accordance with a request from the IJB to that effect (on the grounds that the Chief Officer is absent or otherwise unable to carry out his/her functions), the Chief Executives of CEC and NHS Lothian will initiate a joint selection process, identifying a list of potential replacements; and selection of a suitable candidate will be undertaken against a set of agreed criteria. The interim replacement will be employed by one of the Parties and will be seconded to the IJB on an interim basis.

9. Workforce

- 9.1 A human resources and organisational development working group established by the Parties has prepared a work plan for integrating the health and social care workforce in Edinburgh. This group includes NHS Lothian partnership representatives and trade union representatives from CEC. The work plan guiding the work of the group includes a number of work streams, two of which focus on the implementation of an integrated senior management model and an organisational development plan respectively.

- 9.2 The organisational development plan, agreed between the Parties, is currently being implemented. This is a comprehensive plan which covers staff communication, staff engagement, staff and team development, leadership development and the training needs for those staff members who will be responsible for managing integrated teams. In particular, it includes procurement of team and leadership development programmes.
- 9.3 A workforce plan will be developed for the IJB to support the implementation of the Strategic Plan. The workforce plan will take into account the workforce supply and demand challenges that will need to be addressed in order to be able to implement the Strategic Plan.
- 9.4 Both the organisational development plan and workforce plan will be finalised following completion of the first Strategic Plan and will be refreshed annually to ensure that they take account of the Strategic Plan and the development needs of staff engaged in the delivery of integrated functions.
- 9.5 The Lothian-wide work plan for 2014 / 2015 guiding the group referred to in Section 9.1 is already agreed by the Parties. It will be reviewed in April 2015 and annually thereafter.

10. Finance

10.1 Financial Governance

Appointment of a Chief Finance Officer

- 10.1.1 The IJB will make arrangements for the proper administration of its financial affairs. This will include the appointment of a Chief Finance Officer with this responsibility.
- 10.1.2 The IJB will have regard to the current CIPFA guidance on the role of the chief financial officer in local government when appointing to this finance role. A job description will be developed with due regard to Scottish Government guidance in terms of financial functions.
- 10.1.3 The Chief Finance Officer will be employed by CEC or NHS Lothian and seconded to the IJB.
- 10.1.4 In the event that the Chief Finance Officer position is vacant, the Chief Officer shall secure, through agreement with both the CEC Section 95 officer and the NHS Lothian Director of Finance, an appropriate interim dedicated resource to discharge the role.

Financial Management of the IJB

10.1.5 The IJB will determine its own internal financial governance arrangements; and the Chief Finance Officer will be responsive to the decisions of the IJB, and the principles of financial governance set out in this Scheme.

Principles of Financial Governance

10.1.6 The following principles of financial governance shall apply:

- (a) The Parties have agreed to establish the IJB as a “joint operation” as defined by IFRS 11;
- (b) The Parties will work together in a spirit of openness and transparency.

Financial Governance

10.1.7 CEC and NHS Lothian agree to the establishment of an IJB Budget (as defined in Section 1 of the Scheme). The Chief Officer will manage the IJB Budget. .

10.1.8 The Parties are required to implement the directions of the IJB in carrying out a delegated function in line with the Strategic Plan, provided that the costs incurred by the relevant Party in implementing a direction shall be met in full by the IJB.

10.1.9 The Parties will apply their established systems of financial governance to the payments they receive from the IJB. The NHS Lothian Accountable Officer and the CEC Section 95 Officer have legally defined responsibilities and accountability for the financial governance of their respective bodies.

10.1.10 The Chief Officer in his/her operational role within NHS Lothian and CEC is responsible for the financial management of any Operational Budget, and is accountable for this to the NHS Lothian Chief Executive and CEC Section 95 officer.

10.1.11 The IJB will develop its own financial regulations. The Chief Finance Officer will periodically review these financial regulations and present any proposed changes to the IJB for its approval.

10.1.12 CEC will host the IJB financial accounts and will be responsible for recording the IJB financial transactions through its existing financial systems, including the ability to establish reserves.

10.1.13 The IJB's Chief Finance Officer will be responsible for preparing the IJB's accounts and ensuring compliance with statutory reporting requirements as a body under the relevant legislation.

10.1.14 The IJB's Chief Finance Officer will also be responsible for preparing a medium-term financial plan to be incorporated into the Strategic Plan. The IJB's Chief Finance Officer will also be responsible for preparing the annual financial statement that the IJB must publish under Section 39 of the Act, which sets out what the IJB intends to spend in implementation of the Strategic Plan.

10.1.15 The Chief Finance Officer will be responsible for producing finance reports to the IJB, ensuring that those reports are comprehensive.

10.1.16 The Chief Finance Officer will liaise closely with the CEC Section 95 officer and the NHS Lothian Director of Finance and their teams in order to discharge all aspects of his/her role. Section 6 of the Scheme sets out the process the Parties will undertake to determine how professional, technical and administrative services (including, without limitation, finance support) will be provided to the IJB.

10.2 Payments to the IJB (made under Section 1(3) (e) of the Act)

10.2.1 The Parties will agree annually a schedule of payments (covering their respective calculated payments for the financial year in accordance with the Strategic Plan) to the IJB . This schedule of payments will be agreed within the first 30 working days of each new financial year.

10.2.2 It is expected that the net difference between payments into and out from the IJB will result in a balancing payment between CEC and NHS Lothian which reflects the effect of the directions of the IJB in accordance with the Strategic Plan.

Payments to the IJB

10.2.3 The Parties will apply their respective financial planning processes to arrive at a core baseline Operational Budget for each function delegated to the IJB; this will be used to calculate their respective payments to the IJB for the financial year in question.

Hosted Services

10.2.4 Some of the functions that will be delegated by NHS Lothian to all four Lothian IJBs are currently provided as part of a single Lothian-wide service, (referred to below as “**Hosted Services**”). As such there is not currently a separately identifiable budget for Hosted Services allocated to each local authority area.

10.2.5 In order to identify the core baseline budget for each of the Hosted Services in each local authority area, NHS Lothian will initially determine which of the following methodologies is the most appropriate in representing the distribution of the delivery of those services in each local authority area and their respective populations at a given point in time:

- (a) local activity and cost data for each service within each local authority area;
- (b) population distribution across the local authority areas;
- (c) patient level activity and cost data;
- (d) historically applied and recognised percentages.

10.2.6 CEC and the IJB will review the proposals from NHS Lothian referred to above, as part of a due diligence process, and the core baseline budget will be jointly agreed.

Due Diligence

10.2.7 The Parties will share information on the financial performance over the previous two financial years of the functions which will be delegated to the IJB (and the services associated with the carrying out of those functions). This will allow the Parties to

undertake appropriate reviews to gain assurance that the services are currently being delivered sustainably within approved resources, and that the anticipated initial payments will be sufficient for the IJB to fund the carrying out of the functions delegated to it.

- 10.2.8 Where a Party reasonably believes in relation to a function which it is to delegate to the IJB, that there is potential for the actual expenditure to vary significantly from projections, it will identify that function, and will ensure that sufficient information is provided to the IJB so that it may build up its working knowledge of the issues, and focus on those functions within their systems for risk management and financial reporting..
- 10.2.9 This process of due diligence will be applied in future years, and this will be informed by, amongst other things, the intelligence within the financial performance reports covering all integration functions that the IJB will routinely receive.

Determining the schedules for the Initial Payments

- 10.2.10 The CEC Section 95 officer and the NHS Lothian Director of Finance are responsible for preparing the draft schedules for their respective constituent authorities setting out the initial payment to the IJB. The CEC Section 95 officer and the NHS Lothian Director of Finance will consult with the Chief Officer (designate) and officers of both Parties as part of this process.
- 10.2.11 The CEC Section 95 officer and the NHS Lothian Director of Finance will each prepare a draft schedule outlining the detail and total value of the proposed payment from each Party, and the underlying methodology and assumptions behind that payment. These draft schedules will identify any amounts included in the payments that are subject to separate legislation or subject to restrictions stipulated by third party funders. The draft schedules will also contain the detail and total value of set aside resources for hospital services, made under Section 1(3) (d) of the Act.
- 10.2.12 The CEC Section 95 officer and the NHS Lothian Director of Finance will refer the draft schedules to the Chief Officer (designate) so that he/she has an opportunity to formally consider it. This draft schedule must be agreed by the Director of Finance of NHS Lothian, the CEC Section 95 Officer and the Chief Officer (designate).The CEC Section 95 officer and the NHS Lothian Director of Finance will thereafter present the

final draft schedules to CEC and NHS Lothian for approval in line with their respective governance procedures.

Subsequent Section 1(3) (e) Payments to the IJB

10.2.13 The calculation of payments in each subsequent financial year will follow the same processes as are described above for the initial payment subject to the following:

- (a) the starting position will be the payments made to the IJB in the previous financial year;
- (b) the Parties will then review the payments, having due regard to any known factors that could affect core baseline budgets, available funding, their existing commitments, the results of their own financial planning processes, the previous year's budgetary performance for the functions delegated to the IJB, the IJB's performance report for the previous year, and the content of the Strategic Plan;
- (c) the Parties will also have due regard to the impact of any service re-design activities that have been a direct consequence of IJB directions;
- (d) the Parties will engage the IJB, Chief Officer, and Chief Financial Officer in the process of calculating payments for subsequent financial years through the following arrangements:
 - both Parties will provide indicative three year allocations to the IJB, subject to annual approval through their respective budget setting processes;
 - the Parties will ensure that the Chief Officer and Chief Finance Officer are actively engaged in their financial planning processes. The Chief Officer will be expected to feed into the respective planning processes of the Parties with any intelligence that is relevant, such as the effect of previous directions on activity and expenditure, and projected changes in activity and expenditure.

The set-aside of resources for use by the IJB under Section 1(3) (d) of the Act

10.2.14 In addition to the Section 1(3)(e) payments to the IJB, NHS Lothian will identify a set aside budget for delegated functions in large hospitals. The set aside budget for delegated hospital services will be based on an apportionment of the relevant NHS Lothian budgets for the delegated hospital services (excluding overheads) based on historic activity within the respective areas served by the Lothian IJBs.

[Note: Further work requires to be carried out to determine, in light of guidance from the Scottish Government, how the set-aside arrangements will work in practice. The Parties will therefore develop this part of the Scheme at a later date].

Process to agree payments from the IJB to NHS Lothian and CEC

10.2.15 The IJB will determine and approve, in accordance with the Strategic Plan, the payments to the Parties which will accompany its directions to them for carrying out functions delegated to the IJB. The Party receiving a direction from the IJB shall implement it to the extent its costs in doing so are met by the payment received from the IJB.

10.2.16 Each direction from the IJB to a Party will take the form of a letter from the Chief Officer referring to the arrangements for delivery set out in the Strategic Plan and will include information on:

- (a) the delegated function(s) that are to be carried out;
- (b) the outcomes to be delivered for those delegated functions;
- (c) the amount of and method of determining the payment to be made, in respect of the carrying out of the delegated functions.

10.2.17 Once issued, directions can be amended by a subsequent direction by the IJB.

10.2.18 Where amounts paid to the IJB are subject to separate legislation or subject to restrictions stipulated by third party funders, the IJB must reflect these amounts in full, in determining the level of the payments to be made to CEC and/or NHS Lothian in

respect of the carrying out of the relevant function or functions. However, the IJB is not precluded from increasing the resource allocated to the relevant services.

10.3 Financial Reporting to the IJB

10.3.1 Budgetary control and monitoring reports (in such form as the IJB may reasonably request from time to time) will be provided to the IJB as and when reasonably requires. The reports will set out the financial position and outturn forecast against the payments by the IJB to each Party in respect of the carrying out of integration functions and against the amount set aside by NHS Lothian for hospital services. These reports will present the actual and forecast positions of expenditure for delegated functions and highlight any financial risks and areas where further action is required by the IJB to manage its budget pressures.

10.3.2 NHS Lothian will provide reports to the IJB on the set aside budget.

[Note: Further work requires to be carried out to determine, in light of guidance from the Scottish Government, how the set-aside arrangements will work in practice. The Parties will therefore further develop this part of the Scheme at a later date.]

10.3.3 Through the process of reviewing the professional, technical and administrative support to the IJB, and the development of accounting for the set-aside, the Parties will devise a sustainable model to support financial reporting to the new IJB. Until that model is in place, both Parties will provide the required information from their respective finance systems, and this will be co-ordinated and consolidated by the Chief Finance Officer to provide reports to the IJB on all the IJB's integration functions.

10.4 Process for addressing variance in the spending of the Integration Joint Board

Treatment of forecast over- and under-spends against the Operational Budget

10.4.1 The Integration Joint Board is required to break even each financial year.

10.4.2 The Parties will ensure that their respective budget monitoring and management systems will be applied to monitor and manage their expenditure in relation to delivery of integrated functions in accordance with directions issued to them by the IJB.

- 10.4.3 Where financial monitoring reports indicate that an overspend is forecast on the Operational Budget, the Chief Officer should take immediate and appropriate remedial action to endeavour to prevent the overspend.
- 10.4.4 In the event that such remedial action will not prevent the overspend, the IJB Chief Finance Officer will develop a proposed recovery plan to address the forecast overspend. The Chief Finance Officer will then present that recovery plan to the IJB as soon as practically possible. The recovery plan will be subject to the approval of the IJB.

Additional Payments by the Parties to the Integration Joint Board

- 10.4.5 Where such a recovery plan is projected to be unsuccessful and an overspend occurs at the financial year end, and there are insufficient reserves to meet the overspend, then the Parties may consider making additional payments to the Integration Joint Board.
- 10.4.6 NHS Lothian and CEC will consider making interim funding available on a basis to be agreed between the Parties, with repayment in future years on the basis of the revised recovery plan by the IJB. If the revised plan cannot be agreed by NHS Lothian and CEC or is not approved by the IJB, the dispute resolution arrangements provided for in the Scheme will apply.

Underspends

- 10.4.7 In the event of an underspend in the Operational Budgets, the following shall apply:

- (a) if the underspend is fortuitous, and unrelated to any direction by the IJB, then the underspend shall be returned to the relevant Party (through a corresponding reduction in the payments to be made by it to the IJB);
- (b) the IJB will retain all other underspends.

- 10.4.8 The IJB can hold reserves to the extent agreed by the IJB and both Parties.

Treatment of variations against the amounts set aside for use by the IJB

[Note: Further work requires to be carried out to determine, in light of guidance from the Scottish Government, how the set-aside arrangements will work in practice. The Parties will therefore develop this part of the Scheme at a later date]

10.4.9 The Parties agree that the primary responsibility for providing the capacity required in terms of the relevant direction issued by the IJB within the resources allocated by the IJB (being the amount of the set-aside amount specified in the relevant direction) shall lie with NHS Lothian.

10.5 Redetermination of payments (made under Section 1(3)(e)) to the IJB

10.5.1 Redeterminations of payments made by CEC and NHS Lothian for the carrying out of integration functions would apply under the following circumstances:

- (a) additional one off funding is provided to a Party or Parties by the Scottish Government, or some other body, for expenditure in respect of a function delegated to the IJB;
- (b) the Parties agree that an adjustment to the payment is required to reflect changes in demand and/or activity levels;
- (c) there is a transfer of resources between set aside hospital resources and integrated budget resources delegated to the IJB and managed by the Chief Officer.

10.5.2 The Parties and the IJB would be required to agree to the redetermination. The Parties would apply the process used to calculate the payment to the IJB to the affected functions and the Strategic Plan would require to be amended accordingly.

10.5.3 Any agreed additional payments shall be added to the schedule of payments for the financial year in question.

10.6 Redetermination of payments (made under Section 1(3)(d)) to the IJB

[Note: Further work requires to be carried out to determine, in light of guidance from the Scottish Government, how the set-aside arrangements will work in practice.. The Parties will therefore develop this part of the Scheme at a later date.]

10.7 Use of Capital Assets

- 10.7.1 The IJB, NHS Lothian and CEC will identify all capital assets which will be used in the delivery of the Strategic Plan. Further to this, the associated revenue and future capital liabilities will be identified for each asset
- 10.7.2 An agreement will be developed which specifies and regulates the use (in relation to integration functions) of capital assets belonging to one Party by the other Party, or jointly by both Parties. A similar agreement will specify and regulate the use by the IJB, in the carrying out of its functions, of assets belonging to the Parties. These agreements will be updated as required.
- 10.7.3 Changes in use of capital assets will flow from the Strategic Plan and the directions issued by the IJB to the Parties. The Strategic Plan process will outline any implications or requirements for capital assets.
- 10.7.4 The Parties will ensure that their respective capital asset planning arrangements take due cognisance of the above implications and requirements.
- 10.7.5 The Chief Officer of the IJB will consult with CEC and NHS Lothian to identify the specific need for improvements/changes to assets owned by each which may be required in connection with the carrying out of integration functions. Where a capital investment need is identified, the Chief Officer will present a business case to CEC and NHS Lothian to make best use of existing resources and develop capital programmes. Any business case will set out how the investment will meet the strategic objectives set out in the Strategic Plan and identify the ongoing revenue costs/savings associated with implementation of the proposals.
- 10.7.6 The IJB, CEC and NHS Lothian will work together to ensure that assets required in connection with the carrying out of integration functions are used as effectively as

possible and in compliance with the relevant legislation relating to use of public assets.

10.8 Audit and Financial Statements

Internal audit

- 10.8.1 It is the responsibility of the IJB to establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the IJB.
- 10.8.2 The head of the internal audit service will report to the Chief Officer and the IJB on the annual audit plan, delivery of the plan and recommendations; and will provide an annual internal audit report including the audit opinion. These matters will be overseen by the Audit and Risk Committee established by the IJB.

Financial Statements and External Audit

- 10.8.3 The legislation requires that the IJB is subject to the audit and accounts provisions of a body under Section 106 of the Local Government (Scotland) Act 1973 (Section 13). This will require audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations (Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973). These will be proportionate to the limited number of transactions of the IJB whilst complying with the requirements for transparency and true and fair reporting in the public sector.
- 10.8.4 The reporting requirements for the annual accounts are set out in legislation and regulations and will be prepared following the CIPFA Local Authority Code of Practice.
- 10.8.5 The Chief Finance Officer of the IJB will supply any information required to support the development of the year-end financial statements and annual report for both NHS Lothian and CEC. Both NHS Lothian and CEC will need to disclose their interest in the IJB as a joint arrangement under IAS 31 and comply in their annual accounts with

IAS 27. Both NHS Lothian and CEC will report the IJB as a related party under IAS 24.

10.8.6 The IJB financial statements must be completed to meet the audit and publication timetable specified in the regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973).

10.8.7 The Accounts Commission will appoint the external auditors to the IJB.

10.8.8 The financial statements will be signed in line with the governance arrangements for the IJB and as specified in the Regulations under section 105 of the Local Government (Scotland) Act 1973.

10.8.9 In all forms of audit, the Parties are expected to comply with related requests and to aid the audit process.

11. Participation and Engagement

11.1 Consultation in the development of the Scheme

[Note: This section describes the approach which is proposed to be taken in relation to participation and engagement; the final form of the Scheme, in the form submitted to the Scottish Government, will make reference to the detail of the approached participation and engagement which has taken place prior to that point in time]

11.1.1 The development of the Scheme has involved consultation with:

- (a) the groups represented on the shadow strategic planning group (the "SPG") established by the Parties as set out in the regulations issued under the Act. (further details of such groups being set out in Annex 3);
- (b) the service user and carer members of the shadow Integration Joint Board established by the parties, and their wider networks; and
- (c) groups and fora that represent a combination of staff (practitioners and clinicians) service users and service providers (further details of such groups and fora being set out in Annex 4).

11.1.2 A collaborative four stage approach has been adopted:

- (d) Stage 1 – officers of NHS Lothian and CEC produce a first draft in line with guidance
- (e) Stage 2 – review content for the Scheme with the SPG
- (f) Stage 3 – undertake wider consultation, following the framework for ‘Consulting Edinburgh’ with the groups and fora referred to in Section 11.1.1(c) above.
- (g) Stage 4 – produce second draft for approval by NHS Lothian and CEC and submit to Scottish Government.

11.2 Participation and engagement strategy in relation to decisions about carrying out integration functions

- 11.2.1 The Parties will support the IJB to produce a strategy for engagement with, and participation by members of the public, representative groups or other organisations in relation to decisions about the carrying out of integration functions as set out in this Section 11.2.
- 11.2.2 A draft of the IJB’s participation and engagement strategy has been produced for consultation with key stakeholders, and with the public, using the ‘Consulting Edinburgh’ electronic portal.
- 11.2.3 The draft participation and engagement strategy will be amended following consultation and submitted to the IJB for approval.
- 11.2.4 The ongoing development of the participation and engagement strategy will be achieved using a collaborative approach, involving the membership of the strategic planning group.
- 11.2.5 It is envisaged that the strategic planning group will take both an advisory and active role in the undertaking of future participation and engagement around the implications of service development and re-design.
- 11.2.6 The action plan for delivering the strategy will be reviewed at regular meetings of the strategic planning group and if necessary, changes will be recommended for approval by the IJB, to take account of new audiences or service design and re-design.

11.2.7 CEC's 'Consulting Edinburgh' framework will be used for engagement; and NHS Lothian has contributed to the development of the consultation framework that supports the approach and has agreed to follow the framework and make use of the consultation hub (a digital platform) to launch future consultations. Further details are set out in Annex 5

12. Information-Sharing and Data Handling

- 12.1 There is an existing and long standing Pan-Lothian and Borders General Information Sharing Protocol, to which NHS Lothian, CEC, East Lothian Council, Midlothian Council and West Lothian Council are all signatories. This is currently being reviewed by a sub group on behalf of the Pan-Lothian Data Sharing Partnership for any minor modifications required to comply with the Integration Scheme Regulations. The final Protocol, following consultation, will be recommended for signature by Chief Executives of the respective organisations, and the Chief Officers of the Lothian IJBs, on behalf of the Data Sharing Partnership.
- 12.2 The Pan-Lothian and Borders General Information Sharing Protocol update will be agreed by 31 March 2015.
- 12.3 Procedures for sharing information between the relevant local authority, Health Board, and, where applicable, the relevant integration joint board will be drafted as Information Sharing Agreements and procedure documents. This will be undertaken by a sub group on behalf of the Pan-Lothian Data Sharing Partnership, who will detail the more granular purposes, requirements, procedures and agreements for each of the Lothian IJBs and the functions respectively delegated to them.
- 12.4 CEC and NHS Lothian will continue to be Data Controller for their respective records (electronic and manual), and will detail arrangements where these are jointly controlled by agreement. The IJB may require to be Data Controller for personal data if it is not held by either CEC or NHS Lothian.
- 12.5 Procedures will be based on a single point of governance model. This allows data and resources to be shared; with governance standards and their implementation being the separate responsibility of each organisation.
- 12.6 Following consultation, Information Sharing Protocols and procedure documents will be recommended for signature by the Chief Executives of the respective organisations, and the Chief Officers of the Lothian IJBs.

- 12.7 Once established, Agreements and Procedures will be reviewed bi-annually by the sub group of the Pan-Lothian Data Sharing Partnership, or more frequently if required.
- 12.8 The Information Sharing Agreements and procedures applicable to the IJB will be agreed by 31 March 2015.

13. Complaints

- 13.1 People who use services provided in pursuance of integration functions will continue to make complaints either to CEC or to NHS Lothian. Both organisations have in place well publicised, clearly explained and accessible complaints procedures that allow for timely recourse and signpost independent advocacy services, where relevant.
- 13.2 Complaints about the delivery of an integration function may be made to, and dealt with by, the Party which is required to deliver that function in pursuance of a direction issued by the IJB or (in a case where the direction is issued in respect of a given function to both constituent authorities jointly) to either of those constituent authorities.
- 13.3 When responding to complaints about a service which is delivered jointly, officers responsible for complaints handling within CEC and NHS Lothian will discuss the complaint, and identify which elements that are the subject of the complaint will be investigated by each Party, and agree which Party will prepare the written response at the end of the investigation. Failing agreement, the Chief Officer acting reasonably will decide which of the constituent authorities should prepare the written response and this will be signed by the Chief Officer.
- 13.4 Any investigation will be carried out in line with the published complaints procedure of the relevant Party, mindful of any statutory complaints handling arrangements that might apply. It will be the responsibility of the Party preparing the written response to ensure that the complainant is correctly signposted to the options open to him/her to progress his/her complaint if he/she remains dissatisfied.
- 13.5 On completion of the complaints procedure, complaints about specific social work functions may be referred to a Complaints Review Committee (CRC) at the complainant's request and thereafter the Scottish Public Services Ombudsman. At the end of the complaints process, complainants are entitled to take their complaint to the Scottish Public Services Ombudsman. Where appropriate, complainants will also be advised of their right to complain to the Care Inspectorate.

- 13.6 The Chief Officer will have an overview of complaints made about integration services and subsequent responses. Complaints about integration services will be recorded and reported to the Chief Officer on a regular and agreed basis. Regular trend analysis of complaints and complaint outcomes will also be carried out as part of a wider quality assurance framework.
- 13.7 Responsibility for responding to Scottish Public Services Ombudsman complaints enquiries will lie with the Party that dealt with the original complaint.
- 13.8 Where necessary, officers responsible for complaints handling within CEC and NHS Lothian will work together to provide a full response to any Scottish Public Services Ombudsman enquiry that covers both health and social care functions.
- 13.9 All independent contractors involved in the delivery of services associated with an integration function will be required to have a complaints procedure. Where complaints are received about the service provided by an independent contractor, the relevant Party will refer the complaint to the independent contractor in the first instance, either providing contact details or by passing the complaint on, depending on the preferred approach of the complainant. Complaints received about independent contractors will be recorded for contract monitoring purposes.
- 13.10 Complaints about the IJB should be made to the chairperson of the IJB. Staff within CEC and NHS Lothian will support the Chief Officer with the investigation and written response to the complainant, which will be signed by the Chief Officer.
- 13.11 The Parties will work together to align their complaints processes in as far as reasonably practicable and put in place a joint working protocol to adopt an integrated approach to complaints handling, so that the process of making a complaint is as simple as possible for service users and complaints about services associated with integration functions are responded to clearly, thoroughly and timeously. This joint working protocol will identify the lead organisation for each service which is delivered jointly and will include the contact details of officers responsible for managing any complaints received.

14. Claims Handling, Liability & Indemnity

- 14.1 The liability of either or both Parties and/or the IJB in respect of any claim that may be made by a third party in respect of any matter connected with the carrying out of integration functions shall be determined in accordance with principles of common law and/or any applicable legislation.

- 14.2 Where a claim by a third party is received by either of the Parties or the IJB in respect of any matter connected with the carrying out of integration functions (the body receiving such a claim being referred to as the "**Claim Recipient**"), the Claim Recipient, shall, as soon as reasonably practicable, notify any other body or bodies (being either or both Parties and/or the IJB) which the Claim Recipient considers (acting reasonably) could be held to be liable (whether wholly or partly) in relation to the claim were it to be upheld by the court; and the Claim Recipient shall (subject to clause 14.3):
- 14.2.1 provide that other body or bodies with all such information in relation to the claim as is available to the Claim Recipient;
- 14.2.2 allow that other body or bodies (and/or its or their insurers) to conduct the defence of the claim, subject to that other body or bodies indemnifying the Claim Recipient in relation to any loss or liability (including legal expenses on a solicitor-client basis, and any award of expenses) which the Claim Recipient might thereby incur; and
- 14.2.3 avoid taking any step which could prejudice the defence of the claim without the prior written consent of that other body or bodies.
- 14.3 Where a Claim Recipient considers (acting reasonably) that it itself could be held to be liable along with another Party and/or the IJB in relation to the relevant claim were it to be upheld by the court, the Claim Recipient and the other body or bodies (and/or their respective insurers) shall co-operate with each other in respect of the defence of the claim, and the indemnity by the other body or bodies referred to in Section 14.2 shall not apply.

15. Risk Management

15.1 IJB

- 15.1.1 The IJB will develop and agree a risk management strategy in relation to carrying out of integration functions by 31st March 2016 or the integration start date if sooner.
- 15.1.2 The risk management strategy will include:-
- (a) a statement of the IJB's risk appetite and associated tolerance measures;
- (b) a description of how the system of risk management will work in practice, including the procedures for identification, classification, recording and reporting of risk, and the respective roles of the IJB and its officers. This will explain how the output from the risk management systems within NHS Lothian

- and CEC will inform the IJB's system of risk management as well as ensuring that any risks associated with proposals from the Strategic Plan are captured, assessed and managed appropriately and shared with NHS Lothian and CEC;
- (c) a description of how the IJB system of risk management is informed by other related systems of NHS Lothian and CEC, such as complaints management, health & safety, adverse events management, emergency planning and business resilience;
 - (d) an agreement between NHS Lothian and CEC on the resources to be made available to support risk management in the IJB and how this will work;
 - (e) a description of how risk will be monitored by the IJB, the framework for reporting and frequency.

15.1.3 A group of officers from across NHS Lothian and CEC have worked collaboratively to develop a first draft risk register for the IJB. The IJB will update and amend its risk register should there be any emerging themes/risks which have a bearing on its activities.

15.2 NHS Lothian and CEC

- 15.2.1 Both Parties will continue to apply their existing policies and systems for risk management, and will implement any required restructuring of their risk registers to recognise the creation of the IJB.
- 15.2.2 NHS Lothian covers four local authority areas, and there will be some services delivered by NHS Lothian under directions from the Lothian IJBs which one operational Chief Officer will manage on a Lothian-wide basis. The identification and management of risk for those Hosted Services will reflect the differing directions of the Lothian IJBs.

16. Dispute Resolution

- 16.1 In the event of any dispute between the Parties in relation to any matter provided for in this Scheme or any of the duties, obligations, rights or powers imposed or conferred upon them by the Act (a "Dispute"), the provisions of this section 16 will apply.

- 16.2 Either Party shall give to the other written notice of the Dispute, setting out its nature and full particulars (a “**Dispute Notice**”), together with relevant supporting documents. The Party giving the Dispute Notice will provide a copy to the chairperson of the IJB. On service of the Dispute Notice, the Chief Executives of the Parties shall meet and attempt in good faith to resolve the Dispute.
- 16.3 Where the matter remains unresolved within [NUMBER] days of service of the Dispute Notice, the Parties shall inform the chairperson of the IJB and may proceed to mediation with a view to resolving the issue. Any mediator will be external to the Parties and will be identified and appointed with the agreement of the Chair of NHS Lothian and the Leader of CEC and failing agreement within [NUMBER] days shall be nominated by the Centre for Effective Dispute Resolution (CEDR) on the request of either Party.
- 16.4 The mediation will start not later than [NUMBER] days after the date of appointment of the mediator.
- 16.5 The Parties agree that the cost of the mediator will be met equally by NHS Lothian and CEC. The timeframe to resolve the issue will be agreed prior to the start of the mediation process by the Chair of NHS Lothian and the Leader of CEC and notified to the chairperson of the IJB.
- 16.6 The chairperson of the IJB will inform Scottish Ministers in writing of the Dispute and agreed timeframe to conclude the mediation process.
- 16.7 Where following mediation the issue remains unresolved, the chairperson of the IJB shall notify Scottish Ministers in writing. Scottish Ministers may then advise the Parties how to proceed.
- 16.8 The Parties shall cooperate with each other to mitigate any adverse effect on service delivery pending resolution of the Dispute.
- 16.9 Nothing in this Scheme shall prevent either of the Parties from seeking any legal remedy or from commencing or continuing court proceedings in relation to the Dispute.

Annex 1

Part 1A

Functions delegated by NHS Lothian to the IJB

Set out below is the list of functions that are to be delegated by NHS Lothian to the IJB, as required by the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014 (being the functions prescribed for the purposes of section 1(8) of the Act)

<i>Column A</i>	<i>Column B</i>
The National Health Service (Scotland) Act 1978	
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	<p>Except functions conferred by or by virtue of—</p> <p>section 2(7) (Health Boards);</p> <p>section 2CA(¹) (Functions of Health Boards outside Scotland);</p> <p>section 9 (local consultative committees);</p> <p>section 17A (NHS Contracts);</p> <p>section 17C (personal medical or dental services);</p> <p>section 17I(²) (use of accommodation);</p> <p>section 17J (Health Boards' power to enter into general medical services contracts);</p> <p>section 28A (remuneration for Part II services);</p> <p>section 38(³) (care of mothers and young children);</p> <p>section 38A(⁴) (breastfeeding);</p>

(¹) Section 2CA was inserted by S.S.I. 2010/283, regulation 3(2).

(²) Section 17I was inserted by the National Health Service (Primary Care) Act 1997 (c.46), Schedule 2 and amended by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 4. The functions of the Scottish Ministers under section 17I are conferred on Health Boards by virtue of S.I. 1991/570, as amended by S.S.I. 2006/132.

(³) The functions of the Secretary of State under section 38 are conferred on Health Boards by virtue of S.I. 1991/570.

(⁴) Section 38A was inserted by the Breastfeeding etc (Scotland) Act 2005 (asp 1), section 4. The functions of the Scottish Ministers under section 38A are conferred on Health Boards by virtue of S.I. 1991/570 as amended by S.S.I. 2006/132.

section 39⁽⁵⁾ (medical and dental inspection, supervision and treatment of pupils and young persons);

section 48 (provision of residential and practice accommodation);

section 55⁽⁶⁾ (hospital accommodation on part payment);

section 57 (accommodation and services for private patients);

section 64 (permission for use of facilities in private practice);

section 75A⁽⁷⁾ (remission and repayment of charges and payment of travelling expenses);

section 75B⁽⁸⁾ (reimbursement of the cost of services provided in another EEA state);

section 75BA⁽⁹⁾ (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013);

section 79 (purchase of land and moveable property);

section 82⁽¹⁰⁾ (use and administration of certain endowments and other property held by Health Boards);

section 83⁽¹¹⁾ (power of Health Boards and local health councils to hold property on trust);

⁽⁵⁾ Section 39 was relevantly amended by the Self Governing Schools etc (Scotland) Act 1989 (c.39) Schedule 11; the Health and Medicines Act 1988 (c.49) section 10 and Schedule 3 and the Standards in Scotland's Schools Act 2000 (asp 6), schedule 3.

⁽⁶⁾ Section 55 was amended by the Health and Medicines Act 1988 (c.49), section 7(9) and Schedule 3 and the National Health Service and Community Care Act 1990 (c.19), Schedule 9. The functions of the Secretary of State under section 55 are conferred on Health Boards by virtue of S.I. 1991/570.

⁽⁷⁾ Section 75A was inserted by the Social Security Act 1988 (c.7), section 14, and relevantly amended by S.S.I. 2010/283. The functions of the Scottish Ministers in respect of the payment of expenses under section 75A are conferred on Health Boards by S.S.I. 1991/570.

⁽⁸⁾ Section 75B was inserted by S.S.I. 2010/283, regulation 3(3) and amended by S.S.I. 2013/177.

⁽⁹⁾ Section 75BA was inserted by S.S.I. 2013/292, regulation 8(4).

⁽¹⁰⁾ Section 82 was amended by the Public Appointments and Public Bodies etc. (Scotland) Act 2003 (asp 7) section 1(2) and the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 2.

⁽¹¹⁾ There are amendments to section 83 not relevant to the exercise of a Health Board's functions under that section.

section 84A(¹²) (power to raise money, etc., by appeals, collections etc.);
section 86 (accounts of Health Boards and the Agency);
section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services);
section 98 (¹³) (charges in respect of non-residents);
and
paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards);
and functions conferred by—
The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 (¹⁴);
NHS Lothians (Membership and Procedure) (Scotland) Regulations 2001/302;
The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000/54;
The National Health Services (Primary Medical Services Performers Lists) (Scotland) Regulations 2004/114;
The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
The National Health Service (Discipline Committees) Regulations 2006/330;
The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006/135;
The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009/183;

(¹²) Section 84A was inserted by the Health Services Act 1980 (c.53), section 5(2). There are no amendments to section 84A which are relevant to the exercise of a Health Board's functions.

(¹³) Section 98 was amended by the Health and Medicines Act 1988 (c.49), section 7. The functions of the Secretary of State under section 98 in respect of the making, recovering, determination and calculation of charges in accordance with regulations made under that section is conferred on Health Boards by virtue of S.S.I. 1991/570.

(¹⁴) S.I. 1989/364, as amended by S.I. 1992/411; S.I. 1994/1770; S.S.I. 2004/369; S.S.I. 2005/455; S.S.I. 2005/572 S.S.I. 2006/141; S.S.I. 2008/290; S.S.I. 2011/25 and S.S.I. 2013/177.

The National Health Service (General Dental Services) (Scotland) Regulations 2010/205; and
The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011/55(¹⁵).

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(Persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or by virtue of, the Mental Health (Care and Treatment) (Scotland) Act 2003.	Except functions conferred by— section 22 (Approved medical practitioners); section 34 (Inquiries under section 33: co-operation)(¹⁶); section 38 (Duties on hospital managers: examination notification etc.)(¹⁷); section 46 (Hospital managers' duties: notification)(¹⁸); section 124 (Transfer to other hospital); section 228 (Request for assessment of needs: duty on local authorities and Health Boards);
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(¹⁵) S.S.I. 2011/55, to which there are amendments not relevant to the exercise of a Health Board's functions.

(¹⁶) There are amendments to section 34 not relevant to the exercise of a Health Board's functions under that section.

(¹⁷) Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards under that Act.

(¹⁸) Section 46 is amended by S.S.I. 2005/465.

section 230 (Appointment of a patient's responsible medical officer);

section 260 (Provision of information to patients);

section 264 (Detention in conditions of excessive security: state hospitals);

section 267 (Orders under sections 264 to 266: recall);

section 281⁽¹⁹⁾ (Correspondence of certain persons detained in hospital);

and functions conferred by—

The Mental Health (Safety and Security) (Scotland) Regulations 2005⁽²⁰⁾;

The Mental Health (Cross Border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2005⁽²¹⁾;

The Mental Health (Use of Telephones) (Scotland) Regulations 2005⁽²²⁾; and

The Mental Health (England and Wales Cross border transfer: patients subject to detention requirement or otherwise in hospital) (Scotland) Regulations 2008⁽²³⁾.

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards Except functions conferred by—

conferred by, or by virtue of, the Public section 31(Public functions: duties to provide

⁽¹⁹⁾ Section 281 is amended by S.S.I. 2011/211.

⁽²⁰⁾ S.S.I. 2005/464, to which there are amendments not relevant to the exercise of the functions of a Health Board. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

⁽²¹⁾ S.S.I. 2005/467. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

⁽²²⁾ S.S.I. 2005/468. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

⁽²³⁾ S.S.I. 2008/356. Section 329(1) of the Mental Health (Care and Treatment) (Scotland) Act 2003 provides a definition of "managers" relevant to the functions of Health Boards.

Services Reform (Scotland) Act 2010 information on certain expenditure etc.); and

section 32 (Public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

All functions of Health Boards conferred by, or by virtue of, the Patient Rights (Scotland) Act 2011 Except functions conferred by The Patient Rights (Complaints Procedure and Consequential Provisions) (Scotland) Regulations 2012/36⁽²⁴⁾.

But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014

⁽²⁴⁾ S.S.I. 2012/36. Section 5(2) of the Patient Rights (Scotland) Act 2011 (asp 5) provides a definition of “relevant NHS body” relevant to the exercise of a Health Board’s functions.

Annex 1

Part 1B

Additional functions delegated by NHS Lothian to the IJB

Set out below is the list of additional functions that are to be delegated by NHS Lothian to the IJB

The functions exercisable in relation to the following health services as they relate to provision for people under the age of 18:

- (a) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- (b) General Dental Services, Public Dental Services and the services provided by the Edinburgh Dental Institute
- (c) General Ophthalmic Services
- (d) General Pharmaceutical Services
- (e) Out of Hours Primary Medical Services
- (f) Services for people with Learning Disabilities.

Annex 1

Part 2

Services associated with the functions delegated by NHS Lothian to the IJB

Set out below is an illustrative description of the services associated with the functions delegated by NHS Lothian to the IJB as specified in Parts 1A and 1B of Annex 1.

Interpretation of this Part 2 of Annex 1

In this Part 2—

“Allied Health Professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, but does not include any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(²⁵); and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

- a)** Accident and Emergency services provided in a hospital.
- b)** Inpatient hospital services relating to the following branches of medicine—
 - (a) general medicine;
 - (b) geriatric medicine;
 - (c) rehabilitation medicine;
 - (d) respiratory medicine; and

(²⁵) S.S.I. 2004/115.

- (e) psychiatry of learning disability.
- c) Palliative care services provided in a hospital.
- d) Inpatient hospital services provided by General Medical Practitioners.
- e) Services provided in a hospital in relation to an addiction or dependence on any substance.
- f) Mental health services provided in a hospital, except secure forensic mental health services.
- g) District nursing services.
- h) Services provided outwith a hospital in relation to an addiction or dependence on any substance.
- i) Services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital.
- j) The public dental service.
- k) Primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C(2) of the National Health Service (Scotland) Act 1978⁽²⁶⁾.
- l) General dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978⁽²⁷⁾.
- m) Ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978⁽²⁸⁾.
- n) Pharmaceutical services* and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978⁽²⁹⁾.
- o) Services providing primary medical services to patients during the out-of-hours period.

⁽²⁶⁾ Section 2C was inserted by the Primary Medical Services (Scotland) Act 2004 (asp 1), section 1(2) and relevantly amended by the National Health Service Reform (Scotland) Act 2004 (asp 7), schedule 1, and the Tobacco and Primary Medical Services (Scotland) Act 2010 (asp 3), section 37.

⁽²⁷⁾ Section 25 was relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 15.

⁽²⁸⁾ Section 17AA was inserted by the National Health Service (Primary Care) Act 1997 (c.46), section 31(2) and relevantly amended by the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13), section 25. Section 26 was relevantly amended by the Health and Social Security Act 1984 (c.48), Schedule 1, and the Smoking, Health and Social Care (Scotland) Act 2005 (asp 13) section 13.

⁽²⁹⁾ Section 27 was relevantly amended by the Health Services Act 1990 (c.53), section 20; the National Health Service and Community Care Act 1990 (c.19), Schedule 9; the Medicinal Products: Prescription by Nurses etc. Act 1992 (c.28), section 3; the National Health Service and Community Care Act 1997 (c.46), Schedule 2 and the Health and Social Care Act 2001 (c.15), section 44.

- p) Services provided outwith a hospital in relation to geriatric medicine.
- q) Palliative care services provided outwith a hospital.
- r) Community learning disability services.
- s) Mental health services provided outwith a hospital.
- t) Continence services provided outwith a hospital.
- u) Kidney dialysis services provided outwith a hospital.
- v) Services provided by health professionals that aim to promote public health.

In each case, subject to the exceptions set out in Parts 1A and 1B of Annex 1 and to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014.

In addition to the services (as set out above) associated with the carrying out of functions that must be delegated, NHS Lothian has chosen to delegate the following health services as they relate to provision for people under the age of 18:

- a) Primary Medical Services and General Medical Services (including GP Pharmaceutical services)
- b) General Dental Services, Public Dental Services and the Edinburgh Dental Institute
- c) General Ophthalmic Services
- d) General Pharmaceutical Services
- e) Out of Hours Primary Medical Services
- f) Learning Disabilities

Annex 2

Part 1 Functions delegated by CEC to the IJB

Set out below is the list of functions that are to be delegated by CEC to the IJB (being the functions prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014)

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
National Assistance Act 1948⁽³⁰⁾	
Section 48 (Duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)	
The Disabled Persons (Employment) Act 1958⁽³¹⁾	
Section 3 (Provision of sheltered employment by local authorities)	
The Social Work (Scotland) Act 1968⁽³²⁾	

⁽³⁰⁾ 1948 c.29; section 48 was amended by the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 39, paragraph 31(4) and the Adult Support and Protection (Scotland) Act 2007 (asp 10) schedule 2 paragraph 1.

⁽³¹⁾ 1958 c.33; section 3 was amended by the Local Government Act 1972 (c.70), section 195(6); the Local Government (Scotland) Act 1973 (c.65), Schedule 27; the National Health Service (Scotland) Act 1978 (c.70), schedule 23; the Local Government Act 1985 (c.51), Schedule 17; the Local Government (Wales) Act 1994 (c.19), Schedules 10 and 18; the Local Government etc. (Scotland) Act 1994 (c.49), Schedule 13; and the National Health Service (Consequential Provisions) Act 2006 (c.43), Schedule 1.

⁽³²⁾ 1968 c.49; section 1 was relevantly amended by the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Children Act 1989 (c.41), Schedule 15; the National Health Service and Community Care Act 1990 (c.19) ("the 1990 Act"), schedule 10; S.S.I. 2005/486 and S.S.I. 2013/211. Section 4 was amended by the 1990 Act, Schedule 9, the Children (Scotland) Act 1995 (c.36) ("the 1995 Act"), schedule 4; the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13) ("the 2003 Act"), schedule 4; and S.S.I. 2013/211. Section 10 was relevantly amended by the Children Act 1975 (c.72), Schedule 2; the Local Government etc. (Scotland) Act 1994 (c.39), Schedule 13; the Regulation of Care (Scotland) Act 2001 (asp 8) ("the 2001 Act") schedule 3; S.S.I. 2010/21 and S.S.I. 2011/211. Section 12 was relevantly amended by the 1990 Act, section 66 and Schedule 9; the 1995 Act, Schedule 4; and the Immigration and Asylum Act 1999 (c.33), section 120(2). Section 12A was inserted by the 1990 Act, section 55, and amended by the Carers (Recognition and Services) Act 1995 (c.12), section 2(3) and the Community Care and Health (Scotland) Act 2002 (asp 5) ("the 2002 Act"), sections 8 and 9(1). Section 12AZA was inserted by the Social Care (Self Directed Support) (Scotland) Act 2013 (asp 1), section 17. Section 12AA and 12AB were inserted by the 2002 Act, section 9(2). Section 13 was amended by the Community Care (Direct Payments) Act 1996 (c.30), section 5. Section 13ZA was inserted by the Adult Support and Protection (Scotland) Act 2007 (asp

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 1 (Local authorities for the administration of the Act.)	So far as it is exercisable in relation to another integration function.
Section 4 (Provisions relating to performance of functions by local authorities.)	So far as it is exercisable in relation to another integration function.
Section 8 (Research.)	So far as it is exercisable in relation to another integration function.
Section 10 (Financial and other assistance to voluntary organisations etc. for social work.)	So far as it is exercisable in relation to another integration function.
Section 12 (General social welfare services of local authorities.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 12A (Duty of local authorities to assess needs.)	So far as it is exercisable in relation to another integration function.
Section 12AZA (Assessments under section 12A - assistance)	So far as it is exercisable in relation to another integration function.
Section 12AA (Assessment of ability to provide care.)	
Section 12AB (Duty of local authority to provide information to carer.)	

10), section 64. Section 13A was inserted by the 1990 Act, section 56 and amended by the Immigration and Asylum Act 1999 (c.33), section 102(2); the 2001 Act, section 72 and schedule 3; the 2002 Act, schedule 2 and by S.S.I. 2011/211. Section 13B was inserted by the 1990 Act sections 56 and 67(2) and amended by the Immigration and Asylum Act 1999 (c.33), section 120(3). Section 14 was amended by the Health Services and Public Health Act 1968 (c.46), sections 13, 44 and 45; the National Health Service (Scotland) Act 1972 (c.58), schedule 7; the Guardianship Act 1973 (c.29), section 11(5); the Health and Social Service and Social Security Adjudications Act 1983 (c.41), schedule 10 and the 1990 Act, schedule 9. Section 28 was amended by the Social Security Act 1986 (c.50), Schedule 11 and the 1995 Act, schedule 4. Section 29 was amended by the 1995 Act, schedule 4. Section 59 was amended by the 1990 Act, schedule 9; the 2001 Act, section 72(c); the 2003 Act, section 25(4) and schedule 4 and by S.S.I. 2013/211.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 13 (Power of local authorities to assist persons in need in disposal of produce of their work.)	
Section 13ZA (Provision of services to incapable adults.)	So far as it is exercisable in relation to another integration function.
Section 13A (Residential accommodation with nursing.)	
Section 13B (Provision of care or aftercare.)	
Section 14 (Home help and laundry facilities.)	
Section 28 (Burial or cremation of the dead.)	So far as it is exercisable in relation to persons cared for or assisted under another integration function.
Section 29 (Power of local authority to defray expenses of parent, etc., visiting persons or attending funerals.)	
Section 59 (Provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision.)	So far as it is exercisable in relation to another integration function.
The Local Government and Planning (Scotland) Act 1982⁽³³⁾	
Section 24(1) (The provision of gardening assistance for the disabled and the elderly.)	
Disabled Persons (Services, Consultation and Representation) Act 1986⁽³⁴⁾	
Section 2 (Rights of authorised representatives of disabled persons.)	

⁽³³⁾ 1982 c.43; section 24(1) was amended by the Local Government etc. (Scotland) Act 1994 (c.39), schedule 13.

⁽³⁴⁾ 1986 c.33. There are amendments to sections 2 and 7 which are not relevant to the exercise of a local authority's functions under those sections.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 3 (Assessment by local authorities of needs of disabled persons.)	
Section 7 (Persons discharged from hospital.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments within the meaning of section 16 and which have been delegated.
Section 8 (Duty of local authority to take into account abilities of carer.)	In respect of the assessment of need for any services provided under functions contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.
The Adults with Incapacity (Scotland) Act 2000⁽³⁵⁾	
Section 10 (Functions of local authorities.)	
Section 12 (Investigations.)	
Section 37 (Residents whose affairs may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 39 (Matters which may be managed.)	Only in relation to residents of establishments which are managed under integration functions.
Section 41 (Duties and functions of managers of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 42 (Authorisation of named manager to withdraw from resident's account.)	Only in relation to residents of establishments which are managed under integration functions
Section 43 (Statement of resident's affairs.)	Only in relation to residents of establishments which are managed under integration

⁽³⁵⁾ 2000 asp 4; section 12 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 5(1). Section 37 was amended by S.S.I. 2005/465. Section 39 was amended by the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and by S.S.I. 2013/137. Section 41 was amended by S.S.I. 2005/465; the Adult Support and Protection (Scotland) Act 2007 (asp 10), schedule 1 and S.S.I. 2013/137. Section 45 was amended by the Regulation of Care (Scotland) Act 2001 (asp 8), Schedule 3.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
	functions
Section 44 (Resident ceasing to be resident of authorised establishment.)	Only in relation to residents of establishments which are managed under integration functions
Section 45 (Appeal, revocation etc.)	Only in relation to residents of establishments which are managed under integration functions
The Housing (Scotland) Act 2001⁽³⁶⁾	
Section 92 (Assistance to a registered for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Community Care and Health (Scotland) Act 2002⁽³⁷⁾	
Section 5 (Local authority arrangements for of residential accommodation outwith Scotland.)	
Section 14 (Payments by local authorities towards expenditure by NHS bodies on prescribed functions.)	
The Mental Health (Care and Treatment) (Scotland) Act 2003⁽³⁸⁾	
Section 17 (Duties of Scottish Ministers, local authorities and others as respects Commission.)	
Section 25 (Care and support services etc.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 26 (Services designed to promote well-being and social development.)	Except in so far as it is exercisable in relation to the provision of housing support services.

⁽³⁶⁾ 2001 asp 10; section 92 was amended by the Housing (Scotland) Act 2006 (asp 1), schedule 7.

⁽³⁷⁾ 2002 asp 5.

⁽³⁸⁾ 2003 asp 13; section 17 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), section 111(4), and schedules 14 and 17, and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 25 was amended by S.S.I. 2011/211. Section 34 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 27 (Assistance with travel.)	Except in so far as it is exercisable in relation to the provision of housing support services.
Section 33 (Duty to inquire.)	
Section 34 (Inquiries under section 33: Co-operation.)	
Section 228 (Request for assessment of needs: duty on local authorities and Health Boards.)	
Section 259 (Advocacy.)	
The Housing (Scotland) Act 2006⁽³⁹⁾	
Section 71(1)(b) (Assistance for housing purposes.)	Only in so far as it relates to an aid or adaptation.
The Adult Support and Protection (Scotland) Act 2007⁽⁴⁰⁾	
Section 4 (Council's duty to make inquiries.)	
Section 5 (Co-operation.)	
Section 6 (Duty to consider importance of providing advocacy and other.)	
Section 11 (Assessment Orders.)	
Section 14 (Removal orders.)	
Section 18 (Protection of moved persons property.)	
Section 22 (Right to apply for a banning order.)	

⁽³⁹⁾ 2006 asp 1; section 71 was amended by the Housing (Scotland) Act 2010 (asp 17) section 151.

⁽⁴⁰⁾ 2007 asp 10; section 5 and section 42 were amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedules 14 and 17 and by the Police and Fire Reform (Scotland) Act 2012 (asp 8), schedule 7. Section 43 was amended by the Public Services Reform (Scotland) Act 2010 (asp 8), schedule 14.

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
Section 40 (Urgent cases.)	
Section 42 (Adult Protection Committees.)	
Section 43 (Membership.)	
Social Care (Self-directed Support) (Scotland) Act 2013⁽⁴¹⁾	
Section 3 (Support for adult carers.)	Only in relation to assessments carried out under integration functions.
Section 5 (Choice of options: adults.)	
Section 6 (Choice of options under section 5: assistance.)	
Section 7 (Choice of options: adult carers.)	
Section 9 (Provision of information about self-directed support.)	
Section 11 (Local authority functions.)	
Section 12 (Eligibility for direct payment: review.)	
Section 13 (Further choice of options on material change of circumstances.)	Only in relation to a choice under section 5 or 7 of the Social Care (Self-directed Support) (Scotland) Act 2013 .
Section 16 (Misuse of direct payment: recovery.)	
Section 19 (Promotion of options for self-directed support.)	

⁽⁴¹⁾ 2013 asp 1.

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Public Bodies (Joint Working) (Scotland) Act 2014

<i>Column A</i>	<i>Column B</i>
<i>Enactment conferring function</i>	<i>Limitation</i>
The Community Care and Health (Scotland) Act 2002	
Section 4(⁴²)	
The functions conferred by Regulation 2 of the Community Care (Additional Payments) (Scotland) Regulations 2002(⁴³)	

In each case, so far as the functions are exercisable in relation to persons of at least 18 years of age.

(⁴²) Section 4 was amended by the Mental Health (Care and Treatment) (Scotland) Act 2003 (asp 13), schedule 4 and the Adult Support and Protection (Scotland) Act 2007 (asp 10), section 62(3).

(⁴³) S.S.I. 2002/265, as amended by S.S.I. 2005/445.

Annex 2

Annex 2 Part 2

Services currently associated with the functions delegated by CEC to the IJB

Set out below is an illustrative description of the services associated with the functions delegated by CEC to the IJB as specified in Part 1 of Annex 2.

Social work services for adults and older people

Services and support for adults with physical disabilities and learning disabilities

Mental health services

Drug and alcohol services

Adult protection and domestic abuse

Carers support services

Community care assessment teams

Support services

Care home services

Adult placement services

Health improvement services

Housing support/aids and adaptation in so far as they relate to adult with social care needs

Day services

Local area co-ordination

Respite provision

Occupational therapy services

Reablement services, equipment and telecare.

In each case, so far as the services are provided to persons of at least 18 years of age.

Annex 3

Part 1: Shadow Strategic Planning Group Consultees

The list of individuals and their wider constituency consulted on the Scheme is as follows:

Member	Wider constituency
Health care member of the Professional Advisory Committee	Professional Advisory Committee
Social care member of Professional Advisory Committee	Professional Advisory Committee
Social care member of Professional Advisory Committee	Professional Advisory Committee
Non-voting service user rep from Shadow Partnership Board (health care)	Patients Council
Non-voting service user rep from Shadow Partnership Board (adult social care)	Network of service users and carers
Non-voting carer rep from Shadow Partnership Board (health)	Carers' network
Non-voting carer rep from Shadow Partnership Board (adult social care)	Carers' network
Officer or member of Scottish Care	Scottish Independent care providers
Representative from a third sector provider of non-commercial providers of health care	EVOC Named charities
Representative from a third sector provider of social care	Third sector providers of social care
Member of Edinburgh Affordable Housing Partnership	Edinburgh Affordable Housing Partnership
Rep of Third sector organisations carrying out activities related to health or social care	EVOC
Representative from one neighbourhood partnership in each locality	Neighbourhood Partnerships
Commercial providers of health care	Internet

Annex 4 List of Consultees

Key Audience - Groups and Fora that represent a combination of staff, services users, service providers and Party governance arrangements

All Council members

All Health Board members

Edinburgh Partnership Board

Shadow Health and Social Care Partnership

Edinburgh Alcohol and Drugs Partnership

Reducing Re-offending Partnership

Providers:

Mental Health and Substance Misuse services providers

Disability services providers

Care at Home providers

Care home providers

Care at Home Providers

Scottish Care

Coalition Care Providers

Planning Fora and Groups:

Joint Mental Health planning forum *

Dementia Delivery Group

Older People's Management Group *

Carer Support Hospital Discharge Steering Group

Carers strategic planning group *

Planning and Commissioning Officers

Edinburgh (Learning Disability) Plan Advisory Group Health & Social Care *

*These groups also have service user representatives

Service Users and Carers Groups: (please note that all of these groups may be involved in the planning of services)

Autism Champions

Young Carers Action Group

VolunteerNet
Edinburgh Carers Reference Group
Carers Network
Housing and Care Group
Network/Core Group (for Personalisation) of service users and carers
Mental Health & Wellbeing Forum
Public Partnership Fora
Edinburgh Partnership Equality Network
LGBT Age Capacity

Staff and Management Groups:

General cascade briefing/email for all staff
Departmental Joint Consultative Committee
Council Partnership at work Forum
NHS Lothian Partnership Forum
Health & Social Care Senior Management Team
Black and Minority Ethnic Workers Forum
Discharge Hubs
Social work sector and hospital teams managers
Older People and Disabilities Managers
Integrated Carers Team
Mental Health Service Managers
Criminal Justice Service Managers
Quality and Standards Managers
Business Development Managers
Contracts Team
Joint Consultative Forum/ DJCC/Trade Unions

Open staff meetings at key sites – RIE/WGH/AAH/Liberton
Staff open sessions (perhaps one on each hospital site in Edinburgh)
Offer to attend other sessions.

Health Board and Council Governance:

Acute Hospitals Committee
General Practitioners Sub Committee
Lothian Medical Committee
CHP committees (e.g. Primary Care)
NHS Lothian Finance and Resources Committee
NHS Lothian Staff Governance Committee

NHS Lothian Healthcare Governance Committee
NHS Lothian Strategic Planning Committee
Council Finance and Resources Committee
Council Health, Social Care and Housing Committee
Council Education, Children and Families Committee
Council Administration and opposition
Governance Review and Best Value Committee (Audit)
Internal Audit of Council and NHS Lothian
Corporate Programme Office of Council – and relevant programmes e.g. BOLD

Other External Audiences:

Other Local Authorities in Lothian
Criminal Justice Authority Board
MSPs and MPs
Community Planning Partnerships
Scottish Government Health Department
Third Sector via TSIs – EVOC, Compact
External Audit of NHS Lothian and Council
SSSC
Care Commission
Relevant professional clinical and care bodies

Annex 5 Consultation framework – ‘Consulting Edinburgh’

Main features of ‘Consulting Edinburgh’

Presents the Consultation Charter based on the principles of integrity, visibility, accessibility, transparency, disclosure, fair interpretation and publication.

- Provides ability to evidence how views have been sought.
- Supports staff on how to undertake consultations.
- Acts as a benchmark for consistency and robust process and practice
- Provides a definition of consultation that incorporates ‘deliberative dialogue, i.e. decisions are taken **after** consultation.
- Offers an e-learning tool for officers to assess if a consultation is appropriate.
- Guides officers and stakeholders who are launching a consultation through all stages, including: preparation; pre-consultation; consultation and post-consultation. (The guidance includes the development of a communications strategy.)
- Defines the roles and responsibilities of officers who provide communications, research, data collection and analysis, equalities and rights and stakeholder mapping support.

There is other guidance for:

- when the consultation is out-sourced to an external agency
- setting up a consultation on the electronic ‘hub’ (which is open to the public to view and interact with) monitoring and evaluation.

CONSULTATION PLAN: INTEGRATION SCHEME

January 2014

1. BACKGROUND/KEY MESSAGES

- The Scottish Government has introduced the Public Bodies (Joint Working) (Scotland) Act 2014 (the Act). The Act requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social care services
- The Act requires them to prepare jointly an integration scheme setting out how this joint working is to be achieved.
- This consultation plan sets out the arrangements for consultation on the draft Integration Scheme for NHS Lothian and the City of Edinburgh Council (the 'Parties').
- Since 2012 there a Shadow Edinburgh Health and Social Care Partnership Board or Integration Joint Board has been meeting.
- The vision of the Parties for the Edinburgh Integration Joint Board is; '*Working together for a caring, healthier, safer Edinburgh*'.
- The ambition for the Edinburgh Integration Joint Board is as follows:
 - In Edinburgh, the successful integration of health and social care will mean that people experience improved health and wellbeing; and that inequalities, including health inequalities, are reduced.
 - Services will always be planned with and around people and local communities, who will be active partners in the design, delivery and evaluation of these services.
 - We will develop, train and support staff from all organisations to work together to respond appropriately to meet people's needs.
 - We will use our shared resources, in the most cost effective way to achieve better outcomes for people, and to allow public funds to go further to meet demand.
 - The Integration Joint Board will work in partnership with the City of Edinburgh Council, NHS Lothian, third sector organisations, independent sector providers and most importantly people and their wider communities, to deliver improved health and social care services for the people of Edinburgh.

2. AUDIENCES AND METHODS FOR CONSULTATION

Stakeholders/Key Audiences and methods

The integration of health and social care potentially has a far reaching impact on a wide range of people, including patients, service users and unpaid carers, staff, governing bodies of the two agencies, partner organisations and politicians.

It is important for NHS Lothian and the Council ensure that a thorough and active dialogue is undertaken with key groups and citizens, in order for the two agencies to take an informed decision on the final Integration Scheme for Edinburgh.

To ensure this is an effective consultation, key groups have been identified to ensure their experiences and knowledge is taken into account. There will need to be a range of consultation tools to ensure all groups are able to participate in the consultation. However, the main method will be to use the Council's 'Citizens Space' web site, which provides a Consultation Hub, developed to allow a 'we asked, you said, we did' approach to consultation. Participants will have a range of options. They will be able to complete the online questionnaire, download it and return by email or freepost. There will also be some opportunities to participate in regular group sessions, where the consultation will be added to agendas.

This method will be supported by a comprehensive communications plan, also incorporated in the Action Plan part of this document.

Timescale, methods and responsibilities of senior managers

As with most consultations involving groups, consultation sessions will take place as additional items on meeting agendas. However because of the one month timescale for consultation over the winter period, and the tendency of some stakeholder/key audience groups not to meet within this timescale, much of the communications will be done electronically by email with partner organisations. In addition, the senior managers who have the lead for the key audiences listed will have the responsibility of ensuring meeting agendas include consultation on the Integration Scheme within the consultation period.

We will be approaching our key partners, (mainly voluntary sector providers of services) to offer support to allow them to prepare for the consultation in advance where participants may need some additional support.

The consultation will be subject to an Equalities and Rights Impact Assessment.

The Shadow Strategic Planning Group

A Shadow Strategic Planning Group has been formed for the purposes of consultation on the Integration Scheme, the production of the Strategic Plan and the Participation and Engagement Strategy. This work will be achieved using a collaborative approach.

In the longer term, the purpose of the Group will include, the monitoring of the implementation of the Strategic Plan and both an advisory and active role in the undertaking of future participation and engagement

In most cases members will conduct consultation and engagement within an agreed approach to each undertaking. Officer support will be given to individual members to connect with their wider constituencies, if individual members are unable to do so independently.

The wider constituency of many members will include patient, unpaid carers and public groups and networks

The list of individuals and their wider constituency who will be consulted on the Integration Scheme is as follows:

Member	Wider constituency
Health care member of the Professional Advisory Committee	Professional Advisory Committee
Social care member of Professional Advisory Committee	Professional Advisory Committee
Non-voting service user rep from Shadow Partnership Board (health care)	Patients Council
Non-voting service user rep from Shadow Partnership Board (adult social care)	Networks of service users and carers
Non-voting carer rep from Shadow Partnership Board (health)	Carers' networks
Non-voting carer rep from Shadow Partnership Board (adult social care)	Carers' networks
Officer or member of Scottish Care	Scottish Independent care providers
Representative from a third sector provider of non-commercial providers of health care	EVOC Named charities
Representative from a third sector provider of social care	Third sector providers of social care
Member of Edinburgh Affordable Housing Partnership	Edinburgh Affordable Housing Partnership
Rep of Third sector organisations carrying out activities related to health or social care	EVOC
Representative from one neighbourhood partnership in each locality	Neighbourhood Partnerships
Commercial providers of health care	Internet

Key Participants - Groups and Fora that represent a combination of staff, services users, unpaid carers, service providers and constituent authority governance arrangements

All Council members
All Health Board members
Edinburgh Partnership Board
Shadow Health and Social Care Partnership

Edinburgh Alcohol and Drugs Partnership
Reducing Re-offending Partnership

Providers:

Mental Health and Substance Misuse services providers
Disability services providers
Care at Home providers
Care home providers
Care at Home Providers
Scottish Care
Coalition Care Providers

Planning Fora and Groups:

Joint Mental Health planning forum *
Dementia Delivery Group
Older People's Management Group *
Carer Support Hospital Discharge Steering Group
Carers strategic planning group *
Planning and Commissioning Officers
Edinburgh (Learning Disability) Plan Advisory Group Health & Social Care *

*These groups also have service user representatives

Service Users and Carers Groups: (please note that all of these groups may be involved in the planning of services)

Autism Champions
Young Carers Action Group
VolunteerNet
Edinburgh Carers Reference Group
Carers Network
Housing and Care Group
Network/Core Group (for Personalisation) of service users and carers
Mental Health & Wellbeing Forum
Public Partnership Fora
Edinburgh Partnership Equality Network
LGBT Age Capacity

Staff and Management Groups:

General cascade briefing/email for all staff
Departmental Joint Consultative Committee
Council Partnership at work Forum
NHS Lothian Partnership Forum
Health & Social Care Senior Management Team
Black and Minority Ethnic Workers Forum
Discharge Hubs
Social work sector and hospital teams managers
Older People and Disabilities Managers
Integrated Carers Team
Mental Health Service Managers

Criminal Justice Service Managers
Quality and Standards Managers
Business Development Managers
Contracts Team
Joint Consultative Forum/ DJCC/Trade Unions

Open staff meetings at key sites – RIE/WGH/AAH/Liberton
Staff open sessions (perhaps one on each hospital site in Edinburgh)
Offer to attend other sessions.

Health Board and Council Governance:

Acute Hospitals Committee
General Practitioners Sub Committee
Lothian Medical Committee
CHP committees (e.g. Primary Care)
NHS Lothian Finance and Resources Committee
NHS Lothian Staff Governance Committee
NHS Lothian Healthcare Governance Committee
NHS Lothian Strategic Planning Committee
Council Finance and Resources Committee
Council Health, Social Care and Housing Committee
Council Education, Children and Families Committee
Council Administration and opposition
Governance Review and Best Value Committee (Audit)
Internal Audit of Council and NHS Lothian
Corporate Programme Office of Council – and relevant programmes e.g. BOLD

Other External Audiences :

Other Local Authorities in Lothian
Criminal Justice Authority Board
MSPs and MPs
Scottish Government Health and Social Care Ministers
Scottish Government Joint Improvement Team
Community Planning Partnerships
Scottish Government Health Department
Third Sector via TSIs – EVOC, Compact
External Audit of NHS Lothian and Council
SSSC
Care Inspectorate
Relevant professional clinical and care bodies
National Service User Organisations
National Carer Organisations
National Commercial Providers

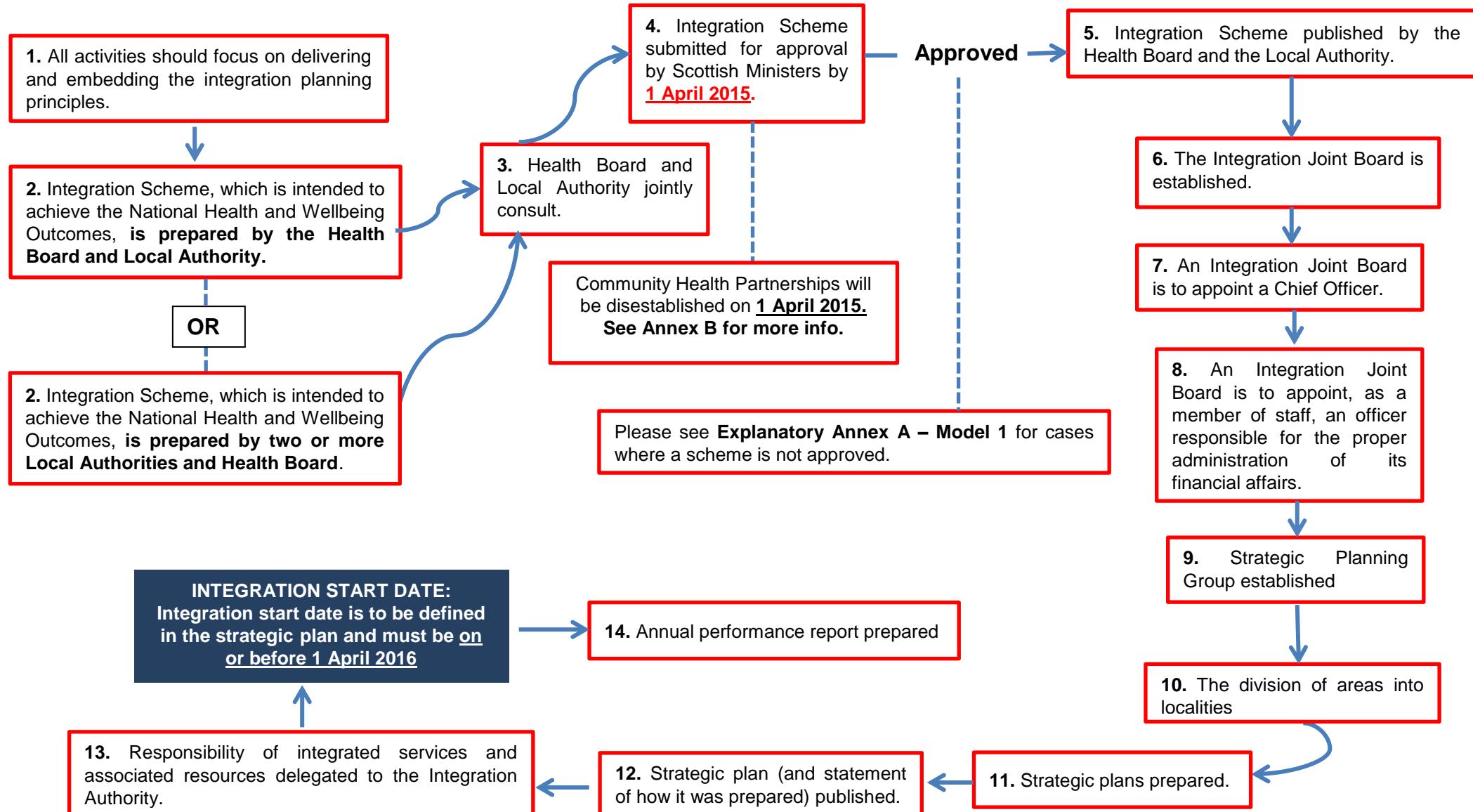
3. CONSULTATION AND COMMUNICATION ACTION PLAN

TASK	METHOD	LEAD OFFICERS	TIMING
Agree draft Integration Scheme	Chief Officer Oversight Group	Susanne Harrison/Jamie Megaw	December
Draft consultation document	Officer project team meeting	Officer Project Team	December
Report draft Integration Scheme and consultation proposals, including consultation questions to NHS Board and Council Committee	Draft covering report and agree supporting documentation	Susanne Harrison/Jamie Megaw	14 January (NHS Board)
			20 January (Committee)
Draft easy to read version of questionnaire and response sheet for face to face use.	Officer joint approach	Project team	Week beginning 5 January
Identification of lead senior managers for each key audience		Dorothy Hill/Jamie Megaw	Week beginning 5 January
Advice for lead senior managers of their responsibility and arrangements for ensuring participation of their stakeholder groups/key audiences.	Advise by email communication with links to the Citizen Space (Consultation Hub) site.	Dorothy Hill	Week beginning 5 January
	Provide offer of support to managers		
	Prepare powerpoint presentation for group sessions		
Draft email communication for all identified groups		Dorothy Hill/Jamie Megaw	Week beginning 5 January
Load consultation questions and embed draft Integration scheme onto the Citizen Space site	Staff resource trained in use of site	Dorothy Hill/Jamie Megaw/Susanne Harrison	Following approval at NHS Board and Committee

Launch Consultation	Joint press release All staff email Links on both NHS and Council intranets Council Leader's report		15 January
Inform all stakeholder/audience groups	Email or agendas circulated by senior managers identified	Dorothy Hill/Jamie Megaw	On launch date
Undertake consultation sessions	Stakeholder/key audience meetings	Senior managers	From mid January-mid February
Send reminders at regular intervals during the consultation period	Email	TBC	
Monitor responses on the Consultation Hub Platform	Use of consultation site functionality	Dorothy Hill	Throughout consultation
Capture raw data from the site	Use of consultation site functionality	Dorothy Hill	At the end of the consultation period
Collect paper responses		Dorothy Hill/Jamie Megaw	At the end of the consultation period
Analysis of responses and report	TBC	TBC	At the end of the consultation period
Report back to Chief Officers Oversight Group	Meeting of Chief Officers Oversight Group	Dorothy Hill/Susanne Harrison/Jamie Megaw	At the end of the consultation period
Report to NHS Board and Council	Dates in March	Susanne Harrison/Jamie Megaw	At the end of the consultation period
Post outcome of the consultation on the Citizen Space site		Dorothy Hill	Once report agreed by the NHS Board and Council
Communicate by email the decision of the NHS Board and Council to participant stakeholder/key audience groups	Through responsible senior managers	Dorothy Hill/Jamie Megaw	Once report agreed by the NHS Board and Council

Implementation Provisions and Associated Requirements Flowchart

MODEL 1: This model of integration allows for Health Boards and Local Authorities, working with health and social care professionals, the third sector, users, carers and other key stakeholders, to establish an Integration Joint Board, to which the Health Board and Local Authority delegate the responsibility and resources for adult health and social care.



Explanatory Annex A - Model 1

1. All activities should focus on delivering and embedding the integration planning principles which are -
 - (a) that the main purpose of services which are provided in pursuance of 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 as possible -
 - (i) Is integrated from the point of view of recipients,
 - (ii) Takes account of the particular needs of different recipients,
 - (iii) Takes account of the particular needs of recipients in different parts of the area in which the service is being provided,
 - (iv) Is planned and led locally in a way which is engaged with the community and local professionals,
 - (v) Best anticipates needs and prevents them arising, and
 - (vi) Makes the best use of the available facilities, people and other resources
2. The Health Board and the Local Authority must jointly prepare an Integration Scheme for the area of the Local Authority.

OR

Within the area of a Health Board, two or more local authorities and the Health Board must jointly prepare an Integration Scheme for the areas of those Local Authorities.

The Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers in Regulations under section 5(1) of the Act, namely:

Please note: These National Health and Wellbeing Outcomes are draft

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.

2. People, including those with disabilities, long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
 3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
 4. Health and social care services are centred on helping to maintain or improve the quality of life of service users.
 5. Health and social care services contribute to reducing health inequalities.
 6. People who provide unpaid care are supported to reduce the potential impact of their caring role on their own health and well-being.
 7. People who use health and social care services are safe from harm.
 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.
 9. Resources are used effectively in the provision of health and social care services, without waste.
 3. The Health Board and the Local Authority must jointly consult.
 4. A Health Board and Local Authority must jointly submit an Integration Scheme to the Scottish Ministers for approval by 1 April 2015.
- If the integration scheme is not approved** by Scottish Ministers, the Health Board and Local Authority must make changes and will then have the option to resubmit; the Scottish Ministers are required to provide reasons why the scheme was not approved. If the scheme is not approved for a second time, the local authority and Health Board cannot resubmit, and responsibility for its completion passes to the Scottish Ministers.
5. As soon as practicable after an integration scheme is approved, the Health Board and Local Authority must publish it.

6. The Scottish Ministers by order establish the Integration Joint Board to which the functions are to be delegated.
7. An Integration Joint Board is to appoint, as a member of staff, a Chief Officer.
8. An Integration Joint Board is to appoint, as a member of staff, an officer responsible for the proper administration of its financial affairs.
9. An Integration Joint Board must establish a group (its “strategic planning group”)
10. The strategic plan is to include provision to divide the area of the Local Authority into two or more localities.
11. The Integration Joint Board must prepare strategic plans. In preparing a strategic plan, the Integration Joint Board must have regard to the integration delivery principles (see section 25 of the Act), and the national health and wellbeing outcomes.
12. As soon as practicable after the finalisation of the plan, an Integration Authority must publish its strategic plan and a statement of the action which it took in pursuance of preparing it.
13. Once the Integration Authority and the strategic planning group are satisfied that the strategic plan and the locality arrangements are fit for purpose, the integration authority must notify the Health Board and Local Authority of the date on which the responsibility of integrated services and the associated resources should be delegated to the Integration Authority.

INTEGRATION START DATE: The integration start date must be on or before 1 April 2016. This is the date that the Scottish Ministers intend to prescribe as the date by which all functions must be delegated to the Health Board and/or Local Authority as appropriate. All the integration arrangements as set out in the Act, Orders and Regulations, must be in place and responsibility for the functions delegated according to the Integration Scheme. The Act provides for flexibility for the integration start date to be determined locally but in any case by 1 April 2016. Scottish Ministers and partners will expect good progress to be made during 2015.

14. Each Integration Authority must prepare a performance report for the reporting year.

Explanatory Annex – Supplementary Info

1. **Model Integration Scheme:** Other work underway to support implementation is the development of a ‘model’ Integration Scheme by the Legal Working Group, whose members consist of solicitors from Scottish Government, local government and from NHS National Services Scotland on behalf of Health Boards. The ‘model’ Integration Scheme was shared initially with the Governance and Accountability Group on 2 June. Thereafter, views will be sought more widely. The aim is for this ‘model’ Integration Scheme to provide the basis for the development of your Integration Scheme.
2. **Disestablishment of CHPs:** The Act provides for the repealing of legislation that establishes Community Health Partnerships. Scottish Ministers intend to remove CHPs from statute from 1 April 2015 as partners move into their integrated arrangements. Scottish Ministers recognise the pace of transition will vary across the country, therefore Scottish Government officials will be providing guidance on any interim arrangements in due course.

Corporate Policy & Strategy Committee

10:00am, Tuesday, 20 January 2015

Review of Community & Accessible Transport: Feedback from Working Group on Phase One Report

Item number	7.4
Report number	
Executive/routine	
Wards	

Executive summary

The purpose of this report is to provide feedback to the committee from a recent meeting of the Review of Community and Accessible Transport Working Group. This was requested by the committee prior to taking a decision on whether to approve the Proposed Solution recommended by the Review and to agree further development through a second phase.

The meeting has taken place and the report summarises the feedback, provides the Equalities and Rights Impact Assessment, and requests the committee to approve the Proposed Solution as outlined in the original report.

Links

Coalition pledges	P1 P30 P37 P38 P47
Council outcomes	CO3 CO13 CO14 CO22 CO26 CO27
Single Outcome Agreement	SO2

Review of Community & Accessible Transport: Feedback from Working Group on Phase One Report

Recommendations

It is recommended that the Corporate Policy and Strategy Committee:

- 1.1 Notes the feedback from the Working Group;
- 1.2 Notes the desire of the Working Group to move forward with the review on a co-production basis;
- 1.3 Approves the Proposed Solution outlined in the Review report (contained in appendix two) for further development;
- 1.4 Notes that, subject to approval of 1.4, the detailed concerns raised by the Working Group will be addressed during phase two of the Review; and
- 1.5 Notes that a report has been prepared for consideration on 15 January 2015 by the Finance and Resources Committee seeking to extend service level agreements for community and transport providers.

Background

- 2.1 The attached report on phase one of the Review of Community and Accessible Transport was submitted to the Corporate Policy & Strategy Committee on 4 November 2015. The Committee agreed:
 - To note the progress with the Review, the engagement undertaken and the rights and equalities considerations developed to date;
 - To note that a further report would be submitted to Committee in spring 2015 detailing the outcomes of the next stage of the review;
 - To continue consideration of the report to enable the Working Group to consider the report and refer any comments back to this Committee in one cycle if possible.
- 2.2 A meeting of the Working Group took place on 25 November 2014 and the purpose of this report is to provide a summary of the feedback and request that elected members now approve the Proposed Solution, as set out in the report of 4 November 2014, for further development in a second phase of the review.

Main report

- 3.1 Following the decision of the Corporate Policy & Strategy Committee, set out above, a meeting of the Working Group took place on 25 November 2014. Members of the Group were invited to provide comment on the Phase One report. Comments were given verbally at the meeting and a written submission was submitted by one of the organisations represented on the Working Group. This written submission was marked confidential so it is not referred to in detail in this report. However the main points are captured below and it is intended that the detail will be considered further during phase two.
- 3.2 The main points made in the feedback were as follows:
 - 3.2.1 There are considered to be a number of concerns regarding the accuracy of the data contained in the report and that this could have led to erroneous conclusions. Rather than seeking amendments to the report the Working Group were content to receive assurances that this would be resolved during phase two.
 - 3.2.2 The review undertook work to finalise consideration of the outstanding recommendations of the “Halcrow” report in 2012. This was in recognition of opinion that not all of the findings were considered to be accurate or acceptable. Further consideration will be given to this as phase two is progressed.
 - 3.2.3 Notwithstanding these points the Group felt it was important to recognise the need to move forward with the review and not to spend time revisiting the past or changing the details of the report. There is a positive relationship between the Council and ECTOG (Edinburgh Community Transport Operators Group) and the Working Group agreed that this provides a solid foundation upon which to move forward on a co-production basis.
 - 3.2.4 A separate confidential response was submitted by one of the ECTOG member organisations. The response acknowledges a number of positive elements in the report and provides a stated willingness to engage with the Council to agree a long term plan for how services, funding and business models should develop. However, it has expressed concerns in relation to a number of aspects of the review, including:
 - Accuracy of the data;

- Practicalities of implementing the proposed administrative model;
 - Scope of the review, requesting the exclusion of individual travel, and inclusion of home to school transport and travel to hospitals and other health services;
 - Potential disinvestment in more expensive individual travel arrangements and a lack of recognition of the extent to which this could impact on the ability to leverage additional funding from other sources; and
 - Alignment with changes in the wider public sector landscape, specifically Health & Social Care Integration and Transport Scotland's intention to commission a review of Community Transport in Scotland.
- 3.2.5 The scope of the review was agreed at the outset of the review and reported to the Corporate Policy & Strategy Committee in November 2013. It would therefore not be appropriate to change the scope at this stage. However if, following careful consideration of the impact, it is deemed appropriate during the implementation phase to amend the scope, suitable recommendations could be made in due course. The other concerns together with the detailed points in the submission will be considered during phase two.
- 3.2.6 A further observation was made that the Equalities and Rights Impact Assessment had not been published. This has been maintained and updated during the review and will continue as a dynamic document during phase two. This is available as a background document and a copy has been sent to working group members.
- 3.2.7 In addition to putting forward the above points, the Working Group requested that a service user event be held as soon as possible. This event will take place on 5 February 2015.
- 3.2.8 Finally, members are asked to note that, in parallel with the Working Group discussions, there is a requirement to ensure continuity of service provision pending the outcome of the review and subsequent arrangements being put in place. To this end, a report has been prepared for consideration by the Finance and Resources Committee, at its meeting on 15 January 2015, seeking to extend service level agreements to March 2016.

Measures of success

- 4.1 This is outlined in the main report and in addition this would be measured by the level of support for the new operating model as it develops.

Financial impact

- 5.1 This is fully set out in the main report and will be refined further in phase two.

Risk, policy, compliance and governance impact

- 6.1 This is fully set out in the main report.

Equalities impact

- 7.1 The current Equalities and Rights Impact Assessment is available as a background document.

Sustainability impact

- 8.1 This is set out in the main report.

Consultation and engagement

- 9.1 This is set out in the main report and this report now summarises feedback from a further meeting of the Working Group.

Background reading/external references

Equalities and Rights Impact Assessment on the Review of Community and Accessible Transport.

John Bury

Acting Director of Services for Communities

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Links

Coalition pledges	P1 - Increase support for vulnerable children, including help for families so that fewer go into care P30 - Continue to maintain a sound financial position including long-term financial planning P37 - Examine ways to bring the Council, care home staff and users together into co-operatives to provide the means to make life better for care home users p38 - Promote Direct Payments in Health and Social Care p47 - Set up a city-wide Transport Forum of experts and citizens to consider our modern transport needs
Council outcomes	CO3 – Our children and young people at risk, or with a disability, have improved life chances co13 - People are supported to live at home CO14 – Communities have the capacity to help support people co22 - Moving efficiently – Edinburgh has a transport system that improves connectivity and is green, healthy and accessible 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	SO2 - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health
Appendices	Appendix One: Review of Community & Accessible Transport: Phase One Report

Appendix 1

Corporate Policy & Strategy Committee

10.00am, Tuesday, 4 November 2014

Review of Community & Accessible Transport: Phase One Report

Item number

Report number

Executive/routine

Wards

Summary

This is the report on phase one of the Review of Community and Accessible Transport. It sets out the findings of the review and proposes a solution for Community and Accessible Transport for elected member approval. If this is agreed the proposed way forward will be developed with stakeholders and service providers as it is taken to the delivery phase. The report is structured as follows:

1. Stocktake of current arrangements;
2. Challenges identified in the stocktake;
3. Proposed solution to address the challenges;
4. Residual information gaps to be addressed.

As part of the stocktake, significant engagement was undertaken especially with Third Sector groups. Committee updates and Member Briefings have also been held.

Links

Coalition pledges [P1 P30 P37 P38 P47](#)

Council outcomes [CO3 CO13 CO14 CO22 CO26 CO27](#)

Single Outcome Agreement [SO2](#)

Report

Review of Community & Accessible Transport

Recommendations

It is recommended that the Corporate Policy and Strategy Committee:

- 1.1 Notes the progress with this Review, the engagement undertaken and the Rights and Equalities considerations developed to date;
- 1.2 Approves the Proposed Solution outlined in the report for further development; and
- 1.3 Note that a further report will be submitted to Committee in spring 2015 detailing the outcomes of the next stage of the review.

Background

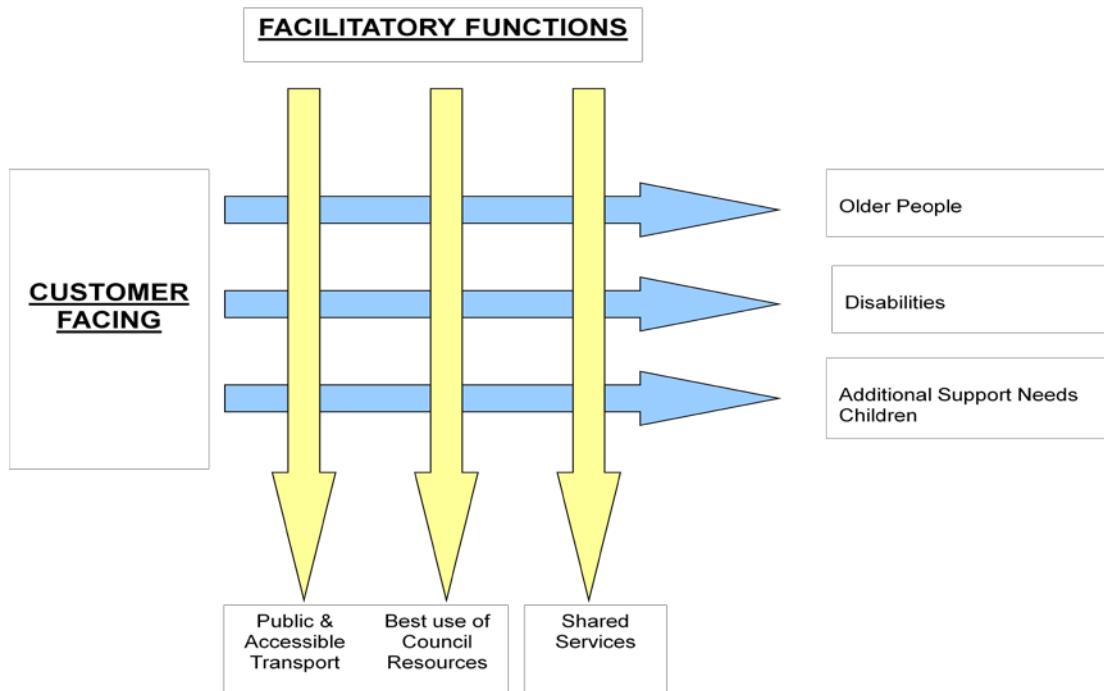
- 2.1 The Council Management Team, at its meeting on 24 April 2013, approved a Review of Community and Accessible Transport across the city. This report builds upon the initial CMT presentation, an update report to Finance and Resources Committee on 5 November 2013, and presentations to the Finance & Resources and Transport & Environment Policy Development Sub-Committees. The purpose of the report is to advise the committee of progress in Phase One of the Review and to outline actions to deliver the improvement in Phase Two.
- 2.2 This Programme is predicated on the fact that the status quo is unsustainable in the light of ageing vehicles, demographic/legislative changes and reducing revenue and capital budgets. It also recognises a Christie Commission challenge for:
“greater integration of public services at local level driven by better partnership, collaboration and effective local delivery”.
- 2.3 This Programme is designed to:
Make best use of the Council and Third Sector partner’s vehicular, staff and financial resources to deliver high quality, cost effective and responsive Community and Accessible Transport services across the city to meet service user requirements and, wherever possible, improve services.
Also, to recognise the value of Community Transport as a means of delivery of health and wellbeing services on an interventional as well as preventative basis.
- 2.4 The first stage of the Programme has involved engagement with key stakeholders including service users and their carers, community and accessible transport providers from across the city and key council Services (Health and Social Care, Children and Families and Services for Communities). It has also

taken account of the work of other public sector partners, including neighbouring Councils, SESTRAN, NHS Lothian and the Scottish Ambulance Service regarding Shared Services opportunities.

- 2.5 Finally, work has been undertaken to address the outstanding issues raised in a report by Halcrow on Community and Accessible Transport, commissioned by the Council in 2012. That review examined Community and Accessible Transport services funded through the Council and highlighted increasing costs (related to ageing vehicles, increases in fuel and staff costs etc.), rising demand (an ageing population and greater focus on care at home) and static funding for contracts with the third sector. The key finding of the Halcrow report was that the status quo was unsustainable. Edinburgh Community Transport Operators Group (ECTOG) members have indicated a willingness to build on the findings of the Halcrow report.

Governance

- 2.6 After the Programme was approved by the Corporate Management Team on 24 April 2013, governance arrangements were put in place. An essential feature was the involvement of the Third Sector at Board and Working Group meetings.
- 2.7 The Programme has been managed using Managing Successful Programmes™ methodology and the Board approved the Project Initiation Documents for each of the six Workstreams noted in the diagram overleaf:



- 2.8 Each of the workstreams has a lead officer who is a member of the Working Group. The Working Group is supported by officers from Finance, Communications and Business Intelligence. A Corporate Programmes Office Assurance Review was also undertaken in November 2013 and this was largely positive highlighting strong governance and engagement.

Main report

Stocktake of current arrangements

- 3.1 The current Community and Accessible Transport services funded by the Council, whilst of high quality, are managerially and operationally fragmented which means that inconsistencies occur in practice.
- 3.2 The following service areas have an involvement in commissioning and/or contracting for travel and this can lead to a lack of connectivity between Commissioners and the service users.
- **Health & Social Care:**
 - Commissions transport for individuals and groups;
 - Social Workers assess and commission transport needs for service users with care packages, often defaulting to taxis; and
 - Services such as lunch clubs, Day Centre activities and Criminal Justice services are provided with transport.
 - **Children and Families:**
 - Commissions transport for individual children; and
 - Travel arrangements needed for children who are looked after and/or have Additional Support Needs (ASN), through the use of external providers and staff cars.
 - **Services for Communities:**
 - Commissions transport on behalf of H&SC;
 - Develops contracts with Community Transport providers for H&SC;
 - Procures a City Centre Shopmobility scheme;
 - Operates a concessionary Taxicard scheme;
 - Procures Supported Bus Routes (not in scope of review);
 - Commissioners & contractors of transport for groups and individuals;
 - Operates a fleet of accessible vehicles used largely for taking groups of service users to Day and other Care Centres;
 - Provides buses and drivers for Special Schools;
 - Provides transport for various groups, complimenting the communities and prevention objectives of the Council; and
 - Books all taxis for officers and elected members of the Council.
- 3.3 In addition to the above, Third Sector Community Transport providers, many of which are funded by the Council, provide transport services. Whilst these services are predominantly for H&SC service users the balance of their activities builds community capacity and creates community resilience. Their services

provide significant “added value” as service users are amongst the most vulnerable in society and often have unpredictable travel needs.

- 3.4 The table below shows some preliminary data on areas in which activity and costs can be matched. It should be noted that it excludes some costs, including H&SC and C&F Grey fleet costs, involving the use of staff personal vehicles.

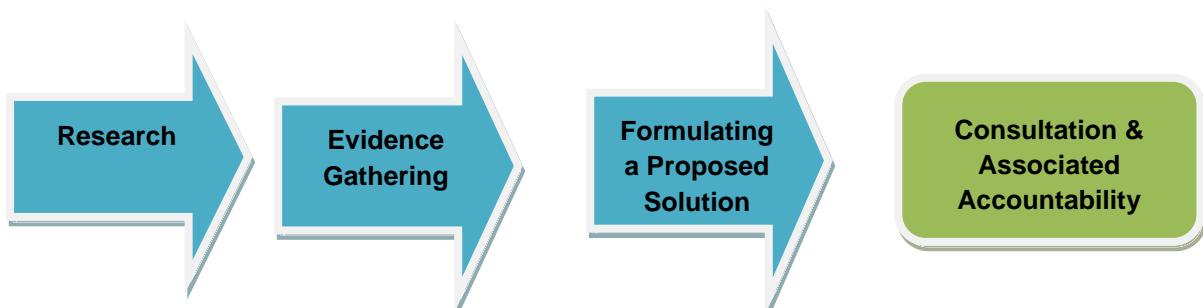
Table 1: Activities and costs

TRANSPORT	COST	INDICATIVE JOURNEY NUMBERS
Social care journeys delivered by Passenger Operations	£1.4m	236,000
Social care journeys undertaken in taxis	£0.8m	41,000
C&F Special School buses	£0.9m	64,000
Taxicard	£0.6m	180,000
HcL Dial-a-Bus	£0.1m	28,950
HcL Dial-a-Ride	£0.3m	14,645
Lothian Community Transport Services	£0.2m	29,700
Lothian Shop Mobility	£0.1m	12,500
South Edinburgh Amenities Group – Contract	£0.1m	15,000
South Edinburgh Amenities Group – Social Justice Fund grant	£0.1m	26,000
Dove Centre*	£0.03m	5,100
Pilton Equalities Project*	£0.03m	5,300

* = PEP and Dove also have contracts for care-giving services for which this transport is associated.

Cross Cutting Themes

- 3.5 Given the influential nature of transport, it is vital that any Proposed Solution is corporate in its application and focused primarily on service users including those accessing Personal Budgets. The table at Appendix One shows some of the cross-cutting themes that are seen as vital to the development of the Proposed Solution.
- 3.6 Given the complexity of Community Transport and the wide range of stakeholders, a very careful and measured approach to the Programme is necessary. Dialogue with EVOC/ECTOG and the Council’s Business Intelligence Team confirmed this thinking and codified a structured approach which has been shared with all stakeholders. This is illustrated in the diagram below:



Stocktake: Evidence Gathered and Initiatives Started

- 3.7 Much evidence has been gathered for the Review so far and this is summarised at Appendix Three. Gaps identified in the evidence base are discussed at paragraph 3.24. Where evidence gathered has signalled a need for a change in practice, this change has commenced rather than waiting to complete the Review. The following paragraphs reflect some of the new initiatives.
- 3.8 A key improvement identified is more proactive recording of transport provided in packages of care on the SWIFT™ IT system. Such recording will assist in capturing travel data and the costs thereof and will underpin initiatives such as promoting self-travel¹. In order to address this, a data audit has commenced which starts to capture travel information on SWIFT™ routinely and to give consideration to retrospectively capturing existing travel arrangements.
- 3.9 In addition, data collected on children who are looked after and/or have Additional Support Needs has identified some inequalities in practice for children of certain ages and also some inefficient practices. These are now being actively addressed with practitioners.
- 3.10 Data gathered on the costs of the seventeen Passenger Operation's buses allocated to Special Schools (annual revenue costs >£680,000) has been passed to Children and Families and a review of utilisation with a view to making savings is now underway. A final example of data gathering changing practice is the use of mapping software to schedule social care journeys more effectively. This was previously used for Home to School journeys only.
- 3.11 A comprehensive stocktake of all ECTOG vehicles, volunteers and staffing resources has been completed and this again will inform the Proposed Solution for the service going forward. This data has also been compared to the equivalent Passenger Operations resources.
- 3.12 Appendix Two details more of the progress achieved so far, including:
- Health & Social Care Transport Advisor Pilot – this pilot is built around a senior manager challenging social care practitioners to select the most appropriate and cost effective transport solution for service users. Appendix Four outlines four recent examples of savings made and/or costs avoided.
 - Health & Social Care – Access to Transport/Travel policy developed and submitted to H&SC SMT for approval. This policy will, once approved, be extended for wider application.
 - Public & Accessible Transport – contracts with Third Sector extended to allow a more co-productive approach to be adopted from 2015/16 onwards. A

¹ Self-Travel is an overarching term encompassing all activities designed to give Service Users choice and control over their own travel by encouraging independence. This may be as simple as a funding a "buddy" to teach a Service User how to access public transport.

separate report is scheduled to be put to the Finance and Resources Committee seeking to extend the current service level agreements until the new arrangements are finalised.

- Third Sector Interface – major improvements have been made in relationships with Third Sector colleagues to develop a genuinely co-productive and partnership approach.
- Research has been undertaken on Public Social Partnerships and Real Time Information Systems.
- Research into best practice and ICT systems elsewhere across Scotland.

Challenges identified in the stocktake

- 3.13 In addition to the fragmentation noted at paragraph 3.1, a number of other challenges have emerged during the Review which must be addressed in the delivery of the Proposed Solution. As well as the dependencies noted below, accounting changes to give greater transparency to costs are being implemented by Finance. This will include, for example, splitting staff travel costs between “Travel with service users” and “Solo Travel”.
- 3.14 In line with the nascent Fleet Strategy, the current accounting practice of “above and below the line” recharging for vehicles sourced by Fleet is changing to reflect better an “internal contract hire service” for vehicles. This new service aims to provide users with the right vehicle, in the right place, at the right time and at the right cost. The tariff for the internal contract hire is designed to be transparent in order to aid accountability for vehicle use. It will also assist benchmarking with Third and Independent Sector operators.
- 3.15 Other key challenges/dependencies/initiatives which need to be considered in developing the Proposed Solution include:
- Significant savings targets facing the Council in the medium term;
 - Demographic challenges including an ageing population, increased levels of dementia and a less ambulatory population of service users;
 - Children with complex Additional Support Needs;
 - Requirements of the Edinburgh Partnership’s Joint Strategic Commissioning Plan;
 - Legislation underpinning Self Directed Support (SDS)² introduced in April 2014;
 - An unknown new market precipitated by SDS and the Council’s role as signpost to allow individual commissioners suitable choice;

² NB: H&SC has determined to exclude Transport from SDS until sufficiently robust costings are developed to underpin personal budgets.

- Children and Young People's Bill currently before Parliament;
- Health & Social Care integration;
- Children's Care integration;
- Development of, and participation by, the Council in NHS Lothian's Hub initiative; and
- Dealing with the impact of the Scottish Ambulance Service moving to a clinical model of eligibility³ to travel.

Proposed solution to address challenges

3.16 The Working Group considered three broad options in the development of the Proposed Solution:

Table 2: Proposed solutions

OPTION & OPINION	MAIN ADVANTAGES	MAIN DISADVANTAGES
Status Quo (Not tenable)	Currently affordable subject to Taxicard budget pressure. Familiar service profile. No transition costs.	Not future-proofed vis-a-vis demographic and legislative changes already in train. Doesn't address contracting with Third Sector beyond current financial year. Doesn't build on improved Third Sector relationships. Doesn't address Taxicard overspend. Doesn't develop an ICT solution. Doesn't complement the Fleet Strategy.
Modified Status Quo (Possible but not seen as desirable)	Work on the Programme vis-à-vis Children with ASN and in H&SC will precipitate changes in practice and achieve efficiencies. Some savings will be realised.	Doesn't address contracting with Third Sector beyond current financial year. Loses goodwill with Third Sector. Doesn't address Taxicard overspend. Not a corporate solution.
Corporate Transport Service (Preferred and Proposed Solution, summarised at paragraph 3.20)	Addresses: <ul style="list-style-type: none"> • Third Sector commissioning • Taxicard overspend • Legislative and demographic challenges Introduces greater challenge to those commissioning transport and accountability for the costs thereof. Develops an equitable and corporate approach to transport and travel Develops relations with Third Sector and delivers on Co-operative and Co-productive	Costs of implementation. Potential service disruption in implementation phase.

³ The Ambulance Service has adopted new criteria to allow eligibility to travel only for clinical need; the risk is that the extra journeys no longer undertaken by the Ambulance Service will fall to Councils and/or the Third Sector without any budget transfer – an unbudgeted pressure.

	Council agendas. Complements new CEC Fleet Strategy.	
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- 3.17 The hierarchy of travel adopted by the Council's Sustainable Travel Plan is to encourage self-travel wherever possible and the Proposed Solution reflects this. Both Children and Families and Health and Social Care Services are actively pursuing self-travel initiatives for their service users, some of which involve investing in buddying/mentoring support to individuals to allow them to gain confidence to travel alone.
- 3.18 The schematic in Paragraph 3.20 summarises the Proposed Solution which is built around the creation of a new Corporate Transport Service (CTS) which will, once professional advisors have confirmed eligibility to transport assistance, field all future transport requests and suggest cost-effective options to individual as well as corporate commissioners. Appendix Five outlines the transition to the Proposed Solution more fully.
- 3.19 It is vital to recognise that this Proposed Solution will require a transition plan to ensure continuity of service. This will be informed by consultation with service users and providers. To facilitate this, a service user Workshop and subsequent Focus Groups are recommended as an early part of Phase Two.
- 3.20 A summary schematic of the Proposed Solution is shown below with further detail contained in Appendix Five:

Individuals Seeking Transport

Groups Seeking Transport

NEW
**CORPORATE TRANSPORT
SERVICE (CTS)**

Using real time ICT Scheduling
system

Services commissioned by CTS from:
Enhanced Taxicard and Dial-a-Ride

Services commissioned by CTS
through Group Travel framework.

3.21 To deliver this Proposed Solution, it is recommended that three workstreams are taken forward with key elements as set out below:

Table 3: Proposed Solution work streams

Workpackage 1: Develop Taxicard	Workpackage 2: Develop Group Travel Framework	Workpackage 3: Procure suitable ICT System
Develop an overarching Implementation Plan and associated Governance arrangements. This should reflect and build upon the practical changes identified and implemented so far.		
Establish a suitably resourced team to tackle the Workstream.	Establish a suitably resourced team to tackle the Workstream.	Establish a suitably resourced team to tackle the Workstream.
Establish and document budget/affordability envelope(s).		
Consider and take steps to address any known gaps in current evidence base.		
Thorough analysis of the Taxicard service, its utilisation, costs, charging and any issues likely to impact on its future utilisation/potential.	Take advice from Procurement as to an appropriate application of some of the Public Social Partnership methodology.	Take advice from Procurement as to the most appropriate route to the market.
Develop from the H&SC Policy a corporate Eligibility Criteria to be applied equitably across the Council.		Develop Output Specification, co-produced with Third Sector.
Consider options for a second tier scheme including: <ul style="list-style-type: none"> • Charging for card • Extend no. of trips • Tender the service to gain discounts for users (and reduce CEC subsidy) 	Work with Third Sector to co-produce an “owned” Output Specification.	Work with Third Sector to co-produce an “owned” ICT system specification.
Consultation on emerging options.	Draft procurement timeline and roll-out optimal approach	Draft procurement timeline and roll-out optimal approach
	Understand Passenger Operations capacity vis vehicles, drivers & escorts. Break down the staffing cohort into employees and agency staff. Determine optimal management/staffing levels into the medium term. Identify and articulate the risks of creating unused capacity in Passenger Operations.	
Create Project Teams with suitable representation to deliver each Project.		
Develop an Equalities and Rights Impact Assessment.		
Develop a suitable Communications Strategy to keep all stakeholders abreast of emerging changes.		
Agree suitable progress reporting to CMT, Committee and/or Council.		

3.23 The resources required to deliver the overall Programme and the three Workstreams outlined above are detailed at paragraph 5.13.

Residual information gaps to be addressed

- 3.24 The Review so far has concentrated on evidence gathering and this information has led to a consensus in the Working Group on the Proposed Solution which is summarised in paragraph 3.20 and more fully described in Appendix Five. Engagement has started on the Proposed Solution with ECTOG and should continue in the implementation phase when the focus will be in gaining an understanding of the impact on service users.
- 3.25 The under-noted gaps in data were identified during the review and, where possible, the table adds mitigating actions:

Table 4: Mitigating actions

ISSUE	ACTION
Staff travel coding in the ledger is not split between travelling “with or without a service user” making it difficult to assess the cost of transporting service users	Finance looking to amend coding to illuminate staff travel with service users
No data source to show how many H&SC service users are also Taxicard and Dial-a-Ride users.	Will be specified in next stage.
C&F and H&SC service user travel arrangements not routinely recorded on SWIFT™ or SEEMIS™	SWIFT™ recording now being improved in liaison with Passenger Operations.
Transport currently excluded from Self Directed Support (SDS) whilst Finance develop a robust costing model.	Finance developing a costing model which will allow Transport to be brought in-scope.
Likely uptake of SDS unknown and hence uncertainty about affordability of services in the future.	Close liaison with H&SC & C&F SDS lead officers to gauge demand, and liaison with Finance to ensure that the cost model reflects actual cost of delivery.
The full extent of any Grant Awards from the Council that are applied to Transport is currently unknown as the Grant Applications and Monitoring Team does not routinely collect this information.	Corporate Governance, H&S and C&F to capture this information and assess a method of collecting this routinely going forward.
Detailed understanding of grey fleet journeys i.e. when staff use their own vehicles and claim mileage.	Sample of information collected and analysis underway. Finance looking to change coding as above.

Measures of success

- 4.1 Measures of success for the Programme include:
- Ensuring that service users get better and more consistent travel outcomes;
 - Transparency of costs across the Council of Community and Accessible Transport;
 - Informed decisions for those who commission transport services including those individual commissioners with a personal budget; and
 - Development of community capacity and resilience.

Financial impact

- 5.1 Analysis shows that the overall annual revenue spend on this area of service, excluding Home to School Transport, is in the order of £7.8m per annum. This is analysed in Appendix Six and is summarised below:

Table 5: Overall Expenditure

Area of Spend	£m
Services for Communities: Public & Accessible Transport (para 5.3 provides breakdown)	1.4
Health & Social Care	4.9
Children and Families: Children with Additional Support Needs including Special School buses but excluding Home to School transport.	1.5
Sub-Total	7.8
Nominal split is 59% of costs are Internal and 41% External.	

- 5.2 As a result of this review, this information will be refined. Finance is seeking to split staff travel codes between transporting service users and standard staff travel.
- 5.3 The table below provides a further breakdown of the Services for Communities spend in table 5.1:

Table 6: Breakdown of SfC Spend

	VALUE	JOURNEYS
Taxicard	£580,000	180,000
HcL - Dial a Bus	£106,555	28,950
HcL - Dial a Ride	£341,435	14,645
LCTS	£150,591	29,700
Lothian Shop Mobility	£78,207	12,500
SEAG	£98,847	15,000
Dove	£29,800	5,100
PEP	£29,800	5,300
		£1,415,235

- 5.4 It should be noted that the Council also provides grants to Third Sector groups not listed above, e.g. Capability Scotland, for services which include transport but for which the transport element is neither separately defined nor monitored.
- 5.5 Of the costs in paragraph 5.3, the Taxicard budget has been under significant pressure in recent years (2013/14 forecast outturn - £620k). Consideration of this overall portfolio suggests that investment in revising the Taxicard scheme, possibly to include "through door to through door" services, will require to be funded by a realignment in transport budgets. This realignment should take account of service users' needs for dial-a-ride and shop mobility type arrangements.

Vehicle Specific Costing/Benchmarking

- 5.6 Work has been undertaken to develop a cost per mile for Council vehicles and this has been shared with Third Sector colleagues for openness and comparative purposes. This data will be useful in developing the framework arrangements referred to in the Proposed Solution outlined in Appendix Five.
- 5.7 In this comparison, which is reflected in the costings included in Appendix Five, the in-house Passenger Operations costs are high for the following reasons:
- Cover is included for absences whereas in the Third Sector cover is provided by volunteers, and the main taxi companies operate a co-operative model whereby another member picks up journey;
 - Maintenance costs from the Council's Fleet Maintenance team are high (though under review as part of the £1.4m savings initiative noted at Paragraph 5.9); and
 - Occupancy data is not routinely collected to show utilisation of vehicles and hence how mileage rates per passenger compare.

2014/15 Corporate Savings Initiatives

- 5.8 In order to avoid double counting of savings, it is noteworthy that £300,000 of savings is already assumed in budgets for 2014/15 (see Appendix Seven).
- 5.9 In addition the Fleet Service is reviewing its approach to Fleet maintenance, management and procurement and has a savings target of £1.4m in 2014/15.
- 5.10 Whilst this Review will not in itself deliver all of the savings in paragraph 5.8, work undertaken in Phase One will be instrumental in achieving the H&SC saving of £200k on a recurring basis. The Review work will also lay the foundation for making the ASN savings sustainable.

Incremental Savings Arising From the Review

- 5.11 The over-riding goal of the Review is to make best use of scarce resources in the face of demographic changes and legislative changes referred to earlier including paragraph 3.15.
- 5.12 The implementation of the Proposed Solution outlined at Appendix Five will not only facilitate the corporate savings referred to at paragraph 5.8 for 2014/15 but could also yield additional gross savings between 2015 and 2018 of around £0.6m. The target is outlined at Appendix Seven.

Implementation costs and governance

- 5.13 In order to implement the proposed solution and release the additional savings, a project management resource is being made available in Services for Communities. The provision of appropriate ICT will be critical and whilst work is still required to prepare the specification, initial enquiries suggest the likely costs to be around £100,000.
- 5.14 The first stage of the review, despite being of low value, was treated as a major project because of the interdependency across three services and involvement

of Third Sector partners. The implementation phase will be led by the Head of Transport with appropriate support provided by Health & Social Care and Children & Families.

Risk, policy, compliance and governance impact

- 6.1 Throughout the Programme to date, a RAID (Risks, Assumptions, Issues and Dependencies) Log has been maintained and shared with the Board. Key risks identified have included:
- Minimal dedicated resource;
 - Maintaining Stakeholder buy-in;
 - Rising cost structures;
 - Ability to attract employed drivers and volunteers with suitable driving licence entitlements;
 - Demographic challenges e.g. increased rates of wheelchair use and increasing levels of dementia and the associated need for escorts leading to changes in vehicle specifications.
- 6.2 A key risk is the demographic changes to both the population of older people and children with Additional Support Needs. The table below shows the large increase in the population aged over 75 over the next two decades. This change may negate taking savings from this area and instead, focus on delivering more services with the same funding.

Table 7: Projected increase in age of population

2013	2018	2023	2028	2033
ALL AGES				
+4%	+8%	+11%	+14%	+17%
PENSIONABLE AGES				
+2%	+2%	+10%	+17%	+31%
75 +				
+5%	+11%	+27%	+44%	+63%

Population projections - % change based on 2008 baseline - City of Edinburgh

- 6.3 A RAID log will be maintained throughout the development of the Proposed Solution. A risk already identified is the potential for Passenger Operations capacity (vehicles and staff) to be under-utilised as the challenge function of the CTS reduces overall workload. This will be addressed by Fleet representatives being part of the project team for this Workpackage.

Equalities impact

- 7.1 An Equalities and Rights Impact Assessment process has commenced as part of the Programme. The work undertaken to date has identified no negative equalities and rights implications.

Sustainability impact

- 8.1 Sustainability in service delivery remains a key focus of all services and has particular relevance here in vehicle specifications. Making best use of vehicular capacity also reduces miles travelled and hence contributes to improved air quality and reduced carbon emissions.

Consultation and engagement

- 9.1 A stakeholder analysis was undertaken and communications targeted as appropriate to these groups. Three Symposia have been held to date in order to engage with Third Sector colleagues and other stakeholders to help develop and shape the review. Engagement should continue in the implementation phase to understand and plan for the impact on services users and carers.

Background reading / external references

[Corporate Management Team – Initial report - 24 April 2013](#)

[Corporate Policy and Strategy Committee, 5 November 2013 - Report on Community & Accessible Transport](#)

[Finance & Resources Policy Development Sub Committee, 8 November 2013 - Presentation on Wider Transport Issues](#)

[Transport & Environment Policy Development Sub Committee, 26 November 2013 - Presentation on Programme](#)

[Scottish Parliament – Inquiry into Community Transport - Reported July 2013](#)

Peter Gabbitas

Director of Health and Social Care

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Links

Coalition pledges

- P1 - Increase support for vulnerable children, including help for families so that fewer go into care
- P30 - Continue to maintain a sound financial position including long-term financial planning
- P37 - Examine ways to bring the Council, care home staff and users together into co-operatives to provide the means to make life better for care home users

	<p>p38 - Promote Direct Payments in Health and Social Care</p> <p>p47 - Set up a city-wide Transport Forum of experts and citizens to consider our modern transport needs</p>
Council outcomes	<p>CO3 – Our children and young people at risk, or with a disability, have improved life chances</p> <p>co13 - People are supported to live at home</p> <p>CO14 – Communities have the capacity to help support people</p> <p>co22 - Moving efficiently – Edinburgh has a transport system that improves connectivity and is green, healthy and accessible</p> <p>CO26 - The Council engages with stakeholders and works in partnership to improve services and deliver on agreed objectives</p> <p>cO27 - The Council supports, invests in and develops our people</p>
Single Outcome Agreement	<p>SO2 - Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health</p>
Appendices	<p>Appendix One: Cross Cutting Themes</p> <p>Appendix Two: Stage One Achievements</p> <p>Appendix Three: Stage One Evidence Gathered</p> <p>Appendix Four: H&SC Savings Examples</p> <p>Appendix Five: The Proposed Solution</p> <p>Appendix Six: Overview of Spending</p> <p>Appendix Seven: Target Savings 2015/16 to 2017/18</p> <p>Appendix Eight: ECTOG Actual Journey Numbers</p>

CROSS CUTTING THEMES

Workstream	Older People	Adults with Disability	Children with Additional Support Needs	Public & Accessible Transport	Best Use of Council Resources	Shared Services
Older People		Common Eligibility to Travel Policy	Adapt H&SC Eligibility to Travel Policy	Consider self travel initiatives Consider greater accessibility of public buses Increasing dementia	Impact of SDS & Personalisation. Fleet replacement must reflect Older Peoples needs Increasing dementia	Impact of Scottish Ambulance Service (SAS) new Clinical Model.
Adults with Disability	Common Eligibility to Travel Policy		Adapt H&SC Eligibility to Travel Policy Consider grey fleet issues.	Consider self travel initiatives Consider greater accessibility of public buses	Impact of SAS new Clinical Model	Impact of SAS new Clinical Model.
Children with Additional Support Needs	Adapt H&SC Eligibility to Travel Policy Apply learning from ASN Grey Fleet experience	Adapt H&SC Eligibility to Travel Policy Apply learning from ASN Grey Fleet experience		Consider self travel initiatives Consider greater accessibility of public buses	Grey fleet versus pool cars to be considered. Passenger Operations capacity.	Impact of SAS new Clinical Model. Cross boundary journeys.
Public & Accessible Transport	Impact of increasing wheelchair use and Increasing obesity Ageing carers Increasing dementia	Impact of increasing wheelchair use and increasing obesity	Impact of increasing wheelchair use.		Challenge the current portfolio re: Best Value and make recommendations as appropriate.	Impact of SAS new Clinical Model Consider S19 permits.
Best Use of Council Resources	Impact of SDS & Personalisation Passenger Operations needs to offer attractive services – SDS.	Impact of SDS & Personalisation Passenger Operations needs to offer attractive services – SDS.	Impact of SDS & Personalisation. Passenger Operations needs to offer attractive services – SDS.	Re-procuring Third Sector contracts will have an impact on in-house resources		Impact of SAS new Clinical Model. Explore NHS Lothian Hub model
Shared Services	Sharing capacity to meet existing and latent demand.	Making best use of accessible vehicle capacity across agencies with increasing wheelchair usage.	Making best use of accessible vehicle capacity across agencies with increasing wheelchair usage.	Sharing with Third Sector may augment public provision in a more cost-effective manner.	Fleet replacement policy may seek to reduce numbers of vehicles	

PROGRESS IN STAGE ONE

WORKSTREAM	PROGRESS
Older People and those with Disabilities	<p>1. Drafting Transport Policy: Provided engagement and briefing session with:</p> <ul style="list-style-type: none"> a. Senior Social Managers b. Social Workers c. Senior Manager Disabilities d. Managers and AUM's Older People & Disabilities e. Briefed and consulted Strategic Planning and Commissioning Manager (SDS) f. Providing Social Workers and Managers with progress updates <p>2. Pilot Project discussed and agreed with Third Sector. Based on the principles of the <i>Audit Scotland Report 2011, "Transport for Health and Social Care"</i>. This will demonstrate best practice in terms of shared resources, experience, increase capacity and improve service user experience.</p> <p>3. Transport Advisor Pilot commenced and already changing practice and making savings (Appendix Three refers)</p> <p>Local Transport Advisor pilot:</p> <ul style="list-style-type: none"> a. a "contact" point whereby all new requests for Transport are screened / agreed / option appraised prior to be submitted to Passenger operations b. is managing and reviewing existing transport provision to ensure that it required / fit for purpose and cost effective. c. Receives all new requests for assistance with travel/transport. Advices Social Workers and service providers on most cost effective transport and offers alternative solutions to reduce dependency on taxi's and encourage local solutions to meet outcomes. d. Managing a mapping exercise to ensure capacity is maximised and available technology is utilised effectively. Map-point scheduling will be used to optimise and schedule more efficiently. e. Coordinate the transfer of data from mapping exercise on to SWIFT <p>4. Planning to undertake a similar exercise with external service providers – following briefings</p> <p>5. H&SC advising in relation to SDS to establish a clear framework and costing models and ensuring that the Third sector are briefed on the implications of SDS</p> <p>6. "Prevention" strategy – ensure the Workstreams adheres to principles and best practice.</p> <p>7. Progressed the "Self Travel" concept with Children and Families along with the wider issue of a "Reablement" approach to the transport needs of service users</p> <p>8. Reviewed the vehicle spec. with operational colleagues and forwarded their views to Fleet Services</p> <p>9. Devised a work plan delivering £200k in savings primarily by reducing the use of / dependency on taxis.</p> <p>10. Forged operational relationship with NHS Transport Hub – Step Down</p>

WORKSTREAM	PROGRESS
Children with Additional Support Needs	Data collection for staff using own vehicles collected and being analysed. Inconsistencies in current practice advised to professional colleagues and changes made to ensure equity. Costings developed for passenger Operations vehicles currently servicing Special Schools and senior professionals in that arena now looking to optimise utilisation in order to identify savings.
Public & Accessible Transport	Contracts with Third Sector extended after committee approval to 31 March 2015. Presentation of Review to Transport Forum and also Transport & Environment Policy Development Review Sub-Committee. Initial review of Taxicard use and financial trends. Halcrow Report revised and accepted by Partners Ideas Workshop held and options developed to underpin the Proposed Solution.
Shared Services	Presentations received from NHS Lothian Hub. Bid made to include Council resources within the NHS Hub. Bid made to deliver renal transport using CEC vehicles.
Best Use of Council Resources	Data gathered to give clarity around Council Resources. Proposed Solution is built around alignment of internal and external resources under a Framework arrangement.
Engagement	3 half-day Symposia involving Third Sector held and a fourth with Users being planned. Equalities and Self-Directed Support Workshops held collectively with Third Sector. C&F Focus Groups held with staff and Users. H&SC Assessors and Day Centre Staff consulted.
Data Collection	Gaps in data collected and hence management information sources have been identified and, where possible, measures to address the gaps developed.

STAGE ONE: EVIDENCE GATHERED

WORKSTREAM	EVIDENCE GATHERED
Older People and those with Disabilities	<p>High-level initial activity data for current Passenger Operations trips.</p> <p>Demographic trends and forecasts.</p> <p>Gaining a fuller understanding of Self Directed Support implications for Community & Accessible Transport.</p> <p>Views of Older people's Day Centre Managers.</p> <p>Understanding SWIFT™ transport recording capability.</p> <p>Service user profiles for some Centres wherewith to populate SWIFT™ retrospectively</p> <p>Pilot – prospective requests for travel costed and best value options identified.</p> <p>User views via a Symposium held in liaison with Third Sector colleagues.</p>
Children with Additional Support Needs	<p>2 months data from Child Practice Teams being analysed and then costed.</p> <p>8 Residential units visited and data collected on use of staff cars, ad-hoc hires and Passenger operations vehicles.</p> <p>Focus Groups held with older children who are about to leave or have recently left care and will move or have moved to independent living</p> <p>Full costing data for 17 Passenger Operations minibuses that service Special Schools.</p> <p>Gaining a fuller understanding of Self Directed Support implications for Community & Accessible Transport.</p>
Public & Accessible Transport	<p>Halcrow data analysed, the report and subsequent Addendum, having been signed off by the Third Sector.</p> <p>Taxicard budget and trend data.</p>
Shared Services	<p>Data to bid for Renal work with NHS Lothian.</p> <p>Data to participate in the NHS Hub currently based at the Astley Ainslie Hospital.</p> <p>Full stocktake of ECTOG fleet.</p>
Best Use of Council Resources	<p>Stocktake of available Council vehicle and staff resources within Passenger Operations.</p> <p>Details of the restructuring of driver's grades within Passenger Operations.</p>
Equalities	Workshop held with Third Sector to develop an Equalities/Rights Matrix

EXAMPLE SAVINGS FROM HEALTH & SOCIAL CARE TRANSPORT PILOT

The under-noted are four examples of either savings or cost-avoidance which have been achieved under the H&SC Pilot Transport Advisor project. This Project would be part of the Corporate Transport Service proposed in Appendix Five to this report.

1 ER: Action Group Tenancy – Avoiding Costs

A middle-aged woman with a learning disability lived at home with her elderly mother. She was admitted to a tenancy with 24 hour care/support and this precipitated a request for taxi transport from home to day service and return at a cost of 5 x £48/day = £240/week (£12,480/year).

Transport Advice: Given to Social Worker and care provider; use the 1:1 support which is already funded as part of the Package of Care (POC) to support access to public transport.

Benefit to service user:

- Increased health benefits from exercise
- Improved sleep
- Reduced weight
- Sleep apnoea improved
- Service user meets her friends after day service. More social contacts.

Outcome: £0 spend on transport

2 Kirkliston - Savings

Currently, 35 taxis per week provide support to 5 service users attending traditional day services at Garvald and in-house at a cost of £30,000/year.

Transport Advice: Working with Passenger Operations and the Kirkliston Service, re-scheduled fleet capacity leading to phased reduction in taxis (fleet capacity already operating in that area). The Manager of the service is supporting people to apply for DWP Access to Work grants that could be used to reduce demand on Passenger Operations and also enhance independence.

Outcome: Phased reduction leads to approximately £1,600 in taxi bill for 1 month. Further reductions likely to achieve a further £11,000 reduction taxi in costs over the next 11 months.

3 Day Support for Autism Initiatives – Savings and Cost Avoidance

The Council previously supplied a service user with a diesel MPV which needed to be retro-fitted with a “harness” due to the service user’s behavioural issues. This vehicle was being damaged weekly with repair costs of £200 - £300. Previously supported 2:1 on all travel.

Transport Advice: Change vehicle to quieter model with reduced cabin noise. Service user behaviour reduced. No damage reports. Monthly mileage and vehicle checks put in place. Harness discontinued due to reduced risk.

Outcome: Phasing out of 2:1 within three months; Package of Care saving £17,000; savings on vehicle damage £2,500.

4 Request for Taxi to day service. - Savings

A service user lives very close to a day service but requires suitable transport.

Transport Advice: Provide a mix of local day service plus new service. Enables service user to benefit from making a choice about local versus 20 mile round trip. Taxi agreed only until Passenger Operations capacity became available which is now in place.

Outcome: Potential cost pre advice circa £17,000 per year in taxi fares; actual costs following advice - £1,400 in taxi fares.

A PROPOSED SOLUTION FOR COMMUNITY & ACCESSIBLE TRANSPORT IN EDINBURGH

The Contents of this Appendix are as follows:

1. Service Re-design Notes;
2. Service Re-design Schematic (including Work-packages to implement);
3. Journey Costings; and
4. Access Schematic: Individuals.

1 SERVICE RE-DESIGN

The Proposed Solution and new model is predicated on the following re-design elements:

1. Passenger Operations
 - a. The former Passenger Operations Manager and administration staff, augmented by the former H&SC Transport Advisor, combine to become the Corporate Transport Service (CTS).
 - b. CTS, on a one-stop-shop basis, to take a pan-Council role in arranging service user travel (NB: excludes services currently procured under contract from the Council's Travel Agent).
 - c. Passenger Operations ceases to be a contractor that delivers services and instead focuses solely on commissioning travel solutions, seeking Best Value, from a mixed economy of internal and external resources.
 - d. Vehicle fleet and driver/escort staffing complement and its associated supervisors, stays as the contractor, and the Fleet Service then internally "contract hires" its vehicles to the CTS, per the emerging Fleet model.
 - e. CTS retains taxi booking and management information system (MIS) function for Council travel.
 - f. CTS assumes responsibility to tender Taxi and Home to School transport Contracts in liaison with the relevant services of the Council.
 - g. Consideration given as to where management responsibility for the CTS should lie to get a corporate approach.
2. Impact on Fleet and Passenger Operations function
 - a. This Proposed Solution complements the extant Fleet Strategy's aims of a smaller fleet operating as an internal contract hire service.
 - b. The team that was envisaged to run the internal contract hire service will pick up the social care and education journeys.
 - c. In terms of the drivers and escorts that would remain in Fleet, also transferring would be the current cohort of Supervisors who currently work in Passenger Operations.

- d. The current Passenger Operations staffing complement relies heavily on agency drivers and escorts. If competition arising from the framework is perceived as a risk then mitigation would be to retain a level of agency staff to allow fluctuations in activity to be better managed. Vehicular capacity could also be managed in a competitive environment as the Fleet Strategy has a degree of challenge built in and has already stipulated that a one-for-one replacement would not be desirable.

3. Taxicard Development

- a. The Taxicard scheme could be developed with consideration being given to introducing a second level of service to augment the currently successful approach which has, as a fundamental part of the specification, a through door to through door service.
- b. Consideration for both levels of service could be given to charging for the card and possibly increasing the number of trips allowed.
- c. This investment will potentially necessitate disinvestment in more expensive travel arrangements.

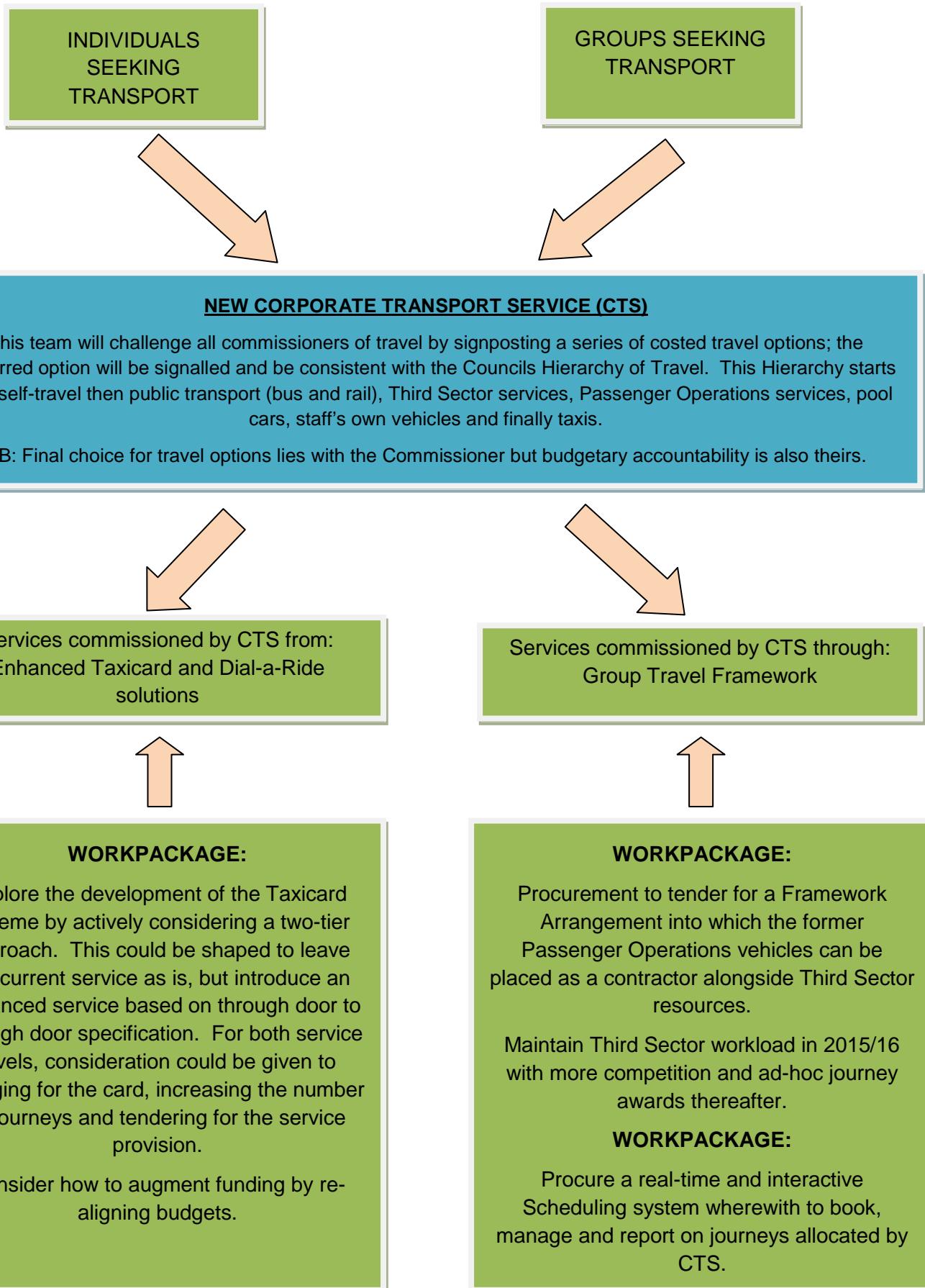
4. Framework Arrangement

- a. Develop and procure a framework with Fleet Service (former Passenger Operations) vehicles being considered alongside Third and Independent Sector resources.
- b. Output Specification for this tender co-produced with Third Sector in the manner of a public social partnership.
- c. Minimal changes in activity patterns envisaged for Year One for Third Sector Group Travel workload/work-patterns but greater flexibility expected from Year Two.

5. Corporate Transport Service (CTS)

- a. From its inception, the CTS will receive all journey requests and will signpost the commissioner (C&F, H&SC, Individuals under SDS) to a costed transport solution.
- b. Once travel option is selected, CTS will allocate the journey to a contractor using real-time ICT Scheduling software.
- c. Management Information System provides reports on journeys and costs across the Council.

2 SERVICE RE-DESIGN: SCHEMATIC



JOURNEY COSTINGS

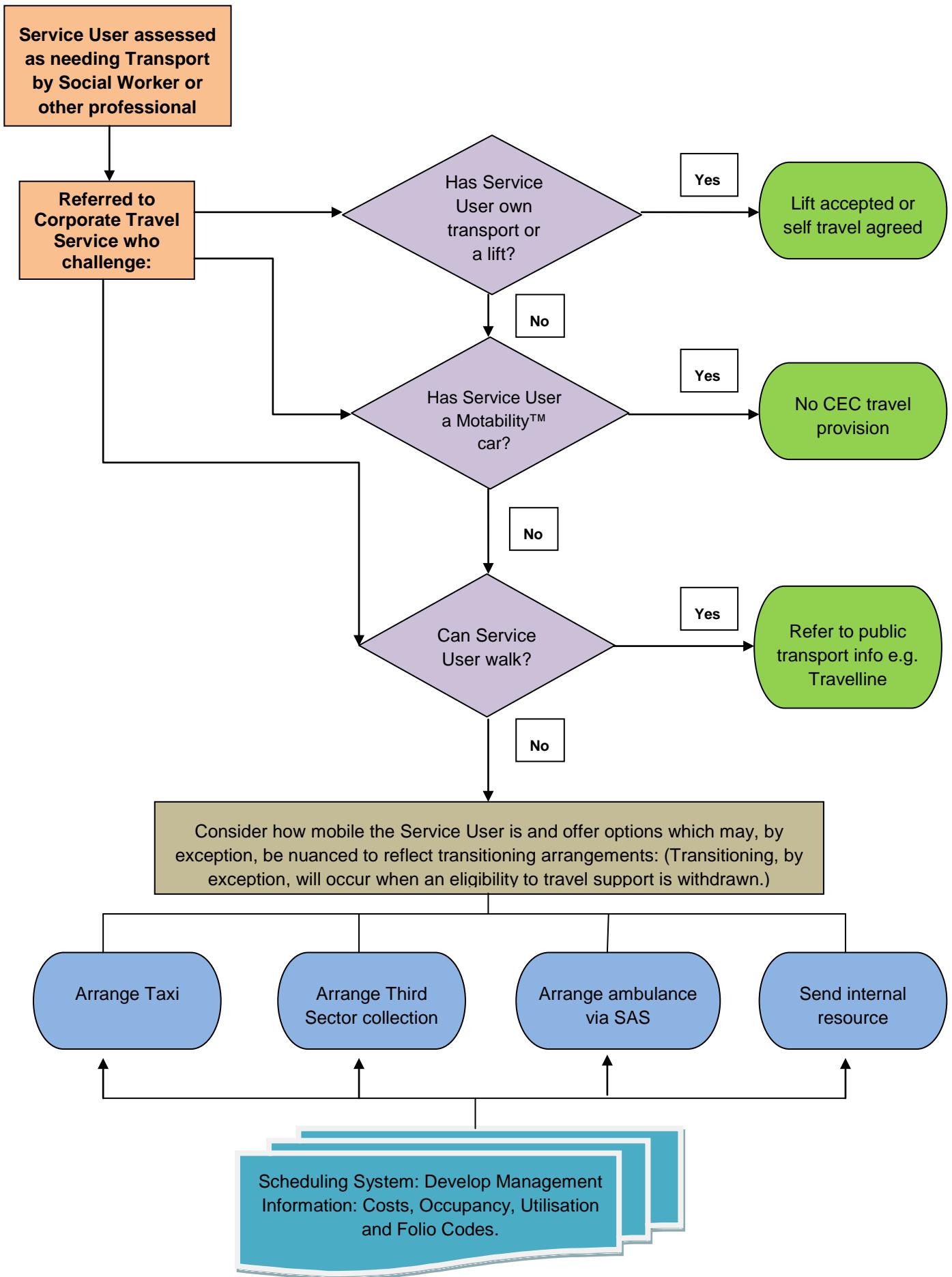
Transport solutions advised by the CTS will be predicated on a hierarchy of travel which recognises that self travel, though not wholly risk-free, is the best option for many service users and is also lowest cost.

In terms of costs, the under-noted table shows indicative costs for a typical six mile journey on a one-way basis:

CASE STUDY: 6 MILE JOURNEY eg. CITY CENTRE to CORSTORPHINE				
MODE OF TRAVEL	COST TO USERS	COST TO COUNCIL	NARRATIVE	COST PER MILE
Walk	N/A	N/A	Preventative benefits also accrue	N/A
Cycle	N/A	N/A	Preventative benefits also accrue	N/A
Private Care (lift)	N/A	N/A		N/A
RVS Volunteer Car	£2.70	£0.00	@ 45p per mile	£0.45
Public Transport Bus	£1.50	£0.00	Lothian Buses single fare	£0.25
Passenger Operations, 20 seater accessible bus	N/A	£3.02	Bus with driver, assumed occupancy of 8 people (no corporate overhead included)	£0.50
Dial-a-Bus	£1.25	£3.50	HcL single fare plus subsidy per passenger per Halcrow report	£0.79
Taxi	£12.78	£0.00	see fare structure below	£2.13
Raxicard	£9.78	£3.00	Fare less £3 subsidy	£2.13
Dial-a-Ride	£5.00	£22.72	HcL £3.75 for mile 1 and 25p per mile (user costs) plus subsidy per passenger per	£4.62
TAXI FARE STRUCTURE:				
Minimum cost: £2.10. £2.10 for the first 527 metres.				
Then £0.25 every 188 metres until 2,031 metres.				
Then £0.25 every 217 metres.				

The flowchart overleaf shows the role of the CTS and the challenges it will make to those commissioning travel solutions. A similar flowchart will require to be developed in a co-productive manner to underpin the Framework Arrangement for Group Travel articulated in the schematic below.

4 ACCESS SCHEMATIC: INDIVIDUALS



APPENDIX SIX

OVERVIEW OF SPENDING (SOURCE: FINANCE)

	<u>C&F £k</u>	<u>SfC £k</u>	<u>H&SC inc</u>		<u>Total £k</u>		<u>SPLIT:</u>	<u>SPLIT:</u>
			<u>Criminal</u>	<u>Justice £k</u>			<u>INTERNAL</u>	<u>EXTERNAL</u>
Concessionary Taxis OAPs			£601		£601			£601
Concessionary Rail Fares OAPs			£10		£10			£10
Accessible Transport			£815		£815			£815
Taxis (incl Contacts)	£194		£60		£254			£254
Staff Travel	£136		£547		£683		£683	
External Transport Hire	£98				£98			£98
Curricular Travel	£2				£2		£2	
Bus Passes & Tokens	£31		£10		£41			£41
Section 12 Transport			£577		£577			£577
Care Transport			£174		£174			£174
Car Allowances			£37		£37		£37	
Escorts	£39				£39		£39	
Contacts Travel	£110				£110		£110	
Travel (excl Contacts)	£33				£33		£33	
Exclude Home to School Transport	-£105				-£105			-£105
Other Costs			£2		£2		£2	
<u>Direct Charges from Fleet:-</u>								
Vehicle Repairs	£12		£100		£112		£112	
Fuel	£10		£286		£296		£296	
External Spot Hires	£20		£691		£711			£711
<u>Indirect Charges from:-</u>								
Fleet			£336		£336		£336	
Staff Cars			£25		£25		£25	
Corporate Transport Unit	£691		£1,283		£1,974		£1,974	
<u>Uncharged Fleet Items:-</u>								
Internal Vehicle Costs (Tranman)	£238		£704		£942		£942	
Sub-Total	£1,509	£1,426	£4,832	£7,767			£4,591	£3,176
 Grant to SEAG			£78		£78			£78
 Total	£1,509	£1,426	£4,910	£7,845			£4,591	£3,254
 Percentages							59%	41%

APPENDIX SEVEN

SAVINGS TARGETS

The matrix below shows that there are Transport related savings of £1.7m built into the current year budget.

The matrix then shows £0.6m of potential savings arising as a result of adopting the Proposed Solution outlined at Appendix Five. It is anticipated that the development of a Corporate Transport Service would facilitate the achievement of even greater savings and this will be outlined in a 12 month progress report.

<u>SERVICE</u>	<u>DESCRIPTION</u>	<u>2014/15 ALREADY COMMITTED</u>	<u>2015/16 TARGET</u>	<u>2016/17 TARGET</u>	<u>2017/18 TARGET</u>	<u>THREE YEAR INCREMENTAL SAVINGS</u>
Health & Social Care	Reduction in Taxi Use & Transport Advisor Initiative.	£200,000				£0
Children & Families	ASN Transport Target releasing one Special School bus from 2015/16	£100,000	£40,000	£40,000	£40,000	£120,000
Services for Communities: Fleet	Fleet Savings	£1,400,000				£0
Services for Communities: Public & Accessible Transport	Withdraw current annual contribution to new vehicles for HcL as Change Fund is funding vehicle in 2013/14 and a bid is in for 2014/15	£0	£30,000	£30,000	£30,000	£90,000
	Introduce charge for Taxicard	£0	£45,000	£90,000	£90,000	£225,000
Corporate Transport Advisory Service: Framework	Avoiding external profit margins by using internal and Third Sector resources better.	£0	£25,000	£50,000	£50,000	£125,000
	Total Savings	£1,700,000	£140,000	£210,000	£210,000	£560,000

APPENDIX EIGHT

ECTOG service data

Passenger trips pa	
HcL	101,521*
DOVE	17,033
LCTS (Edinburgh operation only)	23,507
SEAG	79,124
PEP	33,931
TOTAL	255,116

Gross Income	Total	CEC Grant
HcL*	£1,285,041	£417,900
DOVE transport	£32,552	£29,800
LCTS*	£465,058	£150,591
SEAG	£454,217	£176,807
PEP transport	£152,443	£29,800 + SLA**
TOTAL	£2,389,311	£804,898

Key:

*Lothian Wide

** PEP SLA with H&SC includes undisclosed element for transport

Corporate Policy and Strategy Committee

10.00am Tuesday 20 January 2015

Tackling Poverty and Inequality in Edinburgh – Strategic Framework and Action Planning - referral from the Communities and Neighbourhoods Committee

Item number	7.5
Report number	
Wards	

Executive summary

The Communities and Neighbourhoods Committee on 25 November 2014 considered a report on progress towards strategic outcomes to tackle poverty and inequality through practical action, using the Council's community planning roles and mainstream service planning and delivery.

The Committee also heard a deputation from Edinburgh Students Coalition Against Poverty (ESCAPE), outlining their work and seeking to engage with the City of Edinburgh Council, Scottish Government and other agencies involved in tackling poverty.

Links

Coalition pledges	See attached report
Council outcomes	See attached report
Single Outcome Agreement	See attached report
Appendices	See attached report

Terms of Referral

Tackling Poverty and Inequality in Edinburgh – Strategic Framework and Action Planning

Terms of referral

- 1.1 On 25 November 2014 the Communities and Neighbourhoods Committee considered a report on progress towards strategic outcomes to tackle poverty and inequality through practical action, using the Council's community planning roles and mainstream service planning and delivery. A new Poverty and Inequality Partnership had been created and a range of partnership actions set out contributions from each partnership to the poverty and inequality outcomes. Further consideration of strategic overview and service planning roles by other committees was sought.
- 1.2 The Committee also heard a deputation from Edinburgh Students Coalition Against Poverty (ESCAPE) who outlined their work and sought to engage with the City of Edinburgh Council, Scottish Government and other agencies involved in tackling poverty. ESCAPE had been involved in initiatives to reduce the stigma attached to poverty through positive poster campaigning, and in reaching out to marginalised groups.
- 1.3 The Communities and Neighbourhoods Committee agreed:
 - 1.3.1 To endorse the strategic outcomes against poverty and inequality and the six principles for action towards these outcomes defined through Community Planning.
 - 1.3.2 To note the complementary nature of these outcomes with the Council pledges and Co-operative Council principles, and agree these should be reflected in mainstream service planning and delivery.
 - 1.3.3 To note the examples of practical action towards the agreed outcomes noted in the report.
 - 1.3.4 To note that the updated evidence in the poverty profiles confirmed the priority of tackling poverty and inequality in the Community Plan and in the Council's Strategic Plan to achieve the key outcomes for the city.
 - 1.3.5 To agree to consider further reports on action to tackle community and neighbourhood issues supporting the poverty and inequality outcomes.
 - 1.3.6 To note that the regular reports from Neighbourhood Partnerships would also include action towards the poverty and inequality outcomes.
 - 1.3.7 To refer the report to the Corporate Policy and Strategy Committee to consider the strategic aspects of the poverty and inequality outcomes.

- 1.3.8 To note the work of the Poverty and Inequality Partnership and the good practice across a wide range of partners in the City to address the impact of poverty and inequality.
- 1.3.9 To welcome the commitment of the Edinburgh Partnership Board to place poverty and inequality at the heart of the new community plan.
- 1.3.10 To note concern that the proposed new action plan did not contain enough clarity on detailed actions nor did it make sufficient connection to equality, rights and employability.
- 1.3.11 To request that further work be undertaken:
 - (i) to identify practical actions more clearly and succinctly.
 - (ii) to include these actions within the report on the Equality and Rights Framework 2012/2017 in May 2015.
 - (iii) to better integrate strategies and plans to tackle poverty and inequality with strategies and plans to advance equality and rights.

- 1.3.12 That the report on the Equality and Rights Framework 2012-2017 scheduled for presentation to Committee in May 2015 include details of the work of the Edinburgh Students Coalition Against Poverty (ESCAPE).

For Decision/Action

- 2.1 The Corporate Policy and Strategy Committee is asked to consider the strategic aspects of the poverty and inequality outcomes.

Background reading / external references

[Communities and Neighbourhoods Committee 23 September 2014](#)

[Corporate Policy and Strategy Committee 25 February 2014](#)

[Policy Development and Review Sub-Committee of the Communities and Neighbourhoods Committee 11 February 2014](#)

Carol Campbell

Head of Legal, Risk and Compliance

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Links

Coalition pledges See attached report

Council outcomes See attached report

**Single Outcome
Agreement** See attached report

Appendices See attached report

Communities and Neighbourhoods

11am, Tuesday, 25 November 2014

Tackling Poverty and Inequality in Edinburgh: Strategic Framework and Action Planning

Item number

Report number

Executive/routine

Wards All

Executive summary

- This report informs the Committee of progress towards strategic outcomes to tackle poverty and inequality through practical action, using the Council's community planning roles and mainstream service planning and delivery. It follows from earlier reports in May 2013 and February 2014.
- The report updates poverty and inequality data showing a "dual city" profile for Edinburgh with significant inequality and poverty in all areas of the city, and some persistent areas of multiple deprivation, alongside concentrations of wealth.
- The city strategic framework for tackling poverty and inequality is brief and straightforward, designed to encourage joint contributions toward six strategic outcomes. Action should observe six principles based on strong views expressed in engagement with the communities experiencing poverty. Reducing inequality is an essential part of prevention to reduce need and service demand in the city.
- The challenges are to build up the critical mass of actions across all partners and partnerships which can make real achievements against the agreed outcomes, and to manage this co-operative effort through community planning. A new Poverty and Inequality Partnership has been created, and it is expected that all main partnership action plans will include complementary actions on poverty and inequality.
- The range of partnership actions is shown in this report through a key actions framework setting out contributions from each partnership to the poverty and inequality outcomes. Examples include significant improvements in positive outcomes for school leavers and ensuring cared for children share this

improvement; encouraging employers to pay the living wage; and reducing food poverty through emergency help such as food banks and food co-operatives, linked to longer term help through advice and training on managing money, diet and food preparation.

- All partners are asked to consider mainstream service contributions to support the strategic outcomes, and the report provides a range of examples of key Council actions. These include integrated advice services, improving the energy efficiency of existing Council homes, lifelong learning focussed on barriers to escape poverty, and joined up action for an Inclusive Edinburgh for people with multiple deprivations and service needs.
- Recommendations are made to encourage sustained, integrated action against poverty and inequality through the Council's governance, including reporting to this Committee and further consideration of strategic overview and service planning roles by other committees

Coalition pledges [P1](#), [P6](#), [P7](#), [P8](#), [P11](#), [P12](#), [P13](#), [P14](#), [P17](#), [P25](#), [P33](#), [P43](#)

Council outcomes [CO6](#), [CO7](#), [CO8](#), [CO9](#), [CO10](#), [CO11](#), [CO12](#), [CO13](#), [CO14](#),
[CO15](#); [CO16](#); [CO21](#); [CO23](#)

**Single Outcome
Agreement** [SO1](#), [SO2](#), [SO3](#), [SO4](#)

Coalition pledges [P8](#), [P11](#), [P12](#), [P13](#), [P14](#), [P17](#), [P25](#)

Report

Tackling Poverty and Inequality in Edinburgh: Strategic Framework and Action Planning

Recommendations

It is recommended that the Committee:

- 1.1 Endorses the strategic outcomes against poverty and inequality and the six principles for action towards these outcomes defined through Community Planning;
- 1.2 Notes the complementary nature of these outcomes with the Council pledges and Co-operative Council principles, and agrees these should be reflected in mainstream service planning and delivery;
- 1.3 Notes the examples of practical action towards the agreed outcomes noted in the report;
- 1.4 Notes that the updated evidence in the poverty profiles confirms the priority of tackling poverty and inequality in the Community Plan and in the Council's Strategic Plan to achieve the key outcomes for the city;
- 1.5 Agrees to consider further reports on action to tackle community and neighbourhood issues supporting the poverty and inequality outcomes;
- 1.6 Notes that the regular reports from Neighbourhood Partnerships will also include action towards the poverty and inequality outcomes;
- 1.7 Agrees that this report should be referred on to the Corporate Policy and Strategy Committee to consider strategic aspects of the poverty and inequality outcomes.

Background

- 2.1 The Edinburgh City Plan sets a central vision of Edinburgh as a thriving, successful and sustainable capital city in which all forms of deprivation and inequality are reduced. Action on deprivation and inequality is needed to achieve the vision, with specific priorities and targets for all four of the Edinburgh SOA outcomes. These are also key outcomes for the Co-operative Capital and in the Council Strategic Plan.
- 2.2 The Edinburgh Partnership acted to form a strategic approach for this priority through its Poverty and Inequality Theme Group [PITG]. The Committee noted in May 2013 that a draft framework for the city had been developed from a policy map of partnership commitments and a needs analysis of poverty in the city.

This has been kept deliberately simple and is expressed through six outcomes and six principles on a single page shown at Appendix 1.

- 2.3 A full report on the Poverty Profile providing evidence for the framework was made to the Committee in Feb 2014. The framework has been tested through an engagement process with communities and neighbourhoods and all the city partnerships. The engagement work concluded with approval of the strategic framework by the Edinburgh Partnership in Conference on 28 November 2013. The framework shown at Appendix 1 is recommended for formal endorsement by the Committee.
- 2.4 To replace the planning formation (PITG) the Edinburgh Partnership has now formed a cross-cutting partnership to support the implementation of the outcomes on poverty and inequality. City partnerships are currently acting on the framework outcomes and principles by considering priorities and targets within their respective action plans. Partner agencies are contributing to this action through mainstream and partnership commitments. The positive results of this process will be considered by the Partnership Executive and Board in due course.

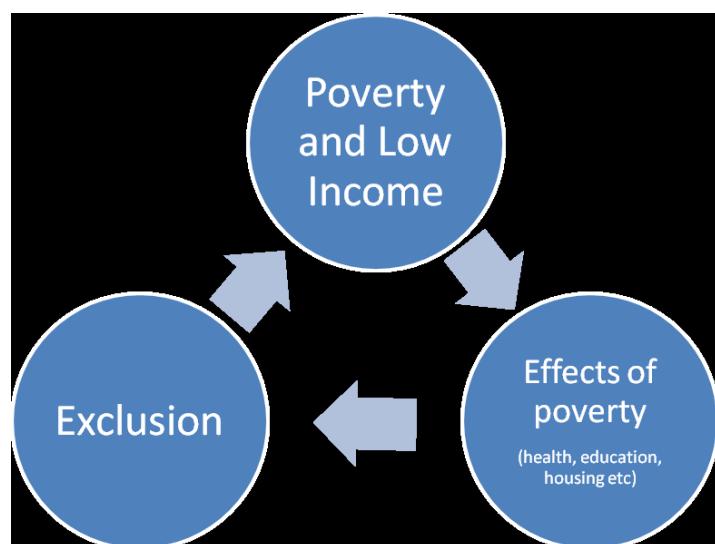
Main report

Definition

- 3.1 The policy framework for Edinburgh is based on an analysis of poverty previously reported to the Committee (Feb 2014). This has been updated in this report and Appendix 2 using information for community planning in city and Neighbourhood Partnership area poverty profiles, recent national data and developments, by the Council's Business Intelligence Unit. This shares the common approach of most other analyses of poverty in the UK and western economies through a main focus on poverty as a **relative** rather than an **absolute** concept. However, it is clear that there are a substantial number of households and individuals in the city who experience absolute poverty. Relative poverty means that poor people are those whose resources are so far below those of the average household that they are excluded from participating fully in society.
- 3.2 The policy and action planning in Edinburgh has used the definition from the European Commission's Joint Report on Social Inclusion in 2004:
'People are said to be living in poverty if their income and resources are so inadequate as to preclude them from having a standard of living considered acceptable in the society in which they live.'
- 3.3 This definition acknowledges that poverty impacts on individuals' ability to improve their life situation. People experience multiple disadvantage through

unemployment, low income, poor housing, poor health and barriers to lifelong learning, culture, sport and recreation. Poor people are often excluded and marginalised from activities that are the norm for most people in the city. These include learning opportunities from pre-school up to further education, and the stable employment and wage levels needed to raise incomes above the poverty threshold. The most damaging effect of poverty and inequality on individuals is arguably unequal health, with more years of illness and earlier death experienced by poorer people. Targeting this inequality is a particular priority at Scottish and City levels and in the communities affected.

- 3.4 The Poverty profiles developed for the city provide more detailed analysis of these data and describe the vicious cycle of cause and effect through which the experience of poverty leads to a range of impacts on the health, education outcomes and life opportunities of city residents. These effects are associated with further exclusion from the opportunity to raise household incomes and resources above the poverty threshold.



- 3.5 The threshold for relative income poverty is where total household income is below 60% of the median household income across the UK. Using 2012/13 as a baseline, this means that, after housing costs:
- A single person is in poverty if they are living on less than **£130 per week**
 - A lone parent family with two children are living in poverty if they are living on less than **£269 per week**
 - A couple with two children are living in poverty if they are living on less than **£364 a week¹**.

Poverty in Edinburgh

- 3.6 Recent Scottish Government publications show that the number of people in Scotland who live below these thresholds has risen in recent years, rising to 1

million individuals (19% of the population) in 2012/13. This is an increase of some 10% over the levels estimated in 2010/11. Further evidence shows that poverty levels in Edinburgh remain slightly above this Scottish average, with 22% of households in the city estimated to live on incomes below the poverty threshold.

- 3.7 The city and local poverty profiles provide an up to date estimate on levels of poverty and inequality experienced by Edinburgh residents based on national and local data sources (See Summary at Appendix 2 and links to Neighbourhood Partnership profiles). A key finding is that average figures showing Edinburgh as an affluent city conceal sharp inequality. The data for income levels in Edinburgh shows two clear peaks or concentrations at either end of the spectrum. This analysis describes a “dual city” with one of the highest concentrations of wealthy citizens in Scotland alongside some of the highest levels of poverty and deprivation. This contrasts with the pattern in Glasgow, for instance, which is dominated by large numbers of areas at the lower end of the income range. Edinburgh’s analysis includes the following key findings:
- Edinburgh is an affluent city with average household incomes estimated at 9% above the Scottish average, ranking in the top Scottish incomes quartile.
 - By contrast, the city also ranks in the poorest Scottish quartile for indicators of poverty. Some 22% of all households in the city live on incomes below the poverty threshold, slightly above the Scottish average. Only four other Scottish local authorities record levels of poverty higher than Edinburgh.
 - 18% of all households in the city live in material deprivation, or unable to afford several items regarded by a majority of the population as essentials of life in Britain today.
 - 24% of all Edinburgh households lived in fuel poverty in 2012. This equates to some 53,600 households in the city.
 - Edinburgh’s childcare costs are 16% higher than the UK average for under fives¹ which can be a significant barrier for low income households who may need to allocate up to 50% of their income to childcare costs. People cite the key barriers to escaping poverty through work as the lack of work experience and qualifications, lack of confidence, literacy and numeracy skills, poor interview skills, and caring responsibilities.
- 3.8 As a result of this situation, there is a strong correlation between the Poverty and Inequality Outcomes and the Council Pledges and Outcomes, as noted in the **links** section of this report. Some areas are covered in more detail than others

¹ Family and Parenting Institute: Childcare Costs Survey (June 2014)

but there are pledges and/or Council Outcomes for each of the poverty and inequality outcomes. Further work can be done to strengthen these links. The Poverty and Inequality outcomes link directly to the four strategic outcomes in the Single Outcome Agreement as shown in Appendix 1.

- 3.9 The section below reviews and summarises actions toward each of the strategic outcomes to tackle poverty and inequality. A more detailed description of the wide range of actions through Council service areas is at Appendix 3, including detailed examples drawn from Council mainstream services and partnership work by the Council. Work in Neighbourhood Partnership areas and the Total Place initiatives based on local needs analysis and local priorities is a priority and will develop to take a major role in the overall programme of action.

Council actions against poverty and inequality

- 3.10 Effective action to reduce poverty and inequality in the city has to involve all sectors of the city and all Council service areas, with a strong emphasis on local action to address the conditions and priorities in each community. Action for **children and young people** is key to intervening in the cycle of inequality and focuses on early intervention to ensure that the effects of disadvantage on the opportunities and life outcomes of young people are reduced. Examples are given of action to reduce attainment gaps and give access to affordable childcare for young children.
- 3.11 Actions to **increase economic opportunity** are a key element in the city's economic strategy with extensive action to help individuals reach their potential by increasing employment skills, and improving links to employers to increase key action such as paying the living wage. Examples are given of work with lone parents to help them find work which can raise them above poverty income levels.
- 3.12 Ways to improve neighbourhoods are crucial and include **place making** and **building community capacity**. Examples are given of community learning and development to help with basic skills and to support community organisations, advice work to help poor households retain stable accommodation, improving the insulation of homes to reduce fuel poverty, and community safety actions to make residents feel safer by reducing anti-social behaviour.
- 3.13 Many **adults who experience inequality** also have significant barriers to inclusion. This includes older people, those with learning difficulties, mental and physical ill health, addictions and offending behaviour. As noted in the poverty profile, these problems are often linked and result in low levels of social and economic functioning, multiple problems and service contacts. Examples are

given of local action through lifelong learning, and joined up action for an inclusive Edinburgh for people with multiple deprivations and service needs.

- 3.14 Perhaps the most severe effect on individuals from poverty is unequal health, where poorer people experience more illness and earlier deaths. **Tackling health inequality** is one of the strategic outcomes for the City Plan and a national priority outcome and the city's strategic framework and actions are mentioned, with examples of work against food poverty.
- 3.15 A key focus for action against poverty is through **local neighbourhoods**. The new Local Community Plans have been formed with the local poverty profiles noted above and in Appendix 2, and include priority actions for each of the outcomes for poverty and inequality. This focus will increase through locality management of services and Total Place approaches. Examples are given of community action on employability, food poverty and reducing social isolation.

Partnership actions against poverty and inequality

- 3.16 Governance changes within Community Planning to ensure practical action supports each outcome includes the formation of a Poverty and Inequality Partnership to link to other partnerships in the "family" and to report directly to the Board.
- 3.17 An indication of the range of partnership actions contributing to the outcomes can be taken from work by the new partnership to develop a key actions framework setting out three contributions from each partnership to the poverty and inequality outcomes. This is shown at Appendix 4. Examples include significant improvements in positive outcomes for school leavers and ensuring cared for children share this improvement; encouraging employers to pay the living wage; and reducing food poverty through emergency help such as food banks and food co-operatives, linked to longer term help through advice and training on managing money, diet and food preparation.

Measures of success

- 4.1 The main performance framework for the Single Outcome Agreement or City Plan reflects the four strategic outcomes contributing to the overall city vision of Edinburgh as a thriving, successful and sustainable capital city in which all forms of deprivation and inequality are reduced. As a result these indicators are a useful high level framework for action on poverty and inequality. At present, however, this main framework is under review by the Edinburgh Partnership.

- 4.2 For more detailed performance monitoring through community planning, the key Actions Framework at Appendix 4 will be developed to draw together a selection of the range of actions across different partnerships and agencies to provide a way to monitor progress. This will be designed to link to the main SOA framework referred to above. An important criteria will be the ability to provide usable measures which can be updated regularly and can show the impact on inequality for different areas or groups in the city. Work on this Key Actions Framework is still in progress through the Poverty and Inequality Partnership.
- 4.3 The Poverty and Inequality Framework is designed to encourage and develop relevant actions and performance indicators in each partnership strategy and action plan, which can be monitored for their specific outcomes and measures.
- 4.4 The Poverty Profile information will provide an important measure of change in the overall circumstances of the city and a source of indicators for the frameworks. It will be linked to the Single Outcome Agreement.

Financial impact

- 5.1 Inequality is a major cause of serious social and health issues facing the city and its public services. The development of preventive approaches to improve citizens' quality of life and reduce demand for high cost services must incorporate effective action to mitigate and reduce poverty and inequality

Risk, policy, compliance and governance impact

- 6.1 The key risks for a city strategy on poverty and inequality are the drivers at national levels tending to increase these pressures, and the difficulty of managing action across the broad range needed to affect real change. Public engagement on this framework identified the key risk of stigma which can prevent real priority being given to tackle poverty and inequality. Reducing stigma is a key principle for all action on the framework.
- 6.2 Governance is a difficult issue for cross cutting action on the scale required for these issues. The concept of the framework is to allow action to be taken by partners in their respective areas of operation and together in partnerships. Governance of the wide range of policy and actions is a challenge for the Council's corporate and democratic structures as for the community planning structure and will require flexibility and co-operative approaches which reflect the Co-operative Council approach. The report contains recommendations on future reports to this Committee and strategic consideration by the Corporate Policy and Resources Committee.

Equalities impact

- 7.1 Inequality and poverty are high risks for people in the recognised equality groups, and successful achievement of the duties on public bodies depends on the effective measurement of these issues as a basis for policy priority and effective action.

Sustainability impact

- 8.1 Social sustainability is an essential component of a sustainable Edinburgh. A preventive approach, which can reduce inequality and ensure quality of life for all citizens will support sustainability, and depends on effective measurement of these issues in the city and of the impact of actions taken.

Consultation and engagement

- 9.1 The community planning action on poverty and inequality is built on engagement work guided by the Poverty Alliance during 2013 with local communities and those at risk of poverty and inequality in the city. This culminated in an Edinburgh Partnership in Conference event on 28 November 2013 where the Poverty Profile was presented. Strong views were expressed at all stages about the need to change attitudes to inequality by tackling stigma and offer universal services which don't define their recipients, and which are joined up in the way they deal with people.
- 9.2 Community voices challenged the partners in the city to build mutual trust, through better access by citizens to planning and management of services. People wanted to progress beyond strategic debates to make things happen on the framework through action with real resources for change.

Background reading/external references

- Scottish Index of Multiple Deprivation (SIMD) 2012
- Research conducted by the Joseph Rowntree Foundation, the Child Poverty Action Group and others.
- Local Incomes and Poverty in Scotland: Heriot Watt University
- DWP Annual Report
- National Statistics on Poverty and Income Inequality in Scotland in 2012/13 published by the Scottish Government on Tuesday 1st July 2014.

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Links

Council Outcomes	Coalition pledges	Poverty and Inequality Outcomes
CO6 - Our children's and young people's outcomes are not undermined by poverty and inequality	P1 – Increase support for vulnerable children, including help for families so that fewer go into care P6 - Establish city-wide co-operatives for affordable childcare for working parents	Our children and young people's outcomes are not undermined by poverty and inequality
CO15 - The public is protected CO16 -- Well-housed – People live in a good quality home that is affordable and meets their needs in a well managed Neighbourhood CO 21 - Safe – Residents, visitors and businesses feel that Edinburgh is a safe city	P8 - Make sure the city's people are well-housed, including encouraging developers to build residential communities, starting with brownfield sites P11 - Encourage the development of co-operative housing arrangements P13 - Enforce tenancy agreements (council and private landlord) with a view to ensuring tenants and landlords fulfil their good conduct responsibilities P14 - Strengthen Council housing allocation policy to give recognition to good tenants and to encourage responsible tenant behaviour and responsibilities P17 - Continue efforts to develop the city's gap sites and encourage regeneration	Sustainably improved and safe neighbourhoods which benefit people in all income groups who live and work there
CO7 - Edinburgh draws new investment in development and regeneration CO8 - Edinburgh's economy creates and sustains job opportunities CO9 - Edinburgh's residents are able to access job opportunities	P25 - Introduce a "living wage" (currently set at £7.65 for Council employees, encourage its adoption by Council subsidiaries and contractors and its wider development P07 - Further develop the Edinburgh Guarantee to improve work prospects for school leavers	All citizens achieve at least the minimum income for healthy living, fewer people live in poverty, and more people sustain employment, training or learning

Council Outcomes	Coalition pledges	Poverty and Inequality Outcomes
<p>CO11 - Preventative and personalised support in place</p> <p>CO12 - Edinburgh's carers are supported</p> <p>CO13 - People are supported to live at home</p>		All citizens are able to enjoy their potential and live well without barriers from poverty and inequality
<p>CO10 - Improved health and reduced inequalities</p>	<p>P12 - Work with health, police and third sector agencies to expand existing and effective drug and alcohol treatment programmes</p> <p>P43 - Invest in healthy living and fitness advice for those most in need</p>	Improved wellbeing and life expectancy for all citizens and reduced inequality of health outcomes
<p>CO14 - Communities have the capacity to support people</p> <p>CO23 – Well engaged and well informed – Communities and individuals are empowered and supported to improve local outcomes and foster a sense of community</p>	<p>P33 - Strengthen Neighbourhood Partnerships and further involve local people in decisions on how Council resources are used</p>	Sustainable and safe communities which are strong, resilient, and engage all income groups

Single Outcome Agreement	<p>SO1 - Edinburgh's economy delivers increased investment, jobs and opportunities for all</p> <p>SO2 - Health and wellbeing are improved in Edinburgh and there is a high quality of care and protection for those who need it</p> <p>SO3 - Edinburgh's children and young people enjoy their childhood and fulfil their potential</p> <p>SO4 - Edinburgh's communities are safer and have improved physical and social fabric</p>	The Poverty and Inequality outcomes above are based on these outcomes as a way to support the City Plan vision
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Appendices	<p>Appendix 1: Framework for Tackling Poverty and Inequality</p> <p>Appendix 2: Poverty profiles for Edinburgh and Neighbourhoods</p> <p>Appendix 3: Council action against poverty and inequality</p> <p>Appendix 4: Partnership action against poverty and inequality</p>
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Appendix 1: Outcomes Framework to Tackle Poverty and Inequality

SOA Priorities

Edinburgh's Children and young people enjoy their childhood and fulfil their potential

Edinburgh's economy delivers increased investment, good jobs and opportunity for all

Edinburgh's communities are safer and have improved physical and social fabric

Edinburgh's citizens experience improved health and wellbeing, with reduced inequalities in health

Poverty and Inequality Outcomes

CHILDREN AND YOUNG PEOPLE

Our children and young people's outcomes are not undermined by poverty and inequality

REDUCING POVERTY AND INCREASING OPPORTUNITY

All citizens achieve at least the minimum income for healthy living, fewer people live in poverty, and more people sustain employment, training or learning.

PLACE MAKING

Sustainably improved and safe neighbourhoods which benefit people in all income groups who live and work there

BUILDING COMMUNITY CAPACITY

Sustainable and safe communities which are strong, resilient, and engage all income groups.

ADULTS

All citizens are able to reach their potential and live well without barriers from poverty and inequality

TACKLING INEQUALITIES IN HEALTH

Improved wellbeing and life expectancy for all citizens and reduced inequality of health outcomes.

Six Principles for all outcomes:

- i) Building trust – share power with people in poverty; ii) Reduce the stigma surrounding poverty and tackle discrimination; iii) Better joined up services from all sectors; iv) Greater community and service user participation in planning, delivering and evaluating service; v) Making sure something happens – resourced actions; vi) Increase universal services not charged at point of delivery

Appendix 2 Poverty profiles for Edinburgh

- 1 The poverty profile draws on national sources such as the Scottish Index of Multiple Deprivation (SIMD) 2012 and research conducted by the Joseph Rowntree Foundation, the Child Poverty Action Group and others. The profile provides an up to date estimate on levels of poverty and inequality experienced by Edinburgh residents. Information on income levels is drawn from research by Heriot Watt University with support from the Scottish Government and local authorities including the City of Edinburgh Council. At present the poverty profile is able to show the city characteristics and area differences from main statistical sources and some recent estimating work. Detailed profiles for individual sub- city areas/neighbourhoods are available on the [Neighbourhood Partnerships website](#).
- 2 The indicators of material deprivation provide a comparison to inequality judged on income levels. These aim to measure the number and proportion of households which can not afford four or more of six essentials of life in Britain today as viewed by a majority of the population (Appendix 1 section 3). The 2013 Heriot-Watt study estimated that **18% of all households** in Edinburgh (39,600) were in material deprivation according to this definition. This is a level similar to the Scottish average (17%) but higher than all but 7 other Scottish local authorities.
- 3 Although regeneration programmes have substantially improved the physical surroundings in the poorest areas of the city and reduced concentrations of tenure types, there remains a strong area differentiation and some areas of multiple deprivation. These locations broadly reflect the former and remaining social housing areas in the city. It is notable, though, that there is a significant incidence of poverty in all the administrative areas of the city for which statistics are available, including the most affluent.
 - In the most deprived areas of Edinburgh, the proportion of households living below the poverty threshold rises to 33%, compared against a city average of only 22%. This level is comparable to the rate recorded in the most deprived parts of Glasgow and almost double the rate recorded across Edinburgh's least deprived areas.
 - 30% of households in deprived areas cannot afford basic items required for an adequate standard of living. This is three times the rate recorded in the least deprived areas.
 - 25% of children in deprived areas in Edinburgh live in low income families, compared against only 13% in the least deprived.
 - Evidence gathered on the characteristics of individuals in poverty shows that poverty affects individuals across all age groups, and that a significant number of the city's residents have been receiving benefits for 5 years or more.
 - The highest levels of poverty are found in areas such as Muirhouse, Clovenstone and Drumbryden, where over 30% of households are on low income. These areas record levels of poverty similar to the lowest income areas of Glasgow and Dundee.
 - By contrast, poverty rates in more affluent areas such as Dean Village and Comely Bank are only around half the average rate across the city. Notably, though, even in these areas an estimated 12% of households are on low incomes.

Housing Factors



- 4 A number of the Coalition Commitments on poverty relate to action on housing (see Links below). The high relative cost of housing in Edinburgh is a significant contributing factor to poverty in the city. Before housing costs (BHC) some 19% of households fall below the low income threshold. After housing costs this rises to the 22% quoted above.
- 5 The number of applications made to the Council under Homelessness Legislation has fallen by 17% from 5,148 presentations in 2007/08 to 4,267 presentations in 2012/13. A focus on preventative advice, information and support services in Edinburgh has meant that more people are able to resolve their housing issues without becoming homeless. The rate of homelessness applications per 10,000 residents in Edinburgh has thus fallen from 147 in 2008 to 126 residents in 2012, but remains above the average recorded for Scotland as a whole and above the average recorded across other large urban Scottish authorities.
- 6 On housing quality, some 39% of Edinburgh homes met the Scottish Housing Quality Standard (SHQS) in 2010, a level similar to the Scottish average. The overall figure had risen to 47% by 2014 which is above the Scottish average, and within this figure 91% of Council homes (excluding exemptions) had achieved the SHQS by April 2014

Child Poverty

- 7 Child poverty is a significant factor in the city. The long term effect of childhood poverty on lifelong health and wellbeing and economic opportunity is widely acknowledged and it is a Scottish Government priority to reduce child poverty.
 - 18% of all children in Edinburgh live in low income households, a total of some 17,600 young people.
 - According to estimates produced by the Child Poverty Action Group, the cost to tax-payers of child poverty in Edinburgh amounts to £156 million per year.

Poverty among older people

- 8 The profile does not focus on older people at present and this would be suggested as an important focus for future work as this group are usually identified as a significant proportion of households with low incomes. The effects of poverty and inequality on health lead to many problems affecting poorer people earlier than average, but are still most likely to affect people in their later years. Some evidence also suggests that low income rates are higher among older households than those of working age
 - Before housing costs some 23% of all Edinburgh older households are of low income, compared to a Scottish average of 19%.

Excluding factors

- 9 The profile considers the socially and economically excluding effect of a number of factors (Appendix 1 section 4) and examples are discussed below:
 - Income and Employment
 - Education
 - Health
 - Housing
 - Experience of Crime
 - Social Fabric

- 10 Worklessness, low pay and inconsistent number of working hours are key factors. Though recent trends show an improvement, the levels are still worse than pre-recession figures. The proxy indicator for poverty in work is the proportion of workers on low pay, earning an hourly rate below the living wage standard of £7.65.
- The unemployment rate fell from a high of 6.5% of all working age residents in 2009 and is now at 2.1%², with 7,024 working age residents claiming Job Seekers Allowance.
 - The numbers of households in receipt of out-of-work benefits³ however is relatively unchanged from 2014 figures of 11.4% in receipt of out-of-work benefits, compared to the Scottish average of 15.2%. In 2012 some 19% of all workers in Edinburgh were paid below the living wage level, down from 21% recorded in 2011, but still higher than 17% in 2008.
- 11 Poor health is closely aligned with poverty and inequality. The most severe effects on individuals in poverty are experiencing more years of ill health and having shorter lives than their wealthier fellow citizens. This is recognised in community planning by one of the four strategic outcomes in the Community Plan focussing on health, wellbeing and inequalities.-A framework and action plan for reducing health inequality were agreed by the Council and relevant partnerships in 2013. Health indicators for Edinburgh show:
- The average city rates for premature mortality (deaths under 75 for all causes) have fallen from 350 deaths per 100,000 residents in 2008 to only 328 in 2012, which is below the Scottish average rate of 335.
 - The average conceals very varied health across the city, with much higher rates of premature mortality in areas with many people living in poverty. For example, in 2012 the rate of premature mortality due to Coronary Heart Disease in deprived areas of Edinburgh was more than twice the average for the city.
 - People in the lowest income quintile are more likely to be at risk of a mental health problem than those in the highest quintile.
 - Two-fifths of adults aged 45 to 64 with below-average incomes have a limiting long-term illness, more than twice the rate for adults of the same age with above-average incomes.
 - **18%** of economically inactive working age Edinburgh residents have a limiting long term illness, a stable rate which is significantly below the average for Scotland and for other large urban local authorities in Scotland.

² NOMIS Web: Official Labour Market Statistics, Jobseekers Allowance claimants (September 2014)

³ NOMIS Web: Out of Work Benefits includes Employment Support Allowance, Income Support, Carers and Disability Allowances

Appendix 3 Council action against poverty and inequality

This appendix summarises action by Council service areas, including leadership of relevant partnerships, under the six poverty and inequality outcomes linked to the City Plan and shown at Appendix 1.

CHILDREN AND YOUNG PEOPLE

**Our children and young people's outcomes are not undermined
by poverty and inequality**

- 1 The Edinburgh Children's Partnership directs the strategic planning, development and delivery of children and young people's services on behalf of the Edinburgh Partnership and has a vision for all children and young people in Edinburgh to enjoy their childhood and fulfil their potential whatever their circumstances. The Partnership recognises the need to work together to strengthen support for families, schools and communities to meet their children and young people's needs. As the impact of disadvantage and inequalities on outcomes for children and young people is increasingly recognised, we believe tackling inequalities is central to achieving our vision.
- 2 The Partnership aims to achieve a number of Strategic Outcomes:
 - Our children have the best start in life, are able to make and sustain relationships and are ready to succeed
 - Our children and young people are successful learners, confident individuals and responsible citizens making a positive contribution to their communities
 - Our children and young people in need, or with a disability, have improved life chances
 - Our children and young people are physically and emotionally healthy
 - Our children and young people are safe from harm and fear of harm, and do not harm others within their communities
 - Our children's and young people's outcomes are not undermined by poverty and inequality
- 3 The Children's Partnership is carrying out a revision of the Integrated Plan for Children and Young People. The recommended Priority Actions within SO6 (Our children's and young people's outcomes are not undermined by poverty and inequality) are still to be ratified but consideration is being given to the following areas:
 - Development of more flexible and affordable childcare, particularly in the early years
 - Improving attendance at school and attainment and achievement of young people living with poverty
 - Reducing the attainment gap between the lowest achieving pupils and their peers across the city
 - Improving the percentage of young people who enter and sustain positive destinations after leaving school

Examples of action



Reducing the attainment gap

Holy Rood High is one of three Scottish schools collaborating to close the attainment gap in S4-S6 through improving the quality of feedback, attendance and parental engagement. The action research enquiry questions which govern this improvement project are as follows:

- Will regular feedback, both oral and written, result in raising attainment?
- Does improvement in attendance result in improved attainment?
- Does providing parents with clear expectations regarding parental engagement raise parental aspirations?

Flexible and Affordable Childcare

Much current childcare provision is inflexible, unaffordable and inaccessible for many families, affecting child development and family prosperity. Children and Families and Economic Development in the City of Edinburgh Council are leading the debate to address these challenges by bringing together key stakeholders to participate in developing a vision and plan for affordable, accessible and quality childcare.

REDUCING POVERTY AND INCREASING OPPORTUNITY

All citizens achieve at least the minimum income for healthy living, fewer people live in poverty, and more people sustain employment, training or learning.

- 4 The Economic Partnership leads on the Edinburgh Economic Plan, "A Strategy for Jobs (2012-2017). This includes the aim of reducing poverty by equipping individuals with the skills and knowledge they need to progress in employment and work with employers to unlock job opportunities for disadvantaged individuals. The services funded and delivered through Edinburgh's Job Strategy reflect Council Pledges (P7 and 29), Single Outcome Agreement and Local Community Plan commitments. The service aims to complement national provision, and deliver the target of supporting 6,000 people moving into work or learning over the 5 year period. The focus is on capacity building, progression on the Strategic Skills Pipeline towards sustainable job outcomes.

Examples of action

Making it Work supports lone parents who face significant barriers to their progression and through a holistic one to one adviser service. Parents are encouraged to engage in learning and personal development opportunities to address skills gaps. Funded by Big Lottery, the 3 year service has exceeded their job outcomes target of 10 by achieving 25 in the first year of operation. The advisers are based in family friendly premises in Leith, Craigmillar, Muirhouse and Wester Hailes. Key barriers for the parents that are being highlighted confirm that 70% of all 402 clients who have engaged, have low vocational skills and qualifications. The team will be developing a group programme to address personal confidence skills and help parents to progress onto the next stage on

the employability pipeline.

PLACE MAKING

Sustainably improved and safe neighbourhoods which benefit people in all income groups who live and work there

- 5 The Council is delivering affordable homes through partnership working. The £142 million of private and public funding invested in the 1,261 affordable homes completed during 2013/14 generated an extra £107 million for the local economy as well as supporting over 1,900 jobs. Through effective partnership working the number of affordable homes completed has trebled from 411 in 2008/9 to 1,261 in 2013/14.
- 6 Part of the contribution to new affordable homes comes through the 21st Century Homes programme. This is delivering new Council homes in Gracemount, Pennywell, North Sighthill, Greendykes and Leith Fort. The programme will deliver around 1,400 new homes, over 700 of which will be affordable. The programme has been a catalyst for wider regeneration through providing infrastructure improvements, local investment, local jobs, training opportunities and community engagement through stakeholder development groups, helping to build community capacity. The homes are constructed to high sustainability targets, reducing heating bills and fuel poverty amongst tenants.
- 7 Improving energy efficiency and tackling fuel poverty is one of the strategic priorities of the City Housing Strategy. 22% of Edinburgh's households are in fuel poverty. This is addressed by improving the fabric of existing Council homes, accessing government funding to improve private homes by offering free or reduced cost insulation and promoting advice and awareness.

In the past five years the Council has invested £30 million to improve the energy efficiency of existing Council homes. Over the next five years the Council will continue to make improvements to homes through heating upgrades and external fabric improvements, working towards meeting the Energy Efficiency Standard for Social Housing (EESSH) by 2020.

The Council is working in collaboration with veterans' charities and housing associations in the city to address the needs of veterans, particularly those with a disability. By developing a model which integrates housing for veterans into existing communities it could give veterans the opportunity to use their skills to support local communities, particularly young people. The Council has provided funding to support Scottish Veterans' Garden City Association (SVGCA) to build veterans accommodation in Salvesen Gardens in Edinburgh, using their Community within a Community model.

- 8 Collaborative working was key in helping provide homes for people with learning disabilities in Kirkliston. Many people and organisations were involved in establishing this service, which families in the area had been keen to develop for many years. As well as the families who campaigned for the housing and support for their adult children, the project also involved Enable South Queensferry Branch, Queensferry Churches in the Community, Home Scotland – the Housing Association who secured the funding and adapted the flats, Share Scotland– the care provider, Barratt – who built the flats and the Council – both Services for Communities' Strategy and Investment Team and Health and Social Care.
- 9 Financial problems and debt are a key problem of poverty and inequality, with individual problems increased for many people dependent on social security benefits from the continuing welfare reforms. The Advice Shop provides welfare benefits and debt advice to all Edinburgh citizens with the aim of reducing poverty and promoting the capability to prevent financial problems arising in future. The service works closely in partnership with others such as Citizens Advice Edinburgh through whom it provides specialist advice to CAB service users. There are additional partnerships in place with the Leith Neighbourhood Office, Community Learning and Development, Willow Project and Osgangs Community Centre to increase local access to advice. Services for Communities provides grant funding to third sector organisations to provide welfare benefits, debt and employment advice with the aim of preventing, reducing and mitigating poverty and financial exclusion.
- 10 The Advice Shop's debt advice service supports people who have multiple debts such as bank overdrafts, payday loans, rent arrears, or credit cards. The stress that people can experience when in significant debt can have a very detrimental effect on people's health which can prevent them from working or otherwise pursuing their potential. Such work means more stable communities. The aim is to reduce households' financial liabilities and the risks to which these expose people.

Examples of action

For example, rent arrears risk the loss of stable accommodation. Advice and advocacy can prevent the significant disruption and costs of homelessness by enabling tenants to maintain their homes. The service addresses their ability to pay accommodation costs either through access to welfare benefits or reducing other outgoings so there is money to pay for accommodation.

- 11 The Edinburgh Community Safety Partnership (ECSP) is the strategic group responsible for coordinating a joint agency response to community safety issues across the city. It has at its core an Executive made up of elected members and senior managers from partner agencies and is responsible for the setting of policy and strategic direction on behalf of the Partnership. The ECSP focuses on priorities identified through the Strategic Assessment, which comprises information collected and analysed from police, council and fire service systems,

partner agencies, government publications and various academic research papers.

- 12 Reducing Antisocial Behaviour is a key local community priority, which is tackled through the coordinated and comprehensive approach of Edinburgh's Antisocial Behaviour Strategy. The four core elements which form this Strategy are Prevention, Intervention, Enforcement and Community Engagement. These provide a cohesive and evidenced approach to the Council's due regard to eliminate unlawful discrimination harassment and victimisation, and to foster good community relations. The Strategy also enhances residents' rights to physical security, identity, expression and self respect through its holistic approach to managing antisocial behaviour.

Examples of action

The Antisocial Behaviour Review Group was established to target persistent offenders of Antisocial Behaviour in our local communities. The group meets regularly to discuss complex and lengthy antisocial behaviour investigations with a view to achieving sustainable solutions and positive outcomes for individuals and communities. Since the introduction of the Review Group in June 2013, the time taken to resolve the most serious cases such as harassment and drug dealing has reduced from 42 days to 32 days, and there has also been a 30% reduction in unresolved Antisocial Behaviour cases.

The Transport Marshal Project has been running in Edinburgh since an initial pilot project in December 2006. The project provides transport marshals at the busiest city centre taxi stances on Friday and Saturday evenings from 22.30pm to 04.00am, and provides:

- More effective exodus of night time economy users from the city centre
- Increased public reassurance through highly visible presence (both police and marshals)
- Reduced alcohol related violence and disorder within the city centre night time economy.

Over the financial year 2013/14, the Transport Marshals assisted a total of 274,498 patrons

BUILDING COMMUNITY CAPACITY

Sustainable and safe communities which are strong, resilient, and engage all income groups

- 13 The development of community learning and development across the city is overseen by the Community Learning and Development (CLD) Partnership. This creates the plan for Edinburgh setting out the main priorities for the CLD sector and implements the actions to achieve these. The Partnership will strengthen coordination between the full range of CLD providers, ensuring that Community Planning Partnerships, local authorities and other providers of public services

respond to the expectations set by the CLD Strategic Guidance. The principal focus will be on poverty and inequality, with community capacity building at the heart of its approach to working with communities.

- 14 A number of vital areas for work to challenge poverty and inequality through community capacity building benefit from shared action. Priority actions include a range of programmes to challenge and break down social isolation amongst adults and young people, increasing the range of volunteering opportunities and maximising community access to local authority schools for a range of purposes.

Examples of action

In 2013/14, 1,350 parents and carers participated in family learning opportunities with the aim of developing parenting, literacy and home learning opportunities. Over 8,000 young people took part in open youth work provision. Over 20,000 adults participated in the Adult Education Programme, and over 9,000 adults took part in literacy and numeracy classes. 90% of participants achieved all or part of their learning goals. The Community Access to Schools programme is increasing the number of local people using schools for educational, cultural, social and leisure purposes.

Community Learning and Development at Craigroyston Community High School offered introductory classes to 8 vulnerable young parents in Muirhouse who wanted to learn to cook. Together with the Edinburgh Community Food Initiative, CLD delivered a 'Survival in the Kitchen' course about healthy eating on a budget. One single father gained a REHIS qualification and is now leading food workshops for other single fathers and their children. Four women from the course are now working with their tutor to set up their own cooking groups, working from local community centres. They have identified cafe premises with Viewforth Housing Association, and will also offer community cooking classes. Additionally, they are developing a project to prepare and sell street food at local markets.

ADULTS

All citizens are able to enjoy their potential and live well without barriers from poverty and inequality

- 15 'Inclusive Edinburgh' has been set up to tackle the interlinked and cumulative problems faced by people with complex needs, who may struggle with homelessness, unemployment, drug and alcohol problems, mental or physical ill-health, who sometimes get involved in crime, and who are often the victims of violence. The 'Inclusive Edinburgh' review will examine the combined services delivered by the Council, statutory partners and voluntary organisations to this group of vulnerable people. Inclusive Edinburgh seeks to improve the life-chances, health and well being of the most vulnerable, disenfranchised and

disengaged citizens whose needs place significant demands on services. At present despite significant resource allocation, outcomes are mostly poor.

1 Inclusive Edinburgh will develop a 'Getting it Right for Everyone' approach. This echoes calls to reject 'silo' working, and instead to work with each person across service boundaries to achieve positive outcomes for the individuals and their communities. The review will integrate closely with the Getting it Right for Every Child (GIRFEC) approach, already well-established in Edinburgh. Stakeholder Involvement will involve people in opportunities to redesign local services towards what local communities and service users want services to look like in the future. Service criteria, policy and practice need to promote an inclusive approach by all parts of the system. Collaborative working across service boundaries promotes better outcomes and can be much more cost effective than operating in isolation, and the programme will seek to prevent responses to the reduction in by raising access thresholds and a fracturing of provision. This is mostly counter-productive and creates a cycle of ever increasing demand.

16 A variety of services for adults are designed to reduce the impacts of inequality and prevent needs for intensive support and health or caring services. Local community services are often provided in partnership with voluntary sector providers.

Lifelong learning provision:

Pilton Elderly Project (PEP) will provide an integrated learning programme for individuals who would otherwise be excluded, have low literacy or numeracy and have basic or no ICT skills. The programme incorporates environmental activities, library visits leading to greater community participation, and CV writing skills. PEP also provides 2 dedicated ALN group sessions to individuals with learning difficulties. The group-work focused on communication skills, social skills, motivation skill and underpins the other life skills needed in everyday life. PEP delivers long term adult literacy and numeracy support to individuals with basic literary and numeracy skills improving their reading and writing skill through an integrated programme of learning. Individual learning plans are designed by the students and incorporated into the learning programme, including long term projects which interest the student. An informal drop-in service is also provided for one-to-one support, for example with basic form filling. Sessions to help English Speakers of Other Languages (ESOL) are also offered to the local community. 19 places per week are available for 50 weeks plus additional drop in services covering:

- ESOL
- Literacy and numeracy
- Information and Communication Technology (ICT)
- Other classes identified by individual need

Early intervention:

Alongside a dedicated ICT strategy, Pilton Elderly Project develops programmes aimed at reducing isolation, meeting personal needs, promoting participation and physical and mental health and well-being. This service is also dedicated to reducing the health inequalities of the community in North Edinburgh through a person-centred approach.

29 places for training and awareness raising courses per week over 50 weeks include:

- First aid
- Mental health first aid
- Personal and social development
- Confidence building
- Dealing with conflict
- Healthy eating courses – cooking on a low budget, cooking for health
- Gentle gardening – growing vegetables, sensory gardening
- Gentle exercise – fitness and leisure, walking group

40 places are available for healthy eating, cooking on a budget, garden maintenance , vegetable gardening, raised bed maintenance, fitness and leisure, and a walking group with a 36 week programme.

TACKLING INEQUALITIES IN HEALTH

Improved wellbeing and life expectancy for all citizens and reduced inequality of health outcomes

- 17 The Community Health Partnership is responsible for the city strategic framework and action plan agreed through its health inequality standing group (HISG). Responsibility will pass to the Integration Authority (Health and Social Care Partnership) from April 2015. The framework is very broad in approach, and focuses clearly on poverty as a major factor in health inequality. Like the main poverty and inequality framework, this seeks to encourage work across strategic and cross cutting partnerships in the city. The six strategic objectives for health inequality will continue to be reported to the Edinburgh Health and Social Care Partnership as part of community planning.
- 18 A number of vital areas for health inequality, such as alcohol and drug abuse and mental health, benefit from shared action from partnership or joint groups. The HISG has prioritised action in areas where these benefits were not previously available, including food poverty and health; physical activity; healthy environments and green space; social capital including community health initiatives; maximising incomes; and reducing stigma.
- 19 For example, the long standing priority to improve awareness of Food & Health has concentrated on sharing good practice across all sectors on key messages

and delivering co-ordinated interventions at local level. Links to 45 local organisations are supported by the Food & Health Training Hub. Recent changes such as welfare reform have increased concern about food poverty and access to basic nutrition, with escalating demand for emergency provisions met by voluntary and community provision of food banks in local areas. The partnership has been able to respond by contacting and establishing communication and support for the separate initiatives, seeking to work together on a long term approach to food poverty.

- 20 The number of people who used the services provided by Food and Health funding increased significantly in 2013-14 to 3,510, a rise of nearly 38% on the previous year. Activities are consistent across the range from previous years, but there was a welcomed increase of 200 people per week in the numbers using the healthy food outlets based in Edinburgh hospitals which provide access to fresh fruit and vegetables. The outlets also held promotions, gave information/recipes and promoted health topics.

Edinburgh Food and Health Training Hub

The Hub delivered 27 accredited REHIS Food Hygiene and Food and Health courses for 243 participants including day centre staff, lunch clubs, CLD staff, projects and organisations. The Food Hygiene courses are important for those who run cooking courses as it the way in which the Food and Training hub builds in sustainability and promotes best practice for those delivering cooking and food education across the city. Training aimed at addressing health inequalities through food, health and nutrition knowledge included:

- 25 cooking courses aimed at improving cooking skills and an additional 73 cooking sessions
- 3 'training the trainers' courses provided for 32 staff
- delivery of sessions to approximately 320 older people across Edinburgh
- Altogether 625 local people benefitted from this provision including older people (including targeted attendance by older men), women's groups, young mums and young carers

Practical cooking classes have been delivered through the **Kick Start Hub Grub** Programme with an 8 week cooking class delivered to approx 60 people, increasing the skills and knowledge of attendees therefore increasing the uptake of healthy food choices in the home environment.

Grant funding has been allocated to three community projects, engaging local people in a range of activities including growing, cooking and eating together. Thus increasing the knowledge and skills among priority groups to make healthy food choices.

ACTION AT LOCAL LEVEL ACROSS ALL OUTCOMES

Neighbourhood Partnerships

- 21 The City's focus on local areas and the priorities for local communities is through the 12 Neighbourhood Partnerships (NPs), which have now agreed their 2014 – 2017 Local Community Plans (LCPs). Issues of poverty and inequality are of concern to all the Neighbourhood Partnerships, reflecting the finding in the city and local poverty profiles that there are levels of poverty in all areas. The plans set out the priorities identified by the communities in each area following an extensive engagement process. Details of the approach were reported to Communities and Neighbourhoods Committee on 23 September 2014 ([Link](#)).
- 22 Whilst the priorities identified by NPs follow broadly similar cross cutting themes to the framework outcomes shown above, such as young people, health and well being and employability, the nature of the response will vary to reflect the specific circumstances in each area. Local actions include building linkages between all locally based activity through Total Place approaches or regeneration programmes. Action plans are currently being developed, identifying how each of the priorities will be addressed through collaborative working to ensure more effective and efficient channelling of local resources.
- 23 With issues of poverty and inequality being of concern to the NPs, the priorities and the associated actions will contribute to the achievement of the outcomes identified within the framework. Examples of local contributions include:

In Leith NP as part of the LCP engagement process, local poverty was raised, and particularly the use of food banks and the impact zero hour and 16 hour contracts are having in terms of low wage households. To address these issues, the NP is planning to develop actions under the 'Leith Economy' priority to assist people to get into work, volunteering, and/or training and education and to explore opportunities to maximise household incomes.

A priority for the South Central NP is to improve the quality of life in Dumbiedykes, an area where the effects of poverty and inequality are more concentrated. Actions to address this include measures to overcome the difficulties some residents experience in accessing local services, help alleviate social isolation and create a feeling of belonging and pride in the area.

- 24 An exercise to map the contribution across the NPs to the framework outcomes is under way, recognising the cross cutting nature of much of this activity. This will allow the impact at a local level to be identified and reported. The refreshed NP approach to performance management and reporting, presented to this Committee meeting in a separate report, will assist with this through providing a common platform for performance measurement and consistency of approach at both the strategic and local levels. Additionally, to support this focus on poverty and inequality across the NPs, the strategic improvement plan will be refreshed to identify further development activity.

Appendix 4 Partnership action against poverty and inequality

EDINBURGH PARTNERSHIP

Key Actions Framework to Tackle Poverty and Inequality

1. Edinburgh Partnership has developed the outcomes framework to tackle poverty and inequality shown below. This was developed co-productively through engagement with local communities and stakeholders and full involvement of partnerships within community planning. The outcomes framework links directly to the Single Outcome Agreement's vision and main outcomes. It shows the specific **outcomes** set for tackling poverty and inequality, and **principles** by which the work should be done, set by partners and stakeholders as the framework was developed.
2. A cross cutting Poverty and Inequality Partnership has been formed as part of community planning to co-ordinate the work to tackle poverty and inequality across all partnerships and partners in the city, and to support the Edinburgh Partnership in monitoring progress.
3. This Key Actions Framework is a tool developed with community planning partnerships from the broader strategic framework, to identify a selection of key actions which are suitable as a group for judging progress to tackle poverty and inequality. The framework aims to develop:
 - **a manageable set of priority actions identified by the partnerships to be monitored at a strategic, city level**
 - **agreed measures of progress for each action through the routine monitoring by partners and partnerships.**
4. Continuing work with partnerships is under way to define the priority actions, agree relevant and available measures, and set targets for monitoring change. The Poverty and Inequality Partnership has provided guidance that each outcome should have up to three main priority actions subject to the needs which partnerships see in their respective areas. These should include main priorities already under way and new actions responding to the framework. Initial selections have been made by all relevant partnerships and discussions have moved on to the measures with baselines and targets.
5. The Poverty and Inequality Partnership seeks to bring the Key Actions Framework to a substantially completed stage for reporting to the Edinburgh Partnership Board in due course.

Edinburgh Poverty and Inequality Partnership: September 2014

Chairs: Harriet Eadie (Chair, Edinburgh Compact)

Alison McCallum (Director of Public Health for Lothian)

Key Actions Framework

<i>P and I Outcome</i>	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
<u>Children and Young People:</u> <i>Our children and young people's outcomes are not undermined by poverty and inequality</i>	Children's Partnership	<p>The Children's Partnership is revising the Integrated Plan for Children and Young People to run from 1 January 2015 – 31 December 2017. Any amendments to the existing priorities or additional priorities will be communicated to the Poverty and Inequality Partnership for inclusion in the Key Actions Framework.</p> <p><u>Priority Actions (to be ratified by the Children's Partnership):</u></p> <ul style="list-style-type: none"> • Development of more flexible and affordable childcare, particularly in the early years • Improve attendance at school and attainment and achievement of young people • Reduce the attainment gap between the lowest achieving pupils and their peers across the city • Improve the percentage of young people who enter and sustain positive destinations after leaving school 	<p>(See notes page)</p> <p><i>Measures and targets to be discussed</i></p> <ul style="list-style-type: none"> • Percentage attendance at schools • attainment measures • <i>Targets to be discussed</i> • Attainment of the lowest attaining 20% of pupils • attainment of Looked After Children • Percentage of school leavers in a positive destination • <i>Targets to be discussed</i>

<i>P and I Outcome</i>	<i>Lead Partnership/s with Responsibility for Delivery</i>	<i>Priority Actions to Tackle Poverty and Inequality (Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	<i>Measures and time periods Suggestions for detailed development</i>
		<p><u>New/Additional Actions</u></p> <ul style="list-style-type: none"> • <i>To be confirmed following the finalisation of the new Integrated Plan for Children and Young People</i> 	<p><i>Measures and targets to be discussed</i></p>
<u>Reducing Poverty/ Increasing Opportunity:</u> <i>All citizens achieve at least the minimum income for healthy living, fewer people live in poverty and more people sustain employment, training or</i>	Economic Development Partnership (Jobs Strategy Group) (EDSP), with Compact Partnership <i>Selection of key actions from full CSR programme to be</i>	<p><u>Existing Priority Actions:</u></p> <ul style="list-style-type: none"> • Employability Strategy and programmes particularly helping those out of work into employment, education and training <p><u>New/Additional Actions:</u></p> <p>Instigate an initiative to make it easier for businesses, the public sector and the third sector to engage in Corporate Social Responsibility. This will include:</p> <ul style="list-style-type: none"> • Education - despite the success of the Edinburgh Guarantee there remains considerable scope for local employers to work with school pupils to equip them with the skills – including enterprise – and the 	<ul style="list-style-type: none"> • Unemployment rates for different groups • Employability targets <p>Measures will be determined in partnership with Scottish Business in the Community, at the same time as the action plan is drafted (autumn 2014). E.g.:</p>

P and I Outcome	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
<i>learning.</i>	<i>discussed</i> <i>Measures and targets to be discussed</i>	confidence needed to help them into work; <ul style="list-style-type: none"> • Employability - opportunities remain for further engagement with local employers to help move target groups into job opportunities, building on the success of the Edinburgh Guarantee; • Living Wage – there is an opportunity to encourage local employers to sign up to paying the living wage, with the Council leading by example; • Community – Many organisations wish to engage in CSR within the community, but they are unsure of what the local needs are. There is an opportunity to create a “sorting house” of wants and offers to increase business engagement and support within local communities; and • Trust Funds – Providing financial contributions to targeted trust funds may be a viable alternative for organisations that cannot commit to directly assist the local community, or to meet limited or specific needs. For example, the OneCity Trust aims to promote equality of opportunity and social inclusion in Edinburgh communities and could be a focus for Corporate Social Responsibility actions. • Social Enterprise: Increase the positive economic, employment and community development impact of social enterprises in the Edinburgh economy through the social enterprise strategy 	<ul style="list-style-type: none"> • Edinburgh Guarantee target figures • Modern apprentice placements • Average and Median Incomes in lowest quartile in Edinburgh • Audit of employers who are paying the living wage in Edinburgh, but number of people will be more problematic

<i>P and I Outcome</i>	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
	<p>Welfare Reform Core Group, supported by Economic Development Strategic Partnership (Jobs Strategy Group)</p> <p><i>Selection of key actions from full WR Strategy to be discussed</i></p> <p>Poverty and Inequality Partnership</p>	<ul style="list-style-type: none"> • Develop and implement a strategic approach to ensure social security in Edinburgh • Promote market alternatives to payday loans for low income groups • Brokering engagement of the Capital Credit Union with the Welfare Reform Group and promoting the CCU pay day loans alternative product to all EDSP delivery partners • Brokering similar relationship between CCU and the Business Gateway Partnership to promote small business loan support from CCU to BG clients • JSG partners support for the Welfare Reform Group and CCU in marketing campaigns for pay day loan alternatives. • Promote and develop Healthy Working environments and conditions including limits on the use of zero hours contracts as a principle for workplaces in Edinburgh 	<ul style="list-style-type: none"> • Benefits not claimed in the city • unsecured loans from high street banks at postcode level • take-up of CCU alternative/s • take up of loan support and survival rates • Campaign targets tbc • Accreditations for Healthy Working Lives <p><i>Measures and targets to be discussed</i></p>

<i>P and I Outcome</i>	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
	<u>Poverty and Inequality Partnership</u>	<ul style="list-style-type: none"> Initiate and promote an Income Maximisation Campaign, focussing on those who are unable to work <u>and</u> those on a low wage 	<ul style="list-style-type: none"> Living Wage in public and private sector <p><i>Measures and targets to be discussed</i></p>
<u>Place Making (Physical Fabric):</u> <i>Sustainably improved and safe neighbourhoods which benefit people in all income groups who live and work there</i>	Community Safety Partnership	<u>Existing Priority Actions:</u> <ul style="list-style-type: none"> Implement Antisocial Behaviour Strategy building on early intervention and prevention at a local level. 	Edinburgh People Survey = EPS <ul style="list-style-type: none"> Rate of recorded ASB Complaints per 10,000 EPS - % of adult residents stating they feel "very safe" or "fairly safe" (Plus_specific EPS figures e.g. graffiti and environment actions)
	<u>Poverty and Inequality Partnership</u> With: Transport Forum;	Healthy neighbourhoods as a priority for physical planning and service planning; including priority for active commuting and local shopping	<ul style="list-style-type: none"> Number of place making or public realm improvement schemes designed or implemented in deprived areas number of community

P and I Outcome	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
	<p>Sustainable Development Partnership</p> <p>Poverty and Inequality Partnership</p> <p>With:</p> <p>City Housing Strategy Group</p> <p>Supported by Sustainable Development Partnership</p> <p>Poverty and Inequality Partnership</p> <p>With:</p> <p>Transport Forum</p>	<ul style="list-style-type: none"> • Promote and develop Greening projects and greenspace throughout the city • (EPIC Recommendation): Ensure action on tackling fuel poverty and housing quality in all housing sectors <p><u>New/Additional Actions:</u></p> <ul style="list-style-type: none"> • Priority for physical activity including active commuting and local shopping • Target cycle awareness work to deprived communities 	<p>street audits undertaken in these areas with actions carried forward by the Council or its partners</p> <p>EPS: e.g.</p> <ul style="list-style-type: none"> • satisfaction with buildings and spaces • active travel, cycling • satisfaction with areas • Council caring about environment • Selected fuel poverty measures by area - see recent work commissioned for CEC SFC Department • Number of promotional activities undertaken in areas described as deprived • % of population within 'x'm of cycling facility or length of new cycle facility/ money spent on cycling in ward

<i>P and I Outcome</i>	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
<u>Place Making (Social Fabric):</u> <i>Sustainable and safe communities which are strong, resilient and engage all income groups</i>	<u>Poverty and Inequality Partnership and/or</u> Neighbourhood Partnerships (tbc through Neighbourhood Plan process) Community Learning and Development Partnership	<u>Existing Priority Actions:</u> <ul style="list-style-type: none"> • Promote and develop strong neighbourhood focus for action on poverty and inequality through Local Community Plans • (EPIC Recommendation): Ensure action on continuing engagement and understanding the experience of communities and service users, including building trust. • (EPIC Recommendation): Ensure action on increasing the influence on budgets by communities to better tackle poverty and inequality. • Deploy community-based adult learning and community capacity-building approaches through CLD partners including community empowerment, adult literacy and numeracy, health literacies, supporting families' learning, learning for employability, positive destinations for young people, volunteering 	(See notes page) e.g. measures of social cohesion <i>Measures and targets to be discussed</i> e.g. impact measurement and participation statistics from CLD partners <i>Measures and targets to be</i>

P and I Outcome	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
	Compact Compact Partnership <i>(All partners and partnerships)</i> With: Health Inequality (Health and Social care Partnership Community Learning & Dev't partnership)	<ul style="list-style-type: none"> • Priority actions on social capital through volunteering strategy <p><u>New/Additional Actions:</u></p> <ul style="list-style-type: none"> • Tackling Stigma: the Edinburgh Compact Partnership will lead work to implement this principle, forming a core which a range of partners' and partnerships' actions can complement to develop impacts on stigma across all the outcomes in this framework • Promote and develop anti-stigma campaigns against stigmatising language and assumptions • Promote and develop approaches to targeting need without denigrating groups such as developing new asset based models of service delivery 	<i>discussed</i> e.g. volunteering statistics from the Scottish Household Survey key campaign milestones tbc <i>Measures and targets to be discussed</i>
	<u>Poverty and Inequality Partnership</u> With:	(EPIC Recommendation): Develop proposals for the development of neighbourhood based training programmes on poverty and inequality (including links	Output numbers from training

<i>P and I Outcome</i>	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
	Total Place/ Neighbourhood Partnerships/ CLD Community safety	<p>to Total Place induction.)</p> <p><u>Offender Recovery</u></p> <ul style="list-style-type: none"> • Monitoring improvement in mental and physical health, reduction in substance misuse, access to suitable accommodation, and access to employment/training. <p>8.1 Ensure through criminal justice statutory supervision and voluntary “throughcare” commissioned services that poverty issues are fully addressed in action plans for individuals who have been offenders</p>	<ul style="list-style-type: none"> • number of offenders on supervision who access employment/ training opportunities; • the Offender Recovery Service contract monitoring figures on: • improvement in mental and physical health • reduction in substance misuse • access to suitable accommodation • access to employment/ training

<i>P and I Outcome</i>	<i>Lead Partnership/s with Responsibility for Delivery</i>	<i>Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i></i>	<i>Measures and time periods <i>Suggestions for detailed development</i></i>
<u>Health and wellbeing (Adults):</u> <i>All citizens are able to enjoy their potential and live well without barriers from poverty and inequality</i>	Community Health Partnership (from 2015, Edinburgh Health and Social Care Partnership)	<p><u>Existing Priority Actions:</u></p> <ul style="list-style-type: none"> • Choose Life - Suicide reduction • Substance misuse strategy • Reductions in violent crime <p>Develop a co-ordinated response by all of the recovery-oriented services offering accommodation, care, support and protection to complex and multiple needs from interconnected social distress and personal difficulty including mental ill health, offending, and addictions through the Inclusive Edinburgh strategy</p>	<p>(See notes page)</p> <p>Measures and targets to be discussed</p> <p>Measures and targets to be discussed</p> <p>Measures and targets to be discussed</p> <p>Indicators to be identified from Inclusive Edinburgh for better outcomes for individuals, their families and the communities in which they live</p>
<u>Health Inequalities:</u>	Community Health Partnership (from 2015, Edinburgh Health and	<p><u>Existing Priority Actions:</u></p> <p>The city strategic framework and action plan agreed through the health inequality standing group (HISG) is</p>	(See notes page)

P and I Outcome	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
<i>Improved wellbeing and life expectancy for all citizens and reduced inequality of health outcomes</i>	Social Care Partnership or EHSCP) through Health Inequalities Standing Group (HISG)	<p>very broad in approach, focuses clearly on poverty as a major factor in health inequality, and also seeks to work across strategic and cross cutting partnerships in the city. The six strategic objectives will continue to be reported to the Edinburgh Health and Social Care Partnership as part of community planning.</p> <p>The HISG proposes that the following representative actions drawn from their strategic framework and action plan form part of the PIP Key Actions Framework using measures agreed through the HISG action plan.</p>	Overview level - Mainstream HI Indicators from Health and Social Care Strategic Plan/ SOA indicators
	EHSCP (HISG)	<p>Tackling Food Poverty including</p> <ul style="list-style-type: none"> • Healthy eating as a realistic choice in all communities through community food and co-operative provision and increasing skills and knowledge • Meeting emergency needs (e.g. through food banks) but working to ensure longer term achievement of good nutrition 	<i>Measures and targets to be discussed – see action plan</i>
	EHSCP (HISG)	Community Health action in all priority communities – including	Local health actions in all priority areas with measures of community contacts and outcomes from

P and I Outcome	Lead Partnership/s with Responsibility for Delivery	Priority Actions to Tackle Poverty and Inequality <i>(Entries are existing and new/additional actions identified by PITG in previous dialogue)</i>	Measures and time periods <i>Suggestions for detailed development</i>
		<ul style="list-style-type: none"> • action on strong healthy communities able to act for reduced inequality • Actions on reducing stigma [new Action] 	existing and developing assessment system data e.g. <ul style="list-style-type: none"> • volume of interventions, target achievement, impacts • Health Inequalities Action Plan indicators