East Lothian Council

MINUTES OF THE MEETING OF THE CABINET

TUESDAY 17 JANUARY 2023
VIA A DIGITAL MEETING FACILITY

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Cabinet Members Present:

Councillor S Akhtar
Councillor A Forrest
Councillor C McGinn
Councillor F Dugdale
Councillor N Hampshire (Convener)
Councillor J McMillan

Other Councillors Present:

Councillor R Bennett
Councillor C Cassini
Councillor G McGuire
Councillor K McLeod
Councillor L Bruce
Councillor J Findlay
Councillor S McIntosh
Councillor B Ritchie

Council Officials Present:

Mrs M Patterson, Chief Executive
Ms L Brown, Executive Director for Education and Children's Services
Ms S Fortune, Executive Director for Council Resources
Mr D Proudfoot, Executive Director for Place
Ms E Dunnet, Head of Finance
Ms M Ferguson, Head of Corporate Support
Mr I Gorman, Head of Operations, East Lothian Health & Social Care Partnership
Ms N McDowell, Head of Education
Ms W McGuire, Head of Housing
Mr T Reid, Head of Infrastructure
Ms S Saunders, Head of Communities & Partnerships
Ms M Sullivan, Head of Development
Ms J Tait, Head of Children's Services
Mr S Cooper, Team Manager - Communications
Mr C Grilli, Service Manager – Governance
Mr P Vestri, Service Manager – Policy, Improvement & Partnerships
Mr I Lennock, Team Manager – Assets and Regulatory
Mr P Ritchie, Service Manager – People & Council Support
Ms M Coyle, Service Manager - Procurement
Mr E John, Service Manager – Sport, Countryside & Leisure
Mr B Moffat, Service Manager – Transport & Waste
Ms M Scott, Committees Officer

Clerk:

Ms F Currie

Apologies:

None

Declarations of Interest:
None

1. MINUTES FOR APPROVAL – CABINET 8 NOVEMBER 2022

The minutes of the meeting of the Cabinet on 8th November 2022 were approved.

2. FINANCIAL UPDATE AND BUDGET DEVELOPMENT 2023 ONWARDS

A report was submitted by the Executive Director for Council Resources providing Cabinet with an update on the national Local Government Finance settlement, the financial implications for East Lothian Council and associated budget gap.

The Head of Finance, Ellie Dunnet, presented the report summarising the background and key messages. She outlined the main points of the local government finance settlement and the budget implications for East Lothian. She advised Members that the scale of the financial pressures now facing the Council remained at a critically high level with an estimated funding gap in excess of £14.4M to be met by 2023/24 and projections that this would rise to a deficit of over £45.5M in the next 5 years.

Ms Dunnet referred to the lobbying campaign undertaken by CoSLA and stated that officers also continued to lobby in the strongest terms though all available avenues, including professional associations. She advised Members that the Council had undertaken a budget consultation, the results of which were currently being analysed. She set out the process for preparation of budget proposals, including the process for amendments, in advance of their consideration at a meeting of full Council on 28th February. She reiterated that the financial challenges remained at a level never seen before and these extraordinary pressures meant that there was limited flexibility to address local needs and priorities.

Officers responded to questions from Members. Ms Dunnet and Wendy McGuire, Head of Housing, addressed the reduction in funding for homelessness which had come about following the merging of two previous funding streams. Ms McGuire confirmed that officers were currently analysing the figures to understand the implications for services.

Sarah Fortune, Executive Director for Council Resources, confirmed that the core revenue support grant had increased by 0.9%. She also confirmed that the Scottish Government would fund 80% of the cost of the Musselburgh flood protection works but it was not yet clear whether similar funding would be provided for the Haddington flood protection scheme.

Addressing the detail of the local government finance settlement, Ms Fortune acknowledged that the calculations were hugely complex, involving hundreds of indicators and a range of elements which contributed to the formula producing each local authority's individual settlement. While some of these indicators included population, it did not necessarily follow that areas with the highest population growth received a corresponding increase in funding. She agreed that this was not ideal and confirmed that this disparity and how to address it continued to be the subject of discussion within CoSLA. However, she remained of the view that there was merit in remaining within CoSLA and being part of national negotiations.

Douglas Proudfoot, Executive Director for Place, provided additional context including the discussions around the impact of the City and Region Deal and the need for a review of funding arrangements. He agreed that the impacts of population growth were significant and, without additional funding, had implications for establishing a balanced budget. He advised

Members that further information on this issue would be presented as part of a report to Council in February.

In response to questions on the impact for education services, Ms Fortune confirmed that, at present, the grant covered the cost of delivering the commitment to 1140 hours of early learning and childcare but that a number of challenges remained. Work was ongoing to ensure that this commitment could continue to be delivered within the ring-fenced funding. She acknowledged that the school clothing grant funding for East Lothian had reduced despite an increase at national level. This was an example of the complexity of the settlement and was another area where discussions were taking place to ensure that indicators were driving the right policy. She also confirmed that discussions were taking place with CoSLA and the Scottish Government regarding a reduction in funding which related to two separate elements – the 2020/21 teachers' pay deal and delivery of national teacher numbers.

Ms Dunnet acknowledged concerns over the transparency of decision making around the settlement and the public's understanding of such complex calculations and what it meant for their local authority. She and other officers had given feedback to CoSLA on these matters and would continue to work on understanding the full impact of the settlement and sharing further details with Members.

Councillor Forrest thanked officers for the helpful and clearly set out report which had given him a better understanding of the issues.

Councillor McMillan said the report showed the tough decisions which were needed to maintain and deliver good quality services. He noted that CoSLA had a difficult task and that there needed to be clear messaging around maintenance of quality standards and investment, planning and budgeting to meet the unprecedented challenges facing all local authorities.

Councillor Akhtar said that the messages in the report were concerning for all. She referred to decreases in funding and a lack of transparency and openness in decision making by government. She hoped that the CoSLA campaign would be listened to and that further clarity would be provided on funding for areas such as health and social care. She urged the Council Leader and colleagues to continue to campaign for these issues to be addressed.

The Convener commented that Scottish Government targets in policy areas such as poverty reduction, education, climate change and social care could only be delivered with the support of local government. However, reductions in funding in recent years had made this more and more challenging; some services were in crisis and the delivery of key targets was at risk. He urged all Members to support the report.

Decision

The Cabinet agreed to note:

i. the current position relating to the national Local Government Finance Settlement and the implications for East Lothian Council;

ii. the associated revenue funding gap for East Lothian Council as set out in paragraph 3.9; and

iii. the updated budget development framework process for submitting amendments and to request that any formal amendments be submitted in accordance with the timeline set out in paragraph 3.19 of the report.

3. 2023-2027 WORKFORCE PLAN

A report was submitted by the Executive Director for Place to present the 2023-2027 workforce plan to Cabinet for approval.

The Service Manager – Policy, Improvement & Partnerships, Paolo Vestri, presented the report. He advised Members that actions delayed from the previous plan, due to COVID, had been included in the new plan. He outlined the background and content of the new plan which had been considered by the Council's Joint Consultative Committee in December 2022 and their comments had been incorporated into the draft. He drew Members' attention to the 32 actions set out in the action plan which had been grouped into three main themes. He concluded that the Council remained committed to investing in its workforce and implementation of the workforce plan would rely on the Council and Trade Unions working together.

Mr Vestri responded to questions from Members. He provided details of actions within the plan to support the health and wellbeing of staff, to develop diversity within the workforce, to support the delivery of the Council Plan and develop the highest quality public services. He confirmed plans to begin a programme of improvement/self-evaluation for customer services staff, based on the European Foundation of Quality Management (EFQM), and which would incorporate both staff and customer views.

In response to a question about the lack of female craft workers, Mr Proudfoot said that the Council had a very ambitious apprenticeship programme but he would be happy to consider additional actions to makes these roles more attractive to female workers. He added that this was a substantial challenge for the construction industry as a whole.

Morag Ferguson, Head of Corporate Support, replied to a question on uptake of the services offered by the Employee Assistance Programme (EAP). She said that there had not been a significant increase in uptake over the past two years but she acknowledged that there may be an element of delayed reaction in that. The Healthy Working Lives team would looking at supplementing the support available to staff from the EAP. She agreed to provide figures to Members on uptake of EAP services over the last two years and to look at how best to publicise the EAP, particularly to new staff.

Councillor Akhtar welcomed the report and the engagement with staff in the preparation of the draft plan. She highlighted the feedback in the staff survey which rated the Council as a good employer and a good place to work and noted that this figure had gone up from the previous year. She also took the opportunity to thank the workforce, observing that neither the Council's nor the Scottish Government's priorities could have been delivered without staff going above and beyond what was required of them.

Councillor McMillan echoed these remarks. He noted the content of the plan and in particular the emphasis on wellbeing. He said it was important for teams and individuals to support each other and to take advantage of the services available to them. He acknowledged the importance of learning new skills and developing services, such as broadband, to support digital progress and deliver services. He added his thanks to all staff for the way they had responded to the demands placed on them.

Councillor McGinn also echoed his colleagues' comments. He expressed his frustration at the trend, particularly on social media, for people to criticise Council staff without knowing the background. In his view, the staff were invaluable and their support to communities during recent crises should never be underestimated. He gave some examples of where individual members of staff had gone over and above and had shown an ability to develop

innovative solutions for local communities. He concluded that any organisation was only as good as their workforce.

Councillor Dugdale welcomed the report and was particularly glad to see the actions to support staff wellbeing. She wanted all staff to know that she and her colleagues were aware of the challenges they faced and acknowledged fully their contributions to the work of the Council.

The Convener welcomed the report and thanked his colleagues for their comments. He referred to the significant pressure councils were under to deliver Scottish Government policy commitments within current financial constraints and the impact on staff. He shared his colleagues' view that the Council must look after its workforce and do all it could to support them.

Decision

The Cabinet agreed, by roll call vote, to approve the 2023-2027 Workforce Plan.

4. DIGITAL STRATEGY 2022-2027

A report was submitted by the Executive Director for Council Resources...

Ms Ferguson, presented the report. She advised that the Strategy headings were the same as those in the Council Plan to ensure a clear read across. She drew attention to the principles and actions within the document which would guide the Council as it took up digital opportunities in the coming years.

Councillor Forrest thanked officers for their work on the Strategy and for their efforts to support the move to home working and online education during the pandemic.

Councillor McMillan welcomed the paper and emphasised to importance of IT in supporting the Council and businesses across the county. He also reiterated the importance of good broadband for rural businesses. He said that this paper provided the foundation for the Council's work while demonstrating its ability to be forward thinking and to develop services for the future.

Councillor Dugdale highlighted the work and investment around technology in schools and said it was good to see the emphasis on new ways of working and learning.

Councillor Akhtar commented that rural villages needed to benefit from superfast broadband and the Council should do what it could to support this.

The Convener said that this was a vitally important paper and it was essential that the Council kept up to date while also getting as much value as possible from its investment in IT. He acknowledged the current issues associated with servicing, including costs and staff time, and that there would be further financial challenges going forward.

Decision

The Cabinet agreed, by roll call vote, to approve the adoption of the Digital Strategy 2022-2027.

5. PROCUREMENT STRATEGY 2023-2028

A report was submitted by the Executive Director for Council Resources informing, and seeking approval from, Cabinet for the Council Procurement Strategy 2023-2028.

The Service Manager – Procurement, Michelle Coyle, presented the report. She outlined the background and content of the strategy including the 5 key objectives and how these would support the wider work of the Council. She referred Members to the actions contained in the strategy, the plans for its review on an annual basis and confirmed that any future revisions would be brought to Cabinet for approval.

Ms Coyle responded to questions from Members. She acknowledging the impact of Brexit and rising inflation on the costs of goods and services and work being undertaken with Scotland Excel to manage these pressures and ensure value for money. She confirmed that the action plan for 2023 included proposals for community wealth building, beginning with a workshop with Scotland Excel in March. She advised that her team was working on a Learnpro module to assist with staff training across Council service areas and that an article would appear in Inform highlighting the updated procurement procedures.

In response to a further question, Ms Coyle agreed to consider whether it would be possible to produce more detailed statistical information on contracts, based on supplier location.

Councillor McMillan was delighted to welcome the strategy with its focus on the climate challenge, value for money and community wealth building. He said that there were many local businesses that would benefit from Council support and it was important to have ambitions and aspirations for the local economy and jobs. He was also pleased to note that the strategy reflected the Council's values of enabling, leading and caring.

The Convener agreed with his colleague, noting that procurement was an important part of the Council's responsibility to be fair and transparent.

Decision

The Cabinet agreed, by roll call vote, to approve the East Lothian Council Procurement Strategy 2023-2028.

6. PROCUREMENT PROCEDURES

A report was submitted by the Executive Director for Council Resources informing, and seeking approval from, Cabinet for the revised Council Procurement Procedures.

Ms Coyle presented the report. She advised that the procedures outlined the roles and responsibilities of officers, including delegated functions, in relation to the procurement of goods and services, and the delivery of Council projects. The revisions ensured that the procedures remained in line with legislation and government guidance, while supporting the Council's sustainability and economic recovery objectives. The procedures would be supplemented by more detailed working instructions which would be made available to staff.

Ms Coyle responded to questions from Members. She provided further detail of how the procedures would support community wealth building while remaining fair and delivering best value. She outlined the relevance of external standards of procurement on the Council's internal procedures and confirmed that timescales for procurement could be shortened or extended depending on the requirements of the service area, the type of contract being considered and capacity within the procurement team.

Councillor McMillan welcomed the report and its inclusion of the East Lothian Way. He was particularly pleased by the emphasis on empowering staff to work with the framework and the references to knowledge sharing and training. He said it was clear that the Council was not just about costs but also about quality and that this thoughtful paper would lead to improvements in procurement practices.

The Convener welcomed the setting out of clear procedures which would be of benefit to the Council going forward.

Decision

The Cabinet agreed, by roll call, to approve the revised procurement procedures.

7. SUSTAINABLE FLEET MANAGEMENT STRATEGY

A report was submitted by the Executive Director for Place seeking approval of the Council's Sustainable Fleet Management Strategy 2022-27.

The Service Manager – Transport & Waste, Bruce Moffat, presented the report. He advised that the strategy would ensure that assets remained fit for purpose and part of a sustainable and resilient fleet. The strategy also tied into the Council's capital 5 year replacement programme and wider climate objectives.

In response to questions from Members, Mr Moffat provided further detail on supply chain pressures and the implication for timeframes, the costs relating to replacement of vehicles with alternative fuel solutions and the targets for stopping the purchase of fossil fuel vehicles. He acknowledged the costs savings associated with moving to alternative fuels through reduced running costs and maintenance schedules, but added that it was also necessary to ensure that vehicles were fit for purpose.

Replying to further questions, Mr Moffat advised that, while cargo bikes did not fall within the fleet remit, he was working with Roads Services on a sustainable transport model and cargo bikes would be considered as part of this. He also provided some examples of costs associated with the conversion of recycling vehicles from diesel to hydrogen fuel.

The Head of Infrastructure, Tom Reid, acknowledged that cargo bikes could be used in some settings but would not be suitable for all needs and that any transport model had to be based on the requirements of each Service.

Councillor Forrest commented that the report showed clearly where the Council wanted to go and how it planned to get there; and it gave considerable food for thought.

Councillor McMillan welcomed this forward thinking and well thought out report. He said that the Council was leading the field as one of the few local authorities to have a sustainable fleet strategy.

Councillor Dugdale was reassured by the strategy which showed how professional and well-prepared the Council was for the future. Her only concern was the finance needed to deliver the strategy.

The Convener fully supported the commitment to upgrade the fleet and ensure it was as environmentally friendly as possible. However, he pointed to the continuing financial challenges, as well as supply and demand pressures, and said that additional support would be needed from government to help the Council meet its target.

Recommendation i was approved by general agreement and recommendation ii was approved, unanimously, by roll call vote.

Decision

The Cabinet agreed to:

i. note the developed Sustainable Fleet Management Strategy provided a pathway approach that would help to ensure the Council had safe, reliable, cost effective and sustainable vehicles, plant and associated equipment, at the right time and at the right cost to support the strategic, corporate and service objectives of the Council and to support service delivery; and

ii. approve the Council's Sustainable Fleet Management Strategy 2022-2027.

8. EAST LOTHIAN WATER SAFETY POLICY

A report was submitted by the Executive Director for Place advising Cabinet of the East Lothian Water Safety Group and seeking Cabinet approval for the East Lothian Water Safety Policy.

The Service Manager – Sport, Countryside & Leisure, Eamon John, presented the report. He said the policy took account of the increase in visitors to the county's coastline during the pandemic, the popularity of wild swimming and other water activities and the importance of developing good practice and supporting national strategies around water safety. He also highlighted the work of the Water Safety Group to develop a partnership and collaborative approach to water safety across the county. Although this work had initially centred on Belhaven Bay, the intention had always been to develop a county-wide policy.

Mr John responded to questions from Members providing further detail of the costs and services involved in supporting the multi-agency response to increased visitor numbers since 2020. He advised that water safety was an important part of the health and wellbeing curriculum delivered in schools and the intention would be to build on this and work with parents/carers to increase awareness.

Responding to further questions, Mr John and Mr Reid confirmed that the Council continued to engage with Scottish Water and SEPA on monitoring and improvement of water quality. Mr John also confirmed that discussions had taken place with the Coastguard and RNLI, within the context of the Water Safety Group, on the need for improved signage and mitigations in key areas. However, he pointed out that the development of a lifeguard service would have cost implications.

Councillor McGinn thanked officers for their exemplary work and noted that the policy was timely given the continuing increase in visitor numbers. He emphasised the importance of education and raising awareness in improving the safety of visitors. He believed that the policy would help to achieve this while allowing everyone to enjoy the county's coastline.

Councillor McMillan acknowledged the work of the ranger service and welcomed the partnership working which had underpinned the policy. He referred to the importance of staying alert to the potential dangers posed by bodies of water and of continuing to promote water safety within schools.

Councillor Forrest observed that people's lives had changed since the pandemic and they wanted to get outdoors more and enjoy their hobbies. This policy showed that the Council was not just welcoming visitors but also looking after their health and wellbeing too.

Councillor Dugdale said the policy showed how East Lothian was leading the way to improve safety and visitor experience. It also highlighted the work going on across the Council, and with children, young people, parents and carers to understand and manage the risks from open water.

The Convener said that, as a councillor for Dunbar, this was a particularly important issue. While access to water had provided a welcome tourism boost, ensuring people's safety was essential. He talked of the potential risks for those unfamiliar with the coastline and tides, and of the risks associated with inland water too. He noted that assistance was not always available on site and it was important to do everything possible to educate visitors, particularly young people, of the risks. He welcomed the policy and the partnership working.

Decision

The Cabinet agreed, by roll call vote, to note the content of the report and approve the East Lothian Water Safety Policy.

9. REVIEW OF CHARGING POLICY

A report was submitted by the Executive Director for Council Resources seeking Cabinet agreement to the updated charging policy.

Ms Dunnet presented the report. She advised Members that the charging policy had been last updated in 2019 and was due for review a minimum of every three years. The policy under consideration related to services for which the Council had discretion to set a charge and to set the level of the charge. It did not cover services where the requirement for charging and the level of charges were set out in statue. Ms Dunnet concluded that while the existing policy remained broadly fit for purpose, a few changes had been proposed to the wider approach and overarching principles applied to charging.

Councillor Akhtar noted that there was no fundamental change proposed to the charging policy. She also acknowledged the inclusion of flexibility to allow charging to reflect inflationary increases but added that the Council needed to be mindful of the financial pressures facing organisations who were delivering key services.

Recommendation i was approved by general agreement and recommendation ii was approved, unanimously, by roll call vote.

Decision

The Cabinet agreed to:

i. Note the proposed changes to the Council's charging policy, as detailed in the report and appendix; and
ii. The adoption of the updated policy with immediate effect, and that this version will replace the previous iteration of the policy adopted in 2019.

10. CHARGES RELATING TO LICENSING OF PUBLIC ENTERTAINMENT ACTIVITIES

A report was submitted by the Executive Director for Council Resources advising Cabinet of the introduction of new shorter term licences for Public Entertainment activities, for periods

of both one and two years, and seeking approval of the proposed licence fees for these new licences.

The Service Manager – Governance, Carlo Grilli, presented the report. He outlined the background to the current three year Public Entertainment licence and associated fee and the proposal to introduce shorter duration licences to assist applicants who may find the licence duration and fee prohibitive or lacking the flexibility required for their purposes. He advised Members that the Licensing Sub Committee had approved the proposal to introduce one and two year licences at their meeting on 10th November 2022 and had also recommended that the fees for these licences be fixed at £200 and £400 respectively.

Recommendation i was approved by general agreement and recommendations ii and iii were approved, unanimously, by roll call vote.

Decision

The Cabinet agreed to:

i. Note that on 10th November 2022 Licensing Sub Committee approved the granting of Public Entertainment licences for a reduced duration of one or two years;
ii. Approve the fee of £200 for a one year licence; and
iii. Approve the fee of £400 for a two year licence.

11. KING'S CORONATION – MAY 2023

A report was submitted by the Executive Director for Council Resources informing Cabinet of the UK Government's and Scottish Government's decision to declare a National bank Holiday on Monday 8th May 2023 to mark the Coronation of His Majesty King Charles III. The report also sought Cabinet approval to agree an additional Public Holiday (pro-rata) for all employees on Monday 8th May 2023 to mark the occasion.

The Service Manager – People & Council Support, Paul Ritchie, presented the report. He informed Members of the Council's proposals for the additional Public Holiday and outlined the financial implications, as well as the arrangements for staff who may be required to work on 8th May or who, because of their work pattern, would not be due to work that day. He confirmed that the additional Public Holiday would apply to teaching staff and that the Trade Unions had been consulted and were supportive of the proposals.

In response to a question, the Convener acknowledged the costs that would be incurred as a result of this proposal and that extra funding would be unlikely to come forward.

Decision

The Cabinet agreed, by roll call vote, to an additional Public Holiday on Monday 8th May 2023.

12. PROHIBITION OF OVERNIGHT CAR PARKING AT COASTAL CAR PARKS

A report was submitted by the Executive Director for Place seeking Cabinet approval to start the statutory procedures necessary to introduce and amend Experimental Traffic Regulation Orders to prohibit overnight parking at costal car parks.

The Team Manager – Assets & Regulatory, Ian Lennock, presented the report. He advised that the orders were temporary and the benefits and impact would be monitored to ensure the approach was successful. In addition, officers were considering the provision of some dedicated trial chargeable campervan parking that would provide capacity where required and this would be the subject of a separate report to Cabinet. The purpose of the orders was to address the increase in overnight parking which had resulted in considerable damage to local biodiversity and an increase in littering and human waste. He concluded that the orders would be supported by targeted enforcement.

Mr Lennock replied to questions from Members. He confirmed that although the orders would be in place for 18 months, their impacts would be closely monitored throughout this period and further action could be taken earlier, if required. Monitoring would include any potential displacement of vehicles from car parks to surrounding residential areas. At the request of the Convener, Mr Lennock agreed to discuss the situation at Whitesands and Belhaven with local community groups.

Mr Reid confirmed that officers were looking to bring in temporary/experimental spaces for campervans in some car parks. He added that many coastal car parks already had height restrictions which prevented access for larger vehicles. He said that the proposed orders would make a significant difference to the current situation and to the staff teams who were required to clean up the mess left at these sites. He also confirmed that officers would be looking at the issue of displacement and how best to manage this.

Councillor McMillan welcomed the proposals as part of wider considerations to support tourism while also protecting the environment. He noted the plans to assess other options for mobile home users and he thought the report a good first step in explaining the alternatives which would yield better results.

Councillor Forrest echoed his colleague's remarks noting that the orders were experimental and could be tailored to fit specific requirements. He hoped the orders would ensure that no damage was done to the environment and biodiversity, while encouraging visitors to use the car parks and allowing everyone to enjoy the area.

The Convener said that while he welcomed tourism to coastal areas, everyone was well aware of the damage done by some individuals' overnight parking. The Ranger Service had often been required to clean up sites and he hoped that this proposal would provide some controls to address the issues.

Decision

The Cabinet agreed, by roll call vote, to approve the initiation of the statutory procedure necessary to introduce and amend Traffic Regulation Orders in accordance with the Local Authorities (Procedures) (Scotland) Regulations 1999 and such introductions of locations and proposals listed in Appendix A to the report.

Signed .....

Councillor Norman Hampshire
Council Leader and Convener of Cabinet

East Lothian Council

REPORT TO: Cabinet

MEETING DATE: 14 March 2023 **2**

BY: Executive Director for Council Resources

SUBJECT: Additional Financial Support to ALEO

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1 PURPOSE

1.1 To approve an additional financial contribution of support to Enjoy Leisure.

2 RECOMMENDATIONS

2.1 To approve an additional financial contribution of £40,000 to Enjoy Leisure aligned to loss of income relating to the closure of the Loch Centre Swimming Pool.

3 BACKGROUND

3.1 Since 23 January 2023, the swimming pool situated within the Loch Centre Tranent has been closed due to issues identified with the building. On-going site investigations and detailed options appraisals are currently being progressed, with the facility anticipated to remain closed until options have been fully explored.

3.2 Enjoy management have been exploring all options to mitigate the impact of this closure, including the reallocation of services to alternative locations where this is possible. The swimming pool and associated services remains however an important income stream for Enjoy, and therefore they remain unable to mitigate the impact of this loss of income in the short term.

3.3 Enjoy continues to operate in a very challenging financial landscape, and this has remained an acute area of pressure and focus both during COVID and more importantly in their recovery from COVID. In recent years, members will be aware that the Council has continued to provide a 'letter of guarantee' as part of the annual accounts closure to our ALEO partner providers including Enjoy. In addition, given the acute and on-going challenges, officers continue to meet monthly in addition to quarterly

contract meetings, to discuss the financial position, including the impact on loss of income from the on-going closure of the Loch Centre swimming pool.

3.4 Given the on-going financial impact of this closure in addition to the on-going financial challenges facing Enjoy, it is recommended that the Council provides a contribution of £40,000 to support the loss of income, which remains consistent with the legal agreement between the Council and Enjoy.

3.5 It is recognised that both organisations continue to face significant financial challenges. Subject to approval, it is recognised that this contribution is unlikely to mitigate the full impact of loss of income being face, and the on-going impact of this closure will continue to remain subject to on-going review.

4 POLICY IMPLICATIONS

4.1 None

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6 RESOURCE IMPLICATIONS

6.1 Financial – Subject to approval, the £40,000 will be met from the Council's COVID / Recovery and Renewal Fund, with a balance at 31 March 2022 at £5.479 million.

6.2 Personnel - None.

6.3 Other - None

7 BACKGROUND PAPERS

7.1 None

AUTHOR'S NAME	Sarah Fortune
DESIGNATION	Executive Director for Council Resources (Chief Financial Officer)
CONTACT INFO	sfortune@eastlothian.gov.uk
DATE	14/03/2023

East Lothian Council

REPORT TO: Cabinet

MEETING DATE: 14 March 2023

3

BY: Chief Executive

SUBJECT: Risk Management Strategy 2023 to 2026

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1 PURPOSE

1.1 To present to Cabinet the Risk Management Strategy 2023 -2026 (Appendix 1) for approval.

2 RECOMMENDATIONS

2.1 It is recommended that Cabinet approves the Risk Management Strategy 2023 – 2026 and in doing so, is asked to note that:

- this is a live document which will be monitored by the Corporate Risk Management Group in the context of new and developing risks arising in the international, national and local context.

3 BACKGROUND

3.1 The Strategy provides a comprehensive framework that will help embed effective management of risk. Key elements of the strategy are:-

- Risk Management Philosophy, Objectives and Standard Procedures
- Structural Arrangements and Responsibilities
- Monitoring and Reviewing Risk Management Activity
- Implementation, Communication and Review

3.2 The Risk Strategy was last revised and then approved at Council in December 2019, covering the period 2019 to 2022. The Corporate Risk Management Group, and Linking Risks Sub-Group thereof, have recently revised the strategy and made some amendments to take account of the

current risk context in which Council services operate, existing risk management practice and the current software. The revised strategy is attached in full as Appendix 1, and will cover the period 2023 to 2026.

4 POLICY IMPLICATIONS

4.1 In approving this report the Cabinet will be ensuring that risk management principles, as detailed in the Corporate Risk Management Strategy are embedded across the Council.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6 RESOURCE IMPLICATIONS

6.1 Financial - There are no direct financial implications associated with approving the revised strategy although it is anticipated that implementation may give rise to improvement measures which may themselves have financial implications.

6.2 Personnel - There are no immediate implications.

6.3 Other - Effective implementation of this strategy will require the support and commitment of those identified within the strategy to undertake specific responsibilities.

7 BACKGROUND PAPERS

7.1 None.

Appendix 1 – Risk Management Strategy 2023-2026

AUTHOR'S NAME	Scott Kennedy
DESIGNATION	Emergency Planning, Risk and Resilience Officer
CONTACT INFO	skennedy@eastlothian.gov.uk 01620 827900
DATE	27 February 2023

Risk Management Strategy

2023 to 2026

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APPENDIX 1 – RISK RATING MATRIX 15

Document Control			
Version No.	Effective Date	Reason for Update	Lead Reviewer
1.0	December 2009	New document	CMT/EP&RM
2.0	October 2012	Revised	CMT/EP&RM
3.0	January 2015	Revised	EP&RO/CMT
4.0	December 2016	Revised	EP&RO
5.0	December 2019	Revised	EP, R & R Officer
6.0	May 2020	Update of Executive Structure	EP, R & R Officer
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8.0	February 2023	Revised	EP, R & R Officer/CRMG

Previous Committee Decisions affecting this Strategy			Link to Report
	December 2019	COUNCIL	Agendas, reports and minutes | East Lothian Council

1. Background

East Lothian Council provides a diverse range of services to the community of East Lothian and visitors to the area. The strategic and operational hazards and potential risks associated with delivering these services are many and varied.

East Lothian Council regards risk as the threat that an event or action will adversely affect the Council's ability to achieve objectives and the successful execution of strategies. Risk Management is the process of identifying, analysing, treating and monitoring risks which face the organisation and forms part of East Lothian Council's internal control and corporate governance strategy.

Developing a risk management culture and integrating risk management into the way the Council delivers services is essential for achieving best value and achieving the Council's Vision of making East Lothian a good place to live, work or visit. When risk is well managed it often goes unnoticed. If it is poorly managed or not managed at all the consequences can be significant and high profile. Effective risk management is needed to prevent such failures and ensure high performance.

2. Policy Statement

2.1 The Elected Members and Chief Officers of East Lothian Council are committed to creating a culture within the Council where all staff are encouraged to develop new initiatives, improve performance and achieve their goals safely, effectively and efficiently by consistent application of tried and tested methodologies for identifying and managing opportunity and risk.

2.2 In doing so the Council aims to make the most of opportunities to:

- achieve high standards of performance;
- deliver high quality services for service users;
- provide an environment that meets Health & Safety requirements for the people it employs;
- protect assets and liabilities against potential losses, and
- minimise uncertainty in achieving its goals and objectives.

3. Scope

3.1 Whilst the Chief Executive has overall accountability for risk management, the Head of Communities has responsibility for the implementation of a suitable and effective risk management framework, and is supported in this respect by the Emergency Planning, Risk and Resilience Manager and Officer whose remit is to co-ordinate, integrate, oversee and support the risk management agenda and ensure risk management principles are embedded across the Council.

3.2 The Council has agreed that the Corporate Risk Management Group (chaired by the Head of Communities) is the lead Group overseeing the development, implementation and maintenance of risk management across all services. Risks will be recorded within the Corporate Risk Register, Service Risk Registers or Project Risk Registers.

3.3 **Corporate risks** represent those with the potential to impact on the 'corporate body', East Lothian Council, in achieving its stated policies and corporate objectives and those that require strategic leadership (for example the Council Plan and the Financial Strategy). Service risks may be included on the corporate risk register where a risk impacts on multiple services or requires significant central resources in the development of risk control measures.

3.4 **Service risks** represent the potential for impact on 'individual services' in relation to service delivery, or the experience of those who work within the services, i.e. staff, partners, contractors and volunteers, or the general public and clients in receipt of the services provided.

3.5 **Project risks** represent the potential for impact on specific projects being run by the Council at any time in relation to delivery of the project. Each Project should maintain a Project Risk Register with a summary risk within the applicable Service Risk Register.

3.6 This document represents the risk management framework to be implemented across the Council and effectively contributes to the signing of the Statement of Internal Control, which is an annual requirement of the Head of Finance.

4. Risk Analysis and Appetite

4.1 The Council has an overarching risk appetite to ensure that Corporate and Service risks are managed in line with the amount and type of identified risk which the Council is willing to accept in order to deliver its objectives and services.

4.2 The view of the severity of risk can and will vary across levels of seniority and between individuals and groups based on a number of factors including knowledge and understanding and past experience.

4.3 Changes in the Council's risk appetite can also be driven by significant external causes e.g. COVID-19 pandemic, where the Council had to accept increased risk levels that exceeded its approved risk appetite ranges as risk required to be managed within the boundaries of new national legislation and guidance.

4.4 Our risk appetite is that we wish all risks to be reduced to at least a Medium level through time. Beyond our risk appetite is our risk tolerance. This sets the level of risk that is unacceptable, whatever opportunities might follow. In such instances we will aim to reduce the risk to a level that is within our appetite. We illustrate our risk appetite and tolerance as follows in Paragraph 4.5. As a Council we are not willing to take risks that will cause a significant negative consequence for our objectives.

4.5 All risk will be analysed in terms of impact on the Council, its component services and the likelihood of occurrence. This analysis will produce an evaluation of risk as being Low, Medium, High or Very High. The council's response in relation to adverse risk, or 'risk appetite' is such that:

- 'Low' risk is broadly acceptable without any further action to prevent or mitigate risk;
- 'Medium' risk is tolerable with control measures that are cost effective;
- 'High' risk may be tolerable providing the Council is assured that adequate and effective control measures are in place; and,
- 'Very High' risk is unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position.

It should be noted that as a control measure the Council's insurance does not respond to cover all eventualities e.g. if a contractor does not have the necessary cover in place then the Council's policies will not automatically respond to cover any shortfall. All service areas should ensure that the insurance cover requested as part of the contract is checked as part of finalising any contract for works to be undertaken on buildings.

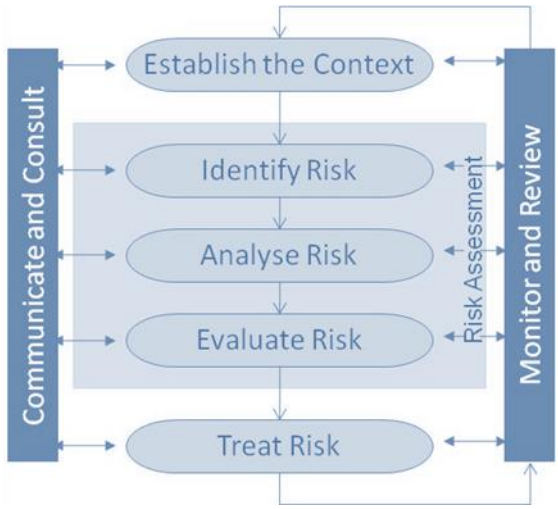
High and Very High risks will be subject to closer scrutiny by the Council Management Team (CMT), Council and the Audit and Governance Committee.

5. Risk Management Philosophy and Objectives

5.1 Risk Management is about the culture, processes and structures that are directed towards realising potential opportunities whilst managing adverse effects[1]. It is pro-active in understanding risk and uncertainty, it learns and builds upon existing good practice and is a continually evolving process that has an important role to play in ensuring that defensible and beneficial 'risk-aware' not 'risk-averse' decisions are made. It ensures that the Council provides high quality services and staff are aware that every effort has been made to maximise their opportunities to succeed.

[1] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004

5.2 East Lothian Council uses the risk management process shown below[2].



5.3 Risk Management Objectives

The specific risk management objectives of the Council are to:

(i) integrate governance and risk management into the day to day activities of all Council employees including project management and service planning;

(ii) create a consistent approach to risk across all services using the adopted process;

(iii) promote practical measures to reduce the Council's exposure to risk and potential loss;

(iv) define clear lines of responsibility for the management of risk, including corporate risks, service risks and those involving specialised support functions;

(v) provide a system for monitoring the effectiveness of the risk management framework;

(vi) provide a system for feedback on the management of key risks to Elected Members, with clear and measurable targets set, and reports on progress made against those targets;

(vii) comply with legislative requirements; and

(viii) comply with the requirements of Corporate Governance

5.4 The fundamental principles of Risk Management are to:

- ensure that the Risk Management process takes account of and links to Council objectives;
- monitor the provision of, and attendance at, Risk Management training events;
- to keep the elected members and senior managers advised of any significant risk management issues;
- to promote an open and fair reporting culture;
- encourage local ownership of the Risk Management process by ensuring that decisions on risk management are taken locally rather than centrally.
- agree clear roles and definitions relating to the accountability, management, escalation and communication of key risks; and
- approach the assessment of risks and opportunities consistently.

6. Risk Management Assurance – The Three Lines of Defence

6.1 Assurance on the design and effectiveness of the risk management framework is provided across the Three Lines of Defence (see Figure 1).

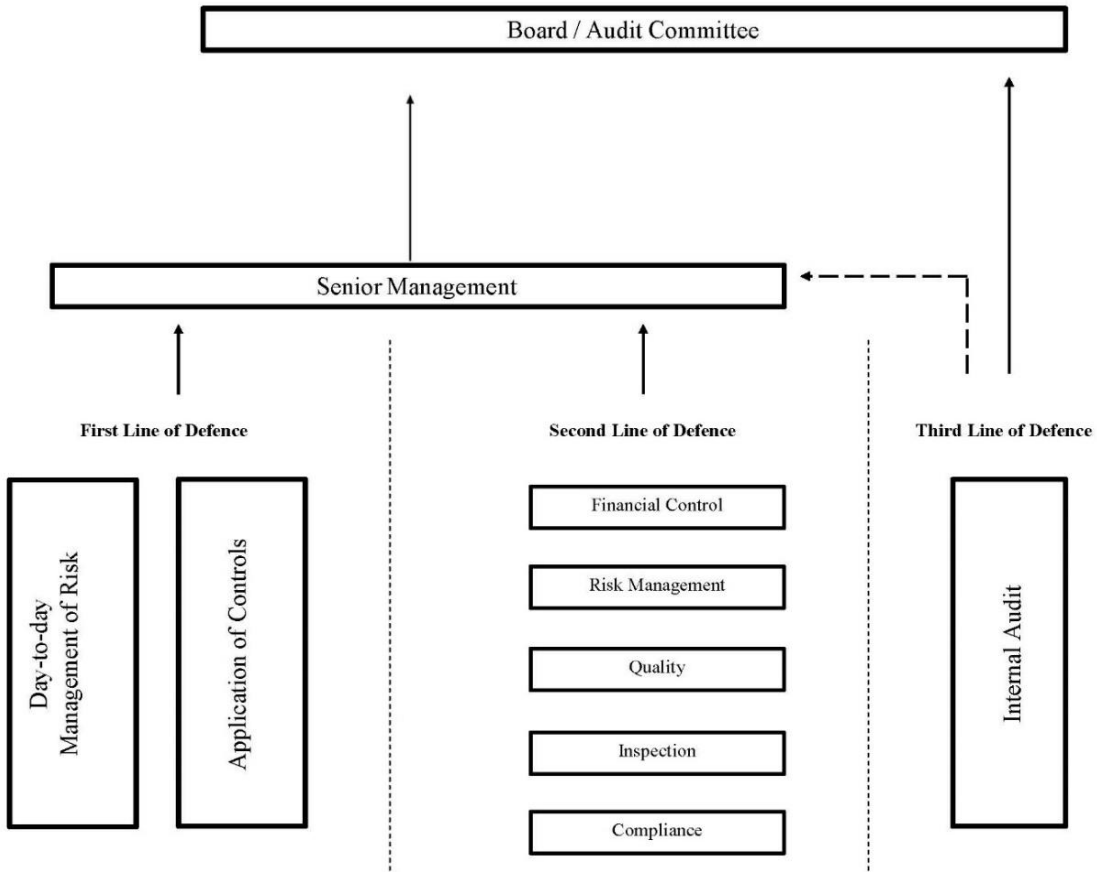
[2] Australia/ New Zealand Risk Management Standard, AS/NZS 4360: 2004 and ISO 31000 (2009)

6.2 Services, departments and directorates remain responsible for owning and managing their risks which includes ensuring their risks are identified, assessed, recorded in the Risk Register, continually managed and escalated where required. This first line of defence is formed by service managers, staff and corporate services such as Finance, HR and IT, who are responsible for identifying and managing risk as part of their accountability for achieving objectives. Collectively, they should have the necessary knowledge, skills, information, and authority to operate the relevant policies and procedures of risk control. This requires an understanding of the Council, its objectives, the environment in which it operates, and the risks it faces. They are also responsible for deploying strategies (taking acceptable risk) to generate reward for the organisation and for managing risks to acceptable levels.

6.3 The second line of the Emergency Planning, Risk and Resilience Team and the Corporate Risk Management Group will oversee and provide ongoing assurance to ensure the Risk Management Strategy is consistently and effectively applied whilst also making recommendations for improvement. Within East Lothian Council there are several Services who have compliance/quality teams within their remit including HR, IT, Transport and H&SCP and therefore provide additional assurance. They will also provide the Risk Strategy and any tools, techniques, training and support to enable risk and compliance to be managed in the first line and help ensure consistency of definitions and measurement of risk.

6.4 Internal Audit (third line) will provide independent assurance by assessing the effectiveness of the Risk Management Strategy and ensuring that the first two lines are operating effectively, while advising on any way they could be improved. Tasked by, and reporting to CMT and Audit and Governance Committee, Internal Audit provides an evaluation, through a risk-based approach, on the effectiveness of governance, risk management, and internal controls.

Figure 1: 3 Lines of Defence



7. Benefits of Effective Risk Management

7.1 Effective risk management will contribute to delivering significant benefits for the Council. The primary benefit is that appropriate, defensible, timeous and best value decisions are made. Such 'risk-aware' decisions should be based on a balanced appraisal of strengths, weaknesses, opportunities and threats, and should enable acceptance of a certain level of risk in order to achieve a particular goal or reward.

7.2 The Council recognises that not all risk is negative and striving to completely avoid risk would negatively impact on the Council's chance of delivering the Council's priorities by realising the positivity of opportunities which can also be driven by external factors e.g. changes in a market. Our approach to risk is to seek the right opportunities and, where possible, minimise threats. By encouraging managed risk taking, and considering all of the available options we seek a balance between caution and innovation.

7.3 Defensible decision-making means that:

- all reasonable steps in the decision-making process will have been taken;
- all relevant information will have been collected and thoroughly evaluated;
- reliable assessment methods will have been used;
- decisions (and supporting rationales) will have been clearly documented, and
- processes will have been put in place to monitor the effectiveness of the decision outcomes.

7.4 Other benefits would include:

- high achievement of objectives and targets;
- high levels of staff morale and productivity;
- better use and prioritisation of the council's resources;
- high levels of user experience/ satisfaction with a consequent reduction in adverse incidents, claims and/ or litigation;
- enhancement of the Council's good reputation as an employer and public service provider;
- avoid duplication of Risk Management issues which affect more than one service and bring them together to benefit from good practice.

8. Standard Procedures

8.1 Standard procedures (8.1.1 – 8.1.10) should be fulfilled in order to achieve a consistent approach to effectively implementing risk management across all areas of the Council.

8.1.1 Full implementation of the continuous risk management process, embedding risk management within existing Council processes so that an assessment of risk as well as costs and benefits becomes routine wherever possible.

8.1.2 Identification of risk using standard methodologies and involving managers throughout the service with detailed knowledge of the service and the environment in which it operates.

8.1.3 Each Service through its Risk Working Group will identify events which may have the consequence of affecting the Council's ability to provide services and achieve its objectives.

8.1.4 Consistent application of a standardised 5x5 risk matrix to analyse risk in terms of impact and likelihood of occurrence, thus producing a risk score and evaluation of either 'low', 'medium', 'high' or 'very high.' The values attached to the risk for likelihood and impact are then multiplied and placed on the risk matrix, which shows the level of risk ranging from 1 to 25.

8.1.5 Consistency of approach for risk response/ treatment where appropriate actions are taken to bring a situation to a level where the exposure to risk is acceptable to the Council, either through termination, tolerance, transfer or treatment of the risk.[3]

[3] **Termination** - avoiding the risk by not proceeding with the activity likely to generate the risk;

Tolerance - ensuring that adequate plans exist to respond to potentially disruptive events and monitoring current controls where the probability of harm materialising is low and/or the economic cost of further reducing the risk is disproportionately high;

It will be for the CMT or the Service Risk Working Group to decide on what action they take to deal with the identified corporate or service risks.

8.1.6 Implementation and maintenance of risk registers as a means of collating risk information in a consistent format allowing comparison of risk evaluations and informed decision-making in relation to prioritisation of resources. The Council has purchased Risk Software to ensure consistency of approach and format of risk registers.

8.1.7 Routine reporting of risk information to the appropriate group e.g. Audit and Governance Committee, CMT and Cabinet dependent on the type and significance of risk.

8.1.8 Periodic re-assessment of individual risks, proportionate to significance of risks (i.e. low and medium risks fully reassessed every two years and significant [high and very high] risks annually) including routine audit of robustness of control measures.

8.1.9 Fully document the risks in the risk registers and to monitor and carry out an annual review of corporate and service risk registers to ascertain progress and to check for contextual changes affecting the risks.

8.1.10 Ongoing proactive identification of new and/or potential risks as a general responsibility of all service areas specifically those where risk is inherently discussed as part of their remit.

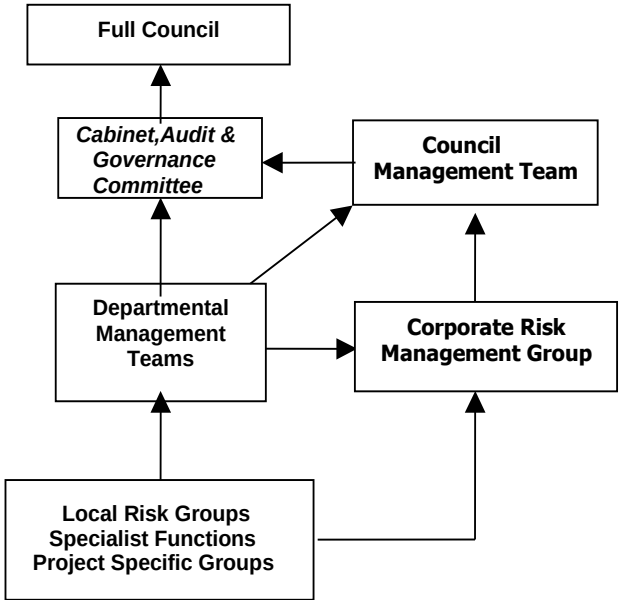
9. Structural Arrangements and Responsibilities

9.1 All employees are responsible for managing risk to varying degrees within East Lothian Council and it is important that employees are made aware by the Council of their specific responsibilities in order to ensure risk is successfully managed throughout the Council. The Risk Framework (Figure 2.0) illustrates the relationship between different levels of employees and their accountability amongst each other. It shows the structure whereby information, instruction, training, supervision and reporting in relation to the management of risk will be effectively communicated within the Council.

9.2 The process must be driven from the most senior level of the Council. The framework shows that the CMT has collective responsibility for the management of risk and that the process of implementing the strategy will be through the Corporate Risk Management Group and thereafter cascading through the Council services.

Figure 2.0

Reporting Arrangements



Transfer - arranging for another party to bear or share some part of the risk, through insurance, contracts, partnerships, joint ventures etc.; and

Treatment - controlling the likelihood and consequences of the occurrence through preventative measures.

9.3 **Formal Groups**

9.3.1 Elected Members, Full Council, Cabinet and Audit and Governance Committee

Elected Members will promote a culture of risk management throughout the Council and encourage effective management of risk by Officers.

As part of its corporate governance role, **Full Council** is accountable for ensuring that the organisation has a suitable risk management framework in place and that significant risks are adequately identified and controlled. At meetings of the relevant committees, Elected Members will approve Service Risk Registers submitted on an annual basis.

Cabinet has delegated authority for and on behalf of Council for ensuring that corporate risks and any emerging significant (high and very high) risks within their specific remit are adequately controlled. Cabinet will approve the Corporate Risk Register on an annual basis, or more frequently should corporate risks change.

Audit and Governance Committee will scrutinise and review the effectiveness of the implementation of the risk management processes within the Council. It will also scrutinise and review the Service Risk Registers.

9.3.2 Council Management Team

Council Management Team (CMT) will promote the importance placed on risk management within the Council and will:

- oversee the implementation of this strategy throughout the Council;
- review the proposed Corporate Risk Register and all Service Risk Registers and agree the risks for the Council in achieving its key corporate objectives;
- monitor the effective management of known risk by officers of the Council, by reviewing action taken in managing risks identified on all risk registers on an annual basis;
- support implementation of the Risk Management Strategy throughout the Council;
- timeously identify potential risks arising from the Council's external environment, and
- ensure effective systems of internal control and Risk Management are in place to support the corporate governance of the Council advise and promote the Risk Management framework and strategy.

9.3.3 Corporate Risk Management Group

The Corporate Risk Management Group is fundamental to the delivery of risk management throughout East Lothian Council and will meet on a regular basis to ensure that risk management remains high on the corporate agenda. The Corporate Risk Management Group comprises the Head of Communities, the Emergency Planning, Risk & Resilience Officer and senior representatives from each Service Risk Working Group, Internal Audit, Insurance Services, Health and Safety, Information Governance, IT Security and other relevant members by invitation and will:

- identify and review corporate risks, in consultation with the CMT, through the production of a Corporate Risk Register that will demonstrate the overall risk profile of the Council and be used to focus on developing actions for effectively managing the risks;
- provide regular risk management reports to the CMT in respect of all risk registers;
- assist in implementation issues across the Council, share experiences and inform changes to the strategy and direction;
- form a sub group(s) from within the Corporate Risk Management Group to take forward specific initiatives complimentary to the remit of the Group when required.

The Corporate Risk Management Group operates a standing sub-group, the Linking Risks Sub-Group, where subject technical experts convene regularly to take stock of known risks, new and emerging risks and controls.

9.3.4 Risk Working Group – (Service Management Teams act as these)

Risk Working Groups will:

- Liaise with the Corporate Risk Management Group to organise training and raise awareness in their area of responsibility, in order to ensure practical prevention and control measures are put in place to minimise risk;
- contribute to the Service Risk Register and regularly review its content to ensure it continually reflects the key risks of the service and highlights the service's top risks;
- contribute to the Council's assurance framework through the annual submission of the service risk register for review prior to submission to Audit and Governance Committee;
- provide the central point for co-ordination of risk management policy within the service;
- oversee the implementation of this strategy throughout the service at an operational level, and
- provide a representative to the Corporate Risk Management Group.

9.3.5 Specialist Functions

Specialist functions such as Insurance, Information Governance, IT Security and Health and Safety will:

- provide a central resource of expertise to the wider Council, and
- be responsible for the development and actioning of corporate risk management initiatives, either directly or through other Council services.

Where relevant, the Council will access external sources of expertise such as the Police or the Council's Insurers.

9.3.6 Internal Audit

Internal Audit is an independent appraisal function within the Council. Internal Audit will:

- review, appraise and report on the adequacy and effectiveness of Risk Management arrangements within the Council, and
- take into account the Council's Corporate and Service Risk Registers when identifying areas to be included in the Annual Audit Plan.
- provide assurance to the Audit & Governance Committee on an annual basis, that is objective and independent of management, concerning the controls in place to manage risk.

9.4 **Individuals**

9.4.1 Chief Executive

The Chief Executive has ultimate responsibility for ensuring that there are suitable and effective arrangements in place to manage the Council's risks.

9.4.2 Head of Communities

The Head of Communities and Partnerships is the lead for risk management, its strategy and supporting processes and is supported by a dedicated risk management resource in the Emergency Planning, Risk and Resilience Manager and Officer.

9.4.3 Executive Directors and Director of East Lothian Health & Social Care Partnership

The Executive Directors and Director of East Lothian Health & Social Care Partnership are accountable to the Chief Executive for the management of risk within their areas of responsibility and will ensure that risks identified as likely to impact on their delivery of the strategic objectives are managed effectively.

It is the responsibility of each of them and their senior management team to implement local arrangements which accord with the principles, objectives and standard procedures set out in this strategy. Specifically, they will:

- implement the strategy within their own range of services, seeking every opportunity to embed risk management methodologies within their existing processes;
- monitor and review the effective application of the risk management process throughout their service and report on significant risks to the Corporate Risk Management Group, and
- encourage their Risk Working Group to promote staff learning and development in risk management and monitor operational risk management progress;

Whilst the Executive Directors and Director of EL Health & Social Care Partnership have overall responsibility for the management of a risk within their services, they might not 'own' the risk control mechanisms being implemented to manage the risks (e.g. implementation of policies developed by other services). In this case, their role is to oversee that the control(s) is/ are fit for purpose and operating effectively within their area of responsibility.

9.4.4 Heads of Service

Heads of Service are accountable to their Executive Director for the management of risk within their areas of responsibility and will ensure that any risks identified as likely to impact on their service are documented in the Service Risk Register and thereafter managed effectively.

Heads of Service across East Lothian Council have a responsibility to ensure that all employees are made aware of the latest risk management strategy, guidance and controls.

9.4.5 Emergency Planning, Risk and Resilience Manager

The Emergency Planning, Risk and Resilience Manager, in conjunction with the Emergency Planning, Risk and Resilience Officer, will:

- organise the meetings of the Corporate Risk Management Group;
- offer advice and support to Service Managers and other groups in the management of corporate and service risks;
- maintain the Corporate and Service Risk Registers and risk management systems for the Council;
- complete administration on any risk software implemented.

9.4.6 All East Lothian Council Empoyees

All Council employees should be encouraged to be involved at all levels in identifying current and potential risks where they work. They should make every effort to be aware of situations which place themselves or others at risk, report identified hazards and implement risk reduction measures developed by their service. Risk assessments should encompass all facilities used to deliver services and be completed using the knowledge and experience of all relevant staff and where appropriate service users. This approach will support the formal risk review conducted annually by all services and enable staff to:

- understand the risks that relate to their roles and their activities;
- understand how the management of risk relates to their own and their client's/ the public's safety;
- understand their accountability for particular risks and how they can manage them;
- understand how they can contribute to continuous improvement of risk management;
- understand that risk management is a key part of East Lothian Council's culture;
- report systematically and promptly to senior management any perceived new risks or failures of existing control measures, and
- liaise with line managers to assess risk in their jobs and manage those risks effectively.

10. Training, Learning and Development

10.1 To implement this strategy effectively, it is essential to have a workforce with the competence and capacity to identify and manage risk and handle risk judgements with confidence including learning from past experience.

10.2 The Council recognises that for Risk Management to be successfully embedded in the Council's day to day activities appropriate training must be undertaken by all members of staff to varying degrees. The Emergency Planning, Risk and Resilience Manager and Officer, will regularly review the risk management training needs of the Council, including the mandatory e-learning Risk Management module and ensure the implementation of a programme of training for all staff to be undertaken both internally and through specialist external trainers. This will ensure that all employees are equipped with the skills to act effectively in accordance with good practice.

10.3 Depending on the purpose, nature and extent of the training, it can provide staff with knowledge of the following:

- the risk management process;
- risk reporting requirements;
- risk management roles and responsibilities;
- risk tools and techniques and how and where they are applied; and how to identify, assess and manage risks;
- risk software
- the Council's policy on risk, and
- the Council's risk appetite, risk tolerance levels and escalation rules.

11. Monitoring and Reviewing Risk Management Activity

11.1 Efficient and effective risk management requires a monitoring and review structure to ensure that changes to the council and its environment are identified and addressed.

11.2 There will be reports to the CMT, Council and Cabinet on progress in managing the risks recorded in the Corporate Risk Register. This will detail the most significant risks and what actions have been taken to mitigate them. The risks will be reviewed as follows:

- Very High risks and High Risks and the actions taken to mitigate them will be reviewed annually;
- Medium risks and Low risks and the actions taken to mitigate them will be reviewed every two years by CMT only.

11.3 There will be regular reporting to Service Management teams on progress against the risk management plans and service risk registers;

11.4 There will be regular reporting on progress on the Risk Management Schedule to the Corporate Risk Management Group;

11.5 There will be quality assurance checks on the risk management process conducted through meetings of the Corporate Risk Management Group;

11.6 There will be continual review by Risk Working Groups of progress in managing individual risks listed in the service risk registers;

11.7 It is hoped that the reporting of accurate claims data will commence in the coming year (2023-24), once the new contract for a claims system provider is in place. The frequency for reporting will be agreed with each service area in due course, with various factors (including but not limited to time to notify / settle, defensibility etc.) being considered as part of the statistics provided.

11.8 There will be annual review of risk registers by the Audit and Governance Committee which will incorporate the reporting of progress made with individual risks.

11.9 A review of the above and other data sources should determine whether:

- the risk management framework and process is fit for purpose and aligned to the Council's corporate objectives;
- staff across the Council have sufficient risk management skills, knowledge and competence in line with the activities they are required to perform on a daily basis, and
- improved knowledge would have helped to make better judgements or reach better decisions and identify lessons for future assessments and the management of risks.

12. Risk Registers

12.1 The Corporate Risk Management Group will establish a Corporate Risk Register, which aligns with the Council Plan and they will have responsibility for maintaining the Register.

12.2 Each Service will establish a Risk Register which aligns to its Service Plan and which will, where appropriate, be linked to the Corporate Risk Register. The information to be contained in both the Corporate Risk Register and the respective Service Risk Registers will be:

- risk identification number;
- risk description (linked to the achievement of business objectives);
- likelihood/impact rating;
- risk rating;
- controls in place;
- residual risk rating;
- planned actions;
- primary and secondary responsible persons for planned actions/managing the risk;
- timescale for completion of action, and
- evidence of regular review.

13. Strategy Implementation, Communication and Review

13.1 The Council's Risk Management Strategy was first approved by Council at its meeting on 8 December 2009, subsequently revised and approved in October 2012, December 2014 and December 2016 before being further revised in December 2019. The Strategy accurately represents the arrangements for managing risk within the Council at the time of approval. Implementation of this Strategy will be underpinned by an annual Risk Management Schedule.

13.2 The Elected Members and Chief Officers consider that effective communication of risk management information across all services and levels of staff is essential in developing a coherent, consistent and effective approach to risk management. Copies of this Strategy are available on ELNet and specific details will feature in the induction programme for all new staff.

13.3 This Strategy will be reviewed at periodic intervals of at least every 3 years to ensure that it reflects current standards and best practice in risk management and fully reflects the rapidly changing environment in local government.

14. Outputs and Benefits of the Risk Management Strategy

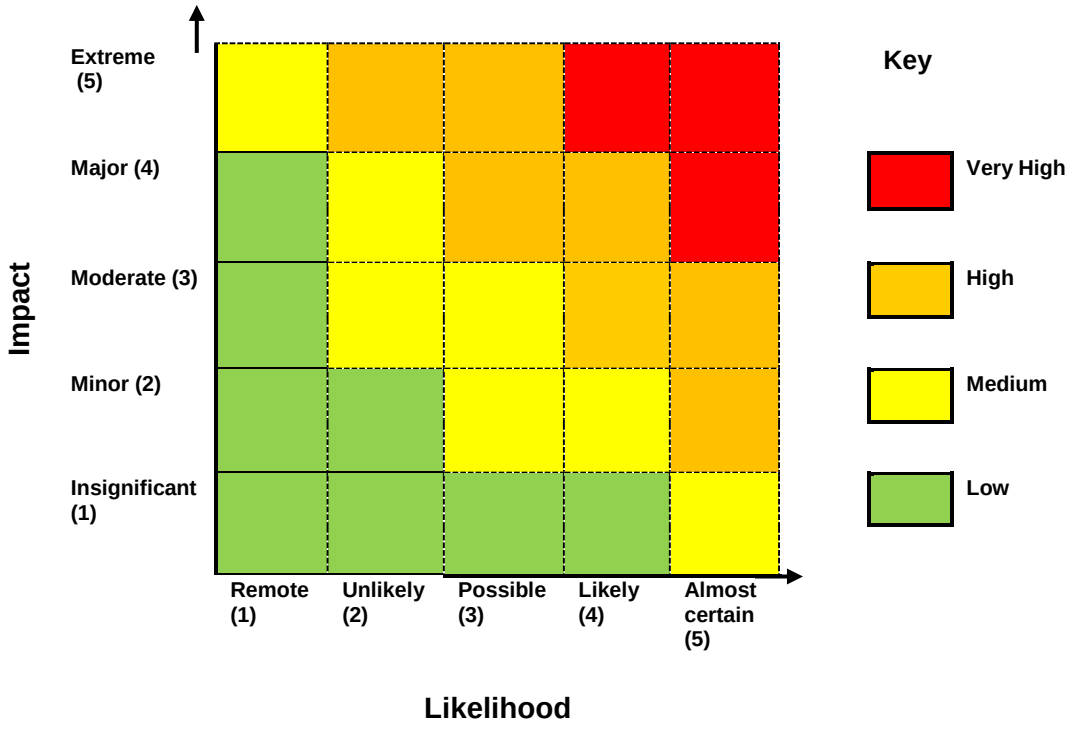
14.1 Embedding a Risk Management culture throughout East Lothian Council is vital to the success of this Strategy. The anticipated outputs and benefits of the Risk Management Strategy are:

- Improved service delivery;
- Better value for money;
- Improved corporate governance and compliance systems;
- Improved insurance management;
- Improved decision making;
- Enhanced understanding of the Council's vulnerabilities;
- Improved use of resources;
- Enhanced strategic awareness;
- Compliance with legislation/ regulation;
- Adds value to the activities of the organisation, and
- Increases the probability of success in achieving business objectives.

14.2 These outputs and benefits will protect and enhance East Lothian Council's reputation, which will in turn increase public trust.

Appendix 1 – Risk Rating Matrix

The probability (likelihood) of an event occurring being almost certain, likely, possible, unlikely or remote and the impact ranging through, catastrophic, major, moderate, minor or none, that such an event may have on the following areas; service objectives, financial, people, time and reputation. See next page for descriptions of risk ratings.



Descriptions of Risk Ratings

Very High Risk (20 – 25)	These are classed as primary or critical risks requiring immediate attention. Their potential consequences are such that they must be treated as a high priority. This may mean that strategies should be developed to reduce or eliminate the risks, and the risk monitored every 6 months. Consideration should be given to planning being specific to the risk rather than generic. Examples of impact include: national attention, Government intervention, total service disruption and fatality. Very High risks are unacceptable and measures should be taken to reduce, transfer or treat the risk to a more tolerable position.
High Risk (10 – 19)	These risks are classed as significant. They may have a high or low likelihood of occurrence but their potential consequences are sufficiently serious to warrant appropriate consideration after those risks classed as 'very high'. Consideration should be given to the development of strategies to reduce or eliminate the risks and they should be reviewed every 6 months. Examples of impact include: national media, adverse comments (reputational risk), external audit, MSP intervention, significant service disruption and disability (or other serious injury). High risks may be tolerable providing the Council is assured that adequate and effective control measures are in place.
Medium Risk (5 – 9)	These risks are less significant but may cause upset and inconvenience in the short term. These risks should be monitored to ensure they are being appropriately managed and should be reviewed annually. Examples of impact include: local media attention, service user complaints, service disruption and lost time injuries. Medium risks are tolerable with control measures that are cost effective.
Low Risk (1 – 4)	These risks are either unlikely to occur and not significant in their impact. They should be managed using normal or generic planning arrangements and require minimal monitoring and control unless subsequent risk assessments show a substantial change. They should be reviewed every two years. Examples of impact include: isolated complaints and minor service disruption. Low risks are broadly acceptable without any further action to prevent or mitigate risk.

East Lothian Council

REPORT TO: Cabinet

MEETING DATE: 14 March 2023

BY: Chief Officer, East Lothian Health & Social Care Partnership

4

SUBJECT: Medication Assisted Treatment (MAT) Standards

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1 PURPOSE

1.1 This report seeks to update Cabinet in relation to the Medication Assisted Treatment (MAT) Standards and the requirement to embed and implement standards 1 - 5 to 'enshrine a right's based approach to immediate, person centred treatment for problem drug use, linked to primary care, mental health and other support services' by April 2023.

2 RECOMMENDATIONS

2.1 Cabinet is asked to:

i. Note the specific responses, actions and oversight arrangements required by the Scottish Government to achieve implementation of the MAT standards.

ii. Note the progress and delivery against the delivery of the MAT Standards 1-5 by April 2023.

3 BACKGROUND

3.1 In response to the high level of drug related deaths within Scotland the Drugs Death taskforce has contributed to the development and the prioritisation and introduction of the MAT standards to help reduce deaths and other harms, and to promote recovery.

3.2 The term MAT is used to refer to the use of medication, such as opioids, together with psychosocial and social support, in the treatment and care of individuals who experience problems with their drug use.

3.3 The MAT standards (**Appendix 1**) are evidence based and define what is needed for the consistent delivery of safe and accessible drug treatment in Scotland.

3.4 The standards aim to:

- Improve access and retention in MAT
- Enable people to make an informed choice about treatment, care and support.
- Include families or nominated person(s) wherever appropriate
- Strengthen accountability and leadership so that the necessary governance and resource is in place to implement them effectively.

3.5 Initially the Scottish Government had announced that these standards needed to be embedded by April 2022, however following the publication of a MAT implementation Benchmarking Report by Public Health Scotland in June 2022, it advised that whilst progress on implementation had been made in all areas, MAT standards 1-5 had not been fully implemented fully by April 2022.

3.6 Each Alcohol and Drug Partnership (ADP) area was awarded a RAG status against each standard. East Lothian were awarded a RAG RED for MAT 1 and AMBER for MAT 2-5.

3.7 In response to this report and in order to achieve full implementation, the Integration Joint Board (IJB) who has a responsibility for MAT related functions, will work with all relevant partners to ensure that actions and oversight arrangements are put in place for each local area to ensure that the standards are fully implemented and that progress is monitored.

3.8 Over the last few months, considerable work has been undertaken across all ADP partners within East Lothian, to ensure that the criteria and principles set against each MAT Standard are fully understood, to support people in their MAT treatment and recovery and to inform how services will be accessed and delivered.

3.9 Detailed local implementation plans are in place to deliver actions identified against each MAT standard and criteria, which are reviewed against the criteria and will be monitored in line with governance arrangements. The first plan was submitted on 30/09/2022 and provided a high level summary of the progress made to date.

3.10 The Q3 MAT Standards implementation plan (**Appendix 2**) was submitted in January 2023, which highlights that East Lothian are on track to fully implement MAT standards 1-5 by April 2023. A meeting is to be held with the Minister for Drugs Policy over the next few weeks to review the plans submitted and progress made.

3.11 East Lothian was also assessed by the MAT Implementation Support Team (MIST) on 7th February 2023 and this involved a review of all processes, data and experiential information against each MAT standard.

3.12 The outcome of the assessment indicated that East Lothian were awarded a provisional green rating for all 5 standards, on the understanding that the data and experiential information collated by April 2023 evidences that we are achieving and fully implementing each standard.

3.13 Although MAT standards 6-10 do not have to be fully implemented until April 2024, East Lothian have made good progress against these and are on track to fully implement in 2023.

4 ENGAGEMENT

4.1 Engagement of all ADP and other stakeholders will continue and contribute to the implementation of the MAT standards. There is a requirement to fully engage and take account of the voices of lived and living experience and their family members or carers.

5 POLICY IMPLICATIONS

5.1 The MAT standards will inform how East Lothian Substance Use Services will design and deliver services to implement MAT standards.

6 INTEGRATED IMPACT ASSESSMENT

6.1 The subject of this report has still to be progressed through the Integrated Impact Assessment process and this will be carried out.

7 RESOURCE IMPLICATIONS

7.1 Financial –

East Lothian originally submitted a bid for £224,500, however only £156,115 was allocated from the Scottish Government and MELDAP matched the remaining £68,385. This money supported the creation of additional nursing and MELD staff.

8 BACKGROUND PAPERS

8.1 None.

Appendix 1 – MAT Standards

Appendix 2 - Q3 MAT Standards Implementation Plan

AUTHOR'S NAME	Gillian Neil
DESIGNATION	General Manager, Learning Disabilities, Mental Health and Substance Use
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DATE	24/02/2023

Appendix 1

MAT standards summary

Medication assisted treatment (MAT) is used to refer to the use of medication, such as opioids, together with psychological and social support, in the treatment and care of individuals who experience problems with their drug use.

The standards aim to improve access, choice and care and to ensure that MAT is safe and effective.

1. All people accessing services have the option to start MAT from the same day of presentation.

2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

4. All people are offered evidence-based harm reduction at the point of MAT delivery.

5. All people will receive support to remain in treatment for as long as requested.

6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low-intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

7. All people have the option of MAT shared with primary care.

8. All people have access to independent advocacy and support for housing, welfare and income needs.

9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.

10. All people receive trauma-informed care

MAT STANDARDS IMPLEMENTATION PLAN – Update Q3 October to Dec 2022

This MAT Standards Implementation Plan has been produced to set out actions being taken in the Integration Authority area:

East Lothian Health and Social Care Partnership

The lead officer/post holder nominated to ensure delivery of this Implementation Plan is:

Name	Position/Job Title
Fiona Wilson	Chief Officer East Lothian IJB

This Plan is intended to ensure that services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: Medication Assisted Treatment standards: access, choice, support published in May 2021.

This Plan has been developed by partners and has taken account of the voices of lived and living experience. The Governance arrangements for local oversight of progress against this Plan, including the role of lived and living experience in this is as follows:

The plan has been developed alongside all ADP partners.
East Lothian will continue to engage and involve People with Lived Experience to ensure their experiences and feedback informs delivery of treatment and support. We are in the process of implementing user experience which will be led by peers, part of this will be meeting with individuals, families and staff on the implementation of MAT and their experience. People with Lived experience were fully involved in successful workshops to discuss and agree actions to implement the MAT standards and localised tests of change. Their involvement will continue through the implementation stages and they are also engaged as part of the project charter we have drawn up. **Q3 Update** – cards are being printed to encourage engagement with offer of a voucher if participate and plans are underway to engage those with Lived Experience in a variety of ways to ensure that their experience and feedback informs delivery of treatment and support on a regular basis, which is being supported by our Psychologist.

Governance arrangements

- East Lothian HSCP and partners will meet monthly as part of the Substance Use Business meeting to deliver actions identified against each MAT standard and criteria. This group will then report to a new MAT Implementation Meeting which will review progress against the agreed actions and will ratify a quarterly report which will highlight risks to delivery.

- Monthly meetings will be held with MELDAP, ELHSCP Operational Strategic Managers, Head of Service and Chief Officer
- 2 monthly update report will be presented by Operational Strategic Managers to the MH/SUS Change Board
- The quarterly report will be presented to East Lothian Senior Management Team for comment, to note progress comment and to address any risks to delivery.
- The report will be presented to the Chief Executive of East Lothian Council and NHS Lothian for agreement and sign off prior to submission to Scottish Government.

Timelines will be established once Scottish Government have confirmed submission dates.

This Plan has been signed off on behalf of the delivery partners by:

Name	Position	Delivery Partner	Date signed
Fiona Wilson	Chief Officer	East Lothian HSCP	Agreed in principle 2/10/22 Signed off 27/10
Callum Campbell	Chief Executive	NHS Lothian	Agreed in principle 2/10/22 Signed off 27/10
Monica Paterson	Chief Executive	East Lothian Council	Agreed in principle 2/10/22 Signed off 27/10
Peter Murray	Chair of IJB	East Lothian HSCP	Agreed in principle 2/10/22 Signed off 27/10
Iain Gorman	Head of Service/ Chair of MELDAP	East Lothian HSCP	Agreed in principle 2/10/22 Signed off 27/10

Appendices:

- Appendix 1: Key Delivery risks
- Appendix 2: Summary of recruitment plans:
- Appendix 3: Summary of developmental/ QI projects:
- Appendix 4: Glossary of abbreviations:

Background reading:
Evidence-based assessment of progress, MAT standards 1–5. April 2022, East Lothian Supplementary information for the national benchmarking report on implementation of the Medication Assisted Treatment (MAT) standards. 2021/22 p375-390)

High Level Actions relating to the implementation of MAT within ELHSCP

Service Area	Jun 22 Status	Sept 22 Status	Key Deliverable – Name & Description	Key Milestones	Progress Against Deliverables – End Jun 22	Progress Against Deliverables – End Sept 22	Progress against deliverables End Dec 22	Lead Delivery Body	Key Risks	Controls/ Actions	Outcome (s)	Major Strategies/ Programmes the Deliverable Relates to	Impact of Deliverable Health Inequalities
ELHSCP	N/A	Green – on track	MAT Standards Implementation Plan	End of September 2022, achieve signed timed, specific and published Improvement Plans for implementing the standards. Also, Identify a senior leader for each Integration Authority area as the single point of operational responsibility. Completed	N/A	Signed Implementation plan submitted to the Scottish Government by the deadline of 30 September 2022. Plans taken to the 5th of October 2022 NHSL Board for approval. Senior nominated lead identified: General Manager for Learning Disability, Mental Health and Substance Use. Chief Officers and Chief Executives, supported by the nominated Senior Lead in each area, will include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans. COMPLETED	Signed implementation plan updated to include updates for Q3. In East Lothian on trak to have fully implemented MAT 1-5 by end of March 2023	ELHSCP	There are no specific impacts on the risk register at this point as plans have just been developed and submitted. Risks will be monitored in the programme. Programme level risks noted in the Implementation plan: Implementation, Performance management and governance Workforce expansion and development Premises and facilities Resources and capacity Reporting and data gathering Inaccurate predictions of demand National Care Service	Chief Officers and Chief Executives have taken shared and visible responsibility for delivering the standards (with the Chief Officer in each Lothian HSCP being responsible for overall delivery, and the Chief Executives committing to support them).	That services in the Integration Authority area are meeting the standards and the respective criteria for each standard as set out in the Drug Deaths Taskforce report: Medication Assisted Treatment standards: access, choice, support published in May 2021.	Drugs mission	Many of the people who require Medication Assisted Treatment a amongst the most deprived an disadvantag in our communitie Delivery of t standards should help suppor them.

MAT Standard 1	**All people accessing services have the option to start MAT from the same day of presentation.**	April 2022 **RAG status: Amber.** Implement changes agreed with MIST teams as part of TOC **September 2022** – Initially East Lothian were able to offer clinics three times a week, however, we are currently able to offer appointments slots each day for ORT/MAT assessment and treatment start/prescribing and from 31/10/2022 we will have increased capacity to offer same day access, 5 days for people who present or are referred from other agencies. **Dec 2022 –** from 31/10 we now operate same day assessment and prescribing 5 days.	

Actions/deliverables to implement standard 1	**Lead**	**Timescales to complete**	**Q3 Update**
Increase capacity of ESK Centre clinic to offer same day access, open 5 days a week, expanding to include outreach			
Recruitment of staff to East Lothian Substance Use Service (ELSUS)			
Funding confirmation	MELDAP	30th April 2022	Completed
First round of Advertisement	ELSUS	31 July 2022	Completed
Recruitment to all posts	ELSUS	31 October 2022	Completed
Expansion in voluntary sector partner's (MELD) capacity			
Funding confirmation/ contracts in place	MELDAP	31 August 2022	Completed
First round of Advertisement	MELD	30 September 2022	Completed
Second round of advertisement (if needed)	MELD	31 Dec 2022	completed

Q3 update – Meld advertised, and interviews held in Dec. Posts recruited to and start date confirmed 16/01/2023			
Test of Change – Contact Centre and Clinics			
Continue to develop single point of contact service model and robust pathways/protocols to ensure same day access if indicated or advice/guidance for other services/professionals. **Q3 Update**– pathways are established and in place and same day access extended to 5 days from 31/10/2023.	MELD/ELSUS	31 October 2022	completed
Standard operating procedures, improved pathways are in place, including outreach support for those people who can't access Esk Centre clinic **Q3 Update** – SOP in place and these continue to be reviewed and supplementary info added as required.	ELSUS/MELD	30 November 2022	completed
Increased capacity at ESK Centre, 5 days a week clinic operational, supporting existing and self-referrals/new patients. **Q3 update** – operational from 31/10/2023	ELSUS	31 October 2022	completed
Quality improvement charter agreed **Q3 Update –** this has been agreed and now being implemented	NHL PH/ ELH&SCP/ MIST	31 October 2022	completed
Monitoring and oversight			
Monthly Meetings with Chief Officers and Head of Service in EL **Q3 Update** – established and ongoing	ELH&SCPMELDAP	31 October 2022	completed
MAT 1 reporting submitted to SG/ PHS **Q3 Update** – reporting templates have been confirmed by MIST and East Lothian have been collating data since 31/10/2023, however final template to be completed from Jan 2023.	NHSL PH	28 Feb 2023	Ongoing but will meet reporting requirements
Six month progress report	ELH&SCP/ NHSL PH	30 June 2023	On track
Community Justice			
Ensure that those identified in police custody or courts as needing treatment have access to assessment and treatment start in situ, a direct pathway for continuity of prescribing and outreach to support continued engagement	MELDAP and various local partners alongside MIST	31 March 2023	Completed

Q3 Update – this is already in place through transition meeting and pathway for same day access is applicable to all partner agencies.			
Ensure, treatment can be initiated in HMP Edinburgh and that all people returning to East Lothian from any prison have continuity of care, this is managed through our current transition meeting/pathway **Q3 Update –** this is already in place through transition meeting and pathway for same day access is applicable to all partner agencies.	ELSUS and Community Justice	31 March 2023	Completed

MAT Standard 2	**All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose.**	**April 2022. RAG status: Amber** The key development in this area is roll out of Buvidal and evidence of people being involved in the type of medication that best meets their needs. **September 2022 –** within East Lothian, many elements of this standard have been met and buvidal is now considered as a treatment option for both new and existing/conversions within a primary and secondary care setting. Main priorities are to identify local community pharmacies within East Lothian to support with dispensing arrangements **Dec 2022** – the roll out of Buvidal continues and is established within practice and we continue to work with pharmacy to look to support local options for administration.	

Actions/deliverables to implement standard 2	**Lead**	**Timescales to complete**	**Q3 Update**
Improve access to Buvidal			
Recruitment to ELSUS team			
Funding confirmation	MELDAP	31 December 2021	Completed
First round of Advertisement	ELHSCP	30 September 2022	Completed
Second round of advertisement (if needed)	ELHSCP	31 December 2022	Completed
Recruitment in place			
Clinic set up and pathway development			
Service procedures, pathways and protocols further developed and implemented and will include a pathway for those who do not wish psychosocial support in addition to MAT.	ELSCP	31 Dec 2022	completed

Q3 Update – review and further development of pathways has commenced, and pathways and protocols are in place and will be updated following ongoing review and monitoring.			
Clinics continue to develop and expand to create additional capacity to accommodate new patients and ongoing reviews/administration of medication. **Q3 Update** –see below	ELSCP	31 Dec 2022	completed
Establish arrangements for community pharmacy Dispensing			
Pilot sites to be identified and set up within in East Lothian **Q3 Update** – continue to work with pharmacy to identify pilot sites	REAS	31 March 2023	On trak
Evaluation of Pharmacy Buvidal dispensing **Q3 Update** – awaiting evaluation	REAS	31 December and 31 March 2023	On trak
Systematically offer choice to existing patients in primary and secondary care			
Whilst pathways in place, they will be further developed to create additional capacity within both primary and secondary care. **Q3 Update** - we continue to offer buvidal and pathways allow patients to be transferred from p/care to secondary care to convert on to this medication and we continue to explore options for pharmacy administration of buvidal to support flow back to primary care for stable patients. We also have access to Ritson clinic to support high dose conversions for those who would not manage within the community	ELSUS	31 December 2022 Pathways completed	completed
Monitoring and oversight			
eAnnual MAT 2 reporting submitted to SG/ PHS	NHSL PH	Feb 2023	
Ensure that those identified in Police custody or courts as needing treatment or those on DTTO have access to the full range of medications	MELDAP and various local partners alongside MIST	31 March 2023	In place/completed

Q3 Update – this is already in place through transition meeting and pathway for same day access is applicable to all partner agencies			
Ensure that treatment options in HMP Edinburgh include all medications **Q3 Update –** this is already in place through transition meeting and pathway for same day access is applicable to all partner agencies	MELDAP and various local partners alongside MIST	31 March 2023	In place/completed

MAT Standard 3	**All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.**	**RAG status: Amber** East Lothian SUS Team and MELD have established an agreed approach involving outreach nurse and peer worker who will reach out to people who are identified as being in crisis and at high risk of drug related death and harms and those who have experienced NFO. Subject to the outcomes of the performance monitoring exercise, it is anticipated that the current work plus planned actions (including additional investment) will deliver the standard before April 2023. **September 2022 –** Existing approach/pathway continues to be developed to ensure robust follow-up within 72 hours timescale and now involves partners across East Lothian including housing and community justice. Priorities are recruitment to peer worker post and the development of outreach clinics. **Dec 2022 -** Midlothian and East Lothian drugs have been working hard to develop a low threshold café model, in areas of high DRD/NFO to engage with people at risk of harm within East Lothian. These low threshold cafes will be supported by MELD and based in Tranent and Prestonpans. They will open on 12/01/2023

Actions/deliverables to implement standard 3	**Lead**	**Timescales to complete**
Pathway development and standardising practice:		
Service procedures, pathways and protocols further developed across partners.	NHSL PH	30 Nov 2022
Existing EL NFO working group to make recommendation on practice including development of related performance metrics	MELDAP	30 Nov 2022
Develop package of support including Naloxone, IEP, mobile phone (with key contact numbers) for people including those experiencing NFO who do not want to engage with treatment services at point of follow-up.	ELSUS	30 Nov 2022 Q3 - completed

Q3 - complete		
Expanding capacity and securing funding		
On-going recruitment of MELD worker to support outreach model		October 2022
Reaching high risk individuals in specific environments:		
Explore and agree a standard to improve joint working and training offer with homeless and other relevant services to support MAT 3 delivery in these settings. **Q3 Update –** to date we have provided training to 11 services across various voluntary and statutory settings, and we continue to engage with relevant services to roll out further training in 2023 as identified.	ELSUS/MELD	31 Dec 2022 Q3 – completed and ongoing
Develop as test of change the use of Low Threshold Café's in areas of high DRD/NFO to engage with people at high risk of harm (Pennypitt) **Q3 Update –** Two threshold cafes supported by MELD in Tranent and Prestonpans have been established and will open on 12/01/2023	ELSUS/MELD	31 Dec 2022 Q3 -completed
Develop and implement clear joint protocols (rapid response) for disengagement **Q3 –** protocols in place	ELSUS/MELD	31 Dec 2022 Q3 - completed
Continue transition meeting for People Prison Liberation	ELSUS/Housing and CJ	30 October 2022 - completed

MAT Standard 4	**All people are offered evidence-based harm reduction at the point of MAT delivery.**	**RAG status: Amber:** most interventions are available in most settings and it is anticipated that the current work plus planned actions will deliver the standard before April 2023. September 2022: all clinical staff have or will be trained in IEP, DBST and staff continue to offer naloxone training and awareness across East Lothian. December 2022: we continue to be on track to have all staff trained in harm reduction by end of March 2023 although there is an ongoing a risk that due to the demand for training (BBV in particular), we are not always able to access the number of places required and within the time scales required

Actions/deliverables to implement standard 4	Lead	Timescales to complete
BBV testing		
Survey to identify the proportion of staff trained (nursing and vol sec)	ELSUS/MELD	30 October 2022
Action plan for each team to bring it towards 100% **Q3 Update** - BBV team aware of who still requires to be trained however limited capacity due to demand – on trak	ELSUS/MELD	30 Nov 2022 – on trak but dependent on capacity
Audit of case notes underway by BBV specialist to proactively identify those at risk of BBV's who have not recently been screened and to identify patient lost to follow-up. Themes to be identified and action plan to be developed **Q3 Update** – to date audits have been undertaken by BBV team and those at high risk have been proactively targeted for testing. Report to be submitted to inform action plan	ELSUS/MELD	March 2023 Q3 – on track
Assessment of injecting risk (IEP)		
Survey to identify the proportion of staff who have completed injecting training (nursing and vol sec)	ELSUS/MELD	30 October 2022
Action plan for each team to bring it towards 100% **Q3 Update –** training has been delivered to staff and alternative dates have been arranged for new staff or those unable to attend.	ELSUS/ REAS	30 Nov 2022 Q3 – completed
Naloxone and overdose awareness training		
Collate existing data re training offered and delivered and identify and prioritise target groups across East Lothian. **Q3 Update -see above**	ELSUS/MELD	31 March 2023 – on track
Wound Care		
Set up a local clinic within East Lothian due to increase in demand **Q3 Update –** staff undertaking wound care training and in discussion with local team re local clinic	ELSUS/NHS Lothian	31 March 2023 Q3 – on track
Pathways		
Update pathways including documentation to ensure all patients are offered harm reduction at point of assessment, reviews and follow-up **Q3 update** – documentation in place and protocol to be finalised	ELSUS/MELD	31 Jan 2023 Q3 – on track

MAT Standard 5, & 7 and Treatment target:	All people will receive support to remain in treatment for as long as requested and will have the option of MAT shared with Primary Care; increase by 9% the numbers on Opiate Replacement Treatment by April 2024	**RAG status: Amber** Current caseloads within ELSUS are 256 in core service and 255 in primary care. The assertive outreach support in GP practices already in place should continue to transfer people to primary care. East Lothian will work to engage an increase in 9% of individuals in to treatment by April 2024, within the core service, which is an average 23 new individuals.	

Actions/deliverables to implement standard 5, 7 and Treatment Target	**Lead**	**Timescales to complete**	**Q3 Update**
Expand and diversify workforce in locality teams			
Recruitment in ELSUS			
Funding confirmation	MELDAP	31 August 2022	Completed
First round of Advertisement	ELSUS	30 September 2022	Completed
Second round of advertisement (if needed)	ELSUS	31 Dec 2022	Completed
Expansion in voluntary sector partner's (MELD) capacity			
Funding confirmation/ contracts in place	MELDAP	31August 2022	Completed
First round of Advertisement	MELD	30 Sept 2022	Completed
Second round of advertisement (if needed) **Q3 update** - Meld advertised, and interviews held in Dec. Posts recruited to and start date confirmed 16/01/2023	MELD	31 Dec 2022 Q3 - completed	Completed
Develop new models of care through tests of change			

Consider ORT review clinic similar to buvidal clinic for those individuals who do not want access to psychosocial element of treatment and support. **Q3 Update**– delayed slightly as GP Specialist who was leading on this has since left. Will be in place for March 2023	ELSUS	31 December 2022 31/03/2023	On track
Develop as test of change the use of Low Threshold Café's in areas of high DRD/NFO to engage with people at high risk of harm (Pennypitt) **Q3 Update -** Two threshold cafes supported by MELD in Tranent and Prestonpans have been established and will open on 12/01/2023	ELSUS/MELD	31 Dec 2022 Q3 - completed	completed
QI charters/ baseline measures	ELSUS with support from NHSL PH and MIST	30 November 2022	Completed
QI charters/ baseline measures	ELHSCP with support from PCFT, NHSL PH and MIST	30 November 2022	Completed
Improved throughput, case management and role delineation			
QI charters/ baseline measures	ELHSCP with support from NHSL PH and MIST	30 November 2022	Completed

MAT Standard 6	**The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.**	NHS Lothian Psychology have developed an implementation and delivery plan and policy to ensure all staff receive appropriate training to deliver psychologically-informed care and structure psychosocial interventions. A number of actions are already complete eg local steering group established and an implementation plan is in place across NHS Lothian.

Continue to implement plan developed by NHS Lothian Clinical Psychology as noted below:

Actions/deliverables to implement standard 6	**LEAD**	**Timescales to complete**	
Establish required MAT 6 strategic leadership/steering group with appropriate membership and function	NHSL Clinical Psychology	Complete	
Develop an overall MAT 6 delivery plan for ELHSCP	NHSL Clinical Psychology	Complete	
Develop service specific delivery plans for East Lothian HSCP (including a framework for evidencing and reporting implementation progress) **Q3 Update** – delivery plan agreed	NHSL Clinical Psychology	31 Dec 2022	complete
To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6. This includes: a) Staff survey b) Service user survey c) Trauma informed walk round – Esk Centre **Q3 Update** – evaluation completed and action plan implemented and to be supported by working group.	NHSL Clinical Psychology	Complete 31 October 22	completed

Initiate ongoing process of service development/ improvement to ensure the service culture and environment is psychologically-informed **Q3 Update** – Psychologist now in post and will support on-going delivery of a psychologically informed service and environment as per service delivery plan	NHSL Clinical Psychology	31 March 2023	Completed and ongoing
Develop a workforce development plan clearly outlining MAT 6 training and supervision requirements and plans for delivery.	NHSL Clinical Psychology	Complete	completed
Make available training, coaching and supervision for staff in key evidence-based MAT 6 psychosocial interventions **Q3 Update** – drop in sessions in place for 1:1 support or group reflective practice	NHSL Clinical Psychology	Complete	completed
Make available regular reflective practice space for staff working across all service areas **Q3 Update** – drop in sessions in place for 1:1 support or group reflective practice.	NHSL Clinical Psychology	31 Dec 2022 Q3 - completed	Completed
Ensure appropriate staff have psychosocial interventions delivery, with protected time to deliver (and attending coaching/supervision) **Q3 Update** - drop in 1:1 or group sessions re motivational interviewing and core skills.	NHSL Clinical Psychology	31 Dec 2022 Q3 - completed	Completed
Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions **Q3 Update** – resources are accessible to all staff via shared drive and ongoing support via drop in and group sessions. All Psychologist actively involved in clinical and team meetings	NHSL Clinical Psychology	31 Dec 2022	Completed
Establish a collaborative MAT 6 care planning process which has the service users' views at the centre. **Q3 Update** - Pathway and documentation in place to ensure service views at the centre and this is being reviewed and updated following feedback	NHSL Clinical Psychology	31 Dec 2022	completed
Continue to work with third sector providers who support families, carers and children who are affected by substance use to ensure that they receive appropriate psychological support and to address any associated trauma.	ELHSCP and third Sector	31 March 2022	completed

Q3 Update - pathways in place and Circle now attending team mtgs on a regular basis to discuss cases.			Organisations		
MAT Standard 7	**All people have the option of MAT shared with Primary Care.**		Within East Lothian, the primary care substance use service was implemented in May 2019 and this model is well established within 12 out of 14 GP practices across East Lothian MIST are to support East Lothian to write this up to promote good practice. Up and running and to write up model with support from MIST/ finalise SOP etc/ commenced May 2019. Ormiston – look to develop more rural areas/outreach.		
With support from MIST, write up model and promote good practice **Q3 Update** – template completed and submitted back to MIST and await feedback			ELSUS with support from MIST	28th Feb 2022	on track
Further develop model to develop more rural areas/outreach and encourage x 2 GP practices who chose to opt out of model to engage **Q3 Update** – contact made with relevant Practice Mgrs and follow up with Clinical GP lead arranged due to poor response.			ELSUS	31 March 2023	on track

MAT Standard 8	All people have access to independent advocacy and support for housing, welfare and income needs.		
Actions/deliverables to implement standard 8	**Timescales to complete**	Lead	Q3 Update
Continue provision of Independent Advocacy through CAPS and Access to Industry, access to income maximisation services in locality teams and primary care; continue to offer voluntary sector case management to all secondary care patients; provide support for families (through CIRCLE/COEL/MELD) Q3 Update – ongoing support and provision	Ongoing	MELDAP	completed
Publish leaflet detailing MAT rights and the organisations who will advocate and support patients to receive them **Q3 Update –** draft text available and once signed off, MELD to produce leaflet	Feb 2023 – on trak	MELDAP	On track
Undertake development with treatment teams to ensure that pathways to these services are understood by all frontline practitioners **Q3 Update –** CAPS advocacy service have provided further staff awareness and pathways have been updated to ensure advocacy and family support considered at point of contact and ax and rx. Circle are also attending staff meetings on a regular basis.	March 2023 Completed	ELSUS/MELD	completed

MAT Standard 9	All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.	People have the right to ask for support with mental health problems and to engage in mental health treatment while being supported as part of their drug treatment and care.
Within East Lothian, as part of the Adult MH review, the interface between SUS and MH was identified as an area for improvement and this pathway is being reviewed and developed to improve service delivery and access to MH care at point of MAT delivery. **Q3 Update** – primary care SUS nurses now attending CMHT meetings weekly.		31 March 2023 – on trak

MAT Standard 10	**All people receive trauma informed care.**		
Continue to Implement plan developed by NHS Lothian Clinical Psychology as noted below:			

Actions/deliverables to implement standard 10	**LEAD**	**Timescales to complete**	**Q3 UPdate**
Establish required MAT 10 strategic leadership/steering group with appropriate membership and function	NHSL Clinical Psychology	Complete	Completed
Develop an overall MAT 10 delivery plan for Mid HSCP	NHSL Clinical Psychology	Complete	Completed
Develop service specific delivery plans for East Lothian HSCP (including a framework for evidencing and reporting implementation progress) **Q3 Update –** delivery plan in place	NHSL Clinical Psychology	31 Dec 2022	Completed
To carry out a baseline audit of current service delivery in relation to the key elements of Mat 6. This includes: d) Staff survey e) Service user survey f) Trauma informed walk round – Esk Centre	NHSL Clinical Psychology	Complete Dec 2022 31 October 22	completed
initiate a process of continuous quality improvement underpinned by the principles of trauma informed care **Q3 Update –** QI process and monitoring questions have been designed and will be implemented	NHSL Clinical Psychology	31 March 2023	On track
Initiate a process where service users are continually asked for their views on service delivery and areas for improvement	NHSL Clinical Psychology	31 March 2023	On track

Q3 update – MELD have initiated involvement of people with Lived Experience for individual feedback and Psychology working alongside them to support them in forums/groups to support ongoing engagement re service delivery and improvement			
Offer appropriate training supervision for all staff to work safely and effectively with trauma **Q3 update** – following delivery of level 3 training, staff can access 1:1 or support groups, however dedicated trauma informed support groups to be set up.	NHSL Clinical Psychology	31 March 2023	On track
Develop a wellbeing planning tool and activities (e.g. staff mindfulness groups) to support staff health and wellbeing **Q3 Update** – discussions currently underway re NES wellbeing planning tool v whether to design an alternative.	NHSL Clinical Psychology	31 March 2023	On track
Appropriate screening tools to be identified for use routinely (as appropriate) so that trauma is recognised **Q3 Update** – discussions currently underway to identify tools	NHSL Clinical Psychology	31 March 2023	On track
Develop resources (tools, manuals etc) to support staff to deliver MAT 6 psychosocial interventions **Q3 Update** – resources are accessible to all staff via shared drive and ongoing support via drop in and group sessions. Psychologist actively involved in clinical and team meetings	NHSL Clinical Psychology	31 Dec 2022	completed
Establish a collaborative MAT 6 care planning process which has the service users' views at the centre. **Q3 Update** - Pathway and documentation in place to ensure service views at the centre and this is being reviewed and updated following feedback	NHSL Clinical Psychology	31 Dec 2022	completed

East Lothian Council

REPORT TO: Cabinet

MEETING DATE: 14 March 2023

BY: Executive Director for Place

5

SUBJECT: Discretionary Charging for the Planning Service

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1 PURPOSE

1.1 To inform Cabinet of The Town and Country Planning (Fees for Applications (Scotland) Regulations 2022 that came into force on 1 April 2022 and to seek approval for new discretionary fees to be applied for services, and surcharges to be applied to retrospective planning applications within the Planning Service of East Lothian Council.

2 RECOMMENDATIONS

2.1 It is recommended that the Cabinet approve:

i) the introduction from the 01 April 2023 of discretionary charges for (i) providing pre-application services and written advice, (ii) considering a request to vary a planning permission, as a non-material variation, and (iii) considering a request for written confirmation of compliance/discharge of conditions, all as set out in Appendix 1; and

ii) the introduction from the 01 April 2023 of a surcharge of 25% of the planning application fee to be imposed on all planning applications made after the carrying out of part or all of the development, as set out in Appendix 1.

3 BACKGROUND

3.1 The Town and Country Planning (Fees for Applications) (Scotland) Regulations 2022 (the Regulations) set out the level of fees required as part of the submission of planning applications and other associated applications. These Regulations replace the Town and Country Planning (Fees for Applications and Deemed Applications) (Scotland) Regulations 2004. They also introduce some additional categories of payment enabling Planning Authorities to charge discretionary fees for some services, and to apply a surcharge for retrospective applications.

3.2 The increase in planning fees came into effect on 1 April 2022 and are welcomed in supporting a well-resourced and efficient planning service.

3.3 The Regulations for the first time include new sections on discretion to charge fees, waiving or reducing of fees, and surcharges on retrospective planning applications. Since the Regulations were published, the majority of planning authorities across Scotland have been considering their position in terms of charging and we have compared our charging programme to that already introduced in some areas. The Regulations requires the Council, as Planning Authority, to set out what the charge will be for these services, when and by how much fees will be reduced and clarify the level of surcharges applied. It is proposed that the Planning Service introduce fees for dealing with pre-application enquiries, non-material variations, compliance with conditions and will also apply a surcharge to the fees for retrospective applications.

Pre-application enquiries

3.4 The provision of a pre-application enquiry advice is a valuable service allowing planners to identify the appropriate supporting information to front load a planning application and assist in reducing determination timescales. The fees proposed for pre-application enquiry charging and the level of service provided is set out in Appendix 1. This also includes certain exceptions to pre-application charging which includes planning applications made by disabled people for alterations to their principal residence, applications made by community councils, and applications made by not for profit clubs, or other not for profit sporting or recreational organisations, relating to playing fields for their own use.

3.5 It is recommended that the charging scale in Appendix 1, which has been developed in accordance with the Regulations, is adopted.

Non-material Variations

3.6 The Regulations provide that an authority may introduce a charge of £200 for each request for a non-material variation to a planning permission under Section 64 of the Town and Country Planning (Scotland) Act 1997. It is recommended that a charge of £200 is applied for requests for non-material variations as set in the Regulations.

Written confirmation of compliance with condition and discharge of a Condition

3.7 The Regulations state that an authority may introduce a fee of £100 to provide written confirmation that a condition or conditions within the same application have been complied with. It is therefore recommended that this fee of £100 is levied for requests to provide written confirmation that a condition has been complied with, as set in the Regulations. The fee would apply to each request made and can cover more than one planning

condition on the same planning consent. Each separate request will attract a new fee.

Retrospective applications Surcharges

3.8 The Regulations allow the introduction of a surcharge for applications for planning permission where the application relates to development carried out without permission. This allows for a surcharge of up to 25% over and above the normal fee that would have been required for the development concerned.

3.9 It is recommended that a surcharge of 25% is applied to the fee for such applications submitted. This will be applied where the development has been completed and also where it has been started without the appropriate planning permission, but is not yet complete. It is hoped that he introduction of a surcharge will reduce the number of unauthorised developments that are carried out without the necessary planning permission.

3.10 The above approach is supported by the established ELC Charging Policy which is predicated on the Best Value principles of:

- *The users of a service should pay for the delivery of the service, unless it is fully universally accessed.*

- *A service provided to commercial organisations should operate on a cost recovery basis as a minimum.*

- *A service that is not universally accessed by all residents or delivered to support residents facing disadvantage, should not be subsidised through local and general tax contributions.*

3.11 Therefore services such as providing pre-application services and written advice, non-material variations and considering a request for written confirmation of compliance/discharge of conditions should not be paid for out of general service budgets.

3.12 The Planning Service spends a considerable amount of time processing pre-application enquiries, non-material variations and requests for written confirmation of compliance/discharge of conditions at no additional charge. Considering the financial context and current demand for this service there is a need to take a commercial approach for introducing service charges for pre-application enquiries, non-material variations and requests for written confirmation of compliance/discharge of conditions.

3.13 If approved, the Council website will be updated to include information on discretionary charging and customer guidance. Discretionary charging guidance documents will be developed and made available before implementation of these charges. A payment process will be set up through the ELC customer portal which will include how to pay for the

service and invoicing for the applicant. The process will also generate a unique reference for Planning and the applicant, and will allow the applicant to attach drawings, specifications and other information relevant to their required service.

4 POLICY IMPLICATIONS

4.1 The proposed approach to Discretionary Charging for the Planning Service recommended above follows the guidance in East Lothian Council's Charging Policy.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6 RESOURCE IMPLICATIONS

6.1 Financial – The services outlined in the report above are not charged for, and the proposed discretionary charges will assist with the cost of running the Planning Service.

6.2 Personnel – It is considered that at present there is sufficient capacity within the Planning Service to deal with the additional workload generated by the introduction of the recommended discretionary charges. This will be kept under review.

6.3 Other - The Planning Service will keep full records of pre-application enquiries processed, non-material variations submissions and requests for written confirmation of compliance/discharge of conditions processed and income generated. Charges will be kept under yearly review as part of the annual budget setting process.

7 BACKGROUND PAPERS

7.1 Planning Circular 2/2022 The Town and Country Planning (Fees for Applications) (Scotland) Regulations 2022:
Planning Circular 2/2022 The Town and Country Planning (Fees for Applications) (Scotland) Regulations 2022 - gov.scot (www.gov.scot)

Appendix 1 – pre-application enquiry fees (attached to this document).

AUTHOR'S NAME	Daryth Irving Keith Dingwall
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DATE	27 February 2023

APPENDIX 1

PRE-APPLICATION ENQUIRY FEES

Category	Charge	Standard Service	Optional Additional Services
Householder developments (including change of use of land for domestic purposes only) / advertising and signage	£90 + VAT (£108)	• Desktop review by case officer based solely on the information submitted by the enquirer • Advice letter intended to be provided within 20 working days of validation	None
Local developments (small) including Section 42 applications • Up to 10 residential units • Up to 999 sq m. class 4/5/6/other/mixed space	50% of the cost of the planning application fee, subject to a maximum of £600 + VAT (£720)	• Unaccompanied site visit by case officer within 14 days of validation • Review by case officer based solely on the information submitted by the enquirer • Advice letter intended to be provided within 20 working days of unaccompanied site visit	Maximum 1 hour meeting with case officer either on site/virtual/in person at the Council's discretion - £120 + VAT (£144) for each meeting – at the request of the enquirer and with the agreement of the case officer specialist service advice (i.e. Road Services attendance) – additional £100 + VAT (£120) for each service
Local developments (medium) including Section 42 applications • 11 – 49 residential units • 1000 sq.m. to 9999 sq.m. class 4/5/6 space • 1000 sq.m. to 4999 sq.m other/mixed space • Development proposals where the fee is calculated by site area	50% of the cost of the planning application fee, subject to a maximum of £1200 + VAT (£1440)	• Accompanied site visit by case officer if requested (max 1 hour), unaccompanied if not, within 14 days of validation • Review by case officer of the information submitted by the enquirer • Advice letter intended to be provided within 20 working days of site visit	Maximum 1 hour meeting with case officer either virtual/in person at the Council's discretion - £120 + VAT (£144) for each meeting – at the request of the enquirer and with the agreement of the case officer specialist service advice (i.e. Road Services attendance) – additional £100 +

			VAT (£120) for each service
Major/national development including Section 42 applications • 50+ residential units • 10,000 sq.m,+ class 4/5/6 space • 5000 sq.m+ other/mixed space • 2 hectares+ site size • Development proposals dictated by site area • Other criteria per The Town and Country Planning (Hierarchy of Developments) (Scotland) Regulations 2009	£900 + VAT (£1080)	• Maximum 2 hour discussion meeting with case officer, Road Services and other relevant Council officers at the Council's discretion – verbal advice only, no advice letter provided	N/A
	50% of the cost of the planning application fee, subject to a maximum of £3900 + VAT (£4680)	• Maximum 1 hour discussion meeting with case officer, Road Services and other relevant Council officers at the Council's discretion, date to be agreed within 10 working days • Unaccompanied site visit by case officer • Maximum 1 hour follow up meeting with case officer, Road Services and other relevant Council officers at the Council's discretion • Advice letter intended to be provided within 15 working days of follow up meeting	• Maximum 1 hour meeting with case officer, Road Services and other relevant Council officers at the Council's discretion either virtual/in person at the Council's discretion - £300 + VAT (£360) for each meeting • Above meeting can include team manager/service manager, in which case - £500 + VAT (£600)
Works to listed buildings	£90 + VAT (£108)	• Desktop review by case officer based solely on the information submitted by the enquirer • Advice letter intended to be provided within 20 working days of validation	• Site visit by case officer - £120 + VAT (£144)

Exemptions to pre-application charging:

Pre-application enquiries to alter or extend an existing dwellinghouse, or to carry out operations within the curtilage of an existing dwellinghouse, are exempt from payment of a fee if the planning authority is satisfied that the proposed development is intended solely to improve access, safety, health or comfort for a disabled person who is living in the house as their principal residence.

Community Councils - Pre-application enquiries from a community council are exempt from payment of a fee if the planning authority is satisfied that the proposed development is intended solely for community benefit.

Playing fields – Pre-application enquiries by not for profit clubs, or other not for profit sporting or recreational organisations, relating to playing fields for their own use are exempt from payment of a fee. This exemption applies to applications including for the change of use to use as playing fields together with associated operations (such as earth-moving, draining or levelling) but does not extend to the erection of buildings containing floor space. Playing fields would include football, hockey or cricket pitches, but not squash courts, tennis courts or golf courses.

NON-MATERIAL VARIATIONS FEE:

A fee of £200 for each request for a non-material variation to a planning permission under Section 64 of the Town and Country Planning (Scotland) Act 1997.

CONDITION COMPLIANCE FEE (excludes AMSC applications relating to planning permission in principle):

A fee of £100 to provide written confirmation that a condition has been complied with. An applicant may wish to seek written confirmation of compliance with more than one condition pertaining to the same application within a submitted request, which will result in a single fee of £100 being payable. Each subsequent written confirmation request pertaining to the same application will attract a further fee of £100.

RETROSPECTIVE APPLICATIONS SURCHARGE:

A surcharge will be applied to applications for planning permission, where the application relates to development carried out without permission (Section 33 of the Town and Country Planning (Scotland) Act 1997). The surcharge will be applied both where development is complete or where development has commenced but has not yet been completed. The fee shall be calculated for the development in accordance with the Regulations and then a surcharge of 25% will be added in addition.

East Lothian Council

REPORT TO: Cabinet

MEETING DATE: 14 March 2023

BY: Executive Director for Place **6**

SUBJECT: Council House Allocations Targets for 2023/24

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1 PURPOSE

1.1 To seek Cabinet approval for Council House Allocation Targets for the period 1 April 2023 to 31 March 2024.

1.2 To explain the context, legal position and rationale for the proposed targets.

2 RECOMMENDATIONS

2.1 That Cabinet approves the recommended targets detailed in Section 3.23 of this report.

2.2 That Cabinet notes that performance against these targets is reviewed on a regular basis and that such review forms part of the analysis in setting future targets in 2023/24 and beyond.

2.3 That Cabinet notes that ongoing regular monitoring of performance has been embedded within the Community Housing Performance Management Framework.

3 BACKGROUND

3.1 The Council operates a Group and Points Allocations Policy, which has been operational since its introduction in July 2007. A review of the Policy took place in 2018/2019 with full implementation on 1 May 2019.

3.2 The main objective of the Allocations Policy is to meet the Council's legal obligations specified in the Allocations and Homelessness legislation. The policy, along with other associated actions will also help the Council make best use of Council housing stock. In addition, the policy also assists the Council achieve, along with other complementary actions, balanced and sustainable communities through local lettings plans.

Legal Obligations

3.3 In setting any targets against each group the Council must give reasonable preference to certain statutory groups when allocating Council houses. These include applicants living in unsatisfactory housing conditions; tenants in social housing who are under occupying their property and who have unmet housing needs and to those applicants who are homeless or threatened with homelessness.

3.4 Most of the statutory groups are found in the General Needs Group, although some applicants may fall into the Transfer Group, such as those who need re-housing because of overcrowding or whose health is being negatively impacted upon in their current accommodation.

3.5 The Homelessness etc. (Scotland) Act, which took effect from 1 January 2013 has abolished the “priority need” test and now places a duty on local authorities to provide settled accommodation to anyone found to be unintentionally homeless.

3.6 The Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014 (amended) stipulated that no household comprising children or a pregnant person be accommodated in ‘unsuitable accommodation for more than seven days’. Failure to comply with the Order will result in a local authority breach, requiring declaration. Plans were underway to extend the Order to all homeless households in 2019, although this was delayed due to Covid-19. Temporary exceptions of the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014 were put in place in May 2019 in response to Covid-19, with further exceptions agreed in September 2019 and beyond, ultimately ending on 30 September 2021. As a result, from 01 October 2021 no homeless households are permitted to remain in ‘unsuitable accommodation’ for more than seven days, or this will constitute a breach of duties under the extended Order. All homeless households will require to be accommodated in ‘suitable accommodation’ in accordance with Guidance after seven days.

3.7 The Children and Young People (Scotland) Act 2014 specifically impacts on the provision of accommodation to young people leaving the care system. The Council “Starter Flat” approach, which allocates these tenancies within the General Needs Group has already helped the Council deliver its corporate parenting objectives and has recently been complemented by the My Place project, which provides shared accommodation for care experienced young people.

3.8 The Homeless Persons (Suspension of Referrals between Local Authorities) (Scotland) Order 2022 which came into effect from 29 November 2022 suspends all Scottish local authorities’ powers to refer a person/household who is homeless or threatened with homelessness to another local authority in Scotland on the grounds of their local connection.

2.9 The Scottish Government have yet to issue guidance, therefore it is too early to understand whether this legislative change is having a

disproportionate effect, however we will monitor this closely and liaise with the Scottish Government to highlight if this change is resulting in further added pressure in delivering our homelessness services.

Target Principles

3.10 The Scottish Government's Legal Framework for Allocations (2019) states that all targets should contain sufficient flexibilities to allow the landlord to continue to meet significant need when a target has been reached. The functionality to review targets against changing housing demand forms part of a responsive allocations policy.

3.11 With this in mind, the allocations targets will be reviewed within six months to ensure that they continue to reflect the greatest housing demand. If, after analysis, a change to the targets is deemed necessary, a paper outlining the change will be submitted to Cabinet for approval.

Making best use of stock

3.12 Significant effort has been made in the last few years to encourage transfer activity in order to make best use of stock i.e. by creating vacancy chains, which free up additional houses to those initially let to transfer applicants.

3.13 To help facilitate this, the Council has also 'incentivised' transfers for existing tenants in larger family-sized properties to move to smaller and more appropriately sized accommodation by awarding downsizing grants.

3.14 Housing benefit changes with effect from April 2013 affected those who have a "spare" bedroom deemed to be under occupying. This has led to some tenants wanting to downsize, in turn creating greater demand for smaller sized accommodation.

3.15 Full mitigation of the Housing Benefit under-occupancy reduction through Discretionary Housing Payments has helped ease this pressure but this may not continue to be a long-term solution and is the subject of various committee reports.

3.16 In March 2020, May 2021 and March 2022 Cabinet continued to approve allocations targets that broadly align to overall housing list demand where most of the reasonable preference groups' applicants can be found, not least those who are homeless. As previously, it is proposed that the targets remain set at this level going forward.

3.17 At the end of January 2022, 74.15% of all allocations for 2022/23 have gone to the General Needs group against a target of 70% and 23.41% of allocations have gone to the Transfer group (against a target of 25%). The remaining 2.44% have gone to the Sustainable Communities (against a target of 5%).

Sustainable Communities

3.18 Good practice states that landlords should not exclude any prospective tenants from accessing housing.

3.19 Good practice also dictates that Local Lettings Plans can only be used where there is demonstrably good reason to do so e.g. high turnover, anti-social behaviour etc. and to promote and enable balanced and sustainable communities.

3.20 The Council must set appropriate targets for those with low housing need at such a level that make sufficient material and positive impact to Local Lettings Plans, but at the same time continue to allow the Council to meet its overriding legal obligations to the reasonable preference groups as defined in housing legislation. As such, this flexibility within the lettings targets to positively and materially impact on housing allocations should be retained.

3.21 Each local housing team has brought forward local lettings plans, with support from their respective Local Housing Partnerships, to help achieve balanced and sustainable communities. Currently, we have four local lettings plans in operation within the Musselburgh, Prestonpans, North Berwick and Tranent areas – all of which are being kept under continuous review.

3.22 As an example of the positive impact of Sustainable Communities, the local lettings plan for The Co-op Buildings, Tranent (lodged in the Member's Library February 2020) saw the Council achieve twelve allocations to households that were experiencing homelessness and occupying temporary accommodation provided by East Lothian Council.

3.23 On support from their respective LHPs, existing and future Local Lettings Plans will be reviewed and submitted to the Members Library. It is anticipated that the total target for Sustainable Communities will not exceed 5% but again will be subject to strict monitoring.

2022/23 Allocations against reported groups

3.24 There were a total of 410 allocations from 1 April 2022 to 31 January 2023. The following table shows the numbers and percentages of allocations for the following groups for this period.

3.25 The total number of allocations at year-end is estimated to be circa 500 (v 433 in 2021/22) in line with pre-Covid years and partly attributable to increases in new build provision along with a return to relative normality following the ending of the Covid-19 pandemic.

Type	Number	Percentage	Targets 2021/22
General Needs	304	74.15%	70%
Transfers	96	23.41%	25%
Sustainable Communities	10	2.44%	5%
Total	410	100%	100%

3.26 Taking account of the 2022/23 data, legal obligations - such as the recent changes to the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014, the introduction of Rapid Re-housing policy and associated requirement for annual Plans, backlogs in and increasing pressure on the provision of temporary accommodation, optimum stock utilisation and sustainability objectives, senior management within Housing propose the following percentage targets for 2023/24.

Group	Proposed Targets
General Needs	**70%**
Transfers	**25%**
Sustainable Communities	**5%**

3.27 These targets should be seen in the context of a range of measures required by the Council and its partners to increase the supply of affordable housing, and to address homelessness and comply with statutory and regulatory requirements.

4 POLICY IMPLICATIONS

4.1 The proposed allocations targets will assist the Council to meet its legal obligations under the Housing (Scotland) Act 2001, the Homeless Persons (Unsuitable Accommodation) (Scotland) Order 2014 (as amended) and the Homelessness etc. (Scotland) Act 2003

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report has been through the Integrated Impact Assessment process and no negative impacts have been identified.

6 RESOURCE IMPLICATIONS

6.1 Financial – Continuing to set targets at this level will help reduce the overall financial strains on the provision of temporary accommodation by assisting throughput of all forms of temporary accommodation to settled accommodation.

6.2 Personnel – None.

6.3 Other – None.

7 BACKGROUND PAPERS

7.1 Cabinet Report – Council Housing Allocations Review 2019 – March 2019

7.2 Cabinet Report – Council House Allocations Targets for 2022/23 – March 2022

7.3 Members' Library – Local Lettings Plans – February 2020

AUTHOR'S NAME	Wendy McGuire
DESIGNATION	Head of Housing
CONTACT INFO	James Coutts 07770 653162
DATE	February 2023

East Lothian Council

REPORT TO: Cabinet

MEETING DATE: 14 March 2023

7

BY: Executive Director for Place

SUBJECT: Various Roads East Lothian, Introduction and amendments to Traffic Regulation Orders 2023

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1 PURPOSE

To seek Cabinet approval to start the statutory procedures necessary to introduce and amend various Traffic Regulation Orders to prohibit waiting, loading and unloading, amend some speed limits, re-determine a footway as suitable for cyclists and make a road one way with a ban on left/right turns.

2 RECOMMENDATIONS

2.1 That Cabinet approve the initiation of the statutory procedure necessary to introduce and amend Traffic Regulation Orders in accordance with *The Local Authorities (Procedures) (Scotland) Regulations 1999* and such introduction and amendments that are in force in respect of locations and proposals listed in Appendices A, B, C, D & E.

3 BACKGROUND

3.1 East Lothian Council as Local Traffic Authority is responsible for the making or amending of Traffic Regulation Orders as necessary: to avert danger to road users; to aid free unrestricted movement on the road; to prevent inappropriate use of the road and/or adjoining property and; to improve the amenity of the area.

3.2 Following the successful introduction of decriminalised parking enforcement and the consolidation of Traffic Regulation Orders an ongoing review of restrictions has highlighted several areas that require amendment / introduction. **Appendix A**

3.3 Complaints have been received that vehicles are turning right into Eskside West from Bridge Street despite a No Right Turn ban. Narrowing the junction will deter this and shorten the distance for pedestrians crossing but it will also require a No Left Turn from Bridge Street and a requirement

to make Eskside West one way from North High Street westwards. **Appendix B and C**

3.4 Following a Sustrans-funded upgrade of the footway on Hospital Road, Haddington, at the new Community Hospital, there is a requirement to make an Order that will designate it as suitable for pedestrians and cyclists. **Appendix D**

3.5 An Experimental Order was made to reduce the speed limit in Humbie from 40mph to 30mph. A permanent Order is now required which will also reduce the approach speeds from national speed limit to 40mph

Following representations from New Winton residents and an elected member it has been agreed to reduce the current 40mph speed limit through New Winton to 30mph and to reduce the approach speeds from national speed limit to 40mph. **Appendix E**

4 POLICY IMPLICATIONS

4.1 None.

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6 RESOURCE IMPLICATIONS

6.1 Financial – All costs involved in connection with consultation, advertising, design and implementation associated with the making of these Orders can be accommodated within the Roads revenue budget.

6.2 Personnel - None

6.3 Other – None

7 BACKGROUND PAPERS

7.1 None.

AUTHOR'S NAME	Ian Lennock
DESIGNATION	Roads Asset and Regulatory Manager
CONTACT INFO	Grant Talac or Keith Scott
DATE	14/2/2023

Appendix A		
The Amendments of the Prohibition and Restriction waiting, loading and unloading at Various Streets, Traffic Regulation Orders		
No.	**Location**	**Description**
1	Ormiston Library Car Park	Make the three disabled parking spaces enforceable for blue badge holders only
2	High Street, Prestonpans at Inchview	Introduce waiting restrictions at Council garage area to improve sightlines due to indiscriminate parking
3	Unit 7 – 8 Wallyford Industrial Estate	Introduce waiting restrictions to improve access / egress due to indiscriminate parking
4	Hercus Loan, Musselburgh	Introduce waiting restrictions on the north side of Hercus Loan from Carlyle Place eastwards to Eskside West
5	Eskmills Road, Musselburgh	Introduce waiting restrictions from Tesco Roundabout to Mill House to improve sightlines for pedestrians
6	Wemyss Place at and including Gosford Road Lane, Cockenzie	Introduce waiting restrictions to improve the free flow of traffic
7	Edinburgh Road jcn Bankpark Crescent, Tranent	Introduce waiting restrictions to improve access / egress
8	Queens Road / Spott Road, Dunbar	It will be necessary to introduce waiting restrictions to facilitate a proposed signalised junction
9	West Barns Village Hall	Make the three disabled parking spaces enforceable for blue badge holders only
10	Station Road, Haddington	Extend the existing double yellow lines westwards to improve visibility for the School Crossing guide

Appendix B		
One Way		
No.	**location**	**Description**
1	Eskside West, Musselburgh	One way westbound from North High Street to Bridge Street

Appendix C		
No Right / Left turn		
No.	**location**	**Description**
1	Bridge Street at Eskside West, Musselburgh	Making Eskside West one way will require a ban on traffic from entering Eskside West from Bridge Street

Appendix D		
Redetermination		
No.	**location**	**Description**
1	Hospital Road, Haddington	Re-determine the footway adjacent to the new Community Hospital as shared use

Appendix E		
Speed Limits		
No.	**location**	**Description**
1	B6363 Humbie	Make the experimental 30mph speed limit permanent and introduce 40mph speed limit buffers
2	B6355 New Winton	Reduce the existing 40mph speed limit to 30mph and introduce 40mph speed limit buffers

East Lothian Council

REPORT TO: Cabinet

MEETING DATE: 14 March 2023 **8**

BY: Executive Director for Place

SUBJECT: Decriminalised Parking Enforcement – Increase in Penalty Rates

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1 PURPOSE

1.1 The purpose of this report is to update East Lothian Council of the Scottish Government guidance on increases to Decriminalised Parking Enforcement Penalty Charge Maximum Rates.

2 RECOMMENDATIONS

2.1 To note the increase of parking fines for Penalty Charge Notices.

2.2 To approve adoption of the higher rate of charges.

3 BACKGROUND

3.1 Following a national review of Police Scotland services in June 2013, the Traffic Warden Service ceased patrols in East Lothian on 28th February 2014. Delegated powers for Decriminalised Parking Enforcement were adopted in East Lothian in December 2016.

3.2 At that time the level of charges for Penalty Charge Notices (PCNs) approved by the Scottish Government and adopted by East Lothian Council were £60 with a reduction to £30 if paid within 14 days.

3.3 The Scottish Government undertook a public consultation which considered the levels of fines associated with PCNs and published the analysis of the responses in September 2022.

3.4 At that time Scottish Ministers did not feel that it was appropriate to raise the levels due to the cost of living crisis but committed to keeping that decision under review in the coming year.

3.5 Since that decision was made increased calls from local authorities and other interested parties asked that Scottish Ministers review that decision and asked for local authorities be given further fiscal powers to decide if they wish to increase the levels of PCNs.

3.6 Scottish Ministers have now issued revised guidance to local authorities in Scotland with a decriminalised parking regime notifying them of revised levels of the maximums that can be charged for PCN.

3.7 From the 1st April 2023, the amounts payable by a motorist issued with a PCN may now be in the range of:

Level of PCN	Paid within 14 days	Paid between 15 days and service of Notice to Owner	Paid between issue of Notice to Owner and service of charge certificate	Paid after service of charge certificate
Lower	£40	£80	£80	£120
Higher	£50	£100	£100	£150

3.8 For context; communication with other local authorities including City of Edinburgh Council, Glasgow City Council, Aberdeen Council and Perth and Kinross Council has indicated that they will implement the higher rate.

4 POLICY IMPLICATIONS

4.1 Decriminalised Parking Management contributes towards providing a Safer Environment - a key priority for East Lothian Council.

4.2 Decriminalised Parking Management also contributes towards East Lothian's Single Outcome Agreement Outcome 9 – *East Lothian's homes and roads are safer.*

5 INTEGRATED IMPACT ASSESSMENT

5.1 The subject of this report does not affect the wellbeing of the community or have a significant impact on equality, the environment or economy.

6 RESOURCE IMPLICATIONS

6.1 Financial - Any surplus generated will be re-invested into parking related activities in accordance with the Act.

6.2 Personnel - the implementation will be carried out within existing resource levels.

6.3 Other - None

7 BACKGROUND PAPERS

7.1 None

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