

Notice of a public meeting of Executive

To: Councillors Douglas (Chair), Kilbane (Vice-Chair), Kent, Lomas, Pavlovic, Ravilious, Steels-Walshaw and Webb

Date: Thursday, 12 December 2024

Time: 5.30 pm

Venue: West Offices - Station Rise, York YO1 6GA

A G E N D A

Notice to Members – Post Decision Calling In:

Members are reminded that, should they wish to call in any decisions made on items* on this agenda, notice must be given to Democratic Services by **4:00 pm on Thursday, 19 December 2024.**

*With the exception of matters that have been the subject of a previous call in, require Full Council approval or are urgent, which are not subject to the call-in provisions. Any called in items will be considered by the Customer and Corporate Services Scrutiny Management Committee.

1. Apologies for Absence

To receive and note apologies for absence.

2. Declarations of Interest

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

- (1) *Members must consider their interests, and act according to the following:*

<i>Type of Interest</i>	<i>You must</i>
<i>Disclosable Pecuniary Interests</i>	<i>Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Directly Related)</i> OR <i>Non-Registrable Interests (Directly Related)</i>	<i>Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.</i>
<i>Other Registrable Interests (Affects)</i> OR <i>Non-Registrable Interests (Affects)</i>	<i>Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a</i>

	<i>dispensation.</i>
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- (2) *Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.*
- (3) *Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.*

3. Minutes (Pages 1 - 12)

To approve and sign the minutes of the Executive meeting held on 14 November 2024.

4. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the Executive.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is 5:00pm on Tuesday 10 December 2024.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this meeting will be webcast including any registered public speakers who have given their permission. The meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

5. **Forward Plan** (Pages 13 - 16)
To receive details of those items that are listed on the Forward Plan for the next two Executive meetings.
6. **Homelessness & Rough Sleeper Strategy** (Pages 17 - 132) **2024-29**
The report will present to Executive the Homelessness & Rough Sleeping Strategy for 2024-29. The Strategy will guide work in this area for the following five years and will seek to enlist partners, stakeholders and citizens in a plan to make homelessness rare, brief and non-recurring.
7. **Design Principles of a 'Neighbourhood Model' for York** (Pages 133 - 188)
This report seeks to address some of the causes of the rising cost of care and challenges for the health service relating to the demographic mix in the city. The Executive are also asked to consider the increasing gap in health inequalities across wards relating to deprivation and barriers to accessing support, advice, and information at the point of need.
8. **Local Cycling and Walking Infrastructure Plan** (Pages 189 - 246)
This report presents a Local Cycling and Walking Infrastructure Plan (LCWIP) for York. An LCWIP is a strategic document which outlines an evidence-based, prioritised series of active travel zones and routes that can then be used to secure external funding, including developer contributions.
9. **Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democratic Services officer:

Name: Robert Flintoft

Contact details:

- Telephone – (01904) 555704
- E-mail – Robert.flintoft@york.gov.uk

For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

Alternative formats

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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

City of York Council

Committee Minutes

Meeting	Executive
Date	14 November 2024
Present	Councillors Douglas (Chair), Kilbane (Vice-Chair), Kent, Pavlovic, Ravilious and Webb
Officers in Attendance	Ian Floyd – Chief Operating Officer Bryn Roberts – Director of Governance Debbie Mitchell – Chief Finance Officer Sara Storey - Corporate Director of Adult Services and Integration Martin Kelly - Corporate Director of Children and Education Peter Roderick – Director of Public Health James Gilchrist - Director of Environment, Transport and Planning Niall McVicar - Head of Innovation and Children's Champion Joe Micheli - Head of Communities Julian Ridge - Sustainable Transport Manager Michael Howard - Head of Highways and Transport
In Attendance	Councillor Ayre Carol Pugh – York Youth Network
Apologies	Councillors Lomas and Steels-Walshaw

Part A Minute**48. Apologies for Absence**

It was confirmed that apologies had been received from Councillors Lomas and Steels-Walshaw.

49. Declarations of Interest

Members were asked to declare at this point in the meeting any disclosable pecuniary interest or other registerable interest they might have in respect of business on the agenda, if they had not

already done so in advance on the Register of Interests. None were declared.

50. Minutes

Resolved: That the minutes of the Executive meeting held on 10 October 2024 be approved and then signed by the Chair as a correct record with the additional note that Councillor Ayre was also in attendance at the meeting.

51. Public Participation

It was reported that there had been x registrations to speak at the meeting under the Council's Public Participation Scheme.

52. Forward Plan

Members received and noted details of the items that were on the Forward Plan for the next two Executive meetings at the time the agenda was published.

53. Establishing a Joint Committee between City of York Council and the Humber and North Yorkshire Integrated Care Board

The Director of Public Health introduced the report and outlined the proposal to establishing a Joint Committee between City of York Council and the Humber and North Yorkshire Integrated Care Board. He outlined that the objective would be to create better care through bringing the commissioning of care together and work beyond organisational boundary lines.

The Executive Leader welcomed the objective to deliver better services and remove duplication of work between the Council and Health partners. She welcomed the work on the inclusion of budgetary controls to ensure the joint committee works effectively for the Council and the Integrated Care Board. Finally she also noted a desire to see how services for children and young people could be considered in the future.

Resolved:

- i. Agreed to the establishment of a Joint Committee between City of York Council and Humber and North Yorkshire Integrated Care Board, under section 71 of the Health and Care Act 2022.

Reason: This will enable the necessary governance arrangements to be established for the s75 agreement.

- ii. Delegated authority to the Chief Operating Officer, in conjunction with the Director of Governance (Monitoring Officer), to enter into s75 arrangements with Humber and North Yorkshire ICB, in relation to the formation of a joint committee and the pooling of a defined set of funds as set out in the report.

Reason: This will better enable joint decisions to be made around the funding and commissioning of health and care in York, including whole services and also individual packages of care.

54. Care Experience as a Protected Characteristic

The Corporate Director of Children and Education introduced the report noting that over 100 local authorities had adopted care experienced as a protected characteristic. It was noted that the Council had worked closely with young people on developing the proposal. It was confirmed that this change would not make care experienced legally a protected characteristic.

The Executive Member for Children, Young People and Education stated that the work to outline how the Council would treat care experience as a protected characteristic showed the positive work that had been undertaken to improve the Corporate Parenting Board and putting young people at the heart of its work. By adopting this policy, he outlined that it would assist in improving outcomes for young people and give the Council greater understanding of those with care experience.

Resolved:

- i. Agreed to treat care experience as if it were a protected characteristic.

Reason: To ensure the Council's Equality Impact Assessment and other council policies would closely align with the implementation of the Council's new Equity, Diversity & Inclusion Strategy.

55. York Youth Strategy

Officers introduced the report on the new York Youth Strategy, they highlighted the aim to make York a place that young people belong.

The Executive Member for Children, Young People and Education welcomed the strategy noting the importance of the York Youth Partnership wanting to see York as a place for young people to thrive. He outlined the need for the partnership to support tackling issues faced by young people such as through the work of the holiday activity food project. He noted that the strategy would take York in the right direction.

Resolved:

- i. Agreed the 'Young People Belong in York' youth strategy.

Reason: This is to enable the implementation of the youth strategy alongside partners.

56. York Mental Health Hub Commissioning Arrangements: Options Paper

The Corporate Director for Adults and Integration introduced the report and outlined the positive partnership work undertaken at York Mental Health Hub. She presented the commissioning options to the Executive.

The Executive Leader welcomed the partnership working which the hub had facilitated and welcomed the opportunity to

continue the commissioning arrangement with the funding the Council had received.

Resolved:

- i. Approved Option 3, namely the issuing of 2-year term grant agreements by CYC to the existing voluntary sector providers, without a competitive process, and to delegate authority to the Corporate Director - Adults and Integration, in consultation with the Chief Finance Officer and the Director of Governance, to take such steps as are necessary to determine the provisions of, award and enter into the resulting grant funding agreements.

Reason: This allows for a flexible interim arrangement in compliance with the Subsidy Control Act 2022, the Financial Regulations under Appendix 10a of CYC's Constitution and the Contract Procedure Rules under Appendix 11 of CYC's Constitution. This option can be delivered within the required timeframes. The two-year agreements will allow for sufficient time to develop a robust model and specification as well as to confirm future funding and resource commitments. This will allow for a review of service and future requirements under either the Procurement Act 2023 or the Provider Selection Regime in order to determine the most appropriate commissioning route to ensure the best outcomes for the residents of York and the council achieves Value for Money.

57. Local Transport Strategy Implementation Plan

Officers introduced the report on the Implementation Plan for the Local Transport Strategy, covering the 2024-26 period. They outlined their confidence that the Plan would align closely with the emerging transport objectives of the Mayor of the Combined Authority and future central government policies. They confirmed that work continues the Council's Movement and Place Plan, which would provide a longer-term plan for implementing transport policy in York. Officers noted that the Implementation Plan contains stretch goals and schemes which the Council did not currently have funding for but would allow for

plans and schemes to be developed should funding opportunities become available.

The Executive Member for Transport welcomed the Implementation Plan which she said had been influenced by the Council's Big Transport Conversation. While the Council developed the Movement and Place Plan, she stated that the 2024-26 Implementation Plan would allow the Council to deliver on things such as a new parking strategy and speed reduction programme. She welcomed the Council receiving the powers to enforce Moving Traffic Offences from the Department for Transport. The Executive Member discussed the potential City Centre Sustainable Transport Corridor and confirmed that the Council would engage with residents about the proposal.

Resolved:

- i. Approved the Local Transport Strategy Implementation Plan which forms Annex A to this report.

Reason: To implement the transport schemes and initiatives which will support the Transport Strategy adopted by Executive in July 2024.

58. Capital Programme Update Monitor 2

The Director of Finance introduced the report updating the Executive on the Capital Programme. She confirmed that there was a decrease of £10.384m in the monitor resulting in a revised capital programme for 2024/25 of £123.770m.

The Executive Leader welcomed the report and highlighted a range of schemes in the capital programme that the Executive were proud to be delivering. These included schemes such as the delivery of 100% affordable housing on council owned land, Delivery of the Belfam Insulation Pods, and net zero initiatives including the net zero accelerator with the Combined Authority. She also confirmed that both the Executive and the Mayor of the Combined Authority were lobbying to ensure the completion of the Haxby station project.

Resolved:

- i. Noted the 2024/25 revised budget of £123.770m as set out in paragraph 10 and Table 1 of the report.
- ii. Noted the restated capital programme for 2024/25 – 2028/29 as set out in Annex 1.

Reason: To enable the effective management and monitoring of the Council's capital programme.

59. Finance & Performance Monitor 2

The Chief Finance Officer outlined that there had been an improvement in the Council's forecast overspend. She noted that cost controls remained in place to tackle the Council's forecasted overspend as the Council continued to tackle high levels of demand and complexity in areas such as care.

The Executive Deputy Leader stated that the Council had made significant progress to stabilise the Council's finances, since the 2023 local elections and thanked officers across the Council for their work. He also thanked people across the city for supporting the Council through partnerships and external funding.

The Executive Leader highlighted the Council's performance to deliver on Council Plan, including the launch of new domestic abuse strategy, the construction skills initiative, and fourth best smoking quitting rate, as well as, delivering 100% affordable housing on Council owned land.

Resolved:

- i. Noted the finance and performance information.
- ii. Noted that work will continue on identifying the savings needed to fully mitigate the forecast overspend.
- iii. Agreed the annual Garden Waste Subscription Scheme charge for 2025/26 at £49.

Reason: To ensure expenditure is kept within the approved budget.

60. Treasury Management 2024/25 Mid-Year Review & Q2 prudential indicators

The Executive noted the Treasury Management 2024/25 Mid-Year Review & Q2 prudential indicators.

Resolved:

- i. Noted the 2024/25 Treasury Management activity to date up to the period ending 30th September 2024.
- ii. Noted the Prudential Indicators outlined in Annex A (updated where applicable) and note the compliance with all indicators.

Reason: To ensure the continued effective operation and performance of the Council's Treasury Management function and ensure that all Council treasury activity is prudent, affordable and sustainable and complies with policies set. It is a statutory duty for the Council to determine and keep under review the affordable borrowing limits. During the first half of the 2024/25 financial year, the Council has operated within the Treasury and Prudential Indicators set out in the Council's Treasury Management Strategy Statement for 2024/25.

There are no policy changes to the Treasury Management Strategy Statement 2024/25 for members to agree and approve; the details in this report update the Treasury Management position and Prudential Indicators in the light of the updated economic position and budgetary changes already approved.

61. York Christmas Market 2024 and Blue Badge Access

The Director for Environment, Transport and Planning presented the report which Executive had asked for to provide an update on the plans for this year's Christmas Market and to give consideration as to whether blue badge access is possible this year. It was explained that the previous decisions had shaped the way this year's Christmas market was currently planned with no blue badge holder vehicular access to the

pedestrianised zone, blue badge access to the pedestrianised streets would only be possible from 7pm to 10:30 am the next day.

He confirmed a written request had been submitted earlier in the year to ask Make It York to consider how the 2025 Christmas Market could facilitate blue badge vehicular access.

The report therefore sets out the current plans for Shambles market traders to have vehicular access from 5pm to 7pm as their market finishes before the Christmas Market, this is against Counter Terrorisms advice, but MIY and the Council have sought to mitigate this impact. It was confirmed that there will be no vehicular access for Christmas Market Traders.

It was made clear that all options before the Executive carry an element of risk and officers cannot fully mitigate those risks, some options carry significantly more risk than others. However, it was explained that the decision cannot be made on risk alone, Executive were advised they must also consider the equality and human rights impacts of the options.

Officers have discussed the option of Blue Badge holder vehicular access in the same way as Shambles Market Traders with Counter Terrorism Officers and whilst their advice is no access except for emergency service vehicles, they understand the Council may want to permit some access. They have suggested any permission for vehicular access is sufficiently agile that if the risks change the permission can be removed. As such the Director requested Executive consider another recommendation para 19 roman numeral vii.

The Executive Deputy Leader outlined that the decision on access was a difficult decision but one the Council didn't wish to shy away from. He noted the access that was granted to market traders from 5pm in 2023 during the Christmas market which had operated well. He acknowledged the challenges with delivering blue badge access during the Christmas market but stated that the Council aimed to have a fully accessible city. Therefore, he outlined his support for option D within the report to allow blue badge access during the same time as Shambles Market Traders during this years Christmas Market.

The Executive Leader explained that the Executive had considered the risks and the possible mitigation in relation to

access during this year's Christmas market. The Executive Member for Transport also outlined her support for option D and not option F for this year's Christmas market which would provide access to the Goodramgate loop in the mornings due to the increased level of risk at this time compared to any other time in the year.

Resolved:

- i. Noted and approved the existing arrangements for traders of Shambles Market (year round market) to pass through the Hostile Vehicle Measures during the extended pedestrianised hours of the Christmas Market after 5pm, so that they are not held in the city unnecessarily until the 7pm lifting of the vehicle restrictions. This affects between 20 and 40 Shambles Market traders vehicles per day.
- ii. Noted the advice of Counter Terrorism Policing and the Safety Advisory Group that all vehicular access should not be permitted during the Christmas Market. Recognising that the risk is not just because of increased pedestrian traffic, but because of the specific increased terrorist risk at Christmas markets.
- iii. Noted the increased overall footfall during the Christmas Market period noting that the pattern of peak footfall is not significantly dissimilar between the Christmas Market period and the summer holidays, see Annex B.
- iv. Noted the positive impact of permitting Blue Badge holders' vehicular access to the pedestrianised area for disabled people during the Christmas Market period, noting that on average currently around 18 Blue Badge holders drive into the pedestrianised area between 10:30am to 5pm i.e. an average of 2.7 per hour.
- v. Noted the impacts of increased risk of collisions/accidents between pedestrians and vehicles linked to additional vehicles within the pedestrianised streets, (including the potential negative impacts on some groups with protected characteristics under the Equality Act 2010).
- vi. Agreed to implement Option D within the report – Permit Blue Badge vehicular access to the Goodramgate Loop excluding Church Street, after 5pm during the Christmas Market period, as happens

for the Shambles Market traders. The restrictions are lifted at 7pm when the Christmas Market closes. There would be no Blue Badge vehicular access to the Blake Street, St. Helen's Square and Lendal route. This would provide equity for Blue Badge holders, with the arrangements in place for the Shambles Market traders, but access would not be available in core footstreet hours 10:30am to 5pm. This would be contrary to the advice of Counter Terrorism Policing and the Safety Advisory Group. The figures show that whilst total footfall is significantly higher overall during the Christmas Market period than an August week, the peak hourly footfall after 5pm during the Christmas Market period is similar to peak hourly footfall during August. Parked Blue Badge holders' vehicles combined with the increased footfall may cause an issue for market traders and pedestrians to pass safely and add to a sense of overcrowding.

- vii. Noted that the report had been written in the context of the current threat level. In theory the threat level could be raised by central government/MI5 or the police aware of a local specific risk. Executive therefore recognise that should they instruct some level of blue badge holder vehicular access during the Christmas Market, but the terrorism threat is raised nationally or locally then officers have the right to withdraw permission for blue badge holder access and that of Shambles Market Traders as the basis on which the Executive instructed officers was made has changed.

Reason: Executive, being minded to permit some form of Blue Badge vehicular access during the Christmas Market period, consider whether the chosen option is reasonable and proportionate having fully considered all relevant matters. Executive has weighed-up the equalities and human rights benefits to Blue Badge holders and balanced those with the wider public interest, including the right to life, the duty to protect life, and the potential negative impact that increased pedestrians and vehicular traffic in the pedestrianised area could have on some groups with protected characteristics under the Equality Act 2010.

Part B Minute – Recommendations to Council

58. Capital Programme Update Monitor 2

The Director of Finance introduced the report updating the Executive on the Capital Programme. She confirmed that there was a decrease of £10.384m in the monitor resulting in a revised capital programme for 2024/25 of £123.770m.

The Executive Leader welcomed the report and highlighted a range of schemes in the capital programme that the Executive were proud to be delivering. These included schemes such as the delivery of 100% affordable housing on council owned land, Delivery of the Belfam Insulation Pods, and net zero initiatives including the net zero accelerator with the Combined Authority. She also confirmed that both the Executive and the Mayor of the Combined Authority were lobbying to ensure the completion of the Haxby station project.

Resolved:

- i. Recommended to Full Council the adjustments resulting in a decrease in the 2024/25 budget of £10.384m as detailed in the report.

Reason: To enable the effective management and monitoring of the Council's capital programme.

Cllr Douglas, Chair

[The meeting started at 5.30 pm and finished at 8.04 pm].

Table 1: Items scheduled on the Forward Plan for the Executive Meeting on 23 January 2025

Title and Description	Author	Portfolio Holder
<p>Capital Budget 2025/26 to 2029/30</p> <p>Purpose of Report: To present the capital programme, including detailed scheme proposals.</p> <p>Members will be asked to recommend the proposals to Full Council.</p>	Debbie Mitchell, Chief Finance Officer	Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion
<p>Capital & Investment Strategy</p> <p>Purpose of Report: To set out a framework for all aspects of the council's capital and investment expenditure including prioritisation, planning, funding and monitoring.</p> <p>Members will be asked to: Recommend the strategy to full council.</p>	Debbie Mitchell, Chief Finance Officer	Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion
<p>Capital Programme Update Monitor 3</p> <p>Purpose of Report: To provide members with an update on the capital programme.</p> <p>Members will be asked to note the issues, recommend to Full Council any changes as appropriate.</p>	Debbie Mitchell, Chief Finance Officer	Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion

<p>Finance & performance Monitor 3</p> <p>Purpose of Report: To present details of the overall finance and performance position.</p> <p>Members will be asked to note the report.</p>	<p>Debbie Mitchell, Chief Finance Officer</p>	<p>Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion</p>
<p>Financial Strategy 2025/26</p> <p>Purpose of Report: To present the Financial Strategy, including detailed revenue budget proposals.</p> <p>Members will be asked to: Recommend the proposals to Full Council.</p>	<p>Debbie Mitchell, Chief Finance Officer</p>	<p>Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion</p>
<p>Treasury Management Quarter 3 Prudential Indicators</p> <p>Purpose of Report: To provide members with an update on the treasury management position.</p> <p>Members will be asked to note the issues and approve any adjustments as required to the prudential indicators or strategy.</p>	<p>Debbie Mitchell, Chief Finance Officer</p>	<p>Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion</p>
<p>Treasury Management Strategy Statement 2025/26 - 2029/30</p> <p>Purpose of Report: To set out the treasury management strategy, including the annual investment strategy and the minimum revenue provision policy statement and prudential indicators.</p> <p>Members will be asked to: Recommend the strategy to Full Council.</p>	<p>Debbie Mitchell, Chief Finance Officer</p>	<p>Executive Member for Finance, Performance, Major Projects, Human Rights, Equality and Inclusion</p>

Table 2: Items scheduled on the Forward Plan for the Executive Meeting on 13 February 2025

Title and Description	Author	Portfolio Holder
<p>Fostering Framework</p> <p>Purpose of Report: The report sets out proposals to introduce a new fostering framework and fee structure for foster carers across the City of York.</p> <p>The Executive will be asked to consider the proposals within the report and approve the recommendations.</p>	<p>Martin Kelly, Corporate Director of Children and Education</p>	<p>Executive Member for Children, Young People and Education</p>

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Meeting:	Executive Committee
Meeting date:	12 th December 2024
Report of:	Pauline Stuchfield Director of Housing and Communities Sara Storey Corporate Director – Adults and Integration Peter Roderick Director of Public Health Martin Kelly Corporate Director – Children and Education
Portfolio of:	Councillor Michael Pavlovic Executive Member for Housing, Planning and Safer Communities

Decision Report: Homelessness & Rough Sleeping Strategy, 2024-29

Subject of Report

1. The report will present to Executive the Homelessness & Rough Sleeping Strategy for 2024-29. The Strategy will guide work in this area for the following five years and will seek to enlist partners, stakeholders and citizens in a plan to make homelessness **rare, brief and non-recurring**.
2. The Strategy builds on existing successes and partnerships, offering pathways to suitable housing that can be sustained with high quality, person-centred support.
3. Under the Homelessness Act 2002, all housing authorities must have in place a Homelessness Strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance.
4. The Strategy is important because it gives focus and structure to the range of services and initiatives which deal with, and seek to

prevent, homelessness and rough sleeping. York faces a particular challenge of homelessness because of the shortage of suitable, affordable housing.

Benefits and Challenges

5. Benefits:

- Establishing an enhanced approach to meeting homelessness need in the City, building on experience and successes of current service delivery.
- Development of new partnerships and innovative delivery models within a clear governance and performance framework.
- Supporting individual wellbeing and reducing long term system costs through early intervention and prevention approaches to tackling homelessness.
- Supporting the council's core commitments expressed in the 2023 to 2027 Council Plan – Equality of Opportunity, Health and Wellbeing and Affordability.
- Meeting the council's statutory requirement to have in place an up to date Homelessness and Rough Sleeping Strategy.

6. Risks

- In the event that the Strategy ambitions are not achieved, at risk residents would face adverse impacts and system pressures could increase cost and other challenges.
- There is also a dependency of partner buy-in at a time of significant resource constraint, in order to deliver the multi-agency, wraparound support approach that is essential to achieving sustainable outcomes for clients with more complex needs.

Policy Basis for Decision

7. Housing affordability is a key challenge for the City, with an average cost of homes around 9 times higher than average earnings¹ and rent levels that are amongst the highest in the north of England². The Council Plan demonstrates this administration's commitment to reducing homelessness by including "number of people sleeping rough" as one of its new key performance indicators. In addition, provision of good quality housing to meet the range of needs across the City's residents is recognised as central to the Council's 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of "One City, for all".
8. The National Institute for Health and Care Excellence guidelines published last year highlighted that people experiencing homelessness face significant health inequalities: mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less. Barriers to accessing health and social care services are attributed in part to the high numbers of preventable deaths within this population. The Council Plan contains a focus on fairness and health inequalities, with the ambition to reverse the widening trend of health inequalities in our city. It is recognised in the Health and Wellbeing Strategy that housing access and affordability is fundamental in meeting the aims of the Strategy and tackling wider determinants of health.
9. The Local Government Association (LGA) provides resources for development of effective Homelessness Strategies, which have been incorporated into the development of this proposed Strategy. The [LGA's self-assessment checklist](#) has been utilised as part of this process.
10. The council's [Housing Charter](#) vision of One Team, Healthy Homes, Better Lives and principles including We Think Forward, We Think Together and We Think You are embedded within the person-

¹

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/ratioofhousepricetoworkplacebasedearningslowerquartileandmedian>

²

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/privaterentalmarketsummarystatisticsinengland>

centred, partnership based and wellbeing focused approach taken in this Strategy.

11. This Strategy proposes an approach with extensive correlation to a wider neighbourhood based model where multidisciplinary services operate through hubs with practice that is holistic, integrated and well joined up.

Financial Strategy Implications

12. The council currently has the following budgets totalling £3,337k that it uses to support its statutory homelessness duties:

- Housing General Fund £1,690k
- Resettlement Service £986k
- Homelessness Grants (MHCLG) £661k

13. The grants provided from MHCLG have only been announced for financial year 2024/25 and so we await likely central government funding announcements going forward.

14. This Strategy sets out principles which would be met within these existing internal budgets. It is proposed to do this through a combination of service redesign, external funding opportunities and partner contributions founded on a clear corporate direction of travel. This strategic direction is necessary in order to access those resources and support funding bids to develop service capacities.

15. Any internal service delivery changes will need and to be delivered within this budgetary envelope subject to future central government funding.

Recommendation and Reasons

16. a) Approve the Homelessness & Rough Sleeper Strategy for 2024-29 as described in this report, and delegate to the Director of Housing and Communities the final form of the draft Strategy document **Annex E**, in consultation with the Executive Member for Housing, Planning and Safer Communities.

Reason: To achieve the positive outcomes for vulnerable individuals and the other benefits highlighted in this report, while meeting the council's statutory responsibilities and making effective use of resources.

17. b) Establish a multi-agency governance board to help guide the Strategy implementation and approve the high-level performance monitoring frameworks set out in paragraphs 86.-87. of the report.

Reason: To deliver better outcomes for vulnerable individuals and a cost effective, trauma-informed integrated homelessness & rough sleeping set of services founded on early intervention

18. c) Authorise the Director of Housing and Communities and the Corporate Director – Adult Social Care and Integration, to work with partners on service re-design and service transformation, moving to a Housing First approach.

Reason: To deliver the objectives of the Strategy and meet the needs of individuals and families at risk of homelessness.

19. d) Authorise the Director of Housing and Communities to work with partners to increase the supply of suitable accommodation to help meet demand.

Reason: To deliver the objectives of the Strategy and meet the needs of individuals and families at risk of homelessness.

20. e) Authorise the Director of Housing and Communities and the Corporate Director – Adult Social Care and Integration, to develop a preventative approach and services in line with the Strategy and the year one actions detailed in this report.

Reason: To deliver the objectives of the Strategy, meet the needs of individuals and families at risk of homelessness, and deliver early intervention services at a high level of cost effectiveness.

21. f) Report back to Executive Committee within 12 months on progress against delivery of the Strategy Action Plan.

Reason: To embed accountability within the new governance structure and performance framework that structure the Strategy delivery plans.

Background

22. York's previous Preventing Homelessness and Rough Sleeping Together Strategy 2018-2023 was adopted in 2018. Since 2023 a review of that Strategy has been underway, in accordance with Ministry of Housing, Communities and Local Government (MHCLG) expectations. Advice from MHCLG has indicated that having a review process underway is the priority and a strategy that is approved during 2024 would be acceptable.
23. A summary of the progress made during the 2018-23 strategy period is attached as **Annex B** of this report.
24. The Council Plan highlights that housing affordability is a key challenge in York, with the average house price around 9 times average earnings. There are 7.3 per 100,000 people sleeping rough in the City compared to 4.9 regionally. 15 rough sleeping individuals were identified in the most recent final report to central government. The new administration demonstrated its commitment to reducing homelessness by including "number of people sleeping rough" as one of its new key performance indicators.
25. In addition, provision of good quality housing to meet the range of needs across the City's residents is recognised as central to the Council's 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of "One City, for all".
26. The National Institute for Health and Care Excellence guidelines published last year highlighted that people experiencing homelessness face significant health inequalities: mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less. Barriers accessing health and social care services is attributed in part to the high numbers of preventable deaths within this population. The Council plan contains a focus on fairness and health inequalities with the ambition to reverse the widening trend of health inequalities in our city. It is recognised in the Health and Wellbeing Strategy that housing access and affordability is fundamental in meeting the aims of the Strategy and tackling wider determinants of health.
27. It is important to establish a distinction between measures of rough sleeping in respect of local connection status. Local connection has a broad definition and encompasses for example, people

fleeing domestic abuse who would not be safe in another area. The resolution options for rough sleeping are significantly distinct for individuals with a local connection status and it is important to reflect this in system performance measures.

28. The current administration has a clear commitment to end rough sleeping.

Consultation Analysis

29. The proposed Strategy has been developed in consultation with a range of organisations and individuals, including those with lived experience of rough sleeping and homelessness as well as staff and organisations involved in delivering services to this community, both in York and elsewhere. Those involved in the consultation include:

- Primary Care - representing GPs
- TEWV - Mental Health Services
- Integrated Care Board (ICB)
- Clients of homelessness and rough sleeping services
- Public health including addiction services
- Police
- Probation
- Corporate Parenting Board
- Adult Services Boards bringing Health & Social Care together
- Staff working in hostels and support services and neighbourhood co-ordinators
- Registered Providers
- University / Centre for Housing Policy
- North Yorkshire homelessness & mental health connection group
- Mappa operational group
- York Council for Voluntary Service
- Tang Hall Smart
- Domestic Abuse Housing Alliance
- Tenants Panel
- Changing Lives
- Salvation Army
- Restore
- CareCent including Lived Experience
- Peaseholme Charity

- Community Safety Hub
 - North Yorkshire Police City Centre contact
 - LIFE – Lived Insights from Experience
 - Community Links
 - Other organisations working with single homeless people
30. Consultees were engaged via one-to-one conversations, group discussion and consultation (including two multi-disciplinary events held in September 2024), in team meetings and via written submission.
31. The conclusions drawn from consultation are that:
- a. Services should focus on the needs of the individual and will therefore vary from person to person. Insights from those with lived experience of homelessness highlight that personalisation is key.
 - b. Where possible, processes should be simplified, particularly in relation to the steps and actions necessary to secure permanent housing. However, it was recognised that an evidence base for decision making should always be put in place in order to ensure and demonstrate fair decision making.
 - c. Multi-agency working is key to success. Service users may have complex needs (for example, substance misuse support as well as mental health care and physical medical needs) and the delivery of these services in a co-ordinated and timely way is important.
 - d. Partners with experience of providing services in other areas tell us that, for clients with complex needs, time spent in a hostel, where they can “settle” and all can learn their strengths and weaknesses is an important part of the design of a personalised service. Several partners emphasised that this time should be short, and no longer than 3 months, to manage a risk that negative behaviours can be learnt and social confidence easily lost in this environment.
 - e. Limited availability of social housing is often a barrier to resolving homelessness, especially in a context where the welfare benefits system limits access to the private rented sector in York. However, for clients with more complex needs

a multi-disciplinary support package is needed to successfully sustain a social housing tenancy. There is a high probability of tenancy failure where these needs are unmet, with significant impact on wellbeing and system-wide costs.

- f. Women only hostel accommodation and community based “wrap round” support plays an important role in supporting women and girls fleeing or who have suffered violence. Examples of service in Sunderland may be instructive, key is that the culture of all housing and support services is attuned to the specific needs of women and girls in these circumstances.
- g. Tackling the negative elements of “street culture”, encouraging active not passive support for individuals, and responding effectively to anti-social behaviours are an important part of a preventative and enabling approach to rough sleeping.
- h. Loneliness can result in the breakdown of tenancies and so social networks need to be nurtured, peer support put in place and community engagement encouraged. York will have lots of community capacity but it needs to be identified and worked into the service model.
- i. Don’t forget hospital discharge support and quickly available housing and support to prevent hospital admissions. Again, these need to be multi-disciplinary approaches but we have good models in Yorkshire and the North East that we can learn from.
- j. Prevention should be a focus, with effort put into supporting the well-being of individuals, their health and fitness and the re-establishment of social links and confidence. Partners shared insights into the social, confidence and networking benefits that arise from sport and fitness activities.
- k. Via the formation of social networks and links to community, experience has shown that work and volunteering opportunities arise. These can be beneficial in supporting an individual to re-gain their place and status in family, social and community networks.
- l. Information sharing and building relationships between teams are important in successful partnership working, alongside

formal governance arrangements, data monitoring and system design.

- m. Colleagues from the University of York tell us that a study of recent clients is likely to tell us much about the nature and profile of service users in York, helping us to better understand needs and best plan services. A small number of individuals will be “repeat” users of service and by engaging most intensely with these can help manage demand in the long term.

- 32. The Health, Housing and Adult Social Care Scrutiny Committee was consulted on homelessness plans on Wednesday 11th September and on this Strategy at their meeting held on 9th October 2024 highlighted several areas where additional detail was recommended. These areas have been taken into account in this report, including additional clarification around approaches to meet a range of needs and use of client needs data to support this. Early intervention/prevention plans for individuals and households with lower needs but who face a risk of homelessness have also been highlighted. Further consideration of resources will be carried out in the detailed action planning following approval of a new Strategy.

Options Analysis and Evidential Basis

- 33. The council is required to have a Homelessness Strategy.
- 34. When formulating this proposed Strategy we have examined context and evidence, and reviewed good practice from other areas.

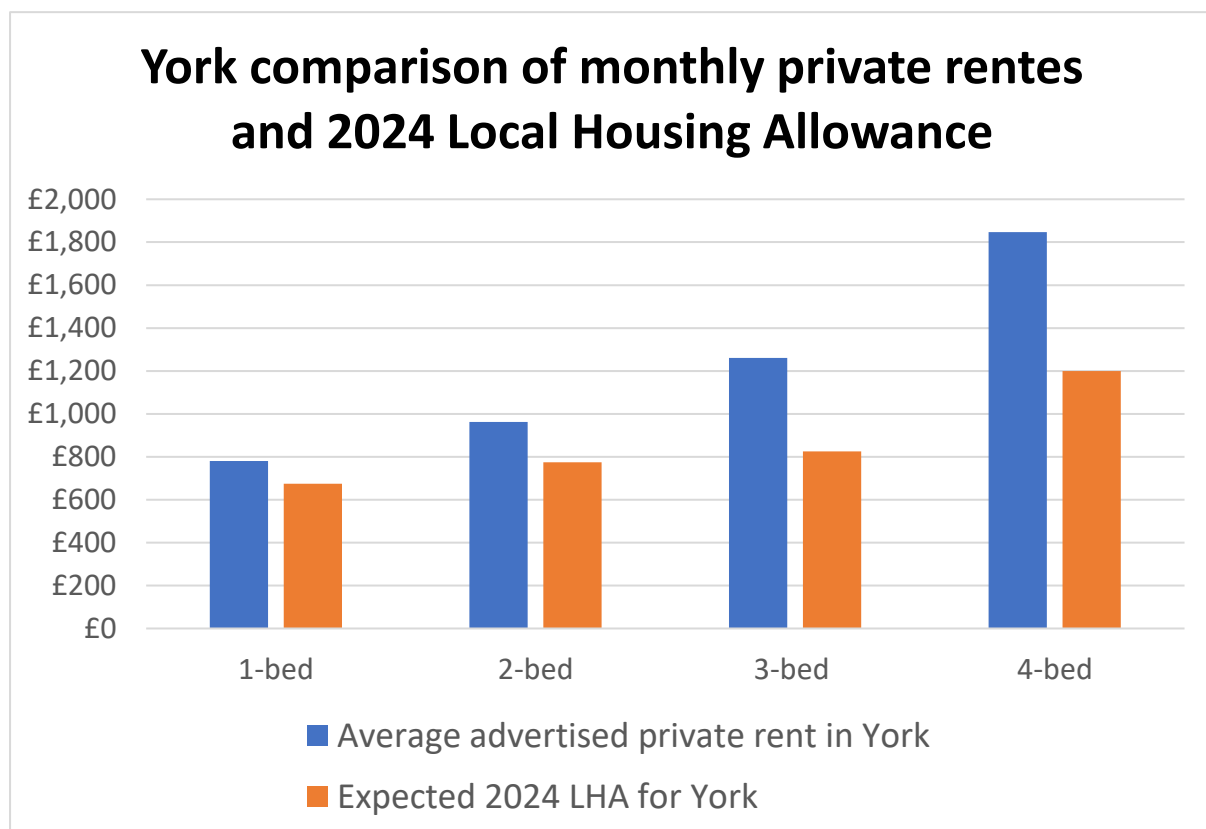
Context and evidence base

- 35. A primary driver of homelessness in the City of York is the City’s ongoing housing affordability challenge. Using data from the council’s statutory homelessness returns alongside delivery data and the Local Housing Needs Assessment³, a shortfall is clearly evidenced which is exacerbated by the central government policy of Local Housing Allowance freeze since 2020 despite significant local private rent increases in this time. Local Housing Allowance is expected to be reindexed to the lowest 30% of rents in April 2024

³ <https://www.york.gov.uk/downloads/file/8270/ex-cyc-92-local-housing-needs-assessment-by-iceni-july-2022>

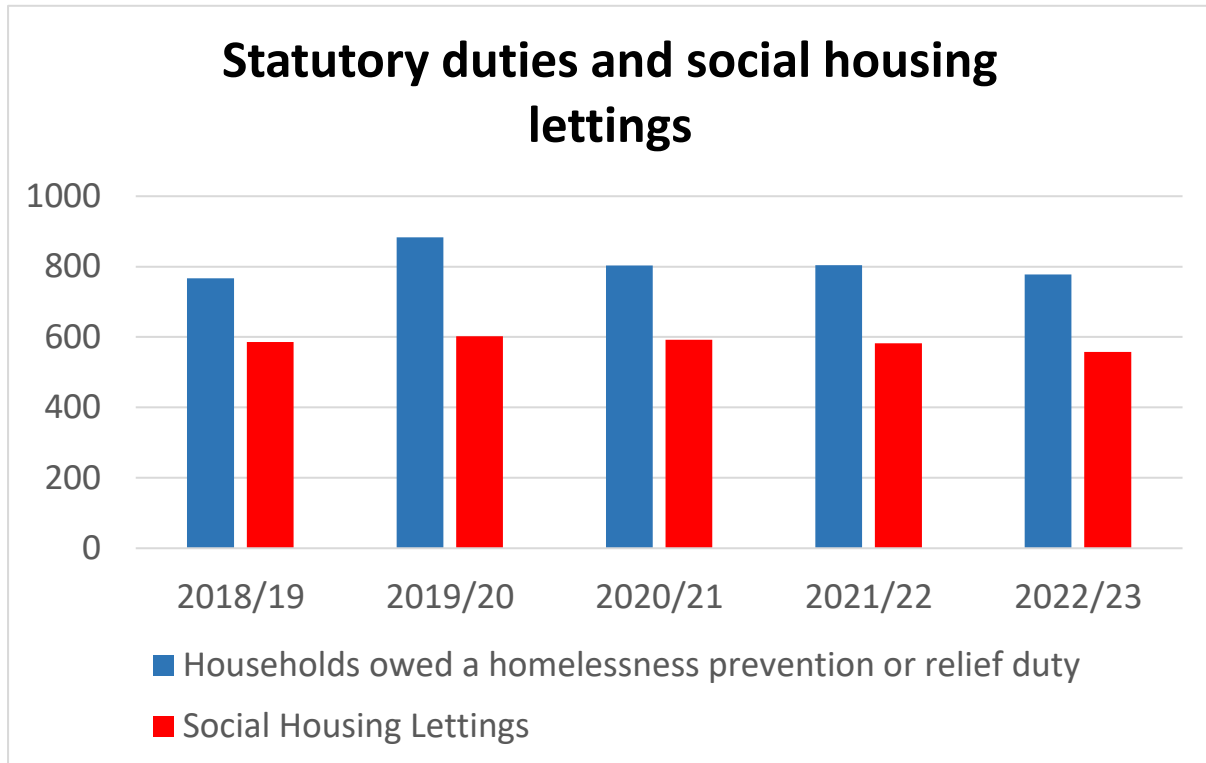
however a review of the government's indicative uplifted figures indicates a significant shortfall is expected to remain⁴.

36. This has been exacerbated by the cost of living crisis since 2021 in food and other essentials which has increased housing and homelessness pressures at the same time as longer term rough sleeping has been tackled through initiatives in the last strategy period.
37. From a review of 40 lower market advertised private rental properties in the City of York in December 2023, none of the 1-4 bedroom homes were affordable within the 2024 Local Housing Allowance level. Average shortfalls are significant and act to effectively prevent the lowest income households to access the private rented sector. This is further impacted by the Broad Rental Market Area that City of York is included within, comprising neighbouring moderate cost rental market areas such as Selby and Easingwold, resulting in a lower Local Housing Allowance level being applied to York.

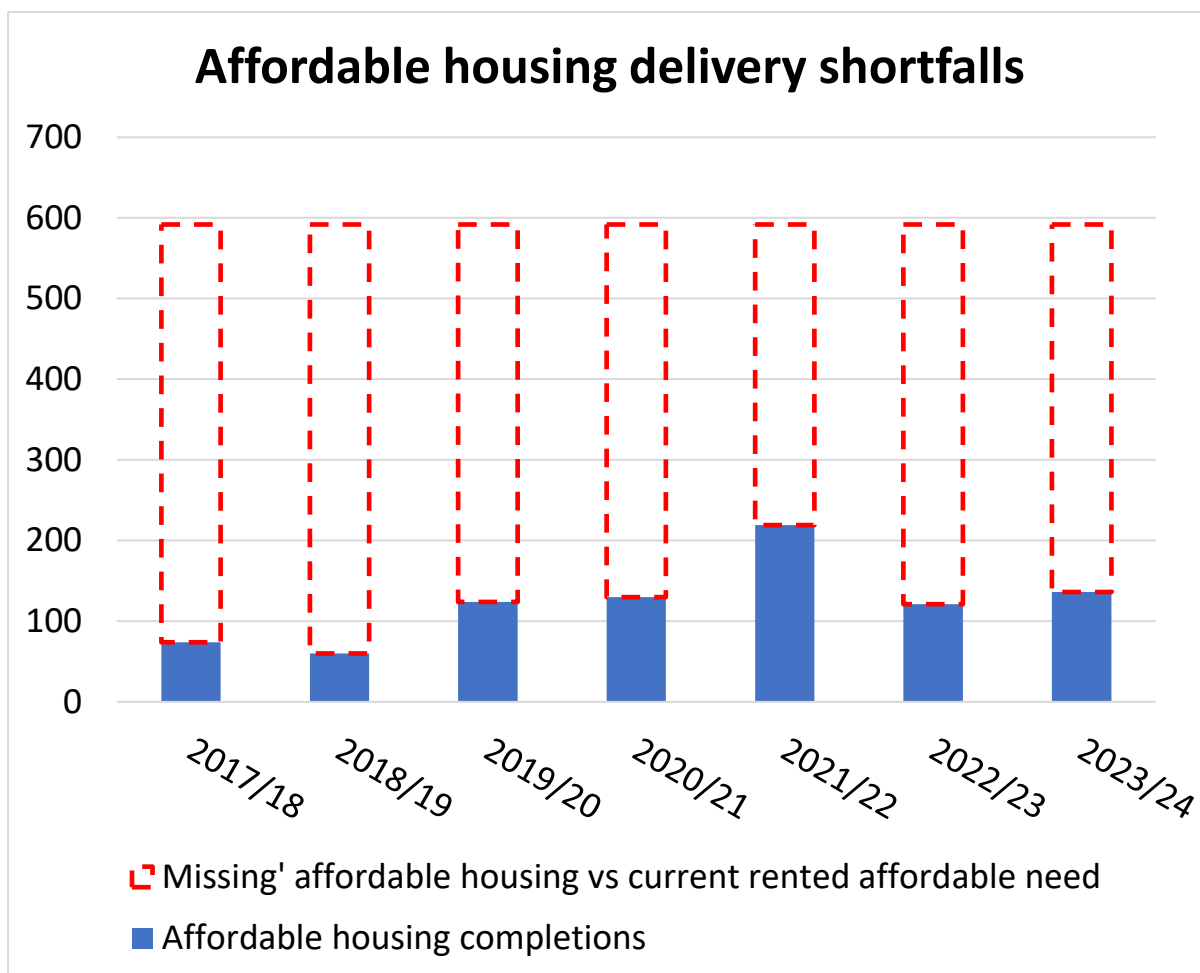


⁴ <https://www.gov.uk/government/statistics/local-housing-allowance-indicative-rates-for-2024-to-2025/indicative-local-housing-allowance-rates-for-2024-to-2025>

38. Statutory homelessness duties for prevention or relief are high relative to annual social housing lets.



39. Annual housing delivery falls consistently far below the assessed annual need of 592 additional affordable homes (Local Housing Needs Assessment 2022).



40. In addition key services such as mental health clinical care and social care are undergoing unprecedented pressure, with an estimated increase of 60% in adults with moderate to severe depressive symptoms nationally (p15) and a more than doubling of estimated 17-19 year olds with experiencing a mental health condition (p14).⁵ Disability benefit entitlement due to mental health needs has increased even more rapidly⁶.
41. Rehabilitation in the prison and probation service has been significantly impacted by budget and staffing reductions since 2010. There has been a sustained reduction in the number of prisoners attaining basic Maths and English qualifications⁷ along with other rehabilitative activities, while HM Inspectorate of Probation summarised the impact of cuts to housing support and repeated restructuring of the service: “widespread homelessness and a lack of suitable housing is jeopardising the rehabilitation of

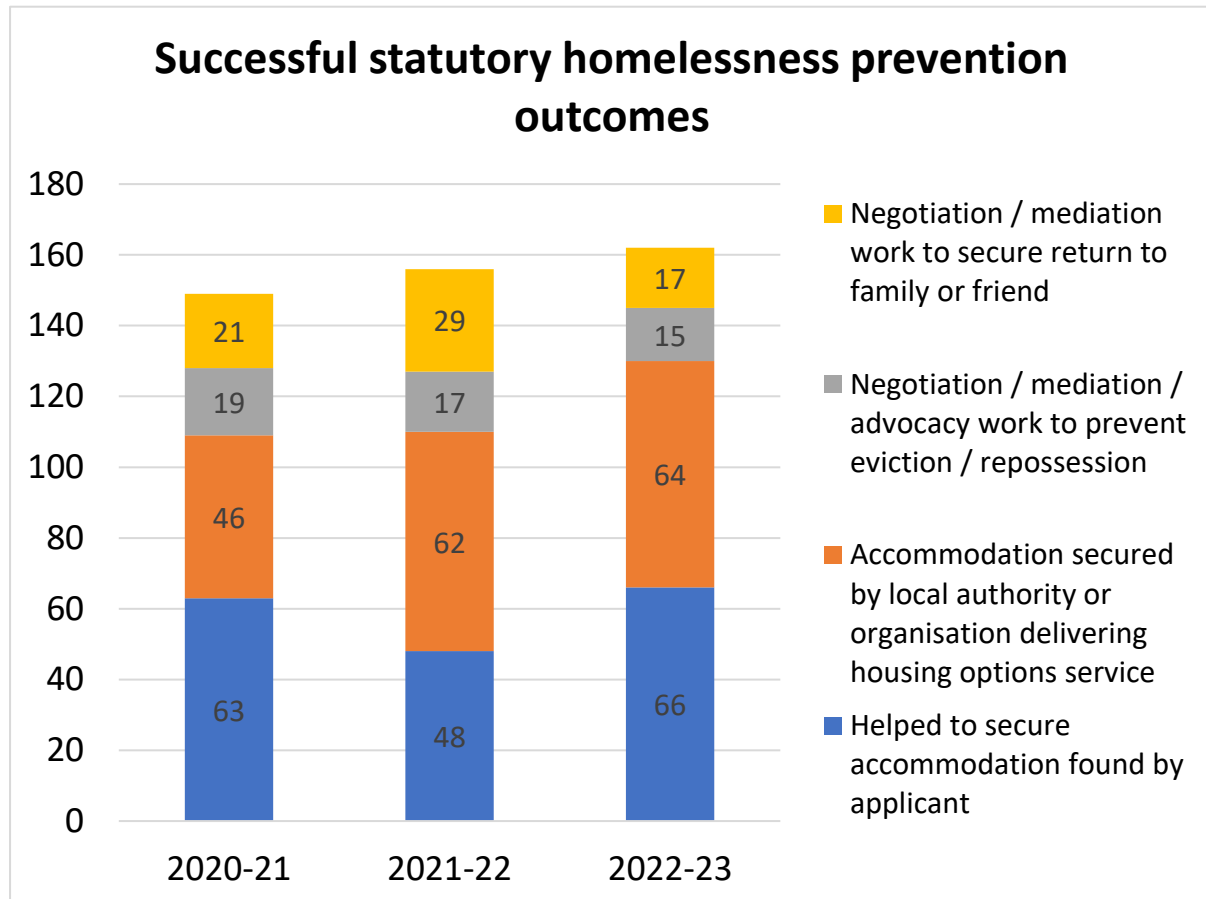
⁵ <https://commonslibrary.parliament.uk/research-briefings/sn06988/>

⁶ <https://ifs.org.uk/publications/health-related-benefit-claims-post-pandemic-uk-trends-and-global-context>

⁷ <https://www.instituteforgovernment.org.uk/article/explainer/prisons-10-key-facts>

offenders”.⁸ This increases the urgency of tackling homelessness through a holistic accommodation and assertive support approach.

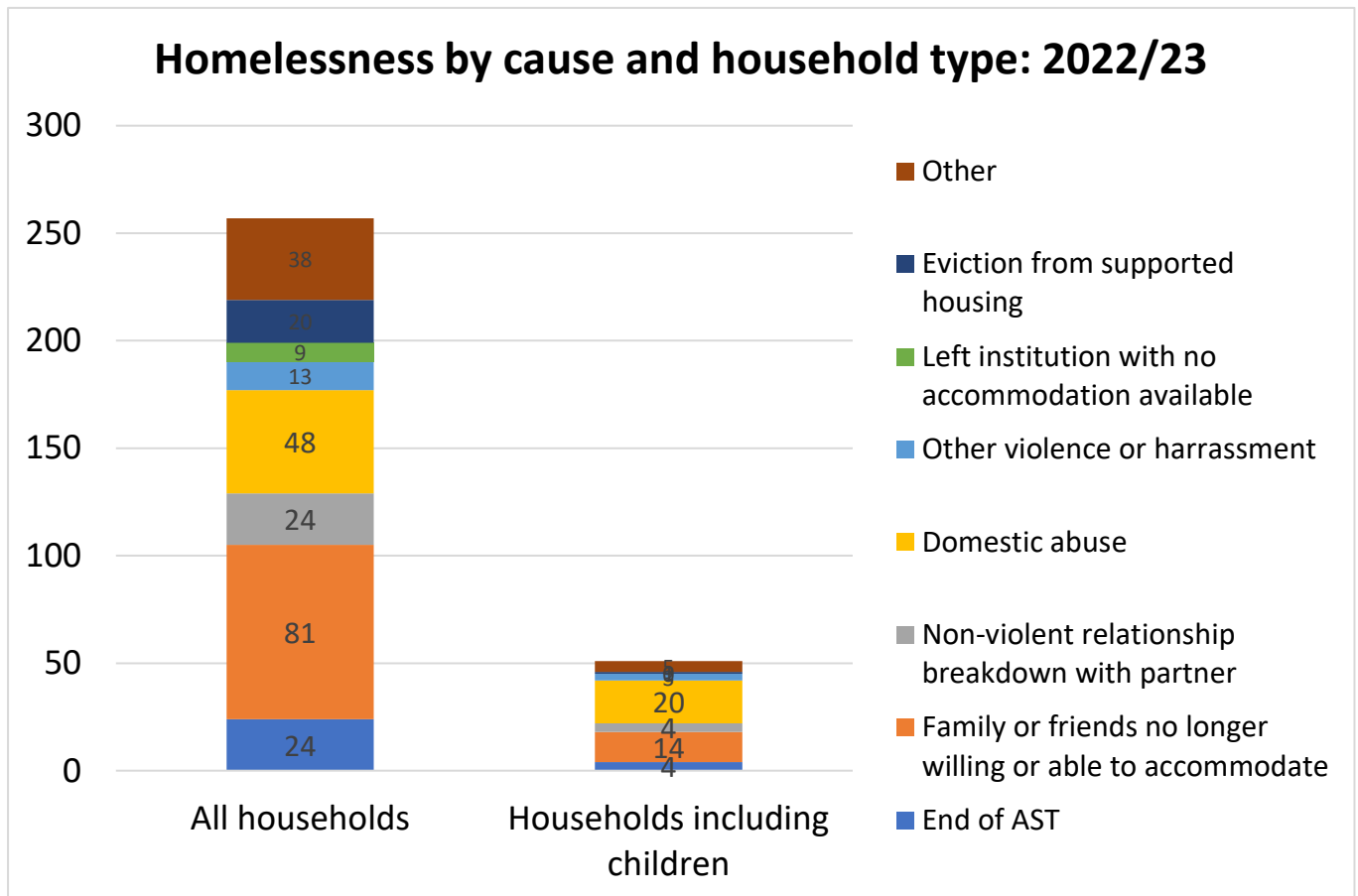
42. Around 150 successful homelessness prevention cases are achieved annually through the Housing Options service, significantly reducing the overall homelessness impact in the City. 50-70 of these are typically households including children.



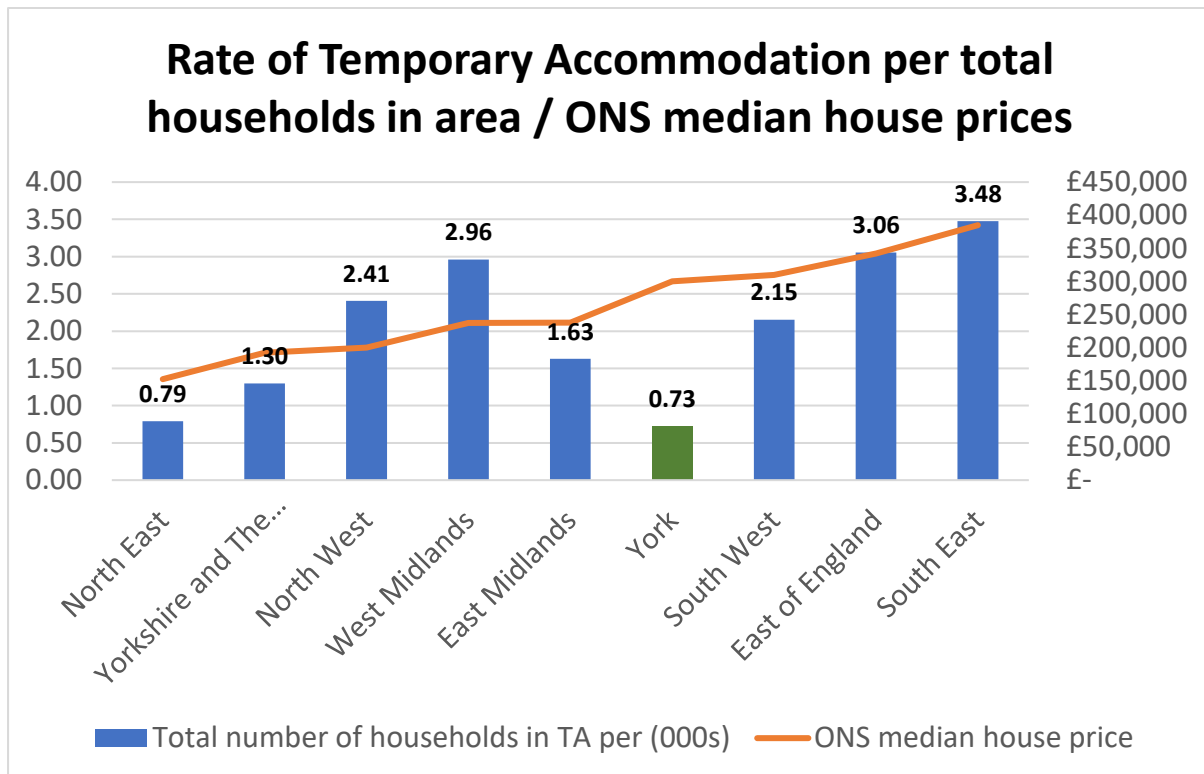
43. A leading cause of homelessness for all household types is “Family and friends no longer willing to accommodate”. In many cases this is likely to be related to housing market and benefit cuts pressures as noted above, and/or unmet needs support issues. For households with children, domestic abuse is the single highest cause of homelessness, highlighting the need for priority actions to reduce the occurrence. From 2023/24 onwards, newly accepted refugees accommodated within York have now become a significant homelessness needs group. This has not been the case

⁸ <https://www.justiceinspectorates.gov.uk/hmiprobation/media/press-releases/2020/07/accommodationthematic/>

historically and is a result of Home Office policy changes in respect of the City of York.



44. City of York Council has a relatively low use of Temporary Accommodation, and one of the highest proportions of Temporary Accommodation in Local Authority owned hostels, at 83% (December 2023 snapshot data). This greatly reduces the financial pressures that other councils have seen through use of expensive Private Sector Lease and Bed and Breakfast arrangements.



<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

45. An extensive snapshot evidence gathering exercise was undertaken within the Resettlement Pathway in January 2022. Full details are in the link below, summarised in the table below. This highlights the needs of individuals at risk of rough sleeping or with other complex needs and in the process of resettlement following homelessness⁹.

9

<https://democracy.york.gov.uk/documents/s171078/Annex%201%20York%20Homelessness%20Pathways%202022.pdf>

Table 1: Resettlement Pathway Needs

Needs type / category	Number of service users	% of total service users	
Total service users in snapshot	323	100%	<div> <div><-----</div> <div>More frequent in service</div> <div>-----></div> <div>Less frequent-----></div> </div>
Experience of trauma	220	68%	
Moderate/High Stress & Anxiety	178	55%	
Current / past TEWV involvement	171	53%	
Mid/High needs complexity	139	43%	
Repeat presentations	136	42%	
Female service users	103	32%	
Contact with criminal justice: Medium / High / Significant	87	27%	
10+ years “in the system”	61	19%	
Alcohol & Drug Dependence*	58	18%	
High / significant level MH needs	48	15%	

* Alcohol & Drug Dependence more frequently present in:

- Multiple Presentations: 40%
- High Complexity: 60%
- Older males: 25%

46. The UK Government provides specialist support through the Ministry of Housing, Communities and Local Government, and the principles of this strategy are considered consistent with its “Ending rough sleeping for good”¹⁰ plan and “From harm to hope: A 10-year drugs plan to cut crime and save lives”¹¹. However,

¹⁰ <https://www.gov.uk/government/publications/ending-rough-sleeping-for-good>

¹¹ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

resources are not currently made available at the scale necessary to deliver on the ambitions of these national strategies¹².

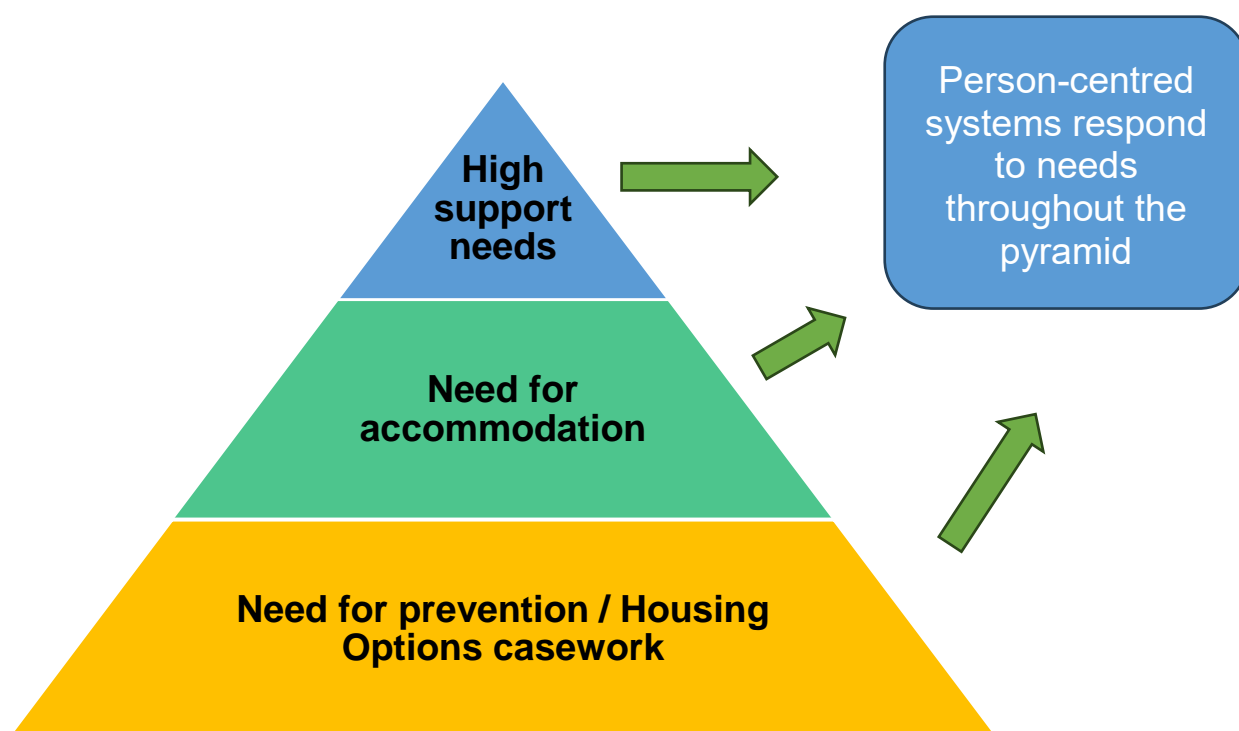
47. A good practice review of comparable locations around the country has been carried out to inform themes and priorities for the review.

Evidence base: Conclusions

48. The evidence base reinforces the insights gained through consultation undertaken. The key conclusions are that:
- **An acceleration of social housing provision** is needed to tackle homelessness, but needs to be provided alongside a **multi-disciplinary support model** that is person-centred and trauma-informed to enable clients with complex needs to sustain a home successfully.
 - **Early intervention and prevention** is an essential priority to achieve positive outcomes for individuals and to make the best use of resources across homelessness systems.
 - There are significant successes to **learn from in existing service delivery alongside gaps and barriers** to address to achieve the strategy aims of making homelessness rare, brief and non-recurring.
 - **A distinct approach for family households** where homelessness is driven primarily by a shortage of affordable housing and high private rents relative to mortgage costs. The evidence base indicates that support needs and behaviours are not the primary factor albeit can be a cause in a small minority of cases.
 - This informs an **understanding of needs** and a system that can be designed to meet these effectively, in a person-centred way.

¹² <https://www.housing.org.uk/news-and-blogs/news/were-calling-for-a-renewed-commitment-to-the-delivery-of-the-housing-transformation-fund/>

Homelessness and Rough Sleeping: Needs Pyramid



Proposed Strategy and its Governance

The Proposed Homelessness & Rough Sleeping Strategy, 2024-29

49. The strategy aims to build on existing successes and partnerships to make homelessness **rare, brief and non-recurring**, offering pathways to suitable housing that can be sustained with high quality, person-centred support and a system focussed on building independence.
50. The new Homelessness and Rough Sleeping Strategy takes a **Housing First** approach for single homelessness clients, focusing on the rapid re-housing of those facing homelessness, reducing or avoiding time in a hotel or temporary accommodation:

“Housing First is an approach to ending homelessness through housing and support provision. It prioritises access to permanent housing with tailored, open-ended, wraparound

support for the resident that emphasises choice and control.”¹³

51. Where an individual or family need help to establish and maintain their tenancy, **we will support the delivery of cross-agency support services**. We will give attention to the specific **needs of disabled people** and will work to **prevent rough sleeping** and **tackle domestic abuse**. We will work with partners to develop and sustain services which achieve these goals. **The supply of suitable and affordable homes is key to the success of this strategy**, alongside **early intervention, prevention of homelessness** and keeping people in their own homes where possible. We will take action, harness resources and work in partnership to make more homes available. Raising the level of ambition is critical to reducing the number of children in unsuitable housing and at risk of homelessness, with **long-term benefits to the City across Education, Skills, Health and Wellbeing**.
52. Provision of good quality housing to meet the range of needs across the City’s residents is recognised as central to the Council’s 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of “One City, for all”. Important elements of the Health and Wellbeing Strategy and Economic Strategy are also met by support for vulnerable households at a time of crisis to achieve sustainable housing .
53. The proposed Homelessness and Rough Sleeper Strategy 2024-2029 establishes a number of objectives:
 - The overarching goal of the strategy is to build on existing successful delivery and partnership to make homelessness rare, brief and non-recurring.
 - This will be supported by an action plan focussed on key priorities and investment opportunities, including Housing First led system transformation, more affordable homes for client groups with and without children, and high quality homelessness prevention services.
 - The strategy will provide a basis for partnership work and strategic partnership development.

¹³ <https://www.housing.org.uk/our-work/homelessness/housing-first/>

- Progress during 2018-23 is considered to inform identification of needs to build on.
- Enhanced performance monitoring, data and governance frameworks.
- Building independence is a core principle of support provision, with services designed to develop people's skills and capacities and to avoid creating dependence.
- Delivery and outcome monitoring of a distinct offer dependent on local connection status, with the pathways described in this paper developed for individuals with a local connection to the City of York. Alternative resolution options such as supported reconnection with another locality are provided for individuals without local connection status. It may be noted that local connection has a broad definition and encompasses for example, people fleeing domestic abuse who would not be a safe in another area.

54. Key themes inform the Strategy delivery:

Table 2: Strategy themes

Ref	Theme	Key elements over 2024-29
1.	Expansion of Housing First with 250 additional 1-bed tenancies over strategy period	<p>Expansion of Housing First through a formal partnership investment model to increase revenue funding while maintaining existing CYC budget levels, alongside strategic purchases of suitable flats into the HRA stock and Registered Provider commitment</p> <p>Multidisciplinary Team providing holistic support for service users with complex needs (Table 4), including e.g. dual diagnosis, dependent on partnership contributions and external funding</p> <p>This takes into account core elements of the Resettlement Review recommendations and builds on existing service strengths including the Mental Health Housing First provision</p>

Ref	Theme	Key elements over 2024-29
2.	Resettlement service redesign delivering review recommendations	Incorporate Resettlement Review recommendations into the new services, including a revised model with Mental Health specialism and considerations of other specialist service areas, within the profile of existing CYC budgets
3.	Expansion of social housing	<p>Maximise delivery through Section 106 planning permissions and the council's Housing Delivery Programme, in addition to work with social housing partners to increase the level of Homes England grant funded investment in the City</p> <p>Priorities informed by the Local Housing Needs Assessment 2022 or successor evidence base document¹⁴</p>
4.	Homelessness Prevention and Tenancy Sustainment	<p>Develop City of York Tenancy Sustainment Strategy for CYC as Landlord and in partnership with other Registered Providers in the City and a Supported Housing Strategy.</p> <p>Build on homelessness prevention offer and support high quality early intervention and delivery of Homelessness Reduction Act statutory duties for all households at risk of homelessness</p>
5.	Tackling Domestic Abuse	Achieve Domestic Abuse Housing Alliance (DAHA) accreditation. Support survivors, prevent homelessness where possible, including preventative work with perpetrators and individuals at risk of becoming perpetrators.
6.	Revised governance	A new governance structure and enhanced data reporting to establish clearly "what

¹⁴ <https://www.york.gov.uk/downloads/file/8270/ex-cyc-92-local-housing-needs-assessment-by-iceni-july-2022>

Ref	Theme	Key elements over 2024-29
	structure and performance framework	<p>success looks like” in the new service delivery model as an effective performance framework.</p> <p>Regular performance review integrated into ongoing service improvement to achieve the strategy objectives.</p>

55. Key action areas to inform the Homelessness and Rough Sleeping Action Plan 2024-29 with performance measures and responsibilities to be defined are set out in the Framework below:

Table 3: Strategic Action Plan Framework

Theme	Strategic Actions
1. Expansion of Housing First with 250 additional 1-bed homes over strategy period	<p>Single households and couples without children</p> <ul style="list-style-type: none"> • Deliver system transformation through Housing First and rapid rehousing utilising additional homes plan noted above, incorporating best practice research from University of York and national Pilot projects research , with a proposal to prioritise as a York and North Yorkshire Mayoral Combined Authority project • 250 additional Housing First tenancies, 150 of these through additional social housing 1-bed flats, with further for general needs to 2029/30: through both acquisitions, new build and RP partnerships • Multidisciplinary team including “dual diagnosis” to meet both addiction and mental health needs, and peer support / experts by experience, informed by the National Institute for Clinical Excellence guidelines and other best practical.

Theme	Strategic Actions
2. Resettlement service redesign delivering review recommendations	<p>Single households and couples without children</p> <ul style="list-style-type: none"> • Get the right support in place, tenancy sustainment, maximising contributions from partners and statutory agencies and addressing distinct client groups' needs, and linking in opportunities such as adult learning, employability, volunteering and other social network development to deliver support in an independence-focused way • Work in partnership with the Police, the York BID and other agencies/stakeholders to support individuals out of 'street culture' and manage related impacts • Development of existing pathways to map the system wide responses for each client group, from early intervention through to permanent, sustained accommodation <p>The insourcing of Resettlement systems provides a strong foundation for this ambition¹⁵</p>
3. Expansion of social housing	<p>Across both families, and singles/couples</p> <ul style="list-style-type: none"> • Maximise s106 provision and other additional social housing of the right types of Social and Affordable Rent homes, and fully accessible homes for single people / couples, and families • Increase stock of larger accommodation • Build on needs evidence base to support case for high quality social housing of the right type, in the right places

¹⁵ <https://democracy.york.gov.uk/%28S%28er5fig3cbkjmjx55ekdxrgfc%29%29/ieDecisionDetails.aspx?Id=6771>

Theme	Strategic Actions
4. Homelessness Prevention and Tenancy Sustainment	<p>Across both families, and singles/couples</p> <ul style="list-style-type: none"> • Build on existing services to further develop Housing Options Toolkit with range of early intervention and homelessness prevention options including for clients with no/lower support needs and those sofa surfing and at risk of homelessness due to local private rent levels • Develop a Tenancy Sustainment Strategy across all household types and tenures, taking into account context of Local Housing Allowance shortfalls • Develop a Supported Housing Strategy to identify type and scale of needs that would not be met through any other accommodation and a plan to address this over the mid- and long-term, including service transition pathways such as for young people with needs including Learning Disabilities and Autism • Develop a Family Intervention Tenancy Policy to reduce eviction risks for council tenants with complex needs and review tenancy support options for families. • Integrate actions around prevention and tenancy sustainment into the work of the York Drug and Alcohol Partnership, supporting those within housing pathways with addictions into treatment, and taking proactive steps to build tenants' recovery capital. • Embed long term principles of early intervention and prevention in system wide service design, recognising that for example supporting people to long term independence is essential alongside delivery of statutory

Theme	Strategic Actions
	<p>homelessness prevention outcomes and metrics</p> <ul style="list-style-type: none"> • Provision of pathways to sustainable housing that are flexible including capacity to “step up” and “step down”. Long term progress to resolution of homelessness can be non-linear and service design will reflect this.
5. Tackling Domestic Abuse	<p>Across both families, and singles/couples</p> <p>Achieve Domestic Abuse Housing Alliance accreditation with associated actions to reduce homelessness from this cause</p>
6. Revised governance structure and performance framework	<p>Across both families, and singles/couples</p> <ul style="list-style-type: none"> • Embed and establish strategic partnerships, governance arrangements/structures to deliver cross-cutting solutions informed a clear performance framework, including with partners additional to the Strategy Group such as York BID • Develop shared Charter of Principles across partners, incorporating learning from national and local good practice including the York Poverty Truth Commission • Embed customer feedback, engagement and consultation including quantitative measures within the service continual improvement approach and performance framework • Incorporate this Framework and the First Year Action Plan items as set out in paragraphs 79.-81. into the Homelessness and Rough Sleeping Action Plan 2024-29, to be finalised in early 2025 with oversight provided by the Homelessness Strategy Group and senior council officers

Delivery of Housing First led system transformation for rough sleeping customers

56. Professor Nicholas Pleace and Dr Joanne Bretherton of the University of York explain that “Housing First is a breakthrough in ending homelessness among people with high and complex needs and long-term, or repeated, experience of homelessness.”¹⁶
57. Development of a clear local model and ambition for Housing First would facilitate additional revenue resourcing of wraparound support through enhanced partnerships with other agencies who work with client groups at risk of homelessness. Further properties could be brought into the scheme through strategic acquisitions and development of suitable properties into council’s asset base, leveraging funding to contribute to long-term sustainability of the Housing Revenue Account, in addition to maximising partner Registered Provider delivery.
58. This will build on the success of this innovation to date including the work developing a Mental Health Housing First pathway. 56 Housing First tenancies for individuals with highly complex needs and at times, challenging behaviour have been delivered since 2015/16, with 37 tenants remaining. This would be supplemented by development of suitable specialist accommodation schemes, for clients with particular needs for supported housing.
59. The transformation would only be possible with significant resource commitment from other partners such as health services. This could be built on a shared ambition and governance framework to deliver the strategic outcomes tackling single homelessness and sustaining effective support pathways.
60. The approach could be summarised as a person centred, 3-stage pathway for homelessness clients:
 1. **Come indoors** – and let's assess what help and support you need.

¹⁶

https://eprints.whiterose.ac.uk/145440/1/The_cost_effectiveness_of_Housing_First_in_England_March_2019.pdf p5

2. Let's work together to get things sorted – in your own home and with help and support tailored to your needs, delivered through strengths based principles to build independence.

3. Move to normal – achieving your goals and ambitions.

61. This incorporates both Rapid Rehousing and Housing First. It would also use, for the first step in the journey, a hostel-type building for a short period of time based on individual needs, most likely ranging from 7 days to 3 months typically. During this time those with complex and other needs can be assessed/triaged for the tailored package of support to be put in place. This first step, when necessary, will be on a short-term basis and the focus will be to get the individual into their own home, as quickly as possible.
62. Expansion of Housing First through a formal partnership investment model to increase revenue funding, alongside strategic purchases of suitable flats into the HRA stock and Registered Provider commitment. This incorporates core elements of the Resettlement Review recommendations and builds on existing service strengths including the Mental Health Housing First provision. The council's "Staying Close" pathway for supporting young people with care experience into their first home provides further learning and practical experience to draw on. The approach will be backed up by and evaluated through clear outcomes and performance measures.
63. Housing First has also been approved as a key project proposal for funding bids through the York & North Yorkshire Combined Authority. This could be both for revenue support service funding, potentially on a demonstrator/learning basis, and to meet affordable homes growth objectives¹⁷ as well as the Combined Authority's core commitment to Health and Thriving Communities¹⁸.
64. Some individuals will avoid the first step altogether and move straight to their own home and a support package, if needed. It is

¹⁷

<https://democracy.york.gov.uk/%28S%28lxyn5wjwdhicgyurbwbdie3m%29%29/ieDecisionDetails.aspx?AllId=68303>

<https://democracy.york.gov.uk/%28S%28lxyn5wjwdhicgyurbwbdie3m%29%29/documents/s177452/Annex%20A%20York%20pipeline%20of%20projects.pdf>

¹⁸ <https://yorknorthyorks-ca.gov.uk/growing-our-economy/economic-framework/>

likely that these individuals will be those with the less complex or less challenging needs.

65. Another key feature will be that the approach is simple and easy to move through, without unnecessary hurdles or barriers to allow an individual to progress. The model can incorporate specialist support for groups with distinct needs including Housing First for Women, and Housing First for Young People, building on national best practice experience to develop distinct models.
66. Fundamental to this approach will be sorting and tailoring the second step so that, once someone is in their own home, they have a support package which meets their specific needs. The success of the approach would pivot on personalisation. Some individuals at this second step will have low support needs and be of low risk and therefore would be an ideal candidate for floating support. Others will have complex needs, circumstances and/or behaviours that have often been shaped by trauma and whilst they will be in their own home, they will need a strong, trauma-informed and multi-agency support team helping them to settle and progress.
67. The final step of this journey is the 'move to normal'. This would be determined by the individual but could involve having a job, having links and relationships into the community and fulfilling goals and ambitions. Job skills, confidence building, community volunteering may all be part of this stage. It is also recognised that experience of homelessness can have a lifetime impact and support services could be reengaged without an extended referral process, if needed following this final step.
68. The Housing First proposal would be in alignment with and informed by the University of York (UoY) research evidence base presented in their Background Paper, "*Effective Strategies to End Rough Sleeping*". This incorporates the extensive UoY research work on Housing First and evidence-based approaches to tackling rough sleeping. Summaries of "the three main components of a successful rough sleeper strategy" described are:
69. "Using a Housing First model, i.e. rehousing in an ordinary flat/apartment and providing an intensive case management service

is effective for high cost, high risk individuals who present with multiple and complex treatment and support needs.”

70. “Homelessness prevention is crucial to an effective rough sleeping strategy” (p6)
71. “Housing First needs housing, it needs to be strategically integrated with health, addiction, mental health and social care services and it needs to be operating within an approach that is preventing homelessness and potential rough sleeping whenever possible.” (p6-7)
72. Resourcing and capacity present a challenge to operationalising the strategies presented by UoY research however the lessons are considered in service planning.
73. This has been informed by University of York research, Housing First pilot research¹⁹, National Institute of Clinical Excellence guidance²⁰, and informal consultation within the council. It may also be considered a “Team around the Tenant” working on an Assertive Community Treatment basis²¹ and fits in with emerging thinking around Health integrated community teams approach and the Council’s development of a Neighbourhood Based Model, learning also from Family Hubs Pilot work.

Table 4: Housing Support Multidisciplinary Team

Multidisciplinary Team element	Responsible partner
Key Worker: For each tenant	City of York Council
Rough Sleeper Navigators	City of York Council

¹⁹ <https://www.gov.uk/guidance/housing-first-pilots-2-year-extensions-funding-allocations-202223-and-202324>

²⁰ <https://www.nice.org.uk/guidance/ng214>

²¹ https://eprints.whiterose.ac.uk/145440/1/The_cost_effectiveness_of_Housing_First_in_England_March_2019.pdf p55

Multidisciplinary Team element	Responsible partner
Housing Options Prevention Workers	City of York Council
Clinical Psychologist / Trauma specialist priority access pathway	TEWV / NHS / ICB
Domestic Abuse support	IDAS / Public Health Team
Drug & Alcohol / Addiction workers / prescribing nurses or doctors priority access pathway	Public health Team / ICB
Occupational Therapist priority access pathway	ICB
Employability Support and Skills	Led by City of York Council
Offender rehabilitation	Probation
Peer specialist / experts by experience	To be confirmed
Welfare benefits advisors – when not already covered by Navigators	City of York Council
Learning Disabilities or other social worker, offer care needs assessments through access pathway	City of York Council
Voluntary sector professionals	Other partners
Access to neighbourhood based 'hub' location offering key services such as GP, dentistry and other provision	Wider partnership

Housing First Homes Additional Delivery

74. Supporting high needs clients to live in their own homes requires is dependent on delivery of a sufficient supply of 1-bed social housing. This also presents an opportunity as 1-bed flats can be provided making efficient use of land over multiple storeys, and can also have good financial performance when ex-Right to Buy flats are purchased in blocks with CYC freehold ownership.

75. It is proposed to bring properties into the scheme through a number of routes, with detailed estimates shown in Annex A:

- Strategic acquisitions of suitable properties into council's asset base, leveraging funding including a priority for affordable housing commuted sums secured through the planning system to contribute to long-term sustainability of the Housing Revenue Account
- Increased priority for good quality, appropriate 1-bed properties through the planning system using Section 106 obligations and delivered by partner Registered Providers
- Incorporation of additional 1-bed properties through the council's Housing Delivery Programme
- A new governance structure to support further engagement with Registered Provider partners
- Allocation of 50% of future general needs City of York 1-bed homes property lets for Housing First customers meeting the assessment and eligibility criteria, with small proportion of newbuild homes expected taking an evidence based approach to community stability and sustainability lettings policies

76. The supply pipeline through these routes is considered in Annex A. Homes used for this service will need to be spread throughout the York communities to avoid clustering and minimise community tension. Further consideration is needed on a development programme but initially a target of 225-250 additional 1-bed flats for Housing First has been identified to 2029/30. This is considered feasible at this stage, based on potential supply of 155 new build 1-bed flats for social/affordable rent in addition to up to 445 existing social housing flats that could be allocated for Housing First. Many of the existing flats would be let to homeless or vulnerable individuals but with less tenancy support available, in the event Housing First expansion is not delivered.

77. Analysis of local stock ownership and lettings data could be used to inform an agreed 'quota' approach between CYC and Registered Provider (RP) partners. Particular consideration would be given to the 1-bed homes that are needed for Housing First accommodation

and to sustainable locations in a variety of neighbourhoods around the City.

Table 5: General needs social housing stock ownership in the City²²:

	1-bed	2+ bed	Total
City of York Council	2,536	4,469	7,005
Other RPs	392	2,674	3,066

First year action Plan

78. The Strategy places a strong emphasis upon partnership working and for this reason the year two, and beyond, actions needed to deliver the Strategy will be devised collaboratively, with partners, staff and clients, guided by the Governance Board and approved by Executive Committee in late 2025.
79. First year actions are needed to move us forward towards realising the Strategy and the service pathways set out in it. These actions will be based upon existing, authorised actions, the use of delegated powers and, where necessary, further Executive approvals. First year actions are as follows:
 1. Continue to progress the decision of executive committee of 9th of May 2024 to implement the new resettlement pathway to develop residential and supported stroke care solutions for adults based upon early intervention and personalised support.
 2. Implement the decision of executive committee of the 9th of May 2024 to Commission support services as needed by the pathway following the transition of the residential elements of the current resettlement service contract, making use of authority delegated to the director of housing and communities in consultation with the head of procurement and the director of governance.

²² <https://www.gov.uk/government/statistics/registered-provider-social-housing-stock-and-rents-in-england-2021-to-2022>

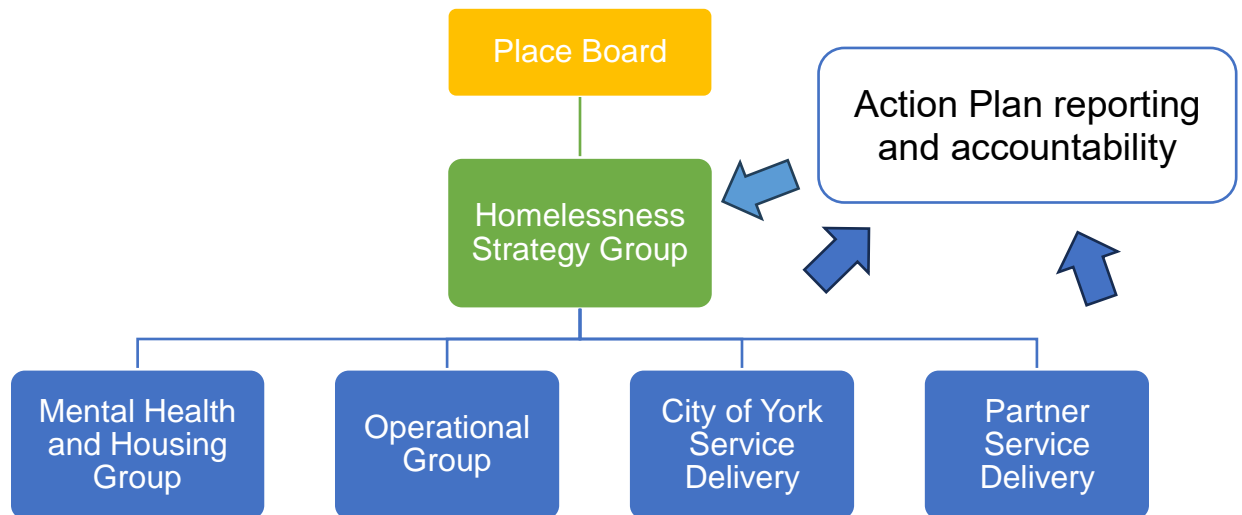
3. Establish the governance board as detailed in this report and authorised by executive committee on the 9th of May 2024.
 4. Review the provision of services at 89/91 Scarcroft Rd and subject to the outcome of this review, implement changes which would allow the property to be registered with Ofsted for the provision of support services for young people who need supported accommodation as part of their pathway to independence, as authorised by executive committee on the 9th of May 2024.
 5. In light of the progress being made with regard to domestic abuse framework accreditation, review the provision of resettlement support services at Robinson Court, engaging in resident, community and partner consultation to conclude the future nature, shape and location of a residential support service dedicated to the needs of women who have suffered domestic abuse and girls and young women who have suffered violence.
 6. Bring forward plans to executive committee in the context of capital investment in new build housing that details opportunities to expand the provision of one bed accommodation, utilising existing developments, section 106 opportunities and the deployment of capital receipts and commuted sums to purchase appropriate accommodation where necessary.
 7. Subject to the approval of a capital investment allocation as part of the 2025/26 budget approval process, invest in the upgrade of facilities at the Union Terrace hostel in order to ensure that it meets up to date bathroom standards and will support the triage element of the new rough sleeper accommodation pathway.
80. In respect of the proposed review of Robinson Court, there may still be a need to offer gendered temporary/emergency accommodation for women and girls with complex needs, including those with children. The value of providing a choice of women-only accommodation to those accessing homelessness pathways is recognised in addition to development of a Housing First for Women model. This would support the safe accommodation strategy in

providing gendered spaces and should be reviewed as a part of the Strategy Action Plan.

Governance

81. It is proposed that a multi-agency Governance Board will be established in order to help guide the Strategy implementation and monitor its outcomes.
82. The Governance Board will comprise of members drawn from the following disciplines and partner organisations:
 - Adult Social Care
 - Housing and Communities
 - Housing, Homelessness & Housing Options Service
 - Childrens Social Care
 - Public Health
 - Primary Care
 - Tees, Esk and Wear Valley (TEWV) NHS Mental Health Services Trust
 - Integrated Care Board (ICB)
 - The Probation Service
 - The Police Service
 - York Council for Voluntary Service (CVS)
 - University of York Centre for Housing Policy
 - York and North Yorkshire Housing Partnership Chair
83. The Terms of Reference for the Governance board are summarised in **Annex C**.
84. The Purpose of the Homelessness Strategy Group (HSG) is to oversee the delivery of the local Homelessness and Rough Sleeping Strategy and Action Plan, ensuring it achieves its stated aims and outcomes through the delivery of high quality, appropriate and consistent services which meet the needs of people who are homeless or at risk of homelessness across the local housing authority area. In order to achieve this the HSG will support and monitor the implementation of the Homelessness Strategy Action Plan (HSAP).

Proposed governance structure



Performance Measures

85. The aim of the performance frameworks is to:
- a) understand demand within the homelessness systems, including pressures within services and need outside services – these are referred to as “demand pressure components”;
 - b) ensure timely, high quality performance management information informs governance systems and continuous improvement of services;
 - c) inform future investment needs and redesign opportunities, including building long-term partnerships with resource sharing;
 - d) highlight successes, and understand areas for improvement; and

- e) reduce the staff time needed to produce Committee and management reports, and improve the quality of reports through standardised data reporting.
86. In order to track and measure the impact of the Strategy, the following high-level performance monitoring framework is proposed:

System performance measures

- a) Additional Housing First tenancies created across both additional and existing social housing
- b) Resettlement hostels: flow through the system, immediate and long-term outcomes
- c) Housing waiting list: needs data, waiting times
- d) Single Access Point (SAP) applicants / waiting list for services

Statutory and Housing Options measures

- e) Initial assessments of statutory homelessness duties owed
- f) Number of households assessed and owed a prevention or relief duty [government statistical return reference A1]/
- g) Support needs of households assessed as owed a prevention or relief duty [A3]
- h) Reason for eligibility of main applicants assessed as owed a prevention or relief duty [A11]
- i) Reason for households' prevention duty ending [P1]
- j) Type of accommodation secured for households at end of prevention duty [P2]
- k) Main prevention activity that resulted in accommodation secured for households at end of prevention duty [P3]

Statutory homelessness main duty decisions & outcomes

- l) Outcome of main duty decision for eligible households [MD1]

Households in temporary accommodation

- m) Number of households in temporary accommodation at end of quarter by temporary accommodation type [TA1]
- n) Number of households in temporary accommodation at end of quarter by household type [TA2]
- o) Average stay per person in hostel/temporary accommodation by accommodation location.

Rough Sleeping measures

- p) The number of people sleeping rough who have a local connection status (on a single night and over the course of the month). This is a key local measure of rough sleeping and the effectiveness of this Strategy.
- q) The number of new people sleeping rough (on a single night and over the course of the month). This is known as P1.
- r) The number of people sleeping rough (on a single night and over the course of the month), known as R1.
- s) The number of people sleeping rough over the month who have been sleeping rough long-term, known as B1
- t) The number of people returning to sleeping rough, known as NR1

88. We plan to work with Professor Nicholas Pleace of the University of York to help us develop and evaluate the Strategy and its outcomes. They will help us to:
- a. Measure the demand for service and the impact of intervention, placing these measurements into a national context.
 - b. Providing strategic advice to the Partnership Board.
 - c. Prompting and sharing good practice to assist in service design and evaluation
 - d. Develop tailored models for client groups such as Housing First for Women and Housing First for Young People, meeting specific needs for these groups

- e. Help to promote the York approach to those, and invite their insight to help us grow and develop the service.

Organisational Impact and Implications

89. Organisational Impact and Implications comments are as follows:

- **Financial:** The strategy primarily recognises the need to provide homelessness services in different ways. There are significant resources available to provide the service both from council budgets and government grants and the proposals will need to be delivered within those resources. The in-sourcing of the resettlement service may provide opportunities for a more efficient consolidated service allowing resources to be diverted to new priorities. Any HRA capital investment in additional 1 bedroom provision will need a separate business case with funding identified and Executive / Council approval as required.
- **Human Resources (HR):** There are no HR implications contained within this report . However, any impact on the Councils resources and / or structure that arise from implementing the strategy will need to be identified, assessed and implemented in line with Council policy.
- **Legal:**
 - Under the Homelessness Act 2002, all local authorities must publish a homelessness strategy every five years. Failure to produce an up to date strategy opens the Council up to legal challenge. As the previous strategy was published in 2018, guidance has been sought from MHCLG. An up to date strategy must be approved and published as soon as possible.
 - The homelessness strategy must be based on a review of homelessness in the local area which complies with the provisions of the Homelessness Act 2002, Homelessness Reduction Act 2017 and Ministry of Housing, Communities and Local Government's Homelessness Code of Guidance. The proposed Homelessness & Rough Sleeping Strategy 2024 meets the requirements set out in this legislation and guidance and there is no legal reason why it should not be adopted.

- **Procurement:** No comment required.
- **Health and Wellbeing:** Preventing homelessness is critical to public health. The health of people experiencing homelessness is significantly worse than that of the general population and poor mental and physical health is both a cause and consequence of homelessness. The Public Health team have been involved in the development of this strategy and support these recommendations.
- **Environment and Climate action:** Homeless and rough sleepers are amongst the most vulnerable groups to the impacts of climate change. This strategy helps alleviate the risks to this group and supports the aspirations of the York Climate Change Strategy.
- **Affordability:** The recommendations in this report are seeking to mitigate the impact of short to long term homelessness and deprivation exacerbated by the cost-of-living crisis and resulting impacts on the health and wellbeing of individuals often with complex circumstances and needs, alongside the lack of affordable homes in York. The report provides residential support solutions for those at risk of homelessness alongside a person-centred approach with early intervention and personalised support with the aim of improving long term outcomes for those individuals and families.
- **Equalities and Human Rights:** The EIA Appendix D has been agreed by the author with Assistant Director of Customer, Communities and Inclusion.
- **Data Protection and Privacy:** The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved recommendations and options from this report and a DPIA completed if required.
- **Communications:** The strategy is a much-needed document for the City of York, and we anticipate that it will attract much interest. We would work closely with the strategy team to prepare the strategy for launch and comms management throughout the life of

the policy with a robust comms plan and relevant support in terms of stakeholder engagement. This will enable preparation for any reactive replies, especially showcasing a joined approach from other related council services.

- **Economy:** Through the involvement of York BID in the partnership, York's city centre and wider business community play an active part in supporting the city's Homelessness and Rough Sleeping strategy.

Risks and Mitigations

90. Homelessness and Rough Sleeping is a complex area of council service provision and statutory obligation. These systems aim to achieve positive outcomes for some of the City's most vulnerable residents and comprise multiagency partnerships reliant on a wide range of disciplines such as housing tenancy management, skills coaching within hostels, mental health treatment and peer mentoring. As such, uncertainty is significant and substantial risks exist which require complex mitigation approaches.
91. Key risks identified in the proposed Strategy are:
 - a. Partnership approaches and/or governed are insufficiently successful and adequate resources are not available to provide the multidisciplinary Housing First support packages that have been identified as critical to success
 - b. The pressures on affordable housing supply continue to increase and it is not possible to identify sufficient properties to meet homelessness needs
 - c. A higher proportion than anticipated of Housing First customers have needs that are not sufficiently managed within the community and the thresholds for a Housing First offer have to be changed, affecting system wide performance
 - d. Staffing recruitment and retention challenges undermine the expertise and dedication that is needed for high quality work that is essential to success in this complex area

- e. A significant increase in need through government policy developments around asylum seeker accommodation
 - f. Other national or global factors such as economic, social or medical crises materialise within the Strategy period and restrict available resources or otherwise prevent the attainment of the Strategy actions and objectives
92. These actions can be mitigated to achieve an appropriate level of risk likelihood and impact: by good quality governance arrangements across the partnership and a shared commitment to the Strategy objectives, through programme planning, outcome communication and monitoring, reflexive approaches to embed a rapid learning curve and through provision of sufficient resources through work with partners and external funding bids.
93. Evidence-based decision making and service planning alongside objectives that align with delivery capacity will also be essential to manage the range of risks identified as part of this proposed strategy.

Wards Impacted

94. All Wards are impacted by the decision.

Contact details

For further information please contact the authors of this Decision Report.

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Service Area:	Housing
Telephone:	01904 554351
Report approved:	Yes
Date:	02/12/2024

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Report approved:	Yes
Date:	02/12/2024

Abbreviations

The following abbreviations have been used in the report:

CVS – Council for Voluntary Service
 CYC – City of York Council
 DAHA – Domestic Abuse Housing Alliance
 EIA – Equalities Impact Assessment
 GP – General Practitioner (of Medicine)
 HRA – Housing Revenue Account
 HSAP – Housing Strategy Action Plan
 HSG – Housing Strategy Group
 ICB – Integrated Care Board
 IDAS – Independent Domestic Abuse Services
 KPI – Key Performance Indicators
 LGA – Local Government Association
 MHCLG – Ministry of Housing, Communities and Local Government
 NHS – National Health Service
 RP – Registered Provider (of Social Housing)
 SAP – Single Access Point (for the Resettlement pathway)
 TEWV – Tees, Esk and Wear Valley NHS Mental Health Services Trust
 UoY – University of York
 York BID – York Business Improvement District

Background papers

Future Resettlement Pathway – Building Independence (Item 127), considered by the council Executive on Thursday 9th May.

<https://democracy.york.gov.uk/ieListDocuments.aspx?MIId=14497>

The Preventing Homelessness and Rough Sleeping Together Strategy 2018-2023, adopted in 2018
<https://www.york.gov.uk/HomelessnessStrategy>

Annexes

Annex A: 1-bed social housing flats illustrative/potential supply pipeline

Annex B: A summary of the progress made during the 2018-23 strategy period.

Annex C: Summary of Homelessness Strategy Group Terms of Reference

Annex D: Equalities Impact Assessment (EIA)

Annex E: Draft Homelessness and Rough Sleeping Strategy 2024-29

Annex A: 1-bed social housing flats illustrative/potential supply pipeline

Source	Number in period 2024-29	Potential Housing First availability	Notes
Housing Development Programme new-build	31	8	25% of planned 'baseline' supply
S106 provision	95	23	25% of planned 'baseline' supply
Use of commuted sums / Right to Buy receipts	75	75	Acquisition programme
Bell Farm refurbishment	10	10	Based on local letting plan with no more than 25% Housing First use of total 40 flats provided
Other delivery routes	39	39	
Existing CYC stock – direct lets	890	445	Estimated 178 1-bed lets per year – applied 50% for HF
Total	1,140	600	Programme aim for 250

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Annex B: A summary of the progress made during the 2018-23 strategy period

2018-23 Strategic Priority	Actions and achievements during 2018-23
1. Reduce Rough Sleeping	<p>A significant reduction of the number of people sleeping rough, from 29 in 2017 to 15 in 2023 using street count figure, and 4 using late 2023 estimate</p> <p>Implementation of the Rough Sleepers Initiative and additional resources to support people with complex needs, providing effective outreach</p> <p>Rough Sleeper Housing Navigator Team playing a critical role in identifying needs at an early stage for anyone rough sleeping or faced with from July 2020</p> <p>An increase in Making Every Adult Matter (MEAM) to work with complex / entrenched rough sleepers and people with complex mental health issues</p>
2. Prevent Homelessness	<p>Full implementation of the new homeless legislation the Homeless Reduction Act 2017, which extended LA responsibilities and embedded the prevention approach in service delivery</p> <p>A maintained and sustained core focus on early intervention and the prevention and prevention of homelessness</p> <p>An increase in the number of housing options workers</p> <p>Use of the YorHome social lettings service to offer accommodation for people at risk of homelessness</p>

2018-23 Strategic Priority	Actions and achievements during 2018-23
3. Ensure appropriate accommodation for people who are homeless or at risk of homelessness	<p>The development and opening of James House 57 purpose built and fully furnished units of temporary accommodation</p> <p>An increase in emergency bed spaces available so services can react quickly to rough sleeping through NSNO, NAP Pads, B&B and other forms of temporary accommodation. This creates additional spaces to meet short term peaks in demand.</p> <p>Zero homeless 16 or 17 year olds have been placed in B&B and zero families for longer than 6 weeks</p> <p>Rough Sleepers Accommodation Programme attracted capital and revenue funding to provide appropriate accommodation and support for 6 individuals with complex needs</p>
4. Ensure appropriate support for people that are homeless or at risk of homelessness	<p>Joint working with Housing, Mental Health clinical services and Adult Social Care via the mental health and housing meeting</p> <p>Housing First established with 33 tenancies providing both a home and the support needed to resolve homelessness</p> <p>Trauma informed service provision developed</p>
5. Maintain and develop partnership working and strategic direction	<p>Continued delivery of a comprehensive resettlement programme</p> <p>“Everyone in” successful emergency response to pandemic conditions in 2020</p>

Annex C: Summary of Homelessness Strategy Group Terms of Reference

Definition of homelessness

1. Homelessness is referred to here in its broadest sense to encompass anyone who is roofless or without decent, safe, affordable and settled accommodation, who considers themselves to be homeless.

Purpose of the Steering Group

2. The Purpose of the Homelessness Strategy Group (HSG) is to oversee the delivery of the local Homelessness and Rough Sleeping Strategy and Action Plan, ensuring it achieves its stated aims and outcomes through the delivery of high quality, appropriate and consistent services which meet the needs of people who are homeless or at risk of homelessness across the local housing authority area. In order to achieve this the HSG will support and monitor the implementation of the Homelessness Strategy Action Plan (HSAP). The overarching aims and objectives within the terms of reference for this steering groups are as follows:

- a) To provide a governance structure to monitor the Homelessness Strategy and Action Plan to ensure they are delivered effectively and within timescale and budget
- b) To improve services through sharing knowledge and best practise
- c) To create better services and efficiencies through joint working wherever possible
- d) Identify gaps in service provision and work to ensure these are addressed
- e) Support bids for funding to provide additional assistance wherever possible
- f) Develop a greater understanding of housing demand, needs and conditions across the City of York and regionally, to understanding of how this impacts wider strategic issues affecting homelessness and homelessness prevention activities.

- g) Responsibility for updating a homelessness strategy action plan, to ensure it remains relevant.

Accountability and decisions

- 3. The Steering Group will be chaired by the council's Corporate Director for Adult Social Care and Integration whose responsibilities include homelessness. The Group will report through the Chair to the Executive Member for Housing, Planning and Safer Communities of the City of York and the City's Place Board.
- 4. Individual Strategy Group members are responsible for reporting back to their own organisations/ services as required by their own reporting structure and mechanisms.
- 5. Key decisions will be taken by the City of York Executive or Full Council as required, following recommendations from the HSG through the Chair or delegated member.
- 6. The Strategy Group will normally recommend decisions by unanimous or majority agreement of members present, providing that the meeting is quorate. Quorate is half of members plus one.
- 7. Modifications to the strategy or action plan will be made as required due to new research or evidence, new national or local political priorities for tackling homelessness, or the commencement of new legislation that might impact on homelessness levels, causes or activities.

Meetings

- 8. Meeting agendas, supporting papers and minutes will be provided through the Chair, unless otherwise agreed. Meetings will be held at a frequency decided by the members, but initially monthly and no less frequently than every three months. Meetings will be hosted at City of York and will be primarily held in person, in York city centre
- 9. The supporting papers will include a written Strategy Delivery Report from the council's appointed lead on the Strategy and Action Plan implementation, in a format to be agreed by the group. The report will include:

- Progress and barriers on a highlight and exception basis
- Key Performance Indicators (KPIs)
- Outcomes
- Partnership recommendations and asks

Agenda

10. The agenda for each meeting will normally include:

- Minutes of the previous meeting for approval and signing
- Presentation of the Strategy Delivery Report from the council's appointed lead
- Reports seeking a decision from the HSG
- Any item which a member of the HSSG wishes included on the agenda, provided it is relevant to the terms of reference of the HSG and notice has been given to the Chair at least ten working days before the meeting

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City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:		Housing and Communities Directorate Adult Social Care and Integration Directorate Public Health	
Service Area:		Housing Services	
Name of the proposal:		Homelessness & Rough Sleeping Strategy, 2024-29	
Lead officer:		Andrew Bebbington	
Date assessment completed:		14/10/2024	
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Andrew Bebbington	Housing Strategy Officer	City of York Council	Housing Strategy

Step 1 – Aims and intended outcomes

1.1	<p>What is the purpose of the proposal?</p> <p>Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p>The Homelessness and Rough Sleeping Strategy 2024-29 will guide work in this area for the following five years and will seek to enlist partners, stakeholders and citizens in a plan to make homelessness rare, brief and non-recurring.</p> <p>City of York Council (CYC) has a statutory duty to prevent homelessness for its residents under the Homelessness Reduction Act 2017 (HRA) and the Care Act 2014. Under the Homelessness Act 2002, all housing authorities must have in place a Homelessness Strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance.</p> <p>The Strategy builds on existing successes and partnerships, offering pathways to suitable housing that can be sustained with high quality, person-centred support. The Strategy is important because it gives focus and structure to the range of services and initiatives which deal with, and seek to prevent, homelessness and rough sleeping. York faces a particular challenge of homelessness because of the shortage of suitable, affordable housing.</p> <p>The Executive Report sets out the results of the review of York's homelessness & rough sleeping services including prevention casework, statutory delivery and resettlement pathways and makes recommendations to develop service design, governance and performance frameworks to improve outcomes and value for money. The pathways provide emergency/temporary accommodation and support using residential placements for everyone who is homeless over the age of 16 who needs it. The Housing Options Team, resettlement pathways and partnerships support people to develop the skills to live independently and prevent homelessness.</p>

	<p>The Homeless Reduction Act 2017 places a statutory duty on preventing homelessness ensuring timely and accessible housing advice and information is critical to helping people make planned housing moves and avoid a homelessness.</p> <p>York's long-term ambition is to have a variety of effective, flexible accommodation and support, with increased levels of homelessness prevention, and a focus upon rapid rehousing. This will be reflected in the refreshed Homelessness and Rough Sleeping Strategy to be consulted on and published in 2024 and is based on ongoing work with DLUHC (Department for Levelling Up, Housing and Communities) and the advice of internationally renowned Homelessness and Rough Sleeping expert Nicholas Pleace based at the Centre for Housing Studies at the University of York.</p> <p>The proposal will raise equality opportunity for people who share protected characteristics and focus on many of the most vulnerable young people and groups experiencing disadvantages.</p>
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1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>City of York Council (CYC) has a statutory duty to prevent homelessness for its residents under the Homelessness Reduction Act 2017 (HRA) and the Care Act 2014. Under the Homelessness Act 2002, all housing authorities must have in place a Homelessness Strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance.</p> <p>The strategy sets a framework for improved partnership work across a range of disciplines, to make better use of resources to improve client wellbeing and value for money across services.</p> <p>The All-Age Commissioning Strategy, Market Sustainability Plan and the 10-year vision 'People at the Heart of Care: adult social care reform paper' clearly outlines that the Council will work with existing Providers within the market to provide sustainable, quality and value for money services. The Care Act 2014 statutory guidance outlines outcomes for individuals, groups and local populations and makes specific references to people with an impairment.</p> <p>The Council Plan 2023 to 2027, One City, For All, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:</p> <ul style="list-style-type: none"> a) Health-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach. b) Equalities and Human Rights- Equality of opportunity c) Affordability- Tackling the cost-of-living crisis. <p>Young people who become homeless at 16/17 require a joint housing and social care assessment which may deem them as requiring ongoing support under section 20 of the Children Act 1989 (Looked After), whilst it remains appropriate that they live in independent supported accommodation. These young people will now need to be in registered accommodation. The council has a legal duty to prevent and relieve</p>

	homelessness as set out in Part 7 of the Housing Act 1996, as subsequently amended, and the Homelessness Reduction Act 2017.
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1.3	Who are the stakeholders and what are their interests?
	<p>Stakeholders: City of York Council Access Team, York and Scarborough Teaching Hospitals, NHS Humber and North Yorkshire Integrated Care Board, Tees Esk Wear Valleys NHS FT, Age UK, Healthwatch, York Advocacy, , Carers Groups/Forums, Youth Homeless Support Worker, Registered Providers (Housing Associations), York College, York CVS, North Yorks Police, Probation, Youth Justice Service, IDAS.</p> <p>These stakeholders will value a service which effectively prevents homelessness, support children's wellbeing and delivers long term resettlement outcomes for service users with complex needs, and which delivers health and wellbeing improvements for some of the City's most vulnerable residents.</p>

1.4	What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans.
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	<p>The Council Plan 2023 to 2027, One City, For All, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:</p> <ul style="list-style-type: none"> • Health-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach. • Equalities and Human Rights- Equality of opportunity <p>This are related to the following outcomes for the service.</p> <ul style="list-style-type: none"> • Early Intervention and Homelessness Prevention and Relief – reduce homelessness incidence for families and individuals, and act effectively to resolve homelessness where this does occur, minimising the use of unsuitable or inappropriate accommodation and maximising family and individual wellbeing • Prevent, Reduce and Delay the need for ongoing Support- This are related to the statutory duty under Section 2(1) of the Care Act 2024 to contribute towards preventing or delaying the development by adults in its area of needs for care and support. This is related to Health and wellbeing and reducing inequalities within the council plan • Provide Excellent Experiences of Care and Support- focus on the provision of consistent / joined-up provision, effective promotion of the service, timeliness and responsiveness of the service. Examples of publicity, awareness raising, marketing and promotional activities undertaken. This is related to Health and wellbeing and reducing inequalities within the council plan • Flexible, Choice and Control- focus on work undertaken to involve customers, families and their carers in the planning of their care and support, evidence of delivering support tailored to the needs of the individual rather than a one size fits all approach, evidence of remaining in ongoing contact with customers, how service provision is internally evaluated and monitored. This is related to Health and wellbeing and reducing inequalities within the council plan

	<ul style="list-style-type: none"> • Linkages and Connections; focus on work undertaken to strengthen the connections between homeless provision and other forms of support for customers - health, housing, voluntary sector provision, leisure, community initiatives etc. Evidence of strong and effective partnership working with a range of other agencies and support organisations. This is related to Health and wellbeing and reducing inequalities within the council plan • Provision of accessible daily equipment. This is related to Health and wellbeing and reducing inequalities within the council plan
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Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
	Source of data/supporting evidence	Reason for using
	Statutory Homelessness: City of York returns https://www.gov.uk/government/collections/homelessness-statistics	Granular data on needs and demand flows and type, reported in a nationally consistent format for the City of York
	All Age Market Position Statement, City of York Council, 2023-2025 all-age-market-position-statement-2023-to-2025 (york.gov.uk)	Includes outcomes for City of York Population and outlines key priorities
	York Local Health and Wellbeing Strategy 2022-2032, York Joint Health & Wellbeing Strategy	Details the health and wellbeing priorities for the city will be and how these will be addressed

City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population as well as detailing key priorities
The Council Plan 2023 to 2027, One City, For All https://www.york.gov.uk/council-plan-1/one-city-2023-2027	
Resettlement Services Review exercise undertaken in 2021	Utilise consultation responses and co-production events to inform future service design
Service Performance Data	Understand the existing performance and identify improvement opportunities.

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.	
Gaps in data or knowledge		Action to deal with this
Some impacts are not currently monitored as part of the service data collection.		Development of new performance framework of the service to cover the outstanding areas. This would then support the governance arrangements proposed in the strategy to enable continual service improvement, effective delivery, accountability and oversight.

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	<p>Impact identified:</p> <p>Positive impacted of the prevention pathway on individuals:</p> <ul style="list-style-type: none"> • Families • Single people or couples • Rough sleepers • Young people with Care Leaver social care status <p>The recommendations of the executive report are intended to improve the delivery of homelessness services including for clients with complex needs and protected characteristics and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led [performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services delivered and commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>	Positive (+)	High (H)

	The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Disability	<p>Impact identified:</p> <p>Positive impact of the prevention pathway for individuals who are disabled:</p> <ul style="list-style-type: none"> • Mental Health • Autism • Learning disability • Sensory impairment • EHCP • Mobility related. <p>The person centred, trauma informed service design and support approach provides additional positive impact to meet these long term needs and achieve sustainable outcomes for groups with mental health needs and other relevant vulnerabilities.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information</p>	Positive (+)	High (H)

	<p>can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Gender	<p>Impact identified:</p> <p>Positive impact of the prevention pathway on individuals including victims of domestic violence:</p> <p>The recommendations of the executive report are intended to improve early intervention and prevention alongside integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	Positive	Low(L)

Gender Reassignment	<p>Impact identified:</p> <p>The service will continue to provide a person centres approach to take into account individual needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	Positive	Low(L)
Pregnancy and maternity	<p>Impact identified:</p> <p>The service will continue to provide a person centres approach to take into account individuals' needs. Preventing or resolving homelessness would have a critical impact on the wellbeing of pregnant clients and future family wellbeing.</p>	Positive	Low(L)

	<p>The recommendations of the executive report are intended to improve early intervention and prevention alongside integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
Race	<p>Impact Identified:</p> <p>Positive impact of the prevention pathway on individuals including:</p> <ul style="list-style-type: none"> • New refugees • York Gypsy and Travellers group • BAME • People with English as a second language <p>The service will continue to provide a person centred approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p>	Positive	Medium (M)

	<p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
Religion and belief	<p>Impact Identified:</p> <p>The service will continue to provide a person centres approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>	Positive	Low(L)

Sexual orientation	<p>Impact Identified:</p> <p>The service will continue to provide a person centred approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>	Positive	Low(L)
Children with experience of care	<p>Impact identified:</p> <p>Positive impact of the prevention pathway for individual with experience of care as children. The strategy pathways incorporate specialist, person-centred support and housing services for this group.</p> <p>The recommendations of the executive report are intended to improve early intervention and prevention alongside integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p>	Positive (+), High	

	<p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>	
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?	
Carer	<p>Impact Identified:</p> <p>Positive impact of the prevention pathway on individuals including:</p> <ul style="list-style-type: none"> • Unpaid Carers • Adult carers • Young Adult Carers • Young Carers • Children in Care <p>The service will continue to provide a person centred approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p>	<p>Positive</p> <p>Medium(M)</p>

	<p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
Low income groups	<p>Impact Identified:</p> <p>Positive impact of the prevention pathway on individuals including</p> <ul style="list-style-type: none"> • Loss of employment • Debt and financial crises. • Cost of living crises <p>The service will continue to provide a person centres approach to take into account individual needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p>	Positive	Medium(M)

	<p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
Veterans, Armed Forces Community	<p>The City of York has signed the Armed Forces veteran's covenant. It is an agreement that no one who has ever served in the Armed Forces, or their families, should be disadvantaged because of their service.</p> <p>In practice, this does not mean that Armed Forces personnel receive preferential treatment compared to other people, but that everyone agrees to work together to ensure that the Armed Forces community can access the same level of service as non-serving citizens</p> <p>Mitigation:</p> <p>Senior Officers are actively engaged in the Armed Forces Covenant Executive Steering group to develop data collection and performance monitoring in respect of this group. Effective Information Communication Technology (ICT) systems will be utilised where appropriate to understand outcomes and to inform service development.</p>	Positive	Low(L)

	<p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Other	<p>Employee Wellbeing Support</p> <p>To continue to support the wellbeing of our staff during this demanding and difficult time, the Employee Wellbeing Line and email has been setup. The service is for all staff HR related queries, worries or concerns; relating to working hours, pay, health or wellbeing.</p> <p>Email: employee wellbeing@york.gov.uk</p>		
Impact on human rights:			

List any human rights impacted.	<p>There will be a positive impact for Human Rights by delivering the council's statutory responsibilities and bringing partners together to embed early intervention and improve systems through joint working and outcomes monitoring.</p> <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> • provide strategic direction for the council's human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhered to these principles.</p>	Positive (+)	Medium
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Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p>High impact (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p>Medium impact (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p>Low impact (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?
	<p>There will be no negative impact on the above groups and subsequent customers of the Homeless Services. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer.</p> <p>The council will ensure that information about the Homeless Reduction Act 2017, advice and support is accessible to agencies and partners. In addition the Council will ensure advice and prevention tools are relevant to tackling the main structural causes of homelessness – housing supply and poverty. The council will ensure the prevention tools are relevant to tackling the main causes of homelessness like relationship breakdown and loss of tenancies.</p> <p>Deploy the most effective early intervention and prevention tools:</p> <ul style="list-style-type: none">• The council will support access to financial advice, skills and employment services.• The council will build on skills and workforce within the voluntary sector partners to deliver free and independent debt advice and identify those at risk of homelessness at an early stage. <p>The service will not change in any way that will have detrimental equality impact on individuals, the council will be delivering services in accordance with the robust specification.</p> <p>Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.</p>

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:
	<ul style="list-style-type: none"> - No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.
	<ul style="list-style-type: none"> - Adjust the proposal – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance equality or to foster good relations. - Continue with the proposal (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty - Stop and remove the proposal – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed. <p>Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.</p>
Option selected	Conclusions/justification
No major change to the proposal	The impacts from the proposals are limited, and expected to be positive with mitigations in place to deliver on these aims.

Step 7 – Summary of agreed actions resulting from the assessment

7.1	What action, by whom, will be undertaken as a result of the impact assessment.		
Impact/issue	Action to be taken	Person responsible	Timescale
Equality and Human Rights Act	Quality Assurance	Laura Williams	

Step 8 - Monitor, review and improve

8. 1	<p>How will the impact of your proposal be monitored and improved upon going forward?</p> <p>Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?</p>
	<p>The approach to the market for the Homeless service reflects the journey outlined in our delivery and commissioning Strategy as this has been developed to focus on outcomes and principles for commissioning services, in line with the Council's Strategy and plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications. Training and outcomes expressed as part of the returned surveys will be incorporated into key documents.</p> <p>The new focus on person-centred, trauma informed, partnership delivery is expected to have a positive impact that will be monitored and will inform learning. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.</p>



DRAFT City of York Homelessness & Rough Sleeping Strategy 2024-29

ANNEX E: Document for approval at City of York Executive Meeting of 12th December 2024

Contents

1. Executive Summary
2. Introduction and Background
3. Context and Evidence Base
4. Strategy Key Principles
 - 4.1 Theme 1: Housing First Led System Transformation
 - 4.2 Theme 2: Resettlement service redesign delivering review recommendations
 - 4.3 Theme 3: Expansion of social housing
 - 4.4 Theme 4: Homelessness Prevention and Tenancy Sustainment
 - 4.5 Theme 5: Tackling Domestic Abuse
 - 4.6 Theme 6: Revised governance structure and performance framework
5. Strategic Action Plan Framework and Strategy Review

Annexes to be appended to final document

- A. Draft Action Plan Template
- B. Detailed Evidence Base
- C. Consultation Summary
- D. Homelessness Strategy Group TORs
- E. Risks, issues, mitigations
- F. 2019-23 Strategy Review

1. Executive Summary

This strategy aims to build on existing local delivery strengths to develop a system wide approach that can enlist partners, stakeholders and citizens in a plan to make homelessness **rare, brief and non-recurring** over 2024-29.

The approach recognises the value of existing successes and partnerships, establishing pathways to suitable housing that can be sustained with high quality, person-centred support. New partnerships and innovative delivery models are set out within a clear governance and performance framework.

The strategy gives focus and structure to the range of services and initiatives which seek to prevent homelessness and rough sleeping, and respond to its occurrence. This will support individual wellbeing and reduce long term system costs through early intervention and prevention approaches to tackling homelessness that aim to build independence for individuals and households.

The strategy supports the council's core commitments expressed in the 2023 to 2027 Council Plan¹: in particular Equality of Opportunity, Health and Wellbeing and Affordability.

Strategy objectives

Make homelessness
rare, brief and non-
recurring

Build on existing
person-centred,
trauma informed
pathways

Strategic partnership
and multidisciplinary
approach

Action plan,
governance and
performance
framework: oversight
and planning

¹ <https://www.york.gov.uk/CouncilPlan>

These objectives are addressed through 6 key themes that structure this strategy and key actions over 2024-29, as shown in Table 1.

Table 1: Strategy themes

Ref	Theme	Key elements over 2024-29
1.	Expansion of Housing First with 250 additional 1-bed tenancies over strategy period	<p>Expansion of Housing First through a formal partnership investment model to increase revenue funding while maintaining existing CYC budget levels, alongside strategic purchases of suitable flats into the council's stock and Registered Provider commitment.</p> <p>Multidisciplinary Team providing holistic support for service users with complex needs (Table 4), including e.g. dual diagnosis, dependent on partnership contributions and external funding.</p> <p>This takes into account core elements of the Resettlement Review recommendations and builds on existing service strengths including the Mental Health Housing First provision.</p>
2.	Resettlement service redesign delivering review recommendations	<p>Incorporate Resettlement Review recommendations into the new services, including a revised model with Mental Health specialism and considerations of other specialist service areas, within the profile of existing council budgets.</p>
3.	Expansion of social housing	<p>Maximise delivery through Section 106 planning permissions and the council's Housing Delivery Programme, in addition to work with social housing partners to increase the level of Homes England grant funded investment in the City.</p> <p>Priorities informed by the Local Housing Needs Assessment 2022 or successor evidence base document².</p>

² <https://www.york.gov.uk/downloads/file/8270/ex-cyc-92-local-housing-needs-assessment-by-iceni-july-2022>

Ref	Theme	Key elements over 2024-29
4.	Homelessness Prevention and Tenancy Sustainment	<p>Develop City of York Tenancy Sustainment Strategy for CYC as Landlord and in partnership with other Registered Providers in the City and a Supported Housing Strategy.</p> <p>Build on homelessness prevention offer and support high quality early intervention and delivery of Homelessness Reduction Act statutory duties for all households at risk of homelessness</p>
5.	Tackling Domestic Abuse	<p>Achieve Domestic Abuse Housing Alliance (DAHA) accreditation. Support survivors, prevent homelessness where possible, including preventative work with perpetrators and individuals at risk of becoming perpetrators.</p>
6.	Revised governance structure and performance framework	<p>A new governance structure and enhanced data reporting to establish clearly “what success looks like” in the new service delivery model as an effective performance framework.</p> <p>Regular performance review integrated into ongoing service improvement to achieve the strategy objectives.</p>

2. Introduction and background

Housing affordability is a key challenge for the City, with an average cost of homes around 9 times higher than average earnings³ and rent levels that are amongst the highest in the north of England⁴.

The Council Plan demonstrates this administration's commitment to reducing homelessness by including "number of people sleeping rough" as one of its new key performance indicators. In addition, provision of good quality housing to meet the range of needs across the City's residents is recognised as central to the Council's 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of "One City, for all". Important elements of the Health and Wellbeing Strategy and Economic Strategy are also met by support for vulnerable households at a time of crisis to achieve sustainable housing.

The National Institute for Health and Care Excellence (NICE) guidelines⁵ highlights that people experiencing homelessness face significant health inequalities: mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less. Barriers to accessing health and social care services are attributed in part to the high numbers of preventable deaths within this population. The Council Plan contains a focus on fairness and health inequalities, with the ambition to reverse the widening trend of health inequalities in our city. It is recognised in the Health and Wellbeing Strategy that housing access and affordability is fundamental in meeting the aims of the Strategy and tackling wider determinants of health.

The council's Housing Charter⁶ vision of One Team, Healthy Homes, Better Lives and principles including We Think Forward, We Think Together and We Think You are embedded within the person-centred, partnership based and wellbeing focused approach taken in this Strategy. Provision of good quality housing to meet the range of needs across the City's residents is recognised as central to the Council's 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of "One City, for all".

³

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/ratioofhousepricetoworkplacebasedearningslowerquartileandmedian>

⁴

<https://www.ons.gov.uk/peoplepopulationandcommunity/housing/datasets/privaterentalmarketsummarystatisticsinengland>

⁵ <https://www.nice.org.uk/guidance/ng214>

⁶ <https://www.york.gov.uk/HousingCharter>

This strategy proposes an approach with extensive correspondence to a wider neighbourhood based model where multidisciplinary services operate through hubs with practice that is holistic, integrated and well joined up.

Under the Homelessness Act 2002, all housing authorities must have in place a Homelessness Strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance. York's previous Preventing Homelessness and Rough Sleeping Together Strategy 2018-2023 was adopted in 2018. A summary of the progress made during the 2018-23 strategy period is shown in **Annex []**.

The proposed strategy has been developed in consultation with a range of organisations and individuals, including those with lived experience of rough sleeping and homelessness as well as staff and organisations involved in delivering services to this community, both in York and elsewhere. Over 30 partners were involved in addition to responses received through the council's public consultation. Further detail is set out in **Annex []**.

Consultees were engaged via one-to-one conversations, group discussion and consultation (including two multi-disciplinary events held in September 2024), in team meetings and via written submission to the council's public consultation during October and November 2024.

3. Context and evidence base

The strategy evidence base and key conclusions summarised here are intended to support an evidence-led approach to service development. Quantitative and qualitative knowledge are important for strategic planning and for continual improvement through learning. Detailed data and analysis comprising the full evidence base are shown in **Annex []**, and an overview of consultation in **Annex []**.

Evidence base summary

Local homelessness duty needs exceed social housing lets

Over the past five years total social housing lets in the city have never exceeded **600**, while homelessness prevention and relief duty cases average **800**. Typically **35-40%** of council housing lets are estimated to be for people accommodated through homelessness pathways, including both statutory duties and resettlement routes.

Demand is high for most property types, including 1-bed flats, and houses of all sizes.

Homelessness duties cannot be met through the social housing sector alone, and early intervention and preventative approaches play a critical role in meeting these needs.

Private rental accommodation in the City is usually unaffordable for households with low incomes

From a review of lower market advertised private rental properties in the City of York in October, none of the 2-4 bedroom homes were affordable within the 2024-25 Local Housing Allowance level. Only 1 of the 1-bed flats was affordable. Average shortfalls are significant and range from £169/month for 1-bed flats to £863/month for 4-bed houses.

This acts to effectively prevent the lowest income households from accessing the private rented sector and exacerbates the impact of the cost of living crisis.

Statutory homelessness data

Statutory homelessness has remained stable in recent years, around a typical **250** households owed a relief duty per year. Approximately **20%** of these are households with children.

A leading cause of homelessness for all household types is “Family and friends no longer willing to accommodate”. In many cases this is likely to be related to housing market and benefit restriction pressures as noted above, and/or unmet needs support issues.

For households with children, domestic abuse is the single highest cause of homelessness, highlighting the need for priority actions to reduce the occurrence.

Around **160** successful homelessness prevention cases are achieved annually through the Housing Options service, significantly reducing the overall homelessness impact in the City. **50-70** of these are typically households **including children**.

Affordable housing delivery and need

Annual delivery falls consistently below the assessed annual need of **592** additional affordable homes to meet local need (Local Housing Needs Assessment 2022). By comparison typical additional affordable housing completions range from **100-200** per year.

Local Temporary Accommodation provision is generally of high quality in the national context

City of York Council has a relatively low use of Temporary Accommodation, with use in the Lower Quartile of national rates.

The council also lies within the highest proportions of Temporary Accommodation in Local Authority owned hostels, at 83%. As a result households will usually be in good quality Temporary Accommodation with access to additional support. This also greatly reduces the financial pressures that other councils have seen through use of expensive Private Sector Lease and Bed and Breakfast arrangements.

However, there is some indication of a potential rising trend with current levels of 80+ households around 20% higher than the pre-pandemic trend of the late 2010s.

Resettlement Pathway needs analysis

An extensive snapshot evidence gathering exercise was undertaken within the Resettlement Pathway in January 2022, across a total of **323** individuals. This highlights the needs of individuals at risk of rough sleeping or with other complex needs and in the process of resettlement following homelessness⁷.

Key needs identified included:

- **42%** of clients at this time had experienced multiple presentations to the service
- **68%** had experienced of trauma
- **55%** had mid-high needs complexity
- **32%** of clients were female
- **27%** had medium, high or significant contact with the criminal justice system and **19%** had been “in the system” for 10+ years

Delivery resources

The council invests over £2.5m/year budgetary resource into homelessness services, in addition to around £1m grant funding received during 2024/25 through the Rough Sleeping Initiative and the Homelessness Prevention Grant.

The government’s 2024 Autumn Budget statement committed to a national increase in grant investment during 2025/26.

Evidence base: Conclusions

The evidence base reinforces the insights gained through consultation undertaken. The key conclusions are that:

An acceleration of social housing provision is needed to tackle homelessness, but needs to be provided alongside a **multi-disciplinary support model** that is person-centred and trauma-informed to enable clients with complex needs to sustain a home successfully

7

<https://democracy.york.gov.uk/documents/s171078/Annex%201%20York%20Homelessness%20Pathways%202022.pdf>

Early intervention and prevention is an essential priority to achieve positive outcomes for individuals and to make the best use of resources across homelessness systems

There are significant successes to **learn from in existing service delivery alongside gaps and barriers** to address to achieve the strategy aims of making homelessness rare, brief and non-recurring

A distinct approach for family households where homelessness is driven primarily by a shortage of affordable housing and high private rents relative to local incomes. Consultation responses indicated that support needs and behaviours are not the primary factor in family homelessness albeit can be a cause in a small minority of cases.

This informs an **understanding of needs** and a system that can be designed to meet these effectively, in a person-centred way that builds independence

4. Homelessness and Rough Sleeping Strategy 2024-29: Key Principles

The strategy aims to build on existing successes and partnerships to make homelessness **rare, brief and non-recurring**, offering pathways to suitable housing that can be sustained with high quality, person-centred support and a system focussed on building independence.

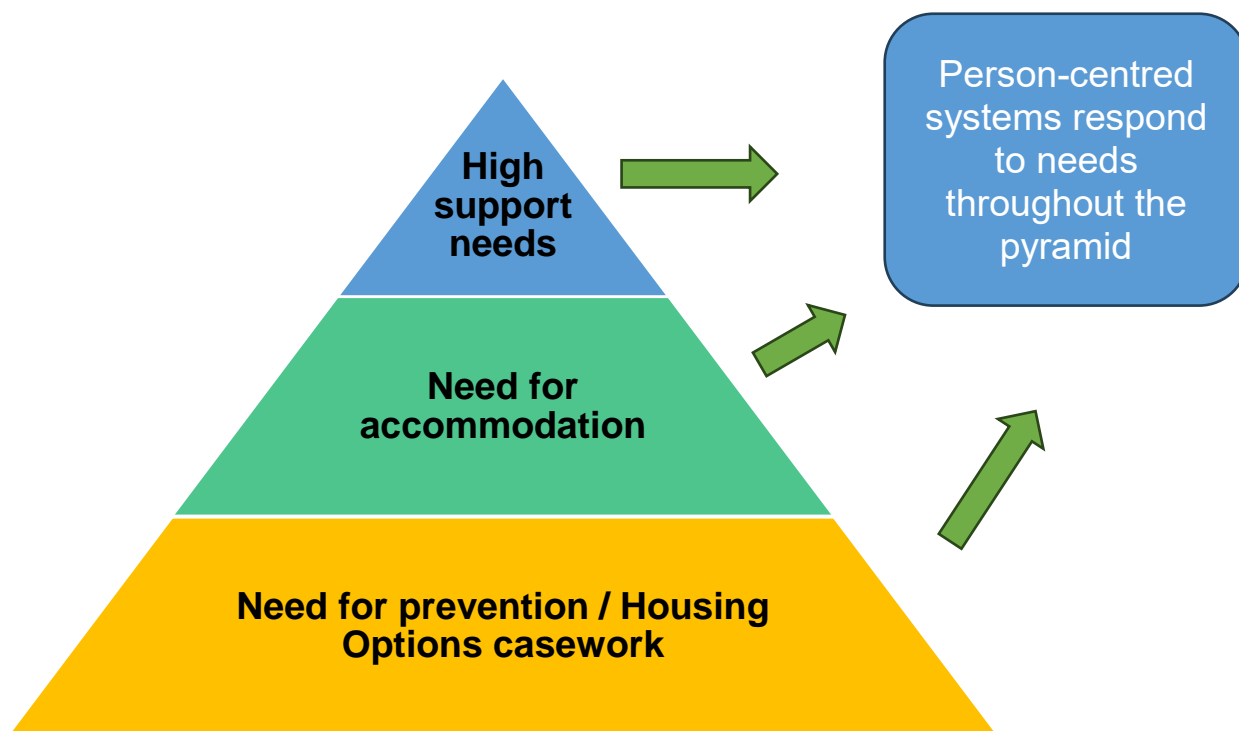
The new Homelessness and Rough Sleeping Strategy takes a **Housing First** approach for single homelessness clients, focusing on the rapid re-housing of those facing homelessness, reducing or avoiding time in a hotel or temporary accommodation:

“Housing First is an approach to ending homelessness through housing and support provision. It prioritises access to permanent housing with tailored, open-ended, wraparound support for the resident that emphasises choice and control.”⁸

Where an individual or family need help to establish and maintain their tenancy, **we will support the delivery of cross-agency support services**. We will give attention to the specific **needs of disabled people** and will work to **prevent rough sleeping** and **tackle domestic abuse**. We will work with partners to develop and sustain services which achieve these goals. **The supply of suitable and affordable homes is key to the success of this strategy**, alongside **early intervention**, **prevention of homelessness** and keeping people in their own homes where possible. We will take action, harness resources and work in partnership to make more homes available. These principles are informed by the Homelessness and Rough Sleeping Needs Pyramid model shown below.

⁸ <https://www.housing.org.uk/our-work/homelessness/housing-first/>

Homelessness and Rough Sleeping: Needs Pyramid



Raising the level of ambition is critical to reducing the number of children in unsuitable housing and at risk of homelessness, with **long-term benefits to the City across Education, Skills, Health and Wellbeing**.

The proposed Homelessness and Rough Sleeper Strategy 2024-2029 establishes a number of core objectives:

- The overarching goal of the strategy is to build on existing successful delivery and partnership to make homelessness rare, brief and non-recurring.
- This will be supported by an action plan focussed on key priorities and investment opportunities, including Housing First led system transformation, more affordable homes for client groups with and without children, and high quality homelessness prevention services.
- The strategy will provide a basis for partnership work and strategic partnership development.

- Progress during 2018-23 is considered to inform identification of needs to build on.
- Enhanced performance monitoring, data and governance frameworks.
- Building independence is a core principle of support provision, with services designed to develop people's skills and capacities and to avoid creating dependence.
- Delivery and outcome monitoring of a distinct offer dependent on local connection status, with the pathways described in this paper developed for individuals with a local connection to the City of York. Alternative resolution options such as supported reconnection with another locality are provided for individuals without local connection status. It may be noted that local connection has a broad definition and encompasses for example, people fleeing domestic abuse who would not be a safe in another area.

4.1 Theme 1: Housing First Led System Transformation

Professor Nicholas Pleace and Dr Joanne Bretherton of the University of York explain that “Housing First is a breakthrough in ending homelessness among people with high and complex needs and long-term, or repeated, experience of homelessness.”⁹

Development of a clear local model and ambition for Housing First would facilitate additional revenue resourcing of wraparound support through enhanced partnerships with other agencies who work with client groups at risk of homelessness. Further properties could be brought into the scheme through strategic acquisitions and development of suitable properties into council’s asset base, leveraging funding to contribute to long-term sustainability of the council’s Housing Revenue Account landlord service, in addition to maximising partner Registered Provider delivery.

This will build on the success of this innovation to date including the work developing a Mental Health Housing First pathway. 56 Housing First tenancies for individuals with highly complex needs and at times, challenging behaviour have been delivered since 2015/16, with 37 tenants remaining. This would be supplemented by development of suitable specialist accommodation schemes, for clients with particular needs for supported housing.

The transformation would only be possible with significant resource commitment from other partners such as health services. This could be built on a shared ambition and governance framework to deliver the strategic outcomes tackling single homelessness and sustaining effective support pathways.

The approach could be summarised as a person centred, 3-stage pathway for homelessness clients:

1. **Come indoors** – and let's assess what help and support you need.
2. **Let's work together to get things sorted** – in your own home and with help and support tailored to your needs, delivered through strengths based principles to build independence.

9

https://eprints.whiterose.ac.uk/145440/1/The_cost_effectiveness_of_Housing_First_in_England_Marc_h_2019.pdf p5

3. Move to normal – achieving your goals and ambitions.

This incorporates both Rapid Rehousing and Housing First. It would also use, for the first step in the journey, a hostel-type building for a short period of time based on individual needs, most likely ranging from 7 days to 3 months typically. During this time those with complex and other needs can be assessed/triaged for the tailored package of support to be put in place. This first step, when necessary, will be on a short-term basis and the focus will be to get the individual into their own home, as quickly as possible.

Housing First Partnership Approach and Support Model

Expansion of Housing First through a formal partnership investment model to increase revenue funding, alongside strategic purchases of suitable flats into the council's stock and Registered Provider commitment. This incorporates core elements of the Resettlement Review recommendations and builds on existing service strengths including the Mental Health Housing First provision. The council's "Staying Close" pathway for supporting young people with care experience into their first home provides further learning and practical experience to draw on. The approach will be backed up by and evaluated through clear outcomes and performance measures. Housing First has also been approved as a key project proposal for funding bids through the York & North Yorkshire Combined Authority. This could be both for revenue support service funding, potentially on a demonstrator/learning basis, and to meet affordable homes growth objectives¹⁰ as well as the Combined Authority's core commitment to Health and Thriving Communities¹¹.

Some individuals will avoid the first step altogether and move straight to their own home and a support package, if needed. It is likely that these individuals will be those with the less complex needs.

Another key feature will be that the approach is simple and easy to move through, without unnecessary hurdles or barriers to allow an individual to progress. The model can incorporate specialist support for groups with distinct needs including Housing First for Women, and Housing First for

¹⁰

<https://democracy.york.gov.uk/%28S%28lxyn5wjwdhicqyurbbwidie3m%29%29/ieDecisionDetails.aspx?AllId=68303>

<https://democracy.york.gov.uk/%28S%28lxyn5wjwdhicqyurbbwidie3m%29%29/documents/s177452/Annex%20A%20York%20pipeline%20of%20projects.pdf>

¹¹ <https://yorknorthyorks-ca.gov.uk/growing-our-economy/economic-framework/>

Young People, building on national best practice experience to develop distinct models.

Fundamental to this approach will be sorting and tailoring the second step so that, once someone is in their own home, they have a support package which meets their specific needs. The success of the approach would pivot on personalisation. Some individuals at this second step will have low support needs and be of low risk and therefore would be an ideal candidate for floating support. Others will have complex needs, circumstances and/or behaviours that have often been shaped by trauma and whilst they will be in their own home, they will need a strong, trauma-informed and multi-agency support team helping them to settle and progress.

The final step of this journey is the ‘move to normal’. This would be determined by the individual but could involve having a job, having links and relationships into the community and fulfilling goals and ambitions. Job skills, confidence building, community volunteering may all be part of this stage. It is also recognised that experience of homelessness can have a lifetime impact and support services could be reengaged without an extended referral process, if needed following this final step.

The Housing First proposal would be in alignment with and informed by the University of York (UoY) research evidence base presented in their Background Paper, “*Effective Strategies to End Rough Sleeping*”. This incorporates the extensive UoY research work on Housing First and evidence-based approaches to tackling rough sleeping. Summaries of “the three main components of a successful rough sleeper strategy” described are:

“Using a Housing First model, i.e. rehousing in an ordinary flat/apartment and providing an intensive case management service is effective for high cost, high risk individuals who present with multiple and complex treatment and support needs.”

“Homelessness prevention is crucial to an effective rough sleeping strategy” (p6)

“Housing First needs housing, it needs to be strategically integrated with health, addiction, mental health and social care services and it needs to be operating within an approach that is preventing

homelessness and potential rough sleeping whenever possible.”
(p6-7)

Resourcing and capacity present a challenge to operationalising the strategies presented by UoY research however the lessons are considered in service planning.

A model Multidisciplinary Team providing holistic support for service users with complex needs is shown in Table 2, development and implementation of the model is dependent on partnership contributions and external funding.

This has been informed by University of York research, Housing First pilot research¹², National Institute of Clinical Excellence guidance¹³, and the strategy evidence base and consultation. It may also be considered a “Team around the Tenant” working on an Assertive Community Treatment basis¹⁴ and fits in with emerging thinking around Health integrated community teams approach and the Council’s development of a Neighbourhood Based Model, learning also from Family Hubs Pilot work.

Table 2: Housing Support Multidisciplinary Team

Multidisciplinary Team element	Responsible partner
Key Worker: For each tenant	City of York Council
Rough Sleeper Navigators	City of York Council
Housing Options Prevention Workers	City of York Council
Clinical Psychologist / Trauma specialist priority access pathway	TEWV / NHS / ICB
Domestic Abuse support	IDAS / Public Health Team
Drug & Alcohol / Addiction workers / prescribing nurses or doctors priority access pathway	Public health Team / ICB

¹² <https://www.gov.uk/guidance/housing-first-pilots-2-year-extensions-funding-allocations-202223-and-202324>

¹³ <https://www.nice.org.uk/guidance/ng214>

¹⁴ https://eprints.whiterose.ac.uk/145440/1/The_cost_effectiveness_of_Housing_First_in_England_March_2019.pdf p55

Multidisciplinary Team element	Responsible partner
Occupational Therapist access pathway	ICB
Employability Support and Skills	Led by City of York Council
Offender rehabilitation	Probation
Peer specialist / experts by experience	To be confirmed
Welfare benefits advisors – when not already covered by Navigators	City of York Council
Learning Disabilities or other social worker, offer care needs assessments through access pathway	City of York Council
Voluntary sector professionals	Other partners
Access to neighbourhood based 'hub' location offering key services such as GP, dentistry and other provision	Wider partnership

Acronyms

TEWV: Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

ICB: Integrated Care Board

IDAS: Independent Domestic Abuse Services

Supply Pipeline for Housing First Homes

Supporting high needs clients to live in their own homes is dependent on delivery of a sufficient supply of 1-bed social housing. This also presents an opportunity as 1-bed flats can be provided making efficient use of land over multiple storeys, and can also have good financial performance when ex-Right to Buy flats are purchased in blocks with council freehold ownership.

It is proposed to bring properties into the scheme through a number of routes:

- Strategic acquisitions of suitable properties into council's asset base, leveraging funding including a priority for affordable housing

commuted sums secured through the planning system to contribute to long-term sustainability of the Housing Revenue Account

- Increased priority for good quality, appropriate 1-bed properties through the planning system using Section 106 obligations and delivered by partner Registered Providers
- Incorporation of additional 1-bed properties through the council's Housing Delivery Programme
- A new governance structure to support further engagement with Registered Provider partners
- Allocation of up to 50% of future general needs City of York 1-bed homes property lets for Housing First customers meeting the assessment and eligibility criteria, with small proportion of newbuild homes expected taking an evidence based approach to community stability and sustainability lettings policies

Homes used for this service will need to be spread throughout the York communities to avoid clustering and minimise community tension. Further consideration is needed on a development programme but initially a target of 225-250 additional 1-bed flats for Housing First has been identified to 2029/30. This is considered feasible at this stage, based on potential supply of 155 new build 1-bed flats for social/affordable rent in addition to up to 445 existing social housing flats that could be allocated for Housing First. Many of the existing flats would be let to homeless or vulnerable individuals but with less tenancy support available, in the event Housing First expansion is not delivered.

Analysis of local stock ownership and lettings data could be used to inform an agreed 'quota' approach between CYC and Registered Provider (RP) partners. Particular consideration would be given to the 1-bed homes that are needed for Housing First accommodation and to sustainable locations in a variety of neighbourhoods around the City.

Table 3: General needs social housing stock ownership in the City¹⁵:

	1-bed	2+ bed	Total
City of York Council	2,536	4,469	7,005
Other RPs	392	2,674	3,066

¹⁵ <https://www.gov.uk/government/statistics/registered-provider-social-housing-stock-and-rents-in-england-2021-to-2022>

Key actions**Theme 1: Housing First Led System Transformation**

- Deliver system transformation through Housing First and rapid rehousing utilising additional homes plan noted above, incorporating best practice research from University of York and national Pilot projects research, with a proposal to prioritise as a York and North Yorkshire Mayoral Combined Authority project
- 250 additional Housing First tenancies, 150 of these through additional social housing 1-bed flats, with further for general needs to 2029/30: through both acquisitions, new build and RP partnerships
- Multidisciplinary team including “dual diagnosis” to meet both addiction and mental health needs, and peer support / experts by experience, informed by the National Institute for Clinical Excellence guidelines and other best practical.

4.2 Theme 2: Resettlement service redesign delivering review recommendations

The recommendations of the partnership Resettlement Review¹⁶ exercise will be integrated into the new services delivered by the council, following the 2024-25 insourcing and pathway development of the local Resettlement Hostels, Shared Housing and Floating/Tenancy Support set of contracts. This will incorporate a revised model with Mental Health specialism and considerations of other specialist service areas, within the profile of existing council budgets.

The review took place in 2021-22 and entailed extensive consultation, engagement and data analysis in a sector-wide partnership across the City.

Key recommendations from the review are¹⁷:

- Build on successes over the pathway's last 5 years of development, and continue to enhance integration of services across both supported accommodation and floating support
- Improve choice to deliver suitability of accommodation which is less constrained by availability
- Move away from shared accommodation
- Increase capacity for long-term stable accommodation through Housing First, and floating support
- Delivery of specialist Mental Health accommodation within the pathway
- Improved support for transitions such as moving into permanent accommodation
- Enhanced staff skillsets, recruitment and retention with better paid roles, clearer career pathways and capacity to deliver a trauma informed service design
- Consideration of other specialist elements within the pathway such should also be considered

¹⁶

<https://democracy.york.gov.uk/%28S%28iezd4m45k3tmf22josjfte55%29%29/documents/s165362/Annex%20A.pdf>

¹⁷

<https://democracy.york.gov.uk/%28S%28er5fig3cbkjmjx55ekdxrgfc%29%29/documents/s165362/Annex%20A.pdf>

The council has already delivered an important outcome from the review through attracting central government funding and establishing the more intensive support and engagement delivered by the Housing Navigator team. This has led to many entrenched rough sleepers being brought into ongoing contact with resettlement services many of whom have been successful in maintaining Housing First accommodation. This is housing for people with significant and complex needs, with bespoke wraparound support. The review of the pathway has identified that a more intensive first point of contact delivers better outcomes and greater clarity for service users and partners.

Key actions

Theme 2: Delivery of Resettlement Review Recommendations

- Get the right support in place, tenancy sustainment, maximising contributions from partners and statutory agencies and addressing distinct client groups' needs, and linking in opportunities such as adult learning, employability, volunteering and other social network development to deliver support in an independence-focused way
- Work in partnership with the Police, the York BID and other agencies/stakeholders to support individuals out of 'street culture' and manage related impacts
- Development of existing pathways to map the system wide responses for each client group, from early intervention through to permanent, sustained accommodation

The insourcing of Resettlement systems provides a strong foundation for this ambition¹⁸

¹⁸

<https://democracy.york.gov.uk/%28S%28er5fig3cbkjmjx55ekdxrgfc%29%29/ieDecisionDetails.aspx?Id=6771>

4.3 Theme 3: Expansion of social housing

The council's Housing Delivery Programme and progress with the Local Plan¹⁹ are intended to accelerate delivery of new affordable housing throughout this strategy period, with a priority for rented affordable housing.

To provide additional homes at Social Rent or Affordable Rent at meaningfully affordable levels, multiple approaches support this strategy:

- Development of high quality affordable housing through the council's Housing Delivery Programme
- Delivery of Section 106 affordable housing through application of Local Plan Policy H10 with a priority for rented affordable homes: comprising types provided that best match identified need in good quality schemes
- Build on existing partnership with Registered Providers to maximise Homes England and other grant funding investment, utilising council land where appropriate alongside other opportunities
- Work with the York & North Yorkshire Combined Authority to increase affordable housing delivery through the Growth agenda

Priorities are informed by the Local Housing Needs Assessment 2022 or successor evidence base document²⁰ and other evidence shown in Annex []. This will include 2-5 bed family houses, 1-beds, and fully accessible bungalows.

Key actions

Theme 3: Expansion of Social Housing

- Maximise s106 provision and other additional social housing of the right types of Social and Affordable Rent homes, and fully accessible homes for single people / couples, and families

¹⁹ Policy H10 of the Local Plan sets an on site affordable housing requirement for all sites above the size threshold, with up to 30% of homes on greenfield sites required for affordable housing

<https://www.york.gov.uk/LocalPlan>

²⁰ <https://www.york.gov.uk/downloads/file/8270/ex-cyc-92-local-housing-needs-assessment-by-iceni-july-2022>

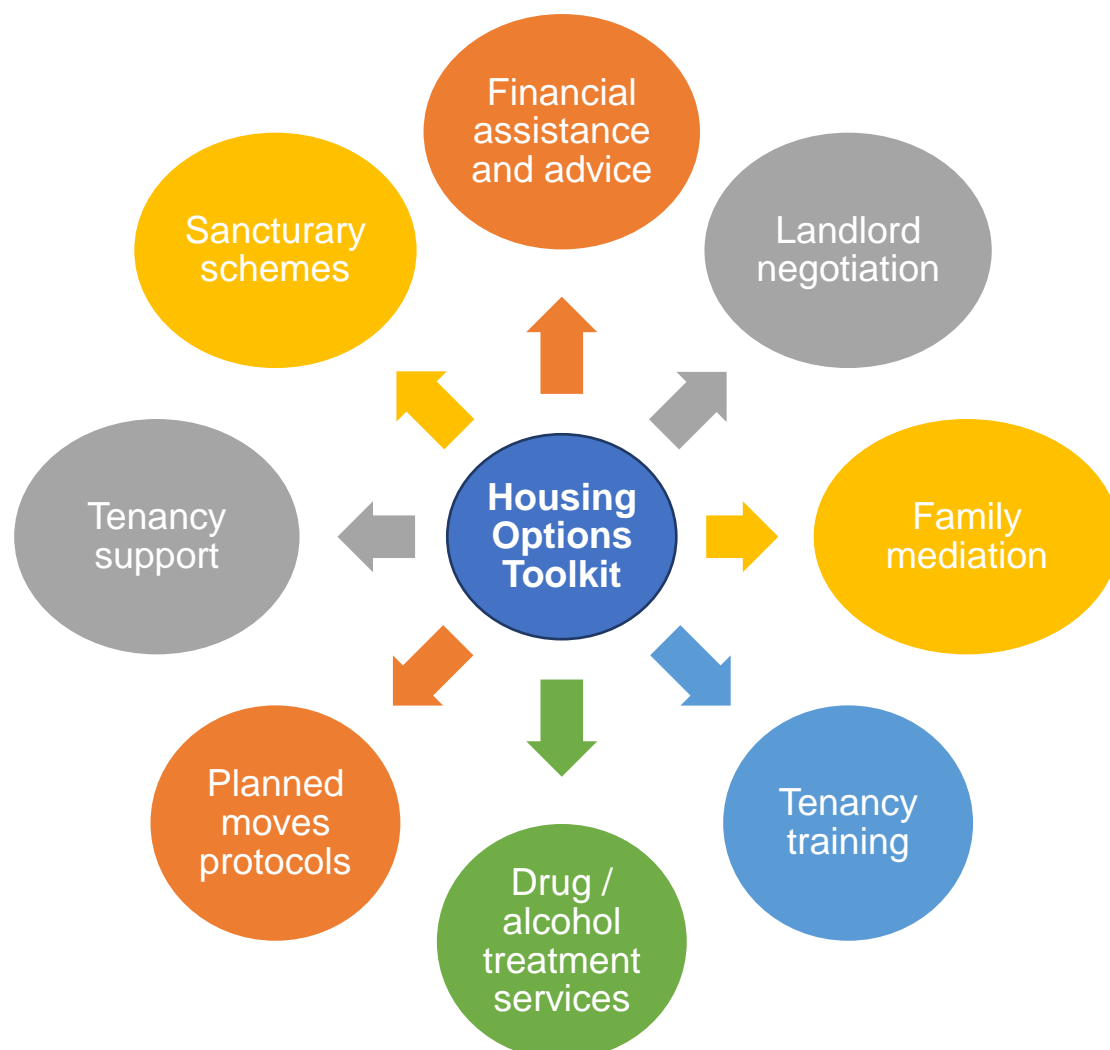
- Increase stock of larger accommodation
- Build on needs evidence base to support case for high quality social housing of the right type, in the right places

4.4 Theme 4: Homelessness Prevention and Tenancy Sustainment

To support independence, promote healthy communities and to make homelessness rare, brief and non-recurring, early intervention and preventative approaches are a foundation of the City of York strategic approach to tackling homelessness.

A preventative approach has been developed within the Housing Options service with full implementation of the Homeless Reduction Act 2017, which extended LA responsibilities and embedded the prevention approach in casework and service delivery.

Housing Options: Prevention Toolkit Outline



The YorHome service and private rented specialist workers based within frontline teams expand access to the private rented sector for households in housing need, and provide some mitigation for the Local Housing Allowance welfare benefits related challenges considered in the strategy evidence base.

We know that opportunities to deliver long-term change for individuals at risk of homelessness often arise outside or prior to engagement with the Housing Options Service. Partnerships and service delivery pathways will be further integrated into a wider neighbourhood based model. Where multidisciplinary services operate through hubs with practice that is holistic, integrated and well joined up this will support forms of tenancy sustainment and homelessness prevention that are highly cost effective, and with significant wellbeing benefits for individuals.

Theme 1, Housing First, is focussed on long term sustainability of accommodation and building independence for residents. It is proposed to develop a City of York Tenancy Sustainment Strategy for the council as landlord and in partnership with other Registered Providers in the City, that will integrate Housing First into a holistic system wide approach addressing tenancy sustainment needs both within and outside of Housing First.

It is also proposed to develop a Supported Housing Strategy. For many households, including those with complex needs, an independence tenancy with appropriate support package will be the option that allows for a successful, socially integrated life. It is also recognised that for other individuals with particular needs types, specialist and supported housing schemes provide an essential environment to achieve wellbeing over either the medium- or long-term.

Key actions

Theme 4: Homelessness Prevention and Tenancy Sustainment

- Build on existing services to further develop Housing Options Toolkit with range of early intervention and homelessness prevention options including for clients with no/lower support needs and those sofa surfing and at risk of homelessness due to local private rent levels

- Develop a Tenancy Sustainment Strategy across all household types and tenures, taking into account context of Local Housing Allowance shortfalls
- Develop a Supported Housing Strategy to identify type and scale of needs that would not be met through any other accommodation and a plan to address this over the mid- and long-term, including service transition pathways such as for young people with needs including Learning Disabilities and Autism
- Develop a Family Intervention Tenancy Policy to reduce eviction risks for council tenants with complex needs and review tenancy support options for families.
- Integrate actions around prevention and tenancy sustainment into the work of the York Drug and Alcohol Partnership, supporting those within housing pathways with addictions into treatment, and taking proactive steps to build tenants' recovery capital.
- Embed long term principles of early intervention and prevention in system wide service design, recognising that for example supporting people to long term independence is essential alongside delivery of statutory homelessness prevention outcomes and metrics
- Provision of pathways to sustainable housing that are flexible including capacity to “step up” and “step down”. Long term progress to resolution of homelessness can be non-linear and service design will reflect this.

4.5 Theme 5: Tackling Domestic Abuse

The council is working towards Domestic Abuse Housing Alliance (DAHA) accreditation. This will integrate a system wide commitment to support survivors and prevent homelessness where possible, including preventative work with perpetrators and individuals at risk of becoming perpetrators.

Analysis of homelessness statistics locally shows that domestic abuse represented 13% of all reasons for approaches in 2023/2024, comparable to national trends. This is likely to be a significant under estimation of need. It is a complex and challenging issue and one that requires a specialist and sensitive response.

Gendered homelessness services provision approach

In the context of progress towards DAHA accreditation, it is intended to review the provision of resettlement support services at Robinson Court, engaging in resident, community and partner consultation to conclude the future nature, shape and location of a residential support service dedicated to the needs of women who have suffered domestic abuse and girls and young women who have suffered violence.

It will be recognised in this review that there may still be a need to offer gendered temporary/emergency accommodation for women and girls with complex needs, including those with children. The value of providing a choice of women-only accommodation to those accessing homelessness pathways is recognised in addition to development of a Housing First for Women model. This would support the safe accommodation strategy in providing gendered spaces and should be reviewed as a part of the Strategy Action Plan.

It is estimated that “40% of homeless women state domestic abuse as a contributory factor to their homelessness.”²¹ Support following experience of Domestic Abuse is a key element in provision of gendered services including women-only hostels and Housing First for Women.

North Yorkshire and City of York Domestic Abuse Strategy 2024-28

The implementation of the Domestic Abuse Act 2021 strengthened the duties of local authorities, requiring them to conduct an assessment of

²¹ <https://refuge.org.uk/what-is-domestic-abuse/the-facts/>

local needs and commission dedicated safe accommodation and support services for their communities.

The North Yorkshire and City of York Domestic Abuse Strategy 2024-28 supports the preventative, independence-building approach of this strategy with a long-term vision tackling domestic abuse and supporting victims:

“We will not tolerate domestic abuse within North Yorkshire and York, and we will strive to ensure everyone can live free from abuse and harm. We will create an environment where healthy relationships are the norm and where victims, survivors and their children have access to the right support at the right time.

Domestic abuse is everybody’s business. We will work collaboratively to create lasting change across all our communities with the voice of the victim at the heart of our response; and where perpetrators of abuse are held accountable for their behaviour.”²²

Key actions

Theme 5 Tackling Domestic Abuse

- Achieve Domestic Abuse Housing Alliance accreditation with associated actions to reduce homelessness from this cause

²² <https://www.york.gov.uk/downloads/file/9587/north-yorkshire-and-city-of-york-domestic-abuse-strategy-2024-2028>

4.6 Theme 6: Revised governance structure and performance framework

The multi-agency Governance Board, the Homelessness Strategy Group, will be established in order to help guide the Strategy implementation and monitor its outcomes.

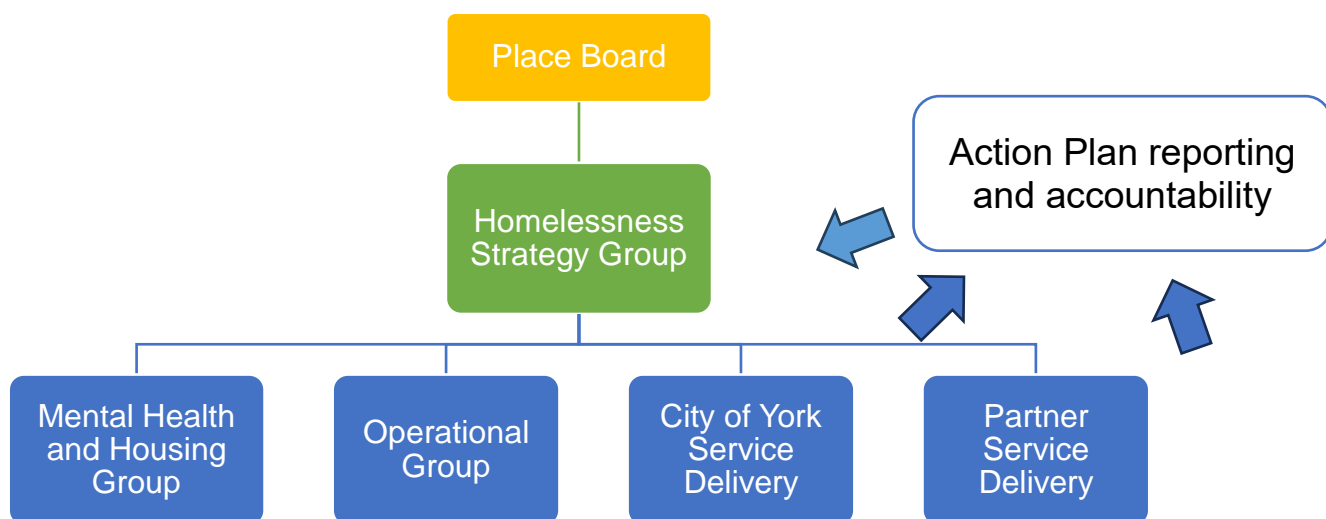
The Homelessness Strategy Group (HSG) will comprise of members drawn from the following disciplines and partner organisations:

- Adult Social Care
- Housing and Communities
- Housing, Homelessness & Housing Options Service
- Childrens Social Care
- Public Health
- Primary Care
- Tees, Esk and Wear Valley (TEWV) NHS Mental Health Services Trust
- Integrated Care Board (ICB)
- The Probation Service
- The Police Service
- York Council for Voluntary Service (CVS)
- University of York Centre for Housing Policy
- York and North Yorkshire Housing Partnership Chair

The Terms of Reference for the HSG are summarised in **Annex []**.

The Purpose of the HSG is to oversee the delivery of the local Homelessness and Rough Sleeping Strategy and Action Plan, ensuring it achieves its stated aims and outcomes through the delivery of high quality, appropriate and consistent services which meet the needs of people who are homeless or at risk of homelessness across the local housing authority area. In order to achieve this the HSG will support and monitor the implementation of the Homelessness Strategy Action Plan (HSAP).

Proposed governance structure



Performance Measures

The aim of the performance frameworks is to:

- Understand demand within the homelessness systems, including pressures within services and need outside services – these are referred to as “demand pressure components”
- Ensure timely, high quality performance management information informs governance systems and continuous improvement of services
- Inform future investment needs and redesign opportunities, including building long-term partnerships with resource sharing
- Highlight successes, and understand areas for improvement
- Reduce the staff time needed to produce Committee and management reports, and improve the quality of reports through standardised data reporting
- Build performance review integration into ongoing service improvement to achieve the strategy objectives
- It is important to establish a distinction between measures of rough sleeping in respect of local connection status. Local connection has a broad definition and encompasses for example, people fleeing

domestic abuse who would not be safe in another area. The resolution options for rough sleeping are significantly distinct for individuals with a local connection status and it is important to reflect this in performance measures.

In order to track and measure the impact of the Strategy, the following high-level performance monitoring framework is proposed:

1. System performance measures

- a) Additional Housing First tenancies created across both additional and existing social housing
- b) Resettlement hostels: flow through the system, immediate and long-term outcomes
- c) Housing waiting list: needs data, waiting times
- d) Single Access Point (SAP) applicants / waiting list for services

2. Statutory and Housing Options measures

- a) Initial assessments of statutory homelessness duties owed
- b) Number of households assessed and owed a prevention or relief duty [government statistical return reference A1]/
- c) Support needs of households assessed as owed a prevention or relief duty [A3]
- d) Reason for eligibility of main applicants assessed as owed a prevention or relief duty [A11]
- e) Reason for households' prevention duty ending [P1]
- f) Type of accommodation secured for households at end of prevention duty [P2]
- g) Main prevention activity that resulted in accommodation secured for households at end of prevention duty [P3]
- h) Outcome of main duty decision for eligible households [MD1]
- i) Households in temporary accommodation

- j) Number of households in temporary accommodation at end of quarter by temporary accommodation type [TA1]
- k) Number of households in temporary accommodation at end of quarter by household type [TA2]
- l) Average stay per person in hostel/temporary accommodation by accommodation location.

3. Rough Sleeping measures

- a) The number of people sleeping rough who have a local connection status (on a single night and over the course of the month). This is a key local measure of rough sleeping and the effectiveness of this Strategy.
- b) The number of new people sleeping rough (on a single night and over the course of the month) [P1]
- c) The number of people sleeping rough (on a single night and over the course of the month) [R1]
- d) The number of people sleeping rough over the month who have been sleeping rough long-term, known as [B1]
- e) The number of people returning to sleeping rough, known as [NR1]

Evaluations of the Strategy and its outcomes is an important aim, including work with specialist partners and organisations. This will help us to:

- Measure the demand for service and the impact of intervention, placing these measurements into a national context.
- Providing strategic advice to the Partnership Board.
- Prompting and sharing good practice to assist in service design and evaluation
- Develop tailored models for client groups such as Housing First for Women and Housing First for Young People, meeting specific needs for these groups
- Help to promote the York approach to those, and invite their insight to help us grow and develop the service.

Key actions**Theme 6: Revised governance structure and performance framework**

- Embed and establish strategic partnerships, governance arrangements/structures to deliver cross-cutting solutions informed a clear performance framework, including with partners additional to the Strategy Group such as York BID
- Develop shared Charter of Principles across partners, incorporating learning from national and local good practice including the York Poverty Truth Commission
- Embed customer feedback, engagement and consultation including quantitative measures within the service continual improvement approach and performance framework
- Incorporate this Framework and the First Year Action Plan items as set out in the Homelessness and Rough Sleeping Action Plan 2024-29, to be finalised in early 2025 with oversight provided by the Homelessness Strategy Group and senior council officers

5. Strategic Action Plan Framework and Strategy Review

Table 4 shows the strategy actions sets out the key actions for each Theme that will inform the Homelessness and Rough Sleeping Action Plan 2024-29. This will be finalised in early 2025 for approval by the Homelessness Strategy Group (HSG).

The HSG will have oversight of the strategy implementation and delivery, and will review and maintain the Action Plan.

A progress review will be presented to the council's Executive in late 2025 to report on delivery successes and challenges, and learning that may inform updates to the strategy to enable continual improvement through the 2024-29 period within the overarching strategic principles described here.

Table 4: Strategic Action Plan Framework

Theme	Strategic Actions
1. Expansion of Housing First with 250 additional 1-bed homes over strategy period	<p>Single households and couples without children</p> <ul style="list-style-type: none"> • Deliver system transformation through Housing First and rapid rehousing utilising additional homes plan noted above, incorporating best practice research from University of York and national Pilot projects research, with a proposal to prioritise as a York and North Yorkshire Mayoral Combined Authority project • 250 additional Housing First tenancies, 150 of these through additional social housing 1-bed flats, with further for general needs to 2029/30: through both acquisitions, new build and RP partnerships • Multidisciplinary team including “dual diagnosis” to meet both addiction and mental health needs, and peer support / experts by experience, informed by the National Institute for Clinical Excellence guidelines and other best practice.

Theme	Strategic Actions
2. Resettlement service redesign delivering review recommendations	<p>Single households and couples without children</p> <ul style="list-style-type: none"> • Get the right support in place, tenancy sustainment, maximising contributions from partners and statutory agencies and addressing distinct client groups' needs, and linking in opportunities such as adult learning, employability, volunteering and other social network development to deliver support in an independence-focused way • Work in partnership with the Police, the York BID and other agencies/stakeholders to support individuals out of 'street culture' and manage related impacts • Development of existing pathways to map the system wide responses for each client group, from early intervention through to permanent, sustained accommodation <p>The insourcing of Resettlement systems provides a strong foundation for this ambition²³</p>
3. Expansion of social housing	<p>Across both families, and singles/couples</p> <ul style="list-style-type: none"> • Maximise s106 provision and other additional social housing of the right types of Social and Affordable Rent homes, and fully accessible homes for single people / couples, and families • Increase stock of larger accommodation • Build on needs evidence base to support case for high quality social housing of the right type, in the right places

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<https://democracy.york.gov.uk/%28S%28er5fig3cbkjmjx55ekdxrgfc%29%29/ieDecisionDetails.aspx?id=6771>

Theme	Strategic Actions
4. Homelessness Prevention and Tenancy Sustainment	<p>Across both families, and singles/couples</p> <ul style="list-style-type: none"> • Build on existing services to further develop Housing Options Toolkit with range of early intervention and homelessness prevention options including for clients with no/lower support needs and those sofa surfing and at risk of homelessness due to local private rent levels • Develop a Tenancy Sustainment Strategy across all household types and tenures, taking into account context of Local Housing Allowance shortfalls • Develop a Supported Housing Strategy to identify type and scale of needs that would not be met through any other accommodation and a plan to address this over the mid- and long-term, including service transition pathways such as for young people with needs including Learning Disabilities and Autism • Develop a Family Intervention Tenancy Policy to reduce eviction risks for council tenants with complex needs and review tenancy support options for families • Integrate actions around prevention and tenancy sustainment into the work of the York Drug and Alcohol Partnership, supporting those within housing pathways with addictions into treatment, and taking proactive steps to build tenants' recovery capital • Embed long term principles of early intervention and prevention in system wide service design, recognising that for example supporting people to long term independence is essential alongside delivery of statutory

Theme	Strategic Actions
	<p>homelessness prevention outcomes and metrics</p> <ul style="list-style-type: none"> • Provision of pathways to sustainable housing that are flexible including capacity to “step up” and “step down”. Long term progress to resolution of homelessness can be non-linear and service design will reflect this.
5. Tackling Domestic Abuse	<p>Across both families, and singles/couples</p> <p>Achieve Domestic Abuse Housing Alliance accreditation with associated actions to reduce homelessness from this cause</p>
6. Revised governance structure and performance framework	<p>Across both families, and singles/couples</p> <ul style="list-style-type: none"> • Embed and establish strategic partnerships, governance arrangements/structures to deliver cross-cutting solutions informed a clear performance framework, including with partners additional to the Strategy Group such as York BID • Develop shared Charter of Principles across partners, incorporating learning from national and local good practice including the York Poverty Truth Commission • Embed customer feedback, engagement and consultation including quantitative measures within the service continual improvement approach and performance framework • Incorporate this Framework and the First Year Action Plan items as set out in the [report and reference] into the Homelessness and Rough Sleeping Action Plan 2024-29, to be finalised in early 2025 with oversight provided by the Homelessness Strategy Group and senior council officers



Meeting:	Executive
Meeting date:	12 December 2024
Report of:	Director of Housing and Communities
Portfolio of:	Executive Member Housing, Planning and Safer Communities

Decision Report: Design Principles of a ‘Neighbourhood Model’ for York

1. Demand for health, community and care services has never been greater. York has an ageing population, increased health complexities now affecting people earlier in life, fragmented and overstretched services and widening inequalities. Like the rest of the country, as the city deals with increased living costs, rising health complexities and a greater need for support, many York residents find themselves unable to cope with so many challenges and their lives are increasingly at breaking point.
2. The York system can no longer deliver health and care services in the traditional react-when-needed way. It is causing too great a strain on the system and putting too many residents at risk of avoidable and preventable crisis. There must be a better way.
3. By learning from other Local Authorities and the NHS¹ and shifting away from a reactive model of service delivery, with thresholds for access, to a model where community-based teams, primary and secondary services, social and voluntary sectors share information and co-design support that addresses the holistic needs of different neighbourhoods, then all parts of the system can intervene earlier to prevent avoidable crisis.
4. Early Intervention and Prevention (EIP) work already takes place across the city, through multi-agency hubs and community development. Locality, or neighbourhood based models at other Local Authorities provide well evidenced health and quality of life

¹ [NHS England » What are integrated care systems?](#)

benefits for residents. A focused effort to join up services at a local neighbourhood level, with targeted interventions based on the needs of the individual, will equip and empower residents to take control of their health, adopt more positive lifestyle choices and make informed decisions about their, and their families, health and wellbeing.

5. Critically, this will reduce demand and pressure on health and care services, releasing costly and scarce resources for those that need them most.
6. The recommendations in this report seek to address some of the causes of the rising cost of care and challenges for the health service relating to the demographic mix in the city. We will also consider the increasing gap in health inequalities across wards relating to deprivation and barriers to accessing support, advice, and information at the point of need.
7. In line with Council Plan priorities this report informs Executive on work taking place to develop a neighbourhood working or 'Integrated Neighbourhood Team' Model. Integrated Neighbourhood Teams bring together multi-disciplinary professionals from different organisations across health, care and community services. The aim is to deliver more joined up preventative care at a neighbourhood level. By sharing resources and information, teams will work together more collaboratively, simplifying and streamlining access to services. This will make sure York residents get the support and care they need, when they need it - at the right time and in the right way.
8. This model is a way of delivering earlier and better outcomes for individuals, for communities and for the wider system of services in the city. This model will cover multiple services provided by several organisations, including NHS bodies, the council, for-profit and not-for-profit providers and community groups and individuals. This work builds on already successful multi agency work in the city including around mental health, frailty, family, and community hubs.
9. It aims to engender significant, positive outcomes for the city in co-production with partners, residents, and staff teams follow the approval of this report. The first stage of this work is to agree a set of design principles to deliver a system focused on person-centred, strength-based community development and effective Early Intervention and Prevention (EI&P) throughout York's communities.

Benefits and Challenges

10. The benefits of the proposed changes to the existing models of working in York communities, if realised, are significant. Some of these are outlined below:

- Constancy of purpose within communities and services, and shared accountability across integrated teams. There is a unity of effort across the health and care system toward shared outcomes.
- Maximum effective continuity, minimising transitions and handovers, as care wraps around the person.
- Fluidity in roles between system partners (role generosity and deliberate overlap) to minimise people ‘falling through the gaps’.
- Doing what is needed, and bringing in who is needed (in support of shared purpose, specialists consult into the team, rather than the team referring out). This also works for services which cannot be split over four areas (such as the proposed Special Educational Needs & Disabilities [SEND] hub).
- Specialists are better able to see the whole person (their strengths as well as their needs, their personal and their local context) and can tailor their support/care accordingly. This leads to true person-centred decision making, but also greater satisfaction (and therefore recruitment and retention) for staff and partners involved.
- Supporting the specialist on the frontline, trusting them to execute their informed judgement (through information, technology, managerial, financial etc support that helps not hinders). This would counter the current narrative of central control and a lack of autonomy and flexibility.
- Community strength and resilience (including advice and information) developed to help those communities and individuals who can, to support themselves, leaving health, care and other services to focus on those with more complex needs. This is a core element of the model alongside specialist community-based services.

11. Clearly, this is a significant undertaking and is not without challenges. In Lewis et al. (2021) (**see Background papers**) the authors describe common pitfalls of organisations setting out to work in a more integrated way.

12. Some of the most common challenges they identified were:

- sharing information across teams and organisations (including efficient data sharing);
 - developing new roles and employment routes;
 - a lack of time to lead and engage with change (especially among General Practice (GP) providers);
 - a lack of additional resources to support development (including 'double running' during implementation).
13. There will also be challenges around governance, decision making and implementation that will need to be addressed. This work will be led by the York Health & Care Collaborative and reported back to the York Health & Care Executive (Place Board).

Policy Basis for Decision

14. The Council Plan for 2023-27 'One City, for All' sets out the Council's vision for the next four years.. The relevant priority actions in the Council Plan are:
- Work with the York Health and Care Partnership to **strengthen York's integrated early intervention and prevention model** and further develop primary and secondary shared care models and emergency care, working closely with the voluntary and community sector.
 - *'One of the new Governments key initiatives is the trial of Neighbourhood Health Centres. These centres will aim to alleviate the pressure on GP surgeries by consolidating services such as family doctors, district nurses, and physiotherapists under one roof. By shifting resources to primary care and community services, the Government hopes to provide more integrated and accessible care for patients.'*
 - **Deliver local area coordination, health trainers and social prescribing** that supports people be independent and in communities, working alongside partners for their own health and wellbeing.
 - **Develop a neighbourhood model of delivery**, exploring the benefits of establishing 'hubs' across communities.
 - Deliver the City **Community Mental Health** Transformation Programme

- **Develop the relationship between schools, family hubs and learning centres**, such as 'The Place' (Sanderson House), in collaboration with other services and universities.
- Develop a **'Caretaker' proposal** to reflect pride-in-place priorities in neighbourhood plans.

Together with responding to ongoing actions to:

- Develop a city-wide **Movement and Place Plan** – with health, care and community services provided at a neighbourhood level, helping reduce city-wide travel for the majority of routine health, care and community services.
 - Develop Local Transport Plan 4 and **the Local Cycling, Walking and Infrastructure Plan** (in line with government guidance and aligned to the Air Quality Action Plan) to help people travel easily in a sustainable, safe, and healthy way.
15. Whilst not specifically mentioned in the Council Plan the delivery of statutory **Homelessness and Rough Sleeper Strategy 2024-27** (to be considered at this Executive meeting), will be dependent on the same building blocks and design principles outlined in this report to ensure early intervention by multi-disciplinary teams is co-ordinated and timely.
16. The successful development of this model would enable the Council to address the Plan's four key commitments in the following ways:
- **Affordability** - Accessing information, support and care closer to home and being given holistic support which will include financial advice will positively impact those most affected by the cost of living crisis, and financial exclusion more generally.
 - **Environment** – The developing Neighbourhood Model (and four area map) will link in closely with York's new Local Transport Strategy, and its Implementation Plan. This commits the Council to an audit of facilities across York (for example, GP surgeries, pharmacies, primary schools, open spaces) and looks to identify the neighbourhoods where facilities are missing. The audit will be accompanied by a review of the bus network which will assess the extent to which people can access facilities by public transport, and York's Local Cycling and Walking Infrastructure Plan, which will identify active travel

links. This audit will be one of the main actions to identify how to reduce car use in York by 20% by 2030, to assist York in reducing carbon emissions from transport by 71%.

- **Equalities and Human Rights** - Every human being has the right to the highest attainable standard of physical and mental health. The Council has a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and to address the root causes of health inequalities, including financial exclusion, stigma and discrimination. The right to health is indivisible from other human rights - including rights to education, participation, food, housing, work and information. This model is person-centred and will help the council to ensure equity of access to services, particularly for those who have protected characteristics.
- **Health Inequalities** - The new government's proposed NHS reforms will shift healthcare from a late diagnosis and treatment model to one where considerably more services will be delivered in local communities. There is also a clear signal that there will be a far greater focus on prevention throughout healthcare and within services focused on helping people in relation to the wider determinants of health – such as financial exclusion, housing and crime. The work proposed in this paper will put York ahead of the curve by setting out a truly collaborative model, in partnership with health.

17. The York & North Yorkshire Combined Authority's Economic Framework (see background documents) priorities include 'Healthy and Thriving Communities', stating:

'Collaboration will help us to ensure that we're meeting local needs, particularly addressing the unique and diverse requirements of our residents, but also collective efforts can amplify our impact. Whether that's working closely with our two constituent authorities, our Police, Fire and Crime colleagues, Public Health and the NHS, maximising voluntary and community sector organisations, or supporting our anchor institutions.'

Financial Strategy Implications

18. There is a reasonable expectation that delivering more services within communities, a greater focus on prevention, and work to

reduce handovers and transitions and provide continuity to people, will reduce, or significantly delay, the numbers of people accessing statutory services.

19. This work, subject to co-produced solutions, should result in a model where roles are better integrated, in turn increasing the potential for roles to be joint funded, or health funded. This may contribute to cost savings across the system.
20. For now, resources to undertake this work will sit within approved council budgets. However, as this is a large transformation project work will be undertaken with health partners to identify funding for a transformation/programme manager role.

Recommendation and Reasons

21. Executive is asked to:
 - a) Note the work undertaken so far on the Neighbourhood Model and approve the four area model developed in conjunction with health partners;
 - b) Approve the Design Principles contained in Annex A;
 - c) Approve officers undertaking further engagement and co-production on the model, applying the approved Design Principles throughout, with an aim to have detailed CYC neighbourhood proposals back to Executive by Summer 2025 with the building blocks in place for delivery.

Reason: To provide a roadmap towards developing a Neighbourhood Model for York.

Background

22. As part of budget setting discussions that took place in early 2024, a rapid review was undertaken of the Council's 'Early Intervention and Prevention' services, which spanned several council directorates and included discussions with health partners.
23. The aim of Phase 1 of this review was to find savings through a reduction in duplication of services and contracts across directorates and ensuring teams were providing best value for money. This however, facilitated positive discussions about how council services and Health could work together, at a community level, in a more integrated way.

24. Phase 2 of this work was established as a collaboration with council and health partners to redesign community services, exploring an integrated neighbourhood model to achieve shared outcomes. The proposed design principles for the model are outlined in Appendix A. The aim behind the model *'is to ensure the organisational wiring is there but it is hidden – it just works.'* This is a consistent message across all partners in this work.

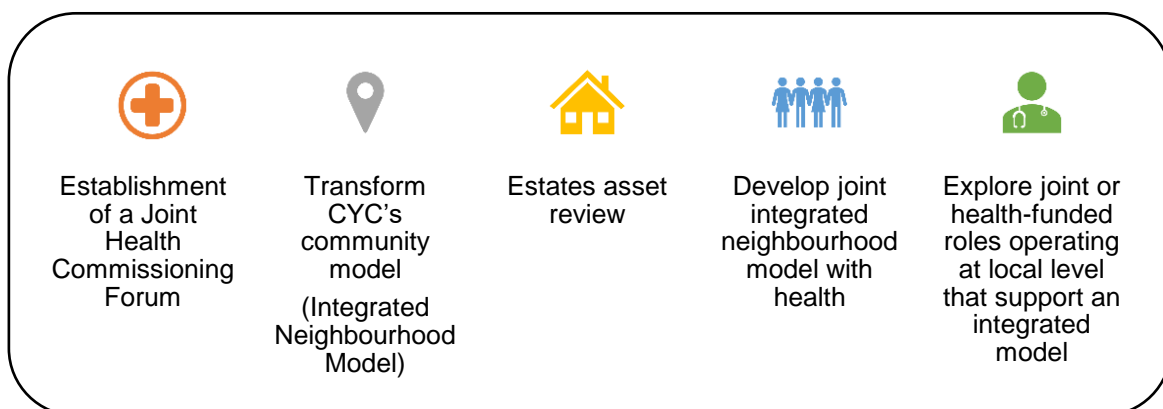
25. The shared proposed outcomes for this model are:

- **People live for longer in good health** – through taking opportunities for prevention at every point.
- **People's need for statutory services is delayed or averted** – community assets are built around the individual and only after this point does more intense care step in (preferably through specialisms who are 'pulled into' to localities).
- **Health inequalities are reduced** – through focusing universal services on need based on evidence.

The defined population that this model will apply to:

- Those who are identified through needs analysis and professional judgement as having **rising levels of need** which may necessitate statutory services in the future.
- Those who have a combination of **moderate social and health/clinical risk factors** amenable to prevention.
- Those whose need can only be met with **a team-based response**, when efforts to meet need through simpler models have been exhausted.

26. The proposed next steps sit within a series of proposed changes which are outlined below, some of which are subject to separate CYC Executive and York Health & Care Partnership decisions, such as the establishment of Joint Commissioning governance arrangements (approved at Executive 14/11/2024):



27. Aligned this work to establish any physical estates aspects of the Neighbourhood Model with the Movement and Place Planning work will secure healthy and efficient transport routes to travel across the neighbourhoods.
28. Both the York Health and Care Partnership, through Integrated Neighbourhood Teams (INTs), and the council, through this report, are exploring greater estate integration at a locality level and these two policies are expected to align into a single approach. Equally important to the estates review is securing community and health facilities as part of all new housing developments to ensure appropriate support for residents at a local level.

Transform City of York Council's community model

29. Learning from Community, Mental Health, Frailty and Family hub models, alongside the success of Local Area Coordination (see **Background papers**), work will take place internally as to how the Council could redesign its community based resources.
30. This will include all services working in early intervention and prevention and other roles within communities working to build community capacity around parks, communal and open spaces, housing and public health.
31. Consultation across health and social care has already been undertaken on a model which would see activity and teams split across four areas, or neighbourhoods.
32. This builds on work that previously took place in 2016 and produced a three area model, which has since been used by a range of services, including housing teams, to organise operational delivery.
33. This has been updated considering the impact on population that the York Central development will have and the practice of health systems to plan for areas with a population of approximately 50,000. The final model was chosen by a consultation group made up of CYC, ICB and primary care (GP) representatives (see Annex B showing data and original three area model, alongside the data for the proposed four area model).
34. There is a fifth area within 'York Place' (health) covered by the East Primary Care Network but, as this sits in the East Riding Council area, for the purposes of this report it is outside the York Neighbourhood Model.

35. There is a significant evidence base sitting behind the four area model around a wide range of measurable indicators relating to:
- Adults
 - Children
 - Crime/Anti-Social Behaviour
 - Economy
 - Health, and
 - Population.
36. The data mapping exercise showed the distinct nature of the four neighbourhoods summarised as follows in terms of need supporting a localised neighbourhood response tailored to the unique features of the areas and the data sitting behind this is summarised in Annex B:

Ranking by Domain (1 = High Need):

4 Models Split Post York Central	Domain					
	Adults	Children	Crime/ASB	Health	Economics	Population
Central	3	1	1	2	1	4
East	4	3	3	4	3	3
North	1	4	4	1	4	2
West	2	2	2	3	2	1

37. This has been mapped to support the four neighbourhoods shown within the Design Principles document at Annex A.
38. Planned work following the approval of this model will also consider how to integrate a Neighbourhood Caretaker Model, with a focus on targeting and improving public spaces, building pride in place alongside growing community capacity and strength.
39. A business case will be drawn up looking at the opportunity to use a mobile outreach service through, for example, a 'Community Bus' style provision. As the proposed Neighbourhood areas are large, services need to consider how those who are further away from traditional hubs and networks, both socially and geographically, can be reached.
40. A 'benefits bus' has been trialled using Ward Funding in Hull Road Ward and others, with a focus on increasing uptake of pension credit with clear financial benefits for residents, and this could be rolled out to cover a range of partner services, advice and support. We will also explore how outreach can be done in a variety of ways – such as through primary schools.

41. If the business case allows, in the evenings the bus could also be used for detached youth work, to tie in with the city's developing Youth Strategy, which is currently in co-production with the new York Youth Partnership. Alternatively, it could be hired by community groups for similar purposes.
42. The business case will work with, and respond to, the Local Transport Strategy in considering how to improve connectivity and accessibility when exploring options to improve health and well-being and independence. This will include active travel options such as walking and cycling and as a result will support in reducing transport-related carbon emissions.

Estates asset review

43. Work will be undertaken to review the various community venues/hubs/CYC buildings being used for work across CYC Early Intervention and Prevention Services, Housing and Public Health and any other services as required, to establish the best and most cost effective way to co-locate teams and make access more equitable across the city with full consideration of healthy and accessible travel options.
44. This will dovetail into work with health partners to scope a new programme - ***accelerating healthy communities*** – the aim of this work will be to create and integrate healthy, sustainable, and inclusive smaller scale neighbourhoods into the fabric of the city with future-fit health and community assets, including affordable or social homes for life at sites across the city alongside investment plans and solutions.

Develop joint integrated neighbourhood model with health partners

45. A major theme in health care policy over the last decade has been the development of integrated care and a more place-based approach to how services are delivered.
46. In May 2022 the 'Fuller Stocktake' (see **Background papers**) proposed the development of 'Integrated Neighbourhood Teams', and their implementation is underway, in a variety of ways, across the country.
47. These teams are intended to help by focusing on:

- meeting need that can *only* be met with a team based response, when efforts to meet need through simpler models have been exhausted;
 - providing more proactive, personalised, and multi-disciplinary care for people with more complex needs;
 - helping people to stay well for longer, through a joined-up approach to prevention.
48. More fundamentally, context and environment are one of the main determinants of a person's needs. The aim of Integrated Neighbourhood Teams is to focus on those who are 'under pressure' in their social context and have multiple, complex needs which cannot be managed by a single service.
49. The Integrated Care Board and York Health and Care Collaborative are aligning their plans alongside the council to deliver integration at pace alongside the council's proposals to ensure that Early Intervention and Prevention is at the heart of all community based services.

Putting Prevention and Early Intervention at the heart of the Neighbourhood Model – the evidence for change

50. Key to any neighbourhood model is a shift in the care and support given to residents at the earliest stage, at the most local level. This reflects priorities of the new national Mission boards, and the acknowledgement that many public sector challenges are rooted in reactive care, late intervention and failure demand due to missed prevention opportunities.
51. There is also no escaping the 'built in' changes to York's population over the next decade which will predominantly drive the demand in children and adults social care, housing, and healthcare. These include:
- a. The population of state pension age is projected to grow by 23% over the next 20 years, and there will be a higher number of older people in York than other places – for instance there will be a doubling in the number of over 85s by 2040;
 - b. A rise in demand for healthcare, which the Integrated Care Board (ICB) predicts will result in a need for an extra 7 hospital wards over the next ten years in York;

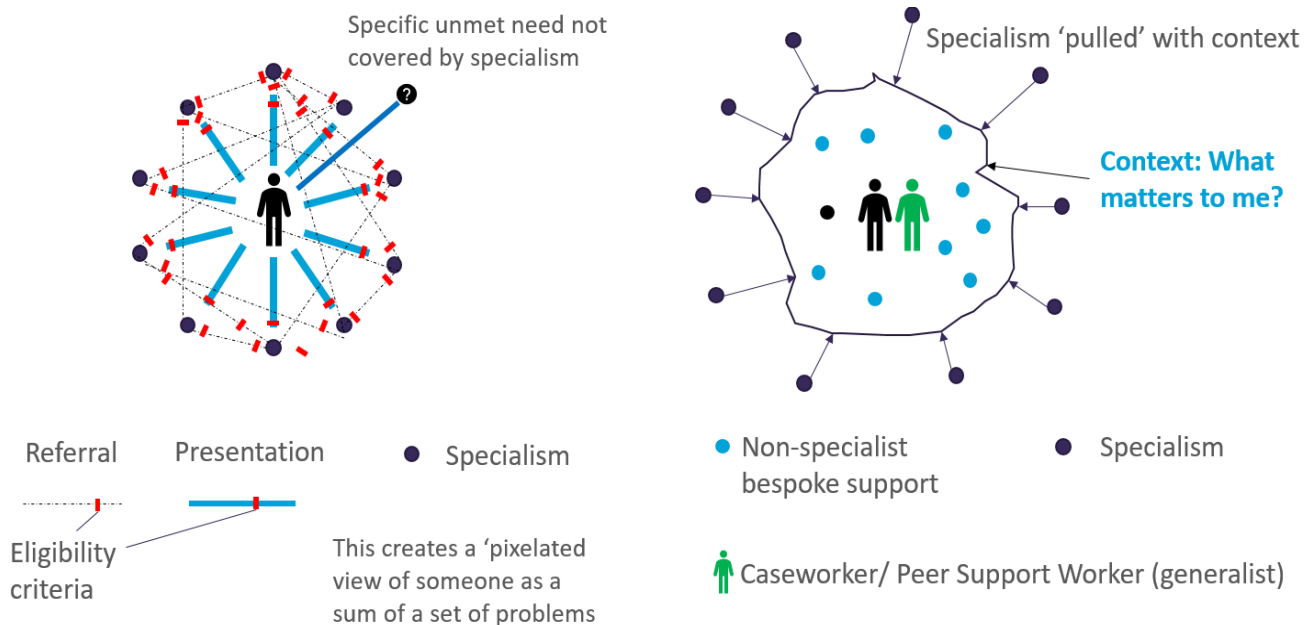
- c. An increasing number of people living with multiple health conditions - 9.1 million people in England are projected to be living with major illness by 2040, 2.5 million more than in 2019. This is an increase from almost 1 in 6 to nearly 1 in 5 of the adult population.
52. These changes will also be influenced by the significant housing and population growth predicted in York through the Local Plan, and though new population comes with resource into the public sector the levels of resource and population may not match and may not be evenly distributed in terms of demography and geography.
53. Public health modelling undertaken in 2023 suggests a number of knock-on demand increases by 2033 of this growth:
- The number of GP appointments in York will need to increase from around 340k to around 400k per year.
 - An additional 52 patients will attend A&E each day.
 - Adult Social Care demand will rise by an extra 600 people per year.
 - In Mental Health services there will be an extra 1235 patients seeking care.
54. These challenges can only be met by keeping the city's population healthier for longer and increasing the number of years York residents live in good health. Unfortunately, in York female Healthy Life Expectancy at birth has dropped by 0.9 years since 2014-16 and male Healthy Life Expectancy at birth by 2.8 years since 2010-12.
55. There are opportunities however, to keep people in good health, good housing, and safe connected communities. Many examples of agencies working together in a proactive manner exist in York, particularly building on the Asset Based Community Development model (ABCD).
56. In 2024, the York Health and Care Partnership established a programme of work around this 'integrated prevention offer' and partners such as Health Trainers, Social Prescribers and Local Area Coordinators are now working together around a shared set of goals to make sure the prevention system in York is integrated, high quality and delivers good value. This is alongside, and a part of, the

Mental Health, Family and Frailty Hub development - all built on a person centred approach.

57. Some of the high impact areas for early intervention and prevention are shown below, along with the quantifiable impacts (cost and quality of life) of the issues on the system in York and examples of evidence-based interventions:

	Current position in York	Impact on the system in York	E.g. preventive Interventions
Falls (over 65s)	An average of 800 falls-related admissions per year	<ul style="list-style-type: none"> • £252 cost of an ambulance call out • Average of 12 days spent in hospital post-fall • Average cost of £5200 per admission 	<ul style="list-style-type: none"> • Strength and balance exercises • Medication reviews • Tackling hazards
Loneliness	25% (over 44,000 adults) feel lonely all or most of the time	<ul style="list-style-type: none"> • Loneliness is the equivalent of smoking 15 cigarettes a day 	<ul style="list-style-type: none"> • Local Area Coordination • Befriending • Social prescribing • Travel partners
Smoking	14,000 regular smokers	<ul style="list-style-type: none"> • Smoking causes 200 deaths each year • Smoking costs £3m to social care in York each year 	<ul style="list-style-type: none"> • Cessation services • School / college-based prevention • Enforcement eg age of sale, illicit tobacco
Alcohol	36,000 people drinking over recommended amount	<ul style="list-style-type: none"> • Alcohol costs society £91.7m a year in York • 3,753 alcohol-related admissions (most recent year) 	<ul style="list-style-type: none"> • Brief advice • Treatment • Hospital alcohol teams • Recovery communities
Condition management	1,791 admissions to hospital for conditions / health events considered preventable in 2023	<ul style="list-style-type: none"> • Combined acute costs of preventable admissions c £8m 	<ul style="list-style-type: none"> • Apps e.g. MyCOPD • Respiratory Social Prescribing • Self-management / peer-led work
Cardiovascular events	100 strokes per year 600 people diagnoses with high blood pressure per year.	<ul style="list-style-type: none"> • New onset strokes cost health and care £45 k in the first year & £25 k in subsequent years 	<ul style="list-style-type: none"> • Blood Pressure monitoring • Physical activity interventions eg Move the masses

58. These preventative interventions need to be 'supercharged' through the York Neighbourhood Model, and it will be specifically designed to enable the multi-agency working, person centred and relationship-based practice which facilitates such a shift (specialisms 'pulled-in' as opposed to 'handing-off'). This is reflected in the design principles and depicted below:



Source: *Human Learning Systems and the Liberated Method*, Prof Toby Lowe, Newcastle Business School and *Changing Futures Northumbria*

59. This 'liberated method' approach has been taken forward in Thurrock and Northumbria see here:
<https://www.changingfuturesnorthumbria.co.uk/rethinking-public-service>

With the following approach:

'So instead of starting with services, here in Gateshead and more recently across Northumbria, we started with people. When you start with people and work outwards from them, things don't look like services anymore. They look like things we would recognise when we go home (if we're fortunate). They look like family, agency, community, relationships and understanding. They look like things humans are good at. Designing public services around relationships is far more effective. People who have bounced around various public services for years start to positively change how they see themselves, the community, and the world when they're contributing to a relationship and are understood.'

With the following model:

Rules	
1. Do no harm	
2. Stay legal	
Principles	
What we do	What we are trying to avoid
1. Understand, not assess	Standardised assessments that avoid what matters
2. Pull for help (or refer and 'hold')	Doing our bit and passing someone on
3. Decisions about the work made in the work	Referrals to managers who have no knowledge of context
4. The caseworker/citizen set the scope	Missing nuances that could unlock engagement and progress that are not pre-specified, e.g., carpentry
5. The caseworker/citizen set the timescales	Restricting support to arbitrary timescales

The case study of 'Brian' is outlined below in terms of pre and post liberated model in terms of interactions and costs:

Pre-Liberated Model	Post Liberated Model
<ul style="list-style-type: none"> • 3355 total interactions (minimum) • 1000+ health interactions (no1 attendee at A&E) • 116 attendances in 6 months to A&E • 500 nights in supported accommodation • Decline throughout with escalation in consumption resulting in a worrying trajectory • £2 million total consumption (minimum) 	<ul style="list-style-type: none"> • 161 Liberated Model interactions, with housing being key • 7 attendances at A&E in less than 12 months – no resultant admissions • Most interactions were bespoke. • In recovery – building community and agency, consumption now declining. • £70k consumption, mostly accommodation, and still declining in rate

Considerations for the next phase and governance

60. For any version of this model to be implemented effectively the continuing work on Phase 2 will need to explore the following questions, in consultation and co-production with partners across all sectors and informed by user lived experience:
- Why? A confirmation of the final agreed outcomes and benefits.
 - How would the model be funded and resourced to create and maintain resilience of the model?

- What services are included (both as the core team in each area and then as required)?
 - Where would they be based? And how can connectivity be optimised for accessing integrated resources through effective and sustainable transport solutions which are convenient, health generating and promote independence as well as reduce carbon emissions from transport?
 - When? A full implementation programme plan.
61. In terms of who could be involved - integrated teams are the people who know each community best, a range of people and organisations who are best placed to meet need at the earliest possible opportunity are close to the person or family.
62. In addition to CYC, health related services and voluntary and community sector bodies outlined in this report and Annex A, others may include:
- North Yorkshire Police who are looking at community based working and are keen to understand how they can align to the model.
 - Schools as an equal local partner with strong local connections with families and holder of the school age population on and source of health intelligence, with a focus on good mental health and wellbeing. As the most common contact point services have for most children, schools are under immense pressure to provide support that should sit outside of the classroom. The 'team around the school' approach has many similarities to the neighbourhood model described in this paper and exemplifies the power of facilitated multi-agency working. Outcomes have shown that relationships improve, the system is easier to navigate, the right help becomes available sooner and that schools feel supported.
 - Local employers interested in health and wellbeing of their employees and to enhance social value activities to benefit the localities in which they are based.
63. The York Health & Care Partnership through its York Health & Care Collaborative (YH&CC) has tasked partners to jointly deliver the York Neighbourhood Model (CYC) and the Health Integrated Neighbourhood Teams (INTs) through a single programme approach. The first recommendations regarding programme delivery will be emerging from the Collaborative over the coming weeks and

months. The YH&CC is co-chaired by a CYC Director and Primary Care (GP) leads and the parallel and complementary work across Health and the Council feels like a unique opportunity to deliver change together with the aim to deliver the transformation outlined in this report.

Consultation Analysis

64. As part of the Early Intervention and Prevention review Phase 1, consultation took place across all CYC services and with health partners.
65. As preparation for the development of this model, the Assistant Director Customer, Communities and Inclusion and a specialist from the Public Health Team took part in a seven month programme called '*Realising the Potential of Integrated Neighbourhood Teams*' led by the Primary Care Network in collaboration with the University of York.
66. This is a targeted support and development programme for systems and networks looking to implement integrated ways of working. As part of this programme CYC are collaborating and consulting with a range of Primary Care Networks and GP practices across the city. The group also includes the Deputy Chief Executive of York CVS.
67. The York Health & Care Board has been involved in discussions around this model since March 2024 and will be considering a report in tandem.
68. Wider consultation and work with the Voluntary and Community Sector and community groups will take place as part of the next phase of the work if approved by Executive and is an integral part of the approach and membership of the York Health & Care Collaborative.

Options Analysis and Evidential Basis

69. Options to be considered:
 - **Option 1** – *Officers to undertake the work to re-design the Council's communities and Early Intervention and Prevention models in line with recommendations and the Design Principles appended to this report.* This is recommended as a positive first step to transforming community-based services and teams.

This model supports other recent and emerging Council strategies around Transport, Climate Change, Air Quality Action Plan, Youth work and Homelessness and Rough Sleeping and built on existing and/or emerging best practice from Local Area Co-ordination and the various form of Hub models in place and operating successfully in York.

- **Option 2** - *CYC and Health partners continue to develop Integrated Neighbourhood Team models in isolation.* Partners and residents will not realise the benefits of a fully joined up and person centred approach. This is not recommended as this will miss opportunities to be truly holistic in approach and will continue to create delays and blockages for communities and residents. This is also a missed opportunity to learn from the best practice learned from not only examples from elsewhere but locally in York's Mental Health, Frailty and Family Hub work. This work is invaluable to the new neighbourhood model in terms of for example, cultural change, relational practice and workforce development.
- **Option 3** - *the model is not adopted* and, aside from the missed opportunities outlined in Option 2, and whilst pockets of relational practice and EI&P exist in York already, services and partners will continue to provide a complex challenge to those residents who need integrated care and support. Referral pathways will continue to be reactive and resource intensive and sit within a disjointed, costly and inefficient system.

Organisational Impact and Implications

70.

- **Financial**
For now, resources to undertake this work will sit within approved council budgets. However, as this is a large transformation project, work will be undertaken with health partners to identify funding for a transformation/programme manager role.
- **Human Resources**
Any changes to job roles and structures as a result of introducing an integrated neighbourhood model will be managed in accordance with the Councils workforce change policies. Where staff are co-located with teams from other organisations an agreed understanding between the separate

employers to detail how the arrangements will operate in practice may be needed.

- **Legal**

The proposals in this report are consistent with the Council's duty to "make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness" as set out in the Local Government Act 1999. Statutory Guidance on discharging this best value duty specifically highlights the need for local services to be citizen-focused, meet the needs of diverse communities and improve outcomes for the people who use them. The design principles for York's future community and health operating model should continue to be developed in line with the best value duty and guidance.

Any service changes will be the subject of separate decision making processes and specific legal advice.

- **Procurement**

Should any requirements for services or works arise, Procurement must be a tool to deliver those outcomes. Services and/or works must be procured via a compliant process in accordance with the council's Contract Procedure Rules and where applicable, the Public Contract Regulations 2015 (soon to be Procurement Act 2023). Further advice regarding the procurement process and development of procurement strategies must be sought from the Commercial Procurement team.

- **Health and Wellbeing**

We are aware that the new government's proposed NHS reforms will shift healthcare from a late diagnosis and treatment model, to one where considerably more services will be delivered in local communities. There is also a clear signal that there will be a far greater focus on prevention throughout healthcare and within services focused on helping people in relation to the wider determinants of health – such as poverty, housing and crime. The work proposed in this paper will put York ahead of the curve by setting out a truly collaborative model alongside health partners.

- **Environment and Climate action**

By optimising transport routes, including inclusive and accessible routes which prioritise walking, cycling or wheel

chair use, focused on distinct neighbourhood strengths and assets, the Local Transport Strategy ambition of improving health generating travel options where movement is a barrier and reducing carbon-emissions from transport will be supported.

- **Affordability**

If a neighbourhood model is developed then advice, information and support will be available from the network of resources available within the local area, and agencies whether community, voluntary, health or council services will all be able to provide and engage support tailored to the need of the family or individual. This will ensure that residents can access the support they need to help them with their cost of living to maximise income and receive the financial advice they are entitled to. Advice and support will be available to those furthest away (both geographically and socially) from current services, as outreach services will operate where hubs are not available or accessible to the resident.

- **Equalities and Human Rights**

Every human being has the right to the highest attainable standard of physical and mental health. We have a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and to address the root causes of health inequalities, including poverty, stigma and discrimination. The right to health is indivisible from other human rights - including the rights to education, participation, food, housing, work and information. This model is person centred and will help the council to ensure equity of access to services, particularly for those who have protected characteristics.

A first Equalities Impact Assessment is attached at Annex C, but a comprehensive follow up will be undertaken as part of consultation, ahead of the next report to Executive in Summer 2025.

Data Protection and Privacy

The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved

recommendations and options from this report and a DPIA completed if required.

- **Communications**

Communications will form a key element of consultation and the delivery of any new model. Where appropriate joint communications with relevant partners will be arranged.

- **Economy**

Workforce development planning, integrated ways of working all focussed on earlier and improved outcomes for residents and their families will improve staff morale, health, recruitment and retention across all sectors involved including the voluntary and community sector, and the health and care workforce. Skills development and access to learning as part of improved outcomes for some residents and resulting employment opportunities will increase life opportunities and long term benefits including health and wellbeing.

Risks and Mitigations

71. Risks

Risks of working across council, community and voluntary sector and health partners to develop this model include (Several of these were identified in the background paper by Lewis et al. [2021] – see **background papers**):

- The challenge of defining a stable or shared understanding of what ‘integrated care’ means may resulting in different practices and priorities.
- A change in national policy given the significant NHS reforms being developed by central government.
- Financial constraints and high existing workforce pressure for both the council and health partners.
- Governance and data sharing/information governance concerns limiting joint working.
- Difficulty breaking down professional and organisational roles and culture. This also ties in with the perceived erosion in professional identity.
- Leadership tensions between organisations.
- This is not just about the process of designing and delivering complex service change, but about developing trusted relationships that will be key to successful implementation.

- Managing expectations of senior managers and Elected Members in terms of immediate impact and cost saving. This is a long term piece of work and therefore there is a need to recognise evaluation will therefore be longitudinal in nature.
- Conflict of location of integrated services and Movement and Place Plan if location is a barrier to accessible and healthy forms of travel.

72. Mitigations

- As described previously officers from City of York Council, Public Health, Primary Care Networks across the city and the VCS are taking part in a six month programme called '*Realising the Potential of Integrated Neighbourhood Teams*' led by the Primary Care Network in collaboration with the University of York.
- Several of the risks addressed above are being tackled as part of this series of in-depth workshops and ensuring the work starts in a truly collaborative manner, to develop a shared vision.
- The more successful integration pilots and forerunners have had the benefit of pre-existing relationships in the areas they are working in. That is why the key to the success of this model will be to build on the successes of York's Local Area Coordination model (an in depth evaluation of York's work in can be found in the paper '*Bridging the Gaps in Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination*' – see **Background papers**).
- This study found that:
'...the positioning of Local Area Coordination in 'the spaces in between' the system, individuals and communities, offers significant learning for creating effective prevention. Working with people often missed, stuck or lost from services and community support, reduces their risk of falling into crisis and requiring more extensive provision'.
- A key recommendation of the research was that areas invest in preventive approaches that bridge individual, community and service systems, which this proposed model aims to do.
- Integrate the Neighbourhood Model with the Movement and Place transport planning.

Wards Impacted

All Wards

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Report Approved

Yes

Date 28th November 2024

Background papers

- Decision Session – Executive Member for Culture, Leisure and Communities, 22 November 2019, '*Connecting People and Places - A Community Hub Approach*'
<https://democracy.york.gov.uk/documents/s136045/Report.pdf>
- Lewis, R.Q. et al. (2021) '*Integrated Care in England – what can we Learn from a Decade of National Pilot Programmes?*' International Journal of Integrated Care, 21(4).
<https://doi.org/10.5334/ijic.5631>.
- NHS England, '*Next Steps for Primary Care: Fuller Stocktake Report*', May 2022 [NHS England » Next steps for integrating primary care: Fuller stocktake report](#)
- '*Bridging the Gaps In Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination*', April 2024,
<https://www.communitycatalysts.co.uk/lacnetwork/wp-content/uploads/sites/3/2024/05/Bridging-the-gaps-in-evidencing-prevention.pdf>
- Children, Culture & Communities Scrutiny Committee, 2 July 2024 '*Raise York - Family Hub Network Development Update*'
[Family Hub Network Development Update 2024-07.pdf \(york.gov.uk\)](#)
- York and North Yorkshire Combined Authority Economic Framework, August 2024, [PowerPoint Presentation](#)
- Department of Health and Social Care (Independent Report), '*Summary letter from Lord Darzi to the Secretary of State for Health and Social Care*', September 2024,
<https://www.gov.uk/government/publications/independent-investigation-of-the-nhs-in-england/summary-letter-from-lord-darzi-to-the-secretary-of-state-for-health-and-social-care>
- NHS Confederation, '*Working Better Together in Neighbourhoods*', October 2024,
<https://www.nhsconfed.org/publications/working-better-together-neighbourhoods>
- Children, Culture and Communities Scrutiny Committee, 5 November 2024, '*Design Principles of a 'Neighbourhood Model' for York*'
<https://democracy.york.gov.uk/ieListDocuments.aspx?CId=1066&MId=14657&Ver=4>
- Executive, 14 November 2024, '*Establishment of a Joint Committee (Section 75 agreement) between Humber and North Yorkshire Integrated Care Board and City of York Council*'
<https://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=14502&Ver=4>

Annexes

- Annex A: Building Blocks of a Neighbourhood Model in York
- Annex B: Evidence Base Behind 4 Area Model
- Annex C: Equalities Impact Assessment

Abbreviations

ABCD	Asset based Community Development
A&E	Accident & Emergency
CYC	City of York Council
EI&P	Early Intervention & Prevention
GP	General Practitioner
ICB	Integrated Care Board
INT	Integrated Neighbourhood Teams
NHS	National Health Service
SEND	Special Educational Needs & Disability
YH&CC	York Health & Care Collaborative

Building Blocks of a Neighbourhood Model in York

Design principles for our future community and health
operating model

Purpose of this document

This simple and brief document sets out some of the design principles behind a Neighbourhood Model for York.

It has been written by City of York Council, but its aim is to contribute to a much wider conversation with our partners in the city, such as the NHS, community groups, voluntary organisations, housing bodies, schools and the Police.

There are several organisations or sectors implementing neighbourhood-based models in York, who want to ensure that the services we deliver for our residents are closer to home, more integrated across agencies, and to shift the care we deliver to focus on preventing issues and illness as well as treating them.

This document does not set out the detailed operational configurations of any neighborhood model, which we want to co-design with partners and co-produce with residents.

It does set out a set of 6 design principles:

1. **Geographies** – where are we defining the boundaries of our neighbourhoods in York
2. **Outcomes** – the things we want to improve, and those within our population we most want to improve things for
3. **Operating principles** – some of the key values-based ways we'd like anyone working in a 'locality way' to adopt
4. **Core offer** – what people can expect each neighbourhood team to contain
5. **'Working in' neighbourhoods** – a description of how some council services will start working in geographical places
6. **'Relating to' neighbourhoods** – a description of how some council services will continue city-wide, but still draw on the strengths of neighbourhood working



Neighbourhood (enabling) model: Building community capacity

Existing structures established to build-out from, focusing on strengthening partnerships and aligning geographies to consolidate a single point of access - reframing as "Wellbeing Hubs" in 3-4 geographies

More effective joint working across council services locally, covering early intervention, standards of delivering, community assets and improving outcomes, based around need identified through neighbourhood plans, rather than universal.

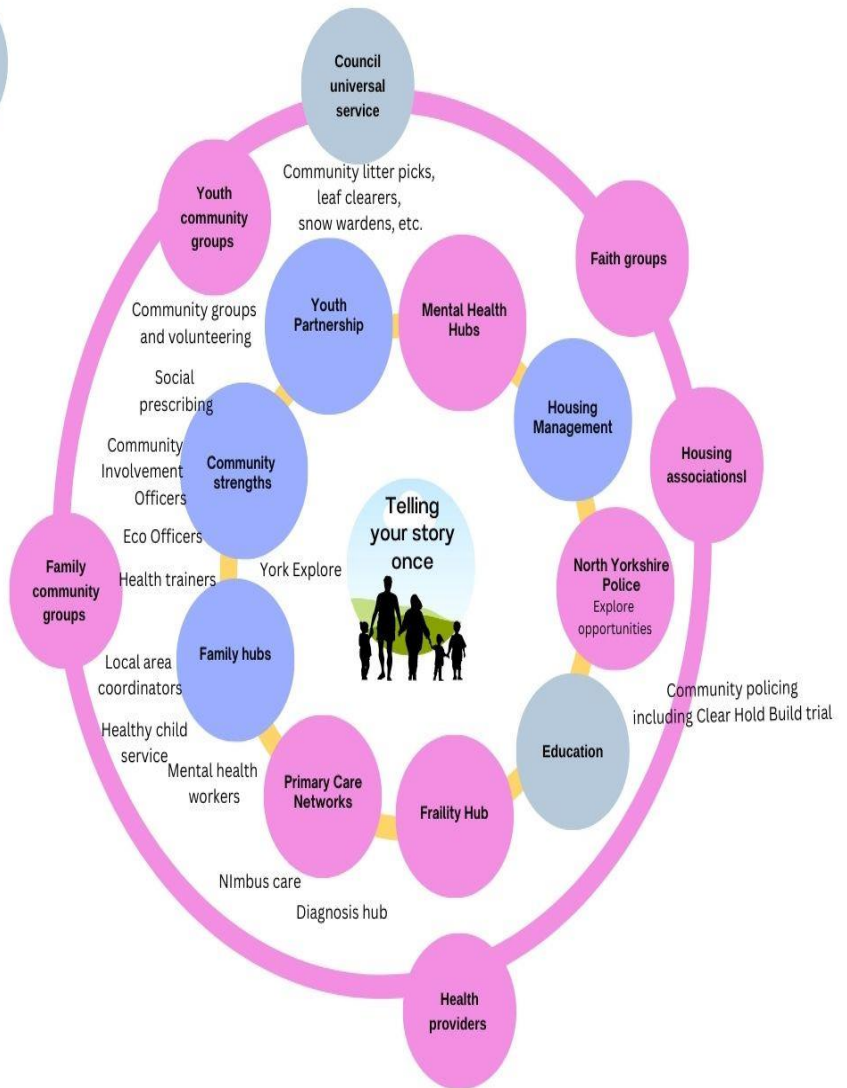
More effective use of data to understand local issues and to inform service design and delivery on a smaller (more manageable) geography.

Strengthens relationship building, community capacity and working together to benefit residents and communities, setting out to co-design service delivery approaches with the communities who need them.

Reduces duplication

Explores impact of improved outcomes on social value, and reduced demand on statutory health and care services

A whole community approach putting customers first.



1. Geographies

There has been a lot of work done over the years on what neighbourhoods could look like in York – this is not the first time the model has been used.

Data has been analysed around our population, its needs and use of the public sector, as well as looking at the potential future population, which we know will see the city grow by around 20% through the Local Plan. Using this data, and based on three principles of a) trying to balance population need across the areas, 2) aiming for populations of around 50,000 people and c) align with existing council wards, these are the proposed four 'neighbourhoods' or areas for York:

CENTRAL

48,816 population
1x Family Hub
1x Mental Health Hub
11 GP branches
2,538 CYC homes
2x in bottom 20% deprived areas nationally

NORTH

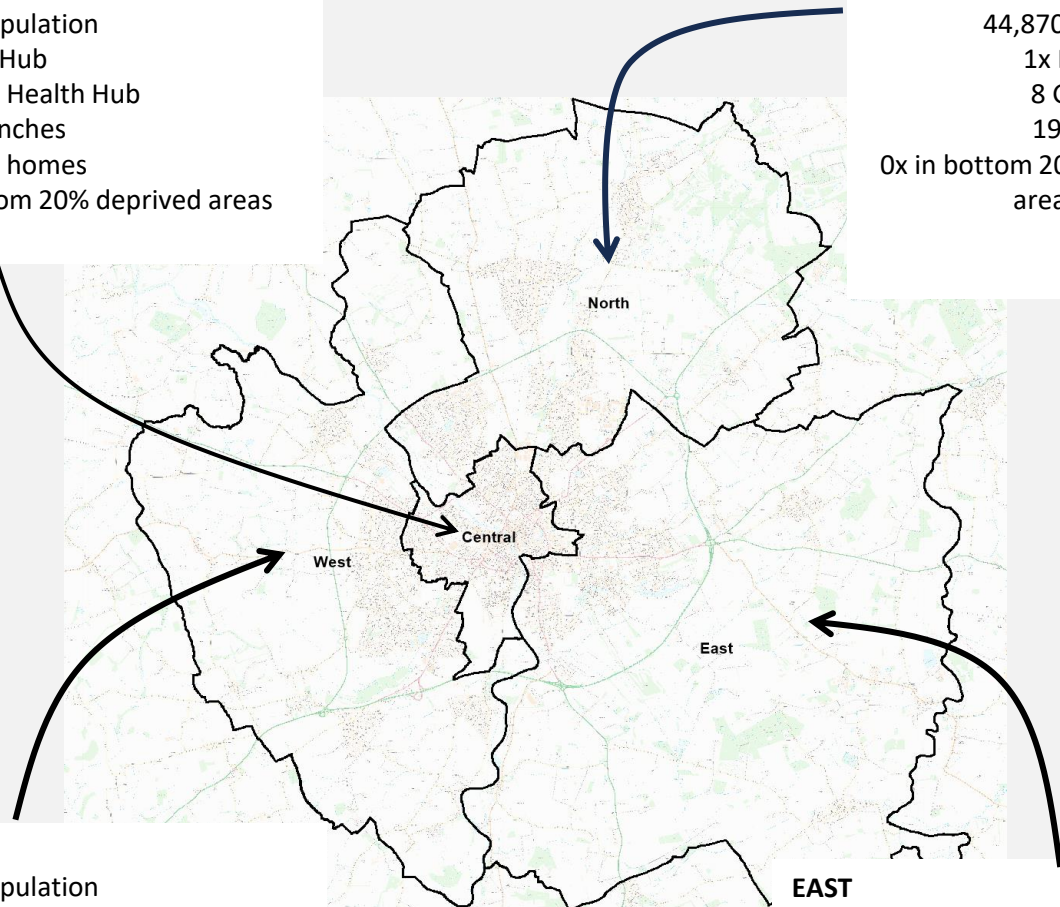
44,870 population
1x Family Hubs
8 GP branches
19 CYC homes
0x in bottom 20% deprived areas nationally

WEST

51,345 population
2x Family Hubs
1x Frailty Hub
1x Mental Health Hub (proposed)
9 GP branches
2,559 CYC homes
3x in bottom 20% deprived areas nationally

EAST

59,520 population
2x Family Hubs
1x Mental Health Hub (proposed)
12 GP branches
2,040 CYC homes
1x in bottom 20% deprived areas nationally



2. Outcomes

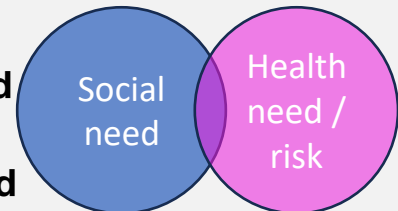
At the heart of a neighbourhood model are a set of clear outcomes for a defined population.

Clear Outcomes

- **People live more years in good health** – through taking opportunities for prevention at every point
- **People's need for statutory services is delayed or averted** – community assets are built around the individual and only after this point does more intense care step in (preferably through specialisms who 'come out' to localities)
- **Health inequalities are reduced** – through focusing universal services on need based on evidence

Defined population

- Those who are identified through needs analysis and professional judgement as having **rising levels of need** which may necessitate statutory services in the future
- Those who have a combination of **moderate social and health / clinical risk factors** amenable to prevention
- Those whose need can only be met with a **team-based response**, when efforts to meet need through simpler models have been exhausted.



3. Operating Principles

The core principle at the health of localities is **Relationship-Based Practice**. This type of practice, when delivered well, looks like:

- Regular **multi-agency** practitioner forums who share **best practice**
- **Induction packs** and holding **networking events** to **build relationships**
- A system which facilitates regular **Multi-disciplinary Teams** or 'team around the person/issue'
- **Co-location** in one physical building *when useful* (**networks** can be virtual as well as physical)
- Having **named local contacts** to 'introduce' customers to, rather than a referral form
- Sharing a **triage process** to get people the **right support at the right time**
- Harmonised **referral** and **standard operating procedures** between teams
- Use of **technology** to facilitate networks and contacts in real time
- Sharing and understanding of **local need**, and data where appropriate
- Sharing an neighbourhood/area **manager**, to facilitate the networks

4. Core offer

Each neighbourhood team will contain a mix of provision (voluntary, community and/or council services, and/or health) according to need with:

- An **integrated approach to staffing** to support the area, coordinated by a **Neighbourhood Manager** role, who will work across all agencies and referral pathways.
- **Consistent communications** and **website**, building on the Family Hubs model, along with **non-digital methods**.
- **Outreach solutions** such as a multi-use mobile hub offer and online resources, for those furthest away from traditional offers.
- The **right use of space**, including community venues and drop ins.

5. 'Working in' neighbourhoods

Examples of the CYC teams which could work within each neighbourhood team are:

- Health Trainers
- Local Area Coordinators
- Housing Management Officers
- Communities Officers
- Environment and Community (ECO) officers
- Public Realm and Housing Estate Officers
- Welfare Benefits
- Health Visiting
- Sport Development/ Health Champions

Discussions are ongoing with the ICB and Primary Care as to how they align their teams with this model.

Future discussions will be held with schools and North Yorkshire Police relating to possible future models.

6. 'Relating-to' neighbourhoods

There are a number of services the council deliver which will remain as city-wide services delivering specialist team-based interventions, but who will find, as they 'relate-to' neighbourhood teams, an easier front door and quicker, more integrated support:

These may include:

Children's social services

Youth Justice

Adult social services

Healthy Child service

Waste Services

Schools support

Community Safety Hub

Housing Repairs

Housing Options/Allocations

'Our City' Hub (Migrant Support)

And a number from health:

Specialist Mental Health support

Speech and Language Therapists

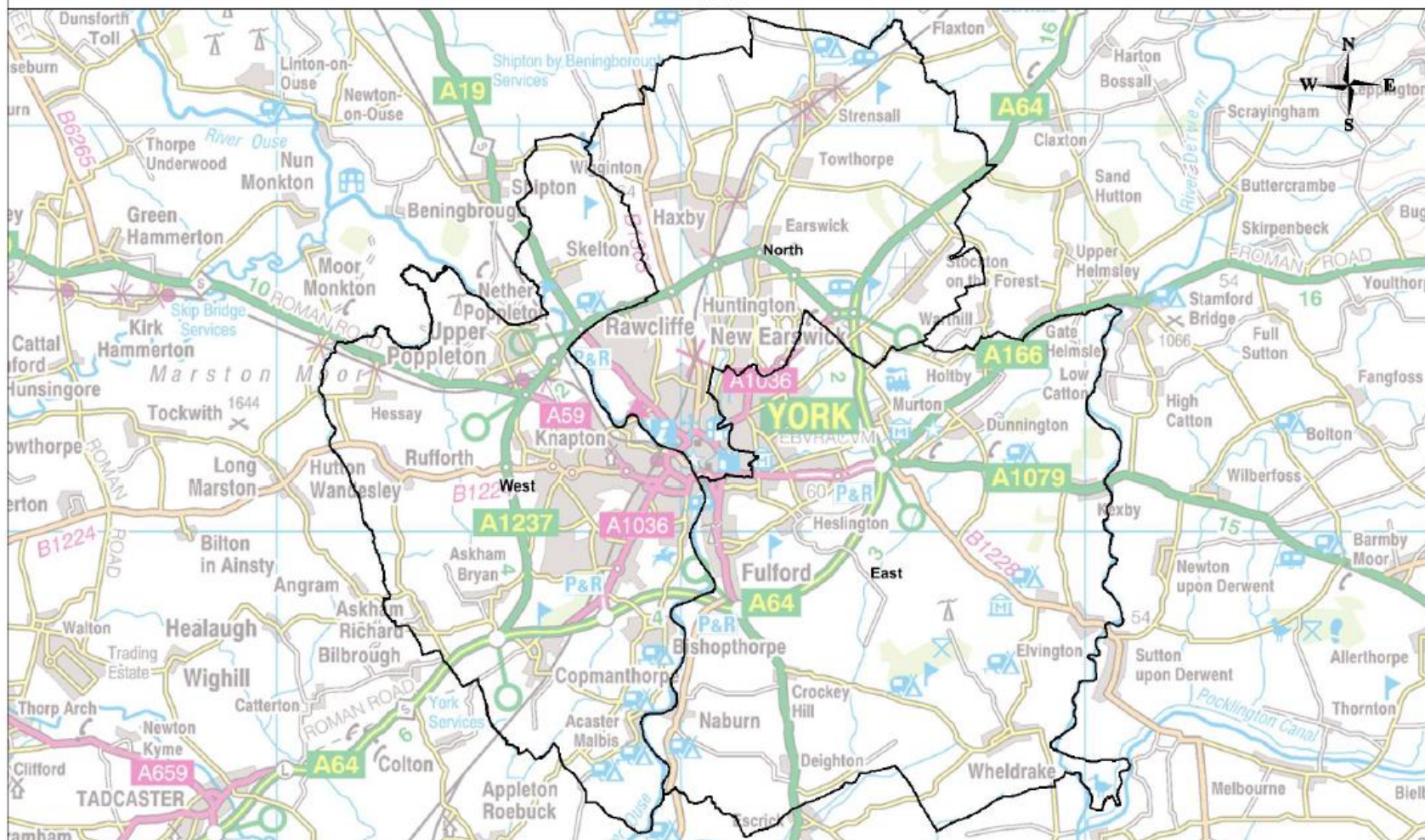
Other therapies

Thank you for reading this document

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Existing Localities Split 2024



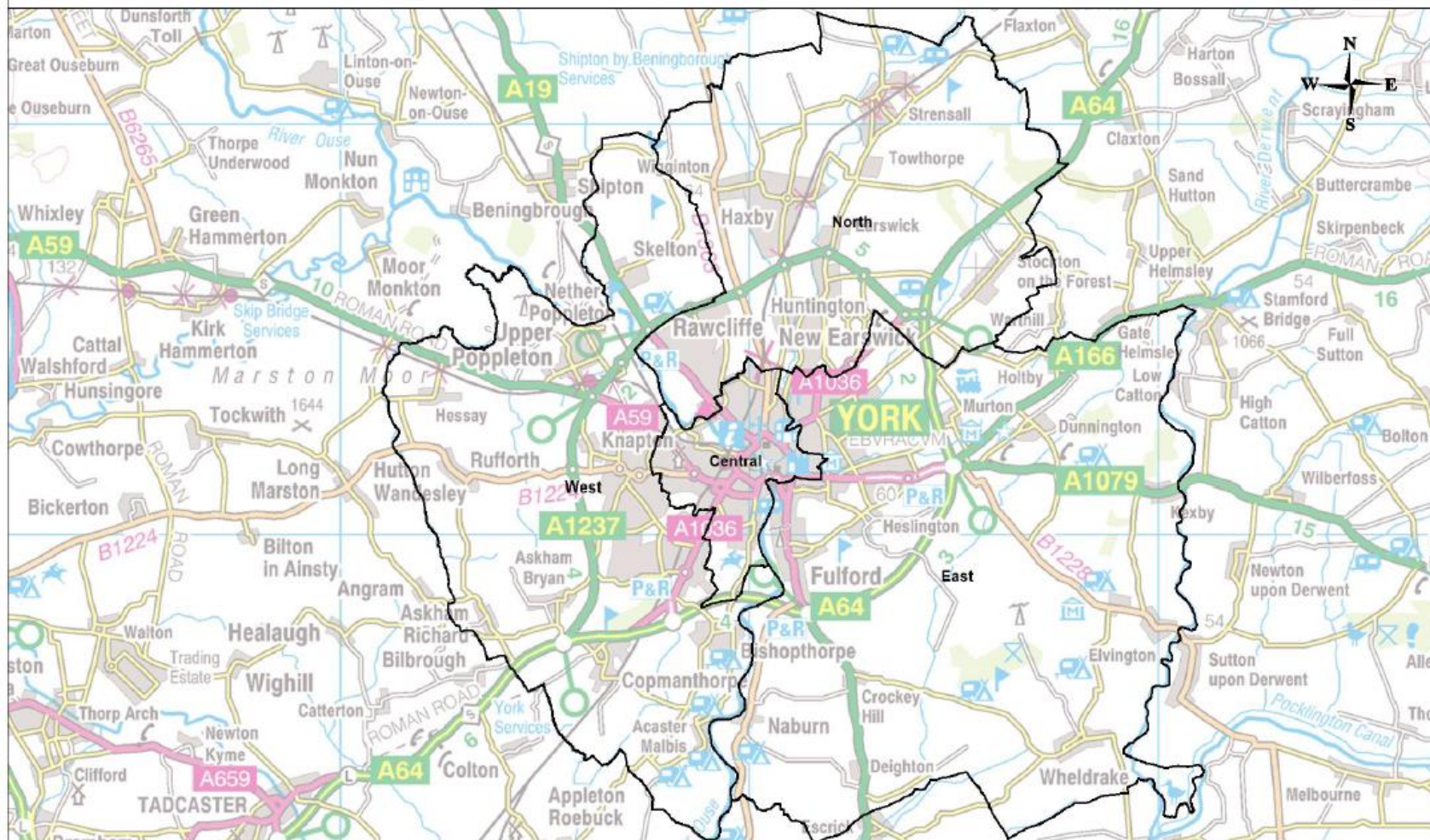
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Ordnance Survey 100020818

Indicator	Category	Wards	Existing LAT Split 2024	4 Models Split Pre York Central	4 Models Split Post York Central
Average Weekly Homecare Hours	Adults	Y	Y	Y	Y
Total Homecare Clients - (Snapshot)	Adults	Y	Y	Y	Y
Number of new customers requesting Adult Social Care support	Adults	Y	Y	Y	Y
Number of clients getting paid packages of care that are not residential/nursing care	Adults	Y	Y	Y	Y
Social isolation average score (Adult Social Care Survey)	Adults	Y	Y		
Day-to-day activities - % Limited a lot	Adults	Y	Y	Y	Y
Day-to-day activities - % Limited a little	Adults	Y	Y	Y	Y
Percentage of Children (aged 0-15) living in low income families	Children	Y	Y	Y	Y
% of children attending York schools who have achieved a Good Level of Development (GLD) at Foundation Stage - (Snapshot)	Children	Y	Y	Y	Y
% of children in Year 6 recorded as being obese (3 year aggregated)	Children	Y	Y	Y	Y
Household composition - % One family only: Lone parent: Dependent children	Children	Y	Y	Y	Y
Emergency hospital admissions in under 5 years old, crude rate (5 year aggregated)	Children	Y			
% of pupils attending York schools achieving 9-4 in English & Maths at Key Stage 4 (C or above before 2016/17)	Children	Y	Y	Y	Y
% Free School Meal pupils in York Wards (excluding subsidiary pupils) - Primary sector	Children	Y	Y	Y	Y
% Free School Meal pupils in York Wards (excluding subsidiary pupils) - Secondary sector	Children	Y	Y	Y	Y
% of residents who agree that their local area is a good place for children and young people to grow up - Agree (All Responses)	Children	Y	Y	Y	Y
All Crime per 1000 population	Crime-ASB	Y	Y	Y	Y
ASB per 1000 population	Crime-ASB	Y	Y	Y	Y
Number of Reports of Domestic Abuse Incidents reported to NYP (York only) - per 1000 population	Crime-ASB	Y	Y	Y	Y
Criminal Damage per 1000 population	Crime-ASB	Y	Y	Y	Y
% of panel who agree that York is a safe city to live in, relatively free from crime and violence	Crime-ASB	Y	Y	Y	Y
ESA Claimants: % of Population	Economic	Y	Y	Y	Y
Carer Benefit (Income Support Based) Claimants: % of Population	Economic	Y	Y	Y	Y
Disability Living Allowance Claimants: % of Population	Economic	Y	Y	Y	Y
JSA and UC (Out of Work) % of working age population (16 - 64)	Economic	Y	Y	Y	Y
% of households in fuel poverty - low income low energy efficiency (LILEE)	Economic	Y	Y	Y	Y
Life Expectancy at birth - Male (5 year aggregated)	Health	Y			
Life Expectancy at birth - Female (5 year aggregated)	Health	Y			
Emergency hospital admissions for all causes - standardised admission ratio (5 year aggregated)	Health	Y			
Emergency hospital admissions for injuries resulting from a fall (over 65), per 1,000 population	Health	Y	Y	Y	Y
Deaths from causes considered preventable, under 75 years, standardised mortality ratio (5 year aggregated)	Health	Y			
Population by Age - 0 – 4	Population	Y	Y	Y	Y
Population by Age - 5 – 9	Population	Y	Y	Y	Y
Population by Age - 10 – 14	Population	Y	Y	Y	Y
Population by Age - 15 – 19	Population	Y	Y	Y	Y
Total Population	Population	Y	Y	Y	Y

Post York Central



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City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:		Housing and Communities Directorate Public Health	
Service Area:		Communities	
Name of the proposal:		Design Principles of a ‘Neighbourhood Model’ for York	
Lead officer:		Laura Williams	
Date assessment completed:		14/11/2024	
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Laura Williams	Assistant Director Customer, Communities and Inclusion	City of York Council	Communities Equity, Diversity and Inclusion and Human Rights
Peter Roderick	Director of Public Health		Public Health (Health Inequalities)

Joe Micheli	Head of Communities and Prevention		Early Intervention and Prevention
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Step 1 – Aims and intended outcomes

1.1	<p>What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p>The proposed model will provide more timely and appropriate interventions for people who share protected characteristics and focus on people and groups experiencing disadvantages, particularly those with multiple complex needs who need person centred and multi-disciplinary solutions.</p> <p>The model will be a neighbourhood working or 'Integrated Neighbourhood Team' Model. Integrated Neighbourhood Teams bring together multi-disciplinary professionals from different organisations across health, care and community services. The aim is to deliver more joined up preventative care at a neighbourhood level. By sharing resources and information, teams will work together more collaboratively, simplifying and streamlining access to services. This will make sure York residents get the support and care they need, when they need it - at the right time and in the right way.</p> <p>This model is a way of delivering earlier and better outcomes for individuals, for communities and for the wider system of services in the city. This model will cover multiple services provided by several organisations, including NHS bodies, the council, for-profit and not-for-profit providers and community groups and individuals. This work builds on already successful multi agency work in the city including around mental health, frailty, family, and community hubs.</p> <p>It aims to engender significant, positive outcomes for the city in co-production with partners, residents, and staff teams follow the approval of this report. The first stage of this work is to agree a set of design principles</p>

	to deliver a system focused on person-centred, strength-based community development and effective Early Intervention and Prevention (EI&P) throughout York's communities.
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1.2	<p>Are there any external considerations? (Legislation/government directive/codes of practice etc.)</p>
	<p>This model reflects priorities of the new national Mission boards, and the acknowledgement that many public sector challenges are rooted in reactive care, late intervention and failure demand due to missed prevention opportunities.</p> <p>A major theme in health care policy over the last decade has been the development of integrated care and a more place-based approach to how services are delivered.</p> <p>In May 2022 the 'Fuller Stocktake' (see Background papers to main report) proposed the development of 'Integrated Neighbourhood Teams', and their implementation is underway, in a variety of ways, across the country.</p> <p>The York & North Yorkshire Combined Authority's Economic Framework (see background documents) priorities include 'Healthy and Thriving Communities', stating:</p> <p><i>'Collaboration will help us to ensure that we're meeting local needs, particularly addressing the unique and diverse requirements of our residents, but also collective efforts can amplify our impact. Whether that's working closely with our two constituent authorities, our Police, Fire and Crime colleagues, Public Health and the NHS, maximising voluntary and community sector organisations, or supporting our anchor institutions.'</i></p> <p>The Council Plan for 2023-27 'One City, for All' sets out the Council's vision for the next four years.. The relevant priority actions in the Council Plan are:</p> <ul style="list-style-type: none"> • Work with the York Health and Care Partnership to strengthen York's integrated early intervention and prevention model and further develop primary and secondary shared care models and emergency care, working closely with the voluntary and community sector. • <i>'One of the new Governments key initiatives is the trial of Neighbourhood Health Centres. These centres will aim to alleviate the pressure on GP surgeries by consolidating services such as family doctors, district nurses, and physiotherapists under one roof. By shifting resources to</i>

primary care and community services, the Government hopes to provide more integrated and accessible care for patients.'

- **Deliver local area coordination, health trainers and social prescribing** that supports people be independent and in communities, working alongside partners for their own health and wellbeing.
- **Develop a neighbourhood model of delivery**, exploring the benefits of establishing 'hubs' across communities.
- Deliver the City **Community Mental Health** Transformation Programme
- **Develop the relationship between schools, family hubs and learning centres**, such as 'The Place' (Sanderson House), in collaboration with other services and universities.
- Develop a **'Caretaker' proposal** to reflect pride-in-place priorities in neighbourhood plans.

Together with responding to ongoing actions to:

- Develop a city-wide **Movement and Place Plan** – with health, care and community services provided at a neighbourhood level, helping reduce city-wide travel for the majority of routine health, care and community services.
- Develop Local Transport Plan 4 and **the Local Cycling, Walking and Infrastructure Plan** (in line with government guidance and aligned to the Air Quality Action Plan) to help people travel easily in a sustainable, safe, and healthy way.

1.3	Who are the stakeholders and what are their interests?
	<p>Stakeholders: Internal CYC teams from a range of directorates working across early intervention/prevention and in communities, York Place (NHS), York Health and Care Collaborative, Primary Care Networks across the city, VCS partners and community groups, York citizens. These stakeholders will value a service delivery model which provides the right care, at the right time, in the right place, in a person-centred way which will see health and wellbeing improvements for those with some of the most complex needs.</p>
1.4	<p>What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans.</p> <p>The successful development of this model would enable the Council to address the Plan's four key commitments in the following ways:</p> <ul style="list-style-type: none"> • Affordability - Accessing information, support and care closer to home and being given holistic support which will include financial advice will positively impact those most affected by the cost of living crisis, and financial exclusion more generally. • Environment – The developing Neighbourhood Model (and four area map) will link in closely with York's new Local Transport Strategy, and its Implementation Plan. This commits the Council to an audit of facilities across York (for example, GP surgeries, pharmacies, primary schools, open

spaces) and looks to identify the neighbourhoods where facilities are missing. The audit will be accompanied by a review of the bus network which will assess the extent to which people can access facilities by public transport, and York's Local Cycling and Walking Infrastructure Plan, which will identify active travel links. This audit will be one of the main actions to identify how to reduce car use in York by 20% by 2030, to assist York in reducing carbon emissions from transport by 71%.

- **Equalities and Human Rights** - Every human being has the right to the highest attainable standard of physical and mental health. The Council has a legal obligation to develop and implement legislation and policies that guarantee universal access to quality health services and to address the root causes of health inequalities, including financial exclusion, stigma and discrimination. The right to health is indivisible from other human rights - including rights to education, participation, food, housing, work and information. This model is person-centred and will help the council to ensure equity of access to services, particularly for those who have protected characteristics.
- **Health Inequalities** - The new government's proposed NHS reforms will shift healthcare from a late diagnosis and treatment model to one where considerably more services will be delivered in local communities. There is also a clear signal that there will be a far greater focus on prevention throughout healthcare and within services focused on helping people in relation to the wider determinants of health – such as financial exclusion, housing and crime. The work proposed in this paper will put York ahead of the curve by setting out a truly collaborative model, in partnership with health.

Whilst not specifically mentioned in the Council Plan the delivery of statutory **Homelessness and Rough Sleeper Strategy 2024-27** (to be considered at this Executive meeting), will be dependent on the same building blocks and design principles outlined in this report to ensure early intervention by multi-disciplinary teams is co-ordinated and timely.

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Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.
	Data supporting the four area model is attached to the main report. Consultation will form part of the next steps if the design principles are approved.

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.		
Gaps in data or knowledge		Action to deal with this	
Data supporting the four area model is attached to the main report. Consultation will form part of the next steps if the design principles are approved.			

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Older citizens will be likely to see a positive impact due to care and support being available at a more local level, but this will be explored in consultation if the design principles are approved.</p>	Positive (+)	H

Disability	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Disabled citizens will be likely to see a positive impact due to some care and support services being available at a more local level, but this will be explored in consultation during the next stage, if the design principles are approved.</p>	Positive (+)	M
Gender	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Data suggests that individuals presenting to primary care with issues that are more social than medical are those identifying as women, so this model of early intervention and prevention should have a positive impact on this group. This will be explored in consultation during the next stage, if the design principles are approved.</p>	Positive	M
Gender Reassignment	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>As above, data suggests that individuals presenting to primary care with issues that are more social than medical are those identifying as women, so this model of early intervention and prevention should have a positive impact on this group. This will be explored in consultation during the next stage, if the design principles are approved.</p>	Positive	L

Pregnancy and maternity	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>There may be a positive impact of some maternity services being delivered more locally, this will be explored in consultation during the next stage, if the design principles are approved.</p>	Positive	M
Race		0	
Religion and belief		0	
Sexual orientation		0	
Children with experience of care	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Carers will be likely to see a positive impact due to support, advice and information being available at a more local level, but this will be explored in consultation, if the design principles are approved.</p>	Positive (+) M	
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	This is a person centred model and any services being delivered will consider the needs of individuals.	Positive	

	Carers will be likely to see a positive impact due to care being available at a more local level, but this will be explored in consultation, if the design principles are approved.	H	
Low income groups	<p>This is a person centred model and any services being delivered will consider the needs of individuals.</p> <p>Low income groups will be likely to see a positive impact due to care being available at a more local level, with less need to travel and incur costs. There will also be a range of financial advice and information delivered within community settings. This will be explored in consultation if the design principles are approved.</p>	Positive	H
Veterans, Armed Forces Community	.	0	
Other			
Impact on human rights:			

List any human rights impacted.	<p>There will be a positive impact for Human Rights by delivering the council's statutory responsibilities and bringing partners together to embed early intervention and prevention and improve systems through joint working and outcomes monitoring.</p> <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> • provide strategic direction for the council's human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhered to these principles.</p>	Positive (+)	Med
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Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p>High impact (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p>Medium impact (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p>Low impact (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?
There will be no negative impact on the above groups. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer as the model is designed to be person centred.	

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:
<ul style="list-style-type: none"> - No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review. 	

- **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

Option selected	Conclusions/justification
No major change to the proposal	The proposed model is in early stages and approval is on design principles and further consultation.

Step 7 – Summary of agreed actions resulting from the assessment

7.1	What action, by whom, will be undertaken as a result of the impact assessment.		
Impact/issue	Action to be taken	Person responsible	Timescale

Equality and Human Rights Act	Quality Assurance	Laura Williams	

Step 8 - Monitor, review and improve

8. 1	How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	Consultation will take place and a further paper will be taken to Executive in Summer 2025 with a full EIA.

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Meeting:	Executive
Meeting date:	12/12/2024
Report of:	Director of Environment, Transport and Planning
Portfolio of:	Councillor Kate Ravilious, Executive Member for Transport.

Decision Report: Local Cycling and Walking Infrastructure Plan

Subject of Report

1. This report presents a Local Cycling and Walking Infrastructure Plan (LCWIP) for York. An LCWIP is a strategic document which outlines an evidence-based, prioritised series of active travel zones and routes that can then be used to secure external funding, including developer contributions.
2. Approving an LCWIP is important to be able to present an evidence-based case for investment to funding bodies.

Benefits and Challenges

3. The core benefit of agreeing an LCWIP (Annex A) is that the Council has an approved, evidence-based and prioritised series of proposals for improving active travel infrastructure across the city. This enables a far greater chance of securing funding to deliver new and enhanced infrastructure for pedestrians, wheelchair users, wheelers and cyclists.
4. Using the wide range of evidence in the baseline report has enabled a thorough mapping of a properly connected, aspirational active travel network to be developed. This in turn has provided detailed information into the location of gaps in the network and where new and improved infrastructure is required.
5. The LCWIP will be a 'living' document and can be updated based on changing circumstances or priorities in the city. The LCWIP will

be able to be responsive to key pieces of work, such as the forthcoming Movement and Place Plan, Local Plan and Local Transport Plan 4.

6. One of the core challenges is to have a balanced list of projects across the city, to avoid a skew towards the central and heavily trafficked areas and to ensure that parts of York with the potential to increase active travel journeys are compared fairly. This challenge has been mitigated by sifting the potential projects by type of area i.e. central, suburban and rural. It has also been mitigated by adjusting the weightings of the measures used to prioritise routes and zones, such that it is possible to understand which routes and zones have the greatest potential to improve health, or safety, or reduce the number of short car trips for example.

Policy Basis for Decision

7. Securing improved active travel infrastructure contributes towards all four Council Plan commitments;
 - a. **Equalities and Human Rights.** Providing accessible infrastructure enables the greatest possible number of people to walk, use wheelchairs, wheel or cycle to move around the city.
 - b. **Affordability.** Making active travel a genuine option for more trips helps reduce the need for more expensive methods of transport.
 - c. **Climate.** Quality active travel infrastructure helps reduce carbon emissions by enabling more journeys to be undertaken by sustainable methods of transport.
 - d. **Health.** Travelling actively helps reduce obesity and improves cardiovascular health. It also helps to improve air quality by reducing the need for vehicle journeys, and the air pollution associated with those vehicle journeys.

The LCWIP contributes to several of the ten policies contained within the Council's Local Transport Strategy.

Financial Strategy Implications

8. The LCWIP identifies priorities for investment in Active Travel Schemes. This has historically been funded from Government

Grants. The Integrated Transport settlement has historically provided c £1.6m per annum supplemented by specific Active Travel Grants. Whilst there is no direct funding commitment within the LCWIP careful consideration will have to be given to infrastructure costs, ongoing maintenance costs and staff costs to deliver the projects contained within the plan. External funding will be required to deliver the vast majority of projects identified. Funding bids and grant management will require effective coordination to ensure that projects are appropriately costed, both for capital and ongoing revenue costs, prior to any bids being submitted.

Recommendation and Reasons

9. Executive is asked to;

1) Approve the LCWIP as detailed in Annex A.

Reason: To create an LCWIP for York which will enable funding to be secured for active travel improvements across the city.

2) Delegate authority to the Executive Member for Transport to review and make changes to the LCWIP, in accordance with any approved Local Transport Strategy or Plan, as required.

Reason: To ensure that the LCWIP remains current and can be amended quickly in response to any changes in circumstance.

Background

10. LCWIP is the designated government term for active travel infrastructure plans. It is a priority that active travel infrastructure is accessible for all so, for York, the LCWIP will cover Walking, Wheelchair Users, Wheeling and Cycling, including cycles used as mobility aids.

11. An LCWIP is an evidence-based document that;

a) Outlines strategic walking, wheelchair user, wheeling and cycling networks and priority zones.

b) Identifies routes and areas that have the greatest potential to support existing journeys and create new trips by active modes of transport.

- c) Considers prioritised areas for proposed improvements. The detail of what these proposed improvements will look like on-street is for a later, design stage of project development.
 - d) Presents the priority areas for investment to those who fund active travel projects.
- 12. There are other elements to delivering quality active travel infrastructure that Council Officers are currently working on that fall outside the guidance provided on delivering LCWIPs. Principally these include the barrier removal project to ensure our active travel routes are compliant with the Equality Act 2010, cycle parking and targeted maintenance of the active travel networks.
 - 13. The LCWIP is designed to identify prioritised aspirational active travel networks and an associated pipeline of future schemes. It is, therefore, not intended to be a fully funded or designed plan but is to be used as strategic justification to secure money for design and delivery of priority routes from funding bodies. Design principles will be considered through a forthcoming highway design guide review and specific design work will be undertaken and consulted on individual projects as funding is acquired.
 - 14. The LCWIP is a 'living document' and may need to be updated as Council, and external, policies develop. In particular the Accelerating Healthy Communities Strategy. Any changes will need to be in accordance with any current Local Transport Strategy or Plan policy at the time of revision.
 - 15. The LCWIP will be graphically designed in its final form to serve as an engaging document for funding bodies, stakeholders and local residents and businesses. It is supported by a more detailed baseline report, completed by Systra consultancy which contains the evidence base and policy detail to inform the LCWIP.

Consultation Analysis

- 16. A steering group, which comprised cross-party political representation and external stakeholders, has helped shape the LCWIP. Officers are grateful to the members of the steering group for their contributions to the project. The baseline report has been drafted with input at varying stages from the steering group.
- 17. Economy, Place, Access and Transport Scrutiny Committee considered the emerging networks, zones and proposed sifting

criteria on 24th September. York Access Forum also received a presentation on the LCWIP on the 5th November. Residents and other stakeholders have had opportunity to input into the process through the Council's Big Transport Conversation (November 2023-February 2024). The walking, wheelchair user and wheeling zone and network coverage has been significantly expanded in response to comments from York Access Forum members.

18. Officers have worked to expand the proposed networks identified by the steering group and consultant partner to ensure that they are as comprehensive as possible. The cycling network is based upon a range of data sources that identify existing trips and predict potential growth opportunities. Site allocations in the Local Plan have also been factored into the networks.

Options Analysis and Evidential Basis

19. **Option One:** Approve the LCWIP as presented. Recommended.

Walking, Wheelchair user and Wheeling Zones

20. 66 core walking, wheelchair user and wheeling zones have been identified across the Council area by comprehensively mapping key destinations, such as schools, shopping parades and employment sites. These key destinations have been grouped together and zones created to encompass the groups of destinations. The zones each have a 400 metre buffer zone, underpinned by a network of routes which considers the connections into the area.
21. A sifting methodology has been developed to rank the various walking, wheelchair user and wheeling zones. The methodology scored criteria across four key themes; local destinations, safety, accessibility and health and inclusion. Local destinations work as a proxy for removing short car trips i.e. the more destinations of certain types in across a zone provides more potential for short vehicle journeys.
22. The zones have been split into three categories; central, suburban and villages. Each category has tiers of priority based upon the scoring. The top 8 priority zones within each category are listed below. These are not to be taken as an absolute ranking, zones in this top tier all have value in delivery:

Central	Suburban	Villages
City Centre North	Rawcliffe Lane / Eastholme Drive / Green Lane	Bishophthorpe village centre
City Centre South	Heworth Green / East Parade / 6th Avenue / 4th Avenue	Stockton on the Forest village
Bootham / Clifton / Water End (East of Ouse)	Melrosegate / Green Dykes Lane / University Road	Poppleton Public Transport hubs, Northminster, Knapton
Station / Micklegate / River Ouse quadrant	Clifton Backies / Kingsway North / Water Lane	Copmanthorpe village centre
The Groves / Haxby Road / Huntington Road	Acomb Road / Hamilton Drive / Green Lane	Poppleton village centre
York Central / Salisbury Road / Terrace area	South Bank South and Racecourse access	Strensall village centre inc. school
Gillygate / Clarence Street / Wigginton Road / Haxby Road	York Road / Front Street / Acomb Green	Dunnington village centre
Foss Islands Road / James Street / Layerthorpe	Fulford area	Wheldrake village

23. Funding will be sought to deliver improvements to the zones in the higher priority tiers. Neighbourhood improvements are included within the Local Transport Strategy Implementation Plan, approved at Executive on 14th November 2024. Improvements to be considered include, footpath widening and resurfacing, new crossing points, improved or new tactile paving, access

improvements to bus stops and other key facilities and a range of other measures.

24. The prioritised list does not need to directly apply should a specific safety issue or urgent requirement, in line with policy, arise in a lower priority zone. Road safety funding streams can still be used outside this LCWIP framework.

Cycling Network

Tier	Project
<i>Top</i>	Malton Road / Stockton Lane roundabout - Heworth Green - Monkgate - Deangate - Lendal Bridge - Leeman Road - York Central
<i>Top</i>	Bootham - Clifton (Bootham Bar to Rawcliffe Lane)
<i>Top</i>	Ouse Bridge - Micklegate - The Mount - Tadcaster Road - York College
<i>Top</i>	Micklegate Bar - Blossom Street - Holgate Road - Hamilton Drive /Holly Bank Road junction.
<i>Top</i>	Land North of Monks Cross - Monks Cross - Vangarde - Malton Rd - Heworth Green - Monkgate - City Centre
<i>Top</i>	Rail Station - Lendal Bridge - Gillygate / Lord Mayors Walk junction
<i>Second</i>	Tang Hall Lane / Fifth Avenue - Foss Islands Path - Hungate - Aldwark - Lord Mayors Walk - York St. John University
<i>Second</i>	Acomb Road (Manor Drive South - Fox junction)
<i>Second</i>	Tang Hall Lane - Foss Islands Path - Hungate - Ouse Bridge - riverside – York Rail Station
<i>Second</i>	Copmanthorpe - Tadcaster Road - Blossom Street – York Rail Station

<i>Second</i>	Boroughbridge Road / Carr Lane - Water End - Clifton Green junction
<i>Second</i>	Water End to Skeldergate Bridge via Cinder Lane & Skeldergate

25. A similar process has been followed to define the aspirational cycling network, though it is route based rather than a zonal approach. A two-tiered, strategic and local network has been established through detailed analysis of data sources such as the Department for Transport's Propensity to Cycle Tool, Strava Metro, consultation feedback and several other sources as detailed in the baseline report. The strategic network has been prioritised, whilst the local network improvements can be secured through developer contributions or as part of neighbourhood zone improvements.
26. Technical guidance for Local Authorities on producing an LCWIP document is more prescriptive around cycling than walking and identifies five core outcomes for a good cycling network, these are; coherent, direct, safe, comfortable and attractive. Criteria have been identified and scored against each of these outcomes.
27. Different weightings for the criteria were also tested. It was found the ranking within the prioritisation of the routes did fluctuate according to the weighting used. This helps identify where investment should be focused to bring the greatest safety benefit or health benefit for example. However, of the majority of the time a balanced weighting (that gives equal weight to each of the criteria) is appropriate. The highest and second highest priority tiered projects (using the balanced weighting) are outlined below. The absolute rank here is not a definite order in which projects will be implemented; other factors such as deliverability, strategic fit and community support will be important to inform how projects are developed.
28. **Option Two:** Do not approve the LCWIP. This option is not recommended as it will adversely affect the Councils Active Travel England Capability Funding score and will significantly limit the effectiveness of bidding for active travel funding.

Organisational Impact and Implications

- **Financial**, The report in itself does not commit financial resources at this time as the report seeks to prioritise schemes for investment. Any investment decisions will be taken through the regular council decision making processes through the Capital Budget reports.
- **Human Resources (HR)**, There are no HR implications associated with this report.
- **Legal**, The Transport Act 2000 placed a duty on Local Transport Authorities to produce and keep under review a Local Transport Plan, which sets out their transport policies and plans. The Local Transport Plan is the responsibility of the York & North Yorkshire Combined Authority. To inform the new York & North Yorkshire Combined Authority's Transport Plan, the Council's Executive have approved the Local Transport Strategy (18 July 2024) and the Local Transport Strategy Implementation Plan (14 November 2024). The production of the LCWIP is a further supporting element of the Local Transport Strategy Implementation Plan.
- **Procurement**, Should any priorities or findings requirement procurement, all works and/or services must be procured via a compliant, and fair process in accordance with the council's Contract Procedure Rules and where applicable, the Public Contract Regulations 2015 (soon to be Procurement Act 2023). Further advice regarding the procurement process and development of procurement strategies must be sought from the Commercial Procurement team.
- **Health and Wellbeing**, The evidence base on the link between active travel and physical activity is extensive. Independent mobility improves wellbeing and makes people healthier, and it does the same thing for communities – with life-changing, sustainable benefits that have huge economic and social value. A recent study in Scotland (Friel 2024) concluded that active commuters were less likely to suffer from a range of negative physical and mental health outcomes compared to non-active commuters. This further strengthens the evidence for the health benefits of active travel and promotion of active travel.
- **Environment and Climate action**, The objectives of this report align with the Council's Climate Change Ambition and the objective to Increase the uptake of active travel and public transport in the city.

- **Affordability**, The LCWIP addresses affordability as it seeks to improve infrastructure for sustainable and more affordable forms of transport.
- **Equalities and Human Rights**. An EIA has been completed for the LCWIP and is enclosed as Annex B
- **Data Protection and Privacy**, The data protection impact assessment (DPIAs) screening questions were completed for the recommendations and options in this report and as there is no personal, special categories or criminal offence data being processed to set these out, there is no requirement to complete a DPIA at this time. However, this will be reviewed following the approved recommendations and options from this report and a DPIA completed if required.
- **Communications**, The communications team is working closely with transport colleagues to provide support with communicating the Local Transport Strategy and the implementation plan, which this report links closely to. The changes outlined in this report, if approved, will need communications support to inform residents and stakeholders of the work taking place and promote active travel. The team will continue to work with transport colleagues to promote the work outlined in this plan as well as reflecting how this aligns with the long-term vision for transport.
- **Economy**, Improved active travel infrastructure will complement the Accelerating Healthy Communities strategy by providing improved opportunity for physical activity and access by connecting sustainable travel routes to health and wellbeing sites. The LCWIP will also support delivery of the emerging Local Plan by enabling reduced vehicle trips from future development sites.

Risks and Mitigations

29. Not approving the LCWIP risks affecting the Council's Active Travel England Capability score, which in turn has a significant negative impact on formula used to calculate grant funding awarded. Without an LCWIP there is no strategic overview as to where active travel infrastructure is required across York.
30. The LCWIP details a wide range of aspirational potential projects. Not all of these will be able to delivered due to several factors, including, funding constraints, feasibility of delivering quality infrastructure on the highway and community support. Mitigation

against these risks is by undertaking robust early feasibility work, particularly in relation to strategic cycle routes and working closely with communities and key stakeholders from an early stage in the process to help inform what can be delivered.

Wards Impacted

31. All.

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Date:	04/12/2024

Background papers

[Local Cycling and Walking Infrastructure Plans. Technical Guidance for Local Authorities.](#)

[York LCWIP: Baseline Report, Systra.](#)

Annexes

- Annex A: A Local Cycling and Walking Infrastructure Plan for York
- Annex B: Equality Impact Assessment

A Local Cycling and Walking Implementation Plan for York

Pre-Design Draft for Executive.

Foreword:

York is an ideal city for walking, wheeling and cycling; it's pocket sized, has a good climate and is as flat as a pancake. We have a proud history of being a walking and cycling city, but in recent years we've seen a decline. Today our roads are jammed and people tell us that they don't feel safe walking to work or cycling to school. On top of that we recognise that many of our pavements and cycle routes are not accessible for all users. Whilst vehicles will always have a place, it's clear that we need to enable more people to choose to walk, wheel and cycle and make it the obvious way to move around.

Our Local Transport Strategy sets us a target of doubling the amount of walking, wheeling and cycling and this Local Cycling Walking Infrastructure Plan is a key enabler to delivering that transformation. The following pages map out our aspirational walking, wheeling and cycling networks, and demonstrate what we need to deliver in order to create safe, accessible and connected routes that enable everyone to choose active travel. The cycling routes and walking zones are prioritised to help us understand where we can bring greatest benefit in terms of improving health, addressing climate change and providing more affordable and equitable transport options.

Having this plan puts us in prime position to bid for funding and to influence active travel connections to new developments. It will also guide us in making the most of opportunities to improve our active travel network during routine highway maintenance.

Many people have helped to develop this plan and I'm hugely grateful for all of the input from members of the public, our steering group, our consultants – Systra - and an immensely hard working team of officers. This plans gives us a glimpse of future York and now I'm looking forward to the next step of delivering the changes, to create that city where walking, wheeling and cycling are the norm.

Councillor Kate Ravilious.

1. Introduction

York has a long, proud, history of walking and cycling. York residents have walked, wheeled, used wheelchairs and cycled en masse to and from the confectionery factories, the rail carriage works and other large employers for decades. Our flat topography and relatively low rainfall, coupled with being a compact city with a vibrant City Centre, has traditionally led to high levels of walking and cycling. We have introduced extensive walking and cycling infrastructure across the city but much of it is now showing its' age and is of a time when design standards were less ambitious and vehicle traffic levels were lower. Consequently, the whole range of active travel infrastructure we have needs reviewing, upgrading and adding to with new routes properly connecting our communities with where people want to go in today and tomorrow's York.

In order to achieve the above, we have developed a Local Cycling and Walking Infrastructure Plan (abbreviated to LCWIP for the remainder of the document). This LCWIP represents an important step for York, it sets out our strategic ambitions for improvements to the active travel networks in the city.

Active travel is transport that involves physical activity, such as walking, wheelchair-use, wheeling (other wheeled mobility aids, scooters) and cycling, to get from one place to another. Active travel also forms an important element of longer journeys using other forms of transport such as bus and train – these are known as multi-modal journeys. It is often a more affordable, reliable, convivial, quicker, healthier and low-carbon way to travel which helps to improve wellbeing, reduce traffic congestion, improve travel safety and improve air quality.

The LCWIP aligns with our Local Transport Strategy and Movement and Place Plan Framework to provide a long term infrastructure plan to meet our aspirations and a plan that befits a modern city, where convenience, safety and journey time hold far greater influence on travel choice than they once did. If we are to see a return to the levels of walking and cycling that we once took for granted, we need major reallocation of road-space to sustainable travel, as well as significant investment in active travel infrastructure, development of the skills required to effectively and sensibly implement new and improved routes plus a

strong level of engagement and community support to ensure the whole city can benefit.

2. What is an LCWIP?

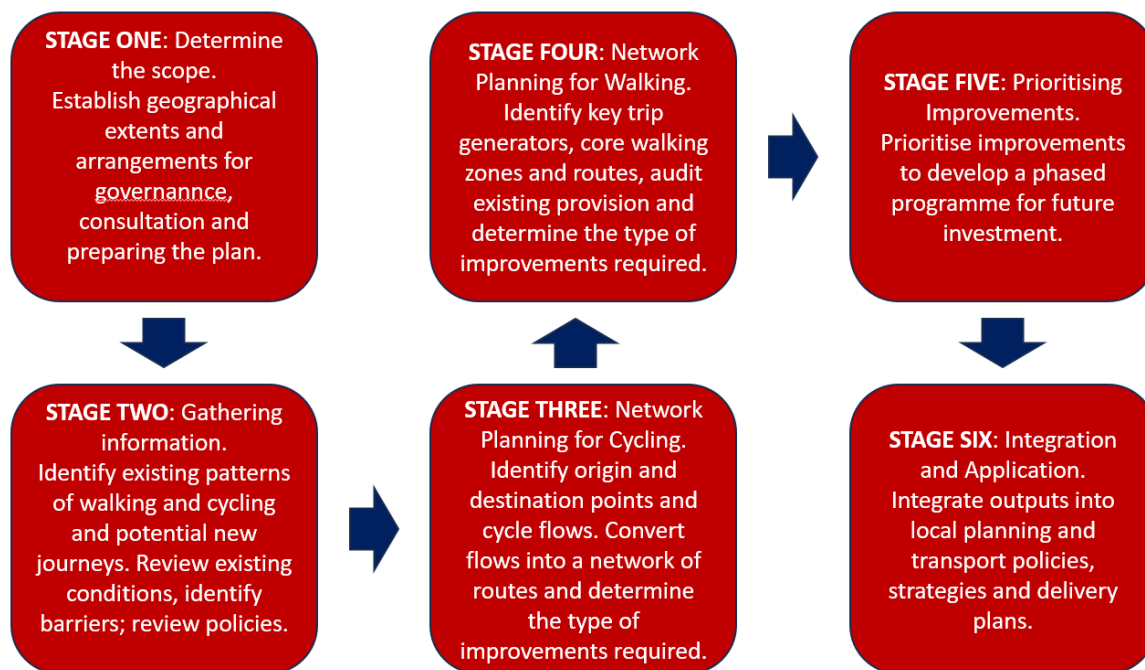
Our LCWIP is;

- An evidence-based document that;
 - Outlines York's strategic walking, wheelchair, wheeling and cycling networks.
 - Identifies routes and areas that have the greatest potential to support existing active travel and enable new trips by active modes of transport.
 - Considers prioritised areas for proposed improvements. The detail of these improvements, along with consultation on plans comes later, at the design stage of the process. In this document we are identifying the areas where we should focus design work on.
 - Outlines where our priorities are for investment, to ensure we can position ourselves for any active travel funding opportunities.
 - Focusses on active travel route development and infrastructure. We are developing a wider active travel programme which will contain information on cycle training, engagement, information provision and other key complementary initiatives to help people safely walk, wheel and cycle.

Our LCWIP is **NOT**;

- A detailed plan or proposal of exactly what will go where on each street in the city.
- A plan for how people could get into York from areas outside the York boundary; this could come from further strategic work with neighbouring Local Authorities and the Mayoral Combined Authority for York and North Yorkshire.
- A plan that covers cycle parking; we are developing a complementary cycle parking strategy to accompany this LCWIP in due course.
- A design-guide. Design guidance for active travel already exists in various forms and will be followed as we go through the scheme development process. The council will, however, shortly be starting the process of developing a new Highway Design Guide for York which will also cover active travel infrastructure.

Our LCWIP has been developed in line with Government guidance using the process outlined below.



The Importance of Quality Active Travel Routes

Increasing the number of people travelling by cycling, walking and wheeling is critical to achieving a wide range of York-specific and national Government objectives, including public health and environmental outcomes. Choosing to travel by active modes helps people to increase their physical activity levels, which reduces obesity, improves cardiovascular fitness and reduces the risk of type 2 diabetes¹.

Active travel has also been linked to improved mental health and a reduction in the number of preventable early deaths, such as those associated with obesity and poor air quality. A reduction in private car travel that can be achieved through more people walking, using wheelchairs, wheeling or cycling will be a key contributor to improving local air quality, reducing vehicle traffic congestion and achieving the

¹ Walking and Cycling: latest evidence to support policy making and practice. World Health Organisation.
[Walking and cycling: latest evidence to support policy-making and practice](#)

national Government's target of net zero carbon by 2050 as well as York's net zero target by 2030.

3. Policy Context

There are a wide range of both national and local policies, guidance documents and standards that relate to active travel policy and route infrastructure. Some of the key national influence on active travel are;

Gear Change:
Governments ambitions to significantly increase walking & cycling

Manual for Streets:
Guidance and best practice for local street design.

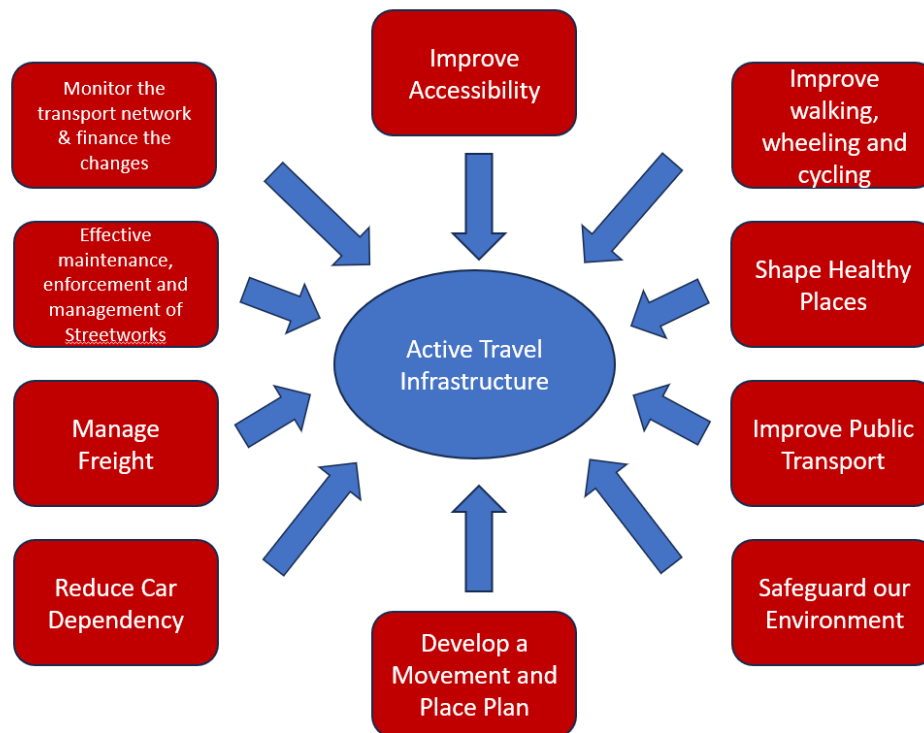
Healthy Streets: A framework for considering public health in transport, places and planning.

Local Transport Note 1/20 (LTN 1/20): Government guidance on design standards for walking and cycling

Inclusive Mobility:
Government guide to best practice for pedestrian and transport infrastructure.

Cycling and Walking Investment Strategy 2: Sets out ambitions for walking and cycling to 2025

Locally, we have an approved Local Transport Strategy that lays out ten policy focus areas. Infrastructure for pedestrians, wheelchair-users, wheelers and cyclists directly connects with all ten of our focus areas



Active travel infrastructure connects through to these ten priority areas in the following ways;

LTS Key Focus Area	Contribution of Active Travel Networks to Focus Area
Improve Accessibility	Existing active travel networks and facilities are in many cases not of the required standard to comply with the most up to date accessible design guidance. As a result, the existing facilities may discourage active trips or preclude some users from accessing them. Bringing the active travel networks up to the required design standards will help remove many of the barriers to active travel.
Improve walking, wheeling and cycling	Designation of strategic and local networks will enable resources to be better targeted to help achieve the required standard of facilities and also to create more joined-up routes. Both of these will enable more people to use active modes over motorised ones where appropriate.

Shape Healthy Places	To achieve the maximum take-up of active travel facilities they not only need to be fully accessible and connected but also be attractive, comfortable and safe. Taking a more holistic viewpoint when considering design will help maximise the ultimate uptake by active travellers, especially for users for whom active travel is not usually their default choice of mode.
Improve Public Transport	Public Transport users need to get to and from the start or end of their bus or rail journey, in many cases by using active modes therefore it is essential that those short start and finish sections are catered for and safe to use. Integration between Public Transport and active travel is critical to achieving a fully sustainable travel network.
Safeguard our Environment	Active travel is the most environmentally-friendly form of travel and makes a significant contribution to reducing congestion and improving air quality. Provision of improved active travel networks is thus essential to encourage take-up of active travel.
Develop a Movement & Place Plan	The development of this plan is a key enabler for expansion of and improvements to the active travel networks and without the improved networks it will be impossible to fully achieve the aims of the plan.
Reduce Car Dependency	Provision of safe, direct, connected, comfortable and attractive active travel networks will maximise the potential for modal shift from motorised modes to active travel.
Manage freight	Active travel does have a place in helping to decarbonise the final leg of freight deliveries through the use of cargo cycles, which have the ability to carry up to 250kg. Removal of large freight vehicles from busy people-focused environments will also help further enable active travel by creating a safer feeling environment for walking, wheeling and cycling. Provision of facilities and networks to enable active travel deliveries for the final leg of the journey are a key tool to enable this.

Effective Maintenance, Enforcement and Management of Streetworks	Streetworks will inevitably impact active travel networks when they occur on or close to routes. Providing a comprehensive network of active travel routes enables suitable diversions to be identified which enable users to continue to use active travel. Accommodating active travellers through Streetworks in a safe manner wherever appropriate is also critical to encouraging continued use of active travel. Active travel improvements can be coordinated with and delivered alongside our highway maintenance programme.
Monitor the transport network and finance the changes	It is essential to monitor use of the active travel networks to identify where facilities may need expanding or to identify other issues which are discouraging take-up of active travel such as safety concerns. Making funding available to create and maintain the networks is fundamental to maximising take-up. Monitoring the impact of any measures that are introduced is critical.

On our transport project work, we apply a hierarchy of transport users. Our hierarchy firmly places the future users of the infrastructure ambitions outlined in this LCWIP at the top of our priorities;

People with protected characteristics who are pedestrians, wheelchair users, wheelers etc. Other pedestrians.
Cyclists with protected characteristics and other cyclists
Public transport users with protected characteristics and other public transport users
Disabled car drivers and passengers
Powered two wheelers
Commercial and business users
Car drivers and passengers
Parked vehicles on the highway

When applying the transport hierarchy there will be some instances where compromises have to be made to accommodate differing needs, or to work within space constraints. The transport hierarchy provides a strong guide but can't be used as an absolute rule.

4. York's Challenges & Opportunities

York has historically experienced above UK-average levels of walking and cycling due to its relatively compact size, favourable topography and selection of large employment sites close to residential areas.

Changes in employment patterns over the past thirty years along with increased levels of vehicle traffic on residential and traditionally quiet roads have resulted in a drop in levels of walking and cycling in parallel with growth in car ownership across the city.

Whilst walking and cycling levels still remain higher than average, they have been declining in recent years and need to be increased if York is to achieve its aims to be carbon-neutral by 2030, to reduce congestion, improve air quality and improve the health and wellbeing of the population.

There are several challenges which need to be overcome in order to be in a position to significantly grow active travel levels. These include physical, financial and political challenges.

There are many physical barriers to active travel across the council area including busy roads (and lack of safe crossings), relatively few river and rail crossings, the majority of which are shared with vehicle traffic, access barriers (which either deny access or make it much more difficult for several groups, including some with protected characteristics under the Equality Act 2010) and vehicle dominance of highway space specially on historic streets in or near the city centre where space is at a premium.

Work has already commenced addressing access barriers across the council area and £1M of funding has been allocated for the period up to 2028/29 to help achieve this. Work is also ongoing revising our processes for dealing with requests for improved crossing facilities with the ultimate aim being to approve many more sites than previously and deliver better connected, safe active travel routes.

Adoption of a new approach to auditing existing highway infrastructure following the "Healthy Streets" principles will ensure a wider range of factors are taken into consideration at all stages of scheme development and the end product should cater for a wider range of active travel users.

Routine highway maintenance offers an opportunity to create a rolling programme of improvements to active travel infrastructure over the coming years by upgrading what we already have.

Development of a new Highway Design Guide for York will help to ensure future infrastructure within new developments is designed and built to enable trips by active modes. We have also secured funding for a Movement and Place Plan which will outline priorities and major projects across the city, consistent with this LCWIP, that seek to prioritise sustainable modes of transport including creating continuous, quality networks for walking, wheelchair users, wheeling and cycling.

Creating networks which give active travellers the priority, safety and continuity they need will require significant reallocation of road space and investment over a sustained period of time. This LCWIP will help to create a pipeline of schemes which will be used to shape future bids for funding from national bodies such as the DfT and ATE and also regionally from the newly created YNYMCA.

Creation of the networks will also require long-term commitment from successive council administrations and cross-party co-operation, it will also require commitment from local Parish Councils, businesses and communities to help make York a healthier, safer and cleaner city.

5. Our Vision and Objectives

Our broad vision for walking, wheelchair-use, wheeling and cycling is outlined in the Local Transport Strategy; it reads;

“Improve walking, wheeling and cycling – so that cycling, walking and wheeling become more attractive and offer better alternatives to the car. Key to this will be creating a continuous network of safe and high-quality cycle, walking and wheeling routes, and giving all active travel users greater priority on roads and at junctions. Effectively integrating new modes like e-bikes into York’s transport network will also be important. These changes will achieve a doubling of active travel journeys by 2030.”

This LCWIP lays out our infrastructure aspirations. The extent to which these aspirations are achieved centres upon how much funding will be available and how successful we are at bidding for or securing grant money. Some funding has already been secured and the council has also allocated budget towards active travel measures. When more clarity on funding is forthcoming from settlements to funding bodies, such as the York and North Yorkshire Mayoral Combined Authority, Active Travel England and the Department for Transport, we will confirm a focussed number of objectives centred on;

- Delivery of a sustainable travel neighbourhood (guided by the priority walking zones)
- Delivery of a radial active travel corridor (guided by the priority cycle routes)
- Delivery of a sustainable travel village (guided by the priority walking zones)
- Delivery of a City Centre Sustainable travel corridor
- Continuation of our barrier adaptation and removal programme
- Continuous upgrade of our active travel infrastructure via our highway maintenance programme, giving greater weighting to routes with potential to support high levels of walking, wheelchair use, wheeling and cycling, and using the maintenance programme as an opportunity to make minor upgrades to active travel infrastructure at the same time.

- A continuous programme of pavement maintenance (via our highway maintenance programme)
- Delivery of pedestrian and cycle crossings in the areas with greatest need.
- Adjustment of traffic signals to provide increased priority for pedestrians and cyclists at junctions and mid-block crossings.
- Developing a programme of school streets.
- A principles led approach to speed reduction, with a focus on creating safer roads for walking, wheeling and cycling.

6. Active Travel for All

It is incredibly important that **everyone** who lives in, or visits, York can travel around the city and surrounding area on foot, using their wheelchair, mobility scooter, rollator or other wheeled mobilities and by cycle. To ensure everyone can do this we will embed the principles of the DfT's ***Inclusive Mobility - A Guide to Best Practice on Access to Pedestrian and Transport Infrastructure*** and the DfT's ***Local Transport Note 1/20 Cycle Infrastructure Design*** into our design and development work and our highway maintenance work. We will also give greater support to development proposals that incorporate these guidelines.

Our priority neighbourhood and route improvements must focus on ensuring that everyone can access and enjoy our city comfortably, safely and without barriers. Whilst this LCWIP focusses on the areas and routes that require constructing and upgrading to double the number of active travel users in York, there are numerous complementary activities that we are undertaking to ensure our current and future active travel routes are inclusive. These activities include;

- £1m investment in removing barriers to access; changing gateways to active travel routes to ensure they are compliant with current guidance.

- Investing some of our Active Travel England capability funding in targeted training for staff involved in planning, designing and delivering transport infrastructure.
- Co-design workshops with York Access Forum and the wider disabled community at early stages of scheme design to ensure the needs of end-users are integrated into the process at an earlier stage than they would previously have been.
- Adoption of “Healthy Street” audit and design principles to ensure schemes are safe, comfortable, logical and attractive to use.
- Creating a completely refreshed Highway Design Guide for York, prioritising active travel and incorporating the needs of disabled people.
- Designing our Healthy Neighbourhood projects to our hierarchy of transport users, which places disabled pedestrians and wheelchair users and non-disabled pedestrians as our top priority grouping, followed by disabled cyclists and non-disabled cyclists.
- Working with Active Travel England, the Department for Transport and the York and North Yorkshire Combined Authority to secure funding and develop the skills necessary to deliver as much of this plan as possible.
- Continuously taking the opportunity to upgrade our active travel infrastructure via our highway maintenance programme.
- Re-introducing micromobility hire to York, to give opportunities to people who don’t own a cycle or scooter to use this mode of transport in York.

7. A Walking, Wheelchair User and Wheeling Plan for York.

Identifying a strategic walking, wheelchair-user and wheeling network has required a bespoke approach. The guidance is far less well developed for the walking element of an LCWIP but, for York, people with protected characteristics, wheelchair users and wheelers are on top of our transport hierarchy with other pedestrians just below. We have, therefore, undertaken extensive work to ensure that we have comprehensive options and aspirations to deliver for our highest priority users.

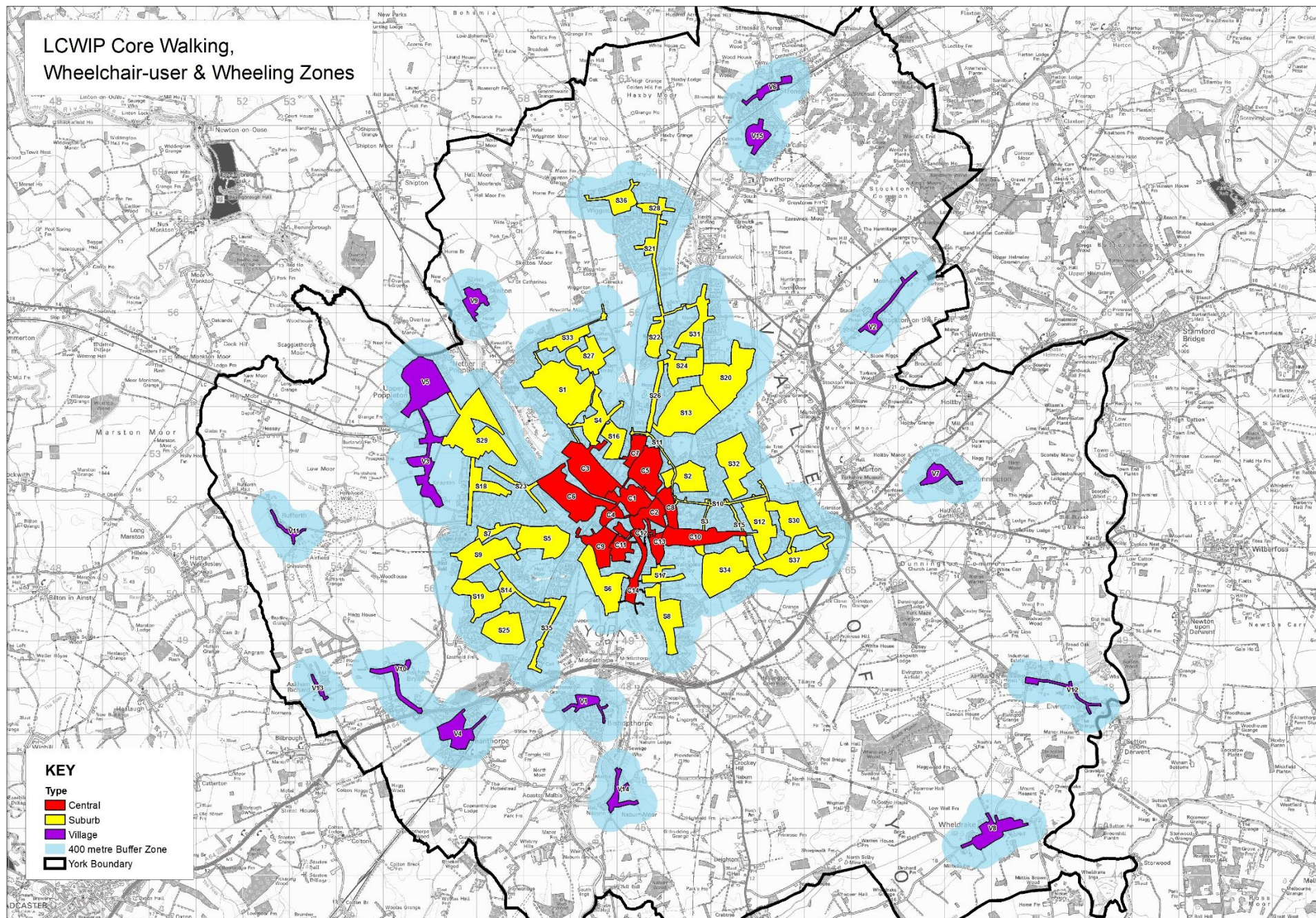
The walking, wheelchair user and wheeling plan has undergone extensive development to ensure that we have recognised, across the whole York boundary, the main clusters of destinations people want to travel to on foot, by wheelchair, mobility scooter or other wheeled mobility aid, as well as those using pushchairs and scooters. A wide range of core destinations have been mapped and used as an indication of where active modes could replace short car trips. The destinations mapped cover the following categories:

- Schools, Colleges and Universities
- Healthcare sites
- Retail sites / local centres
- Employment sites
- Leisure facilities / places of worship
- Facilities (toilets, car parks, transport interchange points, blue badge parking)

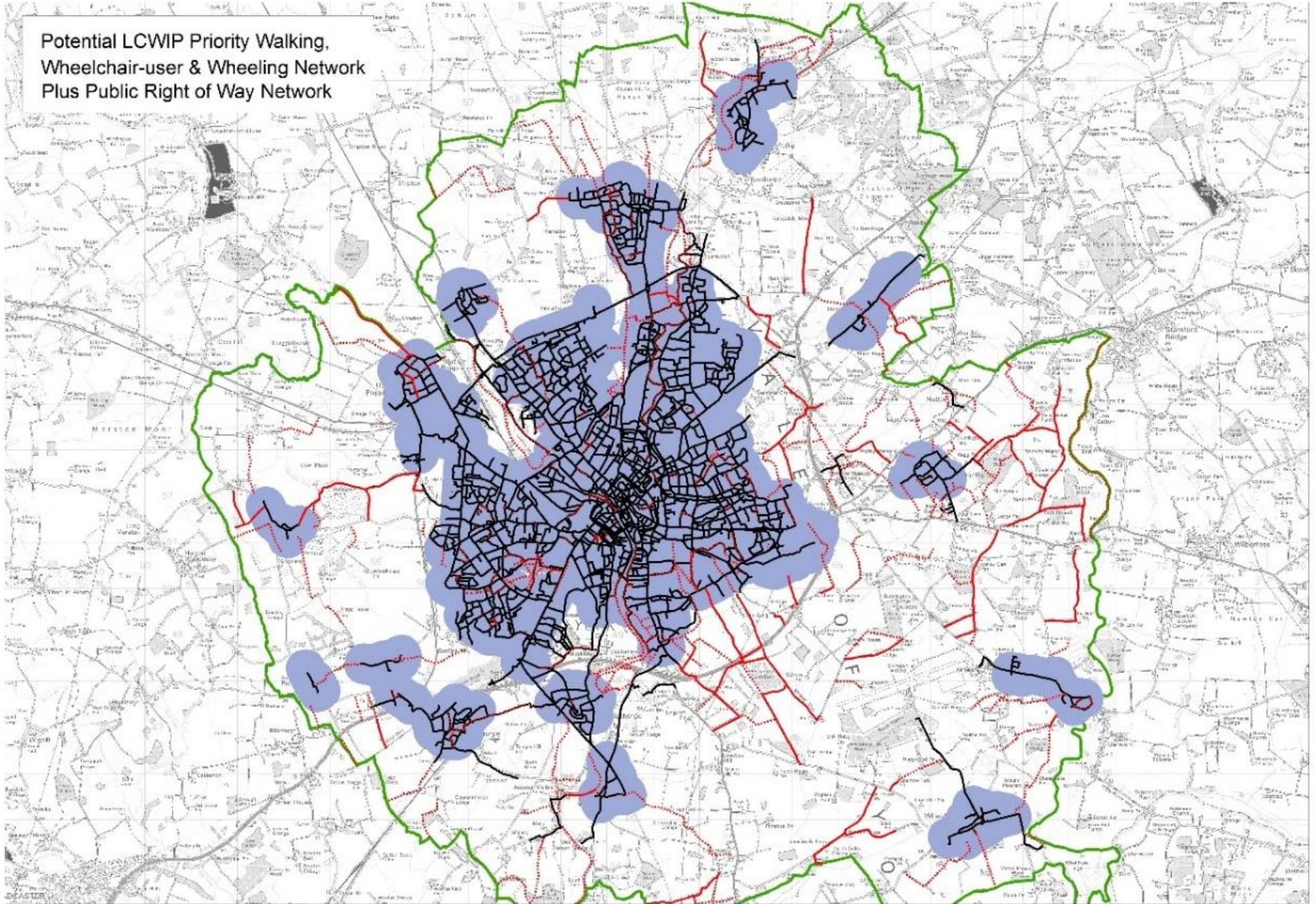
Using the mapped destinations, 65 core walking, wheelchair-user and wheeling zones have been created to encompass those trip-generators. The zones have been spatially into three categories; Central, Suburban and Village to ensure as close to a like by like comparison as possible when prioritising. Prioritising city centre zones in the same category as villages will always skew investment into the central area; to meet our aspirations we need to work across the whole York boundary.

400 metre buffer zones have been created around each core walking, wheelchair user and wheeling zone to indicate the area within which a short active journey of the destination cluster. As can be seen in the image below, the core zones and their buffers cover virtually the entire built-up area of the city and surrounding villages.

LCWIP Core Walking, Wheelchair-user & Wheeling Zones



Potential LCWIP Priority Walking,
Wheelchair-user & Wheeling Network
Plus Public Right of Way Network



Zone Prioritisation

Unlike the strategic cycle route network, which has a much less dense network of routes, it is easier to prioritise the walking, wheelchair-user and wheeling network on a zone-by-zone basis rather than by individual route.

Each zone has therefore been put through a sifting process and assessed against a variety of factors including;

- Number and size of destinations within the core zones and buffer zones
- Pedestrian casualties within the zones
- Accessibility within the zones
- Environmental / health issues within the zones

Several different permutations in terms of ranking of the above factors have been undertaken to assess the effect these had on the priority order. In many of those permutations the top scoring zones remained the same but may have been ordered slightly differently. The selected methodology puts slightly more emphasis on the number and size of destinations as a proxy for short car trips which could be replaced by active travel modes.

In order to ensure walk, wheelchair-user and wheeling zones which are away from the central area, and thus have fewer trip generators within them, are assessed on more of a level playing field it is proposed that a 3-tier approach be adopted which categorises the zones as being either central, suburban or village and that separate prioritisations then be undertaken within each of those tiers. This will then enable 3 separate workstreams to be developed to tackle zones across the entire council area more equitably. This complements the approach which is proposed in the Local Transport Strategy

Implementation Plan of bringing forward demonstrator schemes in different types of environments. The strategy also proposes demonstrator zones which focus a significant number of improvements within one area, to bring about meaningful change in one area rather than a scatter of improvements across a wider area. This would then give similar types of area to those demonstrator zones a better idea of the types of intervention which may be applicable to them and to see how they function in reality. The top 12 zones in each category, not ranked are;

Central	Suburban	Village
City Centre North	Clifton Backies / Kingsway North / Water Ln	Stockton on the Forest Village
City Centre South	Melrosegate / Green Dykes Ln / University Rd	Bishopthorpe Village centre
Bootham / Clifton / Water End (E of Ouse)	Heworth Grn / East Parade / 6th Ave / 4th Ave	Strensall Village Centre inc schl
The Groves / Haxby Rd / Huntington Rd	Riverside paths south of city centre	Copmanthorpe Village centre
Gillygate / Clarence St / Wigginton Rd / Haxby Rd	Rawcliffe Ln / Eastholme Dr / Green Ln	Poppleton PT hubs, Northminster, Knapton
York Central / Salisbury Rd / Terr area	Acomb Rd / Hamilton Dr / Green Ln	Dunnington Village centre
Station / Micklegate / River Ouse quadrant	South Bank South and Racecourse access	Poppleton Village Centre
Foss Islands Rd / James St / Layerthorpe	Westfield School / York High area	Skelton Village
Holgate Road / Dalton Ter / The Mount / Albemarle Rd	Fulford area	Askham Bryan Village and College
A1079 (Tang Hall Ln - Walmgate Bar) plus Thief Ln / Hes Rd	York Rd / Front St / Acomb Green	Rufforth Village
Bishopthill / South Bank / Bishy Rd shops area	Foss Islands Path East inc Metcalfe Ln	Askham Richard Village
Skeldergate Bridge / Tower St	Foss Islands Path West	Wheldrake Village

Zone / Route Audits

The first stage of assessing the facilities within each of the top-scoring zones will be to undertake an audit using a Healthy Streets-type approach and to identify where there are issues and potential solutions to make them much more accessible, safe and attractive to users.

Typical Improvements to Walking, Wheelchair-user and Wheeling Zones / Network

The types of improvements which could be rolled out on routes within each zone could include the following:

- Provision of upgraded or new footways/footpaths,
- Provision of new formal road crossings, where appropriate,
- Improvements to existing crossings in terms of giving more priority to those crossing the road and/or better facilities provided at the crossing,
- More priority for active travellers across side roads,
- Correct usage of tactile paving where it is needed,
- Widened footways,
- Removal of barriers / obstacles,
- Provision of more benches / resting places,
- Removal of pavement parking,
- Reduction of on-street parking where place-based enhancements can be made
- Better route signage / information in accessible formats,
- Improved lighting,
- CCTV coverage, where appropriate
- Improvements to pavement surfaces and drainage,
- Cutting back overhanging vegetation or verges,
- Improved planting shelter and shade,
- Removal of pedestrian guard-railing where appropriate,
- Adjustments to speed limits,
- Implementation of liveable neighbourhoods/ home zones where applicable.

8. A Cycling Network for York

Over the past three decades the Council has worked with cycling groups, local councillors and parish councils to initially identify, or latterly to review, a strategic cycle route network for the city. This work, however, pre-dated the development of LCWIPs and analysis tools such as the Propensity to Cycle Tool (PCT). It also pre-dated the increasing popularity of electric cycles and adapted cycles, and the associated increase in distance that people are able to travel using this mode, plus increased breadth of user-groups able to consider cycling as a primary mode of transport. In order that the council are following a similar process to other local authorities to identify a strategic network we have, using previous work as our base, gone back to first principles and redefined the network using the new tools and guidance.

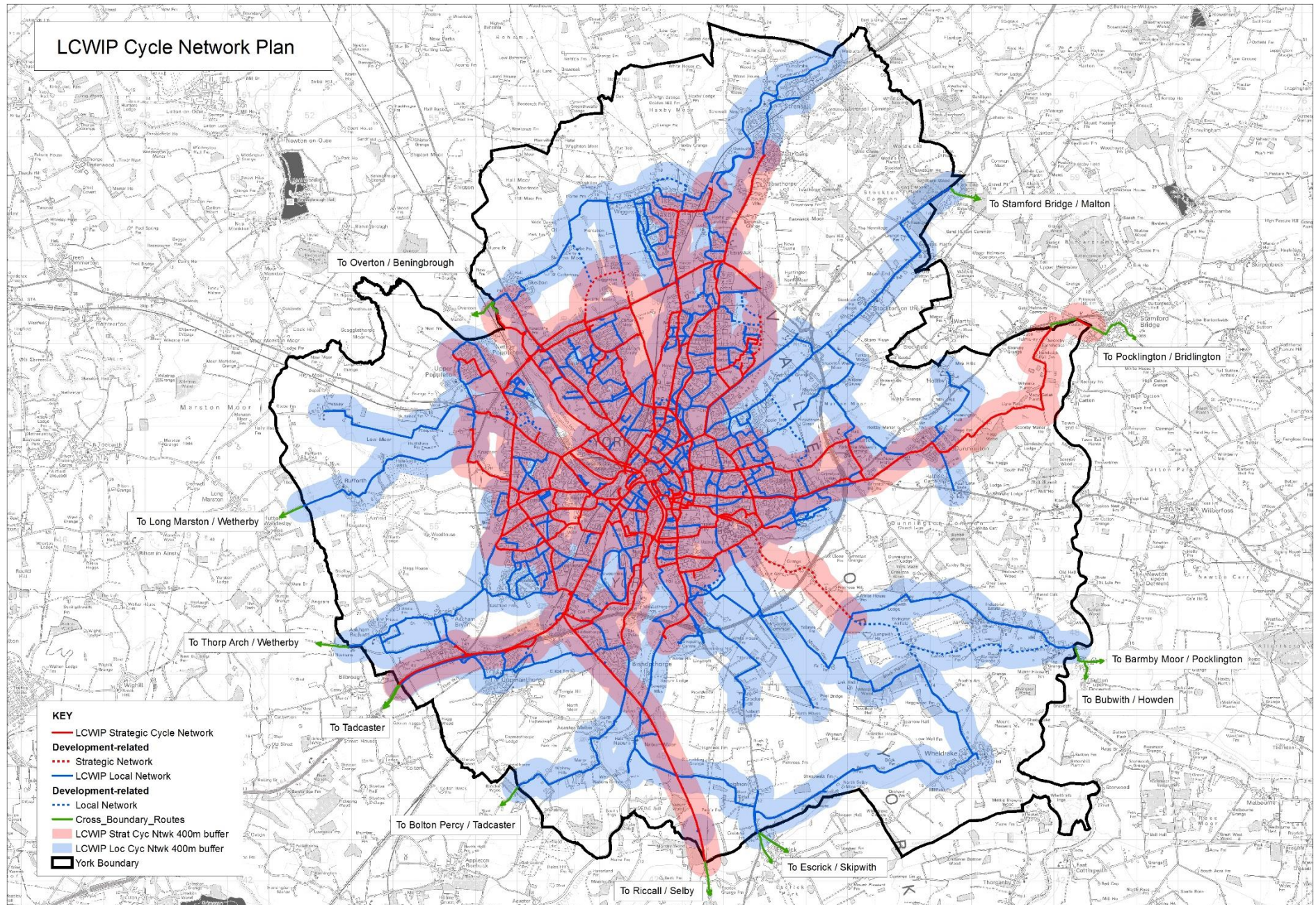
We engaged transport consultants, Systra, to help draw up the LCWIP for the city and they have identified a draft network using a combination of the PCT outputs plus analysis of additional non-commuter or education-related journeys to sites such as further and higher education, key city centre destinations (such as York Hospital and Rail Station) and future housing / employment sites identified in the draft Local Plan.

The PCT only considers cycle journeys accessing employment sites and education sites up to secondary school level. For both types of journey the consultants ran the “Go Dutch” scenario in the PCT which shows the potential levels of cycling for areas across the city which would be necessary to achieve levels of cycling seen in the Netherlands. From these outputs they were able to identify the routes which would give the biggest uplift in cycling levels by joining up areas of the city where there was the most potential. To identify other types of journey such as trips to the city’s universities and colleges, York Hospital and rail stations lines were drawn linking those sites to residential areas around the city and some lines of best fit established over clusters. A similar exercise was done with some of the larger sites designated for future housing and employment in the draft local plan.

Taking all the above into consideration a draft strategic network was identified. Consultation on that draft network was undertaken with a group of stakeholders in late 2023 in order to sense-check the network and identify routes which were considered critical but were not identified by the initial analysis. Following on from that consultation amendments were made to the network plans and the resulting network is shown as the Strategic Cycle Network on the plan below. In addition to the

strategic network, a local network has also been developed which helps to fill many of the gaps which weren't covered by the strategic network but were still considered to be valuable, such as routes to and between some of the smaller villages lying outside the main urban area and routes which also help facilitate cycle trips to many different types of destination including schools, healthcare sites, leisure facilities, shops, supermarkets and employment sites.

LCWIP Cycle Network Plan



Strategic Cycle Route Prioritisation

To identify a priority order in which the strategic network could be delivered, or improved, it has been split up into 68 specific routes and these were put through an initial sifting process to assess each route in terms of the potential to address existing safety issues, health and environmental issues, to replace short car journeys and to address resident feedback from recent consultations. Following rigorous testing, a balanced approach has been taken to weighting the criteria rather than focussing on one of criteria categories.

Safety				Social		
Cycle KSIs	Cycle KSIs/km	Cycle Slight Casualties	Cycle Slight Casualties/km	Safe Streets York feedback	Transport-Related Social Exclusion	Potential to replace short car journeys

Route Quality			Health	
Rate your route rating - Red	Rate your route rating, Amber	LTS Consultation Map Responses - Busiest part of link	Health	Air Quality

The top twelve ranked routes from the sifting process have been given an indicative cost and will be assessed for strategic fit with the Movement and Place Plan as it develops through 2025. There are two tiers within the top twelve projects but all are considered have significant value for the city.

Tier	Project	Cost (Low <2m, Medium (£2m-£5m) High (>£5m))
Top	Malton Road / Stockton Lane roundabout - Heworth Green - Monkgate - Deangate - Lendal Bridge - Leeman Road - York Central	Medium
Top	Bootham - Clifton (Bootham Bar to Rawcliffe Lane)	Medium

<i>Top</i>	Ouse Bridge - Micklegate - The Mount - Tadcaster Road - York College	Low
<i>Top</i>	Micklegate Bar - Blossom Street - Holgate Road - Hamilton Drive /Holly Bank Road junction.	Medium
<i>Top</i>	Land North of Monks Cross - Monks Cross - Vangarde - Malton Rd - Heworth Green - Monkgate - City Centre	High
<i>Top</i>	Rail Station - Lendal Bridge - Gillygate / Lord Mayors Walk junction	Medium
<i>Second</i>	Tang Hall Lane / Fifth Avenue - Foss Islands Path - Hungate - Aldwark - Lord Mayors Walk - York St. John University	Low
<i>Second</i>	Acomb Road (Manor Drive South - Fox junction)	Medium
<i>Second</i>	Tang Hall Lane - Foss Islands Path - Hungate - Ouse Bridge - riverside – York Rail Station	Low
<i>Second</i>	Copmanthorpe - Tadcaster Road - Blossom Street – York Rail Station	High
<i>Second</i>	Boroughbridge Road / Carr Lane - Water End - Clifton Green junction	Medium
<i>Second</i>	Water End to Skeldergate Bridge via Cinder Lane & Skeldergate	Low

A decision on the actual routes which will form the first phase for design and implementation has yet to be finalised and will be influenced by the Local Transport Strategy Implementation Plan and emerging Movement & Place Plan as well as economic and deliverability factors. Initial thoughts are to look at three demonstrator schemes, one along a radial route, one in a suburban neighbourhood and one linked to a village to give residents and other stakeholder groups a feel for the types of infrastructure which could be rolled out in similar areas to enable more cycling.

Route Audits

Some audit and initial indicative high level design work has been undertaken on a variety of different types of route (not necessarily the top priority routes) to give an idea of the types of issues which are currently present and to inform some high-level design concepts for each route. Examples of these high-level design concepts can be found in the Background Evidence Report's annexes.

Typical improvements to the Cycle Route Network

The types of improvements which will be under consideration to create compliant routes include:

- Fully segregated cycle paths away from vehicle traffic and separated from footways,
- Lightly-segregated cycle lanes adjacent to the carriageway protected by physical means,
- Painted cycle lanes where appropriate
- Reduced speed limits where appropriate,
- Reallocation of road space away from motorised modes,
- Reallocation of on-street car parking and loading permissions, to prioritise safe cycle routes
- Diversion of vehicle traffic onto alternative routes,
- Removal, or as a minimum, redesign of access barriers along routes,
- Segregation from pedestrians wherever possible,
- Advance cycle phases at traffic signals at busy junctions,
- Inclusive solutions to cycle routes passing bus stops,
- More priority given to people cycling over vehicle traffic emerging from side junctions,
- Better route signing,
- Path widening where appropriate.
- Maintenance and vegetation management along cycle routes

9. Delivery Plan

The delivery plan will be developed and updated as funding is secured. Our Local Transport Strategy Implementation Plan² contains the our short-term commitments. The forthcoming Movement and Place Plan will outline what needs to be achieved on our main links in the longer term.

Scheme	Addresses PFA	Funding currently available?
Review capital programme to deliver highest priority schemes	1, 2, 3, 4, 5, 6, 7, 9, 10	Yes
Enhance maintenance	1, 2, 3, 5, 6, 7, 9	Partially
Mobility audits	All	Partially
Pilot radials, village and district schemes	1, 2, 3, 4, 5, 6, 7, 9	No
Pilot village	1, 2, 3, 4, 5, 6, 7, 9	No
Pilot neighbourhood	1, 2, 3, 4, 5, 6, 7, 9	No
Better travel information and support for active travel	1, 2, 5, 7, 9	Yes
School Streets	1, 2, 3, 5, 7, 9	Partially
Home zones	1, 2, 3, 5, 7, 9	No

In addition to the projects above from the implementation plan, our pedestrian crossing and dropped kerb programmes will continue, barrier adaption and removal will continue to progress and we will deliver localised safety schemes.

² [Annex A Implementation Plan 141124 final clean.pdf](#)

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City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:		Place	
Service Area:		Highways and Transport	
Name of the proposal :		Local Cycling & Walking Infrastructure Plan (LCWIP)	
Lead officer:		Tom Horner	
Date assessment completed:		04/12/2024	
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Tom Horner	Head of Active & Sustainable Transport	City of York Council	Transport Planning
Andy Vose	Transport Policy Manager	City of York Council	Transport Planning
Andrew Jamieson	Transport Planning Assistant	City of York Council	Transport Planning

Step 1 – Aims and intended outcomes

1.1	<p>What is the purpose of the proposal?</p> <p>Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p>In 2017 the government published its first Cycling and Walking Investment Strategy which sets out the ambition to make cycling and walking ‘the natural choices for shorter journeys or as part of a longer journey’. A Local Cycling and Walking Infrastructure Plan (LCWIP) is the preferred approach to identify cycling and walking improvements at the local level.</p> <p>The Local Cycling and Walking Infrastructure Plan (LCWIP) will provide a ten-year plan for the delivery of cycling, walking and wheeling interventions that will maximise the uptake of active travel, and that will help to ensure the travel needs of the growing populations of York and surrounding areas will be met.</p> <p>For the purposes of this report, active travel should be interpreted as all cycling, walking, wheelchair-use and other types of wheeling journeys. Wheeling includes those journeys made pedestrians with prams and pushchairs, non-motorised scooters and e-scooters.</p> <p>The primary outputs from an LCWIP are Strategic Cycling and Walking/wheeling Networks and a prioritised list of schemes which is used to shape future bids for funding and investment. Having an approved LCWIP will increase the chance of securing funding for active travel infrastructure improvements.</p> <p>Improvements to walking, wheelchair-user, wheeling and cycling networks will directly benefit many of the groups with protected characteristics identified in the Equality Act 2010.</p>

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>Equality Act 2010</p> <p>Inclusive Mobility : A Guide to Best Practice on Access to Pedestrian and Transport Infrastructure (DfT 2020)</p> <p>LTN1/20 Cycle Infrastructure Design (DfT 2020)</p> <p>A Guide to Inclusive Cycling 4th Edition (Wheels for Wellbeing 2020)</p> <p>Gear Change (DfT 2020)</p>

1.3	Who are the stakeholders and what are their interests?
	<p>The LCWIP sets out a vision and strategy to make travel inclusive to all. Stakeholders are anyone who uses, could use, or should use York's transport network.</p> <p>A steering group was set up to help shape the LCWIP, chaired by the Executive Member for Transport. Membership included:</p> <ul style="list-style-type: none"> • York Civic Trust • Walk York • York Cycle Campaign • York Disability Rights Forum • University of York • York Hospital • Sustrans

1.4	<p>What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans.</p>
	<p>The primary outcomes of the LCWIP will be improvements to infrastructure for walkers, wheelchair-users, wheelers and cyclists on the strategic and local networks which were identified as part of the LCWIP development process. These will then enable increased take-up of active travel across the council area for a diverse range of users, including many with protected characteristics.</p> <p>Active Travel England have stated that they wish to prioritise their initial spending in those areas where there is evidence that investment will deliver benefits, and that this investment will meet the needs of under-represented groups such as women, children, and mobility-impaired users by maximising safety and providing high quality walking, wheeling and cycling facilities which meet (or exceed) design outcomes in the latest Inclusive Mobility and LTN1/20 design guidance.</p> <p>At a local level the LCWIP fits well with the Council Plan (One City For All, 2023-2027) which has at its core commitments to Equalities, Affordability, Climate and Health.</p> <p>In terms of the 4 core commitments the LCWIP will contribute mostly to the “Sustainable, accessible transport for all” priorities of:</p> <ul style="list-style-type: none"> • Deliver bold and ambitious proposals – The LCWIP will shape the Council’s transport infrastructure schemes going forwards and will give officers the right tools and evidence to ensure new development enable active travel from the outset. • Reduce carbon, enable residents to choose alternatives to petrol or diesel cars - by providing infrastructure which is safe, attractive and connected we will enable more residents and visitors to choose active travel (which has the smallest carbon footprint) as their default mode for many types of journey.

- Make the city accessible for all – removing barriers to active travel through infrastructure improvements enables residents and visitors to choose to walk, wheel or cycle.
- Improve the condition of highways and infrastructure – making improvements to existing active travel infrastructure and maintaining it better or providing new infrastructure all help to make active travel a realistic travel option.

Council Strategies

- Local Transport Strategy - York's Local Transport Strategy contains a range of policies which are specifically targeted at increasing the levels of active travel across the city for many different types of journey whether it be to school, to work, to healthcare facilities, to shops or for leisure purposes.
- Climate Change Strategy – The LCWIP contributes mostly to Objective 3.2 of this strategy which specifically seeks to increase take-up of active travel.
- Health & Wellbeing Strategy – The LCWIP can make a contribution to several of the 10 big goals adopted in the Health & Wellbeing Strategy:
 - Reduce the gap in healthy life expectancy between the richest and poorest communities in York
 - Reduce anxiety scores and increase happiness scores by 5%
 - Reverse the rise in the number of children and adults living with an unhealthy weight
 - Reduce health inequalities in specific groups
 - Reduce sedentary behaviour, so that 4 in every 5 adults in York are physically active
- Economic Strategy – the LCWIP will contribute to the “Green Economy” Strategy theme and specifically the objective to “Increase cycling and active travel to work where appropriate as modes of commuting, along with increased safe cycle parking provision”

Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources,
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	including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.
Source of data/supporting evidence	Reason for using
LCWIP Steering Group	Steering Group set up including cross party elected members and nominated individuals from stakeholder groups including cyclists, pedestrians, older people, disabled people/Disability Forum and York's Civic Trust
First Round Community Consultation February 2023	Feedback received about specific routes or missing links
Internal CYC Officer Consultation December 2023	Identification of cross-over between other schemes / projects and missing links in the walking/wheeling and cycling networks
Local Transport Strategy (LTS) consultation	Gave feedback on several relevant issues including accessibility in the city and active travel and map-based questions relating to walking & wheeling networks, cycle network and crossing improvements.
Presentation to York Access Forum	Feedback from access forum members representing several groups with protected characteristics
Elected Member final LCWIP networks consultation (Nov 2024)	Feedback on the final networks prior to Executive meeting where the LCWIP is proposed to be adopted

Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.	
Gaps in data or knowledge		Action to deal with this
Potential increase in active travel users		Monitor using data from existing counter sites or regular performance indicator surveys and review
Satisfaction with active travel infrastructure		Monitor complaints or feedback via existing council channels such as Talkabout

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	Places and routes designed for people of all ages and abilities so they can choose to walk, use wheelchairs, wheel or cycle with ease. This will benefit children and young people who do not drive or have access to a private car. Older people will also benefit from better mode choice and not being reliant on private car use, such as cycling on safe routes or more convenient and easier journeys to a bus stop. Additional benefits include increased physical activity (Improved physical and mental wellbeing) and reduced social isolation.	+	H

Disability	York requires significant infrastructure upgrades to ensure places across the city and routes are accessible for people with disabilities. Making active travel a genuine alternative for people with disabilities will help increase physical activity, improve health and reduced social isolation.	+	H
	Certain infrastructure types may be perceived to increase risk such as continuous footways and bus-stop bypasses. Mitigation – ensure disabled persons’ engagement as part of the design process and follow best practice design.	-	L
	York does not currently have a disabled cyclists’ Blue Badge scheme and as a result disabled cyclists wouldn’t have the same access to locations and parking that a disabled motor vehicle user would. Mitigation – explore access arrangement and inclusive facilities.	-	L
Gender	Well-designed routes including improvements to lighting and better visibility would increase personal safety. Increasing the number and diversity of active travel users should improve actual and perceived personal safety.	+	M
Gender Reassignment	Better designed routes including improvements to lighting and better visibility would increase personal safety. Increasing the number and diversity of active travel users should improve actual and perceived personal safety.	+	M

Marriage and civil partnership	N/A	0	
Pregnancy and maternity	Positive – Securing more funding to deliver more dropped crossings, improved footway surfacing and widened paths will make it easier and more comfortable during pregnancy and for those with prams, pushchairs etc. to get around the city actively. Improved lighting and visibility should improve actual and perceived personal safety during pregnancy and post-natal.	+	H
Race	Increasing the number and diversity of active travel users should improve actual and perceived personal safety. Traditionally the uptake of active travel is low amongst some BAME communities; improving infrastructure across York will enable more people, from all backgrounds, to feel comfortable walking, using their wheelchair, wheeling or cycling.	+	M
Religion and belief	Better designed routes including improved lighting and better visibility would improve actual and perceived personal safety.	+	M
Sexual orientation	Positive - Better designed routes including improvements to lighting and better visibility would increase personal safety. Increasing the number and diversity of active travel users should improve actual and perceived personal safety.	+	M
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	Positive – Issues for carers may include high transport costs and low income. Access to multimodal transport choice	+	M

	provides options for carers and cared for people who may rely on private or private hire cars and public transport. Negative – Cost of cycle ownership and storage may deter this group from cycling. Solution – explore access to cycles, storage and training.		
Low income groups	Positive – enable more journeys by providing opportunity to use cheap and affordable active travel routes for utility, commuting, education and leisure. Negative – cost of cycle ownership and storage may deter this group from cycling. Solution – explore access to cycles, storage and training.	+	M
Veterans, Armed Forces Community	Strategic routes have been identified which link the two large army barracks in York to schools, shops and other key trip destinations, this will give armed forces personnel and their families more travel options.	+	H
Other	N/a		
Impact on human rights:			
List any human rights impacted.	None identified	0	

Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups

- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

High impact (The proposal or process is very equality relevant)	There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.
Medium impact (The proposal or process is somewhat equality relevant)	There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights
Low impact (The proposal or process might be equality relevant)	There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	<p>Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is being done to optimise opportunities to advance equality or foster good relations?</p>
	<p>Certain types of infrastructure, such as continuous footways and bus-stop bypasses, may be perceived to increase risk for people with specific protected characteristics such as visual impairments or neurodiversity. Mitigation – Ensure disabled people and organisations that represent disabled people are involved in the design process at an early stage and best practice is adhered to in terms of design.</p> <p>York has no disabled cyclists' Blue Badge scheme so disabled cyclists wouldn't have the same access to locations and parking that a disabled motor vehicle user would. Mitigation – explore access options for disabled cyclists and install dedicated cycle parking infrastructure which caters for adapted cycles or users with disabilities.</p> <p>Affordability of cycles / adapted cycles / e-bikes may be an issue for certain groups. Mitigation – explore options to reduce costs or spread them over a longer period (Cyclescheme – salary sacrifice scheme)</p> <p>Where positive impacts have been identified officers will work with the council's internal Comms team to ensure information is communicated widely and via the most appropriate means for each protected characteristic group.</p>

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:
	<ul style="list-style-type: none"> - No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.
	<ul style="list-style-type: none"> - Adjust the proposal – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance equality or to foster good relations. - Continue with the proposal (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty - Stop and remove the proposal – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed. <p>Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.</p>
Option selected	Conclusions/justification

No major change to the proposal

Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale

Step 8 - Monitor, review and improve

8. 1	<p>How will the impact of your proposal be monitored and improved upon going forward?</p> <p>Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?</p>
	<p>The York LCWIP is a ‘living document’, which will be reviewed regularly in order to ensure that it reflects any significant changes in local circumstances and changes in relevant national and local policies, as well as to reflect progress made with implementation of the original proposals.</p> <p>The list of schemes will be reviewed and amended when proposed schemes are completed or should a priority route or improvement be identified.</p>