



Notice of meeting of

Executive

To:	Councillors Waller (Chair), Ayre, Steve Galloway, Moore, Morley, Reid and Runciman
Date:	Tuesday, 15 March 2011
Time:	2.00 pm
Venue:	The Guildhall, York

AGENDA

Notice to Members - Calling In:

Members are reminded that, should they wish to call in any item on this agenda, notice must be given to Democracy Support Group by:

10:00 am on Monday 14 March 2011, if an item is called in *before* a decision is taken, *or*

4:00 pm on Thursday 17 March 2011, if an item is called in *after* a decision has been taken.

Items called in will be considered by the Scrutiny Management Committee.

1. **Declarations of Interest**

At this point, Members are asked to declare any personal or prejudicial interest they may have in the business on this agenda.

2. Minutes (Pages 3 - 4)

To approve and sign the minutes of the Executive meeting held on 1 March 2011.

3. Public Participation / Other Speakers

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or a matter within the Executive's remit can do so. The deadline for registering is **5:00 pm on Monday 14 March 2011**.

4. Executive Forward Plan (Pages 5 - 6)

To receive details of those items that are listed on the Forward Plan for the next two Executive meetings.

5. Update on Reablement Service (Pages 7 - 36)

This report provides an update on the opportunities of a remodelled reablement service, as part of a wider strategy to meet the challenges both financially and qualitatively of the changing demographics within the City, and seeks to facilitate decision making on the next steps for the service.

Note: Annex 1 to this item (the report to Executive on 14 December 2010) has been made available on-line only and is not included in the agenda pack.

6. Draft Full City of York Local Transport Plan 2011 Onwards (LTP3) (Pages 37 - 46)

This report presents a draft version of the LTP3, to enable the Executive to seek any necessary amendments to the document before recommending its adoption to Full Council on 7 April 2011.

Note: Annex A to this report (the draft LTP3 document) has not been included in the agenda pack but has been made available on-line, with printed copies circulated separately to Executive Members and Group Leaders.

7. Draft Framework for York Low Emission Strategy (Pages 47 - 82)

This report presents a draft framework for the York Low Emission Strategy to be taken forward for public consultation in 2011, including an outline of the proposed measures and actions and suggested timescales for their implementation.

8. Public Health Update and Response to Consultation (Pages 83 - 110)

This report provides an update on the Public Health strategy, *Healthy Lives, Healthy People: our strategy for Public Health in England*, and seeks approval for suggested consultation responses relating to funding and commissioning, and the Public Health Outcomes Framework.

9. Installing Solar Photovoltaic on Council Homes (Pages 111 - 118)

This report seeks approval to develop a partnership with Community Energy Solutions, a not for profit social enterprise organisation, to install a minimum of 1000 Solar PV systems on council homes at no cost to the Council.

Note: this item is not on the Forward Plan but does not involve a key decision and has therefore been included on the agenda with the agreement of Group Leaders and the Chair of SMC.

10. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: Fiona Young

Contact details:

- Telephone – (01904) 551027
- E-mail – fiona.young@york.gov.uk

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above.

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- find out about the rules for public speaking from the Democracy Officer.

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Further information about what's being discussed at this meeting

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Holding the Executive to Account

The majority of councillors are not appointed to the Executive (40 out of 47). Any 3 non-Executive councillors can 'call-in' an item of business from a published Executive (or Executive Member Decision Session) agenda. The Executive will still discuss the 'called in' business on the published date and will set out its views for consideration by a specially convened Scrutiny Management Committee (SMC). That SMC meeting will then make its recommendations to the next scheduled Executive meeting in the following week, where a final decision on the 'called-in' business will be made.

Scrutiny Committees

The purpose of all scrutiny and ad-hoc scrutiny committees appointed by the Council is to:

- Monitor the performance and effectiveness of services;
- Review existing policies and assist in the development of new ones, as necessary; and
- Monitor best value continuous service improvement plans

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- Councillors get copies of all agenda and reports for the committees to which they are appointed by the Council;
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City of York Council

Committee Minutes

MEETING

EXECUTIVE

DATE

1 MARCH 2011

PRESENT

COUNCILLORS WALLER (CHAIR), AYRE,
STEVE GALLOWAY, MOORE, MORLEY, REID AND
RUNCIMAN

PART A - MATTERS DEALT WITH UNDER DELEGATED POWERS**169. DECLARATIONS OF INTEREST**

Members were invited to declare at this point in the meeting any personal or prejudicial interests they might have in the business on the agenda. No interests were declared.

170. MINUTES

RESOLVED: That the minutes of the Executive meeting held on 15 February 2011 be approved and signed by the Chair as a correct record.

171. PUBLIC PARTICIPATION

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

172. EXECUTIVE FORWARD PLAN

Members received and noted details of those items currently listed on the Forward Plan for the next two Executive meetings.

PART B - MATTERS REFERRED TO COUNCIL**173. CITY OF YORK LOCAL DEVELOPMENT FRAMEWORK - CORE STRATEGY SUBMISSION DRAFT**

Members considered a report which presented the draft Local Development Framework (LDF) Core Strategy Submission document and associated legal and soundness issues.

The Core Strategy was a written statement of the planning strategy and vision for the City of York, together with strategic policies, with which all other planning documents produced must comply. Having undergone the Issues and Options stage in June 2006 and the Preferred Options consultation stage in 2009, the Core Strategy was now at the Submission

stage. The Strategy document itself, published on-line as Annex A to the report and circulated in hard copy to Executive Members, reflected the recommendations made by the LDF Working Group at their meetings in October and November 2010 and February 2011.

Further information and advice in respect of legal and soundness issues, , was provided in paragraphs 29 to 36 of the report. Members were invited to consider the following options:

Option 1 – recommend that Council approve the document at Annex A for publication and submission for public examination.

Option 2 – request Officers to provide a further report on legal and soundness issues before recommending the document for approval.

Option 3 – seek further amendments to the document to address legal and soundness issues before recommending it for approval.

Having noted the comments of the Labour Group Spokespersons on this item, the additional comments from members of the LDF Working Group published on-line as Annex H, the written submission from Cllr Hyman on behalf of Huntington & New Earswick Ward Councillors, and the comments contained in the minutes of the meetings of the Without Walls Partnership and the York Economic Partnership circulated to Members, it was

RECOMMENDED: (i) That Council approve the Core Strategy, as amended (Annex A), subject to the inclusion of the further suggested amendments set out in Annex H to the report, along with supporting information, for publication and submission for public examination.

REASON: In order to progress the Local Development Framework Core Strategy and to ensure that it encourages the development of a City respectful of both its historic built heritage and its natural environment, with high employment levels, increased opportunities for leisure activities and an improved transport system.

(ii) That the final version of the Core Strategy Submission Document be placed on the Council's website.

REASON: To ensure that the document is publicly accessible.

A Waller, Chair

[The meeting started at 2.00 pm and finished at 2.30 pm].

EXECUTIVE FORWARD PLAN (as at 14 February 2011)

Table 1: Items scheduled on the Forward Plan for the Executive Meeting on 29 March 2011		
Title & Description	Author	Portfolio Holder
<p>Customer Complaints Final Report</p> <p><i>Purpose of report: To present the executive with the final report arising from the review of Customer Complaints.</i></p> <p><i>Members are asked to: Approve the recommendations arising from the review</i></p>	Melanie Carr	Executive Leader
<p>Minutes of Working Groups</p> <p><i>Purpose of Report: This report presents the minutes of recent meetings of the Young People's Working Group, the Local Development Framework Working Group, the Equality Advisory Group and the Mansion House and Mayoralty Advisory Group and asks Members to consider the advice given by the groups in their capacity as advisory bodies to the Executive.</i></p> <p><i>Members are asked to: Note the minutes and to decide whether they wish to approve the specific recommendations made by the Working Groups, and/or respond to any of the advice offered by the Working Groups.</i></p>	Jayne Carr	Executive Leader
<p>Cycling City York Progress Report</p> <p><i>Purpose of report: This will be the final Cycling City York progress report looking back over the last 6 months and key points for the whole of the programme. It will take some time for the full effects to be seen and statistically reported on (at least 2012 as endorsed by Cycling England due to the effects bedding down).</i></p> <p><i>Members are asked to: Note the report and its findings for information.</i></p>	Graham Titchener	Executive Member for City Strategy

Table 2: Items scheduled on the Forward Plan for the Executive Meeting on 12 April 2011

Title & Description	Author	Portfolio Holder
<p>Climate Change Update - Covenants of Mayors and SEAP submission</p> <p><i>Purpose of report: Outline the EU's Covenant of Mayors programme and requirements for York (York signed up to this European initiative after a motion was passed by Full Council in December 2009). Outline a draft Sustainable Energy Action Plan (SEAP) for York and provide a brief update on other major sustainable development programmes.</i></p> <p><i>Members are asked to: Approve the draft SEAP and note progress of key sustainability projects being carried out across CYC and across York.</i></p>	David Warburton	Executive Member for City Strategy
<p>Edible York Ad Hoc Scrutiny</p> <p><i>Purpose of Report: To present the Executive with the Final Report arising from the Edible York Ad Hoc Scrutiny Review.</i></p> <p><i>Members are asked to: Approve the Recommendations arising from the Review.</i></p>	Tracy Wallis	Executive Member for Leisure, Culture and Social Inclusion



Executive

15 March 2011

Report of the Director of Adults, Children and Education

The Reablement Service in York

Summary

1. This report is a follow on report from an item on the agenda of the Executive meeting of the 14 December 2010. It updates the Executive on the opportunities of a remodelled reablement service as part of a wider strategy to meet the challenges both financially and qualitatively of the changing demographics within the City. It also seeks to facilitate decision making on the next steps for the service. A copy of the original report is at Annex 1.

Background

Previous Executive Decisions

2. A report was presented to Executive on the 14 December 2010 recommending the option to remodel the current in-house reablement service to create an expanded reablement service, purchased from the independent sector, which would meet the needs of the changing demographics within the City. The recommendation also sought approval to offer staff the option of dismissal for business efficiency reasons in addition to the opportunity to transfer to any new provider under TUPE. The original report also sought approval for officers to update Executive Member in public on the ensuing procurement process and the outcomes of further consultation.
3. Executive agreed to:
 - a) progress purchasing the ongoing entire expanded reablement service from the independent sector, with staff to be offered the option of voluntary severance for business efficiency reasons, in addition to TUPE;
 - b) review any further changes that may be needed to the in-house service in order to maintain that provision;
 - c) request Officers to update the Executive on progress with the procurement process, the outcome of ongoing consultations, and the production of tables comparing the costs of provision of services (in-house and independent sector) and consequent outcomes;
 - d) request Officers to provide details of the Equalities Impact Assessments of any changes to the service.

Reablement model

4. Reablement is a short-term service to customers, which is aimed to maximize independence and minimise the ongoing need or intensity of a longer-term support package. It focuses on independence and results in significantly better outcomes for customers and a reduction in overall spend on continuing long-term home care packages. The focus of staff within the reablement service is to support people to move through the service as they increase their independence, with a maximum period of a 6-week intervention. This requires a different approach from staff to that of a traditional home care service delivery model, and does not rely on long term relationship building with the customers.

Size and Costs of the remodelled service

5. The previous report outlined the need arising from demographic changes to increase the face-to-face hours of reablement to the customer to 1012 hours per week which is a 50% increase in capacity for face-to-face support. The previous report detailed how existing in-house service delivers 503 hours of face-to-face care at a cost of £1.39m.
6. The previous report also advised that the costs of expanding the service by purchasing it through the independent sector would be in the region of £986,700. Allowing costs for TUPE and the option of staff the option of dismissal for business efficiency reasons, the costs would be £1.313m. (See Paragraph 58).
7. The previous report also proposed that a prospective transfer to the independent sector would be based on 80% actual face-to-face support time to allow time for planning, case management and assessment (this would mean that a total of 1215 hours would be needed to be commissioned to deliver 1012 face-to-face contact hours).

Update on Size and Costing model from Independent Sector

8. Discussions with both providers, the UKHCA and the Independent Care Group, have welcomed the approach in agreeing a non-contact time allowance for training, management, assessment etc and it is viewed as a positive and bold approach by the council.
9. Mike Padgham, United Kingdom Home Care Association, Chair said:

"I am delighted that City of York Council is proposing to offer out their domiciliary reablement services to tender in the wider market place. It makes economic sense. The Association has long held the view that to achieve Best Value for the taxpayer, the independent sector should be allowed to bid for the reablement contracts. Sadly not enough local authorities are doing this as yet and therefore the few that are - including York - are to be praised for their forward thinking. As a result of this, hard pressed local authorities are ensuring they get value for money; people will receive individually tailored services to meet their needs and the quality of services overall will be maintained or even improved."

10. Costs that were anticipated within the previous Executive report “in the region of £15 per hour” is still applicable following the discussions with independent care providers. These costs do not include the costs of any TUPE transfer costs.
11. Average rates for recently secured Framework contracts are £13.64/hour, with an additional council premium for the reablement approach indicate we fully expect that the costs will be in the region of £15-17/hour.

Update on Market testing

12. Officers from the have undertaken some “soft” market testing of the council’s approach with several providers and representatives of the sector. Indications from the meetings are that there will be interest from organisations wishing to deliver the service and as detailed in paragraph 8.
13. Officers of the council have also had conversations with a “mutual” or “social enterprise” organisation that has already offered a franchising scheme within other local authority areas. Should any organisations operating this model wish to be considered as potential providers of the reablement home care service they would have equal opportunity to compete through the tendering process.
14. The recent re-tender of the council’s Locality Home Care Contracts produced a total of 82 expressions of interest. This was a joint Pre Qualification and tender process but still led to 16 organisations submitting a tender wishing to deliver these services. In summary we believe the market would respond positively to any new opportunities made available.
15. In summary the projected costs presented in the last report continue in the light of dialogue and soft market testing to remain applicable.

Update on other local authority experiences for provision of a reablement service

16. We have gathered information from other local authorities relating to outsourced reablement services. The reason for including this information in the report is to explore the comparative performance of in-house and external provision particularly in delivering a reablement service. All agree that any additional volume increases in provision achieved through outsourcing would be negated if the quality of that provision were open to question. Quality in this context must be judged both from the perspective of the customer in terms of the support received but also the extent to which that provision delivered the best practice outcome levels of reablement.
17. A survey was undertaken of local authorities that have either partly or are wholly running their reablement service indirectly. There are around 20 local authorities in this category and responses have been received from 10 authorities. Some responses are below - others can be accessed as part of Annex 2.

18. Reablement is a relatively new type of service and as a consequence authorities are continually refining and adapting the model, as more is understood about best practice and performance. These refinements affect both in-house and externally provided services alike.
19. The models adopted by authorities vary considerably. For example some apply fair access to care criteria, some only take customers discharged from hospital, some have an emphasis on assessment, others have health input and some do not. It is therefore difficult to directly compare performance outcomes and this is exacerbated by variations in calculations used to measure performance.
20. It is only in relatively recent times that there has been an attempt to share best practice and move towards a more common model. This is reflected in the most recent survey by the Joint Improvement Partnership in their report of February 2011, which outlines best practice in reablement. Consequently the councils that responded to the survey were concentrating on achieving best practice within the overall care pathway for the customer and were less concerned about the delivery platform.
21. Of those local authorities that responded to the survey, all said that feedback from customers was positive and there were few concerns about the way the external contract was being operated. Some had experienced better reablement rates than originally anticipated. All considered that managing the contract and the relationship with providers was essential to success.
 - Several, including Brent, had experienced early difficulty around the flow of referrals through care management into reablement and on to long-term care provision:
 - Essex County Council could see few disadvantages in outsourcing reablement and had achieved 98% customer satisfaction.
 - Hertfordshire County Council were very positive about the whole experience although they had had some early difficulties from lack of referrals from care management. Hertfordshire Council has achieved 70% reductions in ongoing care needs so far.
 - Camden in their post project evaluation found that their deliverables had all been met and their reablement targets had been achieved. Camden along with others recognised the need and value of training (a factor which is equally critical within in-house provision).
 - Medway concluded that outsourcing had been a success but like all outsourced services required careful monitoring and Poole was starting to consider expanding their outsourced service in light of their experience so far.
22. In conclusion the survey indicated that there was little difference in performance between in-house and external provision and that the key to better performance in both areas was the development of a performance management culture where reablement was seen as a system involving care management, commissioning staff, occupational therapist and care staff.

Update on Quality Issues

23. In looking at existing quality issues we have considered the Care Quality Commission ratings, number of complaints, number of safeguarding referrals and also the customer surveys for both the in-house service and the independent sector. Whilst it is not possible to compare the in-house reablement service with an independent service within the City (as one currently does not exist), the overall home care situation gives an idea of qualitative issues. Information on each of these is covered in paragraphs 28-35 below.
24. It is also important that we are able to monitor the quality of any service that is outsourced on a regular basis and in a robust way. To ensure this, as per existing contract monitoring arrangements, regular meetings with the provider would take place where quality of service delivery would be discussed and measured against the service specification. Regular surveys of customers' views would take place and feedback through the care management teams of customers' views is given.
25. The oversight of the whole reablement service - which would include the outsourced reablement home care service - would be through officers of the council's Assessment and Safeguarding arm. A specific service manager role is dedicated to overseeing the workflow and quality of support offered to customers using the reablement service. By bringing the role of reablement more closely aligned within the assessment function, the ability to manage the service to the best advantage to customers is given.
26. Further additional benefits which will add to the quality of provision will be given by closer working relationships with health partners, with particular regard to a more joined up reablement and intermediate care service. Initial discussions with managers in health have shown a willingness to make these arrangements operate in a practical way to the benefit of the citizens of York with shared resources and systems management.
27. Additional quality of service delivery will be given through introducing the non-charging for the reablement home care service. This will ensure the time that staff give to customers is not constrained by time limited charged slots. This will allow both staff and customers to focus on a more reabling approach rather than a time limited intervention. The costs for any associated loss of income are taken into account in the overall costs of the service

Latest Care Quality Commission (CQC) Ratings

28. The last published ratings from CQC gave the following outcomes to local independent providers:
 - Riccall Carers - Excellent
 - York Helpers - Good
 - Goldsborough - Good
 - Surecare - Excellent

- Prestige - Good
29. The last published ratings from CQC gave the following outcomes to CYC services (please note the promoting independence teams were amalgamated to become reablement team). These ratings were the last given ratings. CQC no longer rate in this way:
- Promoting independence team - Glen Lodge - Good
 - Promoting independence team - SE - Good
 - Promoting independence team - GFC - Good
 - Promoting independence team - Barstow House - Good
 - Care Services (formerly EMI and High Dependency) - Good
 - Home Support - Not required to be registered with CQC

Customer Surveys

30. Customer surveys are undertaken on a regular basis. These include both in-house provided home care services, including reablement and independent provided services.
31. These surveys show no discernable difference over a period of time. From time to time providers in both the independent sector and our in-house services have shown 'dips' in satisfaction. When this happens it triggers a proactive approach between the commissioners and providers to address any issues. In the most recent surveys for example, one independent provider showed lower satisfaction rates in respect of consistency of times of delivered care. This is now being addressed and will be reviewed through the next survey. One other area of quality that needs to be improved for all providers is in the area of "knowing which carer is coming to see you". Only 22% of CYC care services customers, 29% of one independent provider, and 37% of CYC reablement services customers responded favourably to this. This again is an area that providers have been required to address and improve.
32. As part of the planned service changes the following areas will enhance the delivery of the service and the customer experience:
- non-charging for the service will allow staff a greater ability to offer a reablement approach without the constraints of a limited time slot. This means customers will not be concerned re rushing the home carers visit due to the costs associated with a charged service against time spent

Safeguarding Referrals

33. 73% of York's home care delivery is done by the independent sector, the remaining 27% by CYC in-house provision. It would therefore be reasonable to presume that statistically 73% of safeguarding referrals relating to older persons home care service should be with regard to the independent sector. This is not the case however. The number is less than this given that for the 4 months up to December 2010, of 61 Safeguarding referrals 60% (36) relate to the independent sector providers and 40% (25) of referrals related to

customers using CYC services. These are referral numbers only and do not relate to “proven” safeguarding incidents.

Complaints

34. From April 2010 to end January 2011 there have been 13 formal concerns/complaints raised regarding home care service. Of these 8 were relating to the independent sector and 5 relating to CYC provision. These should again be viewed in light of volume of service deliver outlined above.
35. In summary the challenge that the independent sector cannot match the in-house service in terms of quality of provision may have only an anecdotal evidence base. .

Update on Consultation with Staff and Unions

36. At the time of drafting this report a total of 7 open meetings with groups of reablement staff have been held since the 14 December meeting of the Executive. These weekly meetings were supplemented by 2 further sessions devoted to questions and answers on TUPE in response to requests from staff. Unison and GMB representatives were invited to attend the weekly meetings and the TUPE sessions and attended where they could.
37. The purpose of the meetings has been to communicate the Executive’s decision taken in December and to encourage further suggestions from all staff whilst continuing a dialogue and involvement about planned service changes and improvements.
38. Three specific meetings were arranged with Unison and a GMB representative to discuss the improvements in the service and any suggestions they wished to make for further improvements. The first meeting on 4 January was cancelled due to Unisons representatives’ sickness but meetings on 20 January and 11 February went ahead without a GMB representative in attendance. A separate briefing with GMB took place on 26 January. A Directorate JCC was held on the 13 January.
39. The meetings with unions explored any opportunities for further flexibility in working practices but in the absence of any new proposals a focus on monitoring existing planned changes was helpful.
40. A further Directorate JCC was held on 2 March where an update was given on the reablement progress and recent discussions with the mutual company.

Update on improvements in performance within in-house service

41. There has been a concerted focus for the last two years on improving the face to face contact time in all in-house home care services following the last review of home care services that concluded in January 2009.
42. The actions and changes arising from that review were approved at a meeting of the Housing and Adult Social Care EMAP on the 29 January 2009 and these have been implemented. In addition, subsequent actions for

example on adopting the council's lone working policy, changing shift patterns, reducing levels of sickness absence and becoming a keyless service have all contributed to the 8% increase in the last two years.

43. In June 2008 the face-to-face contact time in the Promoting Independence Team (the forerunner to the reablement service) was 32% and currently stands at 50% of the hours deployed each day to work with customers. The most significant change since the December Executive meetings is the introduction of a new rota which had been planned for a late January start with staff also operating in one of six team areas across the city. These actions have also improved the availability and quality of the service to its customers.
44. Information on current and proposed rates of face-to-face time can be seen in Annex 3.
45. The scope for further improvement to face to face time is however limited due to various factors that reduce the time reablement staff are available to work and are available to be in face to face contact with customers. These are based on staff terms and conditions such as annual leave and public holiday entitlements, paid sickness, staff travel time between customers visits and customer related tasks. The effect this has is that 43% of staff time is not available for face-to-face work with customers. The table below demonstrates this.

Deductions from staffing hours and hours available for face-to-face contact time

Annual leave & public holidays	8%
Sickness absence	8%
Travel time	20%
Handovers, customer related tasks etc	9%
	43%

46. This shows that with existing terms and conditions the absolute maximum time available for face-to-face work by the in house team is 57%. This 57% would rely on the service deploying and utilising its staff to a 100% maximum efficiency and not incur any downtime from staff working outside of peak times of customer demand. Travel time between visits etc varies but it has not dipped below 20% of the overall time spent in work.
47. In addition that hourly rate of pay afforded to in-house staff is greater than that of the independent sector thus further restricting the possibility of favourable cost comparisons against an independent sector provision.
48. All of these costs are already factored in to the hourly costs of the external service providers, and their hourly rates include the costs associated with the factors in the table above any allowance for this.
49. The National Lead in CSED (Care Services Efficiency & Delivery) for Reablement, Gerald Pilkington, advises that in-house services across the

country are delivering between a 30 to 40% face to face contact time for similar reasons to those listed above. The recent improvements are the culmination of a two-year programme and place the in-house service amongst the higher performing in-house services in the country but given the constraints posed by the council's terms and conditions, the in-house service will not be able to compete with the cost and efficiency level of the independent sector.

Consultation with partners

50. Further consultations with partners relating to the proposal to increase the size of the reablement service which have taken place since the last Executive are outlined below:

- Levels of Care Meetings - these meetings have GP consortia representatives/PCT/York health trust and CYC staff input. Discussions about increasing reablement capacity has been fully supported as a priority action to benefit not just customers but also the overall system in terms of improving capacity and throughput.
- Winter pressures meetings. These are multi-agency meetings looking at pressures relating to seasonal influences. The increase in reablement capacity is seen as one of the major positive steps to ensure faster, smoother throughput of customers through the system, aiding hospital discharge protocols and is welcomed as a concept.
- Joint Commissioning group – Senior officers from the PCT, the council and the current GP Commissioning Consortium met in January and confirmed their agreement to the work undertaken by the Levels of Care Group, including joint investment plans to develop the wider reablement team approach, and to increase our capacity to deliver more reablement care.
- York Hospitals Foundations Trust - Mike Proctor the Chief Executive of the trust has advised:

“We are aware that the proposals to potentially outsource the reablement service has been discussed at key partnership planning forums. In so doing the LA is positively seeking to increase the scale of the service and as a result the level of community based support available in the city. We welcome developments which could have a positive impact in reducing hospital admissions and facilitating earlier discharge.”

Equality Impact Assessment

51. The equality strands mostly affected are age and disability and the impacts of both are positive as we move to an enhanced more flexible service.

52. In summary:

- More customers (up to 50% increase) will receive the opportunity to be reabled within the existing cost envelope of the existing service.

- The opportunity for an increase in independence and diminishing reliance on large ongoing support packages will be offered to more citizens of York.
53. Staff will be affected by the proposal as outlined in the previous report, and due to the nature of the staff team being mainly composed of females it is inevitable that this will have a disproportionate affect on female reablement workers. However, the TUPE arrangements will offer some protection for all staff irrespective of gender.
54. The full equality impact assessment can be seen at Annex 4.

Corporate Priorities

55. This report takes account of the following corporate priorities:

Inclusive City

56. City of York Council will make York an inclusive City. We will do our best to make sure that all citizens, regardless of race, age, disability, sexual orientation, faith or gender, feel included in the life of York. We will help improve prospects for all, tackle poverty and exclusion and make services and facilities easy to access.

Healthy City

57. We want York to be a city where residents enjoy long, healthy and independent lives. For this to happen we will make sure that people are supported to make healthier lifestyle choices and that health and social care services are quick to respond to those that need them.

Implications

Financial

58. The current budget for the in-house reablement service is £1.39m to deliver currently 602 hours of face-to-face support. The financial implications for delivering the expanded service in the independent sector of 1012 face-to-face hours remain as per the original report. This shows a minimum cost of £0.987m in year 5 as opposed to a maximum cost of £1.313m for a much greater level of service delivery.
59. As agreed in the previous report a small part of the differences in costs from the in-house costs to the independent sector costs will be used to develop the expanded reablement service, eg for occupational therapy costs, training costs and will meet the expected loss of income as the service moves to a non-chargeable one.
60. In addition, cost avoidance savings have been identified in the first year of full operation of an expanded model of £696k. Please note these cost avoidance savings are based on the assumption of the delivery of an increase in the

capacity of the service of 50% which can only be delivered within the current budget if it is outsourced.

61. The table below summarises the overall financial implications.

	Independent Sector with TUPE costs to new provider (assuming 80% contact time and TUPE transfer of all staff)			Independent Sector with costs associated with dismissals for business efficiency (assuming 80% contact time)		
	Year 1 £m	Year 2-5 £m	Year 6+ £m	Year 1 £m	Year 2-5 £m	Year 6+ £m
Estimated Cost Of Options						
Reablement Service Delivery Costs	1.313	1.313	1.313	0.987	0.987	0.987
Occupational Therapy Staffing	0.035	0.035	0.035	0.035	0.035	0.035
Trusted Assessor Training	0.004			0.004		
Project Management Costs	0.050			0.050		
Severance Costs				0.272		
Pension Access Costs				0.014	0.014	
Total Cost Of Service	1.402	1.348	1.348	1.362	1.036	1.022
Less Cost of Existing Reablement Service	(1.342)	(1.342)	(1.342)	(1.342)	(1.342)	(1.342)
Add Removal of Charging Income	0.100	0.100	0.100	0.100	0.100	0.100
Net Additional Budget Requirement	0.160	0.106	0.106	0.120	(0.206)	(0.220)
Less Estimated Future Cost Avoidance	(0.696)	(1.254)	(1.254)	(0.696)	(1.254)	(1.254)
Overall Net (Saving) / Cost Of Option	(0.536)	(1.148)	(1.148)	(0.576)	(1.460)	(1.474)

Human Resources

62. There are currently 59 Reablement Workers in the service, which make up 33 full time equivalent (FTE) posts. Reablement Workers work a range of contractual hours, from 15-30 hours per week, and are paid within Grade 5, which has a gross salary range of £17,415-£19,147 per annum.
63. There are also a small number of management (Team Leader) and administrative support, which work solely in reablement, and so would be affected by these proposals.
64. The option presented within this report involves a “contract out” of the reablement service to the independent sector, and TUPE applies to all relevant transfers where services are outsourced, ‘insourced’ or assigned to a new contractor.
65. The Transfer of Undertakings (Protection of Employment) Regulations 2006 is the main piece of legislation governing the transfer of an undertaking, or part of one, to another. The regulations are designed to protect the rights of employees in a transfer situation ensure they receive the same terms and conditions, with continuity of employment, as formerly, and will apply to this proposal.
66. Therefore, all employees employed in the service, are covered under TUPE legislation and have a right to transfer to the new organisation with their existing terms and conditions of employment. Their continuity of service is also preserved.

67. The process of transfer will be managed in line with the council's Policy on Transfer of Staff, which is compliant with TUPE regulations. If Members agree to the recommendation to pursue an outsource of the service, then formal consultation with staff would commence.
68. Without prejudice to their right to transfer to the new organisation, staff may wish to volunteer to be released from employment on the grounds of business efficiency. The Local Government, Early Termination of Employment (Discretionary Payment) Regulations 2006, provide Local Government employers with powers to consider a one off lump sum payment to an employee whose contract is terminated in the interests of the efficient exercise of employing the authority's functions.
69. Early consultation with staff has resulted in some staff indicating their wish to be released from City of York Council employment and not transfer to the new provider. These requests will be managed in the same way as we currently manage requests for Voluntary Redundancy, and a business case would still need be considered (including associated financial costs) and presented to Staffing Matters and Urgency Committee. There will still be an opportunity for staff to express an interest in Voluntary Severance, following Members' decision.

Legal

70. The Transfer of Undertakings (Protection of Employment) Regulations 2006 will apply to any transfer of staff.
71. Any employees wishing to leave early should agree to sign a compromise agreement by which the employee will agree not to pursue any legal claims, including unfair dismissal claims. The compromise agreement should detail the terms of the severance agreement, so that there can be no doubt the employee is voluntarily accepting termination of their contract.

IT

72. There are no IT implications arising from the report.

Property

73. A movement to an outsourced service would also potentially release property occupied by the in-house service.

Risk Management

74. The risk in not moving to the recommendation is:
 - A lack of a robust strategy to enable cost avoidance of the foreseeable changes in the demographics of the older persons population.
 - A missed opportunity for a greater number of the customers of adult social care to be enabled therefore reducing individuals dependency on the adult social care system with subsequent improved outcomes for customers and financial savings to the authority.

75. The risks in moving to implement the recommendation are:
- The ability to continue to adequately staff the current service until handover to the independent sector. The mitigation for this is the option for severance or TUPE which will only come into force at the handover of the service.
 - The communication to any current customers of the reablement service at the time of change. The mitigation for this will be a staggered handover of service delivery, ensuring that current customers “finish” their reablement period with the same service provider, and also a robust customer communication strategy to ensure people are aware of planned changes.

Summary

76. Within the body of the report information has been given which shows the results of cost and quality comparisons, informs Executive of the market testing work undertaken, shows the improvements that have been made within the in-house service whilst recognising the limitations on potential future improvements, and reconfirms existing financial profiles. From this information the case for the expansion of the reablement service by outsourcing to the independent sector in order to offer a service to more citizens of York within the same cost parameters is reconfirmed as the officer recommendation.

Recommendations

77. Members are asked to:
- (a) Agree to CYC progressing the purchasing of its ongoing expanded reablement service from the independent sector at the same time giving approval for offering staff in the existing CYC reablement service options of dismissal for business reasons in addition to TUPE.

Reason: To ensure the authority is able to deliver increased level of reablement services which will match changing demographic needs within the city.

Contact Details

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Safeguarding)
Adults, Children and Education

Chief Officer Responsible for the report:

Pete Dwyer
Director of Adults, Children and Education

Report Approved



Date

3 March 2011

Specialist Implications Officer(s)

Finance:

Richard Hartle
Finance Manager (ACE)
554225

HR:

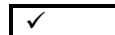
Hannah Morley
HR Adviser
554505

Legal:

Peter Cairns
Legal Services
551095

Wards Affected:

All



Background Papers

December Executive Paper on reablement changes

Annexes

- Annex 1 - December Executive Paper on reablement changes
- Annex 2 - Feedback from other local authorities that have had experience in outsourcing their reablement services
- Annex 3 - Existing and proposed reablement face-to-face contact times
- Annex 4 - Equality impact assessment

Feedback from other local authorities that have had experience in outsourcing their reablement services

A list of local authorities that had outsourced their reablement services was obtained from the Care Services Efficiency Delivery Team. All of these authorities were emailed with specific questions about the success of their service and their tendering arrangements.

There is some degree of commercial sensitivity around these issues and as a consequence a number chose not to respond at all. Of those that did reply some were comprehensive in their response and others less so.

1. Medway

The actual service delivered has been very successful. Over 50% of all cases referred to our outsourced provider have not required any further intervention from social services after the reablement period. Secondly, (and this is very important to note) the average duration for each care package is roughly 3 weeks which of course is a massive success for the individual service users who are getting well a lot faster than envisaged, although our model allows for a 6-week reablement period.

No adverse comments from customers, or care managers/occupational therapists regarding the quality of outsourced service. Of course given the above 3-week average duration, systematic feedback has been limited. The provider undertakes a survey at the 2-week stage, and no major adverse feedback is received.

Advantages are the usual ones linked to the fact that the service was outsourced to an experienced homecare provider with homecare expertise, training, recruitment, office set up. Disadvantages are possibly around losing some flexibility, given that the external provider is currently not allowed to increase/decrease care packages without express authorisation from a care manager or an OT. This flexibility, built around trust, would have probably been retained by in-house team carers. Predictably, there is an expectation that care packages will increase/decrease in this initial 6-week period.

In summary, the actual outsourced reablement service delivered has been a success, but all aspects, especially if TUPE applies, have to be carefully considered by any provider taking on this work in order to ensure the project remains sustainable over the duration of the contract.

2. Brent

Brent has an outsourced reablement service which was implemented in 2010. Indeed Brent has had a totally outsourced home care service for some years. The experience with providers has been a positive one with incentives being a contracting issue we dealt with. Outsourced reablement can be dealt with through effective partnerships and contracting. The main lesson has been that the blocks to an

effective reablement service are more down to the in house assessment arrangements and capacity with a slow rate of referral to the reablement service.

3. Essex

As a Local Authority Trading Company (LATC), Essex Care has a block contract for services including reablement with KPIs linked to payment mechanisms. This ensures that the relationship is a commercial arrangement and is transparent in terms of interests. Indeed the basis of the LATC formation was on certain specific conditions which avoid the challenge of for example providing state aid and also having to fully tender in the first instance all the transferring services.

There are very few disadvantages of outsourcing. However, it is important that the contract does not become the sole focus of the relationship and that very much a partnership approach is taken for example in allowing for the development of reablement further.

A key benefit of being an LATC is now being able to trade outside of Essex CC and engage both with self-funders as well as other local authorities. A key challenge for Essex Care now is the role of Health in funding reablement and the 30 post discharge responsibilities. As a provider to Essex CC and health the situation is being examined to ensure that delivery is secured for the future through QIPP plans.

4. Hertfordshire

Hertfordshire outsourced its directly provided home care services in the 90s so all services were then commissioned from the independent sector. This delivered cost savings and some staff transferred.

In order to implement the enablement service Hertfordshire has varied the countywide block home care contract to become the lead intake provide for enablement. This contract is based on a cost recovery basis with incentivisation provided within the profit formula.

Roll out commenced in August and is about 50% into implementation.

In order to deal with any conflict of interest the CW block will no longer hold any long term work which after enablement may be required which is transferred to other locality based block providers. There has been a 70% reduction in on-going need after enablement and the original case was based upon 40% reduction in need (and associated savings in on-going support).

The service has had some very positive feedback from service recipients who have achieved some marked shift in support required but there were some early implementation issues about not getting the message across about the service and people not wanting to take this pathway and hearts and minds of practitioners needed work.

5. Camden

In terms of activity the service appears to be on target for achieving net reductions in the volume of commissioned care hours. A growing number of customers are now being supported to remain independent in their own homes, and the scope for extending these benefits to more residents remains healthy, with existing customers and specialist client groups planned for inclusion in the longer term.

The key deliverables have both been met, with baseline data available against which to measure progress and all new customers are now offered a period of reablement based on their assessed needs. The focus has now shifted towards improving service outcomes in line with the targets set by the steering group within a sustainable long-term delivery model.

6. Barnet

Sent their tender specification but did not comment on the success of their service.

7. Poole

The service has been provided by SCA for three years, and has a value of £150,000, shared 50/50 between the LA and the PCT. It's a small contract, and Poole is currently giving thought to how to expand their reablement service. It works well, with the staff mostly deployed by the intermediate care team, but the specification is less sophisticated than one that would be designed today. With a tighter specification, the service could be a lot more effective. The local NHS community trust is able to provide reablement homecare as part of the intermediate care service, so Poole will have to decide whether to expand through NHS staff, independent sector provision or a mixed approach.

8. Redbridge

Using an independent provider, the service can be managed within a contractual framework with clear obligations set out and monitoring arrangements in place which is not case when you have an in-house service. The service is much cheaper as compared to in-house service, the hourly rate ranges between £18.30 to £17.90 depending on the volume of the providers.

The disadvantages have been creating effective working relationship between the OT/Social Work team and the provider for the service to work effectively - however, this has been now done and it is working well.

Performance relies on the provider, how well they train their staff and are committed to the reablement ethos. This is ongoing, as Redbridge is not able to give large volume of hours, the provider does not have lot of incentive to invest in the staff and training etc so we have to ensure the performance is up to the mark.

9. Lambeth

With regard to contracting arrangements Lambeth currently pay £17.50 per hour for the first 1000 hours per month, all subsequent hours are charged at £14.00.

Lambeth is considering payment by results when it is re-commissioned, but this is not yet decided. Lambeth went to a national tender for enablement services, because they wanted a dedicated team of staff to provide this. Lambeth is currently developing a specification which will include an outcomes framework. This is in draft form and they are willing to share a copy once it has been agreed and signed off, which should be in the next 6-8 weeks.

10. Lincolnshire

Lincolnshire plan to downsize their in-house reablement service and then develop it in the independent sector.

Existing and proposed reablement face-to-face contact times

	Hours commissioned	Hours of face to face time if delivering at 80%	Face to face actual (at 14 February 2011)
In house Provision	1500	1200	602
Independent sector*	1215	1215	1012

* proposed

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1. How - Planning your Impact Assessment

Name of service area / function:

**Adults, Children and Education
Reablement Service in Adult Care**

Lead officer for this EIA: Include job title so if this person leaves the link is not lost.

Name: Anne Bygrave
Phone Number: 01904 554045
Job Title: Assistant Director Assessment & Personalisation

Describe the service area / function:

Re-ablement is a short-term intermediate care service designed to help older customers become more independent and less reliant upon long term services. The service is delivered in customers own homes by care staff working for Adult Care within the City of York Council The reablement service should last for no more than 6 weeks after which time customers are re-assessed to determine whether they have any long term care needs and how these can be met. The service has been running in York for over eighteen months with an expectation that almost all older customers would be able to access reablement before any long term care package was allocated. The service as it currently exists attracts a charge from those customers that are considered able to pay following a financial assessment.

Date of EIA: (or review date)

25 January 2011. The EIA will be reviewed at key decision stages in order to reflect the impact of decisions made.

EIA signed off by: e.g. DMT, CMT, Partnership Board etc.

ACE DMT/ More 4 York Board

2. Issues - identifying the issues and finding evidence

Issue 1:

The need to increase the capacity of the existing reablement service whilst recognising the pressure on all Council budgets.

Experience so far shows that the size of the existing service is not adequate to deliver the expected benefits to customers. A consequence of this is that significant numbers of customers are being placed either in residential or domiciliary long term care provision without the opportunity to realise their full capacity. Data from the Department of Health generated from comparison with other local authorities shows that based on the population of York, 693 customers would be potential reablement customers in a year. This equates to 1012 per week of face to face service hours per week, which is twice the current amount, provided by the existing service. In order to increase capacity and allow all older people entering social care to take full advantage of the benefits of reablement there is a requirement to double the size of the service.

This increase in service capacity would require a significant investment at a time when there is considerable pressure on Council budgets. Alongside this, there is an increased demand over the coming years because of the forecast growth in the older people population.

Evidence to support this:

The reablement service takes place in a customer's home and care staff work with customers to help them regain confidence and skills in day-to-day living. Successfully reabled customers become more independent and less reliant on being helped and more able to help themselves. Reablement results in improvements in customer's health-related and social care-related quality of life. Consequently older people are able to stay in their own home for much longer and are far better able to fend for themselves and be more independent for much longer.

A reablement service is now a feature of almost all local authorities providing social care. It has proved to be an effective way of reducing both admissions to residential care and the size of care packages required for ongoing domiciliary care. It saves significant resources that can in turn be used to provide more care to a greater number of people. A number of national studies have been undertaken which support and acknowledge the benefits of reablement; the most recent being "Home care reablement services: investigating the longer-term impacts, 2011." This work was undertaken by the Social Policy Research Unit at the University of York and commissioned by the Department of Health's Care Services Efficiency Delivery team.

The current service which is run in-house is too small to cope with demand which means that many customers are not able to take advantage of the benefits of being re-abled and go instead directly into long term care. This capacity issue presents an inequality where many service users that could take advantage and benefit from being re-abled are not able to do so. The long term care which is subsequently purchased for these customers will cost more to provide which in turn means that less money is available overall to provide social care to a growing older population. The existing reablement service is approximately half the size it should be in order to be fully effective. There is therefore a need to expand the service to create the required additional capacity. A major benefit of the expanded service will be that it will no longer attract a charge nor will there be any change to the eligibility criteria. A reablement service that is of the correct size will eliminate the current inequality that currently exists for the people of York.

Which of the 6 strands does this issue affect?

Disability in older people

Issue 2:

How the expansion of reablement will be achieved.

A number of methods by which reablement could be expanded have been examined. It is considered that there remains only two realistic ways of expanding the size of the reablement service.

Option 1 is to recruit the extra staff into the in-house service. This option would have no adverse effect on the staff currently employed and consequently there would be no equality impact by using this solution to resolve **Issue 2**.

Option 2 is to seek an alternate provider for the required extra capacity and simultaneously transfer the in-house reablement team to the new provider. This option would have an impact on the in-house team, as they would no longer be Council employees albeit they would still retain their current terms and conditions after transfer to their new provider.

The decision on which option is chosen relates predominantly to the cost of provision. **Option 1** requires considerable financial investment unless significant change can be made to practice and operating costs of the in-house team.

Option 2 can be achieved with no additional investment.

Evidence to support this:

Option 1 would require a further minimum investment of £1.1M. It is considered that the total level of service (existing and expanded) could be purchased from the independent sector for the same price that it currently costs to operate the in-house service. This is because In-house costs are generally significantly more expensive than independent sector costs.

Although the outcome for customers of Reablement is different to traditional domiciliary care, it is similar in business operation terms. Over the past ten years many local authorities with a social care responsibility have either partly or wholly outsourced or sought alternative provision for their domiciliary care. This has been caused by a growth in demand for homecare resulting from increased growth in the older population alongside a desire for people to remain in their own homes as long as possible. Consequently there has been a very large expansion in the number of

domiciliary care agencies registered with the Care Quality Commission. It was found that independent sector providers could supply good quality domiciliary care at much less cost than the private sector. Over a period of time many local authorities with successful private sector operations chose to move their remaining in-house services to the private sector in order to reduce cost and make better use of their resources. City of York Council already has 73% of the domiciliary care market in the private sector. The Department of Health has encouraged local authorities through the Care Services Efficiency Delivery Team to reduce inefficiencies in social care delivery in order to reduce the budget pressures that will result from the projected growth in the older population. Although Local Authorities will continue to have responsibility for delivery social care it is not expected that this will be by directly providing services if alternate good quality services can be purchased at a better price.

In order to ensure that a contract for the delivery of reablement care is successful it is fundamental:

1. That the supplier is chosen carefully and has a good record with the Care Quality Commission and a previous track record of successful reablement or domiciliary care delivery.
2. That the contract is robust and is clear about expected outcomes and performance
3. That the contract is properly monitored by council commissioning staff and that there is a strong relationship built between commissioner and supplier.
4. That there is a robust operational relationship between in-house care management staff and the chosen provider to ensure that the care planning and the care delivery process works to achieve the expected outcomes in reablement.
5. That there is a robust operational relationship between in-house care management staff and the chosen provider to ensure that the care planning and the care delivery process works to achieve the expected outcomes in reablement.

Should a decision be made to seek an alternative provider for the reablement service it is planned that these elements will be in place and will be governed by a performance management framework, which will monitor the overall performance of the new service.

Customers already undergoing reablement at the point of change in provision will not be affected because the service runs for a maximum of six weeks so they will be able to complete their programme with the in-house team.

A fully functioning reablement service operating at the correct size could save the Adult Care budget up to £700,000 per annum by reduction in the cost of ongoing long-term care packages. The in-house current service costs £1.4M to operate but is not able to produce these savings because of its inadequate size. To expand the service in-house with its current operating costs would take a further minimum investment of £1.1M. This is not considered to be cost effective and this level of investment is unlikely to be available to spend in the current economic climate.

Should Option 2 be chosen. Without prejudice to their right to transfer to the new organisation, staff may wish to volunteer to be released from employment on the grounds of business efficiency if they do not wish to be transferred to a new provider. It will be a requirement within the contract for the new provider to have experience of managing staff transferred under the Transfer of Undertakings (protection of employment) scheme (TUPE) and that they are able to demonstrate that they can provide and are members of a comparable pension scheme. No staff will be made compulsorily redundant and under TUPE regulations there will be no adverse effect on the existing terms and conditions which they have with City of York Council. In addition to the staff transferred the new reablement provider will be required to recruit more staff in order to deliver the extra capacity need and it is expected that this could generate in the order of 50 additional new jobs within the wider York community.

Which of the 6 strands does this issue affect?

Gender; the in-house staff group numbering 59 is almost exclusively female.

3. Consultation - Get stakeholder/customer feedback on your service.

Consultation. Who did you consult? How did you consult them? What did you find out?

Consultation

Consultation with older peoples groups has taken place regularly. There is a consistent message from older people that wish to be supported at home and not enter residential care prematurely. An expanded reablement service would help address this message. Should there be a decision in favour of Option 2 it means that there is will be no service transfer

for the customer. Any customer already on the in-house reablement scheme will be able to complete their programme. Only new customers will enter into the re-provided service.

Feedback has been sought from other local authorities that have either outsourced their reablement service either wholly or in part. All have said that they have been pleased with customer feedback and that they are achieving good outcomes. In some cases reablement rates have exceeded their expectations.

The Council Executive has not yet agreed this proposal and therefore formal staff and trade union consultation has not taken place. However, subject to Executive agreement it is planned that formal consultation with staff and trade unions will commence immediately after a decision has been made.

Consultation with trade unions and staff

Early conversations with both UNISON and GMB have taken place in order to brief them of the situation. Detailed cost analysis has also been shared and management have offered to explain the detail of this. Should it be resolved that the expanded and existing service should be procured, formal consultation will begin immediately.

Staff were briefed immediately prior to the report becoming public. Over 50 staff attended this briefing and were joined by representatives from UNISON and GMB. There will be ongoing detailed formal consultation on the proposals with staff groups and on an individual basis throughout the consultation period. A total of 7 open meetings have been held since 14 December 2010. These weekly meetings were supplemented by 2 further sessions devoted to questions and answers on TUPE in response to requests from staff. Unison and GMB representatives were invited to attend the weekly meetings and the TUPE sessions and attended where they could.

4. Actions - Develop an improvement plan.

What actions are you going to take to address the issues identified?	By when?
Should there be a decision in favour of option 2 then a project plan will be initialised to deliver the required outcomes. The project will be implemented between March until October 2011 with a view to being completed and becoming operational around October 2011. The exact timescale will be determined by the staff consultation period and the procurement process.	October 2010

5. Summary - Summarise the key issues and actions (this bit will be made public).

Please summarise the key issues that you have identified (add more if you wish).	<p>1. The need to increase the capacity of the existing reablement service An increase in capacity will have a positive equality impact on the older people of the City of York by ensuring that all have the opportunity to access a service that is currently too small to meet everyone's needs. Accessing the service results in improvements to customer's health-related and social care-related quality of life. Consequently older people are able to stay in their own home for much longer and are far better able to fend for themselves and be more independent for much longer.</p> <p>2. Should it be decided that the option to expand the reablement service by transferring current in-house provision to the private sector alongside purchasing the additional required capacity then this would affect the predominantly female workforce who would be required to transfer to the new provider under transfer of undertakings protected employment (TUPE) rules.</p>
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Please summarise the **key actions** that you have identified (add more if you wish).

1. A decision to increase the capacity of the existing reablement service will result in a project delivery plan which will ensure that a contract is procured offering quality provision at the best price with safeguards in place to guarantee that the service is delivered in accordance with the desired outcomes.

2. The impact on staff will be managed through detailed consultation and support over the coming months. Staff will have access to management and human resource staff for advice and information. TUPE rules protect the existing terms and conditions of the staff group and no compulsory redundancies would result from this decision.

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Executive**15 March 2011**

Report of the Director of City Strategy

Draft Full City of York Local Transport Plan 2011 Onwards (LTP3)**Summary**

1. The purpose of this report is to present a Draft Full 'City of York Local Transport Plan, 2011 Onwards' (LTP3) to the Executive, as part of the procedure leading up to the publication of the LTP3, on the council's website, by 31 March 2011. This provides an opportunity for Executive to instruct any necessary changes to the LTP3 before making a recommendation to Full Council on 7 April 2011 for its adoption.
2. The Draft Full LTP3 (see Annex A) comprises:
 - an Executive Summary (which will also be a 'stand alone' document);
 - an introduction to the LTP and York;
 - a description of the background to transport in York;
 - a description of the transport challenges York faces;
 - the long-term transport strategy for York and the implementation programme for 2011-2015, 2015-2021 and 2021-2031;
 - details of how the implementation programme is to be funded, and
 - a description of the performance monitoring (indicators and targets)
3. The Full LTP3 (suitably amended to incorporate changes directed by Executive) will be published on the council's website by 31 March 2011 (marked 'Draft, subject to Adoption by Full Council'), to be in compliance with the deadline for publishing LTP3 before LTP2 expires on 31 March 2011.

Background

4. The council has a duty to produce a new Local Transport Plan (LTP3) by April 2011 to replace the existing Local Transport Plan (LTP2), which was published in March 2006 and is due to expire in March 2011.
5. Updates on Government Guidance, the LTP3 preparation process and progress, and previous consultations have been presented to the Executive Member at previous City Strategy Decision Session meetings, as listed in the Background Papers section of this report.

6. The preparation of LTP3 has been based on and drawn on:
- national policy and guidance;
 - local policies, plans and strategies in York and within York's surrounding area;
 - an extensive evidence base;
 - three phases of consultation (one of which was an informal 'dialogue' to complete the evidence base), and
 - representations and Executive Member's Decision at Decision Session, Executive Member City Strategy (DSEMCS) on 1 February 2011, which considered the Summarised Draft Full LTP3.

Consultation and evidence gathering

7. The outcome of the first phase of consultation (on issues and options) was reported to DSEMCS on 2 March 2010. The outcome of the subsequent consultation on the Draft Framework LTP3 and the methodology for gathering the evidence was reported to DSEMCS on 4 January 2011 and 1 February 2011 respectively.

Draft Full LTP3 Content

Executive Summary

8. The Executive Summary is an integral part of the LTP3, but it can also be issued as a 'stand alone' document.

Introduction to the LTP and York, and background to transport in York

9. The introduction highlights the importance of the Sustainable Community Strategy (SCS), the Local Development Framework (LDF) and the Local Transport Plan (LTP3) as the planning backbone for York. It also refers to the 'York New City Beautiful: Toward an Economic Vision' commissioned by the Council in collaboration with Yorkshire Forward. Furthermore, an explanation is given as to how LTP3 contributes to realising this vision, the SCS and the LDF as the principal driving forces for shaping York's future
10. LTP3 seeks to continue and develop the balanced approach to delivering transport improvements taken in the city's two previous LTPs, to ensure a sustainable future for York and the area around it as it continues to grow.
11. The main issues the transport network currently faces include:
- journey times on sections of the A1237 Outer Ring Road are long and unreliable at busy times of day;
 - numerous other roads experience traffic speeds of less than 10 mph at busy times of day, particularly in and around the city centre;
 - up to 42% of journeys in and around the city centre could be 'cross-city';
 - all of the Inner Ring Road and sections of the roads approaching it are part of the city's first designated Air Quality Management Area;

- a second Air Quality Management Area has been declared along Fulford Road, and
- many journeys from home to work are cross-city via radial routes into and out of the city centre, rather than around the city.

12. Other headline information includes:

- recorded traffic flows have gone down since 2005;
- between 2005 and 2008 rail passenger footfall at York Station and Poppleton Station increased by 6% and 14% respectively, and passenger numbers into York are expected to increase by 41% over the next 12 years;
- overall bus patronage has remained fairly constant since 2005;
- cycling levels have increased over the last two years, and
- the 10-year target for reducing Killed or Seriously Injured (KSI) road accident casualties has been achieved one year early.

The transport challenges for York

13. This details the policy documents and key drivers, at a national and local level (including York's area of influence), and includes expanded coverage of the consultations (as previously reported in DSEMCS on 1 February 2011) that have helped shape and influence the development of the LTP3.

14. At a national level, the Coalition Government's transport priorities are to:

- implement more sustainable transport (including reducing CO₂ emissions);
- support economic growth, and
- contribute to the 'localism' agenda.

15. The key local policy challenges include:

- being an active partner in the Leeds City Region (LCR) and the York and North Yorkshire (Y & NY) Enterprise Partnerships (including supporting the LCR Connectivity Study transport interventions);
- enabling the delivery of the SCS and the LDF;
- reducing greenhouse gas emissions and improving local air quality, and
- meeting the needs of an increasing and changing population.

16. This chapter also describes the longer-term transport issues, such as the projected growth in employment and housing in the LDF Core Strategy, and their impacts, together with the constraints that determine existing travel patterns and which influence the potential interventions that could be put in place.

17. This chapter describes the key issues that transport in York faces and that the LTP3 needs to tackle. The issues have been derived through an examination of policy, consultation responses and evidence gathered.

18. The key issues identified are:

- York's carbon footprint is high and a large proportion of emissions are attributed to transport;
- flooding is a risk to key parts of the transport network;
- slow and queuing traffic exists in certain locations at certain times;
- rail is increasingly important for business purposes, there is overcrowding on some services and demand is growing;
- an increasing elderly and dependant population;
- York's population has growing and changing transport needs;
- buses need to meet customer needs;
- poor air quality;
- 'health' and 'transport' need to share responsibilities and priorities;
- road accident casualties need to be reduced and safety increased;
- economic and employment growth for York are important;
- location and extent of new development and growth relies on transport provision, and
- some pockets of poor accessibility.

York's Transport Strategy and the implementation programme

19. The Draft Framework LTP3 proposed five strategic aims. These aims have been carried forward as strategic themes in the Draft LTP3, as listed below:

- Provide quality alternatives (to the car)
- Provide strategic links
- Support and implement behavioural change
- Tackle transport emissions
- Improve the public realm

20. These strategic themes have been further refined into a series of associated aims and objectives, together with an associated implementation programme.

21. The implementation plan consists of a series of five tables showing the priority measures and interventions under each of the strategic themes, cross referenced to the corresponding aim and objective.

22. The Implementation Programme has been split into short, medium and long term elements.

Funding the implementation programme

23. The four year short term programme (2011-2015) is aligned with the spending review period where firm and indicative capital budgets have been provided by the government. It is assumed that infrastructure improvements will also be funded by developer contributions in this period. Additional funding through the Local Sustainable Transport Fund (if the council's bid is successful) will enable schemes within the short term and medium term programme to be brought forward to be delivered earlier than would have been the case with the base funding alone.

24. Capital funding levels overall will be substantially lower in the LTP3 period (average £1.8m per year) than was received in LTP2 (average £3.5m per year), restricting the scope of what is achievable. The short-term period in the implementation plan shows the intended progress for each of the four years, reflecting this reduced level of funding.
25. The key capital projects to be delivered in the period up to 2014/15 are shown in Table 1

Table 1 – LTP3 key capital projects

City Strategy Capital Programme	Key Schemes
Access York Phase 1 Schemes	A59 Bus Priorities, A59/Water End Junction Improvements, Clarence Street/Lord Mayors Walk Junction improvements
Multi-Modal Schemes	Fishergate Gyratory Improvements, Blossom Street Phase - Holgate Road Improvements
Air Quality & Traffic Management	James Street Link Road, Low Emission Strategy, Electric Car Charging Points and urban traffic management and control (UTMC) system
Park & Ride (Existing Sites)	Maintenance and improvements at existing P&R Sites
Public Transport Improvements	Upgrade of City Centre bus stops, Bus Priority measures at key locations, Improvements to bus routes through city centre, Bus Information, BLISS rollout to all vehicles
Walking	Enlargement/enhancement of Footstreets area
Cycling	Links to Orbital Cycle Route, Strategic Cycle Network Improvements
Safety and Accessibility Schemes	Speed Management, Village Accessibility, Local Safety Schemes, Access to Employment/Leisure/Retail
School Schemes	Safe Routes to Schools, School Cycle Parking

26. The Implementation Plan assumes that the Programme Entry Status of the Access York Phase 1 project will be confirmed in December 2011, allowing it to be completed by the end of 2014. However, it is anticipated that a local contribution of approximately £1m from the LTP will be required for the Access York project. The bus priority and junction improvement elements of the project

may be progressed independently using LTP funds even if the bid is unsuccessful, as they would remain high priority.

27. In the medium to longer-term the programme is more ambitious, but less definite, as future funding availability and other influences are less certain. The programme does, however, have flexibility built into it to bring measures forward (should suitable funding opportunities arise), or otherwise adapt to changing circumstances.
28. The implementation programme contains both capital and revenue funded elements. It is anticipated that the maximum impact will be achieved when infrastructure improvements and behavioural change measures are progressed together.
29. An indicative annual revenue budget of approximately £6 million is available for the delivery of integrated transport services, such as cycle training, road safety, school crossing patrols, concessionary fares and subsidised bus services.
30. The largest revenue transport budget (£4.6 million) is concessionary fare payments to bus operators in accordance with the North Yorkshire and York Concessionary Fares Scheme.

Monitoring performance (indicators and targets)

31. There are 27 performance indicators for LTP3 (six national and 21 local), most of which have been continued from LTP2. The local indicators have been selected to best record progress toward delivering the outcomes expected from LTP3. Some indicators have not been continued from LTP2 due to difficulties in accurately monitoring the data; the most notable being the measurement of modal split, as the only statistically consistent survey data available is from the national Census (every 10 years). Instead of this, indicators relating to each mode will be monitored individually.
32. Targets have been set for all of the indicators included in LTP3 for the four-year period to March 2015. The targets have been set based on the expected impact of the measures included in the implementation programme for this period. Due to the lower level of funding available for this period, the targets are lower in scope than the targets set in LTP2, but could be revised if the council's bid to the Local Sustainable Transport Fund (LSTF) is successful.
33. Although the exceedence levels for nitrogen dioxide (NO₂) within the main Air Quality Management Area are currently being breached, it is anticipated that in the short-term the measures put into place will only just start to reverse recent rises in the level of NO₂. In the longer term more ambitious measures will go further in bringing levels below the exceedence levels.

Supporting information

34. Further information will be made available on the council's website, enable the publication of a concise LTP3 main document. This will include:
- A comprehensive evidence document
 - All appraisals/assessments, including:
 - Multi Criteria Assessment of 'long list' of potential measures;
 - Sustainability Appraisal (incorporating Strategic Environmental Assessment);
 - Equalities Impact Assessment;
 - Health Impact Assessment;
 - Habitats Regulation Assessment;
 - Progress in revising the Transport Asset Management Plan, and
 - Network Management Duties

Next steps

35. Presenting the Draft Full LTP3 to Executive will provide it with the opportunity to instruct any necessary changes to the LTP3 as a condition of making a recommendation to Full Council, on 7 April 2011, for its adoption.
36. The Full LTP3 (suitably amended to incorporate changes directed by Executive) will be published on the council's website by 31 March 2011 (marked 'Draft, subject to Adoption by Full Council'), to be in compliance with the deadline for publishing LTP3 before LTP2 expires on 31 March 2011.

Options

37. The options available to members are:
- Option 1 - Approve the Draft Full LTP3 and recommend to Full Council, on 7 April 2011, its adoption as York's new Local Transport Plan.
 - Option 2 – Instruct any necessary changes to the LTP3 before making a recommendation to Full Council, on 7 April 2011, for its adoption as York's new Local Transport Plan.

Analysis

38. Approving the Draft Full LTP3 and recommending to Full Council its adoption as York's new Local Transport Plan (Option 1) will enable the plan to be published on the council's website (marked 'Draft subject to Adoption by Full Council) well in advance of the required deadline, with a degree of council endorsement.
39. Instructing changes to the Draft Full LTP3 (Option 2) will incur some delay in the production process, the extent of which is dependent on the degree of change instructed. The more extensive the instructed changes, the more likely the risk of failing to publish LTP3 by the stipulated deadline.

Corporate Objectives

40. LTP3 is a cross-cutting document that encompasses and contributes to all of the council's outward facing corporate priorities.

Implications

- **Financial** – The Draft LTP3 contains a proposed implementation plan with associated short-term (2011-1015) capital expenditure programme. The capital budget for the first four years of the LTP3 period is anticipated to reduce to approximately £7.2m compared to £13.5m for the previous four years. When combined with funding from other sources, the available funding is projected to reduce from £20m to £8.4m. It is anticipated that contributions from developers will fund a significant proportion of the schemes. A mechanism for the apportioning developer contributions will be prepared through the Local Development Framework process. It is anticipated that the full cost of delivery of the necessary schemes and measures could be up to £170m in the period up to 2031.
- **Human Resources (HR)** – None identified at present
- **Equalities** – A full Equalities Impact Assessment has been completed. The main issues to arise in this are:
 - lack of sufficient and suitable visual / audible / tactile public transport information for blind or partially sighted people and for BME groups;
 - isolation and lack of access to opportunities, services and facilities for young, elderly or disabled people and BME groups, due to lack of sufficient and suitable public transport, particularly in rural areas;
 - young people can be prevented from getting to employment opportunities due to inadequate or expensive public transport;
 - nitrogen dioxide (NO₂), is the emission contributing to poor air quality in York that is of particular concern, as it can make breathing difficulties for higher risk groups such as the young, the elderly or the disabled worse and lead to premature death;
 - older people or people with disabilities (including sensory impairment) as pedestrians can feel intimidated by cyclists on shared use surfaces;
 - young people and older people, as drivers, and older people, as pedestrians (including visitors to York), are at a higher risk of having a road accident than the general population of York, and
 - Disabled people are more likely to be disadvantaged by restricting vehicular access as a means of reducing traffic, as they are more reliant on a private car (if they are able to drive) than the general public.
- **Legal** – Adoption of the LTP is a function of council that can not be delegated. It is, however, intended to publish the Draft Full LTP by 31 March 2011 with Executive's recommendation for its adoption in advance of its adoption by Council (on 7 April 2011)
- **Crime and Disorder** – There are no crime and disorder implications

- **Information Technology (IT)** – There are no IT implications
- **Property** – There are no property implications
- **Sustainability** – A full Sustainability Appraisal has been completed. Strategic theme 3 'Support and implement behavioural change' as an individual theme has the most positive impact on the sustainability objectives. Strategic theme 2 'Provide strategic links' could, potentially, have the most negative impacts on the objectives, depending on how it is implemented, as it could encourage longer trips as employer and education/training establishment catchment areas increase or markets for goods expand. It is likely that a balanced combination of measures from each of these themes will have the most beneficial impact overall.
- **Other** – There are no other implications

Risk Management

41. In compliance with the council's Risk Management Strategy, the main risk associated with preparing LTP3 is a 'reputation' risk due to the council not fulfilling its statutory duty to have a new Local Transport Plan in place by 1 April 2011. Failure to have this strategic transport plan in place by the due time undermine the validity of any future transport programmes and jeopardise the success of any bids for funding necessary transport improvements the council may make.

Recommendations

42. The Executive is recommended to:
- i) Note the contents of the report.
- Either
- ii) Recommend to Full Council, on 7 April 2011, that the Draft Full LTP3 (subject to final formatting) be adopted as the city's LTP3.
- or
- iii) Direct officers to make necessary changes to the Draft Full LTP3, such that the amended Draft Full LTP3 be presented to Full Council on 7 April 2011, with Executive's recommendation for its adoption as the city's LTP3.

Reason: To either approve or ascertain the required changes to the full LTP3 for its publication by the end of March 2011, subject to subsequent adoption by Full Council on 7 April 2007.

Ward Member comments

43. Not appropriate at this stage.

Non Ruling Group Spokespersons' comments

44. Non-ruling group spokespersons have been contacted.
45. No responses have been received to date from other spokespersons.

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Report Approved **Date** 23/02/2011**Specialist Implications Officer(s)** *List information for all***Wards Affected:****All**

For further information please contact the author of the report

Annexes

Annex A: Draft Full LTP3

Background Papers

- Guidance for the publication of LTP3, DfT, July 2009
- Decisions Session, Executive Member City Strategy 1 September 2009, Item 11
- Decisions Session, Executive Member City Strategy 20 October 2009, Item 12
- Decisions Session, Executive Member City Strategy 2 March 2010, Item 5
- Scrutiny Management Committee (Calling In) 8 March, 2010, Item 4
- Executive (Calling In) 9 March, 2010
- Decision Session, Executive Member City Strategy 11 May 2010, Item 10
- Decision Session, Executive Member City Strategy 04 January 2011, Item 5
- Decision Session, Executive Member City Strategy 01 February 2011, Item 5



Executive**15 March 2011**

Joint Report of the Director of Communities and Neighbourhoods and the Director of City Strategy

DRAFT FRAMEWORK FOR YORK LOW EMISSION STRATEGY**Summary**

1. On 8 June 2010 the Executive agreed that an overarching Low Emission Strategy (LES) should be developed for York to ensure a more holistic approach to local air quality management and carbon reduction. This report presents a draft framework for the York Low Emission Strategy (LES) to be taken forward for public consultation in 2011. It presents an outline of the proposed measures and actions and suggested timescales for their implementation. It also sets out proposals for further public consultation.

Background

2. Action to manage and improve air quality in the UK is driven by European (EU) legislation. The 2008 ambient air quality directive (2008/50/EC) set legally binding limits for concentrations in outdoor air of major air pollutants that impact public health, such as particulate matter (PM₁₀) and nitrogen dioxide (NO₂). The 2008 directive replaced most of the previous EU air quality legislation and was made law in England through the Air Quality Standards Regulations 2010. The Secretary of State for Environment, Food and Rural Affairs has responsibility for meeting the limit values in England and the Department for Environment, Food and Rural Affairs (Defra) co-ordinates assessment and air quality plans for the UK as a whole.
3. To assist the Secretary of State in delivering the EU limit values local authorities are required under the provisions of the Environment Act 1995 to regularly 'review' and 'assess' air quality in their areas and to declare 'Air Quality Management Areas' (AQMAs) where health based air quality objectives are not being met. The health-based objectives are generally more stringent than the EU limit values (they have to be met sooner than the EU limit values and/or have different numerical values). Local authorities are only required to work towards meeting the air quality objectives and at present have no legal responsibility for meeting the EU limit values; this remains the responsibility of the Secretary of State.

4. At the present time some parts of London remain in breach of the EU limit values for PM₁₀ and many urban areas in the UK remain in breach of the NO₂ limit value. The Secretary of State is therefore currently under the threat of very substantial EU fines for non-compliance with the EU air quality limit values and it has been indicated that some of these fines may be passed on to local authorities who are considered to be underperforming in their local air quality management duties. It is therefore essential that York continues to demonstrate a strong commitment to local air quality management and air quality improvement measures.
5. In 2002 City of York Council (CYC) declared an AQMA around the inner ring road where concentrations of nitrogen dioxide (NO₂) were above the health-based objective levels. Nitrogen dioxide is formed during all combustion processes (primary NO₂) and can also be formed in the atmosphere from other pollutants (secondary NO₂). The main source of nitrogen dioxide in York is traffic.
6. Following the declaration of the first AQMA, two Air Quality Action Plans (AQAPs) were developed. These AQAPs have focused primarily on encouraging 'modal shift' with an emphasis on encouraging walking, cycling and public transport use. Since the introduction of the second AQAP cycle usage has increased and so has the proportion of the bus fleet that meets ever more stringent Euro emission standards.
7. Since 2001 bus patronage has increased by over 5 million passengers (+54%), with 2004/05 showing the largest recorded annual rise of approximately 2.5 million passengers (+21%). This was generally contrary to a decline in bus patronage nationally. The latest available figures show that over the last few years the early rapid increase in bus use (including Park & Ride use) has stabilised, with annual growth varying between plus or minus 5%.
8. Traffic flow data, included in York's Local Transport Plan 2011 onwards (LTP3) shows that since 2005 traffic levels have fallen overall in all time periods. Traffic flows fell the most in the peak hours (approximately 4%). In the inter-peak period traffic flows fell by about 1%.
9. Whilst encouraging modal shift and reducing the number of journeys undertaken by car remains an important aspect of air quality management in York, modal shift alone is not delivering a great enough improvement in air quality to meet the health-based objectives.
10. Between 2002 and 2005 there was a slight improvement in air quality around the inner ring road, but since then air quality has deteriorated (Figure 1, annex A). Due to deteriorating air quality a further AQMA was declared in Fulford in April 2010.

11. The exact reasons for the continuing deterioration in air quality in York are unclear, but are thought to include:
 - i. An increased proportion of primary nitrogen dioxide emissions from modern diesel vehicles, particularly cars (see Annex C). This is due to emission controls added to vehicles to reduce other pollutants such as particles and carbon monoxide.
 - ii. Increased use of bio-fuels in vehicles and boiler plant (some bio-fuels can reduce emissions of carbon dioxide, but increase local emissions of particulate and oxides of nitrogen)¹
 - iii. The cumulative impact of small scale developments
 - iv. Increased fares for buses and Park and Ride, coupled with an increase in the amount of relatively cheap city centre car parking, has made car journeys to the city centre more attractive
12. To improve York's air quality, emissions from traffic (including buses, HGVs and taxis) need to be reduced and further measures need to be put in place to minimise traffic emissions from development. This can be achieved by incentivising the uptake of low emission technologies (such as electric, hybrid and bio-methane vehicles) within the general vehicle fleet and by requiring developers to mitigate more effectively against transport emissions from their developments (by providing incentives for low emission vehicle use and contributing towards the cost of low emission infrastructure). There also needs to be a more holistic approach to carbon and local air quality management to ensure all emissions to air are minimised as far as possible. The Executive of 8 June 2010 agreed to an overarching Low Emission Strategy (LES) to address these issues.
13. As well as the delivery of a local LES, York is working in partnership with Leeds City Council and the national Low Emission Strategy Partnership (LESP) to accelerate the uptake of low emission technology within the Leeds City region. As regional 'Low Emission Champions' York and Leeds have already hosted a number of events aimed at increasing awareness of low emission technology and developing low emission planning guidance. A key output from the regional group initiative (RGi) will be the York Low Emission Strategy, which will be developed into a national framework for adoption by other local authorities and organisations.

¹ Biomass and Air Quality Guidance for Local Authorities, LACORS, June 2009

Progress to date

14. Initial development of the LES in York has been undertaken primarily by the LES Steering Group (previously the Air Quality Steering Group). This group is led by representatives of the environmental protection unit (EPU) and includes officers from transport planning, network management, city development, procurement, fleet management and sustainability and links to Visit York and the Local Strategic Partnership (LSP).
15. Key tasks undertaken to date include:
 - Development of a draft vision and objectives for the LES
 - Development of policy links with Local Development Framework (LDF)
 - Drawing up of a list of potential LES measures by reviewing activities in other LAs and considering other ideas
 - Consideration of individual measures in terms of feasibility, timescale for delivery, cost and compatibility with existing and emerging policies e.g. Local Transport Plan 3.
 - Shortlisting of measures for inclusion in the draft LES
 - Introducing the LSP to the concept of a LES
 - Undertaking a source apportionment study

Local progress

16. City of York Council are regional low emissions champions: through our planning, sustainability and procurement policies and the way we use transport to deliver our services (see the Transport and Fleet review) we will aim to act as an exemplar in terms of reducing emissions from all sources. However, support will be needed from the public sector, local residents and business to implement all the measures in the low emission strategy.

Although the LES for York has not yet been produced, some progress has already been made towards attracting low emission technology to the city:

- Installation of two electric car-recharging bays at the new Waitrose store, achieved through negotiation with the developer.
- The current trial of hybrid and electric buses on the A19 corridor from (to assist with improving air quality in the Fulford AQMA)
- Drawing up of a section 106 agreement for electric vehicle charging points, car club and contributions towards air quality monitoring for the Nestle South development site.

- Inclusion of a requirement for low emission measures in the York North West Supplementary Planning Document.

National progress

17. Council officers have been involved in the development of the following national low emission projects:

- Recent publication of draft guidance on the development of Low Emission Supplementary Planning Documents (SPDs) by the LESP. York intends to be one of the first authorities to produce such guidance.
- Development of guidance on using public procurement to reduce transport emissions by the LESP.
- Development of an emissions toolkit by the LESP that will allow fleet managers to calculate emission savings from proposed fleet changes and allow planning officers to calculate the emissions savings likely from different low emission mitigation strategies. York is involved in the testing of this tool prior to general release.
- Roll out of the Plugged in Places (PiP) programme. This provides match funding to local consortia made up of businesses and other public sector partners, to help provide electric vehicle recharging infrastructure in a range of different locations. A Yorkshire and Humberside PiP bid was submitted in October 2010, but was unsuccessful due to a lack of business and public sector match funding. The Yorkshire and Humberside PiP board is currently considering other possible funding sources such as European Regional Development Funding (ERDF), LTP3 funding and the Local Sustainable Travel Fund (LSTF).

Regional progress

18. Regional projects include:

- A low emission vehicle demonstration day and conference in Leeds on 7 October 2010 as part of our regional low emission champion role
- Hybrid bus trial on A61 Leeds
- Continuing trial of bio-methane refuse trucks in Leeds
- Development of a bio-methane refuelling station in Leeds (due to open March 2011)

- LES planning seminar in York in March 2011 for the Yorkshire branch of Royal Town Planning Institute (RTPI)
- Funding recently secured for a regional vehicle emission monitoring research programme by Institute of Transport Studies, University of Leeds. This will include further data collection in York.

Links to other policies, strategies and programmes

19. In drawing up the draft framework for the LES consideration has been given to existing policies and programmes that already aim to improve local air quality and/or reduce carbon emissions. The aim of the LES is to strengthen and enhance these policies and programmes whilst avoiding duplication. Key policies and programmes to which the LES will be closely linked are:

Sustainable Community Strategy (SCS)

20. The SCS sets out and ensures the delivery of a long-term vision for the city based around seven key themes including 'A sustainable city' and 'A healthier city'. One of the overall aims of this strategy is to *'ensure that York is a sustainable city which tackles climate change and reduces its impact on the environment while maintaining the city's special qualities and enabling it to grow and thrive.'* To support the SCS a Climate Change Framework and Action Plan (CCFAP) has already been drawn up to reduce the city's carbon emissions. The LES can assist in the delivery of the SCS by ensuring emissions of local as well as global pollutants are reduced as far as possible (particularly from development led transport emissions) and by generally encouraging the uptake of alternative vehicle technology. Reduced emissions of local air pollutants should result in a healthier environment for all.

Carbon Management Programme

21. The Council's internal Carbon Management Programme (CMP) was established to reduce the council's CO₂ emissions. The remit of the CMP is Council owned buildings (including schools), street lighting, council fleet, employee travel and waste. The LES will need to take account of the CMP and work to ensure both CO₂ and other emission savings are maximised. In recognition of this fact the LES has recently been incorporated into the Sustainable Development Board (SDB), which oversees the work of the CMP.

Local Transport Plan and Air Quality Action Plan

22. One of the key objectives of the current LTP2 is to *'improve air quality'*. LTP2 therefore incorporates an Air Quality Action Plan (AQAP2) at Annex U. AQAP2 is primarily based on modal shift measures (promotion of walking, cycling and public transport) as a means of improving local air quality. As already

mentioned (paragraph 8) monitoring of air quality within the city centre AQMA has indicated that modal shift measures alone are not enough to deliver the health based air quality objectives at all locations in the city.

23. Limited capital funding is available via LTP3 to deliver LES measures. One of the proposed strategic aims in the draft LTP3 is to '*Tackle Transport Emissions*'. The draft LTP3 includes measures to promote the use of low emission technology as well as a continued commitment to modal shift. Theme 4 of LTP3 sets out to reduce emissions of Carbon Dioxide (CO₂) and Oxides of Nitrogen (NO_x), particularly Nitrogen Dioxide (NO₂), arising from transport, thereby contributing to the council's carbon reduction target and improving local air quality.
24. LTP3 aims to reduce emissions from individual vehicles through the promotion of less polluting fuels and improved technology developments and more generally through reducing vehicle numbers and discouraging the use of more polluting vehicles. It will do this by having the infrastructure in place to support the use of electric or electrically assisted vehicles and encouraging the use of other lower emission vehicles and by regulating the entry of more polluting vehicles into the AQMAs and discouraging more polluting vehicles.
25. A revised AQAP3 will be drawn up to support LTP3 and the LES.

Local Sustainable Transport Fund

26. The Government has created a Local Sustainable Transport Fund (LSTF), which aims to deliver sustainable transport that supports economic growth and reduces carbon. Solutions will be geared to supporting jobs and businesses through effectively tackling the problems of congestion, improving the reliability and predictability of journey times, enabling economic investment, revitalising town centres and enhancing access to employment. They should also aim to change patterns of travel behaviour and use more sustainable transport modes and so deliver a reduction in carbon and other harmful emissions. Funding will be up to 2014/15.
27. Discussions with the Department for Transport (DfT) have indicated that broadly a 60:40 resource-capital split would be looked for. A bid is being proposed for York to use and build on the momentum and success of the Cycling City programme (but expanded in scope). To meet the criteria set by DfT, a programme is being developed to include projects totaling up to £5 million:
 - Are deliverable in the funding period
 - Are additional to existing projects/funding proposals (e.g. LTP 3)
 - Bring economic and carbon benefits and address the problems facing York

- Are proven to work, in York or elsewhere
- Support a targeted and genuinely integrated package of measures
- Measures to improve travel planning and promote bus usage and cycling should help to reduce emissions

Local Development Framework

28. The council's emerging Local Development Framework (LDF) Core Strategy is the plan for the future development of York. It will be a blueprint for the economic, social and environmental future of York, providing the framework for implementing the Council's aims and objectives that affect the use of land and buildings. A key aim of the LDF Vision is for York to be a leading environmentally friendly City. Under this theme, the Vision states that the LDF will play a key role in helping to deliver improvements to air quality and the implementation of a Low Emission Strategy.. The LDF will promote the creation of sustainable, low carbon neighbourhood by ensuring the identification of sites and future development are in locations that are accessible to sustainable modes of transport and a range of services that would not lead to unacceptable levels of congestion, pollution and/or air quality. The Core Strategy is at the centre of the LDF process; all other LDF documents must be in accordance with the policies of the Core Strategy. In the Core Strategy there is a dedicated air quality section which sets out strategic objective to support measures to reduce emissions to air to be measured through targets to achieve legal air quality objectives city wide. The policy requires air quality to be considered both through the planning application process and in the identification and allocation of future sites. The air quality policy will be supported through the preparation of Low Emission Strategy Supplementary Planning Document (LES SPD) that will require developers to provide more information about the actual emissions from their developments and ensure all emissions from additional transport are adequately mitigated against. This will sit alongside a Sustainable Design and Construction SPD which will ensure that all new residential and non residential developments built in the city meet high sustainable design and construction standards, reduce carbon emissions, and where feasible, generate onsite renewable energy. On the 1 March 2011 the Executive recommended that Council approve the draft Core Strategy for Publications and Submission to the Secretary of State.

A diagram showing how the LES will link to other key policies and programmes is included at Annex B.

More For York Transport and Fleet review

29. In addition to the LES steering group and existing policies and programmes, a transport and fleet review board has been established under the More for York programme. The board is looking specifically at how both cost and emission savings can be made in relation to the council's use and procurement of

vehicles. The review will consider council owned vehicles, privately owned vehicles used on council business and transport services procured by the council, such as school buses and taxis. The review is likely to recommend a number of vehicle efficiency savings which should reduce the number of miles travelled by council procured vehicles and result in an associated emission saving. The review will also examine opportunities for introducing low emission vehicles into the council fleet and other services procured by the council.

Framework for the York LES

30. The consultation draft LES will contain the following:
- i. An overview of the key local, regional and national policies that influence and control emissions to air (including both local and global pollutants)
 - ii. Presentation of an evidence base to support the requirement for a LES in York. This will include recent air pollution monitoring data, and the findings of a recent source apportionment study undertaken by Dr James Tate from the Institute of Transport Studies, University of Leeds² (currently seconded to EPU). Graphs showing the contribution different type of vehicles make to emissions in York can be found at Annex C.
 - iii. A low emission technology overview – a summary of what technologies and systems are currently available, costs, funding opportunities and real life examples
 - iv. Draft vision and objectives for the LES
 - v. Proposed LES measures (Annex D). To include timescales, estimated costs, delivery mechanism
 - vi. Setting of baseline emissions and target emissions

Views on items iv, v and vi will be invited as part of the public consultation process.

Draft vision and objectives

31. A vision and objectives were agreed following discussion within the LES steering group. These may be amended following the consultation process. The following vision is proposed for the LES.

² The contribution of different vehicle types to emissions in the Fishergate and Lawrence Street Technical Breach Areas, Dr James Tate, 8 November 2010

'To transform York into a nationally acclaimed low emission city'

There was a consensus that 'transformation' and 'aspiration' should be the key messages within the vision statement and that it should be kept short and concise. Understanding and acceptability of the vision statement will be explored as part of the public consultation process.

32. The following set of draft objectives are proposed:
- i. To raise awareness and understanding of emissions to air in order to protect public health and meet the city's ambitious carbon reduction targets.
 - ii. To minimise emissions to air from new developments by encouraging the uptake of low emission technologies
 - iii. To reduce emissions to air from existing buildings and vehicles by providing businesses, residents and visitors with incentives and opportunities to use low emission technology
 - iv. To ensure emissions to air are fully considered during the future procurement of goods and services by CYC and its partners
 - v. To encourage inward investment by providers of low emission technology, fuels and support services

The proposed measures

33. Annex D sets out the measures proposed for inclusion in the LES. Some measures can be implemented rapidly with little additional funding or consultation, whilst others are more long-term aspirations that will require further investigation, funding and consultation prior to implementation. The measures have been set out in order of likely timescale scales for implementation on the following basis:

Short-term measures - within 12 months (by end of 2011)
Medium term measures - within 3 years (by end of 2013)
Long term measures – 2014 and beyond

34. Within Annex D an indication has also been provided of the likely cost associated with each measure. Costs have been indicated as follows:

Low cost < £40,000
Medium cost > £40,000 < £100,000
High cost > £100,000

The low cost items are those that can be funded out of the air quality action planning grant funding obtained from DEFRA earlier this year or which have funded allocated to them in the LTP3 capital programme. These items should be progressed within the indicated timescales. Medium and high cost items will require additional internal or external funding to be sought.

Aims and priorities for the LES

35. The main aims of the LES will be to:
- i. Ensure a more holistic approach to reducing both local and global air pollutants. The LES will act as a critical friend to the Council's carbon reduction commitments / projects to ensure that emissions of both CO₂ and other air pollutants are minimised as far as possible.
 - ii. Minimise and mitigate transport related emissions from future developments and monitor their cumulative impacts
 - iii. Provide incentives and infrastructure that will encourage the uptake of cleaner vehicles by both individuals and corporate fleet
 - iv. Ensure York takes maximum economic advantage of the opportunities early adoption of low emission technology may bring
36. To support the air quality policy of the emerging Core Strategy one of the first measures to be implemented will be the development of the new LES Supplementary Planning Document. Minimising emissions from development is considered a priority for the LES because development related emissions are continually increasing and adding to the other underlying air quality issues in the city. The aim is not to prevent development, but to ensure that it proceeds with the minimum of emissions.
37. The new LES SPD will require developers to provide more information about the likely emissions from their developments, provide incentives for the uptake of low emission technologies on their developments (e.g. electric vehicle recharging points, priority parking schemes, zero parking schemes etc) and in some cases contribute towards the development of low emission infrastructure to serve their developments (e.g. low emission buses, low emission refuse collection etc.) The new LES SPD will sit alongside an SPD on Sustainable Design and Construction which will provide advice on sustainable design and construction standards, reducing carbon emissions and generating renewable energy.
38. Increasing the use of low emission vehicles is another key priority area for the LES. In the short term this will be focused on cleaning up the CYC fleet (in line

with the recommendations of the ongoing More For York transport and fleet review) and providing a network of electric vehicle charging points across the city, along with appropriate incentives for their use. A sum of £30,000 is proposed within the 2011/12 LTP3 capital programme to commence installation of the recharging network. Provision of electric vehicle parking and charging points within council car parks will make ownership of an electric vehicle a viable option for some consumers in future years. Further incentives for electric vehicle ownership can be achieved by offering reduced rates of parking, preferential parking and/ or free electricity. The ability to provide such incentives will be explored further as part of the delivery of the LES.

39. Following the unsuccessful Yorkshire and Humberside PiP bid, alternative sources of funding to continue this programme are still being sought both locally and regionally. An ERDF funding bid has been developed which will allow small and medium enterprises (SMEs) in Yorkshire to obtain 40% match funding towards the cost of leasing an electric vehicle. Lease rates will be at 60% of the normal rate and a free electric vehicle recharging point will be provided as part of the package. If successful this bid will allow a number of businesses in the region to trial electric vehicle technology in their fleets and will increase the number of recharging points currently available in the region. In addition negotiations are currently taking place with a potential private sector partner who has expressed an interest in helping to resource back office facilities to help promote the uptake of electric vehicles in the region. This office could be responsible for the public dissemination of information about alternative vehicles and available support, assist with the establishment of incentives for the use of alternatively fuelled vehicles and actively promote technologies through events and visits to individuals and larger fleet operators.
40. The provision of recharging facilities on private property will continue to be pursued through the planning process (as already achieved at Waitrose) and by trying to establish partnerships with energy companies who have already expressed some interest in installing EV charging points within existing and new homes.
41. The recent source apportionment study of emissions in the AQMA by Dr James Tate has indicated that buses make up approximately 2.5% of the total traffic flow in the AQMA, but emit around 28% of the oxides of nitrogen (Annex C). Therefore reducing bus emissions has to be a high priority for the LES. It is essential that early negotiations with bus companies are undertaken to ensure the early delivery of low emission buses in York. Hybrid buses are reported to produce up to 50% less oxides of nitrogen than conventional diesel buses, whilst electric buses have zero emissions at the point of use (although there is still an emission associated with electricity production unless it is from a renewable energy source). With the assistance of Dr Tate, EPU is currently assessing the in-use emission reductions from the hybrid buses currently being trailed on the Designer Outlet Park and Ride service. This route was chosen

for the trial because it passes through both the Fulford and City Centre AQMAs. The trial will provide important information about the level of emission reduction that could be expected by introducing hybrid and electric vehicles into the York fleet on a permanent basis, particularly on those services operating in areas of poor air quality. In view of the high proportion of emissions resulting from buses and HGVs it has been recommended that the initial timescales for tackling these emission sources in the draft LTP3 should be brought forward as far as possible within the constraints of available funding.

42. Delivering the LES vision and objectives will be a lengthy process taking place over many years. The speed and extent to which York transforms itself into a low emission city will be dependant on a number of factors including:
- i. the level of local support and commitment to the concept of a low emission city
 - ii. the general availability and affordability of suitable technology
 - iii. the number of development sites coming forward which are considered suitable for the application of LES measures
 - iv. the rate of uptake of low emission vehicles within the local vehicle fleet. (Rapid uptake within the CYC fleet and local bus fleet are key to this).
 - v. the availability of grants and other funding to support the uptake and demonstration of low emission measures
 - vi. the success of CYC in 'selling' the concept of a LES and 'winning hearts and minds'
 - vii. the ability of York to attract low emission technology researchers, suppliers and support businesses.

Timescales and proposed consultation process

43. It is proposed that a consultation draft of the LES will be prepared the end of June 2011. The consultation draft will be circulated to members, key officers and the LSP, via the Environment Partnership Board. The consultation draft will be made publicly available on the JorAir website and the opportunity to comment on the content of the draft LES will be highlighted within council literature and on the CYC website. The possibility of an online consultation survey will also be investigated. It is anticipated that a final LES could be adopted by the end of October 2011.

Options

- 44.(a) Approve the outline framework, vision, objectives and proposed LES measures detailed in paragraphs 14 to 18 and Annex D of this report (subject to amendments requested at this meeting) and allow officers to proceed directly to the development of a draft consultation LES.

- 45.(b) Request revisions to the outline framework, vision, objectives and proposed LES measures detailed in paragraphs 14 to 18 and Annex D of this report to be brought back before the Executive prior to development of a draft consultation LES.

Analysis

46. Option (a) will enable the development of a LES for York to progress immediately and ensure a draft LES can be completed by the end of June 2011. It will also allow the main transport measures within the LES to be incorporated into the emerging LTP3 and revised AQAP3. Early completion of the LES for York will place the city in a good position to attract low emission vehicles, technologies and associated jobs ahead of other local authorities.
47. Option (b) will slow down the process of developing a LES for York. Uncertainty about the final content of the LES will limit the number of supporting measures that can be incorporated into the emerging LTP3 and AQAP3. Delays in committing to a final LES may result in York missing out on opportunities to attract low emission vehicles, technologies and associated jobs.

Corporate Priorities

48. The LES contributes to the council's corporate strategy as follows:
- Sustainable City – protecting the local and global environment
 - Healthy City – protection of public health
 - Thriving City – could attract inward investment and will support sustainable development and tourism
 - City of Culture – protects the historic environment and the health of people attending outdoor events
 - Effective Organisation – promotes partnership working
 - Inclusive City – promotes a unified approach to air quality issues across the city

Financial Implications

49. The cost of developing a draft LES for consultation will be met from existing budgets. Annex A highlights those measures that are affordable within current budgets (low cost measures) and which will be implemented once the final LES document has been approved. 'Medium' or 'high' cost measures will only be implemented / progressed if suitable funding sources can be identified in the future and if members choose to allocate such funding to the further development of the LES. The report assumes current staffing and funding levels. There are no other financial implications associated with this report at the present time.

Human Resources

50. The draft consultation LES and low cost measures can be delivered with existing staff resources. Some of the medium and high cost measures may require additional staffing resources in the future, but implementation of these measures will be subject to suitable funding sources being identified and consultation with members.

Equalities

51. An assessment of the equalities implications will be completed.

Legal Implications

52. An assessment of the legal implications will be completed.

Crime and Disorder

53. There are no crime and disorder implications.

Information Technology (IT)

54. There are no IT implications.

Risk Management

55. In compliance with the Council's risk management strategy, failing to meet the health based air quality targets, considering the likelihood and impact, the current net risk rating is 21 or High. The development of a LES, together with an AQAP and climate change action plan and their implementation should reduce the risk to Medium.

Recommendations

56. The Executive is advised to:
57. **Approve option (a)** – Approve the outline framework, vision, objectives and proposed LES measures detailed in paragraphs 14 to 18 and Annex D of this report (subject to amendments requested at this meeting) and allow officers to proceed directly to the development of a draft consultation LES.

Reason: This option will allow the draft consultation LES to be drawn up in line with the timetable set out by the LESP RGi, allow LES measures to be adequately incorporated into LTP3 and AQAP3 and maximise the chances of York attracting low emission vehicles, technologies and jobs to the city.

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Report Approved **Date** 30 Nov 2010

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

National Air Quality Strategy

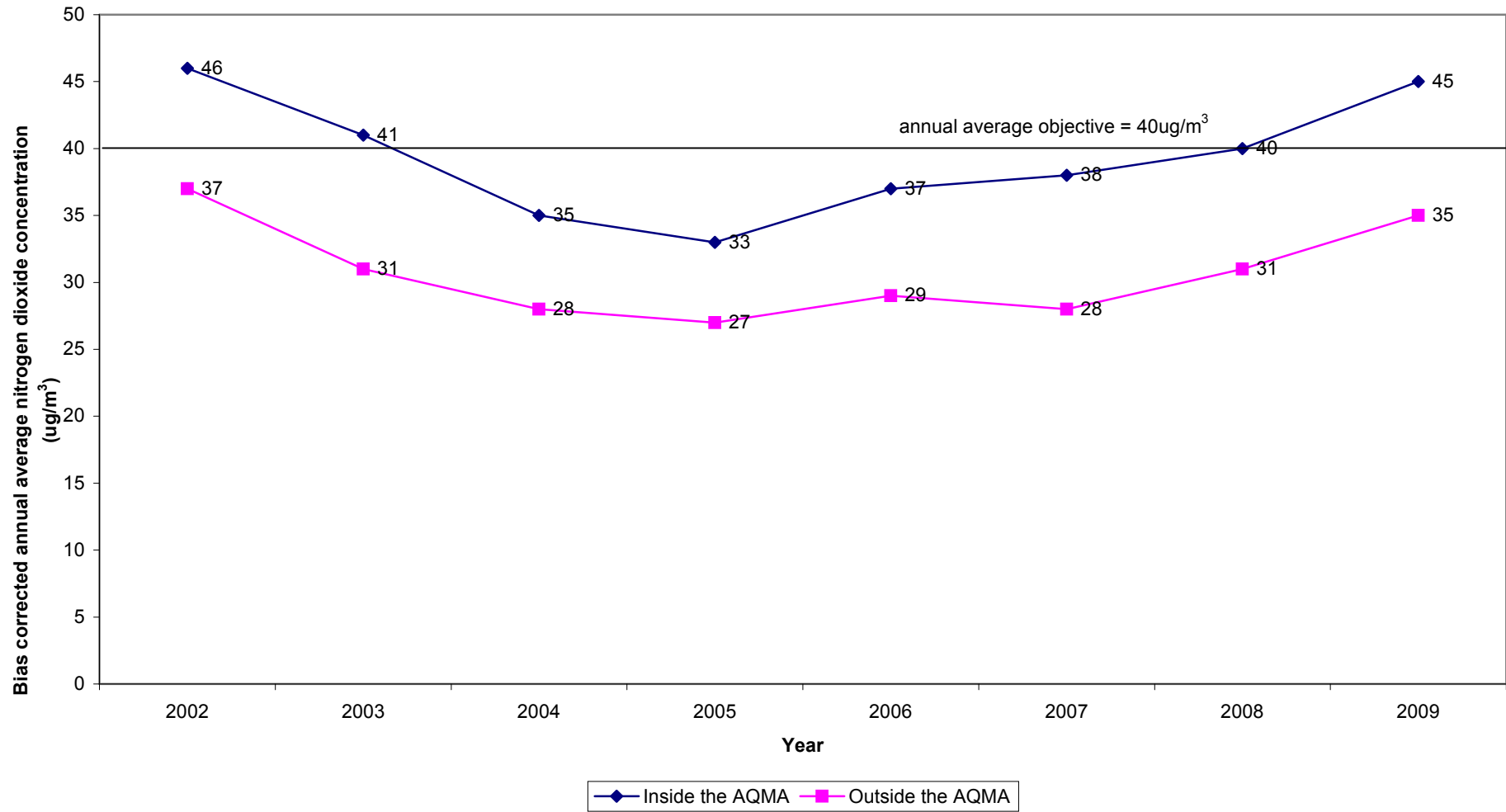
A Low Emission Strategy for York - Executive Member for Communities and
Neighbourhoods (8 June 2010)

Air Quality Update – Executive Member for Neighbourhoods (16 Nov 2010)

City of York's Local Transport Plan 3 – Draft 'Framework' LTP3 – Decision
Session Executive Member City Strategy (5 Oct 2010)

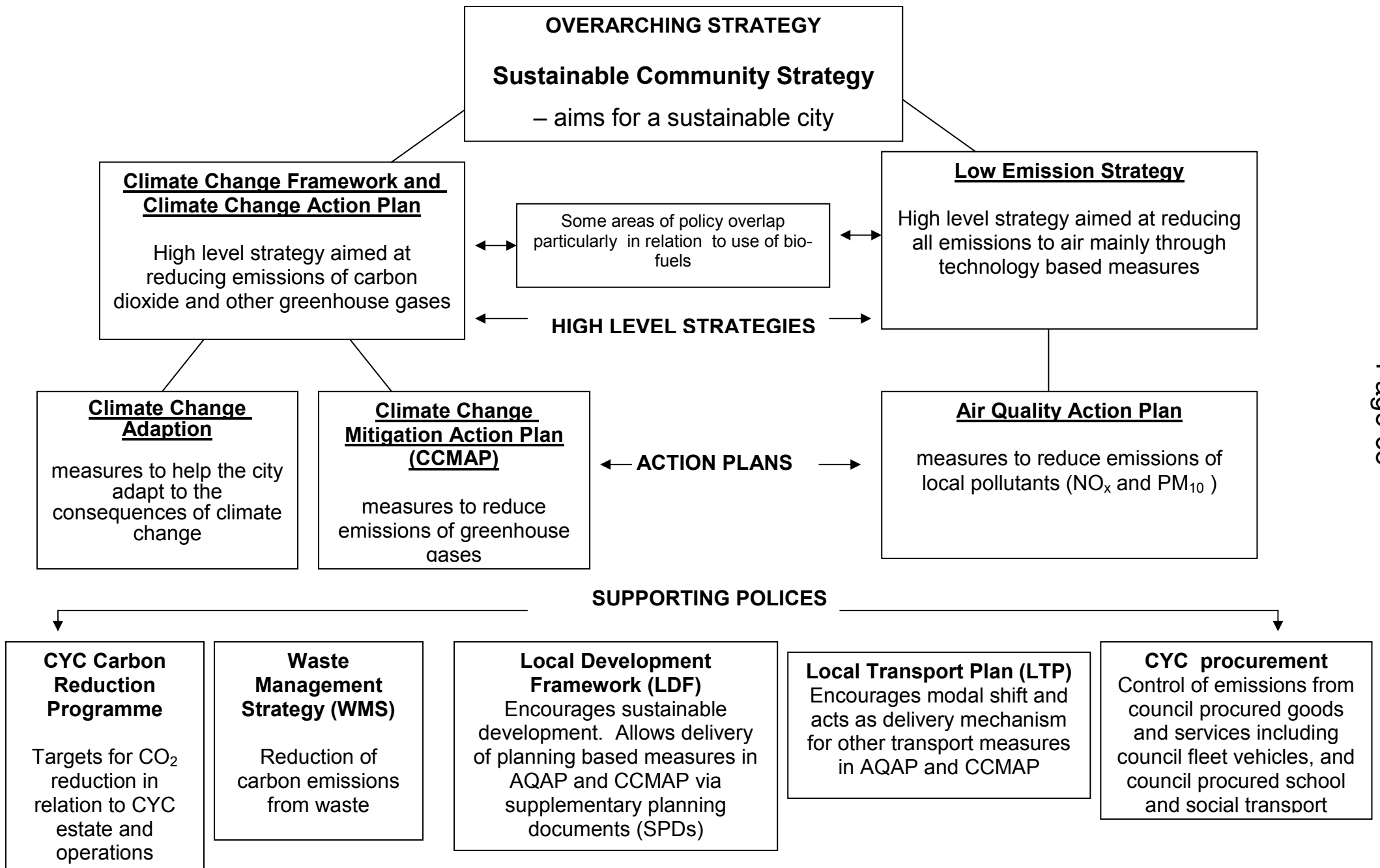
Annex A

Figure 1: Average nitrogen dioxide concentrations in York (2002 to 2009)



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Annex B – Framework for CYC emission reduction policies



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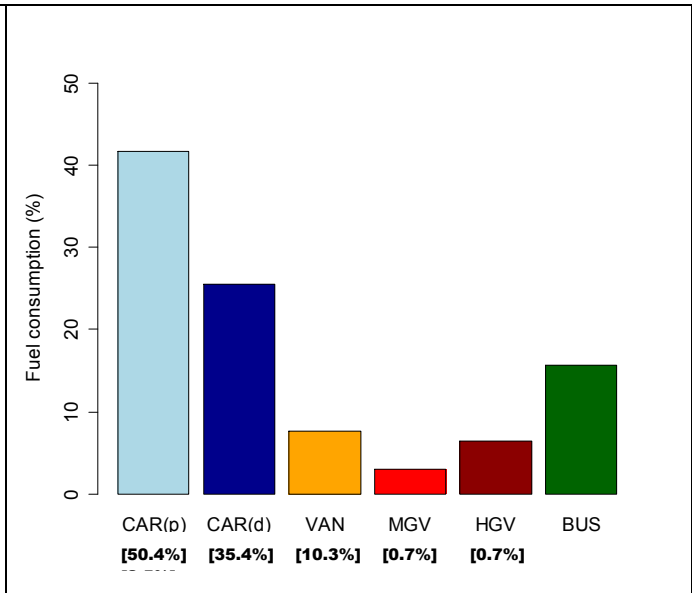
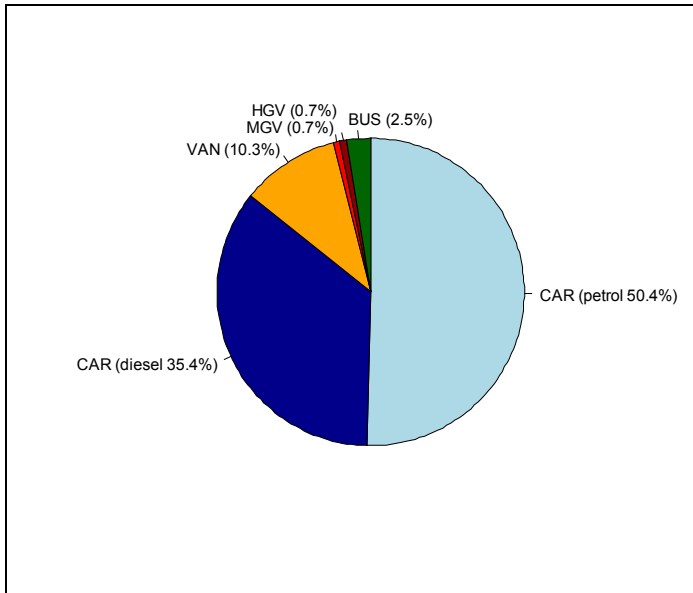


FIGURE 1: Vehicle fleet breakdown

FIGURE 2: Fuel consumption
NOTE: Fleet % in []

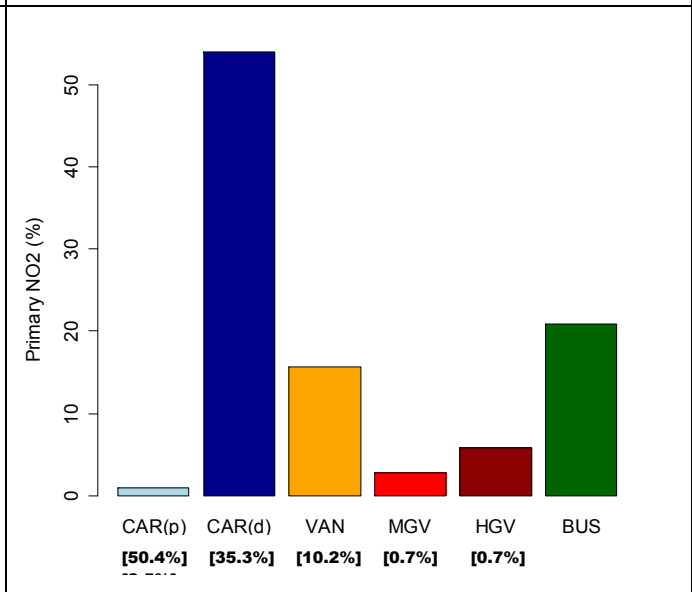
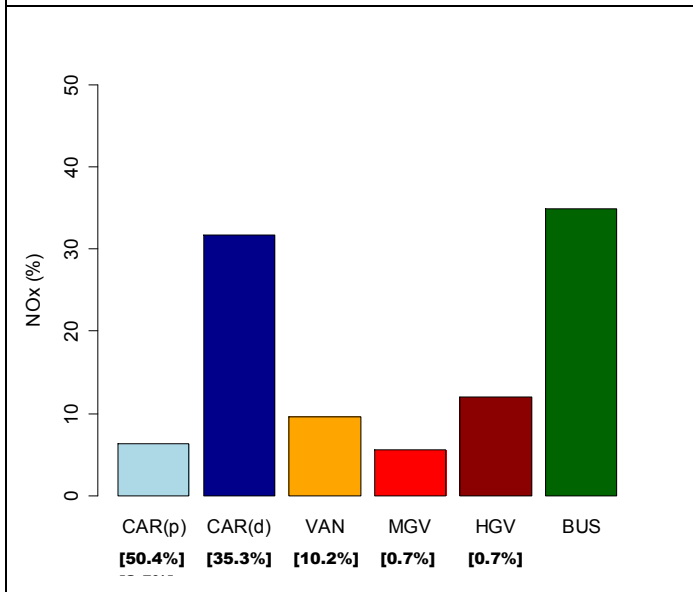


FIGURE 3: Oxides of Nitrogen (NO_x)

FIGURE 4: Nitrogen dioxide (NO₂)

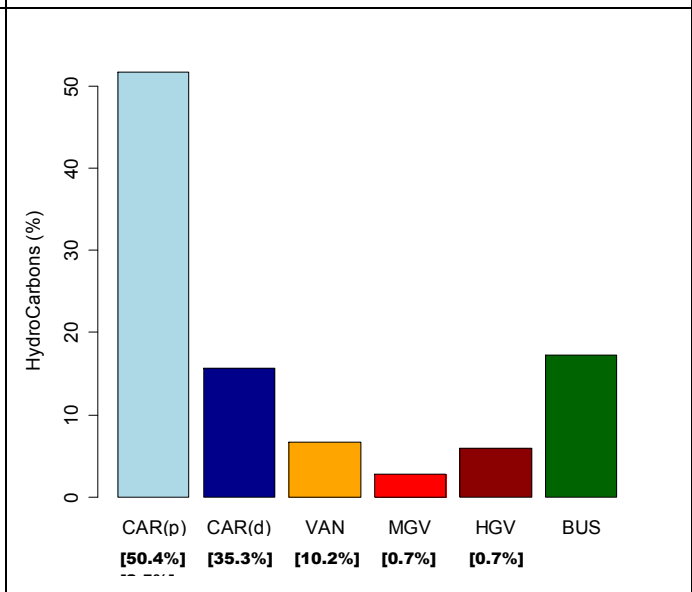
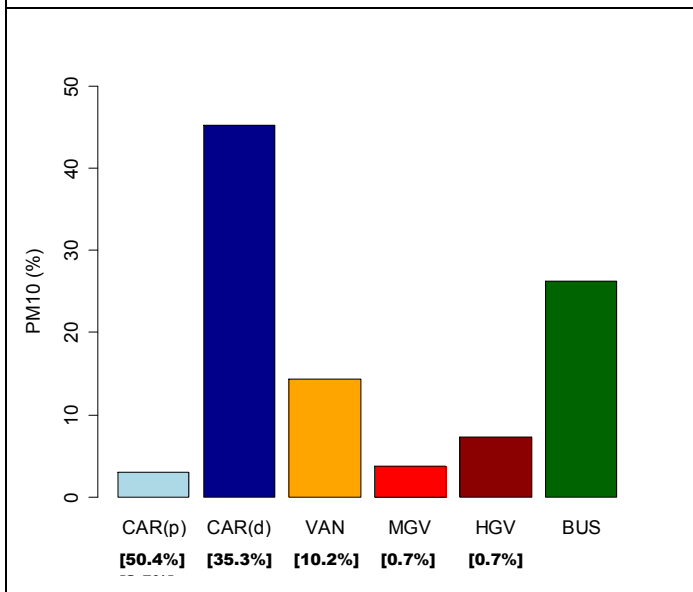


FIGURE 5: Particles (PM₁₀)

FIGURE 6: HydroCarbons

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Annex D

Proposed LES measures

Objective 1: To raise awareness and understanding of emissions to air

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Line reference number	Low Cost Measures		
1	Promotion of the concept of a Low Emission Strategy (LES) via local media and CYC publications	Dissemination of information about new low emission measures and incentives via local media and CYC publications	Continued local promotion of LES measures
2	Inclusion of LES information on existing JorAir website		
3	Continue with JorAir school visits to promote understanding of air quality issues and travel choices amongst primary school children <i>(existing programme)</i>	Continue with JorAir school visits	Continue with JorAir school visits
4	Include air quality data in ward profiles on an annual basis		
5	Identify and bid for a source of funding for a high profile LES marketing campaign		
6		Promote the concept of a low emission city within the local business community through a small number of events	

Medium Cost Measures			
7		Incorporate promotion of low emission vehicles and technology into current travel planning programmes / business link schemes.	Continue with active promotion of low emission vehicles and technology via travel planning / business link schemes
8		Develop a high profile LES marketing campaign that could include: <ul style="list-style-type: none"> • Establishment of an 'approved' LES logo to identify vehicles, developments and other schemes that are contributing to the low emission city vision • Promotion of incentives available for the uptake of low emission technology • Development of a dedicated LES website with access to all the latest news on the LES development and a LES information helpdesk facility 	Continue with high profile LES marketing campaign
9			Undertake national promotion of York as low emission city
High Cost Measures			
10			Undertake international promotion of York as a low emission city

Objective 2: To minimise emissions to air from new developments by encouraging the uptake of low emission technologies

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Line reference number	Low Cost Measures		
11	Establish policy hooks for LES measures in LDF		
12	Produce a draft LES supplementary planning document (SPD) for consultation to include: <ul style="list-style-type: none"> • Requirement for emission statements / assessments to be submitted with planning applications • Minimum standards for numbers of electric vehicle recharge points on new developments • Requirements for other LES measures depending on size and scale of development • Low emission construction plans 	Consult on and adopt an initial LES SPD	Continue to review and amend LES SPD as and when required
13	Continue to negotiate inclusion of LES measures and other emission mitigation measures on new developments (<i>ongoing process</i>)	Implement requirements of the LES SPD	Continue to implement requirements of the LES SPD
14		Set up a database of development based mitigation measures	Continue to populate database of low emission measures

Medium Cost Measures			
15	Undertake a study of major development sites in the city to determine what level of LES mitigation may be applicable on each site	Include LES mitigation requirements in action plans and / or development briefs for all major development sites	Ensure LES requirements of action plans / development briefs are implemented as sites come forward for development
16		<p>Work with LESP and other LAs to develop:</p> <ul style="list-style-type: none"> a) a low emission funding formula to assist in the funding of wider low emissions infrastructure e.g. buses, refuse collection vehicles, council vehicle fleet etc b) a BREEAM style accreditation scheme for low emission developments <p>Update and consult upon a revised LES SPD incorporating a LES funding element</p>	<p>Implement the requirements of the revised LES SPD (incorporating a funding element)</p> <p>Use development low emission fund to provide low emission infrastructure across the city.</p>
High Cost Measures			
17	none	none	none

Objective 3: To reduce emissions to air from existing buildings and vehicles by providing businesses, residents and visitors with incentives and opportunities to use low emission technology

Reducing HGV emissions

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Low Cost Measures – Reducing HGV emissions			
18	Try to identify a source of alternative funding for a freight and delivery management study (LTP3 capital funding unlikely to be provided until after 2015)		
19	Obtain costs for setting up of a 'green fleet' award scheme giving recognition for emission improvements made by fleet operators		
Medium Cost Measures – Reducing HGV emissions			
20	Work towards the development of a quality freight partnership. Obtain fleet data for main operators.	Work with haulage companies to develop low emission strategies for their fleets	
21		Through quality freight partnership work with haulage companies to identify opportunities to consolidate loads	
22		Implement green fleet award scheme if considered feasible	
23			Undertake a freight and delivery management study (including the feasibility of an urban consolidation centre). Could be brought forward if an alternative source of funding can be found.
24	Include HGVs in the scoping of a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles (<i>proposed LTP3 measure</i>)	Include HGVs in a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles (<i>proposed LTP3 measure</i>)	
High Cost Measures – Reducing HGV emissions			
25			Implement high cost viable actions from freight and delivery management study

Reducing bus emissions

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Low Cost Measures – Reducing bus emissions			
26	Identify main bus companies operating in the city and details of their current fleets		
27	Improve switch off engine signage in coach parks / rendezvous points	Consider further roll out and enforcement of switch off engine signs around the city	
28	Review the use of bus services procured by CYC as part of ongoing fleet review	Implement bus based efficiency and route optimisation savings for CYC procured bus services as identified by fleet review. Consider setting an emission standard for bus services procured by CYC	Aim to set a minimum emission standard or specify bus type (eg. electric, hybrid) for CYC procured services.
29	Raise awareness of low emission strategy with local bus companies via existing Quality Bus Partnership		
Medium Cost Measures – Reducing bus emissions			
30		Undertake detailed emissions modelling of current bus fleet and calculate improvement potential of a bus replacement programme for both carbon dioxide and local pollutants	
31	Through existing QBP work with bus companies to introduce a small number of demonstration hybrid / alternatively fuelled buses into York (ongoing)	Work towards developing a statutory quality bus partnership (SQBP) and work with bus companies to develop detailed low emission strategies for their fleets	Work with bus companies to secure more hybrid, or other alternatively-fuelled vehicles within general bus fleets
32	Investigate funding opportunities to accelerate uptake of hybrid and other alternatively fuelled buses	Aim to secure at least one hybrid, or other alternatively-fuelled bus in the bus fleet	Use Park and Ride contracts to ensure all Park and Ride buses are hybrid or alternatively fuelled (post 2017)
33	Include buses in the scoping of a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles <i>(proposed LTP3 measure)</i>	Include buses in a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles <i>(proposed LTP3 measure)</i>	
High Cost Measures – Reducing bus emissions			
34			Secure and provide funding to accelerate uptake of hybrid buses on city centre services. Work with bus companies to ensure all buses operating in the city centre are a minimum of Euro III.

Reducing taxi emissions

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Low Cost Measures – Reducing taxi emissions			
35	Investigate possible funding sources to assist taxi drivers in the purchase of low emission vehicles	Hold information sessions for taxi drivers to promote existing incentives for low emission vehicles and advise where grant funding can be obtained	Continue to provide advice to taxi operators on funding and incentives for low emission vehicles
36		Explore the possibility of developing a local package of incentives for low emission taxi drivers that could include: <ul style="list-style-type: none"> • Reduced fees • Priority access to key areas • Low emission accreditation / reward scheme 	Consider implementing local incentives for the use of low emission taxis
37	Review the use of taxi services procured by CYC as part of ongoing fleet review	Implement taxi based efficiency and route optimisation savings as identified by fleet review. Consider setting an emission standard for taxi services procured by CYC	Aim to have only ultra low emission taxis used for CYC procured services (electric, hybrid or bio-methane fuelled vehicles)
Medium Cost Measures – Reducing taxi emissions			
38	Obtain emissions information for current taxi fleet and try to quantify associated emissions. Set target emission reductions.	Consult upon future emission standards for taxis based on emissions review and reduction targets set.	Implement revised emission standards for taxis
39	Include taxis in the scoping of a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles <i>(proposed LTP3 measure)</i>	Include taxis in a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles (proposed LTP3 measure)	
High Cost Measures – Reducing taxi emissions			
40		Secure and provide, where possible, funding to accelerate the uptake of low emission taxis in the city (meeting the requirements of the council's emission standards)	Continue to invest in low emission taxis, possibly using proceeds from low emission development levies

Reducing emissions from private vehicles

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Low Cost Measures – Reducing emissions from private vehicles			
43	Identify suitable locations for electric vehicle recharging points, identify potential partners and potential funding sources.	Begin roll out of electric vehicle recharging points in CYC car parks and other locations using LTP3 capital programme allocation	
44	Explore the development of a package of incentives for the use of electric vehicles in CYC car parks	Roll out appropriate parking incentives for electric vehicles	Continue roll out of parking incentives for electric vehicles
45	Investigate funding opportunities available to assist with provision of bio-methane refuelling infrastructure in York		
46	Consider providing free or substantially reduced residents parking permits for electric and bio-methane vehicles	Roll out reduced residents parking permits for electric vehicles and increase price differential in relation to other vehicles	Continue roll out of reduced residents parking permits for electric vehicles and gradually increase price differential. Review ability to provide designated electric vehicle res park spaces.
47		Investigate the possibility of introducing priority parking schemes for electric vehicles at key locations and on new developments in the city	Continue roll out of priority parking for electric vehicles
48	Undertake further in-use vehicle emission testing to obtain a better understanding of in-use emissions. Consider providing advice to drivers of highly polluting vehicles.		

Medium Cost Measures – Reducing emissions from private vehicles			
49		Investigate feasibility and cost effectiveness of providing a bio-methane refuelling station in York	Provide a bio-methane refuelling station if there is enough identified demand and an external funding source can be found
50		Work with city car club to provide electric and/ or bio-methane vehicles in some locations	Aim to replace all car club vehicles with alternatively fuelled vehicles
51		Investigate other sources of funding for EV charging points.	Continue with roll out of electric vehicle charging points subject to funding and demand
52	Include private vehicles in the scoping of a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles <i>(proposed LTP3 measure)</i>	Include private vehicles in a feasibility study for a Low Emission Zone (LEZ) or other form of regulatory measure to limit the entry of more polluting vehicles (proposed LTP3 measure)	
High Cost Measures – Reducing emissions from private vehicles			
53			<p>Fund a bio-methane refuelling station without external funding</p> <p>Consider implementation of a low emission zone for all vehicles</p> <p>Review acceptability / feasibility of a workplace charging scheme</p>

Reducing emissions from CYC activities

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Low Cost Measures – Reducing emissions from CYC activities			
54	Identify potential emission savings within existing CYC fleet as part of ongoing fleet review	Implement low cost outcomes of fleet review- likely to reduce incentives to use private vehicles for CYC business	Aim to have all CYC journeys made by low emission vehicles
55		Develop draft low emission procurement guidance	Adopt and implement low emission procurement guidance for vehicle purchases and transport services
56		Have an updated CYC travel plan in place	
Medium Cost Measures – Reducing emissions from CYC activities			
57		Implement medium cost measures of fleet review	
58		Develop guidance to ensure future boiler provision in CYC premises is adequately assessed in terms of all emissions	
59		Investigate the possibility of using bio-methane from locally derived waste to fuel some of the CYC fleet (particularly refuse trucks)	
High Cost Measures – Reducing emissions from CYC activities			
60		Implement high cost measures in fleet review – likely to relate to the purchase of new low emission vehicles	Introduce bio-methane into CYC fleet if found to be a viable option

Reducing emissions from tourism

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Low Cost Measures – Reducing emissions from tourism			
61		Obtain mode of travel data for visitor trips to the city and try to quantify the associated emissions. Set targets for emission reduction.	
62	Identify locations where visitors may wish to access and recharge electric vehicles.	If a suitable source of funding can be found commence roll out of electric vehicle recharge points at key tourist destinations, hotels and Park and Ride sites	Continue to roll out electric vehicle recharging points in line with demand
63		Undertake negotiations with local car hire companies to incorporate low emission vehicles into their fleets, particularly close to the railway station.	Provide a target number of electric vehicles within local car hire fleets (target to be set)
64		Promote the advantages of electric vehicle use in tourism literature and provide additional incentives to encourage hire of electric vehicles over conventional vehicles e.g. discount vouchers for key attractions , free hotel parking etc.	Continue to promote and incentivise use of electric vehicles
Medium Cost Measures – Reducing emissions from tourism			
65			Undertake a feasibility study into the introduction of electric shuttle services to take residents from station to their hotels or other key destinations
66		Work with the Confederation of Passenger Transport to identify suitable incentives for encouraging the use of low emission coaches in York such as priority parking / drop off positions, exclusive access rights relating to low emission developments e.g. hotels, discount tickets for attractions etc	Introduce feasible incentives for encouraging the use of low emission coaches
67			Develop specific 'low emission / low carbon' tourism packages offering deals on electric train travel, low emission coach travel, low emission vehicle hire, stays at low emission hotels, free cycle hire, free walking maps etc.
68			Actively promote York as a low emission tourist destination
High Cost Measures – Reducing emissions from tourism			
69	none	none	none


Reducing emissions from education

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Low Cost Measures – Reducing emissions from education			
70		Obtain mode of travel data for educational based trips. Try to quantify the associated emissions and set targets for emission reduction.	
71		Work with car club provider to achieve hosting of electric vehicles at University of York car club	
72	Identify suitable educational establishments for the hosting of electric vehicle recharging points	If suitable funding can be identified commence roll out of charging points at educational locations	
73	Introduce the concept of low emission vehicles and technologies into existing travel planning arrangements	Encourage schools and colleges to develop low emission procurement guidance notes based on emerging CYC model and national low emission procurement guidance	
74			Ensure all CYC procured school bus and taxi services meet minimum emission standards as recommended by CYC transport and fleet review
75		Develop guidance to ensure future boiler provision in schools is adequately assessed in terms of all emissions	
High Cost Measures – Reducing emissions from education			
76			Undertake an accelerated programme of energy efficiency and boiler replacement programmes in all schools to reduce emissions to air

Objective 4: To encourage inward investment by providers of low emission technology, fuels and support services

	Short Term (by end of 2011)	Medium Term (by end of 2013)	Long Term (2014 and beyond)
Line reference number	Low Cost Measures		
77	Promote York's LES regionally and nationally at events organised by the LESP and others.		
78	Incorporate the low emission city message into current inward investment and other 'York' marketing campaigns	Undertake a promotional event to showcase low emission progress being made in York	Continue with ad-hoc events to promote York as a centre of excellence for low emission technology
Medium Cost Measures			
79	Actively promote York as a centre for low emission technology amongst suppliers of low emission vehicles, technologies and support services	Develop a package of incentives / opportunities for suppliers of low emission vehicles, technologies and support services to encourage them to locate to and invest in York	Continue to actively market York to suppliers of low emission vehicles, technologies and support services
80	Identify training needs to support the role out of low emission vehicles and technologies in York	Work with local educational establishments and the Green Jobs Task Force to develop suitable low emission technology training courses, qualifications and research programmes	Continue to develop training and research opportunities to support the role out of low emission technology
High Cost Measures			
81		Undertake international promotion of York as a centre of excellence for low emission technology	Continue to promote York internationally as a centre of excellence for low emission technology

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Executive	15 March 2011
Report of Director of Communities and Neighbourhoods and Interim Director of Public Health	

Public Health Update and Response to Consultation

Summary

1. This report updates members on the Public Health strategy, Healthy Lives, Healthy People: our strategy for Public Health in England. It advises Executive on the main policy implications and asks members to agree consultation responses relating to funding and commissioning, and the Public Health Outcomes Framework.
2. In future local authorities will take on major responsibility for improving the health and life-chances of the local population. They will have a lead role in integrating the commissioning of health, social care and public health services. Many councils already undertake a wide range of activities which impact on public health and work in partnership with organizations across their locality.

Public Health History

3. The foundations of public health were developed in local areas. Public health originated in the nineteenth century. The initial focus was on sanitation with Edwin Chadwick's report in 1842 where he concluded that public health could be improved by measures such as drainage, removal of refuse from habitations, streets and roads and the improvement of the supply of water.
4. The Public Health Act of 1848 enabled local authorities to ensure that their localities had safe water supplies and sewage systems. They replaced slum housing, removed waste and introduced preventive and school health programmes. By the end of the nineteenth century, there were local departments of public health in every local government district.
5. Public Health has been a core part of local government since its foundation. The new strategy for Public Health in England re focuses Public Health in local government and local communities however there is still a large element of central control with Public Health England which will organise national programmes such as immunisation and screening.

Background

6. The council responded to consultations on 'Liberating the NHS' proposals earlier this year. In its response agreed by the executive on 5 October 2010 the council welcomed the transfer of Public Health responsibilities and could see the benefits for both the commissioning of services and delivery of Health Improvement services. It was noted that this will be dependent on a satisfactory level of resources and funding being transferred.
7. The Department of Health are now consulting on documents which support the main strategy Healthy Lives, Healthy People: our strategy for Public Health in England and also review of the regulation of Public Health Professionals. As many of the areas covered in the main strategy were part of the original consultation on Liberating the NHS this response focuses on the two consultation documents which have a significant impact on local authorities:
 - Funding and Commissioning for Public Health
 - Outcomes framework for Public Health

The consultation end on 31 March 2011.

8. Health Overview and Scrutiny Committee on 24 January discussed the main strategy and associated consultation documents. The committee also considered the proposed draft response on 2 March. The draft minute which sets out the Committee's comments is attached at Annex 1A to this report. The drafts around funding and commissioning (Annex 2) and also the outcomes framework (Annex 3) are attached for information and comment.

Summary of Policy Implications

9. The new approach will empower local leadership and encourage wide responsibility to improve health and wellbeing. It will focus on key outcomes, doing what works to deliver them. The intention is to strengthen self-esteem, confidence and personal responsibility, positively promote healthy behaviours and lifestyles, and adapt the environment to make healthy choices easier.

The approach will follow a set of guiding principles:

- Individuals should feel they are in the driving seat
- Local government is best placed to influence many of the wider factors that affect health and wellbeing
- The NHS continues to have a crucial role
- Charities, voluntary organisations and community groups already make a vital contribution and this will be encouraged.
- Businesses must take more responsibility for the impact of their practices on people's health and wellbeing.

- Employers from all sectors should support health and wellbeing of their staff
 - Central government will continue to play an active role particularly to protect the population from health threats.
10. The White Paper sets out the cross-government framework to enable local communities to reduce inequalities and improve health at key life stages:
- Empowering local government and communities with new resources, rights and powers
 - Taking a coherent approach to lifestages and transitions. Mental health will be a key element
 - Giving every child the best start. Continued commitment to reducing child poverty, increasing health visitors, Family Nurse Partnership and refocusing Children's centres for those who need them most. An Olympic and Paralympic style sports competition will be offered to all schools from 2012.
 - Making it pay to work through welfare reforms. Working with employers to unleash their potential as champions of public health.
 - Designing communities for active ageing and sustainability. Building more Lifetime Homes, protecting green spaces and launching physical activity initiatives.
 - Working collaboratively with business and voluntary sector through the Public Health Responsibility Deal with five networks on food, alcohol, physical activity, health at work and behaviour change.

A New Public Health System with Strong Local and National Leadership

Public Health England

11. Public Health England will be part of the Department of Health, accountable to the Secretary of State. Subject to the passage of the Health and Social Care Bill it will include the current functions of the Health Protection Agency and the National Treatment Agency. It will also include elements of public health activity currently within the DH and Strategic Health Authorities along with functions of Public Health Observatories and cancer registries.
12. Public Health England's role will include:
- Providing public health advice, evidence and expertise to the Secretary of State and wider system
 - Delivering effective health protection services
 - Commissioning or providing national-level health improvement services
 - Jointly appointing DPH and supporting them through professional accountability arrangements

- Allocating ring-fenced funding to local government and rewarding progress against public health outcomes framework
- Commissioning some public health services from the NHS
- Contributing internationally-leading science to the UK and globally in areas such as biological standards, dangerous pathogens etc.

Public Health Budget

13. The new system will be funded by the new public health budget which will be ring-fenced within the overall NHS budget but still subject to running-cost reductions and efficiency gains. Early estimates suggest it could be over £4billion.
14. Public Health England will allocate ring-fenced budgets, weighted for inequalities to upper-tier and unitary authorities in local government for improving the health and wellbeing of local populations. It will also fund some non-discretionary services such as open-access sexual health services and certain immunisations.
15. To incentivise action to reduce inequalities the government will introduce a new health premium which will apply to the part of the local public health budget that is weighted towards areas with the worst health outcomes and most need. Disadvantaged areas will see a greater premium if they make progress recognising they face the greatest challenge.
16. The public health grant to Local Authorities will be made under section 31 of the Local Government Act 2003. As a ring-fenced grant it will carry some conditions but should enable flexibility. Shadow allocations will be made in 2012/13 with full allocations introduced in 2013/14. Local PCT spending in 2009/10 will be used as the baseline.

The Role of Local Government

17. Local councils will continue to carry out their statutory duties under the Public Health (Control of Disease) Act 1984, including appointing proper officers. Existing functions in local authorities will continue to be funded through the local government grant.
18. The Health & Social Care Bill will provide that upper-tier and unitary local authorities will have a duty to take steps to improve the health of their population. It is proposed that these functions would be conferred from 1 April 2013.
19. The funding and commissioning document sets out the proposed division of functions between Public Health England and Local Authorities (Annex 1).

20. New freedoms open up opportunities for local government to take innovative approaches to public health by involving new partners. Local authorities will be encouraged if they wish to contract for services with a wide range of providers and to incentivise and reward those organisations to deliver the best outcomes. The Department of Health expects that the majority of public health services will be commissioned. Such efforts will be supported by the proposed new right for communities to bid to take over local state-run services and the new Big Society Bank which will level in new social investment for charities and social enterprises.

Directors of Public Health

21. Directors of Public Health (DPH) will be employed by local government and jointly appointed by the relevant local authority and Public Health England. They will be professionally accountable to the Chief Medical Officer and part of Public Health England professional network.
22. The DPH will be a public health professional with the training, expertise and skills needed to enable them to meet the leadership and technical requirements of the role. They would be expected to maintain their professional skills.
23. There will be minimum constraints as to how Local Authorities fulfil their public health role and spend the budget, but DPH will be required to prepare an annual report on the population's health.
24. Directors of Public Health will have a number of critical tasks including:
 - Promoting health and wellbeing within local government
 - Providing and using evidence relating to health and wellbeing
 - Advising and supporting GP consortia on the population aspects of NHS services
 - Developing an approach to improving health and wellbeing locally, promoting equality and tackling health inequalities
 - Working closely with Public Health England Health Protection Units to provide health protection as directed by the Secretary of State for Health
 - Collaborating with local partners on improving health and wellbeing, including GP consortia, other local DsPH, local businesses and others.

Health and Wellbeing Boards

25. Health and Wellbeing Boards will be required in every upper-tier LA. There will be a proposed minimum membership of elected representatives, GP consortia, Director of Public Health, Director of Adult Social Services, Director of Children's Services, local HealthWatch, and where appropriate, the NHS Commissioning Board.

This can be expanded to include voluntary groups, clinicians and providers, where appropriate.

26. GP consortia and Local Authorities, including DPH, will have an equal and explicit obligation to prepare the Joint Strategic Needs Assessment through the arrangements made by the health and wellbeing board.
27. The DH has also proposed a new role for Local Authorities to encourage coherent commissioning strategies, promoting the development of integrated and joined up commissioning plans across NHS, social care, public health and other local partners. Health and Wellbeing Boards will develop concise and high-level health and wellbeing strategies which include consideration of whether existing flexibilities to pool budgets and joined-up commissioning can be used to deliver them.
28. There will be sufficient flexibility in legislative framework for Health and Wellbeing Boards to go beyond minimum statutory duties to promote joining-up of a much broader range of local services for the benefit of local populations' health and wellbeing.

Transition Arrangements in York

29. As agreed by the Executive and NHS North Yorkshire & York Board a transition board has been established which met for the first time on 8 February. Work streams were established to begin work on a number of key areas including public health transition, led by Director of Communities and Neighbourhoods, and the health and wellbeing board, led by Director of Adults, Children and Education. Further updates will be discussed with Executive in due course.

Consultation

30. Consultation has taken place with officers across the council and with the Health Overview and Scrutiny Committee..

Corporate Priorities

31. Healthy City
Effective Organisation

Implications

32. These would need to be further considered following the passing of the legislation.

(a) **Financial:** There are no direct financial issues from this report, however, consideration around the Public Health grant and

allocations will be made subject to further discussion and guidance.

- (b) **Human Resources (HR):** There are no direct HR implications arising from this report however, as part of the transition project there may be implications as staff are transferred between organisations. This will be subject to further reports.
- (c) **Equalities:** Equality Impact Assessments will be completed as part of the transition project.
- (d) **Legal:** No Legal issues.

Recommendations

- 33. Members are asked to:
 - i. Note the report and the transition arrangements.
 - ii. Consider the comments of the Health Overview and Scrutiny Committee (Annex 1A)
 - iii. Approve the responses to the consultations as per Annex 2 and Annex 3.

Contact Details

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Rachel Johns Interim Director of Public Health Tel No. 01904 601598	Report Approved	<i>tick</i>	Date	<i>Insert Date</i>
	Chief Officer's name Title			
	Report Approved	<i>tick</i>	Date	<i>Insert Date</i>
Wards Affected: <i>List wards or tick box to indicate all</i>				
				All <i>tick</i>
For further information please contact the author of the report				

Background Papers:

Healthy Lives, Healthy People: our strategy for Public Health in England

Annexes

Annex 1 - proposed division of functions between Public Health England and Local Authorities

Annex 1A – Health Overview & Scrutiny Committee comments

Annex 2 - Draft Corporate response to Consultation Questions on Funding and Commissioning

Annex 3 - Draft Response to Consultation – Public Health Outcomes Framework

Healthy Lives, Healthy People: consultation on the funding and commissioning routes for public health

This detailed paper sets out the proposed responsibilities for funding and commissioning public health activity which are summarised below:

	Public Health England (directly or through NHS commissioning board)	Local Authority
Infectious disease	Current functions of HPA and oversight of prevention and control including co-ordination of outbreak management	Supporting PHE under direction of SoS
Sexual Health	HIV treatment GP contraception	All other sexual health services including termination
Immunisation	Vaccine programmes for children, flu and pneumococcal.	HPV and teenage booster
Biological medicines	HPA functions	
Radiation, chemical and environmental, including climate change	Current functions of HPA and oversight of prevention and control including co-ordination of outbreak management	Supporting PHE
Seasonal Mortality		Local initiatives to reduce excess deaths
All screening	Design, QA and monitoring	
Accidental injury prevention		Initiatives such as falls prevention
Public mental health		Mental health promotion, mental illness prevention, suicide prevention
Nutrition	National programmes including Healthy Start	Locally led activities
Physical activity		Programmes to address inactivity and to influence built and natural environment
Obesity		Prevent and address obesity including NCMP
Drug Misuse		Prevention and treatment
Alcohol misuse		Prevention and

		treatment
Tobacco control		Stop smoking services, prevention, enforcement and communications
NHS Health Checks		Assessment and lifestyle interventions
Health at work		Local initiatives on workplace health
Reducing and preventing birth defects	National interventions	Local interventions
Prevention and early presentation		Behavioural, lifestyle campaigns and services to prevent cancer, long-term conditions, and to prompt early diagnosis
Dental public health	Co-ordination of dental surveys	Epidemiology and oral health promotion (including fluoridation)
Emergency preparedness / response and pandemic preparedness	Emergency preparedness, pandemic preparedness and HPA current functions	Support PHE as directed by SoS
Health Intelligence	PHO functions	Local arrangements
Children's public health for under 5s	Health Visiting including Healthy Child Programme for under 5s, prevention and Family Nurse Partnership	
Children's public health for 5 – 19s		Healthy Child Programme for school age children including school nurses and health promotion and prevention interventions
Community safety and violence prevention and response		Specialist domestic violence services in hospitals, voluntary and community settings. Support services and non-confidential information sharing activity
Social exclusion		Support for families with multiple problems
Public health care for those in prison or custody	Commissioned nationally	

City of York Council

Extract from the Committee Minutes

MEETING	HEALTH OVERVIEW & SCRUTINY COMMITTEE
DATE	2 MARCH 2011
PRESENT	COUNCILLORS BOYCE (CHAIR), FRASER, KIRK, SIMPSON-LAING AND WISEMAN (VICE-CHAIR)
APOLOGIES	COUNCILLORS HOLVEY AND SUNDERLAND

61. DRAFT CORPORATE RESPONSE TO: HEALTHY LIVES, HEALTHY PEOPLE: OUR STRATEGY FOR PUBLIC HEALTH IN ENGLAND

Members considered a report, which set out the draft corporate response on the public health white paper Healthy Lives, Healthy People and associated documentation. It was confirmed that the City of York Council corporate response to the consultation would be considered by the Executive at their meeting on 15 March.

The Corporate Strategy Manager confirmed that she was not aware of any updates to the response, following consultation, but confirmed that members were still able make additional comments for consideration at the Executive meeting.

Members expressed a number of concerns and pointed out that the draft response appeared inadequate with a number of omissions which included:

- That the response did not appear to reflect the comments and views of members as set out in the minutes of the meeting on 24 January 2011.
- Reference to contradictions with wider policies had not been included.
- Need for a national register detailing what Local Authorities were willing providers of.
- Monitoring of pandemics etc need to be clear which areas were being retained by Public Health England.
- Reductions in voluntary sector funding.
- Services provided by the voluntary sector to patients with mental health issues.
- GP provider's overview.
- General public health concerns and privatisation issues.
- Concerns at the wide range of providers of both goods and services and destabilisation of the market.
- Procurement knowledge and quality assessment.
- Considered that York had previously received inadequate funding, therefore there were concerns regarding the development of the allocation formula.
- Increases in life expectancy and possible non-continuation of 10 yearly census and resultant future issues.

The Corporate Strategy Manager pointed out that some of the issues raised were about the wider reforms and not just the Public Health Paper.

Following further lengthy discussion it was

RESOLVED: That the following issues be recommended to the Executive as additional points for inclusion in the Council's corporate response to Public Health England at the Department of Health on the White Paper:

- Question 1 - amend last paragraph on Q1 to add ' *this and* other sectors' after the message about potential to be undermined.
- Felt that Question 2 had been misunderstood and that the answer did not adequately answer the question. Suggested that a national register should be set up to show what providers were 'willing providers'.
- Q2 – Members were unclear what the question was asking about securing a wide range of providers, and had concerns that this could destabilise the market. There was a view that 'any willing provider' could lead to contract failures, and that quality needed to be built in to the concept. Members wished to see local authorities required to ensure that procurement around such specialist areas was undertaken by those with a specialist understanding of the requirements and able to make sound judgments about quality.
- Questions 6 & 7- Members did not believe that we should be asking for as much as possible to transfer to the local authority - as this risked inappropriate functions being transferred.
- Question 7 - Concern that some of the broader issues such, as the reductions in benefits would not be addressed through the proposals.
- Question 10 – Members felt that there should be a reference and emphasise on the long-standing concerns that current allocation formulas disadvantaged York. There were also concerns that in the longer term allocation formulas, which were dependent on the census, would not be sustainable if the census did not continue.
- The draft response was also not felt to include adequate reference to the issues raised by the Health Overview and Scrutiny Committee at their meeting on 24 January, and Members requested the Executive to include these issues in any response, if necessary as 'any other comments' if they do not fit within the set questions:

These issues were:

- That 'giving every child the best start in life' reference, concern that changes in benefits would have a knock on effect on families
- Concerns regarding the proposal of working collaboratively with the voluntary sector. Certain members felt this was a finance issue rather than a holistic approach
- Reductions in funding from health commissioners (minutes say PCT) for the voluntary sector. eg services for young people may result in further pressure on local authorities
- Conflict with other governmental policies coming through required joined up thinking to alleviate any problems

- Regional overview of GP providers required
- Accountability concerns and responsibility to hold commissioners to account
- Concerns that consortia may have differing outcomes in each area
- Importance of Health And Wellbeing Board and Scrutiny arrangements in scrutinising the provision of services and the providers

REASON: In order that the Committee's full response to the governments White Paper can be included in the City of York corporate response.

CLLR B BOYCE, Chair
[The meeting started at 5.00 pm and finished at 6.45 pm].

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Draft Corporate response to: Healthy Lives, Healthy People: Our strategy for public health in England**Consultation Questions on Funding and Commissioning****Question 1: Is the health and wellbeing board the right place to bring together ring-fenced public health and other budgets?*****Response:***

Yes but this will need clear accountability and a shared understanding of responsibility for delivery. CYC welcome the clarity around separate and reinforced scrutiny of health and wellbeing across the whole system.

CYC would welcome more information about democratic input to these processes and about how conflict will be managed and arbitrated. The relationship with the NHS Commissioning Board will be very important to ensure that needs are met consistently between areas.

Some members are concerned that some of the policies set out in the white paper could be undermined by policies and decisions made in other sectors. The Health and Wellbeing Board will need to consider these external influences to maximise health gain.

Question 2: How can local authorities best be encouraged and supported to commission on an any willing provider/ competitive tender basis? How can securing a wide range of providers best be achieved?***Response:***

Local Authorities already have systems in place to challenge service delivery on best value. Councils' Financial Regulations encourage and require competition, where there is a market available. Councils will need to be able to ensure sufficient capacity within existing commissioning and procurement teams, and as part of this to maximise the opportunities for joint commissioning.

A framework for evaluating and benchmarking current providers of services would be useful, to help commissioners work with current and potential providers.

Market development is already an emerging area of good practice in other commissioning areas within the local authority, and it should be possible to draw on this work. Regional and sub regional working will also help to encourage new providers understand the opportunities that exist, based on local Joint Health and Wellbeing Strategies.

Question 4: Is there a case for Public Health England to have greater flexibility in future on commissioning services currently provided through the GP contract, and if so how might this be done?

Response:

Local authorities will wish to influence the commissioning of services through the main GP contract and will need to be able to develop local enhanced services as appropriate. This will require a relationship through Public Health England to the NHS Commissioning Board.

Responsibilities

Question 6: Do you agree Public Health England and local authorities should be responsible for funding functions and services in the areas listed in Table A?

Question 7: Do you consider the proposed primary routes for commissioning of public health funded activity (column 3) to be the best way to:

- ensure the best possible outcomes for the population as a whole; and
- reduce avoidable inequalities in health between population groups and communities?

Response to Q6 and Q7:

CYC supports the approach to transfer as much responsibility as possible to local authorities and would question why some areas remain with Public Health England, such as children's public health for the under 5s.

Funding to local authorities

Question 9: Which essential conditions should be placed on the grant to ensure the successful transition of responsibility for public health to local authorities?

Question 10: Which approaches to developing an allocation formula should we ask ACRA to consider?

Question 11: Which approach should we take to pace-of-change?

Question 12: Who should be represented in the group developing the formula?

Response to Q9-Q12:

It is critical that local authorities receive appropriate funding to meet the public health duties transferred in April 2013. This should cover all of the areas set out as local authority responsibilities (lead and support), not just those determined as mandatory. CYC would expect that existing spend on these areas would be transferred in the first instance.

The allocation formula should not be based on historic patterns of spend as these are not necessarily an accurate indication of need and may in fact be counter productive. Instead a combination of population health needs (including age and deprivation) and potential to benefit would seem appropriate.

The pace-of-change between the current spend and a target allocation should be as rapid as possible with the intention of each local authority receiving its target allocation within 3 years.

Health Premium

Question 13: Which factors do we need to consider when considering how to apply elements of the Public Health Outcomes Framework to the health premium?

Question 14: How should we design the health premium to ensure that it incentivises reductions in inequalities?

Question 15: Would linking access to growth in health improvement budgets to progress on elements of the Public Health Outcomes Framework provide an effective incentive mechanism?

Question 16: What are the key issues the group developing the formula will need to consider?

Response to Q13- Q16:

CYC welcomes the use of public health outcomes to measure current and future success. If the outcomes are used to influence funding it is important that they are timely, accurate and robust over time. They need to be specific to the area in question ie there is a direct relationship between action and outcome and should not skew activity to those areas where the measurement of the outcome is easiest (eg measuring overall smoking prevalence rather than smoking cessation activity).

It will also be important to use outcomes in a proportionate way, considering the impact (size of affected population and resulting change), the balance (across different parts of the community) and the relative challenge (eg an incremental change may get harder the better the baseline).

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Draft Response to Consultation – Public Health Outcomes Framework**Q1: How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?**

The council supports moves to recognise the wider determinants of health as represented by the proposed measures. The measures present a more holistic view of public health and seeks to show the important role decent, safe homes and neighbourhoods play in a persons' well-being.

Better housing can contribute significantly to improved public health outcomes and be cost effective. Every £1 spent on providing housing support to vulnerable people can save around £2 in reduced health service costs, tenancy failure, crime and residential care. Spending between £2,00 and £20,000 on adaptations that enable and elderly person to remain in their home can save £6,00 per year in care costs.¹

We envisage the recognition of wider determinants to play a useful role in encouraging more joint planning and working towards shared outcomes.

Q2: Do you think these are the right criteria to use in determining indicators for public health?

As a set of criteria these seem appropriate. The challenge will be in interpreting them when setting specific indicators.

Experience of setting outcome indicators suggests that there are a number of risks which need to be considered:

- Apparent improvements (or deteriorations) can in fact be fluctuations in relatively small numbers which are not statistically significant. There may be a knock on cost as sample sizes need to be increased to allow data to be collected at the right spacial level and frequency.
- Systems for data collection need to robust across partnerships
- Time lag can be a significant problem for setting and measuring targets.

Q3: How can we ensure that the Outcomes Framework, along with the Local Authority Public Health allocation, and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

Some fields of activity will impact on individual behaviour over different time frames. Government should be mindful to assess the impact of some indicators over a not too short a period to get a truer picture of the longer term impact on health inequality.

Q4: Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

¹ University of Brighton 2000.

The key issue will always be where boundaries are drawn between budgets and this is especially significant as between the three Government Departments whose budgets are involved.

It is also important to recognise other outcomes framework such as that for DfES or DCMS, for example when considering physical activity.

Q5: Do you agree with the overall framework and the domains?

We broadly agree with the suggested framework and domains. The areas covered and overlaps between the domains should mean that all important Housing and Public Protection (i.e. environmental health) contributions can be properly included and recognised. Similarly we recognise our physical activity role across domains 3 and 4.

Q6: Have we missed out any indicators that you think we should include?

We are mindful of the government's intention to minimise the number of indicators required, so with this in mind we suggest there are perhaps too many indicators focused at the healthcare end of the public health scale.

On the other hand, the health protection and health improvement pillars might well be supported by more, appropriate, indicators. We suggest you might consider the following:

Housing Services:

- Domain 2 - Hazards within the home – i.e. Category 1 hazards as measured through the Housing Health and Safety Rating System (HHSRS).
- Domain 2 - Housing Decency.

Public protection / environmental health:

- Domain 2 - Life years lost from air pollution as measured by nitrogen dioxide. Evidence presented to a recent House of Commons Environmental Audit Committee said that the number of premature deaths per annum could be as high as 50,000, and that for some particularly sensitive individuals exposed to the poorest air quality the reduction in life expectancy could be as high as 9 years. This means that in York up to 158 premature deaths per year may be attributable to air pollution. (House of Commons, Environmental Audit Committee - Air Quality, Fifth report of session 2009-10 Volume 1).
- Perhaps disappointingly, there is nothing about contaminated land. Estimates of historic industrial land use indicate that approximately 2% of land across England and Wales could be contaminated. This is equivalent to 540 hectares within the City of York Council area. A

review of historic maps and records has revealed 3,668 potentially contaminated sites in York. The council has a legal duty to assess all of these sites for contaminated land under Part 2A of the Environmental Protection Act 1990.

- Nor is there anything on clean drinking water. Private water supplies are likely to be more of an issue in rural areas.
- We think there should include a focus on climate change / carbon reduction within the Domain 1, Resilience and protection from harm - given the significant health threats presented by extreme weather events (flooding etc).

Q7: We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

No comment.

Q8: Are there indicators here that you think we should not include?

We support the move to a wider range of indicators recognising the wider determinants of public health. It would be a pity to lose this holistic vision.

Q9: How can we improve indicators we have proposed here?

We suggest the method for measuring overcrowding (Ref D2.3) should use the HHSRS not the Bedroom Standard.

We welcome the falls measure for older people in Domain 4 (Ref. 4.15), and wonder if this could be adapted to record falls arising from 1. poor property standards and 2. personal needs of the customer.

The rationale/description for measuring particulate matter (reference D1.3) seems totally impractical and too long term. How will anthropogenic and naturally occurring PM 2.5 be measured? Will this just be a matter of statistics or will local authorities be expected to monitor this pollutant? Few local authorities will have the ability, but we do at our air quality monitoring station at Fishergate, York.

The percentage of the population affected by noise (reference D2.16) maybe more difficult to assess as what is the definition of affected by noise? We are all affected by noise. The question is whether it has a significant adverse impact in terms of amenity, quality of life and most importantly, health. n.b WHO guidelines. Could this be collected via the number of complaints to local authorities (not all are substantiated)? This should be monitored annually, in line with other returns and statistics.

Work sickness absence rate (reference D4.6) - The suggested outcome indicator is the 'work sickness absence rate', collected by the Department of Work and Pensions. Another indicator that could be considered is the data sitting behind notifications made under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995. Data is collected centrally for this

regulation and is an indicator of the health and safety of the working population.

We are pleased to see 5 x 30 minutes of physical activity for adults included but are concerned that there is no indicator for active young people.

Q10: Which indicators do you think we should incentivise through the health premium? (Consultation on how the health premium will work will be through an accompanying consultation on public health finance and systems).

We would like to see the falls prevention work, especially within the home, incentivised through the health premium and work around people with mental health and complex needs.

At the very least progress towards meeting health based air quality objectives should be incentivised, possibly via the "health premium".

We would be interested in ensuring that the mortality indicators in domain 5 are tackled by incentivising work in domain 3 (health improvement).

Q11: What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

We support it.

Q12: How well do the indicators promote a life-course approach to public health?

Subject to our comments above we think the indicators do promote a life-course approach to public health.

Draft Response to Consultation – Public Health Outcomes Framework**Q1: How can we ensure that the Outcomes Framework enables local partnerships to work together on health and wellbeing priorities, and does not act as a barrier?**

The council supports moves to recognise the wider determinants of health as represented by the proposed measures. The measures present a more holistic view of public health and seeks to show the important role decent, safe homes and neighbourhoods play in a persons' well-being.

Better housing can contribute significantly to improved public health outcomes and be cost effective. Every £1 spent on providing housing support to vulnerable people can save around £2 in reduced health service costs, tenancy failure, crime and residential care. Spending between £2,00 and £20,000 on adaptations that enable and elderly person to remain in their home can save £6,00 per year in care costs.¹

We envisage the recognition of wider determinants to play a useful role in encouraging more joint planning and working towards shared outcomes.

Q2: Do you think these are the right criteria to use in determining indicators for public health?

As a set of criteria these seem appropriate. The challenge will be in interpreting them when setting specific indicators.

Experience of setting outcome indicators suggests that there are a number of risks which need to be considered:

- Apparent improvements (or deteriorations) can in fact be fluctuations in relatively small numbers which are not statistically significant. There may be a knock on cost as sample sizes need to be increased to allow data to be collected at the right spacial level and frequency.
- Systems for data collection need to robust across partnerships
- Time lag can be a significant problem for setting and measuring targets.

Q3: How can we ensure that the Outcomes Framework, along with the Local Authority Public Health allocation, and the health premium are designed to ensure they contribute fully to health inequality reduction and advancing equality?

Some fields of activity will impact on individual behaviour over different time frames. Government should be mindful to assess the impact of some indicators over a not too short a period to get a truer picture of the longer term impact on health inequality.

Q4: Is this the right approach to alignment across the NHS, Adult Social Care and Public Health frameworks?

¹ University of Brighton 2000.

The key issue will always be where boundaries are drawn between budgets and this is especially significant as between the three Government Departments whose budgets are involved.

It is also important to recognise other outcomes framework such as that for DfES or DCMS, for example when considering physical activity.

Q5: Do you agree with the overall framework and the domains?

We broadly agree with the suggested framework and domains. The areas covered and overlaps between the domains should mean that all important Housing and Public Protection (i.e. environmental health) contributions can be properly included and recognised. Similarly we recognise our physical activity role across domains 3 and 4.

Q6: Have we missed out any indicators that you think we should include?

We are mindful of the government's intention to minimise the number of indicators required, so with this in mind we suggest there are perhaps too many indicators focused at the healthcare end of the public health scale.

On the other hand, the health protection and health improvement pillars might well be supported by more, appropriate, indicators. We suggest you might consider the following:

Housing Services:

- Domain 2 - Hazards within the home – i.e. Category 1 hazards as measured through the Housing Health and Safety Rating System (HHSRS).
- Domain 2 - Housing Decency.

Public protection / environmental health:

- Domain 2 - Life years lost from air pollution as measured by nitrogen dioxide. Evidence presented to a recent House of Commons Environmental Audit Committee said that the number of premature deaths per annum could be as high as 50,000, and that for some particularly sensitive individuals exposed to the poorest air quality the reduction in life expectancy could be as high as 9 years. This means that in York up to 158 premature deaths per year may be attributable to air pollution. (House of Commons, Environmental Audit Committee - Air Quality, Fifth report of session 2009-10 Volume 1).
- Perhaps disappointingly, there is nothing about contaminated land. Estimates of historic industrial land use indicate that approximately 2% of land across England and Wales could be contaminated. This is equivalent to 540 hectares within the City of York Council area. A

review of historic maps and records has revealed 3,668 potentially contaminated sites in York. The council has a legal duty to assess all of these sites for contaminated land under Part 2A of the Environmental Protection Act 1990.

- Nor is there anything on clean drinking water. Private water supplies are likely to be more of an issue in rural areas.
- We think there should include a focus on climate change / carbon reduction within the Domain 1, Resilience and protection from harm - given the significant health threats presented by extreme weather events (flooding etc).

Q7: We have stated in this document that we need to arrive at a smaller set of indicators than we have had previously. Which would you rank as the most important?

CYC would support those Quality of Life indicators which are readily understood by residents.

Q8: Are there indicators here that you think we should not include?

We support the move to a wider range of indicators recognising the wider determinants of public health. It would be a pity to lose this holistic vision.

Q9: How can we improve indicators we have proposed here?

We suggest the method for measuring overcrowding (Ref D2.3) should use the HHSRS not the Bedroom Standard.

We welcome the falls measure for older people in Domain 4 (Ref. 4.15), and wonder if this could be adapted to record falls arising from 1. poor property standards and 2. personal needs of the customer.

The rationale/description for measuring particulate matter (reference D1.3) seems totally impractical and too long term. How will anthropogenic and naturally occurring PM 2.5 be measured? Will this just be a matter of statistics or will local authorities be expected to monitor this pollutant? Few local authorities will have the ability, but we do at our air quality monitoring station at Fishergate, York.

The percentage of the population affected by noise (reference D2.16) maybe more difficult to assess as what is the definition of affected by noise? We are all affected by noise. The question is whether it has a significant adverse impact in terms of amenity, quality of life and most importantly, health. n.b WHO guidelines. Could this be collected via the number of complaints to local authorities (not all are substantiated)? This should be monitored annually, in line with other returns and statistics.

Work sickness absence rate (reference D4.6) - The suggested outcome indicator is the 'work sickness absence rate', collected by the Department of Work and Pensions. Another indicator that could be considered is the data sitting behind notifications made under the Reporting of Injuries, Diseases and

Dangerous Occurrences Regulations 1995. Data is collected centrally for this regulation and is an indicator of the health and safety of the working population.

We are pleased to see 5 x 30 minutes of physical activity for adults included but are concerned that there is no indicator for active young people.

Q10: Which indicators do you think we should incentivise through the health premium? (Consultation on how the health premium will work will be through an accompanying consultation on public health finance and systems).

We would like to see the falls prevention work, especially within the home, incentivised through the health premium and work around people with mental health and complex needs.

At the very least progress towards meeting health based air quality objectives should be incentivised, possibly via the "health premium".

We would be interested in ensuring that the mortality indicators in domain 5 are tackled by incentivising work in domain 3 (health improvement).

Q11: What do you think of the proposal to share a specific domain on preventable mortality between the NHS and Public Health Outcomes Frameworks?

We support it.

Q12: How well do the indicators promote a life-course approach to public health?

Subject to our comments above we think the indicators do promote a life-course approach to public health.

Suggested amendments based on Scrutiny comments

Question 1 - amend last paragraph on Q1 to add ' *this and other sectors*'

Question 2. Add the following:

A national register should be set up to show which providers are 'willing providers'. Local authorities should be required to ensure that procurement around specialist areas are undertaken by those with a specialist understanding of the requirements and able to make sound judgments about quality. This would help to mitigate risks that a wide range of providers could destabilise the market and 'any willing provider' could lead to contract failures.

Questions 6 & 7- Amend to

CYC supports the general approach outlined. It should be noted that broader issues such as reductions in benefits would not be addressed through the proposals.

Question10 – Add a paragraph:

CYC has long-standing concerns that current allocation formulas disadvantage York. There are also concerns that in the longer term allocation formulas, which are dependent on the census, would not be sustainable if the census did not continue.

General comments:

Add a section outlining additional issues:

- Concern that changes in benefits would have a knock on effect on families and would impact on giving every child the best start in life.
- Concerns regarding the proposal of working collaboratively with the voluntary sector. Certain members felt this was a finance issue rather than a holistic approach
- Reductions in funding from health commissioners for the voluntary sector. eg services for young people may result in further pressure on local authorities

NB The additional points in the notes are reflected in the existing response to Question 1.

Conflict with other governmental policies coming through required joined up thinking to alleviate any problems

- Regional overview of GP providers required
- Accountability concerns and responsibility to hold commissioners to account
- Concerns that consortia may have differing outcomes in each area
- Importance of Health And Wellbeing Board and Scrutiny arrangements

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Executive15th March 2011

Report of the Director of Communities & Neighbourhoods

Installing Solar Photovoltaic on Council Homes**Summary**

1. A not for profit social enterprise organisation, Community Energy Solutions (CES) have presented a proposal to install Solar PV's on a minimum of 1,000 homes CYC Council homes at no cost to the council. The Council would be responsible for providing roof access agreements, consulting with tenants and identifying a list of potentially suitable properties. CES would source capital finance, install the Solar PV panels, monitor electricity production and maintain them for 25 years. After 25 years the ownership of the panels would transfer to the roof owner, in this instance the Council.

Background

2. In April 2008 the Council approved the Local Authority Carbon Management Programme – Strategy & Implementation Plan. This plan set out a number of objectives, key ones as they relate to this report are:
 - An objective to reduce the carbon emission for the councils housing stock by 25% by 2020;
 - To capture opportunities for using low carbon technologies and practices;
 - To lead by example and encourage community partners, business and public to reduce carbon emissions
3. In April 2010 the Government launched a new incentive called 'Feed in Tariffs' (FIT's) to encourage people to generate their own electricity from renewable energy sources. FIT's are paid for every unit of electricity generated, with the rate paid varying according to the type of technology used. The most generous payment is for solar PV, which receives 41.3p per unit, (payable on system's installed before 31st Mach 2012) with payments index linked and guaranteed for 25 years.
4. A number of organisations are already marketing PV offers, which tend to be heavily weighted in favour of the company. Community Energy Solutions are proposing a more equitable option, which is differentiated from other companies in that they offer a profit share approach, to share benefits between the Council, tenants and CES.

Benefits

5. There are a number of benefits that the council, tenants and the city as a whole benefit from as a result of adopting the CES model. As a result of installing 2kWp of solar PV panels per home on 1,000 homes, the key benefits would be:

- The provision of free daytime electricity to tenants worth approximately £108 pa to each tenant and collectively £2.71m over 25 years.
- The production of 1,668 MWh of clean renewable electricity pa, reducing CO2 emissions by 872 tonnes pa.
- Investment of approximately £7m in CO2 reduction on the councils housing stock with no capital outlay from the authority;
- No maintenance costs for 25 years;
- Create opportunities for local employment and training;
- Provide a complete supply, install and operate package; Generate an index-linked income to the council for 25 years (approx £70k per annum)
- Enable the council to show clear leadership within the city when considering opportunities for reducing CO2

Wider community Benefit

6. The proposal put forward by CES includes for a profit share agreement between the partners which would, based on 1000 homes result in an annual income of approximately £35k which would be paid into a local community interest / social enterprise company¹. The exact nature of the social enterprise company would be determined in consultation with the local residents and the council.
7. The proposal also allows for owner-occupiers to benefit from the scheme. Where a homeowner can raise the capital themselves they can enter into a separate agreement with a subsidiary / partner of CES who will install the Solar PV's for the owner. In this instance given that the owner has raised the capital themselves the FIT would be paid direct to the owners.
8. However, the CES model allows for owner occupiers who may not be in a position to raise the capital to also take advantage of the scheme and have the Solar PV's fitted to their home with no capital investment. In this case the owner will not receive the FIT or a payment for use of the roof however they will benefit from the free electricity that the solar PV's generate. After 25 years ownership of the Solar PV's will transfer to the homeowner.
9. Along with private owners, the CES model also allows for the option for other CYC buildings to be used if we felt, when considered against the councils long terms views regarding green energy generation, to also be part of the scheme. Other Social Landlords could also join the scheme and use the SPV as a way of improving their stock through installation of Solar PV's.

Options

10. Option 1 - To agree to develop a partnership with CES to install a minimum of 1000 Solar PV systems on council homes, subject to successful contractual negotiations with CES by the Director of Communities & Neighborhoods.
11. Option 2 - To request officers to consider alternative options to reduce carbon emission from it council housing stock via the FIT's.

¹ A social enterprise company is an organisation 'with primarily social objectives whose surpluses / money are principally reinvested for that purpose in the community, rather than being driven by the need to maximise profit for shareholders and owners'.

12. Option 3 - To decide not to take the opportunity presented via the FIT's.

Analysis

13. Option 1 - The CES proposal is to establish a local delivery partnership, which would set up the scheme and be responsible for ongoing management of it. (see Annex A for details) A Special Purpose Vehicle² (SPV) would be established which would own the assets and represent all partners to the project (CYC, CES, the financiers and the energy companies). The FIT would be paid to the SPV and open book arrangements used to manage the finance over the period of the arrangement (25 years). The SPV would pay CYC a roof license for the use of our assets, pay CES a management fee, pay the investors and manage the profit share arrangements.
14. Agreement of Option 1 would deliver significant benefits as outlined in Para's 5-9.
15. When considering which properties would receive the work, the main criterion clearly needs to be the orientation of the properties and those where the roof structures allow maximum generation. However, subject to the council having more than 1000 homes that would benefit, targeting the installation within the city could also have a significant impact on alleviating fuel poverty.
16. As a service we would also consider opportunities for economies of scale and the potential to, where possible, link the work to other planned capital works i.e. re-roofing.
17. Option 2 - There are a number of alternative options that the council could consider.
- The Council obtain finance and procure a company to install and maintain the PV systems on its behalf, but the Council retain the full FIT and use this to cover the cost of borrowing. – To go down this route the council would need to raise approximately £7m of capital and undertake a full EU procurement exercise.
 - An in-house scheme, including sourcing finance, procuring equipment, installation and maintenance, retain the full FIT and use this to cover the costs of borrowing. – As above, capital and EU procurement would be required, the council would also have to develop significant in-house technical expertise that is not currently in place.
 - Use a different commercial offering.
18. In all of the above alternatives, the council would be opening itself up to significant risk, both in terms of finance and reputation. The lead in time for the above alternatives would also mean that installation before 31st March 2012 is extremely unlikely.
19. Option 3 – Deciding not to take the opportunities presented by the FIT would mean that the council would not be in a position to reap the benefits outlined in Para's 5-9.

² An SPV is legal entity formed by a company for a particular project or task, typically to hold assets and not to make a profit.

Corporate Strategy

20. Accepting the recommended option to develop a partnership with CES the support a number of themes within the Council's Strategy in particular the Sustainable & Thriving themes.

Implications

21. **Financial** - The installation of Solar PV on 1000 CYC homes, would equate to approximately £7m capital investment into the council's housing stock, however this would be at no cost to the authority. All capital investment, installation and on going maintenance is paid for by through the SPV.
22. The council would receive a payment for the roof license and part of the profit share (assuming only a 1% per annum growth) would be in the region of £2m over the period of the agreement. The amount of money paid into any Local Community Interest / Social Enterprise company would be in the region of £1m over the agreement.
23. There would be a financial cost to the council once the ownership of the Solar PV's transfers to CYC after 25 years. There is likely to be increased maintenance costs that would need to be budgeted for and built into forward planning as part of the HRA Business plan.
24. **Legal** – The arrangement referred to in Option I is probably outside the scope of the public procurement rules, as the Council will not be entering into a direct public works contract, public supply contract, or public service contract. In this case, the purchaser and the entity contracting for the supply, installation and maintenance of the solar PV panels will be Empower Community Management.
25. Although the public procurement rules may not apply, any agreement which amounts to the provision of a commercial opportunity must be concluded in compliance with the general principles of the European Treaty, and in particular, the principles of transparency and non-discrimination. This would mean that there would be a requirement for some form of advertising, and some form of competitive tender process, if another entity expresses an interest.
26. The Authority should have the statutory power to enter into such an arrangement under its general powers of housing management contained in s21 Housing Act 1985. In addition, s2 Local Government Act 2000 provides the Authority with a power to do anything which it considers is likely to achieve the promotion or improvement of the economic, social or environmental well-being of the area. This power expressly includes the power to enter into arrangements or agreements with any person.
27. The Authority will be required to grant rights of access to its properties for assessment, installation, maintenance and repair during the 25 operating period. This will involve the Council granting licenses and easements, which it has the power to do under a general consent granted under s32 Housing Act 1985.
28. The Authority also has a duty, under s105 Housing Act 1985, to consult with any tenants who are likely to be substantially affected by a matter of housing

management, which specifically includes maintenance or improvement of dwelling-houses, or the provision of services.

29. **Equalities** – The targeted installation of Solar PV's will enable the council to have a positive impact on addressing fuel poverty.
30. **Human Resource** – The development and management of the programme from CYC's perspective will require a project resource within the Housing Asset Management team. This will be considered as part of the ongoing service review with Housing & Public Protection.
31. **Property** – There a number of HRA property implications linked to the proposal. Provision of the Solar PV's may impact on future maintenance of the roof structures, which would need to be considered as part of the process when identifying suitable properties. Solar PV's systems are now classed as permitted development, except in conservation areas or on listed buildings.
32. There are no Crime & Disorder or Information Technology implications arising from this report.

Risk Management

33. Government had published FIT payment levels up to March 2020³ but the CSR announced, "Feed-In Tariffs will be refocused on the most cost-effective technologies saving £40 million in 2014-15. The changes will be implemented at the first scheduled review of tariffs [post March 2012] unless higher than expected deployment requires an early review."⁴
34. CES presented an approximate timeline, which shows a four to five month lead in period from signing the agreements to starting on site. Therefore any delays to the decision making process would result in the council not being in a position to maximise the benefit of the higher FIT.
35. However, given that the proposed model does not involve the council sourcing the capital for the project it is felt that risks arising from this report are minimal and score less than 16.

Recommendations

36. Executive are asked to approve:
 - Option 1 - To agree to develop a partnership with CES to install a minimum of 1000 Solar PV systems on council homes, subject to successful contractual negotiations with CES by the Director of Communities & Neighbourhoods.

Reason: To enable the council to reduce the levels of carbon emissions from its housing stock

³ For PV the rates are 41.3p to March 2012 then decline by approximately 10% pa for new applications.

⁴ Energy Secretary, Chris Huhne launched a comprehensive review of the Feed in Tariffs (FITs) scheme on 7th Feb 2011, following growing evidence that large scale solar farms could soak up money intended to help homes, communities and small businesses generate their own electricity.

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Annexes:

Annex A – Diagrammatic Examples of how the Solar PV funding model works

