

Agenda

Meeting: Executive (Performance Monitoring)

**Venue: The Grand Meeting Room,
No. 1 Racecourse Lane, Northallerton
DL7 8QZ**

Date: Tuesday, 26 November 2019 at 11.00am

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Business

1. **Minutes of the meeting held on 15 October 2019** **(Page 7 to 14)**
2. **Any Declarations of Interest**
3. **Exclusion of the public from the meeting during consideration of each of the items of business listed in Column 1 of the following table on the grounds that they each involve the likely disclosure of exempt information as defined in the paragraph(s) specified in column 2 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended by the Local Government (Access to information)(Variation) Order 2006:-**

Item number on the agenda	Paragraph Number
10 – Appendices C -F	1
11	3

4. Public Questions or Statements.

Members of the public may ask questions or make statements at this meeting if they have given notice to Melanie Carr of Democratic and Scrutiny Services and supplied the text (*contact details below*) by midday on 21 November 2019, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct anyone who may be taking a recording to cease while you speak.

5. Quarterly Performance and Budget Monitoring Report - Joint report of the Chief Executive and Corporate Director - Strategic Resources

(Page 15 to 116)

The Executive is recommended to:

- a) Notes the contents of the Performance Report
- b) notes the latest position for the County Council's 2019/20 Revenue Budget, as summarised in paragraph 2.1.2.
- c) notes the position on the GWB (paragraphs 2.4.1 to 2.4.3)
- d) notes the position on the 'Strategic Capacity – Unallocated' reserve (paragraphs 2.4.4 to 2.4.6)
- e) allows delegated authority to be given to the Corporate Director, Strategic Resources to formally enter into a pool should the North and West Yorkshire Pool application be successful. (paragraphs 2.5.1 to 2.5.5)
- f) notes the position on the County Council's Treasury Management activities during the second quarter of 2019/20
- g) refers this report to the Audit Committee for their consideration as part of the overall monitoring arrangements for Treasury Management.
- h) The Executive recommends to the County Council that it approves the revised Prudential Indicators for the period 2019/20 to 2021/22 as set out in Appendix A. Approve the refreshed Capital Plan summarised at paragraph 4.2.3;
- i) Approve the NYNet loan guarantee and delegation proposal (paragraph 4.2.24); Approve the provisional draw down of funding of up to £2.0m in order to facilitate the ordering of specialist specific vehicles in relation to the NY Highways Ltd Teckal company (paragraph 4.2.25); and
- j) Agree that no action be taken at this stage to allocate any additional capital resources (paragraph 4.5.9).

6. North Yorkshire Integrated Sexual Health Services - Report of the Corporate Director - Health and Adult Services

(Page 117 to 182)

The Executive is recommended to:

- Note the results of the joint NYCC and YFT Public Consultation on the S75 agreement.

- Support the proposed service specification, performance and outcomes framework and the draft S75 principles.
- Note and support the proposed budget.
- Delegate the final decision, once YFT have confirmed their acceptance of the offer to the Corporate Directors of Strategic Resources and Health and Adult Services, the Assistant Chief Executive (Legal and Democratic Services) and the Director of Public Health, in consultation with the Executive Members for those respective portfolios, once YFT has confirmed its acceptance of the offer

7. Participation in the Government's Global Resettlement Scheme - Report of the Principal Scrutiny Officer (Jonathan Spencer)

(Page 183 to 200)

The Executive is recommended to:

- Note the government's future refugee resettlement scheme from 2020/21.
- Approve North Yorkshire County Council's participation in the future refugee resettlement scheme from 2020/21 on an ongoing basis, provided that:
 - This is in partnership with North Yorkshire district councils;
 - The funding is no lower than envisaged by the Home Office;
 - Arrangements are similar to the SRP and VCRS programmes;
 - Families are resettled on a phased basis across districts.

8. Appointments to Committees and Outside Bodies

(Pages 201 to 202)

Recommendation:

That the Executive nominate Rachel Pippin as the new Emergency Services representative on the North Yorkshire Health & Wellbeing Board.

9. Forward Work Plan

(Page 203 to 214)

10. Consideration of Potential Investment Opportunity - Report of the Corporate Director - Strategic Resources

(Page 215 to 270)

The report recommends that the Executive:

- Notes the transaction proposed by YPO as outlined in the report and exempt appendices and indicates the Authority's view on the proposal to inform a vote at YPO Management Committee.
- Confirms its financial backing for the transaction, by agreeing to underwrite the loan through entering into a Supplemental Agreement and delegating authority to the Corporate Director (Strategic Resources) and Assistant Chief Executive (Legal and Democratic Services) to approve the Supplemental Agreement set out at Appendix F, subject to:
 - At least 10 of the 13 Founder Members remaining as Founder members and agreeing to enter into the Supplemental Agreement,

- The satisfactory completion of legal and financial due diligence on the proposal, giving confidence to proceed and;
- A resolution of the YPO Management Committee to enter into the transaction proposed

11. 5G Rural Connected Communities - Report of the Corporate Director - Business and Environmental Services

(Page 271 to 278)

When this agenda was originally published on 18 November 2019 this item was listed as item 8. However, due to Government regulations that are imposed as part of the bidding process, the item will now be taken as a confidential item, to be heard in private.

12. Other business which the Leader agrees should be considered as a matter of urgency because of special circumstances

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)
County Hall
Northallerton

Date: 18 November 2019

Notes:

Emergency Procedures for Meetings

Fire

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Persons should not re-enter the building until authorised to do so by the Fire and Rescue Service or the Emergency Co-ordinator.

An intermittent alarm indicates an emergency in nearby building. It is not necessary to evacuate the building but you should be ready for instructions from the Fire Warden.

Accident or Illness

First Aid treatment can be obtained by telephoning Extension 7575.

Executive Members

Name	Electoral Division	Areas of Responsibility
LES, Carl	Richmondshire Catterick Bridge	Leader of the Council Communications, safer communities and emergency planning
DADD, Gareth	Hambleton Thirsk	Deputy Leader of the Council Finance and Assets and Special Projects inc finance and HR performance management
CHANCE, David	Whitby/Mayfield cum Mulgrave	Stronger Communities - inc Legal and Democratic Services, Corporate Development, Overview and Scrutiny Committees, Area Committees, performance management
DICKINSON, Caroline	Northallerton	Public Health, Prevention and Supported Housing - inc STP issues regarding the Friarage and Darlington Hospitals
HARRISON, Michael	Lower Nidderdale and Bishop Monkton	Health and Adult Services - inc Health and Wellbeing Board, health integration and Extra Care
LEE, Andrew	Cawood and Saxton	Open to Business - inc growth, economic development, planning, waste management, trading standards and business relations
MACKENZIE, Don	Harrogate Saltergate	Access - inc highways, road and rail transport, broadband and mobile phones; and to act as the Council's Digital Infrastructure Champion
MULLIGAN, Patrick	Airedale	Education and Skills - inc early years, schools, apprenticeships, FE colleges and UTC's and engagement with the skills part of the LEP
SANDERSON, Janet	Thornton Dale and the Wold	Children and Young People's Services with responsibility for foster and adoption, children's social care and prevention
WHITE, Greg	Pickering	Customer Engagement inc Contact Centre, web site, libraries, digital and performance management (complaints and compliments)

North Yorkshire County Council

Executive

Minutes of the meeting held at No. 3 Racecourse Lane, Northallerton on Tuesday, 15 October 2019 commencing at 11.00 am.

County Councillor Carl Les in the Chair. County Councillors, David Chance, Gareth Dadd, Caroline Dickinson, Michael Harrison, Andrew Lee, Don Mackenzie, Patrick Mulligan, Janet Sanderson and Greg White.

Also in attendance: County Councillors Derek Bastiman, Bryn Griffiths and Paul Haslam.

Officers present: Stuart Carlton, Gary Fielding, Richard Flinton, Daniel Harry, Barry Khan, Barrie Mason, Andrew Bainbridge, John S Lee, Rebecca Gibson, Richard Webb, Catriona Gatrell and Melanie Carr.

There was two representatives of the press in attendance.

Copies of all documents considered are in the Minute Book

369. Minutes

Resolved –

That the Minutes of the meeting held on 24 September 2019, having been printed and circulated, be taken as read and confirmed, and signed by the Chairman as a correct record.

370. Declarations of Interest

Councillor Paul Haslam declared a disclosable pecuniary interest in regard to Agenda Item 4 (Minute No. 372 below) on the basis that the proposal for a relief road bypass would potentially impact the land on which he resided, together with other associated land. It was noted that on 3 January 2019 Councillor Haslam had been granted a dispensation by the Standards Committee allowing him to speak on business relating to the Harrogate Congestion Study, until the date of the next County Council elections in 2021.

371. Questions and Statements from members of the public

There were no public questions or statements.

372. Consideration of the results of the Public Engagement for the Harrogate Congestion Study

Considered –

The report of the Corporate Director - Business and Environmental Services, presenting the results of the Harrogate & Knaresborough congestion study public engagement.

County Councillor Don Mackenzie introduced the report detailing the long running traffic issues facing both towns and gave thanks to those officers involved for their professionalism, understanding and patience during what had been at times a difficult consultation process.

Barrie Mason, Assistant Director for Highways & Transportation provided a detailed overview of:

- the two packages of measures consulted on (one of which included a potential relief road in the Nidd Gorge area);
- the significant public engagement process undertaken including the level of attendance at the exhibitions and overall response rates, and;
- the subsequent analysis of the feedback from residents.

He went on to highlight a variety of external factors that were thought to have heightened interest in the congestion study, and noted there had been a degree of cynicism around the consultation process from some residents, as a result of the level of road maintenance works being undertaken during the consultation period.

County Councillor Janet Sanderson commented on the successful use of heat maps to show the level of support from different areas within the study area, and sought reassurance that the analysis of the feedback had been based on more than just the response statistics.

Andrew Bainbridge, Transport Planning Leader confirmed that information gathered by NYCC officers and the consultation specialists and the strength of feelings expressed by residents at the various exhibitions etc together with the free text responses received had all helped inform the analysis of the data. He also confirmed that at no point had a commitment been made that the County Council would abide by a majority view arising from the consultation.

Members picked up on a number of examples where the analysis of the responses had highlighted a number of conflicting views e.g. 71% of responders agreed or strongly agreed that park and ride facilities should be introduced, yet 49% of responders said they would rarely or never use those facilities. They also questioned the validity of some of the responses e.g. 75% of responders said they would rarely or never use a relief road between Harrogate & Knaresborough if one were constructed.

Members considered the next steps for consideration, and raised the following issues:

- a significant modal shift would be required to get walking and cycling to be considered the everyday norm for getting to school and work;
- A review only of on street parking by NYCC would not have the desired result – it would require Harrogate Borough Council to review their off street parking charges as well. Any such review would need to include Knaresborough;

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- Increasing car parking charges would be a dis-incentive to drive into Harrogate town centre but it would have an adverse effect of businesses;
- The Killinghall bypass was an existing retained route on the map and therefore it needed assessing – Members expressed support for it with no pre-conditions;
- Whilst there was support for not progressing the Harrogate inner relief road it was accepted that future councils may choose to revisit that decision based on the success or otherwise of the measures arising from the congestion study;
- Concern was expressed about the time and financial resources required to assess the feasibility of a package of P & R sites and services;
- P& R was not the panacea of all congestion issues and were not suitable everywhere especially where the congestion was mainly as a result of internal to internal journeys.
- Whilst P & R might be a good commercial option for bus companies the potential cost of providing the sites and infrastructure might prove prohibitive;
- The County Council had a duty not to waste time or money and therefore the work needed progressing quickly;

County Councillor Paul Haslam, as a local Harrogate Councillor, was also given the opportunity to comment on the proposals. He commended officers for their conduct throughout the consultation period and for work on the analysis, and noted:

- Of the 17k students in the Harrogate area, only 3% were cycling to school/college;
- 60% of car journeys were less than 2.8km;
- Behavioural change would take time;
- Not enough information was given on the Killinghall bypass and the new proposed link between Otley road and the Leeds road to enable residents to comment appropriately – only 3% of the responses were from residents in the Killinghall area;
- There were a lot of commuters living in Leeds and working in Harrogate so perhaps just one P & R site on the outskirts of Harrogate, in the appropriate area, would have the desired effect;
- Timing of traffic lights and junction improvements would assist in combating congestion;
- The progression of the different measures would benefit from having one project manager;

In response to Members comments, officers confirmed:

- Local Cycling & Walking Infrastructure Plans were a relatively new thing and as such there was no evidence yet to show that the introduction of one would result in less traffic on the road.
- There was often opposition from residents to the introduction of improved cycling infrastructure in residential areas.
- New cycling routes would be considered on a scheme by scheme basis and not agreed by default.
- A joint review of all car parking charges with Harrogate Borough Council was required.
- Parking needed to be encouraged in areas where it would minimise congestion.
- Outside of the relief road option, a bypass for Killinghall and a link road between the B6162 Otley Road and A61 Leeds Road still needed to be considered.
- The assessment of a package of P & R sites and services would be a desk top feasibility with the aim of achieving an early definitive answer
- A range of softer measures would be necessary if the required modal shift was to be achieved.
- Bus operators were keen to work together to improve the commercial viability of bus travel.

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- Consideration of high cost longer term solutions for key strategic junctions would require identification of external funding and available grants, which was business as usual for the NYCC Transport Planning team.
- An officer group working with area management would look to identify opportunities for quick win pilot measures, for early delivery.

County Councillor Carl Les added his thanks to officers for their work to date and for their handling of the consultation in particular, and it was

Resolved – That:

- (i) The results of the Harrogate and Knaresborough Congestion Study engagement and the feedback from the Harrogate and Knaresborough and Skipton and Ripon Area Constituency Committees be noted.
- (ii) The recommendations set out in section 8.0 of the report be approved.

373. A59 Kex Gill Diversion Compulsory Purchase Order (CPO) and Side Road Order (SRO) - To confirm that a CPO and SRO can be made for the A59 Kex Gill Diversion Scheme

Considered –

The report of the Corporate Director - Business and Environmental Services seeking approval for the making of a Compulsory Purchase Order and Side Road Orders for the A59 Kex Gill Diversion Scheme.

County Council Don Mackenzie introduced the report and thanked officers and experts for their remarkable survey work of the area.

Barrie Mason, Assistant Director for Highways & Transportation drew Members attention to the three key issues for the Executive's consideration, as listed at paragraph 2.4 (i) – (iii) of the report.

Catriona Gatrell, Head of Legal Services provided an overview of the legal technicalities associated with the recommendations in the report and confirmed that as the special parliamentary procedure was quite cumbersome, NYCC's Consultants had been exploring options to provide new areas of land as common land. She confirmed that the Scheme in this case was unusual because of the designated land that needs to be acquired and that the planning application and funding approval would be running alongside the CPO process. With those legal technicalities in mind, a number of minor revisions to the recommendations were proposed, and it was

Resolved – That:

- (i) The Assistant Chief Executive (Legal and Democratic Services) be authorised to take all necessary steps to make the Compulsory Purchase Order and the Side Roads Order for the A59 Kex Gill Diversion Scheme to include acquiring the title to, or rights over, the land shown on the Plan shown at Appendix A to the report, or any subsequent amendment to that Plan.
- (ii) The Corporate Director of Business and Environmental Services in consultation with the Assistant Chief Executive (Legal and Democratic Services) be authorised to make minor modifications to the CPO and SRO and their plans, if required.

- (iii) The Assistant Chief Executive (Legal and Democratic Services) in consultation with the Corporate Director of Business and Environmental Services be authorised to seek confirmation of the CPO and SRO, and to take all necessary steps for that purpose including following any Special Parliamentary Procedure required, or securing that appropriate land will be given in exchange for the common land acquired.
- (iv) The Assistant Chief Executive (Legal and Democratic Services) be authorised to take all necessary steps in the event of a Public Inquiry
- (v) The Assistant Chief Executive (Legal and Democratic Services) be authorised to take all necessary steps to vest the land in the County Council, in the event the CPO and SRO are confirmed with or without modifications

374. Annual Report of the North Yorkshire Pension Board

Considered -

The report of the Assistant Chief Executive (Legal and Democratic Services) presenting the Annual Report of the North Yorkshire Pension Board.

County Councillor Gareth Dadd introduced the Annual Report confirming it would be presented for approval at the next meeting of Full Council.

Resolved – That the Annual Report of the Pension Board for 2018/19 be noted.

375. North Yorkshire Pension Board - Amendment to Terms of Reference - Report of the

Considered -

The report of the Assistant Chief Executive (Legal and Democratic Services) providing an update on a recent review of the Pension Board's Terms of Reference.

County Councillor Gareth Dadd introduced the report which sought a recommendation from the Executive that the County Council approve an amendment to the Board's remit.

Resolved –

That the change to the Terms of Reference for the Pension Board be noted, and recommended for approval by County Council.

376. Burton Salmon Community Primary School - Lowering the Age Range to 3-11 –

Considered -

Report of the Corporate Director for Children and Young People Service on the outcome of an informal consultation carried out by the Governors of Burton Salmon Community

Item 1

Primary School on a proposal to lower the age range of the school from 4-11 to 3-11, in order to offer nursery education for three year olds.

County Councillor Patrick Mulligan introduced the report highlighting the consultation undertaken, the school's response to the issues raised, and the governing body's acceptance of the proposal.

Resolved – That:

- i) The publication of the proposals and statutory notice to lower the age range of Burton Salmon Community Primary School from 1 January 2020 be approved.
- ii) A final decision on the proposals be considered by the Executive at its meeting on 17th December 2019.

377. Corporate and Partnerships Overview and Scrutiny Committee response to the Notice of Motion

Considered -

Report of County Councillor Derek Bastiman, Chair of Corporate & Partnerships Overview & Scrutiny Committee detailing the committee's response to the notice of motion referred to it by County Council at its July 2019 meeting.

County Councillor Derek Bastiman introduced the report highlighting that the officer advice provided had weighed heavily on the Committee's considerations i.e. that:

- The company would not have cash available in the medium term to distribute profit for the purpose of social housing
- The purpose of the County Council's commercial agenda was to reduce the impact of austerity through the use of any surplus generated to support frontline services.

He confirmed they were the main reasons why the Committee had decided not to support the motion.

In response County Councillor Bryn Griffiths who originally seconded the Motion, re-affirmed the purpose of the Motion and clarified that neither he nor County Councillor Geoff Webber (proposer of Motion), had expected any dividend to be made by the Company in its initial years.

County Councillor Gareth Dadd questioned whether the Council was at this time in a position to financially support social housing.

Resolved -

That the Corporate and Partnerships Overview and Scrutiny Committee's response to the Notice of Motion be recommended to County Council on 13 November 2019

378. Establishment of a Statutory Joint Health Overview and Scrutiny Committee for West Yorkshire and Harrogate to review changes to NHS Vascular Services

Considered -

Report of Assistant Chief Executive (Legal & Democratic Services) proposing that County Council appoints, jointly with other authorities, and becomes a member of, the North Yorkshire and West Yorkshire Mandatory Joint Health Overview and Scrutiny Committee.

County Councillor Michael Harrison introduced the report which detailed the County Council's ongoing involvement in the West Yorkshire Joint Health Overview & Scrutiny Committee in a co-opted capacity.

County Councillor gave her endorsement of the report recommendations, and it was

Resolved –

That the report and the recommendations to County Council by the Scrutiny of Health Committee be noted.

379. Area Constituency Committee - Feedback

Considered -

Report of the Democratic Services & Scrutiny Manager, presenting information on the key issues arising from the Harrogate & Knaresborough Area Constituency Committee on 19 September 2019 and the Scarborough & Whitby Area Constituency Committee on 25 September 2019.

Resolved -

That the updates be noted.

380. Forward Work Plan

Considered -

The Forward Plan for the period 13 September 2019 to 30 September 2020.

Resolved -

That the Forward Plan be noted.

The meeting concluded at 12:32 pm.

MLC

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NORTH YORKSHIRE COUNTY COUNCIL

EXECUTIVE

26 November 2019

QUARTERLY PERFORMANCE AND BUDGET MONITORING REPORT

Joint Report of the Chief Executive and
Corporate Director – Strategic Resources

EXECUTIVE SUMMARY

Background

The Quarterly Performance and Budget Monitoring Report seeks to bring together key aspects of the County Council performance on a quarterly basis. The Summary below captures the key points in this Quarterly update as set out in the main body of the attached report.

Performance

1. The in depth focus for the Quarter 2 Performance report is “Every adult has a longer healthier and independent life”
2. The Quarter 3 report will focus on the ‘council plan ambition “Every child & young person has the best possible start in life”.

Revenue Budget 2019/20

There is an overall projected net underspend of £3,995k against budget for 2019/20 (**paragraph 2.2.1**), however, this is primarily driven by savings within the corporate contingency budget which are offsetting the significant overspends in demand led services where the cost pressures experienced in 2018/19 continue to grow. The key drivers of the financial position are set out below:

1. There continues to be significant and growing financial pressures within demand led services, especially within Health and Adult Services, where £1m of HAS Corporate Contingency has had to be deployed to help alleviate the in-year pressure (£7m) predominantly on care and support budgets.
2. There continues to be significant financial pressures in Children and Young People’s Services, despite an additional £10m growth built into the 2019/20 budget, the majority of which was for Children and Young People’s Services.
3. There are savings in Corporate Miscellaneous budgets which predominantly offset the overspending pressure but not all of these are recurring savings.
4. A breakdown of each Directorates forecast variance is provided in **Appendices B to F** with the financial position for NYES provided in **Appendix G**.
5. Actions are being taken in order to address the budget pressures in service areas as well as investigating further opportunities for savings. Work is currently concentrated in three main areas, focussed reviews, service plans and transformation programmes.

Capital Plan

1. Planned gross capital spend for 2019/20 is £133.7m (£9.1m net). (**paragraph 4.2.3 and Appendices A to E**).
2. Executive is asked to approve (i) the funding contribution of up to £2.0m for the Highways Teckal company, NY Highways Ltd, as detailed in **paragraph 4.2.25**, and (ii) the provision of a 'Parent' Guarantee for NYNet as required by the Crown Commercial Services following the company's inclusion in the Cabinet Office's Dynamic Purchasing System (**paragraph 4.2.24**).
3. Planned financing of the capital spend (**paragraph 4.5.6 & Appendix E**) includes £3.8m capital receipts consisting of £1.1m loan repayments and £2.7m receipts from the sale of land and property. After utilising other estimated capital income (grants, contributions and revenue contributions) totalling £123.4m, the balancing figure of £6.5m is planned to be funded from internal borrowing which has the impact of running down investments.
4. £15.7m potential surplus capital resources are available over the Capital Plan period, achieved mainly from capital receipts (**paragraph 4.5.6**). This could be used to fund capital expenditure or to reduce the Council's outstanding debt.
5. A significant addition to the Q2 Capital Plan is the adding a further year 2021/22 (estimated spend of £5.6m) (**paragraphs 4.2.5 to 4.2.7**).

Annual Treasury Management and Prudential Indicators

1. External debt stood at £274.1m at 30 September 2019. The average interest rate of this debt was 4.38% (**paragraph 3.17**).
2. The forecast capital borrowing requirement for 2019/20 is £10.8m (**paragraph 3.19**) which will increase the internal borrowing position.
3. Investments outstanding at 30 September 2019 were £466.5m (£507.3m at 30 June 2019) of which £251.4m belonged to other organisations who are part of NYCC's investment pool arrangements, with a daily average balance of £492.0m up to Q2 of 2019/20 (**paragraphs 3.13 & Appendix A**).
4. For cash invested the average interest rate achieved in Q2 was 0.96% which exceeded the 7 day benchmark rate of 0.39% and was above bank rate of 0.75%. (**paragraph 3.14**).
5. As a result of requirements of the statutory backed Prudential Code there is a need to revise the Treasury Management and Capital related Prudential Indicators. During 2019/20 the Council operated within the approved Prudential Indicators and limits were not exceeded (**paragraph 3.26**).

RICHARD FLINTON
Chief Executive

GARY FIELDING
Corporate Director, Strategic Resources

County Hall
Northallerton
26 November 2019

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North Yorkshire
County Council

2

Executive Performance Report

Quarter 2 • 2019/20

Enter

Report produced by Strategy and Performance





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Corporate Summary

Focus on Healthy and Independent Living



Progress and Strengths	<ul style="list-style-type: none"> • This report covers the adult social care aspects of the healthy and independent living priority – public health performance is reported separately. • The volume of adult social care related contacts is down 2% year on year at 37,419 and the proportion of contacts diverted away from traditional social care support by the “front door” arrangements continues to be higher than the quarterly average during 2018/19, at 77.8% (30,057). Whilst this is a reduction from 79.1% in Q1 (15,064), it shows significant improvement against the 73.2% in Q2 of 2018/19 and the 2015/16 baseline of 71% (40,064). • The prevent, reduce, delay elements of the pathway continue to show sustained growth. Referrals into the Care & Support Team based in the contact centre are up 31% year on year at 4,336, continuing the growth trend started during 2018/19. Living Well referrals are up 74% year on year in Q2 at 1,405, reflecting the additional resource made available via the BCF programme. • The number of people in residential and nursing care placements at the end of Q2 was 4% (92 people) lower than at the same time in 2018/19. The rate of admissions to permanent care placements for people aged 18-64 was up year on year – up from 13 to 18 per 100,000 of population, but the actual number of placements for 18-64 year olds were also down 4% year on year (18 people). • Overall timescales, ie the length of time from the date of the contact to the completion date for the assessment, show improvement year on year, with a reduction from 29.1 days to 28.2 days, bringing it more in line with the target of 28 days. There has been more marked improvement in reducing the amount of time people wait for their assessment to start. For independence assessments this has reduced from 22.3 days to 19.0 days and for needs assessments the reduction has been from 24.7 days to 17.3 days. • As at the end of Q2, the number of reablement services delivered (1,042) was up 3% year on year. The average size of a support package continues to be very stable at 10.5 hours per week, and the average duration of an intervention also remains stable at 4.4 weeks. • Inspection ratings for care providers in North Yorkshire are significantly better than the regional averages and are in-line with national averages but many of these providers provide care at rates which are higher than the County Council’s budget levels. The local authority’s Quality Improvement Team are working successfully with local providers to improve their inspection ratings and to prevent provider failure. • North Yorkshire has achieved the government’s challenging target for reducing delayed transfers of care (DTOCs) attributable to social care in each of the last four quarters. The August 2019 data showed the rate of social care delayed bed days at 2.7 per 100,000 of population against a target of 2.9.
Challenges	<ul style="list-style-type: none"> • 46.6% of residential/nursing placements for older people continue to be above approved rates, which equates to 922 of the 1,977 current placements. In Harrogate, 90% (85) of new placements for older people made so far this year have been above approved rates but this has reduced from 92% (34) in Q1. A number of work streams are progressing to address market pressures around permanent care placements. • The average size of a personal budget, excluding service users with a learning disability, increased to £14.5K in Q2. There are a number of initiatives underway aimed at developing innovative approaches to the provision of affordable and sustainable care in people’s own homes in the more rural areas of the county. • Total DTOCs have increased since the Q1 report, up from 9.4 in May to 11.3 in August, as the reductions achieved in health delays in the early part of the year have been reversed. A new transfers of care team has been put in place to work closely with hospitals to help achieve system-wide improvements.

Best Start to Life



Progress and Strengths	<ul style="list-style-type: none"> The number of children in care has decreased from 460 at the end of Quarter 1 to 440 at the end of Quarter 2. Contacts to Children & Families and referrals to Children's Social Care remain low this Quarter Children & Families assessments completed in 45 days (97.4%) is some of the strongest performance that we have seen. Leaving Care performance is strong across virtually every indicator. Although re-offending rates remain relatively high, the latest figures show positive progress both in terms of the binary and frequency re-offending rates. Permanent exclusions have fallen during the 2018/19 academic year by 18% (n=19) and fixed term exclusion have seen a slight decrease too. Timeliness for assessing new Education, Health and Care Plans remains strong. Proportion of 19+ year olds Education & Training Funded learners achieving has increased by 6.1% from 78.3% (n=1,282) in 2018 to 84.4% (n=1,590) in 2019.
Challenges	<ul style="list-style-type: none"> The proportion of LAC experiencing 3 or more placements in the past 12 months remains high at 13.3% (n=60). The number of Children subject to a Child Protection Plans has increased over the last Quarter, resulting from a decrease in the number of ceased plans. The number of Electively Home Educated (EHE) pupils has increased by 12% (n=60) over the past year. The number of Education, Health and Care Plans has increase by 10% over the past year, from 2,731 Quarter 2 2018/19 to 3,009 at the end of Quarter 2 2019/20.

Modern Council



Progress and Strengths	<ul style="list-style-type: none"> Highest number of compliments received in a single quarter, and a 10% (n=27) increase on the previous quarter, partially due to the increase in number of compliments with the start of the "wedding season" A 20% (n=182) increase in demand for Blue Badges under the new "hidden disabilities" category was absorbed by the team by encouraging more than 95% of applicants for the pre-existing scheme to apply on-line. Data for Direct Access shows a peak in the number of staff working remotely during the UCI World Road Championship. This is not only significant in terms of staff having the technology and ability to work from various locations, but also, like during the Beast from the East, demonstrates how the improved technology has enabled us to be more resilient as an organisation.
Challenges	<ul style="list-style-type: none"> The rejection rate for Blue Badges has increased as the national media messages were very general. Also as hidden disabilities decisions are more complex they are currently being made by a person whilst traditional applications are automated, thus increasing the workload. Work is being done with disability organisations to help understand the eligibility criteria.



Growth

Progress and Strengths	<ul style="list-style-type: none"> • At the end of July, flash floods caused a number of bridge and route failures in the Yorkshire Dales. Within two weeks of the route closures, the B6270, a vital route between Richmond and upper Swaledale, was open to traffic with some restrictions and by the end of August was fully open. A nearby bridge over Cogden Gill, that had also been washed away by the floods, was open by the first week in September. • As part of our s106 agreement with Sirius Minerals, an enhanced timetable has been submitted and approved for introduction at the December 2019 timetable change date with the new timetable now offering six journeys in each direction per day Monday to Saturday. • Veritau conducted an audit into the process and control for calculating an appropriate rate of reimbursement for bus operators. Concessionary fares represent a significant annual spend and it is therefore pleasing to note that the auditors awarded it their highest grade “high assurance.” • During the quarter a motion was approved at full council which sets out aspirations for the council itself to achieve net carbon neutrality by, or as close as possible to, 2030. To support this aspiration work is progressing on four main work streams: <ul style="list-style-type: none"> o establishing reporting for the council’s carbon footprint; o scoping a carbon reduction plan; o developing and piloting a new climate change impact assessment tool; and o establishing robust governance.
Challenges	<ul style="list-style-type: none"> • During quarter two BES received 261 complaints, which is the highest number for at least 3 years and a 53% increase from the previous quarter. • The increase in complaints is partly due to the impact of the UCI Road World Championships, complaints about which accounted for about 1/3 of the increase but there is also a general upwards trend.





Focus on Council Ambition: ‘Healthy and Independent Living’

‘Every adult has a longer, healthier and independent life’

High level outcomes:

1. People have control and choice in relation to their health, independence and social care support.
2. People can access good public health services and social care across our different communities.
3. Vulnerable people are safe, with individuals, organisations and communities all playing a part in preventing, identifying and reporting neglect or abuse.

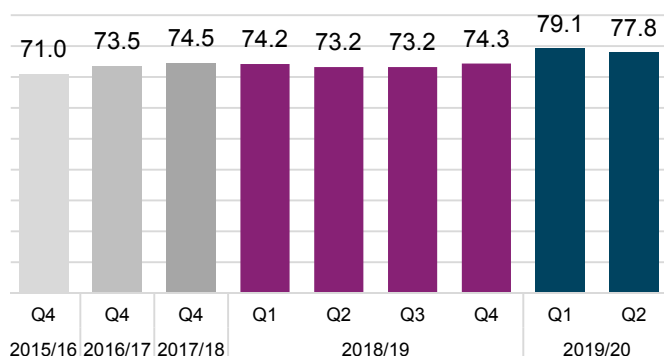
Customer

Level of demand

Activity levels at the “front door” for social care are down slightly year on year in Q2, with contacts (37,419) and referrals (8,767) both showing a reduction of approximately 2%.

The proportion of contacts diverted away from traditional social care support by the “front door” arrangements reduced slightly in Q2, but remains above the general level reported during 2018/19 and well above the 2015/16 baseline.

Proportion of contacts NOT progressing to referral



The ‘prevent, reduce, delay’ elements of the adult social care customer pathway continue to perform well in helping to mitigate growing demand for traditional social care support packages:

- Referrals into the Care & Support Team based in the CRC are up 31% year on year (+1,029 referrals), continuing the growth trend started during 2018/19. The rate of growth has slowed, as this compares with the 41% year on year growth reported in Q1 (+596 referrals).

Living Well referrals are up 74% year on year in Q2 at 1,405, reflecting the additional resource made available via the BCF programme.

Residential/Nursing Placements

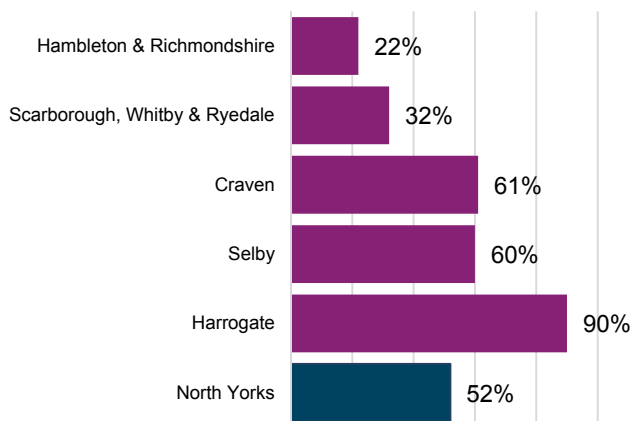
The rate of admissions for older people (aged 65+) into care homes in Q2 was the same as it was in Q2 of 2018/19, which indicates a full year admission rate of 619 admissions per 100,000 of the population aged 65+.

There were 2,052 older people in care home placements at the end of Q2, which is 3% lower (71 people) than at the same time in 2018/19. The average age on entry to a permanent care placement for this age group is 85 years. The total number of placements has been affected by a higher than average number of deaths per month in the second half of last financial year.

The council sets approved rates for the weekly cost of care placements for older people each year. Securing placements at these rates is one of the key pressures facing adult social care provision in the county.

The proportion of placements costing more than NYCC's approved rates for older people was 46.7% at the end of Q2 (923/1974 placements), slightly above the 46.3% reported in Q1. However, this increases to 52% for new admissions (177/343 new placements), and significant variations remain at locality level.

% of New Admissions to Permanent Care Placements for People Aged 65+ Above NYCC Approved Rates



Despite the overall increase in the proportion of new admissions above rate (Q1 = 49%, 70/143), the three localities with the highest proportion of placements above rate all showed reductions between quarters, with Harrogate reducing from 92% (35/38) to 90% (85/94).

The rate of admissions to permanent care placements for people aged 18-64 was up significantly at 18 per 100,000 at the end of Q2, compared with 13 in 2018/19.

Despite the higher current admission rate, placements for 18-64 year olds are down 3% year on year (12 people) to 416. Approximately half of this reduction is due to the death of people in placements. The other half are for a variety of reasons, including changes in funding arrangements where health funding becomes applicable or people become responsible for funding their own care. In a small number of cases there may be a change in the level of a person's care need where a permanent placement is no longer appropriate. A

number of strands of work are in progress across the directorate to sustain and develop local care markets to try and ensure the affordability and availability of local care provision:

- The development of the detailed business case for a dementia village in Harrogate continues to progress, following a consultancy event with an established provider from the North East;
- An independent consultant has been appointed to complete a cost of care exercise for residential and nursing care provision for older people;
- Extra Care developments in Skipton, Filey, Great Ayton and Scarborough;
- The locality profiles within the Market Position Statement have been updated with data for Q1, and locality improvement plans are to be developed; and,
- The work and impact of the Quality Improvement Team is covered in a subsequent section below.

Assessments

In line with the significant increase in the volume of referrals through Living Well and the care & support team in the contact centre, the number of assessments completed in the first half of the year was down 25% year on year at 3,349. There has also been a significant reduction in the number of referrals being closed before an assessment is completed, which is down from 2,441 to 1,534 in the first half of the year. This, and the reduction in referral levels, indicates that the improvements achieved at the end of 2018/19 by the targeted piece of work looking at referral pathways and assessment practice have become embedded across the pathway.

Overall timescales, i.e. the length of time from the date of the contact to the completion date for the assessment, show marginal improvement with a reduction from 29.1 days to 28.2 days, bringing it more in line with the target of 28 days.

For independence assessments, the overall timescale has increased slightly from 25.7 days to 26.4 days, but it remains below the indicative target of 28 days.

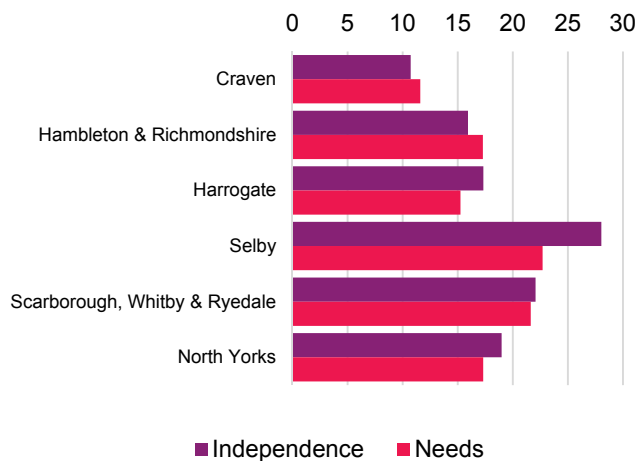
For full needs assessments there has been a significant improvement with overall timescales reducing from 36.0 days to 32.5 days. Timescales here have



benefitted from the removal of unproductive effort in the pathway as described above, and evidenced in the shorter times people are waiting for their assessments to start, which are set out below. Further improvement may be constrained by the increased complexity being reported in the presenting caseload, and a piece of review work is being scoped to develop and implement an approach to identifying, rating and recording complexity consistently across the county.

There has been more marked improvement in reducing the amount of time people wait for their assessment to start. For independence assessments this has reduced from 22.3 days to 19.0 days and for needs assessments the reduction has been from 24.7 days to 17.3 days.

Number of Days from Contact Date to Assessment Start Date



Two key strands of work are progressing that will help to ensure consistency across the pathway to improve the quality and timeliness of outcomes for people engaging with adult social care processes:

- The focused review looking at the adult social care assessment pathway, which is developing a number of recommendations; and,
- The development of the confident and consistent practice model (CCP), which is starting with a diagnostic exercise to identify whether cases are being directed to the right element of the pathway when they first come into the system.

Both pieces of work will help to improve the experience for people accessing social care support, with the aim of getting them the right outcome in the shortest possible time.

Complaints and Commendations

During Q2, the Health & Adult Services directorate received 88 complaints, a drop from 93 in Q1. This compares with 80 in Q2 in 2018/19, an increase of 9%.

95% have been acknowledged within timescale, and 89% closed within agreed timescales. Comparison with historical data shows the number of complaints received continues to be generally higher in the last two years than it was previously.

Of the complaints closed during Q2, 10% were Full upheld, 33% Partly Upheld, 45% not upheld and 12% not pursued. This is again comparable with previous quarters.

Health & Adult Services, as a directorate, received 273 compliments in Q2 which is down by 40 from Q1. ([For more detail see appendix 1](#)).

Control and choice in relation to health

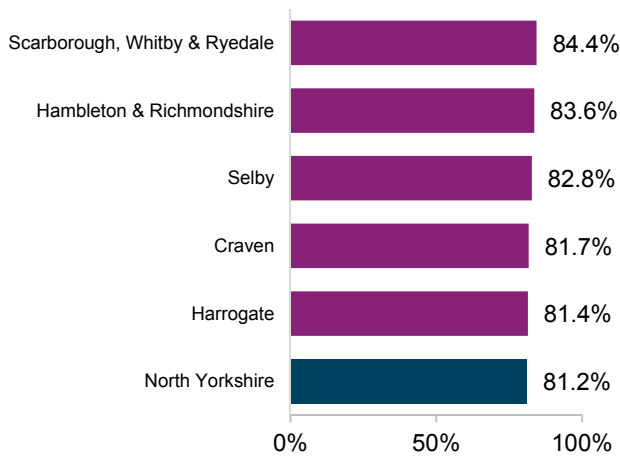
Reablement

As at the end of Q2, the number of reablement services delivered (1,042) was up 3% year on year. The average size of a support package continues to be very stable at 10.5 hours per week, and the average duration of an intervention also remains stable at 4.4 weeks.

As part of the social care performance framework, the effectiveness of the council's reablement offer is measured in terms of the proportion of people supported who return for subsequent social care support within 90 days of the completion of their reablement package.

610 reablement interventions were completed between April and June. The proportion of these people who had not subsequently returned for social care support by the end of Q2 was 81.2% which compares favourably with 83.4% achieved for the whole of 2018/19, and which is anticipated to improve cumulatively during the second half of the year.

% reablement clients not receiving a subsequent service after 90 days



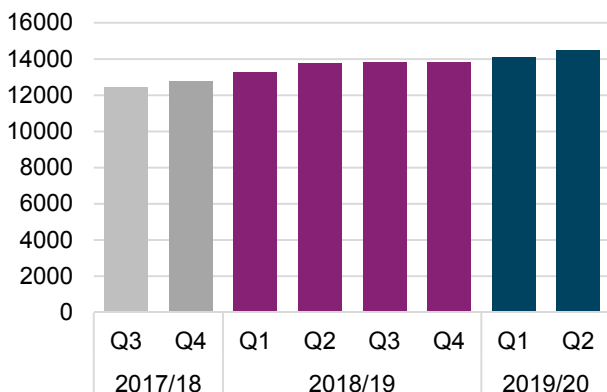
Focused, case-level data quality checks in Selby have improved reporting accuracy and resulted in a significant improvement in reported performance, which increased from 75.8% (6/16) in August to 82.8% (5/29) in September, bringing Selby into line with other localities.

Personal Budgets (PB)

The monthly performance reporting cycle for adult social care tracks the trend over the past 12 months for the average PB cost for all cases, excluding cases with a primary support reason (PSR) of learning disability.

The number of people in this category has reduced by 2.8% over the past two years, down from 2,644 to 2,571. This reflects the increasing numbers of people supported through the council's prevention and short term intervention services.

Average PB for community services cases excluding LD clients

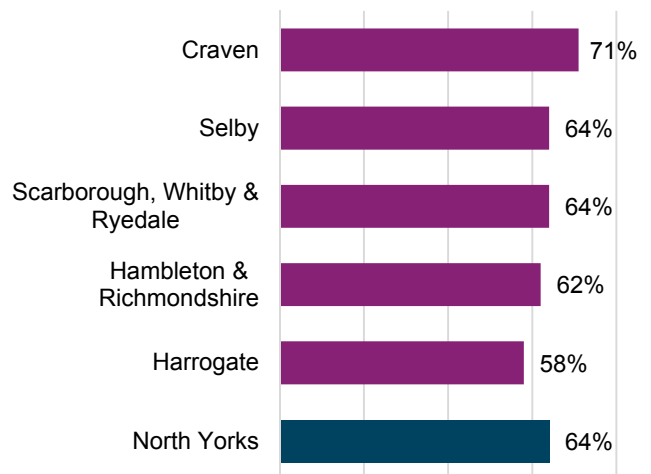


The average PB for open cases in this category increased to just above £14.5K at the end of Q2, compared with £14.1K in Q1. This represents a 5.5% increase year on year, compared with the 4.3% increase reported in Q1.

In Harrogate, the average PB was above £15K for the 7th month running. The gap between the largest and smallest locality averages remained at £3.5K in Q2. The key driver in this cost variation is the availability of affordable care providers, which presents a similar picture to the relatively high cost of residential care in Harrogate. The actions outlined below are aimed at addressing this issue by encouraging providers to enter local markets which are currently under-supplied.

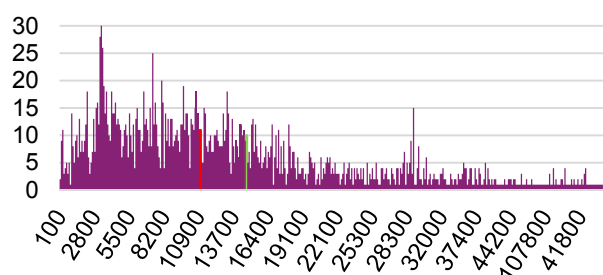
Almost two-thirds of these people (64% or 1,496) receive a package of support that costs significantly less than the average PB figure, and in all localities this is true for the majority of cases:

% PBs below the county average (excl LD cases)



This is reflected in the fact that the mid-point PB figure is £10.9K (red bar), well below the £14.5K average (green bar).

Sep 2019 - PB Cost Profile





Similarly, older people account for 75% (1,922) of the PB caseload and their average PB figure is £13.6K. It is a relatively small proportion of complex and high cost cases that drives up the average PB figure.

The consistent availability of affordable domiciliary care is a key driver in the rising cost of care for these people. Analysis of the council's success in sourcing domiciliary care packages has highlighted that is now only the main urban areas around the county where it is relatively easy to source this type of support. A number of work streams are aimed at improving this position:

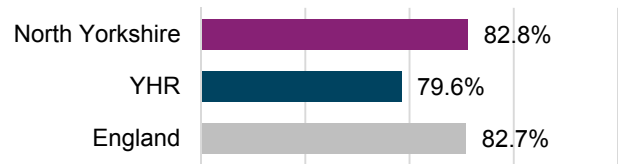
- The procurement process for domiciliary care frameworks in Selby and Harrogate is progressing well;
- The directorate is exploring a range of new approaches to delivering care and support in challenging areas of the county, including commissioning Community Catalysts to develop a range of micro-enterprises in Ryedale and working alongside local community and voluntary organisations to explore how care can be delivered differently in the most rural parts of North Yorkshire;
- Proactive engagement with providers is stimulating interest amongst providers based outside the county in extending their operations into neighbouring parts of North Yorkshire and in encouraging local providers to consider expanding their areas of operation; and,
- Exploring the development of new supported living model.

Access to good public health services and social care

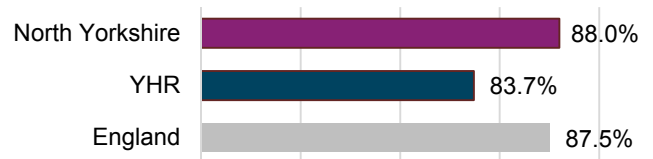
CQC Inspection Ratings

CQC inspection data published in October showed that the quality of provision across North Yorkshire remains slightly above than the national averages and well above the regional averages for both residential and nursing placement providers and for domiciliary care providers.

% of Placement Providers Rated 'Good' or Better



% of Dom Care Providers Rated 'Good' or Better



As part of its work to drive up the quality of provision, the local authority created a Quality Improvement Team to work with Clinical Commissioning Groups and the Independent Care Group. The team has engaged well with local providers, and since April 2018 the proportion of providers in North Yorkshire rated “inadequate” or “requires improvement” has reduced from 20% to 12%.

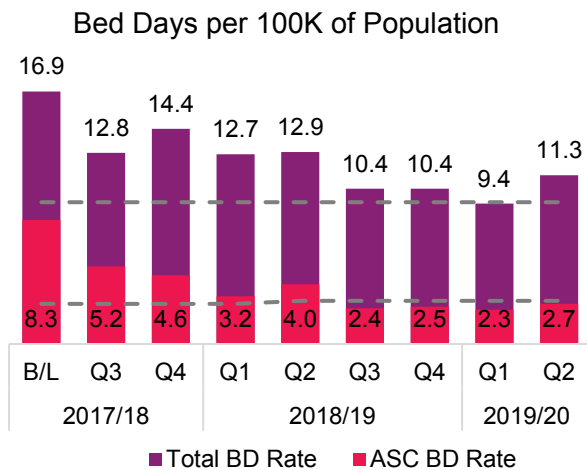
The care market across North Yorkshire includes 295 regulated providers and the team has worked with 60 of these providers (20%), developing and delivering tailored packages of improvement support.

So far, 18 of the supported providers have been re-inspected and all have achieved improved CQC ratings. In 2019/20, the team's work has included supporting 20 of these 60 providers, with 7 having been re-inspected and achieving improved ratings.

The team also works with providers that have been suspended by the local authority and has enjoyed similar levels of success in helping them to achieve improvements that have resulted in the suspension being lifted.

Integration – Delayed transfers of Care

The most recently published data (August 2019) shows North Yorkshire has achieved a 67% reduction (-5.3 bed days per 100K of pop) in adult social care related delays (ASC) against the government’s target for a 65% reduction in delays attributable to social care. The ASC reduction target is against the baseline figure highlighted in red in the chart below, and the target rate is 2.9 days per 100,000 of adult population.



The chart above shows that the social care target has now been exceeded in each of the last four quarters.

The system-wide target of 9.5 days per 100,000 of adult population was achieved in April and May, but has been consistently missed since then. Local performance (11.3) has consistently been much closer to the national average (11.1) in recent months. However, it remains well above the regional average where the other local authorities have less complex local health and social care systems with fewer health partners to work with than North Yorkshire.

From October, a new team of Transfer of Care Co-ordinators will be in place to work closely with local hospitals to speed up the discharge process and to improve outcomes for people moving from hospital into social care support and to improve the experience for them and their families. The focus of the team will extend to people who will be funding their own social care support, which will help to reduce health attributable delays.

Having a focused team will help improve consistency in the approach to this issue across the county and

will help to reduce the pressure on frontline social care teams. It is anticipated that this will also support reductions in delays across local health and care systems by:

- improving the quality of assessments for people in hospital and reducing timescales;
- reducing the number of hand-offs in the process;
- increasing consistency across the different elements of the discharge pathway; and,
- bringing a new focus on people identified as “stranded” or “super-stranded”, who have experienced very long stays in hospital.

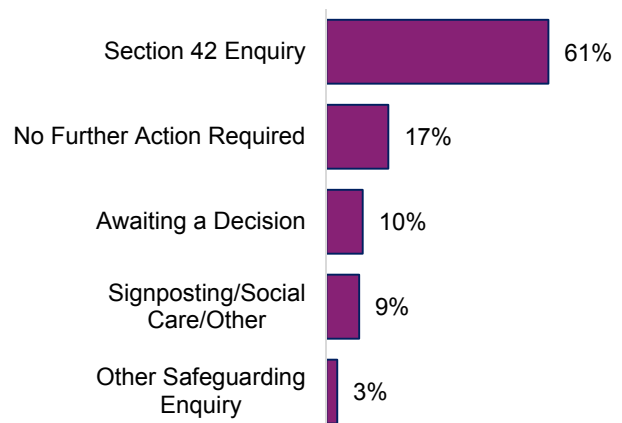
Vulnerable people are safe

2,833 safeguarding concerns were received between April and September, which is similar to the same period last year.

The main source of concerns continues to be residential and nursing homes in the independent sector at 33% (922) of all concerns (31% in Q1), and health sources at 21% (483) (22% in Q1).

Care Act outcomes for concerns are reported annually to the Department of Health and Social Care and ADASS. Currently 61% of all concerns become Section 42 Enquiries, as defined by the Care Act. This will increase as decisions are made relating to outstanding safeguarding concerns, and the year-end figure for 2018/19 was 68%. In Q1 across the region, the average was 48%, with individual local authority figures ranging from 10% to 98%.

Safeguarding Outcomes



76% (290/381) of people who had been through the safeguarding enquiry process identified outcomes that they would like to see achieved, which is the same proportion as in 2018/19. Of these, 60% (173/290) felt that their outcomes had been achieved at the end of the process, which is slightly below the 63% reported for 2018/19. So far this year, a further 37% (133/290) reported that their outcomes had been partially achieved, slightly up on the 35% reported last year. For the small proportion of people who do express a negative response on this issue, their case is investigated with a follow up discussion with the Safeguarding Coordinator.

In the year to the end of September, 9 people stated their outcomes had not been achieved. When anyone expressed a negative response to this question, their case is investigated by the Safeguarding Team to find out why, and this involves a follow up discussion with the Safeguarding Coordinator.

At the end of Quarter 2, 35% (133) of people with a completed enquiry needed support due to mental capacity issues at some point during the enquiry. Of these, 71% (94) were supported by a family member or friend and 24% (31) were supported by an official advocate/IMCA, with the remaining 5% (8) being unsupported. In 2018/19, 42% (230) of people presented with mental capacity issues and 97% (223) received advocacy support.

New safeguarding processes are being introduced from October 2019, which:

- Introduce a triage process in the customer contact centre to help screen out and divert appropriately cases that do not meet the safeguarding threshold;
- Introduce a more flexible approach to enable people to have their safeguarding issues resolved more quickly; and,
- Aim to reduce the pressures on front line teams that can be caused by a high volume of inappropriate safeguarding referrals.

Future Focus

Palliative & end of life care profiles

Public Health England has published updated profiles, containing new 2017 data for clinical commissioning groups.

The profiles are designed to improve the availability and accessibility of information for local government and health services to improve care at end of life. The data is presented in an interactive tool that allows users to view and analyse it.

The updated profiles are available [here](#).

A consensus on healthy ageing

Public Health England (PHE) and the Centre for Ageing Better have set out a shared vision for making England the best place in the world to grow old.

The consensus statement is the first time that a wide range of organisations have come together to voice their intention to promote healthy ageing. Signatories span the areas of health, employment, housing and communities, and are from academia, local government, the NHS, and the public and voluntary sectors.

Following the launch, work will continue to with signatories and interested organisations to develop and promote good practice, share learning and experience, and inspire others so everyone can look forward to a healthy later life.

Organisations are invited to get in the work by championing the five principles across their workplaces and networks.

The statement can be accessed [here](#).



Council Ambition: 'Best Start to Life'

'Every child and young person has the best possible start in life'

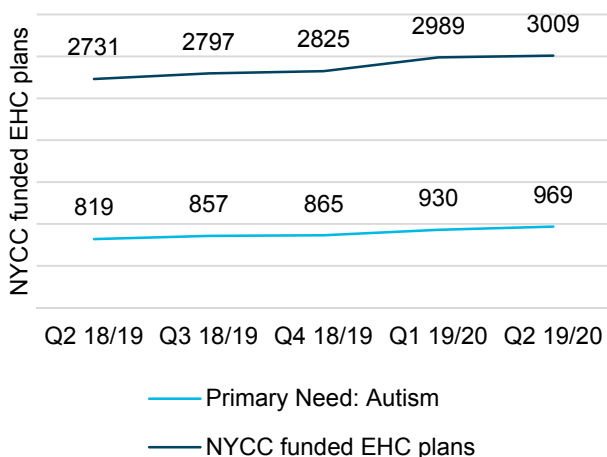
High level outcomes:

1. Education as our greatest liberator with high aspirations, opportunities and achievements.
2. A happy family life in strong families and vibrant communities.
3. A healthy start to life with safe and healthy lifestyles.

Customer

Level of demand

Demand for support for children with Special Educational Needs and Disabilities (SEND) continues to grow, although it has stabilised over the past Quarter. Over the past 12 months (between the end of Quarter 2 2018/19 and the end of Quarter 2 2019/20), we have seen the number of Education, Health and Care Plans (EHCPs) increase by 10%, from 2,731 to 3,009. Since the introduction of the SEN Code of Practice in 2014, North Yorkshire has seen a sharper-than-average increase in demand. In North Yorkshire, the number of children with an EHCP has increased by 68% compared to 58% regionally and 49% nationally. Of the increase seen this year, 53% (n=150) are for children who have Autism as a primary need.



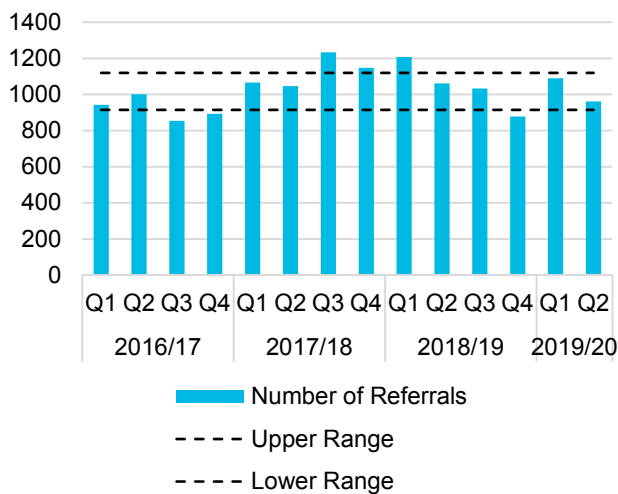
With regards to the Children and Families Service, demand for the Early Help service has decreased over the past four Quarters, falling by 8.7% from 2,494 young people in 1,459 households at the end of Quarter 3 2018/19 to 2,227 young people across 1,532 households. It is worth noting that whilst the number of young people receiving support from the Early Help service has decreased, we have seen the number of households increase, implying that we are now working with more single child households/families.

The number of contacts being received by the Children & Families Service remains relatively low. During Quarter 2, 5,328 contacts were received by the MAST, up slightly from 5,067 during Quarter 1, but notably 5.7% lower than the same time last year (n=5,649). The number of contacts received in the year-to-date has reduced by 11.5% compared to the same time last year, down from 11,745 to 10,395, similar to the same point in 2016/17 (n=10,448).

In line with the reduction in the number of contacts with the MAST, Quarter 2 has seen a 9.4% (down to 5,328 from 5,649 last year) decrease in the number of referrals to Children's Social Care, compared to the same point last year. Despite this decrease, the number of referrals still remains within the expected range indicating the reductions in the contacts received by the MAST are not directly filtering through to reductions in the volume of cases for Social Care teams.



Number of Referrals to Children's Social Care



Complaints and commendations

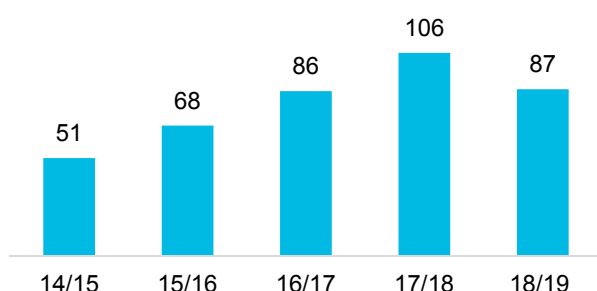
62 complaints were received in Quarter 2, a decrease of 10 compared to Quarter 1. We have received a commendation for our adoption service. ([for more detail see appendix](#))

Education as our greatest liberator

In North Yorkshire, pupils are more likely to attend a school judged as Good or Outstanding by Ofsted than they are elsewhere in the Yorkshire & Humber region. In North Yorkshire, 82.5% of Primary School pupils and 79.5% of Secondary School pupils attended a school judged as good or outstanding compared to 81.2% of primary school pupils and 71% of Secondary School pupils across the Yorkshire and Humber region.

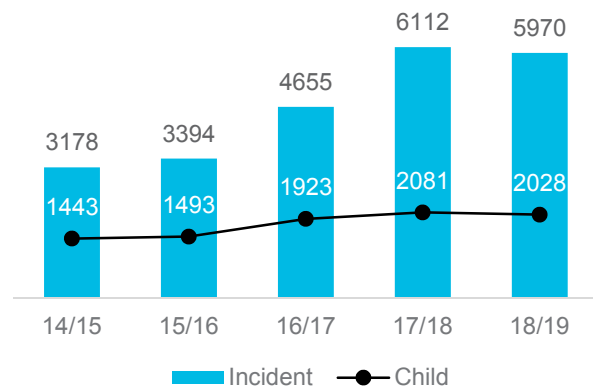
Having seen a considerable increase in the number of children attending North Yorkshire Schools being permanently excluded during the 2017/18 academic year, up from 86 in 2016/17 to 106 (an increase of 23.3%), 2018/19 has seen a welcome decrease, falling by 18% to 87, reversing the somewhat embedded upwards trend that has been present since 2015/16.

Permanent exclusions by year



Similarly, although not quite to the same extent, we have also seen a decrease in the number of fixed term exclusions received by pupils in North Yorkshire Schools, down by 2.3% from 6,112 in the 2017/18 academic year to 5,970 in the 2018/19 academic year. The proportional reduction in the number of exclusions aligns closely to the reduction of 2.5% in the number of children receiving fixed term exclusions (down from 2,081 in 2017/18 to 2,028). The main reason for both fixed term and permanent exclusion continues to be 'Persistently Disruptive Behaviour', accounting for 48.6% of fixed term exclusions and 28.7% of permanent exclusions.

Fixed Term Exclusions by Year (no. pupils & no. exclusions)



The direction of travel regarding exclusions is an encouraging indication that schools in North Yorkshire are developing strategies to better support the young people at risk of exclusion, ensuring they are able to maintain in mainstream settings.

The number of Electively Home Educated (EHE) pupils continues to be a challenge. Over the past year we have seen a 12.3% increase in the number of EHE pupils, up from 487 at the end of Quarter 2 2018/19 to 547 at the end of Quarter 2 2019/20. It is worth noting that 166 EHE periods ended during September, aligning with the start of the new academic year – this will include some pupils who finished compulsory schooling at the end of the previous academic year. Over a quarter (26%) of EHE pupils recorded 'stress or anxiety' as the reason for EHE, although 30% failed to give a reason. It is worth noting that in the most recent national survey carried out by ADCS in October 2018

indicated that 21% of parents who chose to home educate their children did so because of dissatisfaction with a school.

The proportion of 19+ year olds in Education and Training Funded learners achieving at the end of the year was up by 6.1% from 78.3% (n=1,282) at 31st July 2018, to 84.4% (n=1,590) at 31st July 2019 – this is better than the 2018 national average of 79.3%. This is a considerable improvement and highlights the progress that the adult learning service has made over the past year as it continues on its improvement journey.

Adult Learning overall achievement rates			
	Achievement 31st July 2018 (End of Academic Year)	Achievement 31st July 2019 (End of Academic Year)	Increase/Decrease
19+ Education & Training Funded learners	78.3% (National = 79.3%)	84.4%	+6.1%

A happy family life

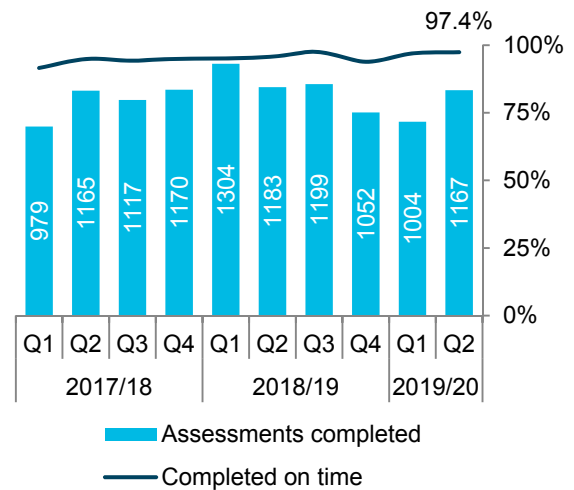
As mentioned previously, Quarter 2 has continued to see lower levels of demand at the Front Door for Children and Families services than we have previously seen, although the number of contacts and the number of referrals remains within the expected range.

The decrease in referrals this Quarter has coincided with an increase in the proportion of referrals that have been the subject of a previous referral. During Quarter 2, the re-referral rate increased from 14.7% (n=161) in Quarter 1 to 17.9% (n=172). Despite this increase, the year-to-date referral rate is 16.2% (n=333), down from 17.8% (n=386) at the same point last year.

Despite the decrease in referrals to Children’s Social Care this Quarter, we have seen an increase in the number of Children and Families Assessments completed by Social Workers. Which means a higher proportion of referrals than in previous quarters meet the statutory threshold. During Quarter 2, a total of 1,167 Children and Families assessments were completed, up by 16.2% on the previous Quarter (n=1,004), and 6.3% from the 3-year Quarterly

average of 1,098. Despite this relatively high level of demand for assessments, Social Workers continue to perform outstandingly with regards to the timeliness of assessments, with 97.4% being completed within 45 days – some of the strongest performance we have seen with Children & Families Assessments.

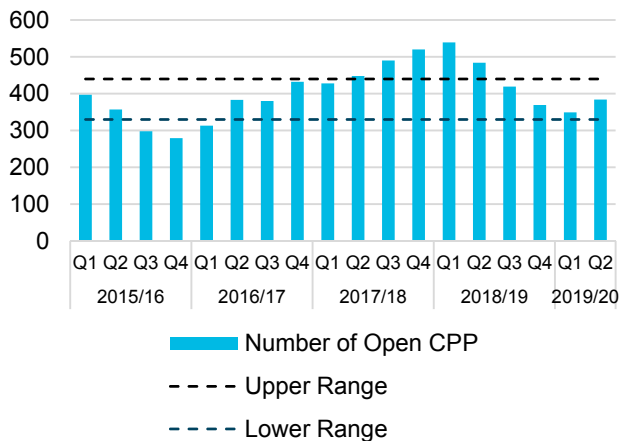
Number and Timeliness of Children & Family Assessments



Having seen an increase in the number of children subject to a Child Protection Plan (CPP) throughout 2017/18 and a decrease over the course of 2018/19, Quarter 2 2019/20 has seen numbers begin to increase again, up from 349 at the end of Quarter 1 to 384. Over the 5 Quarters up to the end of Quarter 1 2019/20, 153 Plans were ceased on average each Quarter. During Quarter 2 2019/20, 96 plans were ceased, a reduction of 37.3% from the long-term average. It is this reduction in plans this Quarter that has driven the number of open CPP up, rather than an increase in demand as the number of new plans remains relatively stable. Despite this increase, the number of open CPP remains within the range we would expect to see of between 330 and 440 CPP and is notably lower than the latest national rate of 46.1 per 10k at 35.2 per 10k.

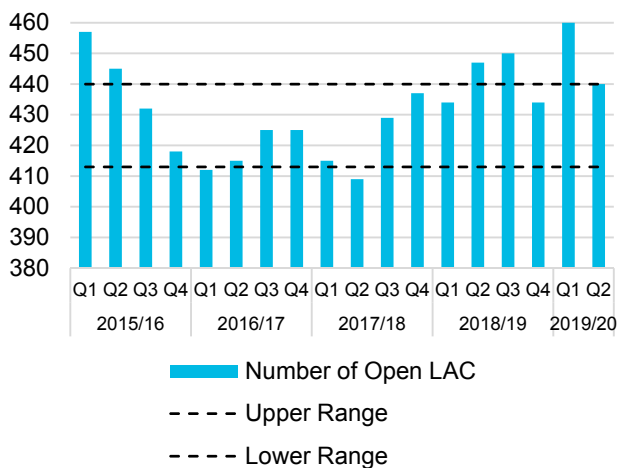


Number of Open Child Protection Plans



This Quarter the number of children in care has reduced to 440. The service continues to ensure that children only enter care when it is absolutely necessary and the best thing for the child. The service has recently embedded family finding, with all social workers undertaking family finding training to enhance the services ability to develop family support networks before an entrance to care becomes necessary.

Number of Looked After Children



Our short-term stability rate (the proportion of children experiencing 3 or more placements in the past 12 months) which has increased to 13.3% (n=60) at the end of Quarter 2, from 10.7% at the end of Quarter 2 2018/19, we continue to provide a vast majority of placements ourselves, without having to resort to high-cost and often varied quality external placements. We consistently see in the region of 75% (n=337 in Quarter

2) of children living in foster care, of which all but 3 are care for by North Yorkshire County Council Foster Carers.

For those children who are eligible and either in care or previously in care, moving towards the age of 18, North Yorkshire's Leaving Care Service begins to support them, taking full responsibility for the case when the child turns 18. North Yorkshire's Leaving Care Service continues to perform exceptionally well, out-performing both the national and statistical neighbour averages across several key performance indicators:

- **% of Care Leavers aged 19, 20 or 21 living in Suitable Accommodation**
 - o North Yorkshire: 91.7% (n=155)
 - National: 84%
 - Yorkshire & Humber: 88%
 - Statistical Neighbours: 83.5%
- **% of Care Leavers in Employment, Education or Training:**
 - o North Yorkshire: 71% (n=120)
 - National: 51%
 - Yorkshire & Humber: 53%
 - Statistical Neighbours: 55.4%
- **% of Care Leavers not in touch with the Local Authority:**
 - o North Yorkshire: 3% (n=5)
 - National: 7%
 - Yorkshire & Humber: 5%
 - Statistical Neighbours: 8.2%

Although re-offending rates remain high, Youth Justice performance has improved across the board this Quarter. Whilst North Yorkshire's binary re-offending rate ('has the offender re-offended') remains above the national average (NYCC: 39.1% / National: 38.1% / Regional 36.3%) in the latest reporting period, North Yorkshire has seen a considerable reduction in this re-offending rate, falling from 51.4% for young people entering the cohort between April and June 2017. Whilst the proportion of offenders who re-offend in North Yorkshire remains above the national rate, the frequency re-offending rate ('how many times do offenders re-offend') is now below the national rate

(4.03) and the regional rate (5.05) having fallen from 4.61 for those entering between April 2017 and June 2017 to 3.88 for those entering between July 2017 and September 2017.

Please note: re-offending rates relate to young people offending in three months, for example July – September 2017, and monitors offending over a 12-month period. At the end of this 12-month period, there is a 6-month 'grace' period to allow offences to be processed etc. This is why the reporting period for this report is July-September 2017 – relating to the period in which young people had their first offence.

Supporting children and young people with SEND

As mentioned previously, over the past year we have seen a 10% increase in the number of children in receipt of support via an Education, Health and Care Plan (from 2,731 last year to 3,009). It is worth mentioning that the increasing demand for support via an Education, Health and Care Plan is placing pressure on the service with regards to providing more specialist placements. Whilst demand has increased (particularly with regards to Autism), the timeliness of assessments has improved this year, from the already high base of 84% (n=342) in 2018. During the first two Quarters of 2019/20, 90% (n=251) of assessments were completed within the 20 week timescales, considerably better than the latest national average (58%) and regional average (60%).

Not only are assessments being completed in a timely way, but plans are effectively supporting the needs of children, with 85.7% of parents responding that the 'final plan identifies realistic and positive outcomes for my child' and 84% responding that the 'final plan identifies the right support to achieve these outcomes'.

Future Focus

We are continuing to work closely with Middlesbrough Borough Council as a trailblazer for the rollout of the innovative No Wrong Door as part of the Department for Education's Strengthening Families Protecting Children project.

As the Partners in Practice funding comes to a close in March 2020, work is now in place to take the learning forward to inform wider practice and/or mainstream the elements of the project that have made a considerable impact.

The new Early Help Strategy is due to be launched later in October. This focuses on improve collaborative working with partners to improve the multi-agency response to Early Help.

The school readiness pilot is intended to test the strategic approach and it is proposed that the wider roll out of the strategy will be incorporated in the 'Childhood Futures' transformation programme. The pilot will create local neighbourhood based partnerships to develop a range of locally led interventions across the 0-5 pathway. The focus of interventions will be on developing sounds and early speech with a consistency of approach in the home, settings and the community.

Given the rise in Autism over the past year, work is on-going to ensure we are effectively meeting the needs of young people with autism in the most appropriate setting.

Ongoing work by the Inclusion Service is implementing the Strategic Plan for SEND for children with special educational needs and disabilities (SEND) between the ages of 0 to 25. The plan builds upon both the Council Plan and the Young and Yorkshire 2 Plan, with a focus on the principles of building on our inclusive culture and ethos, a joint commitment to accountability to children and young people and making sure the right support is provided at the right time and in the right place. The plan will run from 2018 to 2023.

Ofsted have announced details of planned changes to the way they inspect schools, colleges, further education institutions and early years' settings from September 2019. The four proposed inspection judgements are:

- *Quality of education*
- *Personal Development*
- *Behaviour and attitudes*
- *School's leadership and management*

After meeting with North Yorkshire Schools Forum, and consulting with all schools, we have agreed to continue to use the National Funding Formula (NFF) as the basis for funding schools in 2019-20. This being said, there is uncertainty over funding arrangements for 2020-21. We remain concerned that the High Needs Funding Block of the Dedicated Schools Grant (DSG) is insufficient to meet rising needs and we are working to develop measures to ensure it has maximum impact.



Council Ambition: 'Modern Council'

We are a Modern Council which puts our customers at the heart of everything we do'

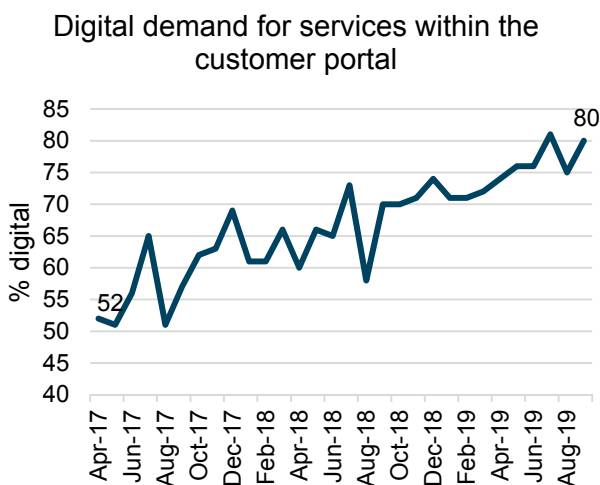
High level outcomes:

1. Customers easily and effectively access the County Council services they need
2. More resilient, resourceful and confident communities co-producing with the County Council
3. We have a motivated and agile workforce working in modern and efficient ways
4. Staff and Councillors are supported by professional services to work in as effective and efficient a way as possible
5. We operate on a commercial basis, where this is prudent and appropriate, to deliver a return which supports service delivery.

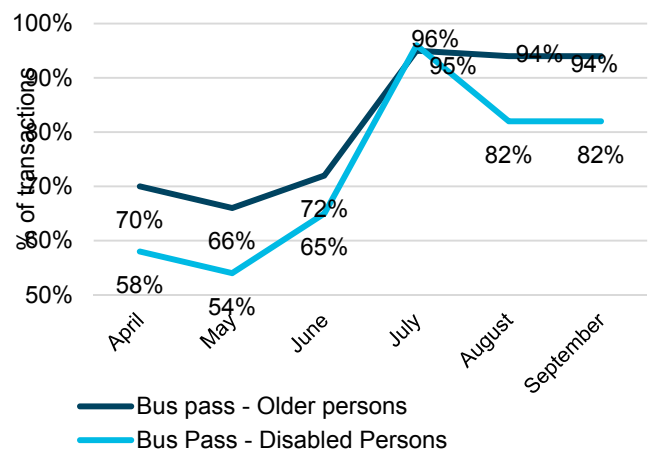
Customer – easy and effective access to services

The customer portal continues to grow. At the end of the quarter 49,169 people were registered. This is roughly equivalent to 18% of households in the County.

The online take up for services which are in the customer portal continues to grow. 80% of all transactions which can currently be carried out using the portal used this method in September 2019.



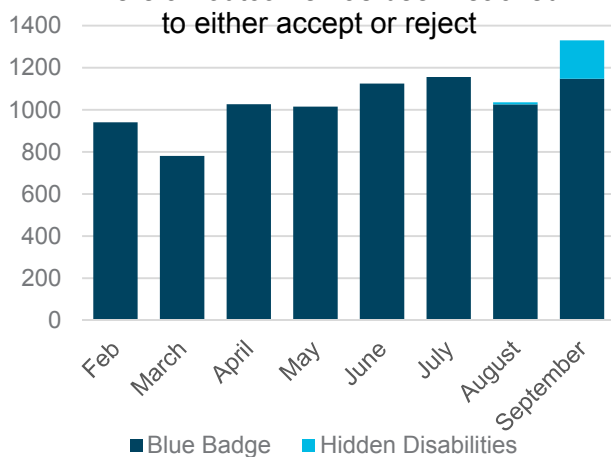
This quarter saw a significant increase in the digital take up for bus passes. This is a result of collaboration between the Customer Service Centre, Libraries and Communications to raise awareness and support customers to get on-line.



In August a new application system for household waste and recycling permits for commercial vehicles (such as a van or pick-up truck) was launched within the portal. In the first four weeks over 500 people applied online via the portal for their passes.

In Q1 we highlighted that national guidance suggested that the extension of the blue badge scheme to people with hidden disabilities at the end of August could lead to a 30% increase in demand. Locally we experienced a 20% increase in demand during September, the first month of operation, with between 10 and 15 applications being received each day. In total we received an extra 182 applications for hidden disabilities, but there does not seem to have been a change in demand for the existing scheme.

Number of blue badge applications handled by Service Delivery Team where an outcome has been reached to either accept or reject



In the first month of the new scheme we have seen a higher rejection rate, as was expected, due to the national media messages, which were very general. This has resulted in a rejection rate of 1 in 4 compared to the main scheme rate of 1 in 5. The decision process for the main scheme is computerised but the hidden disabilities decisions are more complex and have to be made by a person. This has therefore resulted in more work for staff. To reduce this rejection rate we are working with disability organisations to help improve their understanding of the eligibility criteria, so they do not signpost people to apply if it is unlikely they will qualify. An information leaflet is being developed for this purpose.

The additional work created by hidden disabilities has been managed by the existing team without additional resources even though the process is more complex and resource intensive because of our success to

encourage customers to go on-line for the traditional scheme (98% in September). We will continue to closely monitor the implementation of this change.

Complaints and commendations

33 stage 1 to 3 complaints were received this quarter the same number as the previous quarter, 269 commendations were received, the most ever received by Central Services in a single quarter. [\(For more detail see the appendix\)](#)

Resilient and Resourceful Communities

The Ready for Anything (RFA) volunteers were deployed for the first time as part of the multi-agency emergency response to the flash flooding in Richmondshire on 30th July – England’s worst recorded incident of flash flooding. The volunteers were deployed 3 times on behalf of Richmondshire District Council. They were used to knock on doors to deliver information, to gather intelligence on support needs and to deliver food. The Major Incident Response Team volunteers (MIRT) also had a key role in providing welfare support which will continue beyond the initial emergency period. As a result of this emergency three communities are setting up resilience plans for the future.

The advance planning for the UCI by the Resilience and Emergencies Team working with affected service areas such as Social Care, Schools and Registrars helped ensure continued delivery. The management of the control rooms involving all partners meant that issues were responded to as they arose, for example clearing 12 locations of water and diverting the route on the final day.



The Libraries successfully delivered the summer reading challenge helping improve the reading skills and literacy of the 11,161 children who took part and in particular the 8,207 who completed the challenge of reading six books.

- 116,064 items were borrowed
- 156 young people provided 3,192 hours of volunteer support

Overall compared to last year there was a 14% increase in participants and a 4% increase in finishers.

In July Harrogate library was awarded the Bookseller's Library of the Year Award 2019. The award, run in partnership with charity The Reading Agency, recognised the library's strong programme of events, which appeal to readers of all ages and abilities.

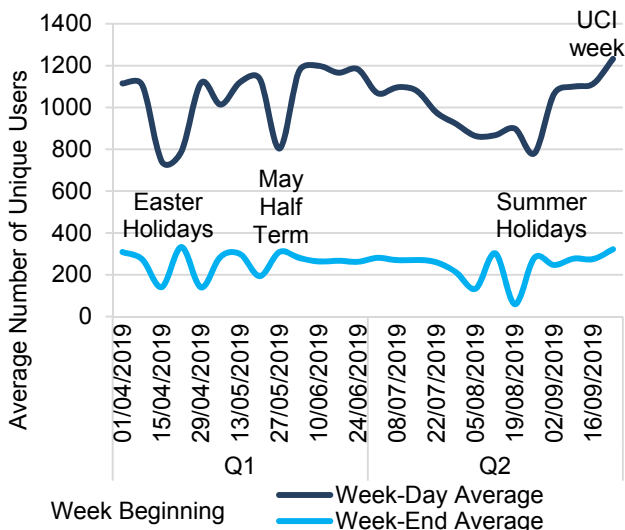
The Stronger Communities Team surveyed voluntary, community and social enterprises (VCSEs) about the services they provide. This found that 82% of those responding (61) had done more for their community in the last two years; and of these 85% attribute resultant outcomes in part or wholly to the Stronger Communities Programme.

During the quarter:

- 19 new Inspire projects were approved. This included 9 groups new to the programme.
- 123 volunteers, of whom 42 were new recruits, delivered 1,162 hours of support worth £13,619 of value for VCSE organisations supported by the programme.

Motivated and Agile Workforce

The modern council programme continues to enable staff to work flexibly, use our property efficiently and encourages cultural change across the council. This can be evidenced through remote working numbers, new ways of working, our property reduction and progress made on reducing our corporate resources.



During quarter 2, on an average weekday, 1005 employees were using their laptops and tablets to work remotely, peaking at 1232 (on avg.) for the week commencing 23rd September – the UCI event week.

The number of staff working remotely peaked to the highest for a single day since a new secure remote access system was introduced in Q3 2018/19. Over the course of one day (25th September) around 1500 staff logged on remotely. This demonstrates that the workforce has the ability to not only work flexibly but have resilience when large scale events like the UCI happen, similar to when the 'beast from the east' hit back in early 2018, staff were unable to get to work due to snowy conditions, and we had record numbers working from home.

There has been a noticeable dip (as would be expected) in users over the summer holidays where there was an average of 781 employees working from remote locations during the week.

The average number of unique users on a Saturday or Sunday was 245 during the quarter, dropping down to 59 over the summer holiday period.

In addition to this, over the past 30 days, 130 employees were able to connect to NYCC servers and work on their own devices by using Citrix. This software provides another platform for flexible working and enables authorised partners to access our system.

The roll-out of new technology has accelerated to enable staff to work more efficiently and effectively. However, this has created an increasing number of enquiries to the Technology & Change (T&C) Service Desk.

For the past 20 years T&C have been offering support through a dedicated helpline number and portal on the intranet. With an increasing number of enquiries, the service has developed faster ways for staff to resolve IT issues.

One of these is the 'T&C knowledge base'. The knowledge base is a searchable repository of IT answers that acts a bit like Googling an IT problem – except it's been programmed by the service desk team, and it's tailored to NYCC systems. Feedback from staff has been extremely positive and has demonstrated the benefits of staff being able to help themselves.



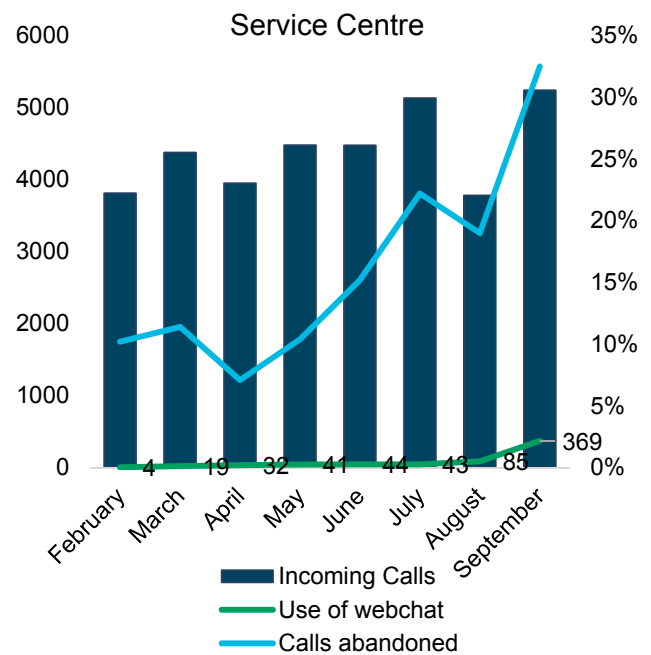
Another way that staff can resolve IT issues is the Service Centre webchat which offers direct one-to-one contact with the service centre analysts without the need to pick up the phone.

The web chat went live in February 2019, and initially take up was low despite communications going out to staff via Key Messages. However, use of the chat has grown steadily over the past few months and across the months of April – June there were around 30-40 users per month. To accelerate the adoption, the Service Desk uploaded an automated message onto the interactive voice response (IVR) to encourage staff to use web chat instead of the phone. This has been very successful, and web chat usage is now up to 50 – 60 users per day. The Service Desk are also advocating the web chat service during phone calls with staff and have the service advertised on email signatures. The signature is also on the ‘Service Desk News’ emails.

On average web chats are taking about 10 minutes. This is not quite as short as initially hoped, however as service centre analysts can handle up to 4 web chats at the same time it potentially quadruples the number of contacts that can be dealt with.

The Service Centre is encouraging the use of web chat by ensuring it is appropriately staffed and provides a positive user experience for its customers. Moving Service Centre resources from the phones to web chat has had an impact on the abandoned phone calls statistics, which are currently running at about 50% of calls. However, it should be noted that with the web chat system in place, many so called “abandoned calls” are actually a channel change. People who phone will hear a recorded message saying it is quicker and easier to resolve their issue on-line. If they then hang up to go on-line, it will show as an “abandoned call” but in reality is a channel migration to a more effective channel (on-line). It should also be noted that there have only been 2 abandoned web chats since its inception. As staff discover that the web chat

service is a better channel we anticipate the telephone abandonment rate will fall.

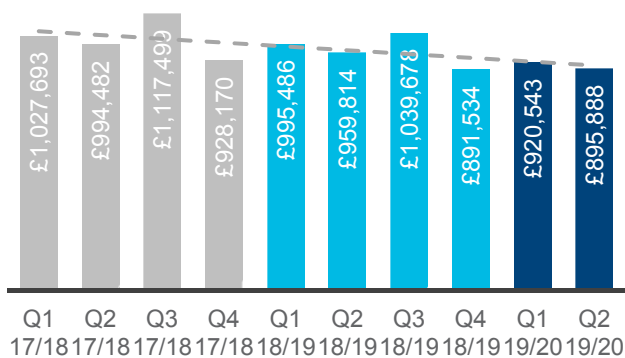


Moving forward, the majority of incoming traffic to the Service centre will be directed via self-service in one form or another. It is envisaged that the dedicated Service Centre email will be removed by the end of the year in favour of logging incidents via ‘Get IT Help’ and encouraging the use of the self-service knowledgebase. During the forthcoming year more services will be available online, accessible via a redesigned, more customer friendly ‘Get IT Help’ page.

As part of the Modern Council programme, staff are encouraged to look for opportunities to reduce the use of corporate resources in areas such as mileage. Mileage amongst corporately employed staff remains high, however the graph demonstrates the general downward trend in mileage costs.

There has been a reduction in costs following Q1, although Q2 usually shows a reduction in costs due to the summer / school holidays. However, when comparing this quarter (Q2 2019/20) to Q2 2018/19 there has been a 7% (£64,226) reduction to mileage costs.

Mileage Costs



The Property Service continues to make significant progress with the rationalisation and modernisation works of the Corporate property portfolio. Key activity this quarter includes:

- **Northallerton** – all temporary office moves for staff were completed in advance of the commencement of the construction works on the Brierley building in August 2019 (due for completion in Autumn 2020)
- **Harrogate** – Delta House in Harrogate was disposed of with effect from 29 September 2019
- **Restructure** – completion of a consultation exercise and implementation of a new structure for the Property Service with effect from the 1 October 2019
- **Hard facilities management** (infrastructure required to run a property) – completion of a re-procurement exercise leading to contract award (November) and implementation (Feb 2020)

Apprenticeships

We are holding our first annual Apprenticeship Celebration Event on the 22nd April 2020 to recognise and reward our Apprentices who have completed their qualification. The Chief Executive's award at this year's Innovation awards is Apprentice of the Year and eight nominations have been received.

In addition to the data in the appendix the focus in Q2 has been progressing two key priorities for 2019/20;

1. **The delivery of the 25% Transfer Levy with a focus on supporting North Yorkshire based employers delivering services in North Yorkshire and employers supporting the delivery of NYCC and North Yorkshire's community services.**

Work continues with linked organisations and partners including with Stronger Communities, the York, North Yorkshire, East Riding Local Enterprise Partnership (YNER LEP) and Community First Yorkshire. New opportunities being looked at are;

The Scarborough Construction Skills Village – Coastal Communities Government Grant Funded Project, to support local residents into apprenticeships and jobs in the construction industry. We are developing a plan in partnership with Scarborough Borough Council to support this.

- District and Borough Councils – working together to understand their levy status, opportunities for any linked transfer and how we can work together to support the local economy through levy transfer and engagement.
- North Yorkshire based employers – Following discussion and request at the Members Workforce Planning Group in September an email was sent to all Councillors to ask if they had any information, suggestions or contacts with local companies who may be able to make use of NYCC's levy.

Transfers to two local employers have been agreed, including Align Property Partners and a local engineering employer totalling an estimated £54k levy transfer. Work continues on a marketing strategy to promote apprenticeships and the transfer levy project with other North Yorkshire projects and SMEs. The supporting promotional intranet page is now in place and is due to be live in Q3.

2. Engagement with Schools to optimise levy spend.

Teaching Assistant and School Business Professional apprenticeships continue to be the most popular and the Providers have been identified. Numbers will be confirmed in Q3. Initial forecasts show 16 learners across both apprenticeships. Starts are also expected in HR and Accountancy.

Work is continuing to update the information provided to schools through the CYPS.info website. This will be launched to schools at the Schools Finance Conferences in February 2020.

The apprenticeship offer for schools is continually developing and a big part of the future engagement with schools will focus on this to ensure that they all know what is on offer and how it can support their staffs learning and development.

Schools have also shown some initial interest in the Level 6 Post Graduate teaching apprenticeship and work will begin to identify a local provider who may be able to offer this and give people another option when choosing to move into teaching.

Public Sector Target Report 2018/19

As per the annual reporting requirements of the Education Skill Funding Agency (ESFA) we have reported on our progress towards the achievement of the 2018/19 public sector apprenticeship target (achieving 2.3% of our workforce (377), including schools, being apprentices).

Our performance towards the target has increased from 0.46% in 2017/18 to 1% in 2018/19, with council apprentices at 1.6% and schools at 0.4% and a significant increase in starts from 81 to 159. We continue to have regard to the public sector target, however the target remains unachievable due to the continuing challenges and structural limitations previously reported and detailed below:

- The council employs a large number of part time workers whose Full Time Equivalent (FTE) makes it difficult to meet the numbers of apprentices required.

- A number of services employ a significant number of part time staff with low contracted hours which means that they are not eligible for apprenticeships nor it is not practical to put them on apprenticeships.
- There is almost full employment in the county and competition for workers is high so apprenticeships are often not attractive in general due to a lower pay rate.
- Most of our schools are small and in rural locations. The workforce is small with a high percentage being part time, this makes it almost impossible for apprenticeships to be a viable option due to the low contracted hours or ability to cover the 20% off the job training.
- The county is predominantly rural with public transport provision often reducing labour market mobility for apprentices who are lower paid until qualified. NYCC provides a transport allowance but it remains a restriction where a car is needed.
- The requirement to undertake Level 2 Maths and English functional skills for the Level 2 & 3 apprenticeships is having a negative impact on recruitment/retention and up skilling staff. The reality is a large proportion of apprentices require functional skills training as they do not hold an equivalent qualification. This remains apparent in the older workforce and their qualifications not being equivalent, which is having a detrimental effect on some service areas, particularly the care sector.

The introduction of the occupational specific standards can be restricting for the public sector as the standards are removing the more generic apprenticeships previously seen with the frameworks leaving gaps in provision for apprenticeships at level 2. A large proportion of NYCC's requirements are at level 2 and there is concern that there is no complete pathway for entry level learners. Specifically this impacts our opportunities in Business Administration and Schools IT.

NYCC Volunteering

NYCC welcomes and celebrates the benefits of volunteering for individuals, organisations and communities and is committed to providing a wide range of inclusive volunteering opportunities across the County. Approximately 6000 people volunteer their time to NYCC services. Volunteering provides opportunities for social interaction, physical activity and a sense of achievement; each of which contributes towards positive health and wellbeing. NYCC volunteering placements are overseen by a nominated service manager or volunteer coordinator and a thorough recruitment process, induction and relevant training is provided.

NYCC has a scheme to allow staff one day per year to undertake volunteering to support our Stronger Communities work. Staff use this as individuals and in teams providing much needed support to a range of community initiatives including St John's Community Centre, Catterick Garrison and Ripon Walled Garden community project.

Harrogate and Rural Alliance began implementing a new approach to providing joined up health and social care community services for adults across Harrogate District from 30th September 2019. This approach looks at the whole local case load with general practice, community health and social care professionals working together as one team; holding daily and weekly collaborative meetings which look at the most urgent and complex cases. There are four teams delivering services from two localities in Harrogate District with each team aligned to a Primary Care Network working together across organisational boundaries to put the person at the centre of care delivery. The teams work closely across health and social care, supported by an integrated management

structure including colleagues from HDFT community nursing and NYCC adult social care teams. New ways of working are developing from the closer relationships across organisational boundaries. A workforce and skills audit is underway to bring together data across four main partners in the Alliance, to better understand the combined workforce in the Harrogate & Rural localities. Bringing the data together in this way for the first time, will enable more closely aligned plans for the combined future workforce in relation to future population needs determining skills needed, areas of duplication, potential for increased productivity and opportunity for joint and new roles to support better outcomes.

Care Sector Recruitment Hub

With almost full employment and strong competition for workers in North Yorkshire it is important to have an effective and coordinated approach to recruitment across the care sector. The recruitment team for the County Council provides a recruitment service and support, called the Recruitment Hub, to local care providers to ensure the care sector in North Yorkshire has sufficient skilled staff to provide care for those who need it. Locally employed care workers add to the employment market and economy and high quality care positively supports the people in our communities.

Key Statistics:

The Recruitment hub service for care providers has been in place countywide since October 2018 with the following results;

- a. Actively working with over 140 providers out of a potential 400 + County wide.
- b. Successfully placed almost 300 care and support workers – equating to approximately 470,000 annual care hours.
- c. Attracted and assessed 1244 candidates.
- d. 37 candidates currently in the recruitment process, with 85 active candidates in the talent pool.
- e. 100% feedback from candidates and providers rating the service as either very good or excellent.

Staff and Councillors are supported by professional services

Democratic Services and Scrutiny work with members on the delivery of 160 formal council meetings a year. There is also a range of informal and private meetings that are supported. The support is focussed upon ensuring that the members have all that they need to make informed decisions that fit with the Constitution and good governance. Democratic Services and Scrutiny also provide services to a number of Outside Bodies, such as the Local Access Forum and the Standing Advisory Council of Religious Education. This generates an income to the service and also helps to ensure that key, statutory bodies that are dealing with complex and often contentious issues are fully supported and enabled to do their job.

For Legal Services, providing professional legal support to enable clients to work more effectively is one of the key aims of the service.

Some highlights include:

- Carrying out legal work associated with the first purchase of a company by the County Council,
- Completing 16 Academy transfers between June and 1 Oct 2019
- Disposing of Auction properties amounting to a total of £1.5m so far this year
- Council initiatives to reduce LAC (looked after children) are beginning to work through to the child care team
- Last set of representations presented to the Inspector for the Minerals and Waste Plan
- Significant work associated with legal challenges around Home to School Transport
- Increase in number of employment and SEN claims

Future Focus

Council plan 2020-2024

Development of the 2020-2024 Council Plan is underway. The latest refresh will consider feedback received from both internal and external consultations. Throughout September, staff based at County Hall had the opportunity to give their views at the innovation space. We're also inviting people to have their say on how we should prioritise our key ambitions within the plan as part of our annual budget consultation. People can take part online at www.northyorks.gov.uk/yourservicesyoursay by Monday 18 November.

Rural Commission

North Yorkshire's new Rural Commission meets for the first time in October, with an ambition to make "significant" recommendations that can help the county council address a wide range of economic and social problems.



Council Ambition: 'Growth'

'North Yorkshire is a place with a strong economy and a commitment to sustainable growth that enables our citizens to fulfil their ambitions and aspirations'

High level outcomes:

1. A larger business base and increased number of good quality jobs in North Yorkshire.
2. People across the county have equal access to economic opportunities.
3. Increased overall average median wage.

The BES Ambition for Growth plan details seven enablers (below) that explain what the authority will do to achieve its aims. These enablers were designed to underpin the above 'High level outcomes' and progress during the quarter is described in the following sections.

- Create high quality places and increased housing provision and green infrastructure
- Deliver a modern integrated transport network
- Increase skills levels and ensure that the workforce meets the needs of the County
- Keeping the workforce healthy and happy
- Creating the right conditions for business growth and investment
- Enhancing the environment and developing tourism and the green economy
- Deliver a modern communications network



Customer

Complaints & Commendations

During Quarter 2 BES received 261 complaints, which is the highest number for at least 3 years and a 53% increase from the previous quarter.

There has been a general increase in the number of complaints received over the last 3 years with no particular pattern. However it should be noted that some of the increase this quarter is due to complaints about the impact of the UCI Road World Championships.

During the quarter the directorate also received 66 compliments which was 8 more than the previous quarter and about average for a quarter over the last 3 years. ([For more detail see appendix](#))

High quality places and increased housing provision

Data recently released by the Department of Communities and Local Government / Office for National Statistics regarding the number of housing completions per 1,000 households shows a 22% increase (7.85 per 1,000 to 9.54 per 1,000) from 2017/18 to 2018/19 for North Yorkshire, whilst at the same time the rate in England only increased by 2%. While the countywide rate is up, it has dropped dramatically in Richmondshire, and less so in Scarborough and Selby.



Modern integrated transport

At the end of July, the floods brought about by the significant rainfall caused a number of bridge and route failures in the Dales. Our Highways and Transportation teams immediately started work to put temporary solutions in place. Within two weeks, the carriageway on the B6270 which had been affected by a landslip had been reconstructed and the nearby bridge over Cogden Beck had a temporary, single-file metal bridge installed. This meant that this vital route between Richmond and upper Swaledale was once again open. By the end of August the metal bridge had been replaced by a temporary two-way carriageway allowing for better traffic flow and a nearby bridge over Cogden Gill that had also been washed away by the floods was opened by the first week in September.

Esk Valley Rail Enhancement:

Good progress has been made this quarter in the delivery of the Esk Valley railway enhancement project and our commitments contained in the s106 agreement with Sirius Minerals.

An enhanced timetable has been submitted and approved for introduction at the December 2019 timetable change date. The new timetable offers six journeys in each direction per day Monday to Saturday. The enhanced service delivers the franchise commitment for an early morning journey into Middlesbrough and delivers the first stage of improvements secured through the money available from the s106 agreement.

Contracting arrangements are now agreed with TfN and due to be signed later this month. There continues to be speculation in the media about securing the next tranche of financing for the continued mine construction and extraction infrastructure. This is noted as a risk for the project, however the enhancements that have been secured to date, and will be introduced from December 19, are secure with sufficient funding available to operate the service to the end of the current franchise. Work continues on option selection, design and development for the required infrastructure improvements that are needed to facilitate further train service enhancement, and we are confident that the improvements are achievable and deliverable with the overall budget available through s106 funds.

Concessionary Fares:

Veritau conducted an audit into the process and control for calculating an appropriate rate of reimbursement for bus operators. Concessionary fares represent a significant annual spend and it is pleasing to note that the auditors awarded it their highest grade.

Overall Conclusions:

“It was found that the arrangements for managing risk were very good. An effective control environment appears to be in operation. Our overall opinion of the controls within the system at the time of the audit was that they provided High Assurance.”



Keeping the workforce healthy

In March the North Yorkshire Workplace Wellbeing Award had just been launched and at the end of quarter one 12 organisations had signed up. This has now increased to 27.

Business growth and investment

Primary Authority Status, Heck Foods Ltd.

Heck Foods of Lime Land Kirklington have signed up with NYCC as their Primary Authority. This means that NYCC will be their main point of contact for all of their trading standards needs throughout the UK and not just in North Yorkshire. Primary Authority Status enables businesses to work with a single regulatory authority even though they may have operations within multiple local authority areas.

Brexit

Trading Standards are undertaking a range of activities relating to Brexit including advising businesses that their requirement for import and export documentation will change once the UK leaves the European Union and this is likely to affect the operations which may only indirectly work in import or export markets as part of a supply chain. In addition some businesses may experience workforce issues as a result of workers returning to the EU or other members of the workforce moving into other areas of work where vacancies arise.

Businesses will also need to be aware that much of the existing regulatory environment connected to European regulations will remain in place for the foreseeable future as the UK retains large parts of the EU regulatory frameworks on animal welfare and food regulation.

Environment, Natural Tourism and Low Carbon Economy

The low/zero carbon policy environment in the UK has changed rapidly over the last year, and in June 2019 the Government became the first major economy to set a net zero target for carbon emissions by 2050. In July 2019 a motion was approved at full council which sets out aspirations for the council itself to achieve net carbon neutrality by, or as close as possible to, 2030. To support this aspiration work is progressing on four main work streams: establishing reporting, including a

baseline, for the council's carbon footprint; scoping a carbon reduction plan and potential pathways towards carbon neutrality; developing and piloting a new climate change impact assessment tool for integration into council decision making processes; and establishing robust governance to ensure that climate change is embedded in council policy and considered across all services.

Modern Communication networks

Superfast broadband

The Superfast North Yorkshire (SFNY) project managed on behalf of NYCC by NYNET is continuing to roll out fibre based broadband to premises and homes. By the end of 2017, 89% of premises had access to superfast broadband. In early 2018, a further contract (phase 3) was signed with BT to extend coverage to a further 14,239 homes and businesses, with deployment contracted to be complete by June 2021, and at the time of contracting it was believed that post phase 3 there would still be c.20,000 premises not receiving superfast broadband, and due to the rurality, possibly no broadband. Mapping and data analysis has revealed that, through a combination of housing growth and a reduction in commercial operator coverage the number of premises not deployed to, is in the region of 39,000 (a 19,000 increase). Detailed maps showing the whole county are available on the Superfast NY website, with advice to those with or without coverage about how to access improved broadband performance. SFNY has secured additional funding of £12.5m (mainly from RDPE), but BT have no appetite to extend the current contract. Discussions are underway with the SFNY governance board to develop a strategy for the use of these funds, which must be used on further broadband delivery to avoid the return of the funds.

The Local Full Fibre Network (LFFN) procurement, using the £15.1m funding award from Central Government (DCMS) has been awarded. This project proposed to connect 391 public sector buildings, across 16 market towns, with a dedicated fibre network.

Mobile coverage

£1m Growth Fund funding was agreed by YNYERLEP in June 2018 and following the tendering exercise to provide new mobile infrastructure in six areas, Arqiva were appointed as our preferred supplier in January 2019. It was disappointing that the mobile operators did not bid to use these funds however Arqiva and NYCC continued to engage with the mobile operators to try and ensure occupancy was agreed prior to beginning to build the infrastructure. We have been unable to secure anyone onto the infrastructure to date however we are still talking with one of the MNOs.

Through the work we undertook with the DCMS in developing the Digital Connectivity Portal we have two sites where the Mobile Operators are wishing to use NYCC property to host Mobile Infrastructure. The sites at Castle House, Scarborough and Selby Highways have both agreed the Heads of Terms and are currently with solicitors for final agreement.

The new Emergency Services Network programme although delayed is beginning to be installed within NY. We are currently working with the Home Office team ensuring the programme is rolled out successfully in NY. The programme will see an additional 36 new mobile masts being built, of which three are currently under construction, with a further twelve planned for later this year. Further update meetings with the ESN team are planned.

Future Focus

Electric Vehicles

To support the future of low carbon transportation and the Government's plans to end the sale of new conventional petrol and diesel cars and vans by 2040 NYCC is working jointly with the district councils to explore suitable opportunities for funding for a potential county-wide electric vehicle charging network. The County Council is also drafting its own Air Quality Strategy to outline its approach to air quality and ultra-low emission vehicles.

Appendix

1. Appendix - Healthy and independent living - Complaints and commendations



During this quarter, 88 complaints have been received, compared to 80 in the same period last year, and a drop from 93 in quarter 1. This shows an increase of 9% in comparison of 2018/19 and a decrease of 6% from the previous quarter. 95% have been acknowledged within timescale, and 89% closed within agreed timescales. Comparison with historical data shows the number of complaints received continues to be generally higher in the last two years than it was previously.

Of the complaints closed during Q2, 10% were Full upheld, 33% Partly Upheld, 45% not upheld and 12% not pursued. This is again comparable with previous quarters.

We have received 273 compliments in Q2 which is down by 40 from Q1.

Timeliness

Of the 76 complaints closed in Q2 89% were responded to within timescale.

Unfortunately, we have not met our goal to get our timeliness to 90% and over this quarter. As part of ensuring we are continuously learning from the process and that teams have the support they need to meet the deadlines set, we have highlighted the need for service areas to keep us updated so we can help them to negotiate response deadlines and manage the customer's expectations.

Root cause

Communication 11(13%), Disagrees with decision/action 35(40%), Pricing and charges 18(20%), Service and care 17(20%) and Staffing 6(7%)

Learning

We have reviewed our acknowledgment process and timescales for response to the customer. The effectiveness of this will be assessed over time.

Ombudsmen

We have received 7 Investigation enquiries 6 remain open, all are with the LGSCO pending decision.

We also have 4 cases at remedy stage within time.

8 LGSCO investigations were closed in this quarter.

1 Closed after initial enquiries - no further action

4 Upheld: Maladministration and injustice

2 Upheld: Maladministration no injustice

2. Appendix - Healthy and independent living - Primary indicators



Primary Indicators:	Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel
2.1. 2A(1) - aged 18-64 admissions to residential and nursing care homes, per 100,000 population (year-end projection)	18	Amber	Nat: 13.5 (2017/18 full year) YHR: 15.9 (2018/19 provisional)	Ranked green. Whilst the projected year-end figure is well above the national average for 2017/18 and it is higher than the provisional regional figure for 2018/19, current performance remains within the indicative target range of 15-20. 2019/20 Q1 = 17 2018/19 NYCC ASCOF outturn = 23.0 2017/18 NYCC ASCOF outturn = 10.9	Upward arrow
2.2. 2A(1) - aged 65+ admissions to residential and nursing care homes, per 100,000 population (year-end projection)	619	Green	Nat: 568.5 (2017/18 full year) YHR: 667.8 (2018/19 provisional)	Ranked green as the projected year-end figure is well below the provisional regional figure for 2018/19 and the NYCC 2018/19 outturn. Q2 projection remains within the indicative target range of 600-650. 2019/20 Q1 = 547 2018/19 NYCC ASCOF outturn = 771.8 2017/18 NYCC ASCOF outturn = 546.2	Upward arrow
2.3. Referrals to Adult Social Care (ASC) as % of ASC contacts	23.4%	Green	n/a	Ranked green as current performance shows a very small increase between quarters but maintains the significant improvement made against baseline. 2019/20 Q1 = 23.0% 2018/19 Q4 = 22.7% 2015/16 baseline = 29.0%	Upward arrow



2. Appendix - Healthy and independent living - Primary indicators



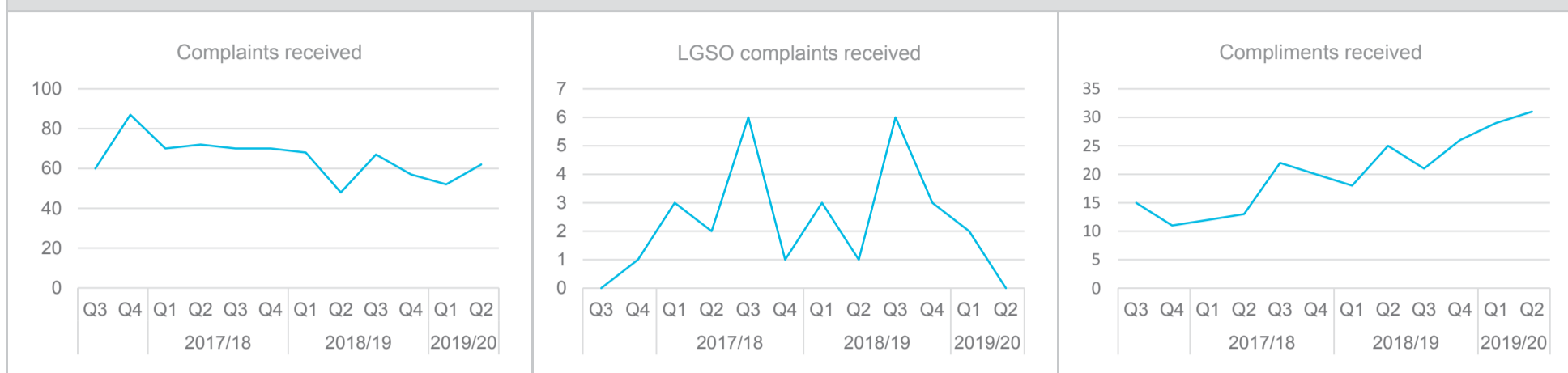
Primary Indicators:		Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel
2.4.	% of referrals resulting in no further action (incl: NFA, case closed, no service required, support declined)	17.6%	Green	n/a	Ranked green as Q2 performance for the care & support pathway improved between quarters and is below the indicative target range of 25-33%. 2019/20 Q1 = 20.6%	Down
2.5.	% of assessments resulting in no service provision	10.7%	Yellow	n/a	Ranked green as current performance shows an increase in the second quarter that this revised measure has been collected, but performance remains within the indicative target range of 10-12%. 2019/20 Q1 = 8.0%	Up
2.6.	% of reablement clients not receiving a subsequent package of social care support within 91 days	81.2%	Yellow	n/a	Relates to reablement support packages completed in Q1, which have now reached the 90-day threshold. Ranked green because whilst performance shows a small decline on the 2018/19 outturn, it remains within the indicative target range of 80-85%. 2018/19 Q4 = 83.1%	Down
2.7.	Reablement packages delivered in the period as % of all weekly services delivered in the period	8.7%	Yellow	n/a	Ranked amber as the proportion remains below 10% and continues to be below 2017/18 levels. 2019/20 Q1 = 9.2% 2018/19 Q4 = 8.9%	Down
2.8.	Clients receiving a review/reassessment in the year as a % of all open clients during the year	40.3%	Yellow	n/a	2019/20 is slightly up on 2018/19 at the end of Q2. Although the average monthly completion rate has slowed between quarters it remains ahead of the required trajectory to achieve the year-end target of 72%. 2019/20 Q1 = 24.9% 2018/19 Q2 = 39.9%	Up
2.9.	Over 65s with an open weekly social care service as a % of the population aged over-65	2.9%	Green	n/a	Ranked green as the proportion has been very stable over the past 18 months and remains the same as the 2015/16 baseline figure. 2019/20 Q1 = 2.9%	Right
2.10.	Rate of total DTOC bed days per 100,000 population (Aug 2019)	11.3	Yellow	10/16 in CIPFA group (Jun-Aug 2019) (Jun-Aug 2018 12/16, where lower = better)	Ranked amber as the rate of total delays still shows a good reduction against the baseline of 16.9, but further significant improvement has not been sustained in the last four quarters. Although total delays had been at or below the target of 9.5 for two months in Q1 this has not been achieved since then. Social care delays have been better than target for the last four quarters. 2019/20 Q1 = 11.3	Right
2.11.	% of residential/nursing beds for older people above NYCC rate	46.2%	Yellow	n/a	Ranked amber as the rate is largely unchanged between quarters and shows only a small increase since Q4 of 2018/19 but is still lower than for 2017/18 (48%). The main report includes details of initiatives aimed at improving market conditions. 2019/20 Q1 = 46.3% 2018/19 Q4 = 46%	Down
2.12.	Rate of safeguarding concerns per 100,000 population	570.0	Green		Ranked green as the number of concerns received during Q1 and Q2 was very similar to the level of activity recorded in 2018/19. 2019/20 Q1 = 332.8	Right
2.13.	% of safeguarding concerns progressing to enquiry	21%	Green	Nat: 38% (2017/18)	Ranked green as the Q2 figure is lower than the figure for Q2 in 2018/19, and performance remains within the indicative target range of 20-22%. 2018/19 Q2 = 22%	Down
2.14.	% of DoLS applications granted	53%	Green	Nat: 56% (2017/18)	Ranked green as Q2 performance is broadly in line with the trend throughout 2018/19 and is slightly below the most recently published national data for 2017/18. Applications in Q2 were down 6% year on year. 2019/20 Q1 = 57%	Down
2.15.	Smoking prevalence in adults	12.0%	Green	England = 14.4% CIPFA: 11.8% to 17.7%	Smoking prevalence is significantly lower compared to England. Among 16 similar areas, North Yorkshire has the 2nd lowest rate. There are around 60,000 smokers in NY.	Down
2.16.	Excess weight in adults	61.3%	Yellow	England = 62.0% CIPFA: 58.9% to 67.5%	Excess weight is not significantly different from England. Among 16 similar areas, North Yorkshire has the 5 th lowest rate.	Right
2.17.	New STI diagnoses (excluding chlamydia aged < 25)	450 per 100,000	Green	England = 851 CIPFA: 417 to 641 per 100,000	North Yorkshire has a significantly lower STI diagnosis rate than England. Among 15 similar areas, North Yorkshire has the 3 rd lowest rate. In North Yorkshire, the rate has been increasing for the past 7 years such that the rate in 2018 is 30% higher than in 2012, compared with a 2% increase nationally.	Up

2. Appendix - Healthy and independent living - Primary indicators



Primary Indicators:	Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel
2.18. Cumulative percentage of the eligible population aged 40-74 offered an NHS Health check	93.3%	■	England = 90.0% CIPFA: 56.2% to 98.4%	North Yorkshire has offered significantly more NHS health checks compared with England. Amongst 10 similar areas, North Yorkshire has the second highest rate. Since January 2018, North Yorkshire has progressed from being significantly lower than England to being significantly higher.	
2.19. Cumulative percentage of the eligible population aged 40-74 who received an NHS Health check	43.3%	■	England = 43.3% CIPFA: 28.0% to 63.6%	Eligible population aged 40-74 in North Yorkshire who has received an NHS health Checks is similar compared with England. Amongst 16 similar areas, North Yorkshire has the 6 th highest rate. The long term trend for people receiving a check is increasing.	
2.20. Successful completions of treatment for opiate use	7.3%	■	England = 6.5% CIPFA: 4.1% to 10.4%	Successful completion of treatment for opiate use is slightly higher than England. North Yorkshire is 7 th highest of 16 similar areas. The completion rate is marginally reduced from the previous year, with the long-term trend being broadly unchanged.	
2.21. Successful completions of treatment for non-opiate use	28.4%	■	England = 36.9% CIPFA: 21.0% to 46.5%	Successful completion of treatment for non-opiate use is significantly lower than England. North Yorkshire is 12 th highest of 16 similar areas. The completion rate is reduced from the previous year, with a downward long-term trend.	
2.22. Successful completions of alcohol treatment	30.3%	■	England = 38.9% CIPFA: 24.7% to 47.2%	Successful completion of treatment for alcohol use is significantly lower than England. North Yorkshire is 14 th of 16 similar areas. The completion rate is slightly reduced from the previous year, with an upward long-term trend.	
2.23. Suicide rate	11.4 per 100,000	■	England = 9.6 per 100,000 CIPFA: 7.8 to 12.1	The suicide rate in North Yorkshire is significantly higher than England. It is joint 4 th highest in a group of 16 similar areas. There were 8 additional suicides in 2016-18 compared with 2015-17.	
2.24. Excess winter deaths index	26.2%	■	England = 21.6% CIPFA: 14.2% to 28.9%	There were 26.2% more deaths in winter months compared with other times of year in North Yorkshire, versus 21.6% in England. North Yorkshire was 4 th highest among 16 similar areas. The index was higher in winter 2016/17 compared with the previous year, but this is a volatile indicator, dependent on many factors such as weather and flu viruses. The long-term trend is flat.	
2.25. Successful quitters at 4 weeks (smokers)	1,482 per 100,000 smokers	■	England = 1,894 per 100,000 CIPFA: 115 to 2,902	The rate of smokers successfully quitting at 4 weeks in North Yorkshire is significantly lower than to England. It is 9 th of 15 similar areas. The rates have been significantly lower compared to England from 2013/14 to 2018/19. The quit rate was slightly higher in 2018/19 compared with the previous year.	
2.26. Percentage of physically active adults	69.5%	■	England = 66.3% CIPFA: 63.8% to 72.8%	The proportion of physically active adults in North Yorkshire is significantly higher compared to England. It was 4 th highest among 16 similar areas. The percentage has been significantly higher compared to England from 2015/16 to 2017/18. The rate is not significantly changed from 2016/17.	
2.27. Proportion of dependent drinkers not in treatment	77.6%	■	England = 82.9%	The estimated proportion of dependent drinkers who are not in treatment is lower in North Yorkshire compared with England, but the difference is not statistically significant.	
2.28. Number of Living Well referrals	Q2 2019/20: 960	■	Q1 2018/19: 610 Quarterly target: 725	The number of Living Well referrals is 271 (44%) higher than for Q1 in 2017/18. To achieve the 2018/19 total of 2,900 referrals, a target of 725 is needed per quarter. This has been exceeded by 156 referrals (22%). Q1 2019/20: 913	
2.29. Life expectancy at birth (male / female)	Male: 80.6 Female: 84.2	■	M: England = 79.6 CIPFA: 79.4 to 81.0 F: England = 83.1 CIPFA: 82.6 to 84.6	The life expectancy at birth for both male and female are significantly higher compared to England, from 2001 – 03 to 2015 – 17. For male, North Yorkshire is joint 5 th highest among 16 similar areas, and for female, it is joint 3 rd highest.	-
2.30. Slope index of inequality in Life Expectancy at birth (male / female)	Male: 5.6 Female: 4.3	■	M: England = 9.4 CIPFA: 5.6 to 9.5 F: England = 7.4 CIPFA: 4.3 to 8.4	The slope index of inequality in life expectancy at birth for both male and female are within the 1 st (best) quintile in England. For male, North Yorkshire is joint 1 st among 16 similar areas, and for female, it is the 1 st .	-
2.31. Life expectancy at 65 - (male / female)	Male: 19.2 Female: 21.7	■	M: England = 18.8 CIPFA: 18.5 to 20.0 F: England = 21.1 CIPFA: 20.6 to 22.2	The life expectancy at 65 for both male and female are significantly higher compared to England, from 2001 – 03 to 2015 – 17. For male, North Yorkshire is 9 th highest among 16 similar areas, and for female, it is joint 6 th highest.	-
2.32. Flu vaccination coverage 65+	73.6%	■	England = 72.6% CIPFA: 71.4% to 76.7%	Benchmarked against goal: <75% >=75% Government policy is to recommend immunisation for people aged 65 years and over and those under 65 years in at risk groups. The ambition is to achieve 75% uptake in those aged 65 years and over, which North Yorkshire didn't meet. It is 9 th among 16 similar areas.	

3. Appendix - Best start to life - Complaints and commendations



Complaints are assessed on receipt to determine if they need to be investigated under the corporate or statutory children's complaints processes. The charts above show the total number of complaints received by CYPS under both processes.

62 complaints were received in Quarter 2, an increase (n=10) as compared to Quarter 1. Two complaints have escalated to Stage 2 under the statutory children's process and one complaint under the Corporate procedure. There were no statutory complaints considered at Stage 3.

At stage 1, 27% of corporate and 34% of statutory complaints were upheld.

1 commendation was received in relation to adoption services. 30 compliments were received during Q2 (increase = 6 from Q1) related to support provided to families from Children & Families Service, Disabled Children and Young People's Service, and Inclusion Support Services

Timeliness

In relation to Corporate Stage 1 investigations, 80% were completed within timescale, a significant improvement from Q1 (30%). In relation to Statutory Stage 1 investigations 85% were completed within timescale, a further improvement from Q1 (68%).

Root cause

Disagreement with decision/action taken (35%) and quality of communication (11%) remained the most common causal factors.

Learning

We have reviewed our standard acknowledgement and complaint process letters to ensure they are in line with recent LGSCO guidance on Statutory Children's complaints.

Ombudsmen

No Ombudsman enquiries were received in this quarter. Decisions were received on two cases -

2 decisions -






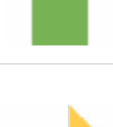




Upheld maladministration and injustice - apology provided.

Not Upheld - no maladministration






4. Appendix - Best start to life - Primary indicators table



Primary Indicators:	Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel
4.1. Smoking at the time of delivery	<u>2017/18</u> 11.7% (equates to 595 women)	Yellow	England = 10.8% CIPFA: 8.9% to 16.7%	Smoking status at time of delivery continues to fall but is still significantly higher than England. Among 16 similar areas, North Yorkshire has 7 th highest rate. If NY had the lowest rate of similar areas (West Sussex, 8.9%), about 150 more infants would have a better start to life.	Green arrow pointing down
4.2. The percentage of children aged 4 or 5 (reception) who have excess weight	<u>2017/18</u> 22.3%	Yellow	England = 22.4% CIPFA: 17.5% to 26.0%	The proportion of children in Reception classes with excess weight has increased and is no longer significantly lower than England. North Yorkshire is 7 th lowest of 16 similar areas.	Red arrow pointing up
4.3. The percentage of children aged 10 or 11 (Year 6) who have excess weight	<u>2017/18</u> 31.6%	Green	England = 34.3% CIPFA: 27.7% to 35.3%	The proportion of children in Year 6 classes with excess weight has increased but remains significantly lower than England. North Yorkshire is 7 th lowest of 16 similar areas.	Red arrow pointing up
4.4. The rate of children and young people admitted to hospital as a result of self-harm (10-24 yrs)	<u>2017/18</u> 503.9 per 100,000 population (460 10-24 year olds)	Red	England = 421.2 per 100,000 CIPFA: 261.1 to 783.5 per 100,000	There were 460 admissions for self-harm in this age group in 2017/18. Some individuals may have been admitted on more than one occasion, so the number of people admitted is likely to be lower. North Yorkshire is 6 th highest among 16 similar areas. The rate of admissions is increasing and is significantly higher than England.	Red arrow pointing up
4.5. Hospital admissions caused by unintentional and deliberate injuries to children under 15 years per 100,000	<u>2017/18</u> 122.7 per 10,000 (1,190 children)	Yellow	England = 96.4 per 10,000 CIPFA: 72.3 to 122.7 per 10,000	There were 1,190 admissions for injuries in children aged 0-14. Some individuals may have been admitted on more than one occasion, so the number of children admitted is likely to be lower. The rate of admissions is broadly stable in North Yorkshire, but falling nationally. North Yorkshire has the highest rate among similar areas.	Yellow arrow pointing right
4.6. The rate of children and young people admitted to hospital for mental health conditions per 100,000 (under 18s)	<u>2017/18</u> 78.2 per 100,000 population (92 0-17 year olds)	Yellow	England = 84.7 per 100,000 CSSNBT: 49.6 to 159.0 per 100,000	There were 92 admissions for mental health conditions in 2017/18. Some individuals may have been admitted on more than one occasion, so the number of children admitted is likely to be lower. Admissions in North Yorkshire are not significantly different from England and are 4 th lowest among 11 similar areas. Admission rates have been similar for the past 7 years.	Yellow arrow pointing right

4.7.	First time entrants to the youth justice system aged 10-17 (per 100,000 population)	<u>Apr 18 – Mar 19</u> 201		Target 430	The rate of 201 per 100,000 10-17 population is a marginal improvement of the previous period and relates to 109 young people. The rate in North Yorkshire remains better than the regional (224) and national (224) rates.	
4.8.	The percentage of children reaching a Good Level of Development in the Early Years Foundation Stage Profile	<u>2019</u> 72.8%		<u>2019 national</u> England = 71.8%	This is a key indicator in relation to school readiness. North Yorkshire is 1% above the national performance for pupils achieving a Good Level of Development and performance has improved steadily over the last 3 years.	
4.9.	The percentage of pupils working at the expected standard or more in Reading, Writing and Maths Key Stage 2	<u>2019</u> 63.2%		<u>2019 national</u> 64.9%	The percentage of children achieving the expected level in Reading, Writing and Maths has improved by 1.1% in 2019. Whilst the gap has narrowed performance remains below national.	
4.10.	The percentage of pupils working at the expected standard or more in Reading, Writing and Maths Key Stage 2	<u>2019</u> 63.2%		<u>2019 national</u> 64.9%	The percentage of children achieving the expected level in Reading, Writing and Maths has improved by 1.1% in 2019. Whilst the gap has narrowed performance remains below national.	
4.11.	Progress 8 score at Key Stage 4	<u>2018</u> 0.13		<u>2018 national</u> 0.00	Performance at Key Stage 4 is significantly above the national average.	
4.12.	Average Attainment 8 score at Key Stage 4	<u>2018</u> 48.5		<u>2018 national</u> 46.5	The Attainment 8 average score at Key Stage 4 is significantly above the national average. Over the previous 2 years the score has dropped 3.3 points for North Yorkshire but nationally the score has dropped 3.5	
4.13.	Persistent absence as % of school population (primary/secondary)	<u>2017/18</u> Primary 7.7% Secondary 14.1%		<u>2017/18</u> Primary 8.7% Secondary 13.9%	The persistent absence rates have for North Yorkshire and nationally have increased slightly on the previous year. At primary schools the PA rate is 1% less than nationally, but at secondary schools the PA rate is 0.2% greater than nationally.	
4.14.	The percentage of young people who are not in education, employment or training (NEET) in academic year 12 and year 13	<u>2019/20</u> Q1 95 (0.8%) Q2 95 (0.8%)		National NEET 2.1% (May 2019) Y&H NEET 3.2% (May 2019) National Situation Not Known 2.5% (May 2019) Y&H Situation Not Known 2.5% (May 2019) NYCC Situation Not Known 4.1% (June 2019) <u>2018/19</u> Q1 145 (1.3%) Q2 74 (0.7%) Q3 101 (0.9%) Q4 105 (0.9%)	The percentage of young people who are not in education, employment or training (NEET) in academic year 12 and year 13 in North Yorkshire is below the national and regional rates. However, the percentage of 16-17 year olds with unknown education, training or employment status has now increased slightly to 1.6% above the Regional benchmark and 1.6% above the National benchmark.	
4.15.	The number of open early help 0-19 cases (Prevention)	<u>2019/20</u> Q2 2,298		<u>2018/19</u> Q1 2,693 Q2 2,382 Q3 2,539 Q4 2,474 <u>2019/20</u> Q1 2,421	The trend seen since January 2019 has been of reducing numbers of Households. There were 12.7% fewer ongoing Households at the end of September compared with the end of January 2019. However, a lower than average number of ongoing cases is typically seen at the end of September with referrals from Schools then increasing in October.	
4.16.	The total number of children subject to a child protection plan (rate per 10,000)	<u>2019/20</u> Q2 32.5 (384)		<u>2017/18</u> Q1 36.4 (427) Q2 38.2 (448) Q3 41.8 (490) Q4 44.4 (520) <u>2018/19</u> Q1 46.0 (539) Q2 40.1 (478) Q3 36.0 (422) Q4 34.5 (369) <u>2019/20</u> Q1 29.8 (349)	This quarter has seen the first quarterly increase in CPP in over 12 months. However, it's important to note that the number of open CPP at the end of Q2 19/20 was 20% lower than Q2 last year. The number of open CPP remains within the range of 350-430, which we would consider "normal" for North Yorkshire The rate of repeat CPP (17.8%) remains significantly better than national (20.2%) and statistical neighbours (20.4%), indicating that the reduction in open CPP is not as a result of premature closure.	













4.17	The total number of Children in Need (DfE Definition)	<u>2019/20</u> Q2 2,747	<u>2017/18</u> Q1 2,697 Q2 2,631 Q3 2,886 Q4 3,031 <u>2018/19</u> Q1 2,858 Q2 2,904 Q3 2,842 Q4 2,667 <u>2019/20</u> Q1 2,668	The number of Children in Need (CiN) refers to all children with an open involvement with children's social care. The number of CiN has been relatively stable over the last 3 quarters, with less than 3% change in numbers	
4.18	The total number of looked after children	<u>2019/20</u> Q2 451	<u>2017/18</u> Q1 415 Q2 409 Q3 429 Q4 437 <u>2018/19</u> Q1 434 Q2 447 Q3 454 Q4 435 <u>2019/20</u> Q1 460	The number of children in care fell by 9 this quarter to 451, of which 25 were unaccompanied asylum seekers (UASC). Whilst there remains some quarterly variability in the number of children in care suggests some stability in terms of an expected range and in the period Q3 17/18 and Q1 19/20 the number of children in care (including UASC) has fallen in the range of 440, plus or minus 20.	
4.19	The total number of children subject to a child protection plan (rate per 10,000)	<u>2019/20</u> Q1 29.8 (349)	<u>2017/18</u> Q1 36.4 (427) Q2 38.2 (448) Q3 41.8 (490) Q4 44.4 (520) <u>2018/19</u> Q1 46.0 (539) Q2 40.1 (478) Q3 36.0 (422) Q4 34.5 (369)	We have seen the number of open CPP reduce for the fourth successive quarter, and the number of children subject to a CPP is 32% lower (190 fewer children) than 12 months ago Some of the reduction in open CPP can be attributed to a high number of CPP opening in early 2018/19 coming to closure. However, there are also numerous examples of where the North Yorkshire practice model, coupled with excellent direct work with families, has meant risk can be effectively managed without recourse to a CPP. The rate of repeat CPP (14.6%) remains significantly better than national (20.2%) and statistical neighbours (20.4%), indicating that the reduction in open CPP is not as a result of premature closure.	
4.20	The total number of Children in Need (DfE Definition)	<u>2018/19</u> Q2 2,747	<u>2017/18</u> Q1 2,697 Q2 2,631 Q3 2,886 Q4 3,031 <u>2018/19</u> Q1 2,858 Q2 2,904 Q3 2,842 Q4 2,667 <u>2019/20</u> Q1 2,668	The number of Children in Need (CiN) refers to all children with an open involvement with children's social care. The number of CiN has been relatively stable over the last 3 quarters, with less than 3% change in numbers	
4.21	The total number of looked after children	<u>2019/20</u> Q2 440	<u>2017/18</u> Q1 415 Q2 409 Q3 429 Q4 437 <u>2018/19</u> Q1 434 Q2 447 Q3 454 Q4 435 <u>2019/20</u> Q1 460	The number of children in care fell by 9 this quarter to 451, of which 25 were unaccompanied asylum seekers (UASC). Whilst there remains some quarterly variability in the number of children in care suggests some stability in terms of an expected range and in the period Q3 17/18 and Q1 19/20 the number of children in care (including UASC) has fallen in the range of 440, plus or minus 20.	

4.22.	The percentage of referrals to children's social care that are repeat referrals	2019/20 Q2 17.9%	2016/17 Target 20% 2017/18 Q1 12.0% Q2 18.6% Q3 14.7% Q4 15.8% Full year: 15.2% 2018/19 Q1 16.1% Q2 18.4% Q3 20.5% Q4 17.5% Full year 18.2% 2019/20 Q1 14.6%	The re-referral rate has increased by 3.3% this quarter to 17.9%. However, for the year to date the re-referral rate stood at 16.2%. Both the quarterly re-referral rate and the year to date figure are significantly lower (better) than either the national rate of the statistical neighbour average.	
4.23.	The percentage of pupils who attend a good or outstanding school	End September 2019 Primary 82.5% Secondary 79.5%	National Primary 87.5% Secondary 79.3%	At the end of Q2 the percentage of pupils attending a good or outstanding school continues to be high and is above national at secondary, but below national at primary.	 P S
4.24.	The percentage of Education Health and Care Plans (EHCP) issued in 20 weeks (excluding exceptions)	2019/20 Q1: 95% (125 of 132) Q2: 87% (126 of 145)	National 58%	Performance continues to be very strong and consistently above national rates, although the rate of timeliness dropped slightly in the past quarter. In the 2018 calendar year it was 84% in North Yorkshire, 58% in England, 60% in Yorkshire and the Humber. In the Q2 2019/20 period the rate was 87% i.e. 126 of the 145 new EHC plans produced in the quarter were issued within 20 weeks.	
4.25.	The number of children receiving SEN support	Primary 12.1% of school population Secondary 8.5% of school population Jan 2019	National Primary 12.6% of school population Secondary 10.8% of school population Jan 2019	The percentage of the school population receiving SEN support continues to increase and the gap to national is reducing.	
4.26.	School Readiness: the percentage of children with free school meal status achieving a good level of development at the end of reception	2019 50.7%	2019 national 56.3%	The percentage of children with free school meal status achieving a good level of development at the end of reception in North Yorkshire is significantly worse compared with England. However, 1.3% more children with FSM did achieve a good level of development this year compared to a national decline of 0.3%.	
4.27.	Percentage of young people with a qualification by age 19 (Level 2 / Level 3)	2018/19 Level 2: 86.3% Level 3: 62.2%	National Level 2: 82.2% Level 3: 57.2%	North Yorkshire remains above the national average for both Level 2 and 3. The percentage of students achieving a level 2 has reduced slightly over the 2 years but this is matched nationally and regionally.	
4.28.	The percentage of care leavers aged 19, 20 and 21 that are in education, employment or training	2019/20 Q1 72.0% Q2 71%	2018/19 Q1 63.9% Q2 66.5% Q3 71.5% Q4 68.3%	Performance in this indicator remains strong, particularly when compared to the latest national figure of 51% and stat. neighbour average of 55.4%. In part, this can be attributed to the work of both the Leaving Care and the Opportunities Team in providing Care Leavers with employment and education opportunities and supporting them throughout.	
4.29.	Rate of children with an Education Health Care Plan as % of school population	Primary 1.5% of school population Secondary 1.3% of school population Jan 2019	National Primary 1.6% of school population Secondary 1.7% of school population Jan 2019	The percentage of the school population with an EHC plan continues to increase and the gap to national is reducing.	
4.30.	GCSE 9-5 pass in English and Maths (Basics) at KS4	2018/19 48.0%	National 43.3%	North Yorkshire remains above the national and regional averages	
4.31.	Persistent absence as % of school population (primary/secondary)	2018/19 Primary: 7.6% Secondary: 14.0%	National Primary: 8.7% Secondary: 13.9%	The percentage of primary pupils who are persistently absent continues to be lower (1%) than the national average. At secondary schools the percentage of pupils persistently absent has increased slightly and is now 0.2% higher than national	 P S



4.32	Exclusion rate as % of school population (fixed-term/permanent)	<p>2018/19 academic to end Q2</p> <p>Children Fixed-term: 274 Rate of school population: 0.33%</p> <p>Children Permanent: 3 Rate of school population: 0.0036%</p> <p>2019/20 academic to end Q2</p> <p>Children Fixed-term: 335 Rate of school population: 0.4%</p> <p>Children Permanent: 3 Rate of school population: 0.0036%</p>	<p>National 2017/18 academic year:</p> <p>Fixed-term child: 2.33%</p> <p>Permanent: 0.1%</p> <p>North Yorkshire 2017/18 academic year:</p> <p>Fixed-term child: 2.48%</p> <p>Permanent: 0.12%</p>	<p>There has been a slight increase in children fixed-term excluded in this quarter compared to this point last year.</p> <p>The same number of children have been permanently excluded as this time last year.</p> <p>National benchmarks are available for 2017/18 academic year only.</p>	
4.33	Exclusion rate as % of school population (fixed-term/permanent)	<p>End 2017/18 academic year</p> <p>Fixed-term child: 2.49%</p> <p>Permanent: 0.125%</p> <p>2018/19 to end Q1 (30 June)</p> <p>Fixed-term child: 2.26%</p> <p>Permanent: 0.95%</p>	<p>National 2016/17 academic year:</p> <p>Fixed-term child: 2.3%</p> <p>Permanent: 0.1%</p> <p>North Yorkshire 2016/17 academic year:</p> <p>Fixed-term child: 2.3%</p> <p>Permanent: 0.1%</p>	<p>Current projections for the end of the 2018/19 academic year show that total fixed-term exclusions and permanent exclusions will have decreased when compared to the previous academic year.</p> <p>National benchmarks are available for 2016/17 academic year only.</p>	
4.34	Proportion of Education, Health & Care plans placed in independent/non-maintained out of authority specialist settings (i.e. aged 0 to 16, in non-maintained special school & independent special school, day or residential placement)	<p>End Q1 2019/20: 136 (4.6%)</p> <p>End Q2 2019/20: 139 (4.6%)</p>	<p>National: 5.0% (January 2019)</p>	<p>The number of children aged 0 to 16 in an independent or non-maintained specialist setting has increased slightly in Q2 compared to Q1 2019/20.</p> <p>The proportion of all children with NYCC funded EHC plans this comprises is the same.</p>	
4.35	Adult Learning - 19+ Adult Skills funded learners - Overall Achievement Rates	<p>2019/20</p> <p>Q2 19/20 84.4%</p> <p>(End of Academic Year 18/19)</p>	<p>2018/19</p> <p>Q1 18/19 69.0% (Academic Year 17/18)</p> <p>Q2 18/19 78.5% (Academic Year 18/19)</p> <p>Q3 18/19 78.2% (Academic Year 18/19)</p> <p>Q4 18/19 68.8% (Academic Year 18/19)</p> <p>Q1 19/20 74.7% (Academic Year 18/19)</p>	<p>2018/19 academic end of year final performance data shows a significant increase compared to the position at the end of 2017/18 academic year. The 19+ Education and Training Funded Learners overall achievement rate has increased by 6.1%.</p>	
4.36	Proportion of Education, Health & Care plans placed in independent/non-maintained out of authority specialist settings (i.e. non-maintained special school & independent special school)			<p>New indicator - data not yet available</p> <p>No national comparison available</p>	
4.37	Under 18 conceptions (annual)	<p>2017</p> <p>10.0 per 1,000</p>	<p>England = 17.8 per 1,000</p> <p>CIPFA: 10.0 to 18.6 per 1,000</p>	<p>The under 18 conception rates in North Yorkshire have been significantly lower than England from 1998 to 2017. The number has reduced from 366 in 1998 to 96 in 2017. It has the lowest rate amongst 16 similar areas.</p>	
4.38	Face-to-face new birth visits undertaken within 14 days by a health visitor (%)	<p>2017/18</p> <p>92.7%</p>	<p>England = 87.7%</p> <p>CIPFA: 71.0% to 95.2%</p>	<p>The percentage of face-to-face new birth visits undertaken within 14 days by a health visitor in North Yorkshire is significantly better compared to England. It is the 4th highest among 16 similar areas.</p>	- (First year published by PHE)
4.39	Eligible infants that receive a 12 month review by 15 months of age (%)	<p>2017/18</p> <p>97.9%</p>	<p>England = 82.6%*</p> <p>CIPFA: 55.8% to 97.9%</p> <p>*Annual figure includes constituent area(s) with annual figure scaled up data from three quarters' data</p>	<p>The percentage of infants that receive a 12 month review by 15 months of age in North Yorkshire is significantly better compared to England. It is the highest among 16 similar areas.</p>	- (First year published by PHE)
4.40	Eligible children receiving a 2-2.5 year review by the time they were 2.5 years (%)	<p>2017/18</p> <p>Value not published due to data quality reasons</p>	<p>England = 75.7%*</p> <p>CIPFA: 29.3% to 93.6%</p> <p>*Annual figure includes constituent area(s) with annual figure scaled up data from three quarters' data</p>	<p>The percentage of children who received a 2-2½ year review by the time they turned 2½ years old in North Yorkshire has not been published due to data quality reasons.</p>	-

4.41	Reception aged children completing a check (%)	2018/19 Q4 57.3% <u>2017/18</u> Q4 66.2%		Local measure - no benchmarking data available	2017/18 data showed 66.2% for same quarter last year, so a little lower. Cumulative towards an annual target of 85%, so just below track. This is under review as part of re-commissioning.	
4.42	Year 6 children completing a check (%)	2018/19 Q4 30.5% <u>2017/18</u> Q4 30%		Local measure - no benchmarking data available	2017/18 data showed 30.0% for same quarter last year so broadly similar. Cumulative towards an annual target of 85%, so below track. This is under review as part of re-commissioning.	
4.43	Proportion of children aged 2-2.5 years old receiving ASQ-3 as part of the Healthy Child Programme or integrated review	<u>2018/19</u> 98.3% (4,346 children aged 2-2.5 years old)		<u>2017/18</u> 98.7% England: 90.2% CSSNBT: 92.2% to 100%	The proportion of children aged 2-2.5 years old receiving ASQ-3 as part of the Healthy Child Programme in North Yorkshire is significantly higher than the England proportion. As this is a new indicator, trend data is not available.	
4.44	The percentage of parents/carers who strongly agree/agree that the Education, Health & Care Plan identifies realistic and positive outcomes for their child.	<u>End Q1 2019/20</u> 85.2% <u>End Q2 2019/20</u> 86.4%		80% (Nov 2018)	Based on the online survey undertaken by parents/carers and children as part of the annual review of EHC plans or the production of a new EHC plan.	
4.45	The percentage of parents/carers who strongly agree/agree that the Education, Health & Care Plan identifies the right support to achieve the outcomes.	<u>End Q1 2019/20</u> 84.6% <u>End Q2 2019/20</u> 84.0%		76% (Nov 2018)	Based on the online survey undertaken by parents/carers and children as part of the annual review of EHC plans or the production of a new EHC plan.	
4.46	% of Care Leavers (aged 19, 20 or 21) that the local authority is not 'in-touch' with	<u>2019/20</u> Q1 98.2% Q2 97%		<u>2018/19</u> Q1 98.7% Q2 98.7% Q3 98.8% Q4 98.8%	Performance for Care Leavers in-touch with the local authority is remaining consistently strong. Whilst it does fluctuate from one Quarter to the next, it is considerably stronger than the latest national figure of 93% (based on the 7% not in-touch).	
4.47	% of Care Leavers (aged 19, 20 or 21) in suitable accommodation	<u>2018/19</u> Q1 92.7% Q2 91.7%		<u>2017/18</u> Q1 93.7% Q2 92.4% Q3 93.9% Q4 95.7%	As with in-touch, we would expect to see some fluctuation and over the last 2 Quarters we have seen a slight decline in performance. However, we continue to perform strongly compared to the latest national average (84%) and the latest statistical neighbour average (83.5%)	
4.48	The percentage of parents/carers who strongly agree/agree that the Education, Health & Care Plan identifies realistic and positive outcomes for their child.	<u>End Q1 2019/20</u> 85.2%		80% (Nov 2018)	Based on the online survey undertaken by parents/carers and children as part of the annual review of EHC plans or the production of a new EHC plan.	
4.49	The percentage of parents/carers who strongly agree/agree that the Education, Health & Care Plan identifies the right support to achieve the outcomes.	<u>End Q1 2019/20</u> 84.6%		76% (Nov 2018)	Based on the online survey undertaken by parents/carers and children as part of the annual review of EHC plans or the production of a new EHC plan.	
4.50	% of respondents who we either satisfied or very satisfied with the involvement from the Children & Families Service	<u>End Q1 2019/20</u> 96.9%		<u>2018/19</u> Q4 95.3% Q3 98.6% Q2 96.7% Q1 96%	Overall, service user feedback is positive. We consistently see more than 95% of service users completing family feedback responding that they are either satisfied or very satisfied with the service that they receive.	

5. Appendix - Modern council - Complaints and commendations



32 stage 1 complaints received this quarter, 1 less than last quarter. No complaints were received at stage 2.

Broken down by service:

- 7 CSC (5 Blue badges, 2 bus pass)
- 6 Registrars
- 4 Corporate Property, Cleaning, Grounds
- 1 Corporate Complaints
- 1 Corporate Development
- 1 Members Allowances
- 6 Libraries
- 3 Legal and Democratic Services
- 1 Communications
- 1 Exchequer Services
- 1 Webteam

90% of cases were dealt with within timescales, down from 92% last quarter.

69% of cases were upheld/partly upheld. Remedies include apologies, introduction of online form, better provision of information online, improvements to blue badge application process and staff training.

One complaint was received from the LGSCO regarding school transport, but following initial enquiries it was decided that they would not investigate as it was unlikely they would find fault.

269 compliments were received, up from 242 (main 'wedding season'). No commendations were recorded this quarter.

Timeliness

19 of 21 complaints dealt with within timescales.

Root cause

- Service and care 37%
- Staffing 11%
- Environment 9%
- Pricing and charges 3%
- Communication 17%
- Disagree with decision/action 11%
- Safety 9%
- Policy change 3%

Learning

Customers will have the option to complete an online form on the internet if they prefer contact by email.

Seeking improvements to the blue badge application process where applying on behalf of someone else.

Birth registration forms are to be altered to recognise same sex relationships rather than only referring to mother/father.

Ombudsman

1 investigation received – School transport appeal – Closed after initial enquiries – no further action

6. Appendix - Modern Council - Primary indicators table



Primary Indicators:	Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel																																																																											
6.1. Percentage of contacts received via online services	13.0% of all contacts 27.1% of transactions 45% of customer transactions 79.3% of services in the portal		Target of 70% by 2020	<table border="1"> <thead> <tr> <th>Portal services</th> <th>Target</th> <th>Jul</th> <th>Aug</th> <th>Sept</th> </tr> </thead> <tbody> <tr> <td>Bus pass - Older persons</td> <td>50%</td> <td>95%</td> <td>94%</td> <td>94%</td> </tr> <tr> <td>Bus pass - Disabled persons</td> <td>40%</td> <td>96%</td> <td>98%</td> <td>83%</td> </tr> <tr> <td>Blue badge</td> <td>70%</td> <td>92%</td> <td>97%</td> <td>98%</td> </tr> <tr> <td>Notice of marriage</td> <td>50%</td> <td>77%</td> <td>83%</td> <td>84%</td> </tr> <tr> <td>Births</td> <td>70%</td> <td>84%</td> <td>86%</td> <td>84%</td> </tr> <tr> <td>Deaths</td> <td>40%</td> <td>33%</td> <td>38%</td> <td>37%</td> </tr> <tr> <td>Flooding</td> <td>30%</td> <td>38%</td> <td>37%</td> <td>41%</td> </tr> <tr> <td>Streetlights</td> <td>70%</td> <td>74%</td> <td>75%</td> <td>76%</td> </tr> <tr> <td>Tree, veg, grass</td> <td>30%</td> <td>39%</td> <td>35%</td> <td>32%</td> </tr> <tr> <td>Footways</td> <td>50%</td> <td>52%</td> <td>51%</td> <td>51%</td> </tr> <tr> <td>Pothole</td> <td>70%</td> <td>68%</td> <td>64%</td> <td>56%</td> </tr> <tr> <td>HWRC</td> <td>70%</td> <td>-</td> <td>100%</td> <td>100%</td> </tr> <tr> <td>Online assessment</td> <td>50%</td> <td>68%</td> <td>69%</td> <td>67%</td> </tr> <tr> <td>Carers Emergency Card</td> <td>70%</td> <td>70%</td> <td>71%</td> <td>66%</td> </tr> </tbody> </table>	Portal services	Target	Jul	Aug	Sept	Bus pass - Older persons	50%	95%	94%	94%	Bus pass - Disabled persons	40%	96%	98%	83%	Blue badge	70%	92%	97%	98%	Notice of marriage	50%	77%	83%	84%	Births	70%	84%	86%	84%	Deaths	40%	33%	38%	37%	Flooding	30%	38%	37%	41%	Streetlights	70%	74%	75%	76%	Tree, veg, grass	30%	39%	35%	32%	Footways	50%	52%	51%	51%	Pothole	70%	68%	64%	56%	HWRC	70%	-	100%	100%	Online assessment	50%	68%	69%	67%	Carers Emergency Card	70%	70%	71%	66%	
Portal services	Target	Jul	Aug	Sept																																																																												
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6.2. Staff absence (sickness) rate	Q1 2.02 days lost per FTE (NYCC only – excluding schools) Q1 1.69 days lost per FTE (full workforce)		Public sector average 8.24 days lost annually per FTE (full workforce), 8.09 days lost annually per FTE (excluding schools) Office of National Statistics 8.5 days lost annually per FTE LGA workforce survey	Excluding schools, the Q2 figure is up on Q1 (1.71) and up on Q2 18/19 (1.69). The Q2 full workforce figure is down slightly on last quarter (1.73) but up from Q2 figure 18/19 (1.37).																																																																												

6. Appendix - Modern Council - Primary indicators table



Primary Indicators:		Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel
6.3.	Staff turnover rates	Q1 Leavers – NYCC staff only (excluding schools) 334 (4.60%)		11 – 13% annually	This figure has increased significantly on a low Q1 (170, 2.31%) and slightly on Q2 18/19 (294, 3.98%). Q2 traditionally has a higher number of leavers associated with reductions in centrally employed schools support staff at the end of the academic year, either where schools have converted to academies or renegotiated cleaning and catering contracts. Involuntary leavers continue to be low at 35 (0.48%) in Q2, up from 20 (0.27%) in Q1.	
6.4.	Spend on agency staff	Q2 - £201,708 (full workforce) Q2 - (excluding IR35) £18,738		Average annual spend pre-IR35 across comparable authorities was £3m (2016/17).	Total spend was down on Q1 19/20 (£234,681) and down on Q2 18/19 (£295,701). Spend excluding IR35 is down very significantly on Q1 (£48,863) and Q2 18/19 (£151,699), and is again lower than any quarter in the last 3 years. The vast majority of agency spend is on Mental Health and Best Interest Assessors (90.7%).	
6.5.	Spend against apprenticeship levy	<p>Q2 Levy Deduction Core council – £195,819 Community & VC Schools – £219,433 Total - £415,252</p> <p>Q2 Levy Spend Core Council – £88,993 Community & VC Schools - £13,646 Total - £102,639</p> <p>Q2 Number of Starts Core Council – 23 Community & VC Schools – 1 Total - 24</p> <p>Levy Deduction April 17-June 19 Core Council – £1,661,836 Community & VC Schools - £2,103,978 Total - £3,765,814</p> <p>Levy Spend April 17-June 19 Core Council – £599,828 Community & VC Schools - £82,910 Total - £682,384</p> <p>Starts April 17-June 19 Core Council – 236 Community & VC Schools – 48 Total - 284</p>		<p><i>Nationally there have been 336,900 apprenticeship starts reported to date between August 2018 and May 2019 for the 2018/19 academic year. This compares to 315,900 reported in the equivalent period in 2017/18, 457,200 in 2016/17 and 420,800 in 2015/16. Of the 336,900 apprenticeship starts reported so far in 2018/19, 62.1 per cent (209,300) were on apprenticeship standards.</i></p> <p><i>Information taken from the DfE</i></p> <p><i>Apprenticeship and levy statistics: July 2019</i></p> <p><i>Official Statistics</i></p>	<p>The levy spend in Q2 2019/20 was £102,639 in comparison with £87,572 spend in Q2 2018/19, an increase of £13,787.</p> <p>Q2 has seen 24 new apprentice starts with 23 within core council roles and 1 in Community & VC Schools.</p> <p>1 new apprenticeship standard has been adopted for roles in NYCC; Civil Engineering Technician, Level 3.</p> <p>Within Q2 2018/19 we have 10 apprentice completions, 8 in core council roles and 2 from Community & VC Schools. This totals 38 completions since the commencement of the apprenticeship programme, 32 in core council roles and 6 from Community & VC Schools.</p> <p>Work is currently underway to review the forecasted starts for 2019/20. There are currently 97 potential new starts identified for Q3 which will see 140 starts for the first 3 quarters with the current annual forecast being a potential 202 starts. An estimated 306 apprentices being on programme by March 2020 and 103 completions.</p> <p>The previously reported annual forecasted levy spend of c£648,788 is unchanged and unspent funds from the NYCC levy pot started to be taken by the treasury from September 2019</p>	

7. Appendix - Growth - Complaints and commendations



All BES complaints are investigated in accordance with the corporate complaints process.

In Quarter 2 there were a total of 261 complaints received in relation to Business and Environmental Services, an increase of 92 (53%) from the previous quarter. For the same period, the Directorate also received 66 compliments, an increase of eight in the previous quarter which is positive.

The dramatic increase in complaints this quarter is in part due to the complaints received regarding the UCI World Championships. However general the directorate has seen an increase in complaints but there is no specific reason for this.

83 (33%) of complaints were in relation to service and care, 65 (22%) were regarding environment.

This quarter, the majority of complaints are in relation to Service and Care.

Root cause

The top three causes for BES in Q2 were service and care 83 (33%), environment 65 (22%) and staffing 38 (14%).

Timeliness

82% of Stage 1 complaints were answered within the set timescale (down from 90% in Q1) and the stage 2 complaint was responded to within time. An increase in the number of complainant wishing to go to Stage 2 of the Corporate Complaints procedure has been noted. On some occasions this could be due to a lack of understanding of what a Stage 2 investigation involves.

Learning

The importance of keeping the customer informed on progress especially if running beyond agreed timescales. Each complaint records whether there has been any learning identified and whether the complaint could have been avoided. Directorate report has suggested that further work be undertaken in this area.

Ombudsmen

There were two LGO complaint investigations received in this quarter which were both closed after initial enquiries.

8. Appendix - Growth - Primary indicators table



Primary Indicators:	Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel																				
8.1. Total employee jobs in North Yorkshire Source: NOMIS Area Profile: total jobs – FT+PT. (Excludes self-employed and farm based agriculture.)	265,000 ('15) 270,000 ('16) 270,000 ('17) 280,000 ('18)	County wide economic indicators	Using job density (all jobs per resident aged 16-64) as a comparator. <table border="1"> <thead> <tr> <th></th> <th>2012</th> <th>2016</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>NY</td> <td>0.85</td> <td>0.98</td> <td>0.94</td> </tr> <tr> <td>Y&H</td> <td>0.73</td> <td>0.80</td> <td>0.81</td> </tr> <tr> <td>GB</td> <td>0.78</td> <td>0.85</td> <td>0.86</td> </tr> </tbody> </table>		2012	2016	2017	NY	0.85	0.98	0.94	Y&H	0.73	0.80	0.81	GB	0.78	0.85	0.86	Jobs density in NY rose by 15% between 2012 and 2016 compared to 9% national growth rate. This follows a long period of stability during 2002-2012 – which mirrored the national position. NY job fallen back by 4.5% in 2017 – far exceeding the 1% drop in employee jobs.					
	2012	2016	2017																						
NY	0.85	0.98	0.94																						
Y&H	0.73	0.80	0.81																						
GB	0.78	0.85	0.86																						
8.2. Gross Value Added per head of population. GVA (Income) made up of compensation of employees, gross operating surplus, mixed income, taxes on production, less subsidies on production. Source: ONS Regional GVA dataset (tables 2,3)	£21,923 (2014) £21,898 (2015) £22,430 (2016) £22,915 (2017)	County wide economic indicators	NY in top quartile for Y&H unitary councils and counties Y&H £21,748 in 2017 England £27,949 in 2017 UK £27,430 in 2017 <table border="1"> <thead> <tr> <th></th> <th>1999</th> <th>2008</th> <th>2017</th> </tr> </thead> <tbody> <tr> <td>UK</td> <td>100</td> <td>100</td> <td>100</td> </tr> <tr> <td>England</td> <td>103.2</td> <td>102.9</td> <td>102.8</td> </tr> <tr> <td>Y&H</td> <td>83.7</td> <td>83.2</td> <td>80.0</td> </tr> <tr> <td>NYCC</td> <td>87.9</td> <td>89.0</td> <td>84.3</td> </tr> </tbody> </table>		1999	2008	2017	UK	100	100	100	England	103.2	102.9	102.8	Y&H	83.7	83.2	80.0	NYCC	87.9	89.0	84.3	GVA per head has been slowly declining compared to the UK and English averages over last 18 years. NY falling behind England and UK figures over the long term.	
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8. Appendix - Growth - Primary indicators table



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8.3. Housing affordability: Ratio of median house price to median gross annual (where available) residence-based earnings Source: ONS ratio of median house price median gross residents-based earnings. Table 1c, 3c, 5c Affordability ratios calculated by dividing house prices by gross annual residence-based earnings, based on the median and lower quartiles of both house prices and earnings002E`	7.15 (2014) 7.20 (2015) 7.32 (2016) 7.71 (2017) 7.61 (2018)	County wide economic indicators	NY 4.9% more affordable than England, but 28% less affordable than Y&H. 3 Districts less affordable than England average	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="5">Resident in area</th> </tr> <tr> <th>2002</th> <th>2013</th> <th>2016</th> <th>2017</th> <th>2018</th> </tr> </thead> <tbody> <tr> <td>Craven</td> <td>4.78</td> <td>7.31</td> <td>8.16</td> <td>8.21</td> <td>7.92</td> </tr> <tr> <td>Hambleton</td> <td>6.00</td> <td>7.91</td> <td>7.92</td> <td>8.62</td> <td>8.06</td> </tr> <tr> <td>Harrogate</td> <td>6.18</td> <td>8.00</td> <td>8.86</td> <td>8.83</td> <td>8.88</td> </tr> <tr> <td>Richmondshire</td> <td>4.76</td> <td>7.50</td> <td>6.64</td> <td>7.74</td> <td>7.31</td> </tr> <tr> <td>Ryedale</td> <td>6.14</td> <td>8.49</td> <td>8.93</td> <td>9.41</td> <td>8.99</td> </tr> <tr> <td>Scarborough</td> <td>4.10</td> <td>5.90</td> <td>5.85</td> <td>6.07</td> <td>6.30</td> </tr> <tr> <td>Selby</td> <td>4.13</td> <td>5.95</td> <td>6.23</td> <td>6.42</td> <td>6.41</td> </tr> <tr> <td>North Yorkshire</td> <td>5.00</td> <td>7.04</td> <td>7.32</td> <td>7.71</td> <td>7.61</td> </tr> <tr> <td>Yorks & Humber</td> <td>3.54</td> <td>5.29</td> <td>5.78</td> <td>5.90</td> <td>5.95</td> </tr> <tr> <td>England</td> <td>5.11</td> <td>6.76</td> <td>7.72</td> <td>7.91</td> <td>8.00</td> </tr> </tbody> </table>		Resident in area					2002	2013	2016	2017	2018	Craven	4.78	7.31	8.16	8.21	7.92	Hambleton	6.00	7.91	7.92	8.62	8.06	Harrogate	6.18	8.00	8.86	8.83	8.88	Richmondshire	4.76	7.50	6.64	7.74	7.31	Ryedale	6.14	8.49	8.93	9.41	8.99	Scarborough	4.10	5.90	5.85	6.07	6.30	Selby	4.13	5.95	6.23	6.42	6.41	North Yorkshire	5.00	7.04	7.32	7.71	7.61	Yorks & Humber	3.54	5.29	5.78	5.90	5.95	England	5.11	6.76	7.72	7.91	8.00													
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8.4. Number of housing completions. Source: DCLG Table 253, ONS Table 406	910 (13/14) 1,330 (14/15) 1,530 (15/16) 1,830 (16/17) 2,080 (17/18) 2,020 (18/19)	County wide economic indicators	<table border="1"> <thead> <tr> <th colspan="3">Completions per 1000 households.</th> </tr> <tr> <th></th> <th>NY</th> <th>Eng.</th> </tr> </thead> <tbody> <tr> <td>2013/14</td> <td>3.49</td> <td>4.99</td> </tr> <tr> <td>2014/15</td> <td>5.09</td> <td>5.48</td> </tr> <tr> <td>2015/16</td> <td>5.83</td> <td>6.08</td> </tr> <tr> <td>2016/17</td> <td>6.94</td> <td>6.39</td> </tr> <tr> <td>2017/18</td> <td>7.85</td> <td>6.85</td> </tr> <tr> <td>2018/19</td> <td>9.54</td> <td>6.97</td> </tr> </tbody> </table> <p>NY rate risen by 22% in last year, compared with 2% rise for England. While the countywide rate is up it has dropped dramatically in Richmondshire, and less so in Scarborough and Selby</p>	Completions per 1000 households.				NY	Eng.	2013/14	3.49	4.99	2014/15	5.09	5.48	2015/16	5.83	6.08	2016/17	6.94	6.39	2017/18	7.85	6.85	2018/19	9.54	6.97	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="5">Completions per 1000 households</th> </tr> <tr> <th>2014/15</th> <th>2015/16</th> <th>2016/16</th> <th>2017/18</th> <th>2018/19</th> </tr> </thead> <tbody> <tr> <td>Craven</td> <td>4.82</td> <td>5.60</td> <td>3.58</td> <td>1.19</td> <td>8.68</td> </tr> <tr> <td>Hambleton</td> <td>4.88</td> <td>6.39</td> <td>10.94</td> <td>7.85</td> <td>12.35</td> </tr> <tr> <td>Harrogate</td> <td>2.06</td> <td>2.35</td> <td>2.34</td> <td>5.52</td> <td>10.41</td> </tr> <tr> <td>Richmond</td> <td>3.27</td> <td>5.61</td> <td>7.00</td> <td>11.19</td> <td>2.33</td> </tr> <tr> <td>Ryedale</td> <td>8.21</td> <td>7.74</td> <td>6.84</td> <td>6.38</td> <td>10.57</td> </tr> <tr> <td>Scar.</td> <td>5.65</td> <td>7.65</td> <td>7.63</td> <td>8.01</td> <td>5.39</td> </tr> <tr> <td>Selby</td> <td>9.55</td> <td>8.34</td> <td>12.39</td> <td>15.55</td> <td>14.59</td> </tr> <tr> <td>NY</td> <td>5.09</td> <td>5.83</td> <td>6.94</td> <td>7.85</td> <td>9.54</td> </tr> </tbody> </table>		Completions per 1000 households					2014/15	2015/16	2016/16	2017/18	2018/19	Craven	4.82	5.60	3.58	1.19	8.68	Hambleton	4.88	6.39	10.94	7.85	12.35	Harrogate	2.06	2.35	2.34	5.52	10.41	Richmond	3.27	5.61	7.00	11.19	2.33	Ryedale	8.21	7.74	6.84	6.38	10.57	Scar.	5.65	7.65	7.63	8.01	5.39	Selby	9.55	8.34	12.39	15.55	14.59	NY	5.09	5.83	6.94	7.85	9.54	
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8.5. The number of North Yorkshire Lower Super Output Areas (LSOAs) that are within the 20% most deprived nationally.	2019 - 24 LSOAs 2015 - 23 LSOAs 2010 - 18 LSOAs	County wide economic indicators	<p>NY ranked 127th least deprived out of 151 upper tier LAs. Ranked 125th least deprived in 2015.</p> <p>Craven ranked 28th and Ryedale 30th out of 317 lower tier LAs for the 'Living Environment' domain. 143 NY LSOAs in worst 20% in England for the 'Indoor' part of this indicator: housing in poor condition and without central heating. This is the third consecutive increase - from 86 LSOAs in 2010 and 134 in 2015.</p> <p>153 out of 373 NY LSOAs in worst 20% in England for the 'Geographical Barriers to Services': road distance to shops, GPs, etc.</p>	<p>Pockets of deprivation across NY. One LSOA (covering part of Eastfield ward in Scarborough) is within the most deprived 1% in England, but this is an improvement from three LSOAs in 2015.</p> <p>24 NY LSOAs now fall within the most deprived 20% in England, an increase from 23 in 2015. 20 of them are in Scarborough town. The two most deprived in the county are in Skipton South ward.</p> <p>The number in the second most deprived quintile (worst 20% - 40%) has remained stable at 34 in both 2015 and 2019.</p> <p>For 'Geographical Barriers to Services' the LSOA which covers the Dales ward to the north of Kirkbymoorside is the 2nd most deprived LSOA in England.</p> <p>Changes in rank indicate changes in deprivation relative to other parts of England but not necessarily absolute changes in deprivation.</p>																																																																																				
8.6. Highways Maintenance Efficiency Programme – annual rating.	Level 3 (Jan 17) Level 3 (Feb 18) Level 3 (Feb 19)		39 of 115 English Highway Authorities in Band 3 in 2017/18.	22 out of 22 questions attained level 3 in 2018/19 self-assessment.																																																																																				
8.7. National Highways and Transportation survey: KBI23 - Satisfaction with the condition of highways	33.4% (2016 – 3rd quartile) 36.7% (2017 – 2nd quartile) 30% (2018 – 2nd quartile)		2nd quartile among 32 counties and larger unitary councils (Cornwall, East Riding) in 2018 NHT survey: Average 27%.	Satisfaction with road condition has dropped across the board between 2017 and 2018, particularly for Shire authorities. NYCC figure has dropped slightly less than the average and we have moved from 11 th to 9 th of 26 shire counties.																																																																																				
8.8. Road condition: % principle A roads where maintenance should be considered.	2% (2016 survey) 3% (2017 survey) 3% (2018 survey)		Single list indicator. Average for English LAs was 3% (2017/18) (RDC0120)																																																																																					

8. Appendix - Growth - Primary indicators table



Primary Indicators:	Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel
8.9. Road condition – % of other heavily used roads where maintenance should be considered. (Cat 2, 3a and 3b roads less A roads.)	4% (2016 survey) 4% (2017 survey) 5% (2018 survey)		Local indicator – not directly comparable. However for B&C class roads in 2017/18 (RDC0120), NYCC at 5%, England at 6%.	Carriageway condition - percentage of roads where maintenance should be considered 	↑
8.10. Road condition – % of lesser used roads where maintenance should be considered. (Cat 4 and 5 roads.)	18% (2016 survey) 16% (2017 survey) 18% (2018 survey)		Local indicator and not directly comparable. However, for unclassified roads in 2017/18 (RDC0130), NYCC at 18%, England at 17%.		↑
8.11. KSI – number of people killed and seriously injured on roads (NY only, calendar years)	448 (2012-2016 avg) 431 (2014) 429 (2015) 428 (2016) 411 (2017) 363 (2018)		Data from Public Health England for KSI during the period 2015-2017 places NY at 69.5 KSI per 100,000 population, against a Y&H figure of 45.7, and an English figure of 40.8. No PHE data for 2018 yet by which we can benchmark ourselves.	Nationally there are no targets for Road Safety; therefore the 95 Alive partnerships monitors against a 5 year baseline average.	↓
8.12. Trading Standards: % of high risk inspections undertaken	38% (19/20 Q2) 17% (19/20 Q1) 99% (18/19 Q4) 73% (18/19 Q3) 39% (18/19 Q2) 96% (17/18) 84% (16/17)		Local measure – no comparative data available	The high risk inspection profile is as follows: Q1 - 15% Q2 - 35% Q3 - 70% Q4 - 100% The current Q2 figure is 38%, 3% ahead of the profiled target.	→
8.13. County matter' planning applications determined within 13/16 week timescales or within agreed extension of time (EoT). 2-year rolling measure	75% (to 6/8 Q2)		England figure for 2 years to 12/18: 92.9% (Source: Table P151b)	RAG rated against statutory target of 60%. This is the statutory measure which includes allowance of an extension of time.	↓
8.14. PRow Network condition: % of network passable	89.3% (19/20 Q1) 89.33% (18/19 Q4) 88.92% (18/19 Q3) 88.68% (18/19 Q2) 88.55% (18/19 Q1) 88.62% (17/18) 89.17% (16/17) 89.9% (15/16)		Local measure – no comparable data available.	Suggestion that a different approach to obstruction cases has started to increase the proportion of the network deemed usable (not blocked). The Q1 figure for 19/20 is provisional as the data used is currently under an update. This will be updated by Q2.	↑

8. Appendix - Growth - Primary indicators table



Primary Indicators:	Latest data / figure	RAG status	Benchmarking data	Comments	Direction of travel
8.15. The percentage of young people who are not in education, employment or training (NEET) in academic year 12 and year 13 (Cross ref to " Best Start in Life ")	Q2 19/20 – 0.8% Q1 19/20 - 0.8% Q4 18/19 - 1.2% Q3 18/19 - 0.7% Q2 18/19 - 1.0% Q1 18/19 - 1.4%		National NEET 3.2% (August 2019) Y&H NEET 3.7% (August 2019) National Situation Not Known 9% (August 2019) Y&H Situation Not Known 12.2% (August 2019) NYCC Situation Not Known 3.3% (August 2019) <u>2018/19</u> Q1 145 (1.3%) Q2 74 (0.7%) Q3 101 (0.9%) Q4 105 (0.9%)	The percentage of young people who are not in education, employment or training (NEET) in academic year 12 and year 13 in North Yorkshire is below the national and regional rate. However, the percentage of 16-17 year olds with unknown education, training or employment status has now reduced to 8.9% below the Regional benchmark and 5.7% below the National benchmark.	
8.16. Number of employers signed up to healthy workplace initiatives.	27 employers		Internal dataset, no comparators available.	An increase from 14 at the end of Q1	
8.17. % waste arising to landfill (former NI193)	8.7% (18/19) 24.0% (17/18) 39.7% (16/17) 40.0% (15/16)			Full year projection based on activity to Q4. Target of 5% has been narrowly missed due to operational teething problems, with Allerton Waste Recovery Park being under contingency arrangements for 15 occasions throughout the year, where residual waste was diverted to landfill. These unplanned shutdowns were mostly in the first part of last year and through joint working, reliability looks to have improved such that target should be achievable in 19/20.	

9. Appendix - Policy log

Policy issue	Detail	County Council work in this area
NHS Long Term Plan	The NHS Long Term Plan was published in January 2019 and covers many areas of health including out of hospital care; reducing pressure on emergency hospital services; supporting people to take control of their health and personalise care as well as a push to maximise the potential of digital technology. It highlights the importance of integration across health and social care and the prevention and challenging health inequalities.	The County Council and its partners are considering the NHS Plan and drafting system plans which will be discussed by the Health and Wellbeing Board. Discussions are underway about social prescribing.
Advancing our health: Prevention in the 2020s – consultation	Advancing our health: prevention in the 2020s sets out the opportunities and challenges for prevention in the next decade. This means: <ul style="list-style-type: none"> targeted support tailored lifestyle advice personalised care greater protection against future threats 	The County Council has responded to the consultation.
Better Care Fund	The Better Care Fund (BCF) was announced by the Government in 2013 to ensure a transformation in integrated health and social care. It is a single pooled budget to support health and social care services to work more closely together in local areas.	Working with the five Clinical Commissioning Groups that contribute the North Yorkshire BCF submission on behalf of the Health and Wellbeing Board.

9. Appendix - Policy log

Policy issue	Detail	County Council work in this area
Ofsted - Integrated inspections of services for children in need of help and protection, children looked after and care leavers and joint inspection of the LSCB	New guidance on the inspection framework was issued in November 2017:	Joint targeted area inspections are underway and NYCC has had its annual conversation with Ofsted in June 2019.
Ofsted School Inspection Framework	Ofsted have announced details of planned changes to the way they inspect schools, colleges, further education institutions and early years' settings from September 2019. The four proposed inspection judgements are: <ul style="list-style-type: none"> • Quality of education • Personal development • Behaviour and attitudes • School's leadership and management 	
School reform	After meeting with the North Yorkshire Schools Forum, and consultation with all schools, we have agreed to continue to use the National Funding Formula (NFF) as the basis for funding schools in 2019-20. Government encouragement for academisation has varied over time.	There is significant uncertainty over funding arrangements for 2020-21. We remain concerned that the High Needs funding block of the DSG is insufficient to meet rising needs and we are working to develop measures to it has maximum impact in the context of rising demand. Many North Yorkshire schools are exploring academy status. Most of these will become members of multi-academy trusts but are likely to maintain good and trading relationships with the LA. The County Council is focussing on options and choice.
Developing a national food strategy: independent review 2019	The National Food Strategy will build on the work underway in the Agriculture Bill, the Environment Bill, the Fisheries Bill, the Industrial Strategy and the Childhood Obesity Plan. It is intended to be an overarching strategy for government, designed to ensure that our food system: <ul style="list-style-type: none"> • delivers safe, healthy, affordable food; regardless of where people live or how much they earn • is robust in the face of future shocks • restores and enhances the natural environment for the next generation in this country • is built upon a resilient, sustainable and humane agriculture sector • is a thriving contributor to our urban and rural economies, delivering well paid jobs and supporting innovative producers and manufacturers across the country • delivers all this in an efficient and cost effective way 	Trading Standards, Public Health and Heritage Services are liaising to finalise a submission to the call for evidence.
Devolution	The Cities and Local Government Decentralisation Act makes provision for the election of mayors for the areas of, and for conferring additional functions (for example devolved powers, budgets and freedoms) on, combined authorities established under Part 6 of the Local Democracy, Economic Development and Construction Act 2009.	The County Council supported the 'One Yorkshire' proposal in September 2018 and is ensuring it is involved in ongoing discussions.
Industrial Strategy	The Industrial Strategy white paper identifies five foundations of productivity. These are: <ul style="list-style-type: none"> • Ideas • People • Infrastructure • Business Environment • Places 	The York, North Yorkshire and East Riding Local Enterprise Partnership is leading work to develop a Local Industrial Strategy in partnership ensuring that the distinctive characteristics and opportunities of both the Leeds City Region and York and North Yorkshire economies are maximised.

9. Appendix - Policy log

Policy issue	Detail	County Council work in this area
Clean Air and climate change	The Government's Clean Air Strategy 2019 recognises that air quality is the largest environmental health risk in the UK. It outlines a shift towards the <i>prevention</i> of air quality issues rather than tackling air pollution only when limits are exceeded.	<p>The County Council is drafting its own Air Quality Strategy to outline its approach to air quality and ultra-low emission vehicles.</p> <p>An Executive Member Task and Finish Group on Climate Change was set up June 2019 and a meeting of Overview and Scrutiny Committee Sub group on Climate Change took place on 24 July directly following the 24 July motion on climate change which sets an aspiration for carbon neutrality by 2030.</p> <p>Work is progressing on 4 main areas:</p> <ul style="list-style-type: none"> • Baseline of NYCC carbon emissions, • Governance on climate change (including additions to the council plan), • Development of a climate change Impact Assessment Tool • Developing an action plan to identify current and future actions to aim to achieve net carbon neutrality.
Our waste, our resources: a strategy for England	<p>Published on 18th December 2018, the Resources and Waste Strategy (RWS) sits alongside government's 25 Year Environment Plan, the Bio economy Strategy, and the Clean Growth Strategy.</p> <p>The strategy indicates that, subject to consultation, government will legislate to ensure every household and appropriate businesses have a weekly separate food waste collection from 2023. The same consultation explored whether households with gardens should have access to free garden waste collections. Both of these are caveated with being assessed to account for new burdens and being funded appropriately. There may also be changes to waste regulation and legislation in relation to HWRCs (including the ability to charge, opening hours and minimum standards).</p>	Consultation responses were sent by the County Council. The Council is actively engaged with network groups and awaiting the full policy direction from DEFRA and HM Treasury.
Fair Funding review	<p>Funding baselines for local authorities, as determined by the local government finance settlement, are based on an assessment of local authorities' relative needs and resources.</p> <p>The methodology behind this assessment was introduced over ten years ago, and has not been updated since 2013/14. Demographic pressures and costs of providing particular services have affected different areas differentially and the Government announced a review last year to address concerns.</p>	The County Council is working with partner organisations to press for fair treatment for counties and rural areas.
100% business rates retention	A bid for a 100% business rates retention pilot was submitted in October 2017 in response to the government's announcement. The proposal involved NYCC, East Riding and 6 of the 7 districts in North Yorkshire (Harrogate BC was included in the Leeds City Region pilot).	The joint bid between West and North Yorkshire was successful. The new pool incorporates the five West Yorkshire Councils, the County Council, the seven District Councils and the City of York Council.
Breathing Space debt respite scheme	The Government has announced the introduction of a 60-day Breathing Space period from 2021, where people with problem debts will be protected from enforcement action from creditors and will see their interest frozen. During this period, individuals must engage with professional debt advisers, so they can find a long-term solution to their debts and get back on track with payments.	NYCC does not charge interest on any debt so this will not be applicable but the 60-day hold will apply. Research is currently underway to understand the full implications.
A connected society: a strategy for tackling loneliness – laying the foundations for change	The strategy was launched on 15 October 2018 and articulates Government's vision for England to be a place where people can all have strong social relationships and where loneliness is recognised and acted on without stigma or shame. It acknowledges the public health impacts of loneliness which research shows are on a par with other priorities like obesity or smoking. to drive a lasting shift in government so that relationships and loneliness are considered as a matter of course in policy-making.	<p>A draft North Yorkshire strategy is scheduled for publication in November, subject to consultation. A Community Development Officer has now been recruited and is joining the project in early October. This role is part-funded by Stronger Communities and will draw from the strategy and action plan to take an asset-based community development approach to tackling loneliness in communities across North Yorkshire.</p> <p>The Council is examining the potential use of NY Connect to deliver a social prescribing assessment tool.</p>

9. Appendix - Policy log

Policy issue	Detail	County Council work in this area
By deeds and their results: how we will strengthen our communities and nation	The Ministry of Housing, Communities and Local Government's (MHCLG) communities framework sets out how to shape future work across government to strengthen communities.	The Stronger Communities Programme is considering the framework in the context of what the County Council is currently doing and where it might wish to do more. We are awaiting further information and consultation.
Public Sector Bodies (Websites and Mobile Applications) Accessibility Regulations 2018	New regulations came into force for public sector bodies on 23 September 2018 requiring their websites and mobile apps to be more accessible. The regulations build on existing obligations to people who have a disability under the Equality Act 2010 requiring 'reasonable adjustments' for disabled people.	Technology and Change, in conjunction with Legal Services, are carrying out an audit and assessing the impact for NYCC websites.
Good Work Plan	The Good Work Plan was published in December 2018 and sets out: <ul style="list-style-type: none"> • government's vision for the future of UK labour market • how recommendations arising from the Taylor Review of Modern Working Practices will be implemented 	A review of corporate arrangements has been undertaken and plans in place to implement for April 2020. Working towards an April 2020 implementation date for day 1 statements of particulars.
Blue Badge Scheme Local Authority Guidance (Hidden Disabilities)	New guidelines regarding Blue Badges were released in June 2019, making it clear that the scheme should also cover people with "Hidden Disabilities".	Since the introduction of new guidelines regarding eligibility for a Blue Badge by people with hidden disabilities, there has been an increase in applications as was expected. The additional work has, so far, been absorbed by the team by moving the Blue Badge service on-line prior to the change to the eligibility criteria.

2.0 REVENUE BUDGET 2019/20

2.1 BACKGROUND AND SUMMARY

2.1.1 This section of the report presents details of the projected revenue outturn for the 2019/20 financial year. The latest in-year 2019/20 budget is £382,018k with the net movement since the budget approved by Executive and County Council in February 2019 shown in **Appendix A**.

2.1.2 At the end of Q2, there is a projected net underspend of £3,995k (1.0%) against operational budgets. Further detail is provided in **section 2.2**.

2.2 OPERATIONAL BUDGETS

2.2.1 The table below identifies the operational budgets for each of the Directorates in 2019/20. The projected revenue outturn indicates a number of variances, which together produce a net projected underspend of £3,995k. Issues of note include:

- A continued trend of significant, and growing, financial pressures in Health & Adult Services;
- A continued trend of significant financial pressure in Children and Young People's Services and;
- Savings in Corporate Miscellaneous which will offset some of the emerging pressures in Directorate budget lines in 2019/20. However, it should be noted that some of these savings are of a non-recurring nature (see para. 2.2.13).

Directorate	Budget (£k)	Projected Outturn (£k)	Variance (£k)	<i>Q1 Projected Outturn Variance (£k)</i>
HAS Gross	157,109	164,028	+6,919	+5,090
LESS: iBCF deployed	0	(3,414)	(3,414)	(2,666)
Less: Winter Pressures Grant	0	(2,424)	(2,424)	(2,424)
Less: Corporate Contingency Deployed	0	(1,000)	(1,000)	-
HAS Net	157,109	157,180	+82	0
BES	78,407	77,796	(611)	(148)
CYPS Gross	74,211	83,731	+9,520	+9,540
LA Contribution to High Needs	3,748	-	(3,748)	(3,478)
Less: Additional High Needs DSG	-	(1,243)	(1,243)	(1,243)
Transfer from DSG Schools Block	-	(2,434)	(2,434)	(2,448)
CYPS Net	77,959	80,054	+2,095	+2,101
Central Services	62,148	62,882	+734	+569
Corporate Misc.	11,731	5,435	(6,295)	(6,200)
TOTAL	387,353	383,357	(3,995)	(3,678)

- 2.2.2 A summary of the overall **Health and Adult Services (HAS)** position across public health and adult social care is outlined in **Appendix B**. This shows that the Directorate will use the £2.4m of Winter Pressures funding allocated by central government and £3.4m of iBCF (improved Better Care Fund) to meet Adult Social Care Pressures. In addition to this, the directorate has needed to release the remaining £1.0m of the HAS growth contingency budget, previously shown as an underspend on the Corporate Miscellaneous budget, in order to achieve an overspend of £0.1m.
- 2.2.3 It should be noted that the winter pressures funding and iBCF is only guaranteed to continue for a further financial year (2020/21) and, whilst there is some expectation of similar funding continuing which will continue to offset budget pressures in the future, this is not guaranteed. We will have more clarity regarding long term funding when the Government conduct its multi-year Spending Review in 2020 and in the meantime the Council continues to lobby for a more secure funding settlement for such pressures.
- 2.2.4 The main cost pressure within adult social care continues to fall within Care and Support budgets, with this area forecasting to overspend by £7.2m, highlighting the significant demand-led pressures faced by this area. The overspend has increased by a further £2.2m since quarter 1. This increase is due to reductions in funding from the NHS for joint funded packages, back-dated costs relating to previous financial years and the continued trend of increased numbers of people with more complex needs, increase in average market costs and young people transitioning into ASC with high costs.
- 2.2.5 Remedial action is taking place to reduce this pressure including changes to the scheme of delegation for decisions about high cost care packages, actively reviewing schemes and individual support plans, reviewing care arrangements with providers and ensuring that people who are entitled to fully funded NHS care receive that. Within Harrogate there is also a multi-disciplinary team in place currently exploring options to mitigate future pressures.
- 2.2.6 **Appendix C** includes details of the projected variance within **Business and Environmental Services**. The projected underspend is largely due to the significant savings being delivered from the accelerated LED Street lighting replacement scheme.
- 2.2.7 A summary of the projected outturn for **Children and Young Peoples Services (CYPS)** is shown at **Appendix D** and forecasts a net overspend position of £2.1m by the end of the 2019-20 financial year. The current overspend position is supported by a one-off funding transfer of 1% (£3.4m) from the Schools Block to High Needs Block.
- 2.2.8 Two areas that have changed significantly since the last quarter's (Q1) report to Executive are Home to School Transport and Children and Families. The spending on SEN transport arrangements has continued to increase in line with the increase in the number of children and young people assessed as requiring Education, Health and Care Plans (EHCPs). On 3 September 2019,

the Executive approved the suspension of charges for paid travel permits and contribution to post-16 provision from Autumn Term 2019 until further notice, as a result of a legal challenge received with respect to compliance with Public Service Vehicles Accessibility Regulation 2000 (PSVAR). This is estimated to result in the loss of £350k of income in financial year 2019-20 for Mainstream transport. Management action to address the overspending has identified a number of measures.

2.2.9 The Children and Families Service is embedding a new locality-based structure following implementation in March 2019. Higher than expected vacancies have led to a one-off projected underspending coupled with non-recurring underspends in some commissioned early help services.

2.2.10 The Executive should also note that significant financial pressures have continued in the following areas, which had been previously highlighted in Q1:

High Needs

A 13% rise in the last year (68% rise since 2015) in EHCPs coupled with a real-terms decrease in funding have led to a projected £7.9m in-year underlying overspend. Management action to address the overspending is in train as part of the implementation of the SEN Strategic Plan.

Residential Pooled Budget

This budget funds the cost of provision of children and young people attending residential out of authority providers. Both the number of placements and the average costs have been increasing since 2017-18. Management action to address the overspend is to take place in Autumn 2019, aiming to target placements/families at risk of breakdown in order to mitigate further escalation and improving joint assessment across the service.

2.2.11 Key factors which could significantly impact the CYPS in-year position and will need to be monitored for the remainder of the year are:

- Number of new EHCPs, which will drive cost pressure in both High Needs and SEN transport budgets
- The secondary financial impact of suspending charges for post-16 transport provision (as per PSVAR) beyond the immediate loss of income
- Any new starters required to be placed with out of county residential providers
- The timing of conversion of sponsored academies with deficit balances, which is a cost to the local authority. Currently the forecast assumes this cost will be in line with budget.

2.2.12 **Central Services** variance details are included within **Appendix E**.

2.2.13 There are a number of savings in the **Corporate Miscellaneous** area shown in **Appendix F**, which will partially offset the financial pressures detailed above. These include:

- £5m from the Corporate Savings Provision for shortfalls in achievement of savings projects. Any underachievement of savings by directorates is reflected in their forecast outturns shown in the appendices.

- Anticipated growth from 75% Business Rates Retention Pilot (£1.2m).

2.2.14 The outturn statement for the County Council's NYES traded service is also attached at **Appendix G** for information. These services are mainly provided to schools in the County and the figures reported do not have any further impact on those in the above table because, where relevant, the charges are already incorporated in Directorate forecast budget outturn positions.

2.3 BUDGET/ MTF5 SAVINGS TARGETS

2.3.1 The 2019/20 revenue budget reflects previously agreed and updated 2020 North Yorkshire savings targets and these are incorporated into Directorate 2019/20 budget control totals shown in the table in **paragraph 2.2.1**. These challenging 2019/20 savings targets (which are in addition to savings targets reflected in previous year's budgets) total £15,478k, and consist of:

Item	£000
North Yorkshire 2020 Savings in 2019/20 agreed in the February 2019 budget and earlier years MTF5 savings targets:	
BES	3,280
CYPS	2,891
HAS	4,430
CS	4,877
Total savings reflected in 2019/20 budget	15,478

2.3.2 Assessment of progress against the targets indicates that there are some areas of the programme where savings are unlikely to be achieved within expected timescales for 2019/20. Some of these projects are directly impacting on the outturn position while for some others, where achievement has been delayed, one-off cash funding has been released, principally from reserves, in order to minimise the impact on the outturn position. These are outlined in the table below but it should be noted that they are already incorporated into the projected outturn position in **paragraph 2.2.1**

At Risk/ Cash-funding of Projects in 2019/20	
Developer's One Stop Shop	£30k
CCTV Project	£30k
Inclusion Restructure	£146k
School Improvement	£500k
Finance	£63k

- 2.3.3 In addition part of the savings from schemes in earlier years: Disabled Children's Services (£67k), Education Psychology Review (£100k), Income and Debt Management (£35k) and Developer's One Stop Shop (£20k) will remain unrealised in 2019-20. Again it should be noted that these are already incorporated into the forecast outturn position in **paragraph 2.2.1**
- 2.3.4 Variances from the 2019/20 Budget are being tracked as part of the governance of the 2020 North Yorkshire Programme. The net position is always reported within the quarterly Revenue Budget monitoring report and details of the variances are shown in **Appendices B to F**.
- 2.3.5 As further savings are required the schemes to achieve these will inevitably contain a higher level of uncertainty and risk. Therefore it is imperative that delivery of each saving is closely monitored. Due to the risk to delivery of some of the savings, a Corporate Savings Contingency for non-delivery of savings continues to be included in the 2019/20 Budget. This will be able to be released if savings are delivered on target and could potentially contribute to the overall MTFs Shortfall identified as £14m in February 2019.

2.4 GENERAL WORKING BALANCE

2.4.1 A key feature of the Revenue Budget for 2019/20 and Medium Term Financial Strategy, approved by County Council on 20 February 2019, is to maintain the General Working Balance (GWB) at a defined minimum acceptable level.

2.4.2 For 2019/20, the defined minimum level has been a policy target as follows:

- (i) Maintenance of a minimum of 2% of the net revenue budget for the GWB in order to provide for unforeseen emergencies etc. supplemented by;
- (ii) An additional (and reviewable) cash sum of £20m to be held back in the event of a slower delivery of savings targets;

and reflects:

- (i) The increased number of risk factors which the County Council is facing as set out in Section 9 of the 2019/20 Budget report and in particular;
- (ii) Savings targets not being delivered on time;

2.4.3 Taking into account the GWB policy on minimum balances – 2% of the net revenue budget plus £20m – GWB at year-end amounts to £27,640k. This is held at “policy” level and any unallocated balance in excess of this level is transferred to ‘Strategic Capacity – Unallocated’. The projected underspend against operational budgets in 2019/20 of £3,995k, as outlined in **paragraphs 2.2.1 to 2.2.12** will, if confirmed and approved, be transferred to the Strategic Capacity – Unallocated Reserve.

2.4.4 The anticipated movement in the balance of the Strategic Capacity – Unallocated reserve over 2019/20 is as follows:

Strategic Capacity – Unallocated	
Actual Balance as at 31.03.19	£39,753k
Planned MTFS contribution <u>to</u> reserve	£945k
Release of reserves following review	£1,562k
New 2020 Savings Projects	(£595k)
Net projected underspend	£3,995k
Forecast Balance as at 31.03.20	£45,660k

2.4.5 The balance of the Strategic Capacity – Unallocated Reserve as at 31 March 2019 was £39,753k. The following table provides a longer-term forecast for this reserve.

Year End	Start Year	Latest Forecast			End-Year
		MTFS	Other base budget contributions	Other use of reserve	
	£000	£000	£000	£000	£000
31 March 2020	39,753	945	-	4,962	45,660
31 March 2021	45,660	(4,415)	-	-	41,245
31 March 2022	41,245	(4,253)	-	-	36,992
31 March 2023	36,992	(14,003)	-	-	22,989
31 March 2024	22,989				

2.4.6 The table at 2.4.5 shows that in the longer term, the 'Strategic Capacity – Unallocated' reserve would be £45.7m by the end of the current Spending Review period.

2.4.7 Given the projected £14m savings shortfall identified in February 2019 work has been underway in order to identify how this gap can be bridged. As outlined in the MTFS, the Council's savings programme can be split into three main areas; Transformation Ideas, Focussed Reviews and Service Planning. Work in these areas continues to progress to allow proposals to be included within the revenue budget / MTFS report for February 2020.

2.4.8 In light of the forthcoming restructures that form part of the savings programme agreed in February 2019, there is a need to review the adequacy of the balance held within Redundancy reserve. A provision will be made within the 2020/21 Budget to provide a one-off contribution of £2m.

2.5 BUSINESS RATE POOLING

- 2.5.1 Looking ahead, 2020/21 will see further changes to the Business Rates Pooling arrangements as the current one-year 75% retention pilot comes to an end. As part of the Spending review announcement back in September, the Government invited applications for 50% retention pools.
- 2.5.2 Following discussions with current North and West Yorkshire Pool members an application for a combined North and West Yorkshire Pool (excluding Selby DC due to the on-going risk to their tax base) has been put forward to retain locally, as much business rates as possible under the 50% scheme.
- 2.5.3 The pool shares have been negotiated assuming the receipts from the previous 50% pools are ring-fenced for the members in those pools (for North Yorkshire that includes Craven DC, Hambleton DC, Richmondshire DC, Ryedale DC and Scarborough BC). The receipts will be top-sliced by £20k administration charge (for Scarborough BC) plus £250k. The use of the £250k top-slice is to be decided by North Yorkshire County Council after consultation with the districts and with North Yorkshire being the accountable body.
- 2.5.4 NYCC will then receive 40% of the levy that would otherwise be paid over to the Government and the districts will receive 60%.
- 2.5.5 The arrangements are subject to approval of each individual authority and this report seeks delegated authority to the Corporate Director, Strategic Resources to formally enter into a pool should the application be successful.

2.6 Recommendation

That the Executive

- (i) notes the latest position for the County Council's 2019/20 Revenue Budget, as summarised in **paragraph 2.1.2.**
- (ii) notes the position on the GWB (**paragraphs 2.4.1 to 2.4.3**)
- (iii) notes the position on the 'Strategic Capacity – Unallocated' reserve (**paragraphs 2.4.4 to 2.4.6**)
- (iv) allows delegated authority to be given to the Corporate Director, Strategic Resources to formally enter into a pool should the North and West Yorkshire Pool application be successful. (**paragraphs 2.5.1 to 2.5.5**)

REVENUE BUDGET APPENDICES

A	2019/20 Latest Revenue Budgets
B	Health and Adult Services
C	Business and Environmental Services
D	Children and Young Peoples' Service
E	Central Services
F	Corporate Miscellaneous
G	NYES

2019-20 REVISED ESTIMATE REVENUE BUDGETS AT 30/09/2019

	Original Budgets agreed by Cty Cncl on 20/02/19 £000s	Other agreed transfers and adjustments £000s	Latest Revised Budgets £000s
Children & Young Peoples' Service	77,959	(0)	77,959
Business & Environmental Services	78,504	(97)	78,407
Health & Adult Services	157,109	-	157,109
Central Services Directorate	62,051	97	62,148
Corporate Miscellaneous	11,820	(90)	11,731
NYES	(90)	90	-
Total Directorate Spending	387,353	-	387,353
Contribution From (-) General Working Balances	(5,335)	-	(5,335)
Net Revenue Budget	382,018	-	382,018
Revenue support grant	-		-
Business Rates DCLG Top Up	46,245		46,245
Business Rates from District Councils	28,671		28,671
Business Rates Collection Fund Deficit	-		-
Precept on District Councils - Current Year	305,853		305,853
Council Tax Collection Fund Surpluses	1,249		1,249
=Net Budget Requirement	382,018	-	382,018

HEALTH AND ADULT SERVICES
Appendix B

2019-20 REVENUE BUDGET OUTTURN REPORT

BUDGET HEAD	REVISED BUDGET 2019-20 £000	FORECAST OUTTURN 2019-20 £000	VARIANCE (-) = saving £000	COMMENTS
Care & Support - Area Budgets				
Care & Support - Hambleton & Richmond	27,333	27,658	325	The forecast outturn shows that the fundamental demand-led pressures within Care and Support continue to increase significantly. There are further pressures arising since quarter 1 due to increased numbers, increase in average costs, clients with CHC funding leaving the service and new clients not receiving CHC funding and young people transitioning into Care and Support with high costs. The overspend will be financed by supplementary Adult Social Care Funding and use of the £1m growth contingency budget previously held in Corporate Miscellaneous (see below).
Care & Support - Selby	14,944	16,033	1,090	
Care & Support - Scarborough, Whitby & Ryedale	42,267	43,982	1,715	
Care & Support - Harrogate	37,594	41,194	3,601	
Care & Support - Craven	10,761	12,625	1,864	
CHC Income and Other Budgets	-	(1,416)	(1,416)	
Area Budgets	132,897	140,077	7,179	
Provider Services & EC/PCAH	15,021	15,157	137	Overspends mainly relating to staffing costs within Elderly People's Homes and Respite Care offset by income on Day Services.
Targeted Prevention	1,001	929	(72)	Underspend due mainly to staffing vacancies
Mental Health Services	8,577	9,009	433	Overspend on Mental Capacity Act budgets linked to preparation for Liberty Protection Safeguards and cost pressures on residential and nursing budgets.
Assistant Director/Cross-area budgets	(11,168)	(11,176)	(8)	
Area Budgets Total	146,328	153,997	7,669	
Public Health - Spend - Income				
	24,149	23,966	(183)	Reduced spend resulting from delays and lower activity due to change in providers and service model for smoking cessation and reduced take up of demand-led schemes against original targets. This is matched by a reduced reserve draw down requirement.
	(24,149)	(23,966)	183	
Commissioning & Quality	9,185	8,602	(582)	Some one-off savings due to contract negotiations and underspends due to contract efficiencies.
Integration & Engagement	869	779	(90)	Underspend primarily due to staffing vacancies and contract efficiencies.
Resources Unit	536	459	(77)	Underspend due to one-off savings and additional income.
Director & Cross-Directorate	191	191	0	
TOTAL	157,109	164,029	6,920	
Supplementary Adult Social Care Grant Funding (Winter Pressures)	-	(2,424)	(2,424)	Funding from Central Government to assist with additional costs incurred by NYCC in the current financial year to minimise the financial impact on the NHS of winter pressures.
Supplementary Adult Social Care Grant Funding (IBCF)	-	(3,414)	(3,414)	IBCF earmarked to cover ASC financial pressures.
Corporate Contingency Deployed		(1,000)	(1,000)	
REVISED TOTAL	157,109	157,190	82	

BUSINESS & ENVIRONMENTAL SERVICES

Appendix C

2019-20 REVENUE BUDGET OUTTURN REPORT

BUDGET HEAD	REVISED BUDGET 2019-20 £000	FORECAST OUTTURN 2019-20 £000	VARIANCE (-) = saving £000	COMMENTS
Highways & Transportation	29,722	29,151	(571)	Main areas of significant variation relate to energy and maintenance cost reduction due to accelerated LED street lighting replacement scheme (£950k) and costs arising from the Summer flooding in the Richmond area (£400k). Temporary Staffing Vacancies Forecasting £105k planning income shortfall, combined with staffing pressures of £95k. Increased operating costs at Waste Transfer Stations throughout the County combined with increased cost of transportation, partially offset by increased recharges for disposal of Yorwaste commercial tonnage and team vacancies. One-off funding for initiatives agreed as part of the 75% North and West Yorkshire Business Rates Pilot, including Welcome to Yorkshire subscription and LEP Secretariat role.
Integrated Passenger Transport	9,082	9,013	(69)	
Trading Standards & Planning Services	2,406	2,605	200	
Waste & Countryside Services	36,483	36,592	110	
Economic Partnership Unit	205	205	-	
Resources, Performance & Improvement Corporate Director of BES	5 506	5 226	0 (280)	
TOTAL	78,407	77,796	(611)	

CHILDREN & YOUNG PEOPLE'S SERVICES

Appendix D

2019-20 REVENUE BUDGET OUTTURN REPORT

BUDGET HEAD	REVISED BUDGET 2019-20 £000	FORECAST OUTTURN 2019-20 £000	VARIANCE (-) = saving £000	COMMENTS
Local Authority				
Inclusion				
Inclusion	704	912	208	Demand for statutory education psychology assessments is expected to remain high in 2019-20 given the increasing number of children and young people assessed as requiring Education Health and Care Plans (EHCPs).
Early Years	51	0	(51)	
CYPS Commissioning	1,185	1,159	(26)	
CYC	-	65	65	
SEND - Special Education Needs & Disabilities				
Assessment & Review Officers	666	653	(13)	
High Needs Commissioning	3,748	3,748	-	
Disabled Children's Services	5,482	5,949	467	Costs of occupational therapy and pressure on local commissioning budgets has resulted in a projected overspend. Management action has identified some measures to tackle the overspend position.
Home to School Transport	25,262	26,569	1,307	The projected overspend reflects two additional transport days compared with a standard year as well as further increases in the daily rate. There has been a loss of £350k income resulting from the temporary suspension of charging for post-16 provision and spare seats from September 2019.
Children & Families	34,827	34,286	(541)	Projected overspends on child placements has been offset by one-off savings from staff vacancies and lower costs in early help commissioned services.
CYPS Residential Care Pooled Budgets	1,414	2,255	841	The number of complex, high cost and joint-funded placements has exceeded planned numbers leading to a projected overspend. Management action to review decision-making and earlier intervention is underway.
Director's Unit	27	-	(27)	
Education & Skills				
Education & Skills Other	82	210	128	
School Improvement	1,559	1,379	(180)	Five locality boards are being established but are unlikely to spend in line with allocations in the current year.
Strategic Planning Team	51	45	(6)	
Music Service	-	(100)	(100)	
Outdoor Learning Service	-	(24)	(24)	
Finance & Management Support				
Finance & Management Support	674	482	(192)	Higher than expected allocations on the Extended Right to Free Transport grant have resulted in a projected underspend.
Early Years Review	215	185	(30)	
School Redundancies & Employment Related Costs	838	1,028	190	Overspend relates to cost of school redundancies, which has been offset by a £250k contribution from de-delegated income.
Safeguarding Unit	1,175	1,252	77	
LA TOTAL	77,959	80,054	2,095	
DSG				
Inclusion				
Inclusion	6,751	6,772	21	
Alternative Provision	4,304	4,364	60	
Early Years	50	-	(50)	
CYPS Commissioning	70	68	(2)	
SEND - Special Education Needs & Disabilities				
Assessment & Review Officers	39	38	(1)	
High Needs Commissioning	40,345	41,712	1,366	Overall, the High Needs Block is projecting an overspend of £7.9m, which is offset in part, by the application of: £3.7m of budget contribution from the Local Authority, £1.6m funding transferred from the Schools Block, and an additional £1.2m funding for High Needs in DSG. The comparative overspend in 2018-19 was £6.1m, i.e. an increase of £1.8m in costs. In spite of some savings arising from the ongoing implementation of the SEND Strategic Plan, the sustained growth in the number of children and young people assessed as requiring EHCPs and high cost placements are predicted to continue.
LA Contribution to High Needs	(3,748)	(3,748)	-	
Children & Families	2,600	2,442	(158)	Part of Children & Families overall underspend, in particular around Virtual Schools.
CYPS Pooled Budgets	1,565	1,565	-	
Director's Unit	207	207	-	
Education & Skills				
Education & Skills Other	22	18	(4)	
School Improvement	383	383	-	
Strategic Planning Team	709	660	(49)	
Finance & Management Support				
Early Years Review	(185)	(185)	-	
Finance & Management Support	(53,488)	(53,837)	(349)	Underspend due to reduced number of 3&4 year olds claiming funded places.
School Redundancies & Employment Related Costs	377	377	-	
DSG TOTAL	-	834	834	
Schools Block to HN Block Transfer (0.5%) Supplementary		(834)	(834)	Use of the supplementary 0.5% Schools Block transfer (total available £1.8m) offsets, in part, an in-year High Needs projected net overspend (£1.4m) and other DSG underspends (£0.6m).
TOTAL	77,959	80,054	2,095	

CENTRAL SERVICES
Appendix E

2019-20 REVENUE BUDGET OUTTURN REPORT

BUDGET HEAD	REVISED BUDGET 2019-20 £000	FORECAST OUTTURN 2019-20 £000	VARIANCE (-) = saving £000	COMMENTS
Strategic Resources				
Financial Services	3,820	3,789	(31)	
Insurances	2,299	2,299	-	
Property Services	13,544	13,744	200	£200k overspend relating to maintenance pressures.
Technology & Change	11,046	11,554	507	Pressures in Corporate Systems Team and Data & Intelligence Teams.
Customer Services	2,306	2,319	13	
Business Support & HR				
Business Support Services	13,465	13,557	92	Increased use of public transport for business travel (£100k) which is offset by decreased spending within the directorates for other forms of employee transportation, along with staffing pressures (£125k) that are offset by various savings on venues (£50k), printing (£58k) and stationary (£45k).
HR Services	3,184	3,183	(1)	
Chief Executives Office				
CEO Support Services, Grants & Subscriptions	435	419	(16)	
Communications Unit	732	787	55	Variance relates to staffing (£35k) and photography costs (£20k).
Policy & Partnerships	2,692	2,656	(36)	
Legal & Democratic Services				
Democratic Services	530	468	(62)	Staffing Vacancies & additional income.
Legal Services	2,060	2,206	146	Staff Pressures and high case costs.
Members Services	1,179	1,189	10	
Library, Customer & Community Services				
Archives & Records Management	386	386	0	
Coroners	747	1,026	279	Forecast variance relates to pressures within the staffing budget as Coroners Salaries are set externally by the Chief Coroner and cost pressures for use of NHS facilities.
Public Library Service	4,138	4,147	9	
Registrars	(415)	(846)	(431)	Additional service demand, resulting in increased revenue.
TOTAL	62,148	62,882	734	

CORPORATE MISCELLANEOUS
Appendix F

2019-20 REVENUE BUDGET OUTTURN REPORT

BUDGET HEAD	REVISED BUDGET 2019-20 £000	FORECAST OUTTURN 2019-20 £000	VARIANCE (-) = saving £000	COMMENTS
ANNUAL BUDGETS & FUNDS				
Contingencies				
General Provision	8,643	3,643	(5,000)	Variance resulting from uncommitted balance of corporate contingency for non delivery of 2020 Savings.
HAS Corporate Contingency	2,000	2,000	-	
Brexit Contingency	3,000	3,000	-	
2020 North Yorkshire	1,000	1,000	-	
	14,643	9,643	(5,000)	
Treasury Management				
Capital Financing Costs	23,313	23,046	(267)	The level of interest earned will be dependant on the impact of Brexit negotiations on financial markets during the year Current forecast reflects lower interest rates achieved on investments due to market uncertainties
Dividends & Interest Earned	(2,238)	(1,520)	718	
Commercial Investments	(673)	(657)	16	Based on current forecasts and reflects current vacant occupancy of one property
MTFS - Treasury Management Savings	(2,235)	(2,235)	-	
	18,167	18,634	467	
Corporate Budgets				
Corporate Funds	400	387	(13)	
Other Corporate Budgets	(198)	(235)	(37)	
	202	152	(50)	
Corporate Funding				
Corporate Grant Funding	(18,961)	(19,050)	(89)	Reflects increase in NHB (51k) and Schools Improvement grant (37k) compared to budget.
Other Corporate Funding	(1,495)	(1,495)	-	
	(20,456)	(20,545)	(89)	
Business Rates & Council Tax				
Business Rates Funding	(2,896)	(4,519)	(1,623)	Based on projections from 75% Business Rates Retention Pilot Scheme and includes additional £423k Renewable Energy income.
Business Rates Deficit	-	-	-	
Council Tax Surplus	1,249	1,249	-	
	(1,647)	(3,270)	(1,623)	
TOTAL	10,910	4,614	(6,295)	
Waste Budget Strategy Provision	821	821	-	
OVERALL TOTAL	11,731	5,435	(6,295)	

**NORTH YORKSHIRE EDUCATION SERVICES
APPENDIX G**

2019-20 REVENUE BUDGET OUTTURN REPORT

BUDGET HEAD	BUDGET Profit(-) / Loss(+) 2019-20 £000	FORECAST Profit (-) / Loss (+) 2019-20 £000	VARIANCE Increase(-) / Decrease (+) £000	COMMENTS
TRADED SERVICES PROFIT & LOSS SUMMARY				
Property & Facilities	(1,861)	(1,543)	318	Increase in mobile cleaning partially offset by vacancy savings. Budget includes a stretch target of £300k (in line with previous years) - currently short of this by £97k. In Catering a £250k shortfall due to reduction in school meal take-up, delays to implementation of CYPAD leading to delays in efficiencies being realised, increase in food costs and loss of management fee from lost contracts.
Education & Skills	(230)	(91)	139	This is predominantly due to the Education Psychology Service which is currently undergoing a service review. Further income will be pursued out of county as new staffing structure is agreed
Professional Support Services	(759)	(888)	(129)	Improved profit forecasts across a range of services; driven by increased trading in combination with vacancy related savings on staffing costs.
	(2,850)	(2,523)	327	
Central Traded Establishment	1,250	1,374	124	Further lines of inquiry being pursued to fill the shortfall
North Yorkshire Education Solutions (NYES)	1,600	1,398	(202)	Staffing vacancies
TOTAL	-	249	249	

3.0 TREASURY MANAGEMENT

Overview

- 3.1 This section of the report presents details of the County Council's Treasury Management Activity during Q2 2019/20, changes to the Approved Lending List and other current policy issues and considerations.
- 3.2 Treasury Management in Local Government is governed by the CIPFA Code of Practice on Treasury Management in the Public Services and in this context is the management of the County Council's borrowing, cash flows, its banking and capital market transactions, the effective control of the risks associated with those activities and the pursuit of optimum performance consistent with those risks. The County Council has adopted the Code and complies with its requirements.
- 3.3 The CIPFA Code of Practice for Treasury Management recommends that Members should be informed of Treasury Management activities at least twice a year but preferably quarterly. This report ensures, therefore, that the County Council is adopting Best Practice in accordance with CIPFA's Code of Practice.

Economic Update

- 3.4 The Council's treasury advisors Link Asset Services – Treasury Solutions summarised the key points associated with economic activity in Q2 2019/20 up to 30 September 2019:
- Markets awaiting outcome of Brexit deadline of 31 October;
 - Mixed UK economic growth in first half of 2019;
 - Inflation remained around the Bank of England's 2% target (falling to 1.7% in August);
 - MPC unlikely to take action on interest rates until uncertainties over Brexit are clear.

A more detailed economic commentary on developments during Q21 2019/20 is included in **Appendix E**.

Interest Rate Forecasts

- 3.5 The current interest rate forecasts (last update 9 October 2019) of Link Asset Services – Treasury Solutions are as follows

Date	Bank rate	5 year PWLB*	10 year PWLB*	25 year PWLB*	50 year PWLB*
Current rates	% 0.75%	% 2.31	% 2.46	% 2.66	% 3.00
March 2020	0.75%	2.50	2.80	3.40	3.30
Sept 2020	0.75%	2.70	3.00	3.60	3.50
March 2021	1.00%	2.80	3.10	3.70	3.60
Sept 2021	1.00%	3.00	3.30	3.90	3.80
March 2022	1.25%	3.10	3.40	4.00	3.90

* Net of certainty rate 0.2% discount

- 3.6 After the August 2018 increase in Bank Rate to 0.75%, the first above 0.5% since the financial crash, the MPC has put any further action on hold, probably until there is some degree of certainty around Brexit.
- 3.7 The above forecast, and other comments in this report, are based on a central assumption that there will be a reasonable form of Brexit. Bank Rate forecasts may change if this assumption does not materialise e.g. a no deal Brexit on 31 October could prompt a cut in the Bank Rate.
- 3.8 The overall balance of risks to economic growth in the UK is probably to the downside due to the weight of the uncertainties over Brexit.
- 3.9 The balance of risks to increases in Bank Rate and shorter term PWLB rates are broadly similarly to the downside.

Annual Treasury Management and Investment Strategy 2019/20

- 3.10 The Annual Treasury Management and Investment Strategy for 2019/20 sets out the County Council's approach to managing its Treasury Management activities for the year ahead.
- 3.11 The County Council's investment priorities are the security of capital and liquidity of investments. The County Council also aims to achieve the optimum return on investments commensurate with the appropriate levels of security and liquidity. In the current economic climate, it is considered appropriate to keep investments relatively short term to cover cash flow needs, but also to seek out any value available in significantly higher rates for periods with highly credit rated financial institutions.
- 3.12 The approved limits within the Annual Investment Strategy were not breached during the first three months of the year.
- 3.13 The investment activity up to Q2 2019/20 was as follows:
- Balance invested at 30 September 2019: £466.5m
 - Average Daily Balance 2019/20 up to 30 September 2019: £492.0m
 - Average Interest Rate Achieved up to 30 September 2019: 0.96%

These funds were available on a temporary basis and the level of funds available was mainly dependent on the timing of precept payments, receipt of grant and progress on the capital programme.

3.14 The average return to Q2 2019/20 of 0.96% compares with the average benchmark returns as follows:

- 0.57% 7 day
- 0.60% 1 month
- 0.66% 3 months
- 0.73% 6 months
- 0.83% 12 months

3.15 It is also a key requirement of the CIPFA Code of Practice that annual Treasury Management Strategies should be kept under constant review throughout the year and reported to Members as appropriate. Although there continues to be uncertainty and volatility in the financial and banking market, both globally and in the UK, **it is considered that the Strategy approved in February 2019 is still fit for purpose in the current economic climate.** No changes are therefore considered necessary to the Strategy at this stage.

Approved Lending List

3.16 The Approved Lending List as at 30 September 2019 is attached as **Appendix B** with changes made during Q2 2019/20 being reported in **Appendix C.**

Debt and borrowing

3.17 The County Council's external debt outstanding at 30 September 2019 and forecast position for 2019/20 is as follows:-

Detail	PWLB		Money Market Loans		Total	
	£m	%	£m	%	£m	%
At 30 June 2019	265.1	4.40	20.0	3.95	285.1	4.37
Loan Repayments	-11.0		0.0		-11.0	
New Loans Taken	0.0		0.0		0.0	
= Loans Outstanding at 30 September 2019	254.1	4.42	20.0	3.95	274.1	4.38
Further Scheduled In Year Repayments	-11.0		0.0		-11.0	
Forecast Additional Loans to be Taken	0.0		0.0		0.0	
= Estimated Loans Outstanding at 31 March 2019	243.1	4.43	20.0	3.95	263.1	4.39

3.18 Any change to the forecast debt outstanding by the end of 2019/20 will be largely determined by whether the borrowing requirement for 2019/20 is ultimately financed by external borrowing or internal borrowing.

3.19 Based on the Q2 Capital Plan update the total external borrowing requirement for 2019/20 is currently forecast to be:-

Detail	£m
Internally Financed Capital Expenditure at 31 March 2019	
Internally Financed Borrowing from Previous Years	20.4
Less Company Loans to be Repaid	-10.0
Less Commercial Investments to be Repaid	-11.8
	-1.4
2019/20 Borrowing Requirement	
Q2 2019/20 Borrowing Requirement	6.7
Less Company Loans advanced in year to be Repaid	-4.9
Revenue Provision for Debt Repayment (MRP)	-11.6
Refinance 2019/20 PWLB Loan Repayments	22.0
= Total 2019/20 Borrowing Requirement	10.8

3.20 As shown in the table above, internal capital borrowing (use of cash balances) to part fund the County Council's Capital Financing Requirement was £20.4m at 31 March 2019. Over the next two to three years investment rates are expected to continue to be below long term borrowing rates. A value for money assessment would therefore indicate that value could be best obtained by avoiding/delaying new borrowing and continuing to use internal cash balances to finance new capital expenditure or to replace maturing external debt. This would maximise short term revenue savings and produce other benefits, but is not risk free.

3.21 This Internal Capital Financing option will therefore continue to be actively adopted on an ongoing basis in order to achieve short term revenue savings and mitigate the credit risk incurred by holding investments in the market.

3.22 New external borrowing rates (fixed interest maturity rates from the PWLB reflecting the 0.2% 'certainty discounts') during Q2 2019/20 were as follows:-

Item	1 year %	5 years %	10 years %	25 years %	50 years %
Lowest Rate	1.17	1.01	1.13	1.73	1.57
Date	03/09/2019	03/09/2019	03/09/2019	03/09/2019	03/09/2019
Highest Rate	1.45	1.41	1.68	2.31	2.17
Date	01/07/2019	01/07/2019	01/07/2019	01/07/2019	01/07/2019
Average	1.32	1.21	1.42	2.02	1.89

- 3.23 No debt repayment or rescheduling exercises have been effected to date in 2019/20 or are in the pipeline but the situation continues to be monitored to identify any opportunities that may arise. Such opportunities, however, have been limited in the current economic climate and structure of interest rates.

Prudential Indicators

- 3.24 It is a statutory duty for the County Council to determine and keep under review its *Affordable Borrowing Limits*.
- 3.25 The Prudential Indicators for the three year period 2019/20 to 2021/22 were initially approved by Executive on 29 January 2019 and adopted by County Council on 20 February 2019. These Indicators were subsequently undated to reflect the 2018/19 outturn position and other factors arising in Q1 and were reported to Members as part of the Q1 Performance Monitoring report on 13 August 2019
- 3.26 During the financial year to date, the County Council has operated within the latest Treasury Prudential Indicators approved and in compliance with the County Council's Treasury Management Practices.

Impact of Treasury Management Activities on the Revenue Budget

- 3.27 Based on the Treasury Management activity at Q2 2019/20 and a forecast for the remainder of the year, the revenue impact is as follows:

While interest rates have remained low throughout 2019 to date, cash balances have continued at relatively high levels. The current forecast for investment returns is £1.5m which is £0.7m below budget, as investment returns are likely to be lower than anticipated with no further rise in bank rate expected in 2019/20. Returns will be reviewed in advance of Q3 as uncertainties over Brexit continue.

The budget and forecast outturn for interest paid on long term borrowing is £12.1m.

The forecast outturn for the Minimum Revenue Provision (MRP) is £11.6m for 2019/20

Capital Strategy

- 3.28 The Capital Strategy was included as part of the County Council's Annual Treasury Management and Investment Strategy 2019/20, approved in February 2019. The Capital Strategy sets out how capital expenditure, capital financing and treasury management contribute to the provision of Corporate and service objectives and properly takes account of stewardship, value for money, prudence, sustainability and affordability. It sets out the long term context in which capital expenditure and investment decisions are made and gives due consideration to both risk and reward and impact on the achievement of priority outcomes.

3.29 Alternative non-treasury investments are considered as part of the Capital Strategy. Given the technical nature of potential alternative investments and strong linkages to the Council's Treasury Management function, appropriate governance and decision making arrangements are needed to ensure robust due diligence in order to make recommendations for implementation. As a result, all investments are subject to consideration and where necessary recommendations of the Commercial Investment Board.

3.30 The alternative investments considered by the Commercial Investment Board are as follows:

Type of Investment	Maximum Limit £m	Invested as at 30/09/19 £m	Rate of Return %
--------------------	---------------------	----------------------------------	---------------------

Alternative Treasury Instruments

Money Market Funds	20.0	20.0	0.72
Enhanced Cash Funds	20.0	-	-
Certificates of Deposit (CDs)	20.0	-	-
Property Funds	20.0	5.9	3.93
Total Alternative Treasury Instruments	80.0	25.9	

Alternative Investments

Loans to Council Companies			
- Yorwaste	25.0	6.4	4.75
- Nynet		9.9	3.75
- Brierley		4.6	4.75
- First North Law		0.1	4.75
- Welcome to Yorkshire		0.5	7.00
Total Loans to Council Companies	25.0	21.5	4.34
Other Alternative Investments			
Spend to Save	5.0	-	-
Loans to Housing Associations	10.0	-	-
Local Economic Growth Projects	15.0	-	-
Solar Farm (or similar) Projects	5.0	-	-
Commercial Investments	20.0	12.0	4.0
Total Other Alternative Investments	45.0	12.0	4.0
Total Alternative Investments*	60.0	33.5	

* Total Alternative Investments capped at £60m

3.31 While Property Funds continue to provide a strong revenue return as noted in the table above, the funds have experienced further minor capital losses in 2019/20 of £67k (£41k in 2018/19). Property funds are long term investments and valuations can, therefore, rise as well as fall, over the period they are held. Any gains or losses

in the capital value of investments are held in an unusable reserve on the balance sheet and do not impact on the General Fund until units in the funds are sold.

Other Treasury Management Development and Issues

3.32 Ryedale District Council

Arrangements are currently being made to provide Treasury Management support to Ryedale District Council and for the District Council's cash funds to be invested as part of the County Council's total investment pool. This is part of the wider partnership working with Ryedale District Council. North Yorkshire County Council already has similar arrangements in place with Selby District Council.

3.33 Public Works Loans Board

The Government announced on 9 October that it had legislated to increase the statutory limit on Public Works Loan Board (PWLB) borrowing levels and increased the interest rates offered on all new loans. The Government indicated the change in policy was a response to an increase over the summer in borrowing from PWLB (the HMT department that issues loans to local authorities) due to a fall in the cost of borrowing to historically low levels.

The announcement has increased the interest rates of all new PWLB loans by 1% on top of existing loans terms. The County Council has no current plans to borrow funds from the PWLB, with the Capital Financing Requirement (need to borrow) on a reducing trajectory. However, as a result of the announcement, any potential future plans will now include an additional 1% premium.

RECOMMENDATIONS

3.34 That Executive

- (i) notes the position on the County Council's Treasury Management activities during the second quarter of 2019/20
- (ii) refers this report to the Audit Committee for their consideration as part of the overall monitoring arrangements for Treasury Management.

TREASURY MANAGEMENT APPENDICES

Appendix A Analysis of investments placed as at 30 September 2019

Appendix B Approved Lending List with counterparty limits

Appendix C Changes to the Approved Lending List during Q2 2019

Appendix D Treasury Management Monitoring and Reporting Arrangements 2019/20

Appendix E Detailed Economic Commentary on Developments during Q2 2019/20

Analysis of loans outstanding as at 30 September 2019

Actual Loan Outstanding						
Loan Repaid	Borrower	Date of Loan	Amount £m	Period of Loan	Interest Rate %	
Call accounts	Barclays Bank Plc (NRFB)	Bank	27,590,000		0.65	
MMF	State Street Global LVNAV MMF	MMF	20,000,000		0.73	
Property Fund	Property Funds	Prop	5,930,079		4.01	
	Handelsbanken Plc 35 day notice	Bank	40,000,000		0.80	
	Santander UK Plc 95 Day Notice	Bank	38,000,000		1.00	
	Santander UK Plc 180 Day Notice	Bank	22,000,000		1.10	
Oct-19	Helaba	Bank	10,000,000	09-Oct-18	08-Oct-19	1.11
	Helaba	Bank	10,000,000	10-Oct-18	09-Oct-19	1.13
	Goldman Sachs	Bank	10,000,000	10-Apr-19	10-Oct-19	0.91
	National Westminster Bank PLC	Bank	10,000,000	15-Oct-18	14-Oct-19	1.10
	Helaba	Bank	10,000,000	15-Oct-18	14-Oct-19	1.11
	Goldman Sachs	Bank	10,000,000	15-Apr-19	15-Oct-19	0.93
	Bank of Scotland	Bank	10,000,000	15-Apr-19	15-Oct-19	1.00
	Woking BC	LA	5,000,000	16-Oct-18	15-Oct-19	0.99
	DBS	Bank	5,000,000	17-Apr-19	17-Oct-19	0.94
	Sumitomo Mitsui BCE	Bank	5,000,000	18-Jul-19	18-Oct-19	0.76
Nov-19	DBS	Bank	5,000,000	01-May-19	01-Nov-19	0.96
	Bank of Scotland	Bank	10,000,000	22-Jul-19	01-Nov-19	0.95
	Goldman Sachs	Bank	10,000,000	07-May-19	07-Nov-19	0.93
	National Westminster Bank PLC	Bank	5,000,000	15-May-19	15-Nov-19	0.92
	DBS	Bank	5,000,000	15-May-19	15-Nov-19	0.91
	DBS	Bank	5,000,000	16-Jul-19	18-Nov-19	0.82
	National Westminster Bank PLC	Bank	5,000,000	21-May-19	21-Nov-19	0.91
	National Westminster Bank PLC	Bank	5,000,000	24-May-19	25-Nov-19	0.89
	Glasgow City Council	LA	10,000,000	28-Nov-18	27-Nov-19	1.15
	Nationwide	Bsoc	5,000,000	28-May-19	28-Nov-19	0.82
	DBS	Bank	5,000,000	30-Jul-19	29-Nov-19	0.82
Dec-20	Bank of Scotland	Bank	5,000,000	04-Jun-19	04-Dec-19	1.00
	Bank of Scotland	Bank	5,000,000	28-Jun-19	31-Dec-19	1.00
Jan-20	Nationwide	Bsoc	5,000,000	08-Jul-19	08-Jan-20	0.81
	Nationwide	Bsoc	5,000,000	09-Jul-19	09-Jan-20	0.81
	National Westminster Bank PLC	Bank	5,000,000	15-Jul-19	15-Jan-20	0.81
	Nationwide	Bsoc	5,000,000	15-Jul-19	15-Jan-20	0.81
	Nationwide	Bsoc	5,000,000	18-Jul-19	20-Jan-20	0.79
	St Albans DC	LA	5,000,000	19-Jul-19	20-Jan-20	0.80
	Nationwide	Bsoc	5,000,000	19-Jul-19	20-Jan-20	0.79
	Goldman Sachs	Bank	10,000,000	22-Jul-19	22-Jan-20	0.89
	Nationwide	Bsoc	5,000,000	22-Jul-19	22-Jan-20	0.78
	Goldman Sachs	Bank	10,000,000	23-Jul-19	23-Jan-20	0.88
	Bank of Scotland	Bank	5,000,000	29-Jul-19	29-Jan-20	1.00
	Moray Council	LA	3,000,000	30-Apr-19	31-Jan-20	0.95
	Redcar & Cleveland	LA	5,000,000	25-Jul-19	31-Jan-20	0.82
	Bank of Scotland	Bank	5,000,000	31-Jul-19	31-Jan-20	1.00
	Bank of Scotland	Bank	5,000,000	31-Jul-19	31-Jan-20	1.00
Feb-20	Bank of Scotland	Bank	10,000,000	05-Aug-19	05-Feb-20	0.85
	Goldman Sachs	Bank	10,000,000	28-Aug-19	28-Feb-20	0.90
Mar-20	Warrington BC	LA	5,000,000	01-Jul-19	02-Mar-20	0.92
	National Westminster Bank PLC	Bank	5,000,000	25-Jun-19	25-Mar-20	0.92
Apr-20	LB Southwark	LA	5,000,000	18-Apr-19	16-Apr-20	0.97
	Bank of Scotland	Bank	5,000,000	30-Apr-19	30-Apr-20	1.25
Jul-20	LB Croydon	LA	5,000,000	26-Jul-19	24-Jul-20	0.89
Aug-20	Cambridgeshire CC	LA	5,000,000	07-Aug-19	05-Aug-20	0.90
	National Westminster Bank PLC	Bank	5,000,000	02-Sep-19	01-Sep-20	0.84
	National Westminster Bank PLC	Bank	5,000,000	18-Sep-19	17-Sep-20	0.95
Feb-21	Wokingham BC	LA	5,000,000	26-Feb-19	26-Feb-21	1.45
		Total Investments	466,520,079			
		Average Interest	0.99%			

Institution Type	
	%
Banks	76
MMF	4
Property Funds	1
Local Government	11
Building Societies	8
	<u>100</u>

Maturity Profile	
	%
< 1 Month	10
1 - 3 Months	45
3 - 6 Months	37
6 - 9 Months	2
9 - 12 Months	4
> 12 Months	2
	<u>100</u>

Portfolio Breakdown	
	%
Fixed Term	68
Notice Accounts	21
Call Accounts	6
MMF	4
Property Funds	1
	<u>100</u>

Country	
	%
Domestic	84
Foreign	12
MMF	4
	<u>100</u>

Actual Loans Outstanding Summarised by Organisation	
	£m
Bank of Scotland	60.0
Goldman Sachs	60.0
Santander	60.0
Local Authority	53.0
National Westminster Bank	45.0
Handelsbanken	40.0
Nationwide Building Society	35.0
Helaba	30.0
Barclays Bank	27.6
DBS	25.0
State Street Global MMF	20.0
Property Funds	5.9
Sumitomo Mitsui Banking	5.0
	<u>466.5</u>

Period		%
Bank Rate (change from 0.50% 02/08/18)		0.75
Investment Rates		
- NYCC overnight (on call)		0.65
- call accounts		0.45
- 1 month	} Market Rates	0.67
- 6 months		0.77
- 1 year		0.86
- 3 year		1.35
- 5 year		1.55
Government's Debt Management Office Account (overnight)		0.50

Other Bodies	30 Jun 2019		30-Sep-19	
	£m	%	£m	%
NY Pension Fund	156.5	31	162.4	35
NY Fire and Rescue Authority	8.0	2	8.6	2
Yorkshire Dales National Park	3.8	1	3.9	1
North York Moors National Park	3.2	1	3.2	1
Peak District National Park	7.7	2	7.8	2
Selby District Council	56.0	11	64.5	14
National Parks England	0.3	0	0.2	0
Align Property Partners	1.1	0	0.8	0
= total other bodies	236.5	48	251.4	55
NYCC cash	270.8	52	215.1	45
Total Investment	507.3	100	466.5	100

APPROVED LENDING LIST Q2

Maximum sum invested at any time (The overall total exposure figure covers both Specified and Non-Specified investments)

	Country	Specified Investments (up to 1 year)		Non-Specified Investments (> 1 year £40m limit)	
		Total Exposure £m	Time Limit *	Total Exposure £m	Time Limit *
UK "Nationalised" banks / UK banks with UK Central Government involvement					
Royal Bank of Scotland PLC (RFB)	GBR	75.0	365 days	-	-
National Westminster Bank PLC (RFB)	GBR				
UK "Clearing Banks", other UK based banks and Building Societies					
Santander UK PLC (includes Cater Allen)	GBR	60.0	6 months	-	-
Barclays Bank PLC (NRFB)	GBR	75.0	6 months	-	-
Barclays Bank UK PLC (RFB)	GBR				
Bank of Scotland PLC (RFB)	GBR	60.0	365 days	-	-
Lloyds Bank PLC (RFB)	GBR		6 months		
Lloyds Bank Corporate Markets PLC (NRFB)	GBR				
HSBC Bank PLC (NRFB)	GBR	30.0	365 days	-	-
HSBC UK Bank PLC (RFB)	GBR				
Goldman Sachs International Bank	GBR	60.0	6 months		
Sumitomo Mitsui	GBR	30.0	6 months		
Standard Chartered Bank	GBR	60.0	6 months		
Handelsbanken	GBR	40.0	365 days		
Nationwide Building Society	GBR	40.0	6 months	-	-
Leeds Building Society	GBR	20.0	3 months	-	-
High Quality Foreign Banks					
National Australia Bank	AUS	30.0	365 days	-	-
Commonwealth Bank of Australia	AUS	30.0	365 days		
Toronto-Dominion Bank	CAN	30.0	365 days		
Credit Industriel et Commercial	FRA	30.0	6 months	-	-
Landesbank Hessen-Thuringen Girozentrale (Helaba)	GER	30.0	365 days		
DBS (Singapore)	SING	30.0	365 days		
Local Authorities					
County / Unitary / Metropolitan / District Councils		20.0	365 days	5.0	2 years
Police / Fire Authorities		20.0	365 days	5.0	2 years
National Park Authorities		20.0	365 days	5.0	2 years
Other Deposit Takers					
Money Market Funds		20.0	365 days	5.0	2 years
Property Funds		5.0	365 days	5.0	10 years
UK Debt Management Account		100.0	365 days	5.0	2 years

* Based on data 27 September 2019

CHANGES TO THE APPROVED LENDING LIST DURING Q2

There have been no changes to the Approved Lending List during this quarter.

It should be noted, however, that changes can be made on a daily basis in reaction to market sentiment, with maximum investment durations being adjusted accordingly.

Maximum investment durations for other organisations have, therefore, been changed during this quarter, but have since returned to the level at 30 June 2019.

Treasury Management and Reporting Arrangements

The current monitoring and reporting arrangements in relation to Treasury Management activities are as follows:

- (a) an annual report to Executive and County Council as part of the Budget/MTFS process that sets out the County Council's **Treasury Management and Investment Strategy and Policy** for the forthcoming financial year. For 2019/20 this report was submitted to Executive on 29 January 2019 followed by County Council on 20 February 2019;
- (b) an annual report to Executive and County Council as part of the Budget/MTFS process that sets the various **Prudential Indicators** (submitted to Executive on 29 January 2019 and County Council on 20 February 2019)
- (c) **annual outturn reports** to the Executive for both Treasury Management and Prudential Indicators setting out full details of activities and performance during the preceding financial year. The outturn reports for 2018/19 were submitted to Executive on 21 May 2019;
- (d) a quarterly report on Treasury Management to the Executive (this report) as part of the **Quarterly Performance Monitoring** report;
- (e) **periodic meetings** between the Corporate Director – Strategic Resources, the Corporate Affairs Portfolio Holder and the Chairman of the Audit Committee to discuss issues arising from the day to day management of Treasury Management activities;
- (f) reports on proposed changes to the County Council's Treasury Management activities are submitted to the **Audit Committee** for consideration and comment. A copy of this report is also provided to Audit Committee Members.

Detailed Economic Commentary on Developments during Q2 2019/20

1. Economic Background

UK GDP

- 1.1 Economic growth in quarter 1 was unexpectedly strong at 0.5%. However, this was boosted by stock building ahead of the original March Brexit deadline so quarter 2 was slightly negative as expected.
- 1.2 After the rise in Bank Rate from 0.5% to 0.75% in August 2018, it is now unlikely that there will be any further changes until the uncertainties over Brexit clear. If there were a no deal exit, it is likely that Bank Rate would be cut in order to support growth. Nevertheless, the MPC does have concerns over the trend in wage inflation. Growth in employment fell to only 31,000 in the three months to July, well below the 2018 average, while the unemployment rate remained at 3.8 percent, its lowest rate since 1975.
- 1.3 CPI inflation fell to 1.7% in August and is likely to remain close to 2% over the next two years. If there was a no deal Brexit though, it could rise towards 4%, primarily as a result of imported inflation on the back of a weakening pound.

USA

- 1.4 President Trump's massive easing of fiscal policy in 2018 fuelled a (temporary) boost in consumption in 2018 which generated an upturn in the rate of growth to 2.9% for 2018, just below his target of 3%. Growth in quarter 1 of 2019 was a strong 3.1% but growth fell back to 2.0% in quarter 2. The strong growth in employment numbers during 2018 has reversed into a falling trend during 2019, indicating that the economy is cooling, while inflationary pressures are also weakening.

Eurozone

- 1.5 The annual rate of growth for 2018 was 1.8% but is expected to fall to possibly around half that rate in 2019. The European Central Bank (ECB) ended its programme of quantitative easing purchases of debt in December 2018, which meant that the central banks in the US, UK and EU had all ended the phase of post financial crisis expansion of liquidity supporting world financial markets by purchases of debt. However, the downturn in EZ growth in the second half of 2018 and into 2019, together with inflation falling well under the upper limit of its target range of 0 to 2%, (but it aims to keep it near to 2%), has prompted the ECB to take new measures to stimulate growth.

Asia

- 1.6 Economic growth in China has been weakening over successive years, despite repeated rounds of central bank stimulus; medium term risks are increasing. The trade war with the US does not currently appear to be having a significant impact on growth. Japan has been struggling to stimulate consistent significant GDP growth and to get inflation up to its target of 2%, despite huge monetary and fiscal stimulus. It is also making little progress on fundamental reform of the economy.

Forward View

- 1.7 Economic forecasting remains difficult with so many external influences weighing on the UK. Bank Rate forecasts, (and also MPC decisions), will be liable to further amendment depending on how economic data and developments in financial markets transpire over the next year. The overall longer run trend is for gilt yields and PWLB rates to rise, albeit gently. A world economic recovery may also see investors switching from the safe haven of bonds to equities.
- 1.8 The overall balance of risks to economic growth in the UK is probably to the downside due to the weight of all the uncertainties over Brexit.
- 1.9 Apart from the uncertainties already explained above, downside risks to current forecasts for UK gilt yields and PWLB rates currently include:
- Bank of England monetary policy takes action too quickly over the next three years to raise Bank Rate and causes UK economic growth, and increases in inflation, to be weaker than we currently anticipate;
 - A resurgence of the eurozone sovereign debt crisis, due to its high level of government debt, low rate of economic growth and vulnerable banking system;
 - Weak capitalisation of some European banks;
 - A strongly anti-immigration bloc within the EU;
 - German minority government;
 - Concerns around the level of US corporate debt which has swollen massively during the period of low borrowing rates in order to finance mergers and acquisitions; or
 - Geopolitical risks, especially North Korea, but also in Europe and the Middle East, which could lead to increasing safe haven flows.
- 1.10 The potential for upside risks to current forecasts for UK gilt yields and PWLB rates, especially for longer term PWLB rates include: -
- if a Brexit agreement was reached all round that removed all threats of economic and political disruption between the EU and the UK;
 - The Bank of England is too slow in its pace and strength of increases in Bank Rate and, therefore, allows inflation pressures to build up too strongly within the UK economy, which then necessitates a later rapid series of increases in Bank Rate faster than we currently expect; or
 - UK inflation, whether domestically generated or imported, returning to sustained significantly higher levels causing an increase in the inflation premium inherent to gilt yields.

4.0 CAPITAL FIVE YEAR SPENDING PLAN 2019/20

4.1 OVERVIEW

4.1.1 The Capital Plan sets out the County Council's longer term capital investment plans. These plans support the Council's strategic and service objectives by maximising the assets and infrastructure necessary to support service delivery whilst minimising the impact on the revenue budget. Sitting behind the Plan is the Council's Capital Strategy which provides a high level overview of how capital expenditure, capital financing and treasury management contribute to this end.

4.1.2 In September 2019, the Q1 2019/20 Capital Plan was approved by both Executive and County Council.

4.2 REFRESHING THE CAPITAL PLAN

4.2.1 The schemes and programmes within the Capital Plan are regularly reviewed to track whether or not they are being delivered to both schedule and budget. Refreshed on a quarterly basis, this report details the Capital Plan for Q2 2019/20 and reflects the additions and adjustments, including the reprofiling of budgets, since the Q1 version was approved.

4.2.2 The Council is currently planning to invest £133.7m on capital schemes across the County in 2019/20 and £292.9m, in total, over the entire 5 year Plan.

4.2.3 The latest Capital Plan is set out, by directorate, at Appendices A-D with the gross expenditure, by directorate, summarised in the following table:

	Quarter 2 1 July to 30 September 2019					
	2019/20	2020/21	2021/22	2022/23	Later Years	Total
	£k	£k	£k	£k	£k	£k
Business & Environmental Services	88,672.4	66,355.3	617.6	15.0	6,760.9	162,421.2
Children & Young People's Service	27,675.6	34,832.0	12,530.1	4,740.0	12,705.8	92,483.5
Central Services	14,669.2	2,688.5	1,035.0	600.0	3,963.4	22,956.1
Health & Social Care	2,657.7	1,660.1	7,241.8	253.5	3,199.4	15,012.5
	133,674.9	105,535.9	21,424.5	5,608.5	26,629.5	292,873.2

Additions to the Capital Plan this Quarter

4.2.4 Only individual additions to the Capital Plan that are of a value in excess of £250k are included in this report and are shown in the table below:

Directorate	Scheme Heading	Scheme Detail	Budget £k
BES	Structural Maintenance of Bridges	One-off exceptional funding from DfT for the repair of bridges on Grinton Moor and near Cogden Beck following damage caused by the July floods (as referred to in the Q1 report, now confirmed).	3,000.0
Central	Capital Loans	In November 2015, the Council agreed to provide a five year secured loan facility of up to £500k to Welcome to Yorkshire in order to enable them to continue to grow the visitor economy and promote the Yorkshire brand. Welcome to Yorkshire have recently drawn down that loan resulting in its addition to the Capital plan this quarter.	500.0
CYPS	School Condition / Self Help	North Yorkshire Coast Opportunity Area Grant awarded to Caedmon College Whitby to improve their sixth form facility. The Council has match-funded this amount from its 2019/20 School Condition Programme.	250.0

4.2.5 In addition, a further year, 2022/23, has been added to the Capital Plan this quarter. As well as returning the Capital Plan to a five year Plan, this serves to determine the Prudential Indicators that will be reported to both Executive and MHCLG in January 2020 as part of the 2020/21 Budget process and the updating of the MTFs.

4.2.6 A gross capital spend of £5.6m is forecast for 2022/23 and is set out by directorate at Appendix E. There are no new schemes or provisions reflected in this additional year and those items which have been included are done so on the basis of:

- annual block provisions approved by Executive as part of the extended capital forecast;
- being self-funded from capital grants, contributions and revenue contributions; and
- capital expenditure from the approved Q1 Capital Plan that has subsequently been reprofiled into 2022/23 including an appropriate allocation from the 'later years' column of Q1.

4.2.7 As outlined in paragraph 4.2.1, this does not preclude further subsequent refinements.

Reprofiling of Approved Schemes within the Capital Plan

4.2.8 The following table sets out the reprofiling and accelerated spend since the last Plan was presented to Executive (reduction (-) or increase () in the annual profiled spend) with details of those of a value in excess of £250k:

	REPROFILED EXPENDITURE AS AT Q2 2019/20					
	Quarter 2 1 July to 30 September 2019					
	2019/20 £k	2020/21 £k	2021/22 £k	2022/23 £k	Later Years £k	Total £k
Business & Environmental Services						
Major Highways Schemes	-4,733.0	4,733.0	0.0	0.0	0.0	0.0
Waste Services	-110.0	110.0	0.0	0.0	0.0	0.0
Local Enterprise Partnership	1,226.8	-1,226.8	0.0	0.0	0.0	0.0
	-3,616.2	3,616.2	0.0	0.0	0.0	0.0
Children & Young People's Service						
Basic Need programme	-16,451.3	13,862.9	0.0	0.0	2,588.4	0.0
School Condition Programme	-1,264.4	968.6	295.8	0.0	0.0	0.0
	-17,715.7	14,831.5	295.8	0.0	2,588.4	0.0
Central Services						
	0.0	0.0	0.0	0.0	0.0	0.0
Health & Social Care						
Maintaining Fabric / Facilities of Properties	29.2	0.0	134.7	253.5	-417.4	0.0
Extra Care Facilities	-470.1	1,270.1	-800.0	0.0	0.0	0.0
	-440.9	1,270.1	-665.3	253.5	-417.4	0.0
Total Capital Expenditure	-21,772.8	19,717.8	-369.5	253.5	2,171.0	0.0

4.2.9 Junction 47 Improvements: The scheme is due to go out to tender in December 2019 with a view to starting on site in March 2020. Now that the programme timetable is much clearer, officers have reprofiled the majority of the funds into 2020/21. Funding conditions for the National Productivity Investment Fund were such that the £1.2m had to be spent by the end of this financial year. Officers are now seeking DfT approval to carry forward £700k of this into 2020/21.

4.2.10 Local Growth Fund: In response to a request from the Department for Transport, East Riding Council is drawing down the 2020/21 Maintenance of Rural Connectivity grant in lieu of this year's local contribution. This results in a reprofiling of expenditure and grant this quarter of £1,226.8k.

Basic Need Schemes:

4.2.11 Following the failure to deliver an acceptable tender in line with the Council's cost expectations, the following schemes are to be retendered: (i) a new primary school at the Middle Deepdale site at Eastfield, Scarborough, and (ii) the expansion of Sherburn Hungate Primary School. Works to the value of

£6.1m and £2.1m respectively are therefore reprofiled from 2019/20 to 2020/21.

4.2.12 Two new primary schools, Cambrai Primary School serving Catterick Garrison and Keeble Gateway Academy at Sowerby, opened in September 2019 under the DfE's Free School Programme which requires the Council to passport any related S106 developer contributions to the DfE.

4.2.13 The MOD is currently revising its military housing plans in the Catterick area, making it unclear as to if and when any developer contributions will be made available to the Council. As a result, the £1.3m of earmarked S106 developer contributions have been reprofiled from 2019/20 to Later Years until further clarification is received. The risk of any reductions in the value of developer contributions and delays in their being realised lies with the DfE.

4.2.14 Whilst S106 developer contributions relating to the Sowerby Gateway development are trickling in to the Council, the final £650k is not now expected until 2020/21 resulting in the reprofiling of that amount from 2019/20. Development of the site by the DfE has been slower than expected and the DfE has yet to request the transfer of the S106 funding received to date.

4.2.15 Following the conclusion of the legal matters relating to the expansion of the PFI primary school at Barlby, construction of a 4 class extension was expected to commence this autumn. However, with the original contractor pulling out of the scheme in the summer, it is now necessary to re-tender. £1.7m of anticipated spend has been reprofiled to 2020/21 as a result. There is a likely risk that costs will increase both due to the need to repeat the tender exercise and inflation.

4.2.16 With a number of schemes now progressing through the design stages towards construction, the programming of works is becoming clearer. As a result, works at East Ayton Primary (£1.9m), Malton School (£720.0k) and Hambleton Primary (£420.0k) require reprofiling into 2020/21.

4.2.17 Whilst S106 developer contributions have been received in relation to school places at Easingwold Primary, pupil number projections are only just starting to suggest the need to increase the number of school places. A feasibility study has now been commissioned resulting in the reprofiling of £348.4k into 2020/21.

4.2.18 A number of previously approved schemes have now been put on hold resulting in the decision to reprofile works from 2019/20 to Later Years:

School		Reprofiled to Later Years £k
Masham Primary	Harrogate BC is currently consulting on its Local Plan with a reduction expected in the number of new houses needed. This creates uncertainty on the number of additional pupil places needed.	482.0k
Kirbymoorside Primary	The housing development is unlikely now to proceed; pupil numbers are under review.	807.0k

School Condition Schemes

4.2.19 As the project at Holy Trinity Infant and Junior Schools developed, extensive asbestos abatement works were identified which will be undertaken in 2020 with the main building works being delayed until 2021. As a result, £396k has been reprofiled to 2020/21.

4.2.20 Works at Dishforth Airfield Primary have also been delayed due to ongoing discussions with the MOD regarding lease options for additional land for the proposed car park. £317k has been reprofiled to 2020/21.

4.2.21 Extra Care Schemes: Whilst a change in the programme for the Bentham development has required the reprofiling of funding from 2019/20 to 2020/21 of £470.1k, the Skipton scheme has been accelerated (£800k to 2020/21).

4.2.22 The changes to the Capital Plan outlined above are summarised in the table below:

SUMMARY OF CHANGES SINCE THE LAST CAPITAL PLAN UPDATE	2019/20	2020/21	2021/22	2022/23	Later Years	Total
	£k	£k	£k	£k	£k	£k
Capital Plan as at Q1 2019/20	151,095.5	85,818.1	21,794.0	0.0	23,832.0	282,539.6
Changes this Quarter:						
Total reprofiling between years	-21,772.8	19,717.8	-369.5	253.5	2,171.0	0.0
Total variations in the funding of schemes	4,352.2	0.0	0.0	5,355.0	626.5	10,333.7
Updated Gross Capital Spend	133,674.9	105,535.9	21,424.5	5,608.5	26,629.5	292,873.3

Other Updates Since the Last Quarter

4.2.23 Basic Need (CYPS): The continued successful build out of the Staynor Hall estate is eroding the surplus school place capacity across schools serving Selby and Brayton. Working with the Ebor Academy Trust to plan a potential expansion of Staynor Hall Community Primary Academy for September 2020, a stage 3 report has been produced confirming the economic deliverability of the expansion of the school from 1 to 1.5 form entry with the addition of 4

classrooms, associated toilets and cloaks, and an extension to the school nursery. The Academy Trust are to undertake the necessary consultation regarding the proposal. A budget of £1,162k has been allocated from the Basic Need Contingency this quarter.

4.2.24 NYNet Loan Guarantee (CS): NYNet has secured a place on the Cabinet Office's Dynamic Purchasing System to provide services to other public bodies. Whilst NYNet is treated as a 'Teckal' company for procurement purposes, this is not reflected in the accounts of the company as a separate entity. As such, Crown Commercial Services require a 'Parent' Guarantee to ensure that the company has the financial means to comply with any Government contracts awarded under this arrangement. It is proposed that the Council will provide that guarantee. Although not anticipated at this stage, this could result in the Council making an additional loan to NYNet, if required, which would constitute capital expenditure for which the Council would charge a commercial rate. It is also proposed that delegation is given to the Assistant Chief Executive (Legal and Democratic Services) and Corporate Director (Strategic Resources) to approve the relevant documentation to put this guarantee in place.

4.2.25 Highways Teckal (NY Highways Ltd) (BES): Following Executive's decision to migrate Highways operational delivery into a 'teckal' entity (called NY Highways), the project team have been working through the detail of what is required for go-live date of April 2021. Through that process and for complete transparency, it has been identified that the Council are required to procure a number of specific specialist vehicles. Due to the lengthy lead time involved, approval is sought to provisionally draw down funding to enable orders to be placed. Further orders and purchases are likely to be made in advance in relation to vehicles, plant, depot and workshop equipment, supplies, ICT hardware and software. This is not an exclusive list as further scoping will be undertaken as the project progresses. The value being sought at this stage is approval to spend up to £2m and that any amount spent will be charged to the NY Highways at an appropriate point in time.

4.3 RISKS

4.3.1 Every effort is made to identify, assess and minimise the level of risk associated with a scheme or programme within the Capital Plan. Larger schemes and programmes are subject to assessment and monitoring under the Council's Risk Management Strategy.

Current Identified Risks

4.3.2 The table below sets out the types of risk that have been identified against current schemes and programmes within the Capital Plan, all but one of which were addressed in the Q1 report to Executive.

	Over-Programming	Costs	Funding	Time	Receipts	Delivery
<u>Business & Environmental Services</u>						
Structural Maintenance of Roads	X	X				
Kex Gill Realignment		X	X			
Junction 47 Improvements - NEW			X			
<u>Children & Young People's Service</u>						
Basic Need Programme		X	X	X		
School Condition Programme		X	X	X		
Capital Planned Maintenance Programme		X	X	X		
<u>Central Services</u>						
Property – Data Centre		X	X			

Updates on existing risks are provided below.

- 4.3.3 Structural Maintenance of Roads Update: As advised at Q1, Business and Environmental Services set a rolling two-year capital works programme for Highways which includes additional schemes that, on paper, would result in an over-programming of works against available funding. In reality, this is unlikely to result in a budget overspend as approved schemes will either be (i) programmed together as a single scheme thereby reducing costs, (ii) reprofiled into the following year or (iii) dropped from the programme altogether.
- 4.3.4 The upper limit for over-programmed amounts at any point in the financial year is set at 10% of the total value of the annual Local Transport Capital Block and Pothole Action grant funding. The programme is continuously under review to maintain this level. The current level stands at 7.3%, a reduction from 11.7% last quarter. By Q4, the programme is expected to breakeven.
- 4.3.5 Kex Gill Realignment Update: A final business case for funding is to be submitted to the DfT by the end of November with a response expected in early December. The tender process is expected to conclude in February 2020 with a view to starting on site in May 2020. The estimated overall project budget currently stands at £39.5m, £4.95m of which is being funded from the Council's Strategic Capacity Reserve. There remains a risk that the successful tender will be higher than available funding.
- 4.3.6 National Productivity Investment Fund and Highways / Junction 47 Improvements: Currently at design stage, funding is in place for this scheme to be completed, however, the grant conditions relating to the National

Productivity Investment Fund require £1.2m to be spent by the end of this year. Highways schemes in the Harrogate area are also at risk of not expending this grant to the tune of up to £2.1m. A request to the DfT to seek permission to carry forward unspent grant is being coordinated.

4.4 CAPITAL FORWARD PLAN

4.4.1 A summary of the Capital Forward Plan is shown below:

Directorate	Scheme	Detail
BES	Car Park at Cayton Low Road	Proposed commercial development near Seamer Railway Station and Business Park to create additional off-road parking.
Central	ICT Infrastructure & New Ways of Working	Current funding approvals for both budgets are due to expire at the end of this financial year. Officers are preparing proposals to extend these programmes of work which will be brought to Executive later this year.
Central	Travellers Sites	Work identified as necessary to rectify sewerage issues at four sites across the County.

4.5 CAPITAL FINANCING

4.5.1 The financing of the Capital Plan is realised, primarily, through the receipt of Government grants. In addition, the Council can utilise revenue contributions, reserves, capital receipts from the sale of assets such as surplus land and buildings, and, as a last resort, it can borrow from either the Public Works Loan Board or money markets.

4.5.2 The main grants received and included in the Capital Plan relate to Highways and Schools and, as such, the Council's Capital Plan can be heavily influenced by Government department priorities. Grants, in total, fund 65% of the total 2019/20 Capital programme. Where confirmed, grants have been added to the Capital Plan in the years to which they are due to be received.


4.5.3 Details of new grant allocations for 2019/20 that have been confirmed since the last Capital Plan update are shown in the table below:

Directorate	Grant	Grant Value £
CYPS	North Yorkshire Opportunity Coast (Caedmon School)	250,000

4.5.5 Revenue contributions, whilst reflected in capital budgets, are also addressed in the associated revenue budgets.

Financing the Refreshed Capital Plan

4.5.6 The table below indicates that there is potentially £15.7m of unallocated capital funding that might become available over the Capital Plan period (depending upon the realisation of forecast capital receipts).

Source	2019/20 £k	2020/21 £k	2021/22 £k	2022/23 £k	Later Yrs £k
Forecast Sources of Finance					
Borrowing	9,059	-3,452	6,459	464	5,480
Grants and Capital Contributions	92,023	92,141	10,046	2,000	13,800
Schemes financed from Revenue	31,421	10,188	4,282	2,755	3,620
Capital Receipts	3,817	10,619	389	389	13,041
= Total Forecast Capital Funding	136,320	109,496	21,176	5,608	35,941
- Updated Capital Plan	-133,675	-105,536	-21,425	-5,609	-26,629
= Potential Unallocated Capital Resources	2,645	3,960	-249	-1	9,312
Total potentially unallocated available over full capital reserves resources Capital Plan period	 15,667				

4.5.7 Some of the forecast receipts making up this 'Corporate Capital pot' are not expected to be realised for some time yet. As a result, the availability of this unallocated funding is speculative in terms of both timing and amount. Against this background, any material spending of the 'pot' combined with significant reductions in the expected value of potential capital receipts in the pipeline could result in its being 'overdrawn'. Such a scenario would result in the requirement for additional Prudential Borrowing to finance the existing Capital plan.

4.5.8 Assuming that the forecasts remain accurate, the options for this unallocated resource are:

- a) To retain, resulting in the earning of short term interest within Corporate Miscellaneous; or
- b) To make available for either new capital investment or for reducing Prudential Borrowing which would, in turn, result in financing cost savings in the Revenue Budget.

4.5.9 The current position, as previously agreed by Members, remains to retain any surplus capital funding for the time being.

4.6 RECOMMENDATIONS

4.6.1 The Executive is recommended to:

- (a) Approve the refreshed Capital Plan summarised at **paragraph 4.2.3**;
- (b) Approve the NYNet loan guarantee and delegation proposal (**paragraph 4.2.24**);
- (c) Approve the provisional draw down of funding of up to £2.0m in order to facilitate the ordering of specialist specific vehicles in relation to the NY Highways Ltd Teckal company (**paragraph 4.2.25**); and
- (d) Agree that no action be taken at this stage to allocate any additional capital resources (**paragraph 4.5.9**)

APPENDICES TO THE CAPITAL PLAN

- A BUSINESS & ENVIRONMENTAL SERVICES
- B CHILDREN & YOUNG PEOPLE'S SERVICE
- C CENTRAL SERVICES
- D HEALTH & ADULT SERVICES
- E FINANCING OF THE CAPITAL PLAN
- F ADDITION OF NEW FINANCIAL YEAR (2022/23)

2019/20 CAPITAL BUDGET MONITORING - POSITION TO 30 SEPTEMBER 2019

BUSINESS AND ENVIRONMENTAL SERVICES

ITEM	Total	Expenditure to 31.3.19	2019/20	2020/21	2021/22	2022/23	Later Years
	£000	£000	£000	£000	£000	£000	£000
GROSS EXPENDITURE							
HIGHWAYS & TRANSPORTATION ANNUAL PROGRAMME							
Structural Maintenance	97,234	-	57,908	39,326	-	-	-
Integrated Transport	6,425	-	3,402	3,023	-	-	-
New and Replacement Road Lighting Columns	7,658	-	7,658	-	-	-	-
Regional Funding Allocation	633	-	69	-	-	-	564
Overprogrammed Works	1,823 CR	-	1,823 CR	-	-	-	-
Flood Risk Management	2,113	-	350	1,193	570	-	-
HIGHWAYS & TRANSPORTATION MAJOR PROJECTS							
Kex Gill Realignment	4,950	1,064	2,137	1,750	-	-	-
A1 Dishforth to Leeming	18	18	-	-	-	-	-
Junction 47 Improvements	5,233	-	500	4,733	-	-	-
Bedale-Aiskew-Leeming Bar Major Scheme	25,513	24,662	344	73	33	-	402
A174 Sandsend Slope Stabilisation	7,005	7,005	-	-	-	-	-
WASTE & COUNTRYSIDE SERVICES							
Waste Management Service	1,351	245	801	15	15	15	260
Waste Procurement Project	5,632	4,094	1,429	110	-	-	-
ECONOMIC PARTNERSHIP UNIT							
Mobile Infrastructure Programme	1,000	79	921	-	-	-	-
GROWTH, PLANNING & TRADED SERVICES							
Local Growth Deal	84,713	54,637	13,944	16,133	-	-	-
LEP Growing Places Fund (Grant)	8,938	8,793	145	-	-	-	-
LEP Growing Places Fund (Grant Reinvested)	6,424	-	889	-	-	-	5,535
TOTAL GROSS SPEND	263,018	100,596	88,672	66,355	618	15	6,761
Last Update	257,838	98,596	89,124	62,739	618	-	6,761
CAPITAL GRANTS & CONTRIBUTIONS							
Capital Grants							
- Local Transport Plan Grant	71,577 CR	2,242 CR	37,485 CR	31,850 CR	-	-	-
- National Productivity Investment Fund	4,203 CR	-	3,503 CR	700 CR	-	-	-
- Safer Roads Fund	11,552 CR	494 CR	2,606 CR	8,451 CR	-	-	-
- Highways England Grant	563 CR	-	-	563 CR	-	-	-
- RFA Grant	12,515 CR	12,376 CR	69 CR	-	-	-	71 CR
- BALB	23,140 CR	23,140 CR	-	-	-	-	-
- EA Grant	5,143 CR	4,763 CR	200 CR	150 CR	30 CR	-	-
- Waste Capital Grants	446 CR	-	446 CR	-	-	-	-
- LEP Growing Places Fund	8,790 CR	8,645 CR	145 CR	-	-	-	-
- DfT Grant	1,991 CR	-	1,991 CR	-	-	-	-
- Local Growth Deal	109,183 CR	70,426 CR	19,655 CR	19,103 CR	-	-	-
Capital Contributions	1,893 CR	51 CR	502 CR	1,340 CR	-	-	-
S106 Contributions	494 CR	-	-	-	-	-	494 CR
LEP Growing Places Fund Loan Repayments	9,700 CR	3,276 CR	753 CR	-	-	-	5,671 CR
Revenue Contributions							
- Road Lighting Columns	10,696 CR	-	10,696 CR	-	-	-	-
- Structural Maintenance of Roads	17,247 CR	9,185 CR	6,015 CR	2,048 CR	-	-	-
- Kex Gill	4,950 CR	1,064 CR	2,137 CR	1,750 CR	-	-	-
- Flood Risk Management	893 CR	-	150 CR	203 CR	540 CR	-	-
- BALB (PIP)	2,263 CR	1,413 CR	344 CR	73 CR	33 CR	-	402 CR
- Other Revenue Contributions	1,227 CR	673 CR	414 CR	15 CR	15 CR	15 CR	95 CR
TOTAL GRANTS AND CONTRIBUTIONS	298,465 CR	137,747 CR	87,108 CR	66,245 CR	618 CR	15 CR	6,732 CR
Last Update	295,285 CR	137,747 CR	87,450 CR	62,739 CR	618 CR	-	6,732 CR
TOTAL NET EXPENDITURE	35,447 CR	37,150 CR	1,564	110	-	-	29
Last Update	37,447 CR	39,150 CR	1,674	-	-	-	29

**2019/20 CAPITAL BUDGET MONITORING - POSITION TO 30 SEPTEMBER
2019**

CHILDREN AND YOUNG PEOPLE'S SERVICE

ITEM	Total £000	Expenditure to 31.3.19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Later Years £000
GROSS EXPENDITURE							
NYCC MANAGED SCHOOL SCHEMES							
Basic Need Schemes	54,046	-	7,143	27,336	7,481	-	12,087
School Condition Schemes	13,585	-	10,037	2,743	296	-	510
Capital Maintenance Programme	3,433	-	3,433	-	-	-	-
General Compliance & Health and Safety	314	-	314	-	-	-	-
School Reorganisation	197	-	197	-	-	-	-
Strategic Management of Capital	600	-	600	-	-	-	-
SCHOOL MANAGED SCHEMES							
Self Help Schemes	12,574	-	3,574	3,000	3,000	3,000	-
Devolved Formula Capital Grant Funding	5,755	-	1,228	1,513	1,513	1,500	-
NYCC NON-SCHOOL MANAGED SCHEMES							
Catering Equipment	960	-	240	240	240	240	-
Prevention & Commissioning	569	-	460	-	-	-	109
Aiming High for Disabled Children - Short Breaks	450	-	450	-	-	-	-
TOTAL GROSS SPEND	92,483	-	27,676	34,832	12,530	4,740	12,706
Last Update	86,964	-	45,239	20,001	12,234	-	9,491
CAPITAL GRANTS & CONTRIBUTIONS							
NYCC MANAGED SCHOOL SCHEMES							
Capital Grants							
- Basic Need Grant	20,441 CR	-	3,129 CR	12,491 CR	4,044 CR	-	777 CR
- Devolved Capital Grant	285 CR	-	285 CR	-	-	-	-
- School Condition Grant	15,810 CR	-	12,474 CR	3,040 CR	296 CR	-	-
- Special Provision Capital Fund Grant	754 CR	-	588 CR	167 CR	-	-	-
- Healthy Pupils Capital Fund Grant	603 CR	-	603 CR	-	-	-	-
- Other Capital Grants	253 CR	-	253 CR	-	-	-	-
Capital Contributions							
- Section 106 Income	31,386 CR	-	4,392 CR	11,884 CR	3,437 CR	-	11,673 CR
SCHOOL MANAGED SCHEMES							
Capital Grants							
- Devolved Capital Grant	5,755 CR	-	1,228 CR	1,513 CR	1,513 CR	1,500 CR	-
- Sport Organisation Grants	574 CR	-	574 CR	-	-	-	-
Capital Contributions							
- Self Help Capital Contributions	2,000 CR	-	500 CR	500 CR	500 CR	500 CR	-
- School Budgets Revenue Contributions	10,000 CR	-	2,500 CR	2,500 CR	2,500 CR	2,500 CR	-
NYCC NON-SCHOOL MANAGED SCHEMES							
Capital Grants							
- Other Capital Grants	808 CR	-	698 CR	-	-	-	109 CR
Revenue Contributions							
- Catering Equipment	960 CR	-	240 CR	240 CR	240 CR	240 CR	-
- Other Revenue Contributions	212 CR	-	212 CR	-	-	-	-
TOTAL GRANTS AND CONTRIBUTIONS	89,840 CR	-	27,676 CR	32,334 CR	12,530 CR	4,740 CR	12,560 CR
Last Update	84,321 CR	-	45,239 CR	17,503 CR	12,234 CR	-	9,345 CR
TOTAL NET EXPENDITURE	2,643	-	-	2,498	-	-	146
Last Update	2,643	-	-	2,498	-	-	146

ITEM	2019/20 CAPITAL BUDGET MONITORING - POSITION TO 30 SEPTEMBER 2019						
	CENTRAL SERVICES						
	Total £000	Expenditure to 31.3.19 £000	2019/20 £000	2020/21 £000	2021/22 £000	2022/23 £000	Later Years £000
GROSS EXPENDITURE							
County Hall Redevelopment	6,444	386	3,534	2,089	435	-	-
Property Rationalisation	-	-	-	-	-	-	-
Corporate Accommodation	450	-	450	-	-	-	-
Travellers Sites	-	-	-	-	-	-	-
ICT Infrastructure (FCS)	1,055	-	1,055	-	-	-	-
New Ways of Working	2,480	-	2,480	-	-	-	-
NY Data Observatory	132	132	-	-	-	-	-
Super Fast Broadband Scheme	840	154	-	-	-	-	686
Oracle Upgrade	2,416	2,416	-	-	-	-	-
Library Schemes	769	-	769	-	-	-	-
Purchase of Vehicles, Plant & Equipment	400	-	100	100	100	100	-
Material Damage Provision	2,000	-	500	500	500	500	-
South Cliff, Scarborough	3,112	-	-	-	-	-	3,112
Capital Investments	-	-	-	-	-	-	-
Capital Loan Provisions	500	-	500	-	-	-	-
Loans to Limited Companies	22,785	17,338	5,281	-	-	-	165
Investments in Limited Companies	500	500	-	-	-	-	-
TOTAL GROSS SPEND	43,883	20,927	14,669	2,689	1,035	600	3,963
Last Update	42,248	20,927	13,635	2,689	1,035	-	3,963
CAPITAL GRANTS & CONTRIBUTIONS							
Capital Grants							
- Regional Improvement Grant	132 CR	132 CR	-	-	-	-	-
- Performance Reward Grant	800 CR	124 CR	-	-	-	-	676 CR
Capital Contributions							
Loan Repayments	27,357 CR	10,462 CR	389 CR	8,889 CR	389 CR	389 CR	6,841 CR
Revenue Contributions							
- Revenue Contributions - Property	6,194 CR	386 CR	3,534 CR	2,089 CR	185 CR	-	-
- Revenue Contribution - Technology & Change	4,936 CR	2,446 CR	2,480 CR	-	-	-	11 CR
- Revenue Contribution - Other	3,112 CR	-	-	-	-	-	3,112 CR
- Revenue Contribution - Library Kiosks	741 CR	-	741 CR	-	-	-	-
- Revenue Contributions - Limited Companies	500 CR	500 CR	-	-	-	-	-
TOTAL GRANTS AND CONTRIBUTIONS	43,772 CR	14,050 CR	7,144 CR	10,977 CR	574 CR	389 CR	10,639 CR
Last Update	43,126 CR	14,050 CR	6,998 CR	10,477 CR	574 CR	-	11,028 CR
TOTAL NET EXPENDITURE	111	6,877	7,526	8,289 CR	461	211	6,976 CR
Last Update	878 CR	6,877	6,637	7,789 CR	461	-	7,064 CR

2019/20 CAPITAL BUDGET MONITORING - POSITION TO 30 SEPTEMBER 2019

HEALTH AND ADULT SERVICES

ITEM	Total	Expenditure to 31.3.19	2019/20	2020/21	2021/22	2022/23	Later Years
	£000	£000	£000	£000	£000	£000	£000
GROSS EXPENDITURE							
Maintaining Fabric / Facilities of Properties	1,731	-	698	390	390	254	-
"Draft Care and Support Where I Live Strategy" Extra Care Scheme (Invest to Save)	13,281	-	1,960	1,270	6,852	-	3,199
TOTAL GROSS SPEND	15,013	-	2,658	1,660	7,242	254	3,199
Last Update	15,013	-	3,099	390	7,907	-	3,617
CAPITAL GRANTS & CONTRIBUTIONS							
Capital Grants							
- PSS Capital Grant	1,314 CR	-	698 CR	390 CR	226 CR	-	-
Revenue Contributions							
- Revenue Contributions - PIP Funding	3,999 CR	-	1,960 CR	1,270 CR	769 CR	-	-
TOTAL GRANTS AND CONTRIBUTIONS	5,313 CR	-	2,658 CR	1,660 CR	995 CR	-	-
Last Update	5,313 CR	-	3,099 CR	390 CR	1,824 CR	-	-
TOTAL NET EXPENDITURE	9,700	-	-	-	6,247	254	3,199
Last Update	9,700	-	-	-	6,083	-	3,617

	FINANCING OF CAPITAL PLAN				
	Q2 2019/20				
A FORECAST FUNDING AVAILABLE	2019/20 £000s	2020/21 £000s	2021/22 £000s	2022/23 £000s	Later Yrs £000s
1 Borrowing					
Prudential (Unsupported) Borrowing	6,215	-4,650	600	600	-20,932
Rephased borrowing (capital expenditure & receipts slippage)	2,844	1,198	5,859	-135	26,412
	9,059	-3,452	6,459	465	5,480
2 Capital Grants and Contributions					
Health & Adult Services	698	390	226	0	0
Business & Environmental Services	66,601	62,157	30	0	564
Children & Young People's Service	24,724	29,594	9,790	2,000	12,560
Central Services	0	0	0	0	676
	92,023	92,141	10,046	2,000	13,800
3 Schemes financed from Revenue					
Health & Adult Services	1,960	1,270	769	0	0
Business & Environmental Services	19,754	4,089	588	15	497
Children & Young People's Service	2,952	2,740	2,740	2,740	0
Central Services	6,755	2,089	185	0	3,123
	31,421	10,188	4,282	2,755	3,620
4 Capital Receipts available to finance Capital Spending					
Other capital receipts from sale of properties	2,675	1,730	0	0	530
LEP Growing Places Loan Repayment (classed as capital receipts)	753	0	0	0	5,671
Company & Other Loan Repayments (treated as capital receipts)	389	8,889	389	389	6,841
	3,817	10,619	389	389	13,041
= Total Forecast Funding Available	136,320	109,496	21,176	5,609	35,941
B CAPITAL PLAN Updated gross spend	-133,675	-105,536	-21,425	-5,609	-26,629
C FUNDING REMAINING	2,645	3,960	-249	0	9,312
D TOTAL FUNDING REMAINING					15,667

ADDITION OF 2022/23 TO CAPITAL PLAN

Schemes	£000	£000	£000
Forecast Supported Borrowing Approvals		0	
Forecast Prudential Borrowing Requirement			
Provision for the Purchase of Plant, Vehicles and Equipment (CS)	100		
Material Damage Provision (CS)	<u>500</u>	600	
Schemes and Provisions Self-Funded by Capital Grants and Contributions			
Devolved Capital Grant & Contributions (CYP)	1,500		
School Led Schemes (CYP)	<u>500</u>	2,000	
Schemes and Provisions Self-Funded by Directorate Revenue Contributions			
Catering Equipment (CYP)	240		} 4,755
School Led Schemes (CYP)	2,500		
HWRC Equipment (BES)	<u>15</u>	2,755	
Rephasing of Expenditure			
(a) Phasing of expenditure moved from earlier years		0	
(b) Phasing of expenditure moved from later years			
Maintaining Fabric/Facilities of Properties (HAS)	<u>254</u>	254	
= 2022/23 Forecast Capital Spend		<u>5,609</u>	

5.0 Legal Implications

5.1 There are no specific legal implications

6.0 Consultation and Responses

6.1 This report has been the subject of full consultation with Directorates and is agreed by Management Board

7.0 Conclusions and Recommendations

7.1 The County Council continues to perform well and demonstrate improvements in its services.

7.2 The recommendations have been made in the body of the report and are listed again here. The Executive is recommended to:

- a) Notes the contents of the Performance Report
- b) notes the latest position for the County Council's 2019/20 Revenue Budget, as summarised in **paragraph 2.1.2.**
- c) notes the position on the GWB (**paragraphs 2.4.1 to 2.4.3**)
- d) notes the position on the 'Strategic Capacity – Unallocated' reserve (**paragraphs 2.4.4 to 2.4.6**)
- e) allows delegated authority to be given to the Corporate Director, Strategic Resources to formally enter into a pool should the North and West Yorkshire Pool application be successful. (**paragraphs 2.5.1 to 2.5.5**)
- f) notes the position on the County Council's Treasury Management activities during the second quarter of 2019/20
- g) refers this report to the Audit Committee for their consideration as part of the overall monitoring arrangements for Treasury Management.
- h) The Executive recommends to the County Council that it approves the revised Prudential Indicators for the period 2019/20 to 2021/22 as set out in **Appendix A.**
- i) Approve the refreshed Capital Plan summarised at **paragraph 4.2.3;**
- j) Approve the NYNet loan guarantee and delegation proposal (**paragraph 4.2.24**);
- k) Approve the provisional draw down of funding of up to £2.0m in order to facilitate the ordering of specialist specific vehicles in relation to the NY

Highways Ltd Teckal company (**paragraph 4.2.25**); and

- l) Agree that no action be taken at this stage to allocate any additional capital resources (**paragraph 4.5.9**)

Richard Flinton
Chief Executive
26 November 2019

Gary Fielding
Corporate Director, Strategic Resources

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North Yorkshire County Council**Executive****26 November 2019****North Yorkshire Integrated Sexual Health Services****Report of the Director of Public Health – Health and Adult Services****1.0 Purpose of report****1.1**

This report:

- Highlights the results of the joint NYCC and York Teaching Hospital NHS Foundation Trust (YFT) Public Consultation on the S75 agreement;
- Shares the proposed service specification, performance and outcomes framework and the draft S75 principles;
- Confirms the available budget and future savings requirements;
- Requests a delegation of the final decision to the Corporate Directors of Strategic Resources and Health and Adult Services, the Assistant Chief Executive (Legal and Democratic Services) and the Director of Public Health, in consultation with the Executive Members for those respective portfolios, once YFT has confirmed its acceptance of the offer.

2.0 Issues and background

- 2.1 Sexual and reproductive health is not just about preventing disease or infection. It also means promoting good sexual health in a wider context, including relationships, sexuality and sexual rights. Good sexual health is a vital aspect of overall health and wellbeing. However, poor sexual health outcomes fall disproportionately on certain groups.
- 2.2 Since 1 April 2013, Local Authorities have been mandated to ensure that comprehensive, open access, confidential sexual health services are available to all people who are present in their area (whether resident in that area or not). The requirement for Genito-Urinary Medicine (GUM) and Contraception and Sexual Health (CaSH) services to be provided on an open access basis is stipulated in the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 2.3 During 2013/14 the Public Health team invested considerable time on the redesign and procurement of an integrated sexual health service, resulting in the

contract being awarded to one provider for a service which was historically delivered through nine different contracts.

- 2.4 York Teaching Hospital NHS Foundation Trust is the provider of the integrated sexual health service in North Yorkshire (YorSexualHealth). The contract commenced on 1 March 2015 with a Service commencement date of 1 July 2015 and an expiry date of 31 March 2018. Within the existing contract there was the option to extend the contract period for a further two years; this has been taken and the contract is now in place until 31 March 2020.
- 2.5 North Yorkshire County Council (NYCC) wishes York Teaching Hospital NHS Foundation Trust to continue to deliver an integrated sexual health service which provides effective, high quality, value for money services to its residents under a Section 75 Agreement.
- 2.6 On September 3 2019 NYCC Executive approved proposals for the initiation of a Section 75 agreement covering up to ten years for delivery of integrated sexual health services between NYCC and YFT subject to a 30 day consultation. The consultation has concluded and this paper provides a summary of the consultation responses received.
- 2.7 It is important to note that this Section 75 will devolve funding from the Public Health Grant for the provision of a specified service, in this case the integrated sexual health service, to current NHS provider York Teaching Hospital NHS Foundation Trust.

3.0 Performance Implications

- 3.1 The existing provider is very experienced and has established a high quality, well regarded integrated sexual health service across North Yorkshire which is continually reviewed to explore ways of improving service delivery. The existing provider is performing to expectations and often above, delivering the Key Performance Indicators (KPIs) within the contract, and works closely with the Council to address any areas of concern that may arise. The current service is being delivered within the agreed budget.
- 3.2 A Service Specification and Performance and Outcomes Framework will remain in place as part of the Section 75 agreement and are attached at appendix 1. These documents will form the basis of the Section 75 agreement.

4.0 Policy Implications

- 4.1 The integrated sexual health service supports the local population outcome which is that “all people in North Yorkshire experience good sexual health” as set out in the local strategic framework for sexual health.

5.0 Financial implications

- 5.1 There is a requirement for savings from the Public Health Grant that will contribute to North Yorkshire County Council’s medium term financial plan (MTFP). This is anticipated to equate to around a 12% reduction in the total public health grant over the next two years
- 5.2 The annual contract value of the current integrated sexual health service is £2.7 million per year. As there is the need to make savings, NYCC requires a minimum 2% year on year reduction on the current contract value, which over the first five years of the contract would amount to a cumulative saving of 10%. In addition to this NYCC would require YFT to absorb any pay and inflationary cost increases over the agreement period.
- 5.3 As part of this agreement financial risk incurred by either party will remain with that party. Therefore there will be no sharing of financial risk within this agreement.
- 5.4 This arrangement is subject to YFT Board confirming their agreement (awaiting written confirmation).
- 5.5 Entering into a Section 75 Agreement with York Teaching Hospital NHS Foundation Trust will allow us to continue to work collaboratively to deliver a high quality integrated sexual health service. This approach will enable the delivery of the required savings which ensures that the service delivers value for money and remains sustainable.

6.0 Legal implications

- 6.1 The Local Authority is mandated as part of its public health statutory duties as stated in the Health and Social Care Act 2006 to ensure that comprehensive, open access, confidential sexual health services are available to all people in North Yorkshire (whether they live here or not).
- 6.2 Powers provided to local authorities and NHS bodies under Section 75 of the NHS Act 2006 and associated Regulations set out that a local authority and an NHS body can each delegate certain functions to the other, provided that the resultant arrangements are likely to lead to an improvement in the way those functions are exercised.

- 6.3 Arrangements under Section 75 may include (i) arrangements for the exercise by NHS bodies of certain local authority health-related functions in conjunction with the exercise by such bodies of their NHS functions and/or (ii) arrangements for the exercise by local authorities of certain NHS functions in conjunction with the exercise by such authorities of their health-related functions.
- 6.4 The particular functions that can be included within Section 75 agreements are prescribed by the NHS Bodies and Local Authorities Partnership Arrangements Regulations 2000. The recommended partnership agreement between the parties would accordingly be within the remit of the legislation.
- 6.4 Whilst there is a requirement to consult prior to entering into a Section 75 agreement (and also consult jointly with person affected by such arrangements (as per regulation 4(2) of the 2000/617 regulations), there is no requirement to do a full procurement exercise.
- 6.5 The NYCC Legal Team are working on a draft the Section 75 Agreement. The Section 75 will follow the standard format for such delegated agreements between Local Authorities and Health Bodies. The agreement will be guided by a set of principles, which will help shape the partnership agreement.
- 6.7 These principles are in draft format, and will be mutually developed and agreed between both parties as part of the legal development of the Section 75. The principles underpin the vision that ***“all people in North Yorkshire experience good sexual health”***.

The *draft* principles are listed within 3 categories:

Partnership working

- The partnership (between NYCC and YFT) will build on its existing solid foundations and will seek to strengthen coordinated action across the sexual health system, providing system leadership, allowing for opportunities to exchange views, support innovation and provide additional momentum to achieve the best possible outcomes.
- The partnership will ensure available resources are focussed on delivering the best possible sexual health outcomes for all people in North Yorkshire.
- The partnership will agree and ensure clear governance arrangements are in place to oversee delivery of the contract.
- The partnership will ensure they work together openly and transparently.
- The partnership will promote consensual decision making based on evidence, insight, data and challenge to get to a point of consensus and one voice.
- The partnership will ensure that service delivery adapts to the changing needs of the population and is flexible in its approach.

- The partnership will ensure that the service offered is safe, evidence based and of high quality.

Resources

- The first 12 months will allow the partnership to agree an operational plan which clearly identifies how future efficiencies (to meet the yearly contractual reductions) will be met. The plan must ensure statutory requirements continue to be met and any future models will continue to deliver a safe and effective service.
- The partnership will ensure quality and value for money at all times.

Service model

- The partnership will ensure the service delivery model prioritises prevention and early intervention with a focus on young people and most at risk populations.
- The partnership will ensure the service is delivered by a skilled and competent integrated sexual health workforce (providing person centred care).
- The partnership will ensure strong clinical leadership is provided by the service that is embedded and visible across the local sexual health system.
- The partnership will ensure the service complies with evidence based practice, but also applies innovative practice which is monitored and evaluated.
- The partnership will ensure there is rapid and easy access to the Service including in rural areas, delivering services in appropriate settings.
- The partnership will ensure all contraceptive, STI diagnosis and treatment is provided and dealt with in one location as far as is practicably possible.

7.0 Consultation Undertaken and Responses

- 7.1 A 30 day joint consultation between both NYCC and YFT began on 7 October and ended 6 November 2019. The NHS and Local Authorities Partnership Arrangements Regulations 2000 stipulate that “the partners may not enter into any partnership agreements [under Section 75 of the NHS Act 2006] unless they have consulted jointly such persons as appear to them to be affected by such arrangements”. The consultation set out the proposal to put in place a formal Partnership Agreement for the delivery of the Integrated Sexual Health Service and invited comments from both the public and interested parties.
- 7.2 A total of 39 responses have been received from the online SNAP survey and hard copies. The majority (23 of the 39) responses were from members of the public, 9 were responding on behalf of an organisation or in a professional role

and 7 responded as a current provider of sexual health services. Of those responses received there is overwhelming support for the Section 75 Partnership Agreement to be developed to deliver integrated sexual health services between YFT and NYCC (38 agree and 1 disagree).

- 7.3 The reasons given by the general public to explain their response are extremely supportive of the current provider and the services they deliver across North Yorkshire.

“I think the services are currently being run well by York Trust and should continue”.

“The current service is well organised and effective”.

“Brilliant service offered, appropriate and accessible appointments given, approachable and knowledgeable staff”.

“Local service for local people – excellent”.

The reasons given by the 1 member of the public who disagreed felt that the Council should leave the responsibility to the NHS. They were not aware that the Council already have this responsibility for sexual health services.

8.0 Impact on Other Services/Organisations

- 8.1 The Council will work with the Provider to ensure that there is no significant negative impact on the health and wellbeing of the North Yorkshire population.

9.0 Equalities implications

- 9.1 An Equalities Impact Assessment on the integrated sexual health service has been completed and was shared with Executive on 3 September 2019.

10.0 Reasons for recommendations

- 10.1 Entering into a Section 75 Partnership Agreement with York Teaching Hospital NHS Foundation Trust will allow us to continue to work collaboratively to deliver a high quality and well regarded integrated sexual health service as shown by the consultation results. This approach will facilitate the delivery of the required savings and ensure that the service delivers value for money and remains sustainable over the next 10 years.

- 10.2 The partnership arrangements will also strengthen the existing relationships with York Teaching Hospital NHS Foundation Trust and allow greater scope and flexibility to explore further collaboration opportunities in the future.

11.0 Recommendation (s)

- 11.1 The Executive note the results of the joint NYCC and YFT Public Consultation on the S75 agreement.
- 11.2 The Executive support the proposed service specification, performance and outcomes framework and the draft S75 principles.
- 11.3 The Executive note and support the proposed budget.
- 11.4 The Executive delegate the final decision, once YFT have confirmed their acceptance of the offer to the Corporate Directors of Strategic Resources and Health and Adult Services, the Assistant Chief Executive (Legal and Democratic Services) and the Director of Public Health, in consultation with the Executive Members for those respective portfolios, once YFT has confirmed its acceptance of the offer.

Dr Lincoln Sargeant
Director of Public Health

COUNTY HALL
NORTHALLERTON

Date: 26 November 2019

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Appendix 1 – Service Specification and Performance Outcomes Framework



North

Yorkshire County Council

Specification for an Integrated Sexual Health Service for North Yorkshire Residents

1 Overview

- 1.1 Introduction
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1 Overview

1.1 Introduction

North Yorkshire County Council (“NYCC”) wishes to commission a provider (“the Provider”) to deliver an integrated sexual health service (“the Integrated Sexual Health Service”) which provides effective, high quality, value for money services to its residents.

The Provider shall ensure the Integrated Sexual Health Service is flexible in its delivery to address the range of factors that impact on accessibility of our residents to services. It will also be responsive to the different and changing needs of our residents and in particular utilising the advances in technology to achieve this.

The Provider shall ensure the commissioned Integrated Sexual Health Service supports our local population outcome which is that **“all people in North Yorkshire experience good sexual health”**. Residents of North Yorkshire will be supported in making informed, confident choices around their sexual health with a particular focus on prevention, and supporting young people and other at risk and vulnerable groups and communities from experiencing sexual ill-health.

1.2 Evidence Base

Local service provision should be informed by need as identified in both local and national data; including the North Yorkshire Sexual Health Needs Assessment – available from <http://hub.datanorthyorkshire.org/dataset/north-yorkshire-sexual-health-needs-assessment-2019>

Sexual ill health has broad social and economic costs for society. The long term-health implications of sexual ill health, such as infertility, ectopic pregnancy, miscarriage, unemployment, social exclusion and discrimination and stigma, have far greater cost implications than the prevention of an unintended pregnancy or sexually transmitted infections (“STIs”) by delivering accessible services from contraception to full sexual health provision.

Sexual health is an important and wide-ranging area of public health. Most of the adult population of England are sexually active and having the correct sexual health interventions and services can have a positive effect on individuals, families and population health and wellbeing. However, sexual ill health is not equally distributed among the population with the Government setting out its ambitions for improving sexual health in its publication, *A Framework for Sexual Health Improvement in England*¹

Strong links exist between deprivation and STIs, teenage conceptions and abortions with the highest burden borne by women, men who have sex with men (“MSM”), trans communities, teenagers, young adults and black and minority ethnic groups. HIV infection also has an unequal impact on MSM and Black African populations. Some groups at higher risk of poor sexual health face stigma and discrimination, which can influence their ability to access services.

¹ Department of Health (2013). *A Framework for Sexual Health Improvement in England*. (<http://www.dh.gov.uk/health/2013/03/sex-health-framework/>)

The Provider shall deliver an Integrated Sexual Health Service which aims to address these inequalities by providing easily accessible services.

The evidence base for the advice, care and treatment provided by an Integrated Sexual Health Service consists of best practice and expertise as prescribed by current clinical training², guidance from appropriate professional bodies (such as BASHH, BHIVA, MEDFASH, NICE and FSRH etc.) and relevant national policy and guidance issued by the Department of Health, Public Health England and researched evidence.

Sexually Transmitted Infections (“STIs”)

STIs, including HIV, are one of the major infectious disease problems in the UK today.

Rising rates of STIs including HIV infection have been recorded both nationally and internationally since the early 1990s and statistics in the UK reflect these trends.

STIs impact enormously on morbidity ranging from the acute and chronic disease manifestations of HIV to complications such as pelvic inflammatory disease, ectopic pregnancy and tubal factor infertility from untreated Chlamydial and Gonococcal infection, and cervical cancer from human papilloma virus (“HPV”).

Young people, black minority communities and men who have sex with men (“MSM”) are disproportionately affected by STIs. There is a significant variation in the trends in STIs and HIV in these different sub-populations. Public health interventions need to be targeted appropriately focusing on these key prevention groups.

The late stage of diagnosis in new cases of HIV is concerning. Improved uptake of testing for HIV is vital for early detection and treatment to reduce morbidity and mortality. It also allows diagnosed people to make informed choices and following successful treatment can significantly impact on the ability for onward infection to others.

Young adults are advised to test for Chlamydia annually or on change of sexual partner, as part of the National Chlamydia Screening Programme (“NCSP”) to control the infection and its complications.

The Chlamydia diagnoses indicator recommends a level of achievement for local areas to work towards – at least 2,300 Chlamydia diagnoses per 100,000 15-24 year olds per annum with an aspiration to diagnose 3,000 per 100,000.

Achieving this indicator (and managing infections appropriately with antibiotic treatment and partner notification) should lead to a fall in Chlamydia prevalence in England (National Chlamydia Screening Programme, 2012).

Contraception and Pregnancy

Most teenage pregnancies are unplanned and around half end in an abortion. Research evidence shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children³.

² BASHH & MEDFASH (2014) *Education and Training Matrix: Standards for the Management of Sexually Transmitted Infections* (<http://www.bashh.org/documents/Standards%20for%20the%20management%20of%20STIs%202014%20FINAL%20WEB.pdf>)

³ The Prevalence of Unplanned Pregnancy and Associated Factors in Britain: finding from the third National Survey of Sexual Attitudes and Lifestyles (Natsal-3), Wellings K et al, Lancet 2013; 382(9907): 1807-1816

U18 conceptions rate per 1000 in North Yorkshire is 10.0, better than the England rate 17.8. U16 conceptions rate per 1000 is 1.9 similar to the England average 2.7. However there are district variations with U18 conceptions, Scarborough having the highest rate of 23.7.

The percentage of women having an abortion in 2018 who had one or more previous abortions varies by ethnic group. In 2018, 35% of Asian women, 39% of White women and 47% of Black women who had an abortion had previously had an abortion⁴.

The highest abortion rate is amongst women aged 21 (30.7 per 1,000). The under 18 abortion rate for 2018 is 8.2 per 1,000 women. This is less than half the 2007 rate of 19.8 per 1,000. The abortion rate for 30-34 year olds is increasing, 19.9 per 1,000 women in 2018. This has increased from a rate of 15.6 per 1,000 women in 2008⁴. This indicates that more work needs to be done in promoting effective contraception to prevent unwanted pregnancy.

In 2010, England was in the bottom third of 43 countries in the World Health Organization's European Region and North America for condom use among sexually active young people; previously, England was in the top ten⁵.

Guidance from NICE has found that, while all methods of contraception are effective, LARC methods such as contraceptive injections, implants, the intra-uterine system or the intrauterine device (IUD) are much more effective at preventing pregnancy than other hormonal methods, and are much more effective than condoms⁷. However, a condom should also always be used to protect against STIs.

HIV

Data published in September 2019, by Public Health England (PHE) show that new HIV diagnoses in the UK have fallen to their lowest level since 2000. New diagnoses fell by almost a third (28%) from 6,271 in 2015 to 4,484 in 2018.

New HIV diagnoses have been declining in both gay and bisexual and heterosexual populations. The steepest falls have been seen among gay and bisexual men, where new diagnoses declined by 39% between 2015 and 2018. The biggest falls have been among gay and bisexual men who are:

- white (46% decrease from 2,353 in 2015 to 1,276 in 2018)
- born in the UK (46% decrease from 1,627 in 2015 to 873 in 2018)
- aged 15 to 24 (47% decrease from 505 in 2015 to 269 in 2018)
- living in London (50% decrease from 1,459 in 2015 to 736 in 2018)

During the same period, new diagnoses have also fallen by a quarter (24%) among people who acquired HIV through heterosexual contact.

The continued decline of HIV diagnoses is largely due to the success of combination HIV prevention over the past decade, which includes HIV testing, condom provision, the scale up of pre-exposure prophylaxis (PrEP) and anti-retroviral therapy (ART).

⁴ *Abortion Statistics, England and Wales:2018*, Department of Health, 2019

⁵ *Health Behaviour in School-Aged Children*, World Health Organization, 2012

Despite falling rates of new diagnoses there remain challenges in ensuring that more people are diagnosed early. Almost half (43%) of those newly diagnosed with HIV in 2018 were at late stage of infection.

There is substantial variation between sub-populations in rates of late diagnosis; the late diagnosis proportion was 60% among heterosexual men, 52% among black African adults and 59% in those aged 50 and older.

Late diagnosis is the most important predictor of morbidity and short-term mortality among those with HIV infection. Improved uptake of testing for HIV is vital for early detection and treatment. It also allows diagnosed people to make informed choices and following successful treatment can significantly impact on the ability for onward infection to others.

Although only small numbers of new diagnoses are made each year, in North Yorkshire during 2017, 41% were classified as 'late diagnoses' (as measured by the CD4 count of less than 350mm³). North Yorkshire is worse than the England rate for late diagnosis of HIV.

The actual numbers of HIV infections are small; therefore communication of promotion activities must be comprehensive across key target groups. The use of local tacit information will help to identify risk taking groups. For example, key local knowledge on public sex environments ("PSEs") and dating websites.

1.3 Service Delivery Model

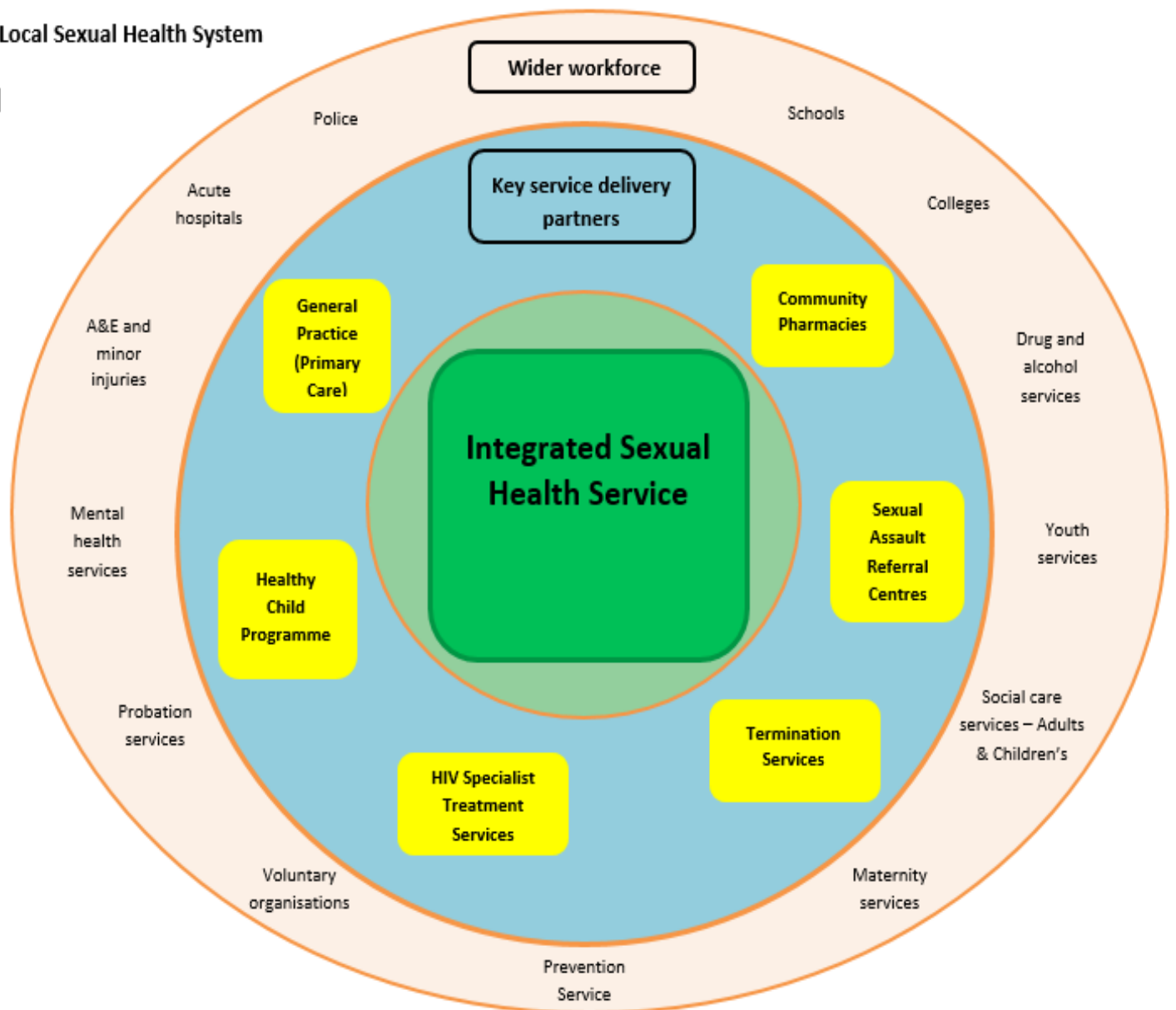
The S75 partnership agreement will commence on 1 April 2020.

The Service will run between 1 April 2020 and 31 March 2030. The agreement has a total possible term of 10 years with the service intended to be in place for an initial period of five years. There will be an option to extend for a further period of three years and then a final further option of two years (5+3+2). The decision to extend will be at the discretion of the council and subject to satisfactory performance.

It is recognised that there are many other organisations and services that are responsible for commissioning and providing services that impact on the sexual health outcomes of the population. NYCC only has responsibility for commissioning parts of the local sexual health system. However, it is an expectation that the Integrated Sexual Health Service will not work in isolation from the wider range of other services and workforces that are delivering sexual health services and the Provider will be expected to evidence strong partnerships and pathways as appropriate.

Diagram 1 illustrates the Local Sexual Health System and where organisations sit within it.

Local Sexual Health System



The Integrated Sexual Health Service will contribute to the attainment of a number of sexual health indicators as set out below:

Outcome – what is our goal?

All people in North Yorkshire experience good sexual health

Indicators - how will we know that the sexual health system is working?

- The rate of STI diagnoses in clinic attendees.
- The Chlamydia diagnostic rate for those aged 15-24 years.
- The rate of late HIV diagnoses.
- The rate of under 18 conceptions.
- The rates of STI diagnoses in young people attending clinics.
- The number of abortions.
- The number of under 18 abortions

For the purpose of the Contract the following definition will be used:

The “**Integrated Sexual Health Service**” (ISHS) will relate to elements in scope of this specification.

The “**Provider**” will relate to the organisation that will be delivering this agreement under the service specification.

1.4 Services Out of Scope of this Contract

For this partnership agreement process it is important to be clear what is out of scope of this Specification.

The following services are not NYCC’s responsibility and **out of scope** of this Specification:

- a. Termination services – commissioned by Clinical Commissioning Groups.
- b. Sexual assault referral centres – commissioned by NHS England.
- c. HIV specialist treatment and care centres – commissioned by NHS England.
- d. GP contraceptive services delivered as part of core General Medical Services (GMS) or Personal Medical Services (PMS) contracts – commissioned by NHS England.

The following services are the responsibility of NYCC but also **out of scope** of this specification. Delivery of these services is secured through different procurement routes:

Targeted Pharmacy sexual health services

Targeted General Practice sexual health services.

Healthy Child Programme (HCP) for 0-19 year olds.

While these services are out of scope, the Provider shall have clear, established referral pathways into these services.

1.5 Principles of the Integrated Sexual Health Service

The Provider shall ensure the following key principles are adhered to in the delivery of the Integrated Sexual Health Service (and all its constituent Service Areas):

Priority shall be given to prevention and early intervention with a focus on young people and most at risk populations.

The Integrated Sexual Health Service shall be delivered by a professional integrated skilled sexual health workforce (providing person centred care).

Strong clinical leadership shall be embedded across the local sexual health system.

Evidence based practice, innovation and use of technology shall be used.

There shall be rapid and easy access to the Integrated Sexual Health Service including in rural areas, delivering services in appropriate settings.

All contraceptive, STI diagnosis and treatment shall be provided and dealt with in one location as far as is practicably possible.

Ensure quality and value for money at all times.

The Council is keen to prioritise its Public Health spend in future years and move investment into areas of greatest identified need. Value for Money from existing contracts goes hand in hand with this aspiration and this partnership agreement process endeavors to achieve high performance within the capped maximum price over the life of the contract.

2 Service Specification for the Integrated Sexual Health Service

2.1 Outline of the Integrated Sexual Health Service

The Provider shall provide confidential, open access, cost-effective, high quality provision for contraception, diagnosis and management of sexually transmitted infections including HIV, according to evidence based protocols and current national guidance. The Provider shall ensure there is a particular focus on meeting the sexual health needs of young people and vulnerable and at-risk groups.

To ensure rapid and easy access the Provider shall provide open access 'one stop shops' in each district council area where the majority of contraceptive and STI needs shall be dealt with by appropriately trained health professionals at each site, without the need for onward referral to another member of Staff within the ISHS or on to another clinic site.

There are some groups of individuals or communities that are at higher risk of poor sexual health outcomes due to their risk taking behaviours or lifestyles. The Provider shall ensure that sexual health interventions are targeted at groups at high risk of exposure to HIV and other STIs in North Yorkshire. The most at risk groups include men who have sex with men (MSM), black African communities, people misusing drugs and sex workers. Other vulnerable groups are lesbian, gay, bisexual, transgender and questioning (LGBTQ+) adults and young people; people with learning disabilities and people with mental health conditions.

In order to address the needs of these groups, who are often not effectively contacted or reached by existing services or through traditional health channels, the Provider will deliver a Community Outreach Service. This will be community orientated and delivered across all localities, and will facilitate rapid access to clinical services as required. Staff will be skilled in community development and have specialist knowledge and understanding of the needs of the most at risk populations.

HIV is now considered a long term health condition in the UK, characterised by periods of good health punctuated with bouts of illness. Despite increased longevity and improved physical health, HIV continues to be a difficult and stressful condition for many people.

The Provider shall play a key role in supporting residents of North Yorkshire living with HIV to address their concerns about their quality of daily life as well as their other related medical, personal, and social issues - which may include experiencing discrimination and social isolation. The Provider shall ensure that Service Users and Carers accessing the Service receive an appropriate level of support dependent on their needs for as long as this is required and they continue to wish to access it. The Provider shall take into account any responsibilities under The Care Act 2014.

The Staff employed within the ISHS will be viewed as the clinical leaders of the Local Sexual Health System. The Provider shall ensure the ISHS Staff provide clinical leadership across the Local Sexual Health System supporting, advising and providing expertise to other organisations and providers delivering sexual health services in the locality, e.g. GPs and Pharmacists. This shall include providing clinical leadership and advice, support on governance, disseminating best practice, establishing and facilitating communication networks between organisations to support service delivery and sharing and understanding of local issues as well as delivering training. The Provider shall ensure that the ISHS Staff are known to local professionals and can be easily contacted when required.

2.2 Service Objectives

The Provider shall ensure the ISHS delivers the following specific objectives:

- To provide sexual health information and advice in order to increase knowledge and understanding of sexual health issues (especially among high risk groups and other vulnerable groups e.g. people with learning disabilities or mental health conditions) to enable people to make informed choices about their sexual health and reduce sexual health inequalities.
- To raise awareness of the benefits of sexual precautions and encourage safer sex practice.
- To identify and provide brief interventions and onward referral where appropriate to support Service Users to address the wider risk factors which may impact upon their sexual health (e.g. alcohol and drug use, chemsex).
- To increase access, for all age groups and vulnerable and at-risk groups, to a complete range and choice of contraception including long acting methods, emergency contraception, condoms and support to reduce the risk of unwanted pregnancy and STIs.
- To enable individuals to make an informed and timely decision about their pregnancy, through pregnancy testing and counselling about pregnancy choices, including appropriate onward referral to termination services or maternity care.
- To provide rapid and easy access to services for the prevention (including vaccination), detection and management (treatment and partner notification) of sexually transmitted infections (complex and uncomplex) and blood borne viruses, for all ages and vulnerable and at-risk groups, in order to reduce prevalence and transmission.
- To provide proactive health promotion, including repeat and frequent testing; and Point of Care Testing (POCT) to most at risk populations.
- To increase the uptake of HIV testing, in particular to promote and offer annual HIV testing of gay or bisexual men (in line with NICE guideline NG60, 2016), and ensure rapid referral to HIV care services following diagnosis, in order to reduce late diagnosis and onward transmission.
- For people living with HIV and their carers provide support to improve physical and mental health, and social and economic well-being.
- To promote service and key sexual health messages to the local population, via the use of innovative and appropriate media and marketing techniques tailored to specific audiences which aim to reduce stigma.
- To deliver sexual health training to key workforce groups within North Yorkshire to ensure an effective Local Sexual Health System.
- To be responsive to local need (a) providing rapid response to outbreak management; and (b) through continuous improvement and response to local population need.
- To provide clinical leadership and facilitate networks across the Local Sexual Health System within North Yorkshire to support communication and joined up working including the development of clear referral pathways between providers.

2.3 Service Description

This section sets out the detail of the ISHS which the Provider shall provide.

There are some groups of individuals or communities that are at higher risk of poor sexual health outcomes, including unintended pregnancies due to their situation or lifestyle. The Provider shall ensure the ISHS plays a key role in identifying and offering information, advice, support and interventions to these individuals or communities. The Provider shall deliver the following range of services within the ISHS:

- 2.3.1 Sexual health promotion and information
- 2.3.2 Clinical assessment
- 2.3.3 Contraceptive services
- 2.3.4 STI Services
- 2.3.5 Outreach service targeting young people aged under 25 and vulnerable groups
- 2.3.6 Sexual health counselling
- 2.3.7 Community outreach service targeting most of risk populations
- 2.3.8 Positive Support Service for People Living with HIV and their Carers
- 2.3.9 Training
- 2.3.10 Campaigns
- 2.3.11 Clinical leadership

Service Users will access the services most appropriate to their needs following an assessment.

2.3.1 Sexual Health Promotion and Information

Health promotion is important in supporting lifestyle change and risk minimisation. The Provider shall ensure that Service Users accessing the ISHS receive evidence based sexual health information. This should include but not be limited to information on: pregnancy and abortion, the full range of contraception and where it is available, STIs and safer sex messages, sexual assault, Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) advice. Any health promotion interventions should be appropriate to meet individual needs. The Provider shall ensure that NICE guidance is utilised and that there is appropriate referral/ sign-posting to other local services, where this could be beneficial and where Service Users can access one-to-one behaviour change support.

2.3.2 Clinical assessment

The Provider shall ensure that a full medical and sexual health history and risk assessment is undertaken when Service Users access the ISHS. The risk assessment shall cover sexual assault, domestic violence, drugs, alcohol (using Audit-C), Chemsex, female genital mutilation, psychosexual issues, mental health issues, sexual exploitation and safeguarding; and onward referral where appropriate. Where applicable the Provider shall ensure risk reduction strategies are discussed and brief interventions on problematic drug and alcohol use and Chemsex are discussed and recorded, with onward referrals to other services as appropriate. The Provider should work closely with the North Yorkshire substance misuse services to ensure needs of service users are met.

The Provider can choose to offer opportunistic cervical screening – funding arrangements for this will need to be agreed with NHS England.

The Provider shall ensure that all Service Users requesting a sexual health check are offered and encouraged to accept HIV testing in order to reduce the proportion of individuals with undiagnosed HIV infection.

2.3.3 Contraceptive Services

The Provider shall provide contraceptive services following an assessment of need. The level of contraception offered will depend on the setting and whether it is considered safe to prescribe this method of contraception. It is the Provider's responsibility to ensure that the setting they work in is suitably safe from a clinical perspective. The contraceptive services provided shall include, but not be limited to:

Pregnancy testing and counselling about pregnancy choices e.g. termination counselling and onward referral to termination services or maternity care.

Supply of male and female condoms and lubricant.

Provision of information to Service Users to enable them to make an informed choice about and provide access to emergency oral contraception (three and five day methods) and emergency intrauterine device (IUD) insertion as clinically indicated by current guidance⁶.

First prescription and continuing supply of hormonal contraception (combined and progesterone only) including oral, transdermal, transvaginal methods of delivery and a choice of products within each category where these exist.

First prescription and continuing supply of injectable contraception.

Copper and medicated IUD/IUS insertion and removal excluding for gynaecological reasons. The Provider shall be aware of alternative local clinical pathways.

IUD/IUS follow up three to six weeks after insertion (to check threads, exclude perforation, and exclude expulsion or presence of any pelvic tenderness). The Providers should ensure Service Users return in time for removal, otherwise there is no need for further follow-up, unless the woman experiences problems.

Diaphragm fitting and follow up.

Contraceptive implant insertion and removal.

All follow-up appointments shall be carried out by the Provider and the Service User shall not be referred back to primary care for follow-up unless it is Service User choice.

Advice about natural family planning.

Comprehensive advice and support to people experiencing difficulties with choice of contraceptive methods.

⁶ Faculty of Sexual and Reproductive Healthcare (2017) *FSRH Guideline Emergency Contraception* March 2017 (Updated December 2017) <https://www.fsrh.org/standards-and-guidance/current-clinical-guidance/emergency-contraception/>

Management of complex contraceptive problems.

Provision of free Chlamydia home sampling kits for 16-24 year olds.

Specialist contraception services e.g. IUD/IUS problem clinics, difficult implant removal etc. This will include ultrasound scanning for location of deeply placed impalpable implants prior to surgical removal of the implant at the same visit, and location of intrauterine devices with threads not visible on pelvic examination.

Condom Distribution Scheme

The Provider shall also establish and co-ordinate the delivery of a free condom distribution scheme (“Condom Distribution Scheme”) to ensure condoms are widely available in a range of clinical and non-clinical settings. Consistent and correct use of male latex condoms can reduce the risk of STI transmission and prevent pregnancies. NICE guidance (NG68 published in 2017) recommends that free condoms (including female condoms) are readily accessible, to young people and those most at risk, from a variety of settings.

The objectives of a condom distribution scheme are to:

- promote condom use to high risk groups

- contribute to the reduction of unintended pregnancy and parenthood

- contribute to the reduction of the risk of transmission of sexually transmitted infections (STIs), including HIV

- promote the ‘Double Dutch’ method which is using a barrier method alongside another form of contraception to protect against pregnancy and STIs.

The scheme should be targeted at the following at risk groups:

- young people aged 24 and under, with the emphasis on promoting condom use to boys and young men
- gay and bisexual men

- known injecting drug users

- sexual health clinic attendees

- sex workers

- homeless people

- any other group based on local needs assessment.

The Provider shall therefore set up a local system to recruit organisations to sign up to the Condom Distribution Scheme and have clear policies, procedures and training in place to ensure that staff distributing condoms as part of this scheme comply with policies around safeguarding, particularly for under 16s.

2.3.4 STI Services

The Provider shall provide STI services following an assessment of need. The assessment process will clearly identify those Service Users who are at risk and would benefit from tests and examinations. Where this has been identified the Provider shall offer tests for Chlamydia, Gonorrhoea, Syphilis and HIV as a minimum, even for those Service Users that are asymptomatic. The Provider shall ensure that Service Users displaying symptoms are offered a full genital examination (and offered a chaperone for this examination). The Provider shall ensure that all assessments and examinations follow BASHH national guidelines.

Immunisations

Hepatitis A and B

The Provider shall promote and deliver Hepatitis A and B vaccination, with a particular focus on key target groups, including operating a recall system for those who do not complete the course of vaccinations. Immunisation against Hepatitis A (HAV) and Hepatitis B (HBV) is recommended for people who may be at increased risk of infection; in the context of sexual health the Green Book on Immunisation (Chapters 17 and 18) recommends that MSM with multiple sexual partners are offered vaccination against HAV and HBV.

For Hepatitis B, the provider should:

- risk assess patients and consider the possibility of hepatitis B transmission
- offer testing of Hepatitis B for high risk individuals
- arrange passive immunisation with Hepatitis B immunoglobulin for persons who have had a recent high risk exposure where rapid protection is required
- notify acute cases of hepatitis B to Public Health England
- offer hepatitis B immunisations to persons at high risk attending their service. These include: injecting drug users, individuals who change partners frequently (especially men who have sex with men, and sex workers), sexual contacts and close family contacts of a case or an individual with chronic infection with Hepatitis B. Please note occupational immunisation is excluded from this contract.
- In rare instances of outbreaks of hepatitis B, Providers should be prepared to assist with prevention and control measures that may include high risk individuals attending their service.

Human Papilloma Vaccination (HPV)

The Provider is required to support national efforts to vaccinate target groups with HPV in line with national guidance and policy such as what is set out in the Green Book. This includes signposting eligible individuals to relevant services for HPV, or where required provide immunisations to individuals in the target group attending services who have not completed their primary immunisation course for HPV.

Diagnostics

The Provider shall ensure that Service Users being tested for STIs are given the most accurate diagnostic test in its class (according to national guidelines) for each infection for which they are being tested; and the correct transport medium, storage and transport of specimens is in place and comply with turnaround times.

The Provider shall ensure that all diagnostic samples are processed by laboratories in a timely fashion in order that results can be conveyed quickly and acted on appropriately. The Provider shall ensure that the laboratory they use (this may be sub-contracted) is appropriately accredited and deliver optimal standards including specimen turnaround times. They should be United Kingdom Accreditation Services (UKAS)

accredited and have evidence of External Quality Assessment (EQA), Internal Quality Control (IQC) and Internal Quality Assurance (IQA). The Provider should ensure the laboratory are using the 'gold standard' test wherever possible and adhere to national standard operating procedures where these are available. Detailed quality standards are available; however the Provider should be aware that this is a rapidly evolving field and they should keep up to date with developments through appropriate professional websites (BASHH, PHE and UKAS).

The completion of the Chlamydia Testing Activity Dataset (CTAD) is mandatory for laboratories. The Provider shall ensure that CTAD is submitted by their laboratories in line with national guidance.

The Provider shall ensure that there is on-site microscopy available. The Provider shall ensure that Staff performing microscopy are appropriately trained and undergo regular assessment for quality assurance.

In the event of an unsatisfactory screening, e.g. inhibitory or invalid result, the Provider shall ensure that Service Users are informed and invited to re-test.

Clinical Management

The Provider shall ensure that people using the ISHS for STI testing receive the results, both positive and negative, within 10 working days. Technology can support this. The Provider shall ensure that those diagnosed with an infection receive prompt treatment and are managed according to BASHH national guidelines, including the delivery of partner notification. The Provider shall ensure that Service Users are advised to re-test when they have new partners with annual screening strongly advised.

Following positive results the Provider shall have the ability to provide additional tests that are needed and shall ensure that the Service User receives the best available treatment according to BASHH CEG guidelines.

The Provider will manage both uncomplicated and complicated/recurrent STIs; and will provide management of STIs in pregnant women.

Treatment provided through the ISHS is free from prescription charges although the Provider shall ensure that Service Users are made aware that if they receive treatment from other settings, such as primary care, charges may apply.

The Provider shall ensure that all people under 25 that are diagnosed with Chlamydia are re-tested for Chlamydia three months after treatment.

The Provider shall have policies in place for the management of abnormal or positive results when there is difficulty in contacting the Service User tested.

The Provider shall have the ability to instigate partner notification as part of the management of all STIs including HIV. Partner notification is vital in assisting in the control of infection as it offers sexual health contacts the opportunity for screening, assessment and treatment and thus can break the chain of transmission. It can also prevent long term implications of infections, reduce re-infection, offer health education opportunities and provide behaviour change. The Provider shall follow BASHH guidance to ensure optimal management.

Post exposure prophylaxis (PEP) and post exposure prophylaxis after sexual exposure (PEPSE) are key preventive interventions for people who may have been exposed to HIV to reduce the risk of them acquiring HIV. The provider will initiate PEPSE and then will refer the Service User on to the local HIV specialist

treatment service for the completion of treatment. The Provider should note that costs of the PEPSE treatment are not covered within this contract but should be directed to NHS England. Non-NHS providers may need to have an SLA with an NHS Trust for them to gain the reimbursement for PEPSE and to be aware that the costs will be paid using the NHS England tariff.

The Provider will participate in research trials, including in the current UK PrEP impact trial; and will agree a future position regarding the support requirements for PrEP pending the outcome of the trial as part of the partnership agreement.

2.3.5 Targeted Services for Young People aged up to 25 and vulnerable groups

Most people become sexually active and start forming relationships between the ages of 16 and 24. Young people in these age groups have significantly higher rates of poor sexual health, including higher rates of STIs, and abortions than older people. There is evidence that reducing the number of sexual partners and avoiding overlapping relationships can reduce the risk of STI acquisition⁷.

The Provider shall find innovative methods for delivering the ISHS specifically to meet the sexual health and contraceptive needs of young people. This should include a range of digital solutions – see section 2.4.2. The Provider shall ensure confidential and easy access to the ISHS especially given the rurality of the County. The needs of boys and young men are different to that of girls and the Provider shall tailor the ISHS accordingly. The Provider will ensure the voice of young people is central to service developments.

Chlamydia is the most common bacterial sexually transmitted infection, with sexually active young people being most at risk. As Chlamydia often has no symptoms and can have serious and costly health consequences it is vital it is picked up early and treated. The Provider shall ensure that all sexually active young people are offered Chlamydia screening as a routine part of every sexual health consultation.

The Provider shall ensure that Chlamydia screening is widely available to all under 25s in accordance with the *NCSP Standards 7th Edition (updated November 2018)*, and so there will be no standalone local Chlamydia screening service or office. The Provider shall ensure Chlamydia screening is embedded across the Local Sexual Health System. The Provider shall develop creative solutions for ensuring that Chlamydia tests are taken up by the most at risk under 25s. The Provider shall treat, follow up, re-test and carry out partner notification in line with national guidance.

Ensuring that free condoms are widely available to young people and young adults is a key to reducing the risk of STI transmission and preventing teenage pregnancies. The Provider shall lead the management and co-ordination of an overarching scheme to improve access to condoms to a range of target groups, and shall ensure specifically the access of young people under 25 to free condoms from a range of both clinical and non-clinical settings. The Provider shall have robust systems, policies and procedures in place to manage and monitor the scheme and shall ensure that professionals distributing condoms within this scheme comply with the Provider's policies around safeguarding and issuing contraception, particularly for under 16s.

The Provider will deliver a Specialist Clinical Outreach Team (SCOT) to provide services to the most socially complex, vulnerable young people and adults. This will include, but is not limited to, people with learning disabilities, mental health problems and military populations including in Catterick and Harrogate. There will be a named nurse for each locality who will provide clinical care in settings acceptable to the service user. It will be essential for staff to develop close partnership working with partner agencies in order to engage with

⁷ Sexually transmitted infections and Chlamydia screening in England 2017. PHE, HPR 2018.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/713962/hpr2018_AA-STIs_v5.pdf

the most at risk and vulnerable service users; and safeguarding will be a key aspect of this work – see section 2.4.7.

The Provider should develop close working relationships with the Healthy Child Programme (HCP) Team at a locality level. The HCP team work with children and young people up to the age of 19, and may include up to 25 for SEND. In terms of sexual health, the HCP team offer includes EHC, chlamydia screening and condom distribution. The Provider shall provide the HCP team with clinical advice, support and bespoke training and ensure that there are clear referral routes between each other.

2.3.6 Sexual Health Counselling Service

The Provider shall provide a free counselling service for people living in North Yorkshire who wish to seek support around different aspects of sex or sexual health.

Counsellors will be experienced professionals, both in counselling and sexual health and members of recognised professional associations. The Provider shall develop and maintain clear criteria for accepting referrals.

The Provider shall deliver brief counselling sessions which are focused and only provided for a maximum of six, one hour sessions. Upon completion of treatment the Provider shall ensure that a brief discharge summary is sent to the referring clinician within two weeks of discharge.

2.3.7 Community Outreach Service for Most at Risk Populations

The Provider shall be experienced at using community development approaches to provide sexual health promotion and prevention interventions to vulnerable and high risk groups to enable them to make informed and responsible choices in relation to their sexual health, wider health and wellbeing and improve their access to HIV/STI diagnostic and treatment interventions.

The most at risk groups include men who have sex with men (MSM), black African communities, people misusing drugs and sex workers. Other vulnerable groups are lesbian, gay, bisexual, transgender and questioning (LGBTQ+) adults and young people. The Provider shall take a holistic approach when supporting and providing interventions to Service Users and shall also offer brief advice on wider lifestyle issues such as smoking, mental health, drugs, alcohol, weight management issues and signpost Service Users to other services for additional support where appropriate.

The Provider shall ensure that interventions raise awareness and support skills development to enable Service Users to take control of their sexual health and any impacts on their general health, and also to raise awareness of the benefits of sexual precautions and encourage safer sex. The Provider shall ensure wide and easy access of these communities to free condoms, dental dams and lubricants.

The Provider shall work with Service Users around taking responsibility for their own sexual health. This could include establishing (or linking into existing) peer mentoring programmes, for example, to look at how sexual health behaviours might be affected by self-esteem, drug and alcohol use, and mental health issues, with the aim of empowering Service Users and engendering ownership of their sexual health and wellbeing. The Provider shall ensure that, where peer-workers are utilised, there is a structured recruitment and training process in place with access to appropriate supervision and professional development.

The Provider shall develop and implement innovative social marketing and publicity initiatives to raise awareness of specific sexual health issues with the target group and encourage access to local services. The

Provider will utilise a wide range of technology including websites, chat rooms, apps, Facebook, blogs etc. to effectively engage with target groups.

Community Point of Care Testing (POCT) Service

The Provider shall deliver a standardised point of care testing service (as a minimum to include HIV testing). The Provider shall ensure the most up-to-date tests available are used. Where this results in a positive result, the Provider shall ensure Service Users are supported to rapidly access the clinical service for a confirmatory diagnosis, and for management, treatment and partner notification as appropriate. The Provider shall have in place clear governance arrangements for the delivery of this POCT service.

The Provider shall ensure their Staff are trained to routinely offer and recommend POCTs. They shall:

- provide information on tests and discuss why it is recommended (including to those who indicate that they may wish to decline the test), including information about the relatively poor specificity and sensitivity of POCT.

- conduct post-test discussions, this includes giving positive test results and delivering post-test and general health promotion interventions including onward referral.

- assess level of knowledge about HIV and provide health promotion interventions, if necessary.

The Provider shall recommend that all Service Users who have tested negative but who may have been exposed to HIV have another test once they are past the window period. The Provider shall recommend annual testing to all men who have sex with men, and more frequent testing for those who have a high risk of exposure to the virus, for example, through multiple sexual partners or unsafe sexual practices.

The Provider shall offer tests via outreach in areas where there is high-risk sexual behaviour or in venues sited in areas where there is high local prevalence of HIV. This could include community or voluntary sector premises, public sex environments (such as saunas or cruising areas) or other local venues identified. Tests shall be undertaken in a secluded or private area, in line with British HIV Association and NICE guidelines.

The Provider shall provide men who refuse, or who may not be able to consent to a test, with information about other local testing services. Inability to consent may be due to alcohol or drugs for example. A refusal might be because of the setting or concerns about privacy.

The Provider shall ensure that testing services are staffed by people who are aware of and sensitive to, the cultural issues facing black Africans and other ethnic minority groups. For example, black Africans may be less used to preventive health services and advice or may fear isolation and social exclusion should they test positive for HIV. Staff shall also be able to challenge the stigma of, and dispel any myths surrounding, HIV and HIV testing and be sensitive to the individual needs of people.

2.3.8 Positive Support service

The Provider shall support people living with HIV to develop an understanding of how their condition affects their lives and how to cope with the issues and symptoms it presents. The Provider shall support individuals to develop effective self-management techniques which will allow people to make the many daily decisions that improve their health-related behaviours and outcomes. This will also support people in preventing onward transmission and increase the quality of life and independence for those diagnosed with HIV, their partners and families.

The Provider shall conduct an assessment of the Service User including Carers where appropriate and including assessment of level of self-management needs. The Provider shall also screen for psychological distress and provide support to manage mild or transient psychological problems such as adaptation and acute distress following a HIV diagnosis or risky sexual health behaviour.

The Provider shall provide a range of self-management interventions and detail how these will meet the outcome of the assessment and where referral or signposting arrangements will be put in place. Some of the provision shall include workshops and peer support groups. The Provider shall ensure that where peer-workers are utilised there is a structured, recruitment and training process in place with access to appropriate supervision and professional development.

The Provider shall ensure the Positive Support Service is proactive in providing practical and empowering support and information about HIV, treatment, encouraging healthy living with HIV, diet and lifestyle, and optimisation of general health. The Provider shall also, where required, enable people to access support with financial, housing, education, training and employment needs.

The Provider shall support Service Users to overcome any barriers or issues relating to communicating with health care teams, family members and others.

The Provider shall ensure that Service Users and Carers have their support needs reviewed on a regular basis.

The Provider shall ensure the Positive Support Service has strong collaborative working arrangements with local HIV treatment and care centres.

2.3.9 Training Service

The Integrated Sexual Health Service cannot operate in isolation. It is imperative that it is supported by a knowledgeable Local Sexual Health System, in order that issues around sexual health can be raised or identified early and effective signposting and referral take place. Therefore it is essential that other universal professional groups who play a role within the Local Sexual Health System (e.g. maternity services, practitioners that work with young people) have at least a basic understanding and awareness of current and local sexual health issues and are aware of local services (often referred to as level 1 training). This may also include issues such as sexual exploitation, homophobic bullying, targeting safer sex messages, and tackling stigma and discrimination.

Some staff groups that either work directly with at risk or vulnerable groups or deliver sexual health interventions such as GPs, Pharmacists and the HCP team will require more tailored and targeted training packages to enable them to deliver the requirements of their contracted services, to ensure effective pathways are in place and there is good communication between these providers (often referred to as level 2). The Provider will deliver bespoke training, including to primary and secondary care, based on locally identified needs. This should include annual training to community pharmacy staff to support the supply and administration of emergency hormonal contraception and chlamydia screening in pharmacy settings. This may also include delivering undergraduate training and postgraduate training, including placements.

The Provider shall, therefore, co-ordinate and deliver an annual sexual health training programme across North Yorkshire which is specifically tailored to meet the needs of a range of staff and, where appropriate, ensures they maintain their competency to deliver their Local Authority contracted services. The Provider shall deliver training in creative and efficient ways, to ensure that staff groups are able to access the training easily and effectively. The Provider shall be responsive to emerging issues and trends and the evidence

base. The Provider shall keep a database of all staff trained and conduct regular training needs assessments. The Provider shall ensure that training is evaluated and any changes or improvements are made as a result of feedback. The training delivered as part of the agreed annual training programme will be free to attendees, although the Provider may charge a levy to participants that fail to attend without giving due notice. The training programme will be agreed annually in advance with the Council.

In order to sustain and build a trained local pool of qualified sexual health clinicians, the Provider shall be committed to education and training and shall have arrangements in place working with Health Education England - Yorkshire and Humber Education and Training Board (LETB), to support the training requirements of the both the current and future sexual health medical and nursing workforce, including placements. This will ensure there is a local offer of under-graduate and post-graduate specialist training for medical and nursing staff. The Provider should also explore providing Faculty of Sexual and Reproductive Health accredited training including practical training to achieve Letters of Competence; and British Association of Sexual Health and HIV accredited STIF training. This element of training and education is not paid for within this contract. However, the Provider shall have a mechanism in place for charging individuals or organisations for these specific training services where required (often referred to as level 3) and shall provide the Commissioner with information about its annual commitments to provision at level 3.

2.3.10 Campaigns

In order to reduce stigma and promote good sexual health and enable and empower self-care and self-management the Provider shall support national sexual health campaigns such as HIV testing week, sexual health awareness week and Public Health England sexual health campaigns. The Provider will lead a local co-ordinated approach to these campaigns using the most appropriate technique e.g. social and digital media and technology. Where appropriate, local community based events may be organised where they support a call to specific action e.g. Point of Care Testing (“POCT”) clinics during HIV testing week. Where the Provider is leading or involved in events there shall be clear objectives around what they are setting out to achieve and an evaluation of the impact of their involvement.

2.3.11 Clinical and system leadership

The Provider’s Staff in the ISHS will be viewed as the clinical leaders of the Local Sexual Health System by local partners e.g. GPs, Pharmacists, HCP team. They shall provide support and expert clinical advice, which may include guidance around clinical governance, good practice, evidence based working. In particular they will be responsible for establishing and facilitating excellent communication between providers delivering different aspects of sexual health interventions and services in the Local Sexual Health System, for example through clinical networks and the development of clinical pathways. The Provider shall ensure that Staff have a high profile and local professionals can easily contact them when required for information or support.

The clinical leadership role is an important remit of the Integrated Sexual Health Service which the Provider shall provide across the whole Local Sexual Health System as illustrated in Diagram 1 on page 7. The Provider shall provide support and expert advice, disseminate good practice and develop and facilitate excellent communication systems with other professional groups delivering sexual health services such as GPs and Pharmacists.

Partnership Working

The Provider shall ensure that Staff signpost and refer Service Users to other sources of help and advice. The Provider shall ensure that Staff have a sound understanding of what other services are available and, where appropriate, develop direct working relationships with local partners.

The Provider shall establish good relationships with the following key partners:

- local GPs;
- Pharmacists;
- Healthy Child Programme team;
- termination service providers;
- Sexual Assault Referral Centres (SARC); and
- HIV specialist treatment centres.

Communication and information across health providers is complex and therefore the Provider shall have in place effective systems to enable this. These key partners need to be aware of the roles and responsibilities of the Provider in delivering the ISHS in order to be able to make referrals to the ISHS.

Interdependencies and Referral Routes

The Provider cannot work in isolation and is required to work with partners i.e. NHSE, CCGs and community providers to address the needs of the local population and increase the opportunity for service users to achieve optimum sexual health outcomes, utilising equality impact assessments where appropriate. Any potential or proposed changes to services must be discussed and planned for as at early a stage as possible, including assessment and mitigation of risks to other services regardless of whether they are commissioned by the Local Authority or other commissioners.

As well as self-referrals, referrals may come from a variety of sources and the Provider shall have in place links to receive and also refer on, from and to a range of sources. The Provider shall ensure support provided is delivered as part of a pathway of care. The range of sources may include but are not limited to the following:

Termination services

Maternity services

Sexual Assault Referral Centres (SARCs)

HIV specialist services

Gynaecology

Cervical cytology

Urology

A&E

GPs

Local vasectomy services

Pharmacists

Healthy Child Programme team

NYCC CYPS Early Help Services

Substance misuse services

Mental health services

Services for those with disabilities, including learning disabilities

Other services within the sexual health system

Military institutions
Housing and homeless services
Domestic abuse/ violence services
Services for sex workers
Employment, education and training services
School and education services, including higher education
Weight management, smoking cessation and physical activity services
Youth services
Youth justice
Social care services
Safeguarding teams
Other health care services including voluntary sectors

The Provider shall provide evidence that these pathways are in place and that they are regularly reviewed to ensure they are operating smoothly. If there is evidence that pathways are not operating effectively, the Provider shall take action to try to address this and inform the Commissioner as appropriate.

Contribution to Local Strategies

The Provider shall contribute to relevant local strategies such as current on-going work led by the local safeguarding board addressing children at risk of sexual exploitation.

2.4 Service Delivery

The Provider shall deliver the ISHS as set out in this specification; and shall respond to changing needs as appropriate. The ISHS shall be delivered taking into account the following elements:

- 2.4.1 Accessibility
- 2.4.2 Digital services
- 2.4.3 Premises and environment
- 2.4.4 Marketing and publicity
- 2.4.5 Employment and management of skilled and competent workforce
- 2.4.6 Clinical governance
- 2.4.7 Safeguarding
- 2.4.8 Service user feedback and engagement
- 2.4.9 Information management
- 2.4.10 Performance and contract management
- 2.4.11 Eligibility criteria
- 2.4.12 Exclusion criteria
- 2.4.13 Cross charging

2.4.14 Responding to sexual health outbreaks/incidents

2.4.15 Service delivery and quality standards

These are detailed below:

2.4.1 Accessibility

The Provider shall address the range of factors that impact on accessibility of the Integrated Sexual Health Service. These include being able to deliver the Integrated Sexual Health Service to a diverse population living in the largest county in England. The geography of North Yorkshire presents practical difficulties in locating services and staff in the best possible locations to enable them to engage with the local community and to respond to service demands. Whilst the scale of local provision should be determined by local need and the requirement to provide value for money, the Provider shall be able to demonstrate reach of the Integrated Sexual Health Service into every District Council area in North Yorkshire. It is also expected the Provider shall ensure awareness of sexual health services outside the NYCC boundary and shall ensure Service Users have a seamless patient journey if accessing services across boundaries.

The Provider shall ensure the Integrated Sexual Health Service maximises accessibility for people disproportionately affected by unwanted pregnancy and sexual ill health who might not be pro-active in seeking early help and support for their sexual health needs. This will include those who experience stigma, discrimination and prejudice often associated with sexual health as well as those who experience physical, learning, language and/or cultural barriers in engaging with services. The Provider shall ensure that the delivery of the Integrated Sexual Health Service reflects the principles of anti-discriminatory practice and reduces stigma. The Provider will ensure access to interpretation services for clients whose first language is not English and who require interpretation.

The Provider shall ensure the delivery model of the Integrated Sexual Health Service reflects the different priorities and living patterns of Service Users. This will require a flexible and creative workforce that understands the population profile it is working with.

The Provider shall ensure the Integrated Sexual Health Service is available throughout the year, at times that increase its accessibility to Service Users, for example early morning, evenings, weekends, bank holidays. The Provider shall consult with Service Users regarding opening times. Opening times shall be regular and consistent so that Service Users become familiar with when the Service is available. The Provider shall have clear plans in place for how it supports Service Users to access PEPSE out of hours.

2.4.2 Digital services

The provider will operate a good patient access centralised booking system with online booking and triage; telephone access should also be available. This booking system will operate seven days a week and must operate in a way that enables Service Users to simply and easily access the Integrated Sexual Health Service in a timely way and minimise non-attendance (“DNAs”).

Patients should have the option of accessing services without the need for seeing a practitioner and/or attending a clinic. Patients should be provided with information about sexual health, on line triage, signposting to the most appropriate services for their needs and the option of ordering condoms and self-sampling kits for chlamydia, gonorrhoea, syphilis and HIV. Routine STI test results should be available electronically to patients within 72 hours. Patients who are diagnosed with an STI will be offered an appointment within 24 hours or fast tracked, if available to a walk-in service. Free online treatment service should be provided where

it is clinically safe to do so (e.g. chlamydia), including a follow up procedure and tracking to check the treatment programme has been completed.

The provider should develop new ways to communicate with service users, for example, via social media, provision of an online help, text messaging for potential service users.

In addition to the above the Provider should explore options for enhancing their digital offer, this may include digital partner notification that patients can complete remotely, pregnancy testing kits, contraception provision, on-line consultations, provision of training via an e-learning platform.

The provider must have safeguarding frameworks in place to manage under-18 requests for digital services.

2.4.3 Premises and environment

In order to maximise communications, partnership working and clinical governance support the Provider shall deliver the Integrated Sexual Health Service from sites co-located with other relevant services based in the community, such as primary care settings, youth settings or voluntary agencies where appropriate.

Where appropriate the Provider shall co-locate the workforce of the Integrated Sexual Health Service with other relevant professional groups rather than working as isolated teams.

Where the delivery of the Integrated Sexual Health Service involves the provision of clinical services the Provider shall ensure that the premises from which those clinical services are being provided adhere to Good Clinical Practice. For example:

DH guidance - Out-patient care. Health Building Note 12-01: *Consulting, examination and treatment facilities. Supplement A: Sexual and reproductive health clinics*. London: The Stationary Office.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/142892/HBN_12-01_SuppA_DSSA.pdf

Essential *standards of quality and safety*; CQC 2010 <http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards>

2.4.4 Marketing and publicity

The Provider shall ensure the Integrated Sexual Health Service establishes an effective and visible profile both to Service Users and professionals to support increased awareness and uptake of local sexual health services. The Provider shall promote all of the Service Areas effectively using the most appropriate means of communication. This will differ depending on the target audience and the setting but the intention should be to raise the profile of the Integrated Sexual Health Service and ensure that Service Users access appropriate services in a timely way. One of the key settings is schools and other education establishments, the Provider should ensure they target these settings via local systems and partners. The Provider shall use a range of technology platforms such as websites, social media (e.g. Facebook, blogs, Twitter), Skype (or equivalent), Apps, mobile phones etc. to support the Integrated Sexual Health Service. The Provider shall ensure that Staff have the necessary training and technical and systems support to ensure they can use these technology platforms effectively.

Whilst there is no specific preference regarding the name of the Integrated Sexual Health Service and its Service Areas, any name chosen should reflect the nature of provision and not exclude or discriminate against Service Users. The Provider shall ensure that branding of the Integrated Sexual Health Service is agreed with the Council prior to the commencement of the service.

The Provider shall ensure that where sexual health information materials are provided these are evidence based. Localised materials shall only be produced if this is based on a needs analysis and a social marketing approach to their development should be evident. Where possible the Provider shall ensure that nationally produced materials are utilised. The Provider shall make sexual health information available in a range of formats and mediums to meet language and literacy needs of Service Users.

2.4.5 The Employment and Management of a Skilled and Competent Workforce

The Provider shall ensure that Staff understand they are working as part of a multi-disciplinary Integrated Sexual Health Service team. This will ensure that the skills and competence of Staff can be more effectively utilised, resources can be deployed more efficiently, it will enable joint planning and help minimise duplication of provision.

The Provider shall employ a workforce with the knowledge, skills, experience and qualifications to deliver the Integrated Sexual Health Service in accordance with the requirements of this Service Specification safely and competently. The Provider shall ensure that the skill mix of the workforce reflects both the business requirements and also the needs of the Service Users. The Provider shall ensure that all staff are safe to practice, including compliance with any professional standards, registration with appropriate national bodies, and completion of necessary employment checks for working with children, young people and vulnerable adults. The Provider shall ensure that all Staff are trained in accordance with the recommendations as contained within *Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate Document March 2014*⁸.

In particular the Provider shall have an excellent understanding of the factors that affect poor sexual health outcomes, and shall understand and know how to best address the needs of groups that are particularly at risk of poor sexual health.

The Provider shall ensure that staff within its organisation are appropriately qualified and trained to provide clinical leadership for the Integrated Sexual Health Service. Clinical leadership should be regarded as distinct to service leadership although the role may be provided by the same individual/s. The Provider will employ a Consultant to lead the Service, for reasons of training, supervision, and clinical governance. As the Provider will be delivering contraception, STI screening and treatment services in one place the Provider shall also ensure there are sufficient Staff within the ISHS that are dual trained.

The Provider shall ensure that Staff are appropriately trained with defined clinical governance arrangements to deliver a POCT service. The Provider shall ensure non-clinical practitioners delivering POCT are trained to collect blood spots and mouth swabs, handle test material and administer the test. Training shall be supervised and signed off by an appropriate clinician. The Provider shall ensure that training is updated annually and that Staff have access to clinical advice and supervision.

The Provider shall have effective performance management measures in place for Staff performance, to include those related to Staff competency and capability, professional development and appraisal procedures. Where required this shall also include evidence of professional registration and regular clinical supervision.

The ability of the Provider to deliver the Integrated Sexual Health Service to a high standard will be reliant on the performance of its workforce. The Provider shall ensure that Staff are able to use technology, input into

⁸ RCPCH (2014) *Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate Document March 2014*
[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20(3)_0.pdf)

information management systems and record interventions effectively to ensure that data submission and monitoring requirements are accurate. This will be affected by the culture, performance management systems and management practices in the organisation. The Provider shall ensure that these are sufficiently robust to assure NYCC of the ability of the Provider to deliver a high quality, cost effective Integrated Sexual Health Service.

It is inevitable that in any workforce there will be vacancies and instances of absenteeism through sickness, maternity leave etc. The Provider shall ensure that processes are in place to deal with these situations to ensure the Contract requirements are met.

The Provider shall ensure its Staff actively participate in clinical and non-clinical networks, training, research trials and audit programmes where applicable.

2.4.6 Clinical Governance

The Provider shall ensure that robust Clinical Governance systems are in place for all aspects of the Integrated Sexual Health Service including any which are sub-contracted and include:

- Patient safety (incident management (including serious incidents and never events), risk management, alerting system, waste management, medicines optimisations, safe environment, safeguarding)

- Clinical effectiveness considerations (cost effectiveness, evidence-based practice, compliance with NICE guidance, participation in clinical audit, policy development)

- Staff management (education and training, equality and diversity)

- Patient/public experience (complaints management, consent, patient/public information, patient/public involvement)

- Information governance

- A planned programme of service improvement informed by the audit cycle, service user feedback, performance and evidence for change

The provider shall have a named clinical lead(s) for all clinical services delivered as part of this specification.

The Provider shall be responsible for ensuring compliance with all legislative requirements applicable to the delivery of the Integrated Sexual Health Service, for example Care Quality Commission Registration, the Human Medicines Regulations 2012*, Waste (England and Wales) Regulations 2011* etc.

* As amended from time to time.

The Provider shall provide some elements of the Integrated Sexual Health Service in non-clinical settings, such as services accessed via the internet or by text message and other e-services or 'virtual clinics'. The Provider shall be clear how these regulatory requirements would apply to these areas of Integrated Sexual Health Service delivery.

The Provider shall have clear policies and procedures for clinical governance across all Service Areas. This includes clear policies aimed at managing risk and procedures to remedy poor professional performance, for example, failed insertions of LARCs or low rates of partner notification. They will provide clinical leadership and accountability, as well as a service culture, systems and working practices that ensure probity, quality

assurance, quality improvement and Service User safety at all times. This responsibility shall remain with the Provider even if they choose to sub-contract any of the Service Areas.

The Provider shall refer to the following organisations for guidance and other information about clinical governance to support their clinical leadership role:

Care Quality Commission.

Faculty of Sexual Health and Reproductive Healthcare.

British Association for Sexual Health and HIV.

Royal College of Nursing.

National Health Service Litigation Authority.

The Provider shall have in place a process for dealing with and responding to Incidents and Serious Incidents.

The Provider shall hold a quarterly internal meeting to discuss at least one Serious Incident (where at least one Serious Incident has occurred in the period) and provide a quarterly report from this meeting to the Commissioner.

2.4.7 Safeguarding

The safety and wellbeing of children, young people and vulnerable adults that may access the Integrated Sexual Health Service is paramount. The Provider shall ensure that all Staff (including administrative and voluntary staff) are compliant with Children and Adult Safeguarding Policies. The Provider shall ensure all Staff are aware of and trained to a level appropriate to their role in accordance with the *Safeguarding Children and Young People: roles and competences for health care staff Intercollegiate Document, March 2014*⁹ and abide by national and local guidance and legislation on safeguarding (children and adults). Staff will be competent in joint working with safeguarding teams and Designated Health Professionals i.e. Designated Nurse and Designated Doctor for Child Protection/Safeguarding Children. The Provider shall comply with their specific responsibilities and safeguarding protocols relating to young people aged 13-15 years and for those under the age of 13 years.

NYCC works within legislative and procedural frameworks; in particular these are Working Together to Safeguard Children (2018), Mental Capacity Act (2005) the Care Act Guidance (2014) and other relevant legislation including the Children Act (1989), the Children Act (2004); and the Sexual Offences Act (2003). The guidance and legislation places a number of duties and responsibilities on relevant agencies and partner organisations to comply and work together to:

- Cooperate with the local authority when requested to do so
- To promote the safety and wellbeing of children and promote the wellbeing of adults in need of safeguarding, due either to care and support needs or other vulnerabilities associated with sexual health such as Female Genital Mutilation, Child Sexual and/or Criminal Exploitation, Victims of Human Trafficking, Domestic Abuse or other risk indicators

⁹ RCPCH (2014) *Safeguarding Children and Young people: roles and competences for health care staff Intercollegiate Document March 2014*
[http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20\(3\)_0.pdf](http://www.rcpch.ac.uk/sites/default/files/page/Safeguarding%20Children%20-%20Roles%20and%20Competences%20for%20Healthcare%20Staff%20%2002%200%20%20%20%20(3)_0.pdf)

- Ensure where required adults who may appear to be vulnerable, particularly adults with care and support needs are provided with access to advocacy
- To inform and share information with services users and communities as required under the Care Act 2014 within the constraints of the Data Protection Act and the Caldecott Guardian principles
- Identify children, young people and adults who are vulnerable due to care and support needs or other risk factors who require Safeguarding interventions
- To undertake or cause enquiries to be made where there is reason to believe that harm is occurring or likely to occur to children and vulnerable adults, who are vulnerable due to care and support needs or other risk factors that impact on their abilities to safeguard themselves
- Provide supervision to practitioners
- Work together and cooperate with partner agencies
- Work to ensure early identification and risk assessment of vulnerable adults at risk
- Keep and maintain records regarding safeguarding practice in accordance with information sharing and data protection recording protocols
- Inform and communicate with the public about safeguarding practice
- Ensure any local multi agency safeguarding pathways and referral processes are understood and adhered to

The Provider shall have a named lead for safeguarding covering both children and adults.

The Provider shall comply with the North Yorkshire Safeguarding Adults and Safeguarding Children Board's policies and procedures including best practice guidance. The Provider will ensure staff understand safeguarding referral procedures and pathways to social care. These can be found at the following webpage links: [North Yorkshire Safeguarding Children Board \(www.safeguardingchildren.co.uk\)](http://www.safeguardingchildren.co.uk) and <https://www.northyorks.gov.uk/safeguarding> (Policies and Procedures are available on the Partnerships website at this link) <http://www.nypartnerships.org.uk/sabpolicies>.

The Provider shall have robust child protection and adult safeguarding policies and procedures. When working in outreach settings the Provider shall ensure that Staff are familiar with and have due regard to the settings' child protection policy and safeguarding procedures. When working with Service Users under the age of 16, the Provider shall adhere to the Department of Health's guidance document *Best practice guidance for doctors and other health professionals on the provision of advice and treatment to young people under 16 on contraception, sexual and reproductive health (DH 2004)*¹⁰.

The Provider has a duty to cooperate with and implement the Section 11 audit process.

¹⁰ Department of Health (2004). *Best Practice Guidance for Doctors and other Health Professionals on the Provision of Advice and Treatment to Young People Under 16 on Contraception, Sexual and Reproductive Health*
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationspolicyandguidance/DH_4086960

The Provider will have Safer Recruitment practices in place and all staff employed by the Provider to undertake direct or unsupervised work with children or vulnerable adults will be subject to Disclosure and Barring Services requirements (DBS).

The Office of the Children's Commissioner (OCC) recognises that sexual health services are often used by young people who are suffering or are at risk from child sexual exploitation (CSE). The Provider will ensure staff are trained and competent to identify and support young people at risk of CSE. They will also ensure all staff are aware of, and contribute to as appropriate, North Yorkshire multi-agency procedures in relation to CSE and other risks and vulnerabilities. Currently in North Yorkshire this is VEMT (Vulnerable, Exploited, Missing and Trafficked) Procedure and Practitioner Groups. This includes, but is not limited to vulnerable as a result of or at risk of:

- Child Sexual Exploitation (CSE)
- Missing From Home (MFH)
- Modern Slavery and Human Trafficking
- Radicalisation and Extremism
- Impacted by Domestic Abuse
- Forced Marriage, Female Genital Mutilation (FGM) and Honour Based Violence (HBV)
- Other forms of Exploitation (coercion and control – for example criminal exploitation and County Lines)

2.4.8 Service user feedback and engagement

The views of those Service Users accessing the Integrated Sexual Health Service are very important as they will help to identify those aspects of the Integrated Sexual Health Service which are working well, and those which require improvement. Key service users include those most at risk of poor sexual health and the most vulnerable groups e.g. LGBTQ+, young people, people with learning disabilities, BME populations.

The Provider shall have processes in place for routinely seeking and recording Service User feedback and shall be able to demonstrate how this informs practice and service development. It is expected that a number of methods of engagement will be used, from face to face to survey based questionnaires. The use of innovative methods of engagement, such as greater use of technology, including social media, will be welcomed. Summary information will be provided in the annual report.

The Provider shall have in place a well-publicised feedback and complaints procedure which includes quality standards related to how complaints are dealt with and responded to.

2.4.9 Information management

The Provider shall keep accurate records about any interventions carried out with Service Users and to comply with national sexual health dataset requirements.

Data protection and confidentiality

The Provider will maintain a separate patient record (or electronic equivalent) which remains within the service. Information will not be shared with any other NHS service through a shared patient record. The Provider shall ensure that professional records (both manual and electronic) are managed and accessed in accordance with GDPR, data protection and security protocols.

The Provider shall have in place a clear consent protocol and recording systems. The Provider shall ensure that confidentiality and consent protocols are made explicit to Service Users (especially young people and vulnerable groups) when accessing the Integrated Sexual Health Service.

The Provider shall ensure that consent is reviewed and updated as required within the consent protocol.

The Provider shall ensure there are appropriate consent procedures in place for medical interventions in line with national guidance.

The Provider shall ensure that compliance with GDPR, data protection and confidentiality protocols is not used as a barrier to appropriate information sharing. Timely and proper information sharing will contribute to the safeguarding of children, young people and adults.

Access to technology and technical support

The Provider shall provide Staff with the necessary equipment to enable them to fulfil the requirements of the contract with regards to data recording, collection and analysis. The Provider shall ensure that Staff have the necessary training, and technical and systems support to ensure that they can use equipment and software effectively. The Provider is responsible for the installation of, and updates to, management information systems and staff training

Submission and use of data

The Provider is required to generate a quarterly data extract of all patient attendances and associated diagnoses and services at GUM and non-GUM clinics in accordance with Public Health England (GUMCAD STI Surveillance System). The submission of GUMCAD extracts is mandatory for all LA commissioned Level 2 and 3 sexual health services, including those offered on-line. Where the Provider provides testing through an on-line service, this activity should also be included with their routine GUMCAD submissions to PHE. The Provider is also required to be responsive and flexible to any amendments to the datasets including frequency of submission and addition of new modules, such as the introduction of behavioural and partner notification monitoring, in line with nationally agreed information standards and lead-in times.

The Provider is also required to capture contraception and other sexual and reproductive health activities through collection of the Sexual and Reproductive Health Activity Dataset (SRHAD) which should be submitted annually to NHS Digital.

All patients newly diagnosed with HIV should be reported to PHE. This can be done either through a quarterly data extract to the HIV and AIDS Reporting System (HARS) or via a HIV new diagnosis proforma, available online or by request from PHE. Following a medical consultation related to HIV care, the Service is required to generate and submit a quarterly data extract to the HIV and AIDS Reporting System (HARS).

The completion of the Chlamydia Testing Activity Dataset (CTAD) is mandatory for all publicly funded chlamydia testing carried out in England. CTAD is submitted by laboratories and enables unified,

comprehensive reporting of all Chlamydia data, to effectively monitor the impact of the NCSP through measurement of population screening coverage, proportion of all tests that are positive and diagnosis rates. It is the responsibility of the Provider to ensure the core CTAD data requirements are provided to the laboratory for each Chlamydia test, in particular, postcode of residence of the patient and testing service type.

SRHAD, HARS and GUMCAD form the basis for a standardised sexual health dataset collected from sexual health clinic settings (plus CTAD from laboratories). The Provider is expected to discuss with commissioners quarterly analysis of GUMCAD, CTAD, HARS and SRHAD data from PHE to enable informed commissioning decisions relating to ISHS attendances, activity and STI diagnosis and contraceptive usage trends. Services should make any necessary changes to IT systems as new codes are updated/introduced (for example where codes are added for outbreaks).

The Provider shall be proactive in using its local intelligence and data to identify public health issues and in generating responses to unmet need. The Provider shall respond efficiently to requests from NYCC for data on local populations to help inform needs assessments and other reports.

2.4.10 Performance and contract management

Quarterly Service Review Meetings will be held between the Provider and the Commissioner Representative and other relevant colleagues, e.g. Contracting. The Provider shall provide a quarterly report of activity data, GUMCADv2 and SRHAD submissions, and performance against the Key Performance Indicators in the Performance and Monitoring Framework in a specified format.

Review Meetings will be held on NYCC's premises unless the parties agree otherwise. NYCC will not pay for any expenses for attendance at any of these Review Meetings.

The Provider may be requested to provide exception reports where there are queries or anomalies in their performance reports and/or data. Exception reports may also be requested where there have been good outcomes to demonstrate what has been effective.

An annual Contract Review Meeting will be held to assess performance over the previous year where the Provider shall produce an annual report. The annual Review Meeting will include a review of budget and performance against targets as well as agreeing any developments for the Integrated Sexual Health Service for the forthcoming year.

If at the quarterly and/or annual Review Meeting there are any concerns identified regarding the Integrated Sexual Health Service delivery meeting the requirements of this Service Specification, then a remedial action plan ("Remedial Action Plan") shall be agreed between the Provider and the Commissioner. At the following Review Meeting there will be a review of performance against the Remedial Action Plan. If the agreed improvement has not been achieved, or performance has deteriorated further, Clauses 31 and 34 and Schedule 3 of the Contract Conditions may be implemented.

The required outcome of the Integrated Sexual Health Service and its contribution to sexual health priority indicators are set out in section 1.3. The KPI's will be reviewed annually and may be amended to specifically address emerging needs or trends. The impact of the Provider's delivery of the Integrated Sexual Health Service will be monitored against these indicators through the Performance and Monitoring Framework. There are a number of measures within the Performance and Monitoring Framework where an estimated Baseline will be established by mutual agreement with the provider in year one.

Auditing Impact and Outcomes

To provide assurance that frontline practice is safe and delivering its stated objectives the Provider shall carry out relevant audit exercises and use the findings to inform and improve practice. These will be reported to NYCC through quarterly reports.

Staffing performance

The Provider shall provide regular updates on Staff performance; this will include vacancies, sickness, recruitment/retention, appraisals. These will be reported to NYCC through quarterly reports. Where there are issues that may have an adverse impact on the delivery of the Integrated Sexual Health Service, the service will implement an action plan.

Organisational Performance

Where appropriate the Provider and NYCC will work together to demonstrate the value of this contract in delivering outcomes for children, young people and adults, for example when either organisation is subject to an inspection by a government or professional body.

The Provider shall provide information for needs assessment and any other monitoring reports required from NYCC, the Children's Trust, the Health and Wellbeing Board or other relevant Committee or Board.

2.4.11 Eligibility Criteria

The Local Authority is mandated to commission open access confidential services. The provider must operate an open access policy for both contraception and STI services regardless of residence of the patient. The legislation defines services as:

- (i) for preventing the spread of sexually transmitted infections;
- (ii) for treating and caring for persons with such infections;
- (iii) for notifying sexual partners of persons with such infections
- (iv) advice on, and reasonable access to, a broad range of contraceptive substances and appliances;
- (v) advice on preventing unintended pregnancy

However this service specification is commissioning a range of service elements over and above a core offer. Therefore not all service elements have to be delivered regardless of residence of the patient, it is acceptable for some elements to only be available for North Yorkshire residents' e.g. digital testing services.

2.4.12 Exclusion Criteria

This Service Specification excludes:

HIV treatment and care; including the cost of post-exposure prophylaxis (PEPSE).

Termination of pregnancy.

Level 3 education and training provision.

The Provider has the right to refuse to deliver the ISHS to Service Users:

Who are unsuitable for treatment under the conditions of this Service Specification.

Who have not validly consented to the treatment provided.

Who display unreasonable behaviour unacceptable to the Provider, its Staff, the consultant, or the named professional clinically responsible for the management of the care of the Service User.

The Provider shall maintain clear exclusion protocols which ensure Service Users who are excluded are referred into other services as appropriate to address their needs.

2.4.13 Cross Charging

The funding received for the ISHS pays for residents of North Yorkshire only. However, the Provider shall provide a free, open access, ISHS to anyone that attends without referral, irrespective of their place of residence or GP registration. The Provider shall have in place cross charging mechanisms for charging other Local Authorities for out of area attendances. Patient postcode, excluding the last two digits which allows the patient to maintain their confidentiality, is required to facilitate this. The Provider will adhere to the Yorkshire and Humber cross-charging agreement that NYCC is part of.

Cross Border Arrangements

There are challenges presented by the geography of North Yorkshire to cross boundary working. Currently a number of North Yorkshire residents' access sexual health services outside of the North Yorkshire boundary. Some of this relates to young people being away from home, such as being at University or accessing service near to their place of work. However, over the period of the previous contract, the incumbent Provider has put a range of service options in place that have reduced out of area attendances. NYCC want to continue to lower our out of area attendances, and have included a clear performance measure with an incentive payment attached to the achievement of the KPI.

2.4.14 Responding to Sexual Health Outbreaks/Incidents

The Provider will be able to identify changes in the patterns of infection (changes to the gender, sexual orientation or age of people affected; changes to clinical presentation of an infection; general increase in numbers). Changes seen at a local level may not be detected through routine surveillance, but could still represent an important local focus of infection which requires public health action.

The Provider should be familiar with their clinic population, in terms of age / gender profile and the frequency with which different infections are diagnosed. Any changes to this can be investigated with the local public health team; preliminary investigation may involve a simple review of case numbers and demographic information, exploring whether any change to diagnostic methods or whether any specific events or exposures have taken place. Depending on findings of initial analysis, further investigation and public health action may be indicated.

In the event of there being a sexual health outbreak/incident that threatens the public's health the Provider shall provide assistance with this. The Provider shall ensure there is an appropriate degree of surge capacity (ability to flex resources, including staffing) within the ISHS so that it can respond to local incidents in a timely fashion. This may include providing appropriate staff and specialist advice when called for to support the response to an incident.

The response will be activated by NYCC in consultation with Public Health England/ NHS England; with the threshold for activation based on a joint risk assessment. Any such incidents would be the exception rather than the norm, and may require the Provider to work flexibly.

2.4.15 Service Delivery and Quality Standards

The ISHS is underpinned by, and the Provider will ensure it adheres to the following minimum standards:

- [BASHH Standards for the management of Sexually Transmitted Infections \(2014\)](#)
- [BASHH UK National guideline for Consultations Requiring Sexual History Taking \(2013\)](#)
- [BASHH Statement on Partner Notification for Sexually Transmissible Infections \(2012\)](#)
- [BASHH/Brook \(April 2014\) Spotting the Signs. A national proforma for identifying risk of child sexual exploitation in sexual health services](#)
- [BASHH Standards for Outreach \(2016\)](#)
- [BASHH UK Guideline for the use of HIV Post-Exposure Prophylaxis Following Sexual Exposure \(2015\)](#)
- [BASHH-BHIVA Position Statement on PrEP in UK \(May 2016\)](#)
- [BHIVA Guidelines for HIV testing \(2008, currently under revision\)](#)
- [BHIVA: Guidelines for the Sexual and Reproductive Health of people living with HIV \(Under consultation 2017\)](#)
- [BHIVA: UK National Guidelines on Safer Sex Advice \(2012\)](#)
- [BHIVA: Standards For Psychological Support \(2011\)](#)
- [British HIV Association Standards of Care for People Living with HIV \(BHIVA 2018\)](#)
- [Chlamydia Testing Activity Dataset \(CTAD\): Commissioning Guidance \(2015\)](#)
- [COSRT Code of Ethics \(COSRT 2013\)](#)
- [Department of Health & Social Care; Sexual Health Services: Key Principles for Cross Charging \(2018\)](#)
- [Department of Health's You're Welcome quality criteria: making health services young people friendly \(2007\)](#)
- [Department of Health; Female genital mutilation Risk and Safeguarding \(2016\)](#)
- [FSRH Service Standards for Risk Management in SRH \(2017\)](#)
- [FSRH Service Standards for Sexual and Reproductive Healthcare \(2016\)](#)
- [FSRH Standards for Emergency Contraception \(2017\)](#)
- [FSRH CEU Clinical Guidance: Emergency Contraception \(2017\)](#)
- [FSRH Clinical Guidance: Male and Female Sterilisation \(2014\)](#)
- [FSRH Standards Service Standards on Confidentiality \(2015\)](#)
- [FSRH Service Standards Consultations in SRH \(2015\)](#)
- [FSRH Quality Standard for Contraceptive Services \(2014\)](#)
- [FSRH Service Standards for Medicines Management in Sexual and Reproductive Health Services \(2018\)](#)
- [FSRH Service Standards for Workload in Sexual and Reproductive Health \(2017\)](#)
- [FSRH Clinical Standards for Record Keeping \(2014\)](#)
- [GMC Protecting Children and Young People \(2012\)](#)
- [Hepatitis A, Green Book, Chapter 17 \(PHE 2013\)](#)
- [Hepatitis B, Green Book, Chapter 18 \(PHE 2013 revised 2017\)](#)
- [Hepatitis B and C testing: people at risk of infection Ways to promote and offer testing to people at increased risk of infection. NICE Public Health Guidance 43 \(NICE 2012, updated 2013\)](#)
- [Information Commissioners Office; Guide to the General Data Protection Regulations](#)
- [Institute of Psychosexual Medicine](#)
- [MEDFASH Recommended standards for Sexual Health services \(2005\)](#)
- [National Chlamydia Screening Programme Standards \(7th Edition 2014; updated 2016\)](#)
- [National Chlamydia Screening Programme Guidelines for Outreach](#)

- [NICE Sexual Health quality standard \(under consultation 2018\)](#)
- [NICE PH3 Sexually transmitted infections and under-18 conceptions: prevention \(2007\)](#)
- [NICE NG68 Sexually transmitted infections: condom distribution \(2017\)](#)
- [NICE QS129 Contraception \(2016\)](#)
- [NICE QS69 Guidance for Ectopic Pregnancy and Miscarriage \(2014\)](#)
- [NICE QS157 HIV Testing, encouraging uptake \(2017\)](#)
- [NICE PH51 Contraceptive Services for under 25's \(2014\)](#)
- [NICE NG55 Harmful sexual behaviour among children and young people \(2016\)](#)
- [NICE PH49 Behaviour Change: individual approaches \(2014\)](#)
- [NICE NG60 HIV testing: increasing uptake among people who may have undiagnosed HIV \(2016\)](#)
- [NICE PH43 Hepatitis B and C: Ways to promote and offer testing to people at increased risk of infection. \(2012 updated 2013\)](#)
- [NICE PH49 Behaviour change: individual approaches \(2014\)](#)
- [NICE PH50 Domestic violence & abuse: multi-agency working \(2014\)](#)
- [NICE PH51 Contraceptive services for under 25's \(2014\)](#)
- [NICE CG30 Long acting reversible contraception \(2005 updated 2014\)](#)
- [NICE NG88 Heavy Menstrual Bleeding: assessment and management \(2018\)](#)
- [NICE NG44 Community engagement: improving health and wellbeing and reducing health inequalities \(2016\)](#)
- [PHE \(2017\) Sexually Transmitted Infections; managing outbreaks](#)
- [Royal College of Obstetricians and Gynaecologists, The Care of women Requesting Induced Abortion \(2011\)](#)
- [Royal College of Paediatrics and Child Health: Safeguarding Children and Young People, roles and competences for health care staff – intercollegiate document \(3rd edition, 2014\)](#)
- [UK Guideline for the use of HIV Post-Exposure Prophylaxis following Sexual Exposure \(PEPSE\) 2015](#)
- [UK Standards for Microbiology Investigations Chlamydia Trachomatis Infection: Testing by Nucleic Acid Amplification Tests \(NAATs\) \(Public Health England, 2017\)](#)
- [UK Policy Framework for Health and Social Care Research – NHS Health Research Authority \(2018\)](#)

Relevant UK clinical guidance covering the specialities of Sexual and Reproductive Healthcare and Genitourinary Medicine can be found at www.fsrh.org and www.bashh.org. The Provider shall ensure the ISHS reflect updates in guidance and recommendations as and when produced.

The Service should use the DHSC's You're Welcome quality criteria, as guiding principles when planning and implementing changes and improvements, in order for the service to be young-people friendly where appropriate.



North

Yorkshire County Council

Integrated Sexual Health Service

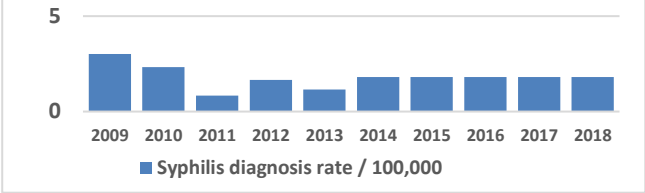

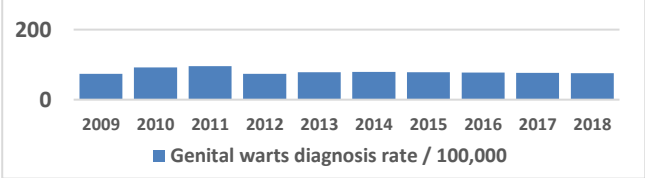
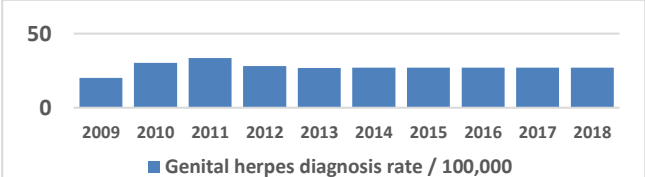
Performance and Monitoring Framework



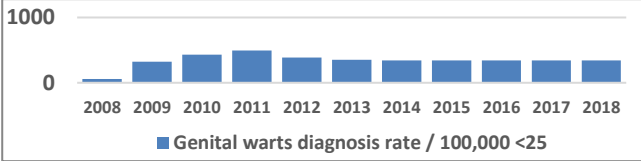
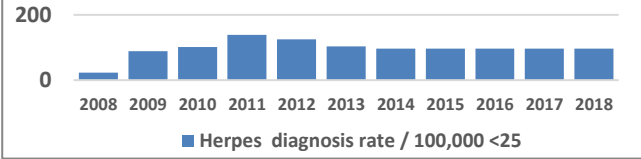
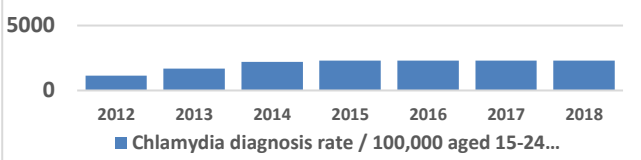
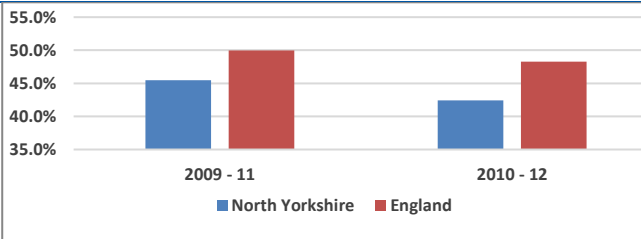
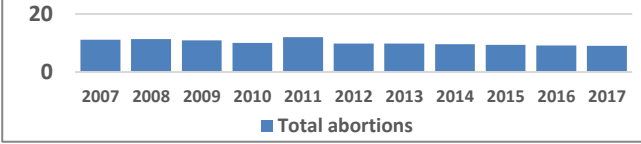
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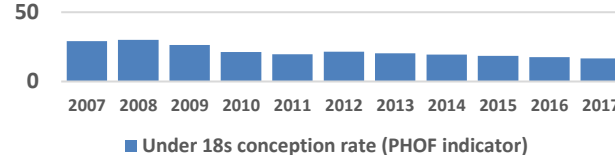
All people in North Yorkshire experience good sexual health

All performance measures will contribute to one or more of the following *Key Performance Indicators* (KPIs) or locally agreed *Principles*:

Key Performance Indicators

KPI	Target	Historical trend, and projected target rate																						
The rates of STI diagnoses in clinic attendees	Maintenance of low rates of syphilis against baseline (average rate 2009-2013) per 100,000 population	 <table border="1"> <caption>Syphilis diagnosis rate / 100,000</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>2009</td><td>3.5</td></tr> <tr><td>2010</td><td>2.5</td></tr> <tr><td>2011</td><td>1.0</td></tr> <tr><td>2012</td><td>2.0</td></tr> <tr><td>2013</td><td>1.5</td></tr> <tr><td>2014</td><td>2.0</td></tr> <tr><td>2015</td><td>2.0</td></tr> <tr><td>2016</td><td>2.0</td></tr> <tr><td>2017</td><td>2.0</td></tr> <tr><td>2018</td><td>2.0</td></tr> </tbody> </table>	Year	Rate	2009	3.5	2010	2.5	2011	1.0	2012	2.0	2013	1.5	2014	2.0	2015	2.0	2016	2.0	2017	2.0	2018	2.0
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	Maintenance of low rates of gonorrhoea against baseline (average rate 2009-2013) per 100,000 population	 <table border="1"> <caption>Gonorrhoea diagnosis rate / 100,000</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>2009</td><td>5</td></tr> <tr><td>2010</td><td>6</td></tr> <tr><td>2011</td><td>6</td></tr> <tr><td>2012</td><td>7</td></tr> <tr><td>2013</td><td>12</td></tr> <tr><td>2014</td><td>8</td></tr> <tr><td>2015</td><td>8</td></tr> <tr><td>2016</td><td>8</td></tr> <tr><td>2017</td><td>8</td></tr> <tr><td>2018</td><td>8</td></tr> </tbody> </table>	Year	Rate	2009	5	2010	6	2011	6	2012	7	2013	12	2014	8	2015	8	2016	8	2017	8	2018	8
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	Maintenance of low rates of genital warts per 100,000 population, continuing the decreasing trend in 2009-2013	 <table border="1"> <caption>Genital warts diagnosis rate / 100,000</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>2009</td><td>50</td></tr> <tr><td>2010</td><td>60</td></tr> <tr><td>2011</td><td>60</td></tr> <tr><td>2012</td><td>50</td></tr> <tr><td>2013</td><td>50</td></tr> <tr><td>2014</td><td>50</td></tr> <tr><td>2015</td><td>50</td></tr> <tr><td>2016</td><td>50</td></tr> <tr><td>2017</td><td>50</td></tr> <tr><td>2018</td><td>50</td></tr> </tbody> </table>	Year	Rate	2009	50	2010	60	2011	60	2012	50	2013	50	2014	50	2015	50	2016	50	2017	50	2018	50
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The rates of STI diagnoses in young people in clinic attendees	Reduction in the rate in those aged under 25 of syphilis against baseline 78.5 (average rate 2009-2013) per 100,000 population		
	Reduction in the rate in those aged under 25 of gonorrhoea against baseline 49.8 (average rate 2009-2013) per 100,000 population		
	Reduction in the rate in those aged under 25 of genital warts against baseline 341.0 (average rate 2009-2013) per 100,000 population		
	Reduction in the rate in those aged under 25 of genital herpes against baseline 96.7 (average rate 2009-2013) per 100,000 population		
The Chlamydia diagnostic rate for those aged 15-24 years	Achieving a Chlamydia diagnostic rate of 2,300 people aged 15-24 years old, per 100,000 population.		
The rate of late HIV diagnoses	Maintain the lower than England rate of late diagnosis of HIV against the 2010-12 baseline of 42.4% in HIV diagnoses made late (where CD4 count is <math><350\text{ cells/mm}^3</math> within three months of diagnosis)		
The number of abortions	Reduction in the rate of abortions from baseline of 9.8 Abortions per 1000 women aged 15-44 continuing the decreasing trend		

<p>The number of under 18 abortions</p>	<p>Reduction in the rate of under 18 abortions from baseline continuing the decreasing trend</p>	 <table border="1"> <caption>Under 18s abortion rate</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>2007</td><td>15</td></tr> <tr><td>2008</td><td>16</td></tr> <tr><td>2009</td><td>14</td></tr> <tr><td>2010</td><td>13</td></tr> <tr><td>2011</td><td>12</td></tr> <tr><td>2012</td><td>13</td></tr> <tr><td>2013</td><td>13</td></tr> <tr><td>2014</td><td>12</td></tr> <tr><td>2015</td><td>11</td></tr> <tr><td>2016</td><td>11</td></tr> <tr><td>2017</td><td>10</td></tr> </tbody> </table>	Year	Rate	2007	15	2008	16	2009	14	2010	13	2011	12	2012	13	2013	13	2014	12	2015	11	2016	11	2017	10
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<p>The rate of under 18 conceptions</p>	<p>Reduction in the rate of under 18 conceptions per 1000 females (15-17) from baseline continuing the decreasing trend</p>	 <table border="1"> <caption>Under 18s conception rate (PHOF indicator)</caption> <thead> <tr> <th>Year</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>2007</td><td>35</td></tr> <tr><td>2008</td><td>38</td></tr> <tr><td>2009</td><td>35</td></tr> <tr><td>2010</td><td>32</td></tr> <tr><td>2011</td><td>30</td></tr> <tr><td>2012</td><td>32</td></tr> <tr><td>2013</td><td>30</td></tr> <tr><td>2014</td><td>28</td></tr> <tr><td>2015</td><td>27</td></tr> <tr><td>2016</td><td>25</td></tr> <tr><td>2017</td><td>23</td></tr> </tbody> </table>	Year	Rate	2007	35	2008	38	2009	35	2010	32	2011	30	2012	32	2013	30	2014	28	2015	27	2016	25	2017	23
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Principles

Priority to be given to prevention and early intervention with a focus on young people and most at risk populations.

Services to be delivered by a professional integrated skilled sexual health workforce.

Strong clinical leadership to be embedded across the local sexual health system.

Use of evidence based practice, innovation and use of technology.

Rapid and easy access to services including in rural areas delivering services in appropriate settings.

All contraceptive, STI diagnosis and treatment to be provided and dealt with in one place as far as practicably possible.

Ensure quality and value for money at all times

Data requirements

All service activity should be recorded in such a way to allow reporting by:

- age bands (Under 16's, 15-24, 25-34, 35-44, over 55's)
- gender
- ethnicity
- area of residence
- sexual orientation
- locality of service delivery

Additional data requirements

To support equity audit, needs assessment and service planning the local authority public health team may request additional data from the service. The pieces will be ad hoc and in a specifically described format that will require a small amount of processing by the service to apply various geographical lookups.

Performance measures - Specialist Sexual Health Service

General activity

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Number of clinic hours available per locality and target group (young people): Capture “clinical hours” or slots available vs planned per area <ul style="list-style-type: none"> ○ Weekdays, before 6pm ○ Weekdays, after 6pm ○ Weekends ▪ Number of new Service Users ▪ Number of new attendances - booked appointments face to face (per clinic) ▪ Number of new attendances – booked appointments virtual (per clinic) ▪ Number of new attendances - walk-in appointments (per locality) <p>Note: a new attendance is a new SU or an existing SU requiring a new episode of care</p> <ul style="list-style-type: none"> ▪ Number of follow up attendances <ul style="list-style-type: none"> ○ by face to face appointment ○ by telephone appointment ○ via walk in ▪ Number of Service Users seen with a North Yorkshire (NY) postcode ▪ Number of Service Users seen from out of area ▪ Breakdown of prescribing information and drug costs 	<ul style="list-style-type: none"> ▪ An estimated Baseline will be established by mutual agreement with the provider in year one (number of new attendances should not be below current 2013/14 levels). From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	<p>Quarterly report</p>
<p>Quality Measures</p>		

<ul style="list-style-type: none"> ▪ Increase in proportion of NY resident attendances in NY clinics (year on year decrease in out of area attendances) ▪ Decrease attendances by NY residents at Stockton, Darlington and Middlesbrough services by 50% (from 2012/13 levels based on GUMCAD data) ▪ Increase in number of young people (under 25) accessing the Service ▪ % of appointments Did Not Attend (DNA) ▪ % of Service Users offered services within 2 working days ▪ % of walk-in attendances carried out within 2 hours of registration ▪ % of all women choosing intrauterine (IUD/IUS), implant or depo LARC methods are offered an appointment to have this fitted within 2 weeks if medically appropriate. 	<ul style="list-style-type: none"> ▪ Baseline for year one to be established from GUMCAD 2013/14. Performance/thresholds for year two onwards will be established from GUMCAD 2014/15 onwards. ▪ Not exceeding 325 new attendances and 94 follow-up attendances (incentive payment of 2% of SSHS budget) ▪ Baseline to be established in year one. ▪ Baseline to be established in year one. ▪ 100% ▪ 100% ▪ 100% <p>Where data is available it is expected that baselines will not be set below current activity.</p>	
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Clinical Management: STIs

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Number of Service Users presenting with an asymptomatic STI concern ▪ Number of Service Users presenting with a symptomatic STI concern ▪ Number of Service Users who are offered full STI tests (T4) where clinically appropriate ▪ Number of Service Users who are offered a HIV test ▪ Number of STI tests conducted by coding 	<ul style="list-style-type: none"> ▪ Estimated Baselines will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed.</p>	<p>Quarterly report</p>

<ul style="list-style-type: none"> ▪ Number of positive and negative STI tests by coding ▪ Number of results delivered to Service Users within 10 working days of consultation ▪ Number of patients who have had STI testing in previous 3/6/12 months who re-attend for further testing in the period 	<p>Where data is available it is expected that baselines will not be set below current activity.</p>	
<ul style="list-style-type: none"> ▪ Quality Measures % of Service Users who have sexual health history and risk assessment undertaken ▪ % of Service Users who are eligible for and offered a HIV test at first attendance ▪ % of Service Users who are offered full STI tests (T4) where clinically appropriate ▪ % of Service Users who are offered full STI tests (T4) where clinically appropriate that accept a test ▪ % of Service Users who have had STI testing in previous 3/6/12 months who re-attend for further testing in the period. ▪ % of Service Users completing a Hep B vaccination course – in line with BASHH ▪ % of Service Users offered a HIV test where clinically appropriate ▪ % of Service Users offered a HIV test who accept a test ▪ % of routine STI test conducted that lead to a positive diagnosis (baseline) ▪ % of people newly diagnosed with HIV who have a CD4 count recorded in their clinical record within one month of diagnosis (late diagnosis from HARS). ▪ % of results (positive and negative) delivered to Service Users within 10 working days of the date of the sample ▪ % of routine STI laboratory reports of results (or preliminary reports) which are received by clinicians within seven working days of a specimen being taken ▪ % of all contacts where Partner Notification (PN) discussion has been initiated either by the index case or the Health Care Worker (HCW) within 4 weeks of first PN discussion. 	<ul style="list-style-type: none"> ▪ >97% ▪ >97% (excluding those already diagnosed HIV positive, to support Public Health Outcome Framework 3.4) ▪ 100% ▪ An estimated Baseline will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. ▪ >95% ▪ 95% ▪ 100% ▪ 0.6 contacts per index case within four weeks 	

<ul style="list-style-type: none"> ▪ % of Service Users who are symptomatic or Nucleic Acid Amplification Test (NAAT) positive for Neisseria gonorrhoeae who have a culture performed ▪ % of all contacts of index cases of gonorrhoea who attend for management of STIs within four weeks of the date of the first PN discussion ▪ % of reports (or preliminary reports) issued by the laboratory within five working days of the specimen being received by the laboratory ▪ % of final reports on supplementary testing, or following referral to the reference laboratory, which are issued by the laboratory within 10 working days of the specimen being received by the laboratory ▪ % of people having STI tests who can access their results (both positive and negative) within ten working days of the date of the sample (excluding those requiring supplementary tests) ▪ % of people who tested positive for Chlamydia to be treated within six working days of the date of test ▪ % of patients with documented evidence within clinical records that PN has been discussed with people living with HIV within 4 weeks of receiving a positive HIV diagnosis and within 1 week of identifying subsequent partners at risk ▪ % of patents with documented PN outcomes or a progress update at 12 weeks after the start of the process (HIV) ▪ % of symptomatic, PEPSE, or emergency contraception clients accessing service to be seen within 48 hours of contacting the service 	<ul style="list-style-type: none"> ▪ 80% ▪ 0.6 contacts per index case within four weeks ▪ 97% ▪ 97% ▪ 95% ▪ 95% ▪ 90% ▪ 90% ▪ 85% <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	
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Clinical Management: Chlamydia screening

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Number and % of 15-24 year old population tested for Chlamydia ▪ Number and % of 15-24 year olds attending a YorSexual Health service offered a Chlamydia test; and number and % of those that accept ▪ Number of positive patients under-25 offered a chlamydia re-test at 3 months post treatment, and number offered a re-test between three and six months after treatment ▪ Work towards achieving a diagnostic rate of 2,300/100,000 for chlamydia screening 	<ul style="list-style-type: none"> ▪ An estimated Baseline will be established by mutual consent with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. ▪ 100% offered; acceptance rates to be established <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	<p>Quarterly report</p>
<p>Quality Measures</p> <ul style="list-style-type: none"> ▪ % of tests delivered in core locations (i.e. primary care, GU, CASH) ▪ % of all results notified to the young person within 10 working days (from test data) ▪ % of those tested receiving a positive result 	<ul style="list-style-type: none"> ▪ At least 70% ▪ At least 95% ▪ An estimated Baseline will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. 	

<ul style="list-style-type: none"> ▪ % of positive Service Users who received treatment within six weeks of test dates ▪ % of index cases documented as offered PN discussion <p>Number of all contacts whose attendance at the Service was documented as reported by the index case, or by a HCW, within four weeks of the date of the first PN discussion.</p>	<ul style="list-style-type: none"> ▪ At least 95% ▪ At least 97% of index cases <p>At least 0.6 contacts per index case</p> <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	
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Clinical Management: Contraceptive services

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Number of male patients receiving condoms ▪ Number of female patients receiving condoms ▪ Number of IUD's fitted ▪ Number of IUD's removed ▪ Number of IUS's fitted ▪ Number of IUS's removed ▪ Number of failed IUD insertions ▪ Number of contraceptive injections administered ▪ Number of hormonal contraceptive implants fitted ▪ Number of hormonal contraceptive implants removed ▪ Number of contraceptive pills (COC & POP) 1st start ▪ Number of contraceptive pills (COC & POP) attendances ▪ Number of referrals to abortion services ▪ Numbers of Service Users provided with emergency contraception <ul style="list-style-type: none"> ○ Oral (EHC) ○ Device 	<ul style="list-style-type: none"> ▪ An estimated Baseline will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. 	<p>Quarterly report</p>

<ul style="list-style-type: none"> ○ Both ▪ Number of young people under 19 and under 16 accessing emergency contraception <ul style="list-style-type: none"> ○ Oral (EHC) ○ Device ○ Both 	<p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	
<p>Quality Measures</p> <ul style="list-style-type: none"> ▪ % of women having access to and availability of a range of contraceptive methods (including choice within products) ▪ % of LARCS prescribed as a proportion of all contraceptive methods provided (measured as “Start” and “Changes”) ▪ % of women who have their LARC fitting removed or changed within 12 months of fitting ▪ % of failed insertions of LARC <p>% of women who have access to emergency contraceptive advice (including Intrauterine Contraceptive Device) within xx hours of contacting the service</p>	<ul style="list-style-type: none"> ▪ 100% ▪ An estimated Baseline to will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	

Service: Counselling service

Performance measure	Expected performance/ threshold	Frequency and method of measure
Quantity Measures		

<ul style="list-style-type: none"> ▪ Number of psychosexual counselling sessions delivered – first appointments ▪ Number of psychosexual counselling sessions delivered – follow up appointments ▪ Number of Service Users seen ▪ Number of Service Users referred (need to capture waiting list quantity) ▪ % of all appointments DNA'd ▪ Number of Service Users on caseload ▪ Average number of sessions delivered per Service User ▪ Number of inappropriate referrals received ▪ Number of discharge summaries returned to referring clinician within 2 weeks of discharge 	<ul style="list-style-type: none"> ▪ An estimated Baseline to will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	<p>Quarterly report</p>
<p>Quality Measures</p> <ul style="list-style-type: none"> ▪ % of referrals responded to within 10 working days ▪ % of service users seen within 18 weeks of referral 	<ul style="list-style-type: none"> ▪ 100% ▪ 100% 	

Service: Condom distribution service

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Number of individuals signed up to condom distribution scheme ▪ Number of organisations signed up to deliver the scheme ▪ Number of condoms and related products distributed across the system broken down by settings and service areas 	<ul style="list-style-type: none"> ▪ An estimated Baseline to will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to</p>	<p>Quarterly report</p>

	support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.	
Quality Measures <ul style="list-style-type: none"> Annual quality assurance audit of the condom distribution service including service user and professional feedback, complaints, product supply and wastage 	<ul style="list-style-type: none"> One audit per year 	Annual report

Service: Marketing and publicity

Performance measure	Expected performance/ threshold	Frequency and method of measure
Quantity Measures <ul style="list-style-type: none"> Number of social marketing initiatives, campaigns and events the service has led or participated in 	<ul style="list-style-type: none"> Thresholds will be negotiated with the provider in year one. 	Annual report
Quality Measures <ul style="list-style-type: none"> Positive evaluation of social marketing initiatives, campaigns and events 	<ul style="list-style-type: none"> One evaluation report per year 	Annual report

Service: Clinical leadership

Performance measure	Expected performance/ threshold	Frequency and method of measure
Quantity Measures <ul style="list-style-type: none"> Stakeholder 360 degree survey to be conducted on clinical leadership role to include communication, partnership working, strategic and clinical leadership style and effectiveness, clinical pathway development, etc. 	<ul style="list-style-type: none"> Thresholds will be negotiated with the provider in year one. 	Bi-annually within annual report

<ul style="list-style-type: none"> ▪ Number of clinical network sessions provided ▪ Services that manage integrated sexual health services must be safe, well managed and accountable 	<ul style="list-style-type: none"> ▪ Evidence that clinical governance arrangements are in place and effective: demonstrate compliance with CQC 2014 Regulations 12, 17, 18, 19, 20 ▪ Evidence of participation in relevant annual regional or national audits and actions taken as a result of the audit findings 	Annual report
<p>Quality Measures</p> <ul style="list-style-type: none"> ▪ Evidence of response to results of 360 survey undertaken, including with clinical network members ▪ Evidence of clinical pathways and how these are disseminated throughout the system ▪ Evidence of engagement with wider sexual health forums and networks (local and national) e.g. child sexual exploitations 	<ul style="list-style-type: none"> ▪ One report every two years ▪ Every year ▪ Every year 	<p>Bi-annually</p> <p>Annual Report</p>

Service: Training programme

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Number of training sessions (to be agreed) delivered, broken down by topic, course length, level (to include levels 1-3), locality and by professional groups ▪ Number and type of placements provided ▪ External Training requests met 	<ul style="list-style-type: none"> ▪ Thresholds will be negotiated with the provider in year one. ▪ 75% 	Quarterly report
<p>Quality Measures</p> <ul style="list-style-type: none"> ▪ % of training sessions evaluated positively ▪ Evidence that the training is based on a training needs analysis (levels 1-3 across the whole system) ▪ Evidence that the service has engaged with the Local Education Training Board (LETB) 	<ul style="list-style-type: none"> ▪ One training report per year 	Annual report

Performance measures - HIV Support Service

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Numbers of assessments including Carers Assessments ▪ Number of new referrals with HIV diagnosis (self and direct) ▪ Number of new referrals partners/carers/family member ▪ Total number of service users on caseload (people with HIV diagnosis and partners/carers/family members) ▪ Number of Service Users receiving each type of intervention (people with a HIV diagnosis and partners/carers/family members) ▪ Number of condoms and related products distributed (per quarter) ▪ Number of onward referrals and sign-posts 	<ul style="list-style-type: none"> ▪ An estimated Baseline to will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	<p>Quarterly report</p>
<p>Quality Measures</p> <ul style="list-style-type: none"> ▪ Improvements in self-reported health and well-being measures (to be agreed) from baseline assessment to 6 month review ▪ % of appointments DNA'd 	<ul style="list-style-type: none"> ▪ Threshold will be negotiated with the provider in year one. ▪ An estimated Baseline to will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. 	<p>Quarterly report</p>

<ul style="list-style-type: none"> ▪ % of service users referred from the clinical nurse specialist who are offered an appointment within 48 hours 	<ul style="list-style-type: none"> ▪ Thresholds will be negotiated with the provider in year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	
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Performance measures - Community Outreach Service

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Number of new Service Users ▪ Number of community outreach contacts ▪ Number of service users receiving each type of intervention ▪ Number of service users identifying as sex workers ▪ Average number of counselling sessions received by service users ▪ Number and type of POCT delivered ▪ Number of condoms and related products distributed ▪ Number of onward referrals and sign-post 	<ul style="list-style-type: none"> ▪ An estimated Baseline will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	<p>Quarterly report</p>
<p>Quality Measures</p>		

<ul style="list-style-type: none"> ▪ Improvements in self-reported health and well-being measures (to be agreed) from baseline assessment to 6 month review ▪ % of counselling appointments DNA'd ▪ POCT positivity rate 	<ul style="list-style-type: none"> ▪ Threshold will be negotiated with the provider in year one. ▪ An estimated Baseline will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. ▪ Estimated Baseline positivity rates will be established in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	<p>Quarterly report</p>
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Performance measures - Common requirements

Workforce

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> Number and type of employed posts Number and type of unpaid posts including students 	<ul style="list-style-type: none"> An estimated Baseline to will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. Baseline to be established in year one. <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	<p>Annual report</p>
<p>Quality Measures</p> <ul style="list-style-type: none"> Workforce issues that impact on service delivery e.g. sickness, vacancies, difficulties in recruitment, are reported to the commissioner as soon as possible % of staff, broken down into service area, who have successfully completed competency based training, according to their scope of practice, and fulfilled relevant update requirements % of dual trained staff to deliver contraceptive (including LARC methods) and GUM services 	<ul style="list-style-type: none"> 100% 100% Thresholds will be negotiated with the provider in year one. 	<p>As issues arise</p> <p>Annual report</p> <p>Annual report</p>

Service User Experience

Performance measure	Expected performance/ threshold	Frequency and method of measure
<p>Quantity Measures</p> <ul style="list-style-type: none"> ▪ Report on Service User experience including compliments/comments and how they were resolved ▪ Evidence of regular Service User engagement including within service developments ▪ A Patient and Public Engagement (PPE) plan which affords public consultation and feedback ▪ The use of Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) to collect information from patients ▪ Evidence of person-centred care and treating service users with dignity and respect ▪ Care pathways with other organisations to include partner notification and linked services (e.g. alcohol and drugs, mental health, FGM, CSE, smoking, domestic violence, sexual violence etc.) are clearly defined 	<ul style="list-style-type: none"> ▪ An estimated Baseline to will be established by mutual agreement with the provider in year one. From year two onwards, performance/thresholds will be agreed with the provider based on the activity from year one. Baseline to be established in year one. ▪ Evidence of a current Patient and Public Engagement plan which affords public consultation and feedback. ▪ Evidence from providers of effectiveness of care from the patients' perspective and the patient experience of the humanity of their care via annually reporting validated PROMs and PREMs ▪ Evidence of established pathways ▪ Attendance at multi-agency meetings <p>No additional payment to the contract value will be made available to the Provider to support the achievement of performance thresholds agreed. Where data is available it is expected that baselines will not be set below current activity.</p>	Annual report
<p>Quality Measures</p> <ul style="list-style-type: none"> ▪ Evidence of improvements made to service as a result of user feedback ▪ You're Welcome accreditation (or equivalent) for clinics. ▪ Submission of a clinical governance and audit report to include patient safety, clinical effectiveness, and patient and public experience 	<ul style="list-style-type: none"> ▪ One service user experience report per year ▪ Clear plans in place for achievement across all clinics within 2 years ▪ One report per year 	Annual report

<ul style="list-style-type: none"> ▪ All 'near misses' to be recorded and reported at quarterly meetings. ▪ All serious untoward incidents reported to the commissioners within 5 days of their occurrence. ▪ An Equality Impact Assessment (EIA) is undertaken and outcomes utilised to inform forward year planning. ▪ % of service user feedback on surveys that rates satisfaction as good or excellent ▪ % of people contacting a service who are offered to be seen or assessed with an appointment or as a 'walk-in' within two working days of first contacting the service ▪ % of people contacting service who are seen or assessed by a healthcare professional within 2 working days of first contacting the service 	<ul style="list-style-type: none"> ▪ 100% ▪ 100% ▪ One report per year ▪ >70% ▪ 98% ▪ 80% 	<p>As issues arise</p> <p>Annual report</p>
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The provider will be required to report on progress against all performance measures. The Provider will meet quarterly with the Commissioner to review performance

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North Yorkshire County Council Executive

26 November 2019

Global Resettlement Scheme

1 Purpose

- 1.1 To provide an overview of the government's recently announced global resettlement scheme.
- 1.2 To consider North Yorkshire County Council's participation in the government's future refugee resettlement scheme from 2020/21.

2 Background

- 2.1 The number of refugees worldwide is calculated to be the highest ever at 25.9 million¹ and since 2017 refugees have made up almost one per cent of the global population for the first time in modern history. Low to middle income countries host 85% of the world's refugees under UNHCR's mandate² with nine of the top ten refugee-hosting countries being in developing regions³.
- 2.2 In June 2019 the Home Secretary wrote to Parliament to reaffirm the commitment to the resettlement of refugees beyond the conclusion of the Syrian Resettlement Programme (SRP) and Vulnerable Children's Resettlement Scheme (VCRS) in 2020. A letter outlining the details was subsequently sent to Council leaders to seek local authorities' participation in the new scheme, as attached in **Appendix A**. Further details about the new scheme (provisionally called the 'global resettlement scheme') is attached in **Appendix B**.
- 2.3 In summary:
 - The global resettlement scheme will incorporate the current resettlement programmes (SRP, VCRS and Gateway Protection Programme) into one new 'global resettlement scheme'.
 - In 2020/21, the first year of the new scheme's operation, the government will aim to resettle 5,000 refugees.
 - In 2020/21 the grant provided to local authorities and clinical commissioning groups (CCGs) will be funded at the same rate and for the same period as the current SRP and VCRS schemes (five years for local authorities and one year for CCGs).

¹ Source: UNHCR 19 June 2019

² UNHCR Global Trends 2017

³ UNHCR Global Trends 2018

- The government has not been able to confirm the funding for arrivals after 2020/21 due to needing to await the outcome of the comprehensive spending review. The government has however declared its intention to run the new programme in the long term. Consequently, the scheme is not to be seen as a one year's extension to the existing resettlement programmes but rather a permanent consolidation into one scheme.
- The numbers of refugees to be resettled on a yearly basis beyond 2020/21 is thought to be unlikely to change significantly and the funding is expected to remain the same, though it is not known yet whether inflationary cost pressures will be taken into account in subsequent years.
- The geographical focus will be broadened beyond the Middle East and the North Africa region. This will also enable the addition of a new process for emergency resettlement, allowing the UK to respond quickly to instances of heightened protection need, providing a faster route to protection where lives are at risk. The numbers of refugees brought under this emergency aspect of the new scheme is expected to be a minor part of the overall number of refugees to be resettled.
- The process for accepting refugees will be the same, with the UNHCR making recommendations to the Home Office, and the final decision resting with local authority.
- The Community Sponsorship scheme will continue and the numbers will be in addition to the 5,000 refugees to be resettled in 2020/21 by local authorities. (To date in North Yorkshire one family (4 persons) has been resettled under the Community Sponsorship scheme and is not included in the numbers resettled by North Yorkshire local authorities.)

2.4 In the Yorkshire and Humber region, the regional partnership agreement between Migration Yorkshire and local authorities is likely to remain the same under the new scheme. The Refugee Council will continue to provide the integration support in 2020/21, as planned, but a procurement exercise is expected to take place at the same time to appoint an integration support provider for the longer term. This exercise will also provide an opportunity to re-model the existing integration support if required. Other regional commissioned support will also be reviewed.

3 Syrian Resettlement Programme (SRP) and Vulnerable Children's Resettlement Scheme (VCRS) in North Yorkshire

3.1 In 2016 North Yorkshire councils agreed to resettle a minimum of 197 SVPs (Syrian Vulnerable Persons) and 22 people under the VCRS scheme (219 refugees in total), with each district pledging a minimum commitment based upon North Yorkshire as a whole taking one percent of the country's total. Scarborough

Borough Council made the decision to not take part in resettling persons under the VCRS at that point in time.

- 3.2 In the Yorkshire and Humber region the arrivals period was April 2016 to November 2018 but most local authorities except those in North Yorkshire continued to resettle families up to the present over and above their original pledges. North Yorkshire started in July 2016 and finished in February 2018, as shown in **Appendix C**.
- 3.3 The actual number of refugees resettled in North Yorkshire was 238 refugees in total (209 SVPs and 29 VCRS across 50 families), linked to the relatively large family sizes that we were allocated. The nationalities of the VCRS families resettled were Sudanese and Iraqi.
- 3.4 Families were typically two adults and three children. Most of the children were primary school aged. Seven families (34 persons) have since left North Yorkshire; the main reason being to live nearer to relatives resettled elsewhere in the UK rather than because of the rural nature of North Yorkshire. The latter risk was reduced by resettling a number of families within the same town.
- 3.5 Just under 30% of the families included family members with complex needs. The complexity of need varied widely from people with some mobility issues to severely disabled adults and children including children with genetic disorders and life-limiting illnesses.
- 3.6 Experience has shown that where the bulk of families were received early on within a district's resettlement programme, it provided a stronger network for the families from the start. It was also easier to manage resources than having arrivals stretched out across several flights. However, the local housing supply and suitability of an area to resettle the families ultimately determined the pace of resettlement.
- 3.7 45 properties were used for the initial resettlement of the families, with three bedroomed properties in greatest demand as shown below.

Table 1: SVP: housing – North Yorkshire

	No. resettled (July 2016 to February 2018)	House size – no. of bedrooms					
		1	2	3	4	5	6
SVP	209	0	3	30	5		1

Table 2: VCRS: housing – North Yorkshire

	No. resettled (April 2017 to January 2018)	House size – no. of bedrooms					
		1	2	3	4	5	6
North Yorkshire	29		3	4			

3.8 There have subsequently been 11 house moves within the county, involving either the whole family or individual family members moving out of the original property allocated to them.

4 Participation in the global resettlement scheme: issues to consider

4.1 The figure of 5,000 refugees to be resettled in 2020/21 is similar to the commitments made by Prime Minister David Cameron in September 2015 and April 2016 to resettle 20,000 Syrian refugees and 3,000 VCRS refugees in under five years. It is assumed that from 2021/22 onwards there will be a similar number of refugees resettled nationally per year as the 5,000 refugees to be resettled in 2020/21.

4.2 All local authorities will need to consider a formal proposal regarding participation through their normal decision making processes.

4.3 Based upon the experience of the existing refugee resettlement scheme across the county, flexibility by district councils to allow housing officers to use a range of housing types, including where available social or council housing, will enable the resettlement of further refugee families to be speeded up. Not all vacant property can be used, for example if police intelligence flags up that the local area would not be suitable to house a refugee family.

4.4 To date, issues with the use of private rented property in the county have been:

- It proved more difficult to source due to affordability issues, finding properties that were suitably adapted, and finding private landlords who were willing to accept families on out of work welfare benefits.
- The predominant use of private rented property slowed down the speed of the resettlement significantly in terms of numbers of families being able to be accepted from each flight. This resulted in more time and cost having to be spent.
- The use of private rented property has in some instances proved to be more time-consuming for district councils (especially those that are stock transfer landlords), in relation to the day-to-day management of the properties beyond Year 1 when the Refugee Council's housing support function no longer continues but where families might require ongoing tenancy support.
- It has become apparent from the resettlement programme to date that families in private rented property are more likely to need to move property after their first 12 months in the UK. House moves result in additional costs and can also be unsettling for the families concerned, coming on top of the upheavals they faced prior to being resettled in the United Kingdom. A house move could also mean a change of school and further distance for the adults to travel to the English language classes.
- There are less opportunities to resettle families with complex mobility needs using private rented property. This is because private landlords

understandably might be unwilling for the necessary adaptations to be made to their property.

- 4.5 Future arrivals would need to continue to be resettled in towns to ensure that they had access to the appropriate support services. If new arrivals were resettled in the same town in the district as our existing refugee families, it would help to consolidate a support network between families and possibly improve outcomes.
- 4.6 It is envisaged that a schedule of arrivals across each of the seven North Yorkshire districts would begin with resettling families in no more than three districts at a time. Resettlement would be over the space of several months in the initial districts before moving on to the remaining districts once the former had reached their agreed resettlement number. For practical reasons it is not envisaged that a district will spread out its resettlement of families across each of the years 2020/21 to 2023/24 as this would be more difficult to manage and require a greater level of resource on an ongoing basis.
- 4.7 Careful consideration would need to be taken locally as to regards the country and cultural background of refugees being resettled under the new scheme from each flight and in relation to existing immigrant communities. Resettling only one family from a separate cultural background to other refugee families heightens the risk of that family moving out of the county. In the first few years it is anticipated that most of the refugees will continue to be from Syria due to the continuing crisis there.
- 4.8 There are a number of positive reasons for participating in the new global refugee resettlement scheme in North Yorkshire:
- On the whole the refugee resettlement programme has progressed smoothly in North Yorkshire and the families have settled in relatively well considering their past traumatic lives. The Refugee Council has commented that compared with some of the larger metropolitan areas in the region with more established Arabic-speaking communities, the refugee families in North Yorkshire have more quickly built up their understanding of the English language and their independence. 14 clients of working age are currently in employment – seven are in full-time work and seven are in part-time work. A number of other adults have construction experience and so work placements are being explored to this end with a range of employers. 32 clients are volunteering, which is helping them to gain useful experience before entering the world of work. Two of our young adults started apprenticeships in September 2019 and a number of our other young adults (+16 years to 19 years) continue to attend college. This includes English language classes and vocational courses. In most cases children were able to secure a school place at their nearest school or an alternative school within their local catchment area.
 - There has been a good spirit of partnership working between the local authorities in North Yorkshire, the Refugee Council and the other resettlement partners such as Health, schools and the Police. This spirit of co-operation and commitment would need to continue in order to ensure

that the refugee resettlement for later arrivals was a success. The refugee resettlement programme will continue to require up to a five-year commitment of support to be provided to each family by resettlement partners in relation to their various roles and responsibilities.

- The current level of funding provided by the Home Office to local authorities is sufficient to provide appropriate levels of support to the refugee families resettled in North Yorkshire.

4.9 If there is agreement for some or all North Yorkshire local authorities to participate in the global resettlement scheme, it will be advisable to proceed on the basis that participation will be a longer term commitment than 2020/21. Locally, as a minimum, a commitment over four years (2020/21 to 2023/24) to resettle refugees is needed for planning purposes. If individual councils require, they could then undertake their own review towards the end of that period regarding future participation in the scheme. The alternative of having annual ('stop' 'go') decisions whilst waiting for specific government commitments about numbers to be resettled nationally would make it difficult to manage a resettlement programme locally.

5 Indicative numbers that could be resettled by participating local authorities

5.1 Under the current scheme, North Yorkshire councils working together resettled on average 150 persons (approximately 30 families/properties) each year from the start to the finish of the resettlement period in the county (July 2016 to February 2018).

5.2 Due to pressures on local housing and other local authority housing commitments, including the duties introduced under The Homelessness Reduction Act 2017, a more conservative target of 50 refugees per year (approximately 11-13 families) is proposed to be resettled under the new scheme, rather than continuing with the higher average resettlement rate achieved under the current scheme.

5.3 50 persons being resettled in North Yorkshire each year from 2020/21 to 2023/24 would equate to one percent of the envisaged national programme of 5,000 persons per year. This is the same 'fair share' approach used for the SVP and VCRS programmes, given that the county's population is just under one percent of the UK population. Using this approach, the number of refugees that would be resettled in each district is shown in the table below. To reach an average of 50 persons being resettled each year would require a minimum of two districts a year to participate and in some instances would involve three districts. The actual numbers resettled might be marginally higher than those listed below due to the need to match family sizes to specific properties.

Table 3: ONS 2018 population estimates

District	2018 population mid-year estimate by district	Percentage of North Yorkshire population by district	Anticipated number of refugees to be resettled in total 2020/21 to 2023/24
Craven	56,832	9.3	19
Hambleton	91,134	14.8	30
Harrogate	160,533	26.1	52
Richmondshire	53,244	8.7	17
Ryedale	54,920	8.9	18
Scarborough	108,736	17.7	35
Selby	89,106	14.5	29
Total	614,505	100	200

- 5.4 District Councils would need to ensure that they were able to arrange to provide this supply of housing during their allocated time period. The County Council would need to ensure that the other elements of the resettlement package were also in place. The schedule of charter flights is likely to be known some time in advance of families arriving, providing an opportunity for Housing Officers to have early discussions with national, regional and local housing providers to secure their commitment to the project.

6 Approvals process

- 6.1 During this autumn each local authority in North Yorkshire has been asked to consider its participation in the government's future refugee resettlement scheme from 2020/21. Each district council is at various stages of doing so but are all expected to have reached a decision by the end of 2019.

7 Recommendation:

- 7.1 That the Executive notes the government's future refugee resettlement scheme from 2020/21.
- 7.2 That the Executive approves North Yorkshire County Council's participation in the future refugee resettlement scheme from 2020/21 on an ongoing basis, provided that:
- this is in partnership with North Yorkshire district councils;
 - the funding is no lower than envisaged by the Home Office;
 - arrangements are similar to the SRP and VCRS programmes; and that
 - families are resettled on a phased basis across districts.

Neil Irving
Assistant Director - Policy, Partnerships and Communities
North Yorkshire County Council

29 October 2019

Appendices:

Appendix A: Letter to Council Leaders, dated 17 June 2019, from the Rt. Hon. Caroline Nokes MP, Minister of State for Immigration: Home Office, and Lord Bourne of Aberystwyth, Minister for Faith: Ministry of Housing, Communities and Local Government.

Appendix B: UK Resettlement Scheme: Note for Local Authorities, August 2015 (Home Office)

Appendix C: North Yorkshire Refugee Resettlement Schedule: July 2016 to February 2018



Home Office

Rt Hon Caroline Nokes MP
Minister of State for Immigration

2 Marsham Street
London SW1P 4DF
www.gov.uk/home-office

Council Leaders
Local Authorities in England

Sent via email



Ministry of Housing,
Communities &
Local Government

Lord Bourne of Aberystwyth
Minister for Faith

17 June 2019

Dear Leader,

We are writing to inform you that the Government has today reaffirmed our commitment to the resettlement of refugees in anticipation of the conclusion of our three largest resettlement schemes in 2020. We hope this is welcome news to you and your communities. The success of resettlement in the UK to date has been achieved by working in partnership with over 300 local authorities. Many of you are participating in delivering the current schemes and your work to support and integrate these vulnerable refugees is greatly appreciated.

In the statement the Home Secretary has made to Parliament, he set out the Government's ongoing commitment to resettlement. We will consolidate our biggest schemes into a new global resettlement scheme. Our priority will be to continue to resettle the most vulnerable refugees, identified and referred by UNHCR. Under the global resettlement scheme, we will broaden our geographical focus beyond the Middle East and North Africa region and will also be better placed to swiftly respond to international crises in coordination with global partners.

In the first year of operation, the UK will aim to resettle in the region of 5,000 of the world's most vulnerable refugees. Ensuring local authorities can provide resettled refugees with the help and support they need to successfully integrate in their new communities remains central to our approach. Hence, we are happy to confirm we have retained current funding rates for those arriving in the first year of the scheme, meaning a local authority will continue to receive the five-year tariff of £20,520 for each refugee with a top-up (for year 1) for children aged 3-18 years.

A new process for emergency resettlement will also be developed, allowing the UK to respond quickly to instances of heightened protection need, providing a faster route to protection where lives are at risk. We will work closely with local authorities, regional Strategic Migration Partnerships and other partners over the coming months as we develop the new arrangements.

Annex A

The Community Sponsorship scheme, which enables community groups to directly welcome and support refugees in the UK, will continue. Building on the experience of delivering the current schemes and the significant contribution of our community sponsors, a key part of our resettlement offer will be that those resettled through our community sponsorship and Mandate routes will be in addition to our yearly, global commitment.

We would like to take the opportunity to acknowledge the invaluable contribution that many of you have made in delivering the current commitments. We hope you will continue to support refugees under the new scheme. In addition, we would welcome pledges of support from authorities yet to engage in resettlement. Our officials will be in touch soon to provide more detailed information on how you can support us. In the meantime, if you would like to discuss any aspect of this letter, please do not hesitate to contact us.

Over the last few years, we have together made significant progress in our contribution to global resettlement efforts. We recognise the positive difference that local authorities, regional Strategic Migration Partnerships, communities, and community sponsors have made to the lives of refugees resettled in the UK. It is right that we today reaffirm our ongoing commitment to supporting refugees, and to working with partners to find a longer-term approach to refugee protection – an approach that restores dignity and offers refugees a viable future.

We are copying this letter to regional Strategic Migration Partnerships.



Rt Hon Caroline Nokes MP
Minister of State for Immigration
Home Office



Lord Bourne of Aberystwyth
Minister for Faith
Ministry of Housing, Communities and
Local Government



Home Office

UK Resettlement Scheme

Note for Local Authorities

August 2019

Introduction

Resettlement continues to be a critical protection tool, providing a pathway to safety for refugees who can no longer remain in their host-countries. With the support of local government, the UK's existing schemes have provided safe and legal routes for tens of thousands of people to start new lives. However, the global need for resettlement continues to grow; the United Nations High Commissioner for Refugees (UNHCR) estimate that in 2020 more than 1.4 million refugees will need to be resettled.

The UK Government confirmed on 17 June 2019 its ongoing commitment to resettlement, announcing plans for a new UK Resettlement Scheme which will see thousands more refugees provided with a route to protection when it begins in 2020. This briefing note sets out further information for local authorities about the new scheme.

Overview

The UK Resettlement Scheme will consolidate the existing Vulnerable Persons' Resettlement Scheme (VPRS), Vulnerable Children's Resettlement Scheme (VCRS) and Gateway Protection Programme which will all naturally come to an end in 2020. This new scheme will be open to refugees identified by UNHCR to be in need of resettlement to the UK because of their vulnerability and does not have a specific geographical focus. Those resettled through our Community Sponsorship and Mandate routes will be in addition to our yearly, global commitment.¹

We are looking for the ongoing support and participation of local government across the UK and encourage local authorities to submit their offer of places for the new scheme as soon as possible. We continue to warmly welcome interest from those authorities who have yet to take part in resettlement.

We are planning a smooth transition, with arrivals under the new scheme expected to start once arrivals under the VPRS are completed; this is estimated to be in Spring 2020. We expect there to be a seamless continuation of arrivals between the current and the new scheme. This is in line with feedback from regional Strategic Migration Partnerships (SMPs) on what LAs would find most helpful in transition.

We would also welcome conversations with local authorities who are able to offer additional places under the current schemes. This would enable authorities to maintain momentum with their arrivals and ensure consistency in provision of services as we move towards the start of the new scheme.

Eligibility

The new UK Resettlement Scheme will continue to be based on vulnerability, with refugees assessed for resettlement by UNHCR against their [resettlement submission categories](#). We

¹ More information on all current resettlement schemes can be found [here](#)

will work closely with UNHCR to identify vulnerable refugees from around the world where resettlement to the UK offers the best durable solution.

Who we will resettle

In the first year of the new scheme it is anticipated that the caseloads of refugees we resettle will continue to look broadly similar to those we see under our existing schemes, with the majority coming from the MENA region. We already operate in line with UNHCR's global priorities and will continue to do so, however over time the nationalities of refugees resettled may change in response to world events and the global context.

As the profiles of those we resettle change, the Home Office will continue to work closely with SMPs and local authorities to match refugees to housing availability in areas that can provide appropriate support to those we resettle.

Numbers

In the first year of operation of the new scheme, the UK will aim to resettle in the region of 5000 refugees with those arriving through our Mandate and Community Sponsorship routes additional to this number. The Government remains committed to resettlement, and decisions on the number of refugees to be resettled in subsequent years will be determined through future spending rounds.

Year on year, resettlement volumes are likely to fluctuate according to the flow of referrals from overseas and the availability of suitable accommodation and support in the UK.

Role of Local Authorities

Local authority participation in the new scheme will continue to be voluntary, with refugees allocated in the same way as currently under VPRS and VCRS. We will continue to work closely with local authorities across the UK to ensure they are able to support those who are allocated to them for resettlement under the new scheme.

Local authorities will retain the same role in the community sponsorship process and we would ask they continue to engage positively with groups that come forward to participate in community sponsorship.

Role of Regional Strategic Migration Partnerships

SMPs will continue to provide support to local authorities to help deliver resettlement, including coordinating offers of places and planning for the arrival of refugees, together with sharing of expertise and knowledge to enable councils to resettle successfully.

Funding Package

The funding package available under the new scheme will mirror that currently paid under VPRS and VCRS; a local authority will receive a five-year tariff of £20,520² for each refugee with an additional education tariff (for year one) for children aged 3-18 years. Additional

² £20,000 in Northern Ireland as social care element paid directly to Department of Health

funding will continue to be made available, on a case by case basis, for exceptional costs incurred by local authorities, including; property adaptations, void costs for larger (4 bed) properties, special educational needs, and adult social care.

The post-arrival resettlement support requirements of local authorities will mirror those issued under the VPRS and VCRS.

Health Care

All refugees referred for potential resettlement undergo a health assessment through International Organization for Migration as part of the resettlement process. The findings of these assessments will continue to be passed to local authorities considering resettlement of that individual to ensure suitable treatment/support can be provided upon arrival.

As with existing schemes, resettled refugees under the new scheme will be able to access healthcare via the NHS free of charge. The £2600 per refugee for health costs made available to healthcare providers under the VPRS and VCRS will continue to be available under the new scheme.

Access to Benefits and Work

Refugees resettled under the new scheme will have access to mainstream benefits and services to enable their integration; work continues across Government to ensure services meet the needs of refugees. They will also have immediate and unrestricted access to the labour market.

English Language

Refugees will continue to be able to access English language tuition that is fully funded through the Adult Education Budget (AEB) if they are unemployed and in receipt of certain benefits; or if they are in an area that is part of the AEB low wage trial and they earn less than £16,009.50. Children in full time education will receive English language support in schools.

Additional language funding of £850pp will continue to be available in year one. This is intended to boost local capacity and supplement mainstream AEB provision. As with the current scheme, Home Office will include outcomes associated with this additional funding in the annual funding instruction. Local authorities will also continue to be able to use the tariff to further top up costs of language provision. Funding will also be available to help with child care costs in relation to attendance at ESOL classes.

Community Sponsorship

The community sponsorship scheme has been a real success and is established now, with a broad range of experience, training and support available to community groups, through Reset, the organisation established to build capacity amongst potential community sponsors. Reset currently provides services including in-person training, a range of online material to support groups in preparing their application and supporting a family <https://training-resetuk.org/> an application checking service and a post-arrival advice

line. Reset are also developing resources for local authorities about the process of providing consent.

Please get in touch with your Resettlement Contact Officer and regional SMP lead if you require further information, and to discuss your offer of new resettlement places under the current or future scheme.

Appendix C

North Yorkshire Refugee Resettlement Schedule: July 2016 to February 2018

Month	Syrian Vulnerable Persons (SVP) numbers by district	North Yorkshire Districts
2016		
July	34 (11 = Craven / 9 = Harrogate / 14 = Selby)	Craven, Harrogate and Selby
September	3 (Craven)	Craven
October	30 (8 = Selby / 22 = Harrogate)	Selby and Harrogate
November	6 (Harrogate)	Harrogate
2017		
January	52 (10 = Craven / 17 = Harrogate / 25 = Scarborough)	Harrogate and Scarborough
April	5 (Selby)	Selby
June	28 (6 = Craven / 11 = Ryedale / 11 = Scarborough)	Craven, Ryedale and Scarborough
July	5 (Ryedale)	Ryedale
2018		
January	40 (22 = Hambleton /18 = Richmondshire)	Hambleton and Richmondshire
February	6 (6 = Hambleton)	Hambleton

District	SVP minimum agreed number	Actual nos. initially resettled (exc. births in UK)	Remaining in North Yorkshire (exc. births in UK)
Craven	25	30	15
Hambleton	28	28	28
Harrogate	50	54	48
Richmondshire	16	18	13
Ryedale	16	16	16
Scarborough	36	36	36
Selby	26	27	27
Totals	197	209	183

Month	Vulnerable Children's Resettlement Scheme (VCRS) numbers by district	North Yorkshire Districts
2017		
April	7 (2 families) = Harrogate	Harrogate and Selby
June	5 (1 family) = Ryedale	Ryedale
July	5 (1 family) = Selby	Selby
September	4 (1 family) = Craven	Craven
2018		
January	8 (2 families) = Richmondshire	Richmondshire

District	VCRS minimum agreed number	Actual nos. initially resettled (exc. births in UK)	Remaining in North Yorkshire (exc. births in the UK)
Craven	3 (1 family)	4 (1 family)	0
Hambleton	4 (1 family)	0	0
Harrogate	7 (2 families)	7 (2 families)	7
Richmondshire	2 (1 family)	8 (2 families)	4
Ryedale	2 (1 family)	5 (1 family)	5
Scarborough	0	0	0
Selby	4 (1 family)	5 (1 family)	5
Totals	22	29	21

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North Yorkshire County Council

Executive

26 November 2019

Appointments to Committees and Other Bodies

1.0 Purpose of the Report

- 1.1 To enable any appointments to Committees or major outside bodies to be considered.

2.0 North Yorkshire Health & Wellbeing Board

- 2.1 The Emergency Services are represented on the Board by the Yorkshire Ambulance Service, as previously agreed between the Emergency Services.
- 2.2 The Emergency Services are currently represented by Mr Andrew Pippin, but they recently agreed that Rachel Pippin should replace him as their representative on the Board.

3.0 Recommendations

- 3.1 That the Executive nominate Rachel Pippin as the new Emergency Services representative on the North Yorkshire Health & Wellbeing Board.

Barry Khan
Assistant Chief Executive (Legal and Democratic Services)
County Hall
Northallerton
21 October 2019

Report Author: Melanie Carr

Background documents: None

Appendices: None

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FORWARD PLAN

The decisions likely to be taken by North Yorkshire County Council in the following 12 months are set out below:

Publication Date: 14 November 2019

Last updated: 15 November 2019

Period covered by Plan: up to 30 November 2020

PLEASE NOTE:-

In accordance with the Local Authorities (Executive Arrangements)(Meetings and Access to information)(England) Regulations 2012, at least **28 clear days' notice**, excluding the day of notification and the day of decision taking, must be published on the Forward Plan of any intended key decision. It is also a requirement that **28 clear days' notice** is published of the intention to hold a Executive meeting or any part of it in private for the consideration of confidential or exempt information. For further information and advice please contact the Democratic Services and Scrutiny Manager on 01609 533531.

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
THE EXECUTIVE								
Standing Item	Executive	TRO's	Yes in most instances	Introduction of Traffic Regulation Orders	Executive Members, local Members, public	Statutory consultation	In writing to the Corporate Director Business and	

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
							Environmental Services	
Standing Item	Executive	Area Constituency Committee Feedback		As required, but usually for noting	N/A	N/A	N/A	N/A
Standing Item	Executive	Appointments to Outside Bodies and/or recommendations to Council re Committee appointments		Approval of appointments to Outside Bodies and/or making of recommendations to Council re Committee appointments	N/A	N/A	N/A	N/A
Standing Item	Executive	Potential purchase of land for investment purposes This item will contain exempt information.	Yes	Following the Executive decision of 15 August 2017 the Executive have agreed an investment strategy of purchasing land of up to £5m where it would provide a suitable return on investment. These opportunities have a quick turnaround time therefore a standard item is included on the Forward Plan to give notice that such a decision may be	Internal.	None.	Gary Fielding, Corporate Director - Strategic Resources	Once a relevant opportunity is identified the relevant reports will be drafted & circulated to the Executive.

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
				requested by the Executive.				
TBC	Executive	Recommissioning of the Universal and Mandated Healthy Child Programme - Health Visiting and School Nursing Services	YES	Approval and authorisation of the use of Section 75 Agreement to deliver the Healthy Child Programme as part of an integrated 0-19 service	Public and interested parties	Online 4 week consultation period via the Council's website	Victoria Ononeze 01609 797045 Emma Lonsdale 01609 535770	Executive 13 August 2019
26 November 2019	Executive (Performance Monitoring)	Q2 Performance Monitoring and Budget report including: <ul style="list-style-type: none"> • Revenue Plan • Capital Plan • Treasury Management • Prudential Indicators 			Management Board			Previous quarterly reports
26 November 2019	Executive (Performance Monitoring)	To enter into a Section 75 agreement for the commissioning of the Integrated Sexual Health Service	Yes	Approval to enter into a Section 75 partnership agreement with York Teaching Hospital NHS Foundation Trust.	York Teaching Hospital NHS Foundation Trust	Published via the Council's website	Emma Davis 01609 797154	Report taken to Executive on 3 September 2019

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
26 November 2019	Executive (Performance Monitoring)	Participation in the government's global resettlement scheme.	No	To approve North Yorkshire County Council's participation in the global resettlement scheme and indicative numbers to be resettled each year.	NYCC Executive and North Yorkshire district councils.	By report	Jonathan Spencer 01609 533488	
26 November 2019	Executive (Performance Monitoring)	Annual Report of the Looked After Children Members Group	No	To approve the Annual Report of the Chair of the LAC Group	LAC Members Group	LAC group meeting on 17 October 2019	Via Cllr Annabel Wilkinson, Chair of LAC Members Group & Principal Scrutiny Officer – Ray Busby	Young Peoples Overview and Scrutiny Committee meeting 6 Dec 2019
26 November 2019	Executive (Performance Monitoring)	The new MES proposes to increase the amount of education a pupil is provided with whilst absent from school and provide a range of educational options. Through working closer with Health, the aim is to ensure the provision is in	Yes	- Approval to implement the new model for education provision for children with medical needs.	There will be no consultees as part of this.	The consultation has been carried out between September – October 2019 with stakeholders on the proposed new model.	Jane Le Sage, Assistant Director Inclusion Jane.LeSage@northyorks.gov.uk 01609 532174	N/A

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
		<p>pupils' best interests and does not inhibit their re-integration back into school.</p> <p>An increased range of options for medical tuition, including digital solutions, personal home tuition and group education (currently only available to pupils in the secondary phase of education) will enable the delivery of a bespoke package for each child.</p>						
26 November 2019	Executive (Performance Monitoring)	Consideration of potential investment opportunity There will be a confidential	Yes	To approve a funding decision as a commercial investment	Executive		Corporate Director - Strategic Resources	None

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
		appendix to the report						
26 November 2019	Executive (Performance Monitoring)	For NYCC to be part of a Consortium with Private Sector and Academia bidding for monies to improve mobile phone coverage in areas of North Yorkshire, as part of DCMS's 5G Rural Connected Communities testbed trials Programme (some of the information within the report may be sensitive as it involves Private Sector partners and their contribution to the project)	YES	To approve NYCC to be part of the consortium who will bid for monies to investigate new ways of providing mobile phone coverage in rural areas as part of DCMS 5G Rural Connected Communities Programme. Approval to provide £1m facility to be claimed in arrears as part of the grant award during the project.	Corporate Director Business and Environmental Services in consultation with BES Executive Member in conjunction with Corporate Director Strategic Resources in consultation with Finance Executive Member in consultation with Head of Legal, and Finance.	None.	Michael.grayson@northyorks.gov.uk	None

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
17 December 2019	Executive or if there are no objections to the statutory notices, the Executive Member for Education and Skills at his meeting with the Corporate Director – CYPS on 3 December 2019	Lowering the age range of Burton Salmon Community Primary School to 3-11	Yes	Following the publication of statutory notices, to seek approval to lower the school age range of Burton Salmon Community Primary School from January 2020.	School community, wider community, other schools, Early Years providers,	In September 2019 the Governing Body of Burton Salmon CP School consulted the local community on their proposal. Statutory notices have been published between 24 October – 21 November 2019.	In writing to Corporate Director – Children and Young People's Service, County Hall, Northallerton DL7 8AE by 21 November 2019	Executive report of 15 October 2019
17 December 2019	Executive	To consider a proposal to formalise the relationship between NYCC and Brierley Homes Limited in relation to selling sites for development and to set out an initial list of sites that are to be considered. The final report may contain	Yes	Whether or not to enter into a promotion and option agreement with Brierley Homes Limited in relation to several sites owned by NYCC.	None	None		None

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
		information of a commercially sensitive nature and so the whole or part of the report may need to be exempt.						
17 December 2019	Executive	Potential Acquisition of Company This item will contain exempt information	Yes	To approve acquisition of a company	Internal as required	None	Justine Brooksbank Assistant Chief Executive	None
17 December 2019	Executive	Trading Standards Enforcement Policy	No	Approval of policy	None	N/A	Jo Boutflower 01609 534832	No
14 January 2020	Executive	Consideration of proposed amendments to the Council's Constitution.	YES	Subject to any comments Members may have, to recommend the proposed amendments to the Constitution to full Council for approval.	Relevant NYCC Officers and Members The Members' Working Group on the Constitution	Correspondence and meetings	Daniel Harry, Democratic Services and Scrutiny Manager	
14 January 2020	Executive	Revised Library Strategy		To consider and recommend to County Council a revised library strategy	Community libraries and internal stakeholders	Consultation document	Assistant Director, Policy, Partnerships and Communities	None

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
14 January 2020	Executive	Review of Extra Care provision The report will contain exempt information	Yes	Decision to agree to commence a consultation on extra care provision.	Employees and existing providers of Extra Care Provision	Online and face to face engagement and consultation	Michael Rudd Michael.rudd@northyorks.gov.uk	N/A
14 January 2020	Executive	Extra care housing in Bedale – outcome of procurement and consideration of scheme proposal. THE APPENDICES TO THE REPORT ARE EXEMPT FROM PUBLICATION AS THEY CONTAIN INFORMATION RELATING TO THE BUSINESS AFFAIRS OF A POTENTIAL CONTRATOR OF THE TYPE DEFINED IN PARAGRAPH 3 OF PART 1 OF	Yes	Approval of funding required from the Council to support the development of an extra care housing scheme in Bedale.	People in receipt of any services that may be affected, relatives and staff.	A 12 week consultation would be carried out with consultees at the point where planning permission for the extra care scheme is obtained. Following completion the results of the consultation will be presented back to Executive for consideration	Dale Owens, Assistant Director, Care and Support	19 August 2014: NYCC ECH and Regeneration Programme Executive Report 17 March 2015: Care and Support Where I Live Executive Report

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
		SCHEDULE 12A LOCAL GOVERNMENT ACT 1972 (AS AMENDED)						
14 January 2020	Executive	Schools Budgets	YES	To approve final details of the Schools Block/DSG budgets for 2020/21 for submission to the Department for Education including Minimum Funding Guarantee (MFG), gains cap and whether to apply any Block Transfer	All schools and Governing Bodies, North Yorkshire Education Partnership	Consultation with all mainstream schools and mainstream academies and discussion at North Yorkshire Schools Forum	In writing to Howard Emmett, Assistant Director, Strategic Resources (email to howard.emmett@northyorks.gov.uk)	
28 January 2020	Executive	To consider and recommend to County Council the Revenue Budget 2020/21 and the Medium Term Financial Strategy (MTFS). Also to consider: <ul style="list-style-type: none"> • Revenue Plan • Capital Plan 		Approval of the Revenue Budget/MTFS	Proposals will be subject to the appropriate consultation process	Budget Consultation Process	Gary Fielding, Corporate Director - Strategic Resources	County Council consideration of Budget savings proposals

FUTURE DECISIONS

Likely Date of Decision	Decision Taker (a full list of the membership of the Council and all its Committees is set out in Part 3 of the Constitution)	Description of Matter – including an indication if the report contains any exempt (not for publication) information and the reasons for this	Key Decision YES/NO	Decision Required	Consultees (ie the identity of the principal groups whom the decision-taker proposes to consult)	Consultation Process (ie the means by which any such consultation is to be undertaken)	How representations may be made and details of Contact Person (Tel: 0845 034 9494) unless specified otherwise)	Relevant documents already submitted to Decision Taker
		<ul style="list-style-type: none"> Treasury Management Prudential Indicators 						
28 January 2020	Executive	Council Plan 2020 - 2024	Yes	To consider draft Council Plan 2020 - 2024	Corporate and Partnerships Overview and Scrutiny Committee Management Board	Meetings	Assistant Director, Policy and Partnerships	None
18 February 2020	Executive (Performance Monitoring)	Q3 Performance Monitoring and Budget report including: <ul style="list-style-type: none"> Revenue Plan Capital Plan Treasury Management Prudential Indicators 			Management Board		Corporate Director - Strategic Resources	Previous quarterly reports
10 March, 24 March and 21 April 2020	Executive No items identified yet							

Should you wish to make representation as to the matter being discussed in public please contact Daniel Harry
Email: (daniel.harry@northyorks.gov.uk) Tel: 01609 533531.

North Yorkshire County Council

Executive

26 November 2019

Consideration of potential investment opportunity YPO Strategic Investment

A number of the attached appendices contain information of the type defined in paragraph 1 of Part 1 of Schedule 12A Local Government Act 1972 (as amended) and are therefore confidential.

Report of the Corporate Director (Strategic Resources) and Assistant Chief Executive (Legal and Democratic Services)

1.0	Purpose of report
1.1	To provide the Executive with an overview of a proposed transaction by the Yorkshire Purchasing Organisation (YPO) and the opportunity to consider the Business Case, risk profile and finance options in order to inform the decision to be taken at the YPO Management Committee.
1.2	To allow Executive the opportunity to consider proposed amendments to the governance arrangements of YPO. These have been proposed by Wakefield Council, as the Lead Authority on behalf of YPO, and are intended to safeguard the arrangements for the benefit of the Founder Members should the YPO Management Committee resolve to pursue the transaction.

2.0 Issues

- 2.1 The proposed strategic investment seeks to safeguard the stated objectives of YPO as a public sector organisation that maintains effective, efficient and economical arrangements for the supply of goods, materials, works and services by providing excellent quality, service and competitive prices, while optimising the profits available for distribution to its members and customers and delivering a high quality service which saves time and money.
- 2.2 If the transaction proceeds as outlined it is anticipated that there will be increased dividends from YPO. If at least 10 Founder Members enter into the Supplemental Agreement each Council can have confidence that the opportunity outlined in the appendices can be progressed by the Management Committee at YPO to strengthen the business without significant risk to them as YPO Founder Members.
- 2.3 YPO' activities bring benefits to the District in ethical purchasing resulting in lower purchase prices for goods and services, local jobs in YPO and local supply chains and environmental benefits generated by YPO's approach to sustainable procurement and adherence to UN Sustainability Goals.
- 2.4 The YPO was founded in 1974 and is a joint local government service for procurement of goods and services. The membership has changed over the years but currently comprises

13 'Founder Member' local authorities; Barnsley, Bolton, Bradford, Calderdale, Doncaster, Kirklees, Knowsley, North Yorkshire, Rotherham, St Helens, Wakefield, Wigan and York.

- 2.5 Wakefield Council currently acts as the 'Lead Authority' providing a range of services to YPO including employing YPO's staff, providing internal audit and s151 and Monitoring Officer functions.
- 2.6 The YPO does not have a legal personality separate to that of its Members. In practical terms this means for example that it cannot directly enter into contracts, employ staff or own property. It is subject to local government legislation in terms of its powers and governance on the same basis as its member local authorities.
- 2.7 The YPO is currently governed by a management agreement (at Appendix 4) dated September 2011 which designates as Founder Members the 13 Authorities who participate in YPO under a Joint Committee arrangement established under sections 101 and 102 of the Local Government Act 1972 and The Local Authorities (Arrangements for the Discharge of Functions)(England) Regulations 2000. Under the Management Agreement each Founder Member has one vote at the Management Committee and these votes are of equal standing. No single local authority/Founder has a controlling interest. Founder members are entitled to dividends and to vote on how the dividends are allocated amongst YPO members. The Management Committee is supported by an advisory strategic officer group which includes relevant officers from each Founder Member Council.
- 2.8 In addition there are two further categories of 'membership', 'Associate Membership' and 'Ordinary Membership'. Neither category has a substantive role in the governance but as customers of YPO are also eligible to a 'dividend' paid from any surplus accumulated by YPO in a financial year. Associate Members (and Founder Members) receive a dividend in cash. Ordinary members receive their dividend in the form of discounts on future purchases. In addition to achieving a range of non-financial benefits, the YPO has also been successful in delivering financial benefits to the Members and the dividend distribution for Wakefield Council for 2019 operating year was £0.4m.
- 2.9 A combination of increasing operating costs and an increasingly competitive market environment has meant that the YPO has been considering for some time the opportunity for new business strategies and diversification in order to safeguard and promote its strategic objectives. The YPO Management Team considers that the majority of the opportunities to cut costs have now been taken. Some further investment in the business will be needed in the medium term and the growth into new markets, whilst positive, will be a protracted process. Thus it will become increasingly difficult to keep dividends at current levels This has led to the proposed transaction more fully described in the exempt appendices.
- 2.10 A combination of increasing operating costs and an increasingly competitive market environment has meant that the YPO has been considering for some time the opportunity for new business strategies and diversification in order to safeguard and promote its strategic objectives. The YPO Management Team considers that the majority of the opportunities to cut costs have now been taken. Some further investment in the business will be needed in the medium term and the growth into new markets, whilst positive, will be a protracted process. Thus it will become increasingly difficult to keep dividends at current levels This has led to the proposed transaction more fully described in the exempt appendices.
- 2.11 The proposed transaction has been discussed with YPO Strategic Officers from each Founder Members including their s151 and Monitoring Officers (or their representatives). The proposed transaction has also been considered by elected members at the YPO Management Committee who resolved to take the proposal to the next stage and commission external financial and legal advisors to undertake due diligence

- 2.12 This due diligence is expected to conclude in early December. Discussions on finance options and governance have led to the proposal outlined in the appendices. Authority is sought to enter into the relevant agreements, once officers have had the opportunity of reviewing the completed due diligence documentation.
- 2.13 The proposal is that the Lead Authority provides the funding and makes the transaction on behalf of all of the Founder Members. Founder Members will be asked stand behind the Lead Authority's position through a Supplemental Agreement which will outline the position should a Founder member wish to withdraw during the loan period or the Joint Committee terminate with liabilities in excess of assets
- 2.14 In order to safeguard the position of Founder Members who will be carrying the risk of the proposed transaction it is recommended that each Founder Member enter into a Supplemental Agreement, which amends the Management Agreement. This will require any Authority serving notice to leave YPO during the ten-year loan period to accept a contingent liability for an equal share of the loan outstanding at that time (principal sum and interest) to be paid if YPO is later wound up and assets are insufficient to cover the liability. The Agreement ring fences an element of the dividends to be paid to Founder Members along with a specific requirement for the management committee to have regard to the risk carried by the Founder Members when setting the split of dividends between Founder and Associate Members. If all 13 Founder Members wish to proceed and accept this Supplemental Agreement the risk to each is a 1/13th share of the loan. Should any Founder Members choose to withdraw before the proposed transaction it is suggested that as long as 10 Founder Members remain and enter into the Supplemental Agreement, the rise in risk level is acceptable given the potential benefits
- 2.15 It is anticipated that each of the 13 Founder Members will consider this report from 20 November 2019.
- 2.16 Due diligence is expected to conclude in early December and arrangements have been made for relevant officers to meet with the external advisors to receive the outcome. This will allow the relevant statutory officers to review the due diligence work that has been undertaken by the consultants. YPO Management Committee is expected to meet to consider whether to enter into the transaction after the conclusion of due diligence

3.0 Options *(insert or delete)*

- 3.1 Option 1 – confirm support for the proposed transaction and agree to enter into the Supplemental Agreement. This will allow the Lead Authority to borrow and acquire on behalf of YPO to expand and consolidate the business. There will be protection of the position of Founder Members who will receive a ring fenced dividend before further distribution with the comfort that other Founder Members will accept a contingent liability for the loan through the Supplemental Agreement in the event that they wish to withdraw from YPO during the loan period. This option is recommended for the reasons set out in the appendices.
- 3.2 Option 2 – do not support the proposed transaction and Supplemental Agreement.
- 3.3 Should the YPO Management Committee still resolve to go ahead with the transaction and if two thirds of members' resolve to enter into a Supplemental Agreement (which amends the Management Agreement), the Council could be in a position of taking on the risk without being able to withdraw in advance. YPO does not want to put Founder Members in such a position. For that reason it is suggested that any Council who is fundamentally opposed to the transaction should have the opportunity to withdraw now without the normal 12 months' notice on 31 December 2019 with an option of transferring to Associate Member status.

Taking this option would mean the Council is not exposed to the risk of the transaction and loan but would mean that the Council would not receive dividend payments after 2019. This option is therefore not recommended.

- 3.4 If the Management Committee resolves not to enter into the proposed transaction YPO could continue as present. In that case a Supplemental agreement is not required. However, in an increasing competitive market with rising costs, the existing benefits to the Council may reduce over the medium to longer term. This option is not recommended.

4.0 Strategic Implications

- 4.1 The Council participates in YPO as a high quality public sector procurement organisation that maintains effective, efficient and economical arrangements for the supply of goods, materials, works and services by providing excellent quality, service and competitive prices, while optimising the profits available for distribution to its members and customers.
- 4.2 YPO delivers social value for all Founder Members through its procurement policies which actively seek to engage with local businesses and encourage YPO supply chains to measure and embed social impact. YPO annually publishes the social, economic and environmental impact of its procurement through its annual benefits statement.
- 4.3 Discussion on the proposed transaction and proposal to enter into a Supplemental Agreement has taken place with YPO Strategic Officers Group. The Independent Director, who is the Chief Financial Officer of Asda is supportive of the proposed transaction. The YPO Management Committee resolved to proceed to due diligence.

5.0 Financial Implications

- 5.1 The proposed transaction is set out in detail in the confidential appendices to this report. The strategic business case, which models the forecast income and expenditure over a ten-year period, outlines potentially significant financial and non-financial benefits to the YPO, its customers, the Founder Members, and the wider public sector.
- 5.2 External financial advice has been commissioned to undertake financial due diligence. This due diligence is expected to be completed by early December. There is a financial risk arising from the proposed transaction. To help mitigate this, the business case has been based on a prudent set of assumptions and has been risk-assessed and stress-tested to financially model different scenarios. In addition, there will be dedicated project management resource deployed to support transitional arrangements and strengthened senior capacity at board level. A full risk assessment and potential mitigation is set out in the Appendices D & E.
- 5.3 The proposal is that Wakefield Council, as the Lead Authority, would provide the funding and makes the transaction on behalf of all of the Founder Members. Founder Members will be asked stand behind the Lead Authority's position through a Supplemental Agreement to the Management Agreement which will outline the position should a Founder member wish to withdraw during the loan period or the Joint Committee terminates with liabilities in excess of assets.

6.0 Legal Implications

- 6.1 YPO is a public sector procurement organisation operated through a Joint Committee structure. The final approval of the proposed transaction will be taken at YPO Management Committee in the light of decisions on the matters set out in this report by all Founder

Members. External legal advice has been taken on the powers of Founder Members to undertake this transaction.

- 6.2 The Councils will rely on the powers under s111 Local Government Act 1972 and the Local Authority (Goods and Services) Act 1970 as the primary purpose of the proposal is to bolster and enhance the current Goods & Services Act operation of YPO in the context of a dynamic market place. The transaction is intended to enhance the resilience of YPO's core business in serving the public sector including its ability to deliver on its declared social and economic objectives and not for commercial purposes.
- 6.3 In addition, the Council can rely on the General Powers of Competence ("GPOC") under Section 1 of the Localism Act 2011. Section 4 of the Localism Act 2011 enables the local authority to do for a commercial purpose anything that it is empowered to do under GPOC. The section 4 trading powers prescribe which company structures may be used.
- 6.4 Initially YPO will purchase the shares in the Company and any aspects of the enhanced business which cannot be operated using those powers will be operated through a company structure. Section 95 of the Local Government Act 2003 enables relevant authorities "to do for a commercial purpose anything which they are authorised to do for the purpose of carrying on any of their ordinary functions" i.e. anything which they are empowered to do in legislation. The section 95 power can be limited by order and authorities exercising it must have regard to the guidance issued by the Secretary of State.
- 6.5 To adhere to the requirements under this legislation the lead local authority must prepare a business case supporting the exercise of the section 95 power, which the authority must approve (Local Government (Best Value Authorities) (Power to Trade) (England) Order 2009). In the event that YPO Proceed with the transaction and subsequently trade through a company for a period of time, then the business case appended to this report as Appendix C satisfies the requirements of the Local Government Power to Trade Order for Wakefield as the Lead Authority holding the assets in Trust.

7.0 Equalities Implications

- 7.1 The County Council's proposed decision is to provide a guarantee to a loan to Wakefield Council to purchase a company. Therefore, it is considered that there are no adverse implications to any protected characteristics in the County Council's proposed decision. Separate consideration may need to be undertaken by the Lead authority.

8.0 Information Governance Implications

- 8.1 There will need to be careful consideration of how client data is transferred between any purchased organisation and YPO, but this will be considered by Wakefield Council as the host authority

9.0 Reasons for Recommendations

- 9.1 To enable YPO to continue to provide benefits to members into the long term.

10.0 Recommendations

That the Executive:

- 10.1 Notes the transaction proposed by YPO as outlined in the report and exempt appendices and indicate the Authority's view on the proposal to inform a vote at YPO Management Committee

- 10.2 Confirms its financial backing for the transaction by agreeing to underwrite the loan through entering into a Supplemental Agreement and delegates authority to the Corporate Director (Strategic Resources) and Assistant Chief Executive (Legal and Democratic Services) to approve the Supplemental Agreement set out at Appendix F, subject to:
- i) At least 10 of the 13 Founder Members remaining as Founder members and agreeing to enter into the Supplemental Agreement,
 - ii) The satisfactory completion of legal and financial due diligence on the proposal giving confidence to proceed and
 - iii) A resolution of the YPO Management Committee to enter into the transaction proposed

Gary Fielding
Corporate Director – (Strategic Resources)

County Hall
Northallerton

Author of report – Barry Khan, Assistant Chief Executive (Legal and Democratic Services)
Presenter of report – Gary Fielding, Corporate Director – (Strategic Resources)

Background Documents – None

Appendices:
Appendix A - Dividend Distribution
Appendix B - Existing Management Agreement

Confidential Appendices:
Appendix C - Business Case - exempt
Appendix D - Risk Profiling - exempt
Appendix E - Finance Model - exempt
Appendix F - Draft Supplemental Agreement – exempt

Appendix A – 2018 Founder Member Dividend Distribution Vs 2017.

Members	Total Dividend (£'s)		
	2017	2018	Movement
Barnsley MBC	373,245	379,145	5,900
Bolton MBC	370,170	383,325	13,154
Bradford MDC	631,022	690,832	59,811
City of York	256,607	259,599	2,992
Doncaster MBC	419,050	451,014	31,964
Kirklees MC	613,110	660,833	47,723
Knowsley MBC	301,148	299,839	-1,310
MB of Calderdale	322,507	317,688	-4,819
North Yorkshire CC	675,912	697,860	21,947
Rotherham MBC	399,777	437,659	37,882
St Helens MBC	337,824	343,677	5,853
Wakefield MdC	429,013	440,943	11,930
Wigan MBC	400,684	412,043	11,359
Members Total	5,530,070	5,774,456	244,386

THIS AGREEMENT is made on the 8th day of September 2011

BETWEEN: BARNSELY METROPOLITAN BOROUGH COUNCIL of the first part; THE BOROUGH COUNCIL OF BOLTON of the second part; THE CITY OF BRADFORD METROPOLITAN DISTRICT COUNCIL of the third part; THE BOROUGH COUNCIL OF CALDERDALE of the fourth part; DONCASTER ^{SDF} ~~METROPOLITAN~~ BOROUGH COUNCIL of the fifth part; THE COUNCIL OF THE BOROUGH OF KIRKLEES of the sixth part; KNOWSLEY METROPOLITAN BOROUGH COUNCIL of the seventh part; NORTH YORKSHIRE COUNTY COUNCIL of the eighth part; the ROTHERHAM BOROUGH COUNCIL of the ninth part; ST HELENS BOROUGH COUNCIL of the tenth part; THE COUNCIL OF THE CITY OF WAKEFIELD of the eleventh part; WIGAN BOROUGH COUNCIL of the twelfth part; THE COUNCIL OF THE CITY OF YORK of the thirteenth part.

WHEREAS:

- (1) The above parties are referred to in this Agreement as 'the Founder Member Authorities' collectively and as 'Founder Member Authority' individually, irrespective of whether they were founding members on formation of the Yorkshire Purchasing Organisation in 1974 or became members thereafter
- (2) The Yorkshire Purchasing Organisation (referred to in this agreement as YPO) was established in 1974 to maintain effective, efficient and economical arrangements for the supply of goods, materials and services.
- (3) This agreement replaces an earlier agreement agreed in 2001, relating to the governance of YPO, and will govern the operation of YPO from 8th September 2011

IT IS HEREBY AGREED AS FOLLOWS:

1. OBJECTIVES AND PURPOSE OF YPO

- (1) YPO shall be a procurement organisation, maintaining effective, efficient and economical arrangements for the supply of goods, materials, works and services, by providing excellent quality, service and competitive prices, whilst optimising the profits available for distribution to its members and customers.
- (2) YPO shall (unless agreed otherwise by at least two thirds of the Founder Member Authorities) be a public sector organisation committed to professional, open, sustainable, caring relationships with its members, customers, staff and suppliers, and in doing so shall help the UK public sector by delivering a high quality service which saves them time and money.
- (3) In conducting its business, YPO shall:
 - (i) Provide all the general supplies and services required by local government and other public/third sector bodies, as permitted under legislation;
 - (ii) Optimise profitability by delivering cost effective services that contribute to customers' efficiency;
 - (iii) Ensure through periodic reviews that the effectiveness, efficiency and profitability of YPO is at least comparable with that of other similar organisations;
 - (iv) Utilise profits to support business investment, to reward membership and to incentivise usage;

- (v) Be informed by, and be consistent with, the innovation and efficiency plans of the Founder Member Authorities and those of regional bodies;
- (vi) Play a constructive role in helping to shape, and benefit from, developments in the national procurement agenda.

2. POWERS OF YPO

In conducting its business as defined in paragraph 1 above, YPO shall at all times

- (i) act within the powers conferred to it by law including but not limited to the Local Authorities (Goods and Services) Act 1970, Sections 101 and 102 of the Local Government Act 1972 and The Local Authorities (Arrangements for the Discharge of Functions)(England) Regulations 2000 (in relation to to the joint discharge of functions) together with Section 111 of the Local Government Act 1972 and to the extent it confers specific power to enter into Contracts Section 1 of the Local Government (Contracts) Act 1997, and Regulation 22 of the Public Contract Regulations 2006 (all as amended from time to time) and
- (ii) comply with all other relevant law.

3. MEMBERSHIP OF YPO

- (1) There shall be three types of YPO membership – a Founder Member Authority; an Associate Member Authority and an Ordinary Member
- (2) Founder Member Authorities shall participate in YPO under a joint committee arrangement established in exercise of the Founder Member Authorities powers under Sections 101 and 102 of the Local Government Act 1972 and The Local Authorities (Arrangements for the Discharge of Functions)(England) Regulations 2000

- (3) No further 'Founder Member Authorities' shall be permitted under this Agreement or otherwise
- (4) Each Founder Member Authority shall appoint annually two of its elected members as members of YPO (who may also act as a substitute for each other) and each Founder Member Authority shall also be entitled to appoint two additional substitute members. A substitute Member may attend meetings (including sub-committee meetings) of YPO in place of an appointed member who is unable to attend. It shall be the responsibility of each Founder Member Authority to arrange such a substitution on their own behalf.
- (5) Each Founder Member Authority shall have one vote at Management Committee meetings of YPO, and these votes shall be of equal standing
- (6) The Founder Member Authorities shall select by majority vote in the Management Committee one of their number to act as Lead Authority, with the role and functions specified in SECTION 4 of this agreement.
- (7) A vote to replace the Lead Authority shall take place at the written request of the Lead Authority or at the written request of at least one third of the Founder Member Authorities, setting out their reasons for requesting a vote to take place.
- (8) With the agreement of two thirds of the Founder Member Authorities, via a resolution of the Management Committee, YPO may grant Associate Membership, in accordance with SECTION 8 of this agreement.
- (9) All individual customer account holders shall be Ordinary Members of YPO, in accordance with SECTION 9 of this Agreement.

4. ROLE OF THE LEAD AUTHORITY

The Lead Authority for the time being is the Council of the City of Wakefield, which shall perform the following functions on behalf of the Founder Member Authorities:

- (1) Provide the Management Committee with appropriately qualified staff to carry out the roles of Section 151 Officer and Monitoring Officer in relation to YPO;
- (2) Act as employer for all staff of the Management Committee, including the Board of Directors, and to provide such Human Resources input as the Lead Authority considers necessary for the effective discharge of this responsibility;
- (3) Provide an effective internal audit service at a level agreed between the Section 151 Officer and the Audit Sub-Committee of the Management Committee, including such attendance by Auditors at the Audit Sub-Committee as is necessary to properly discharge this responsibility;
- (4) Provide effective Committee Administration services to the Management Committee and appropriate sub-committees, at a level considered necessary by the Monitoring Officer;
- (5) Provide effective banking and resource management services on behalf of YPO;
- (6) Consult Founder Member Authorities on changes to Financial Procedure Rules, Standing Orders, Delegation Schemes and this Agreement, and make recommendations to the Management Committee;
- (7) Chair the Strategic Officers Advisory Group;

- (8) Assist the Management Committee to monitor the performance of the Managing Director;
- (9) Have the authority to defer any proposal to incur expenditure or let any contract by the Board of Directors, pending the outcome of a report to the Management Committee or the Executive Sub-Committee of YPO as appropriate

and shall charge the cost of such services to the Management Committee.

The performance of the Lead Authority will be considered by the Strategic Officers Advisory Group annually and formally reviewed at least every five years.

5. PROCEDURE RULES AND SCHEMES OF DELEGATION

- (1) The Management Committee and Board of Directors shall operate at all times in accordance with approved:

- (i) Financial Procedure Rules;
- (ii) Standing Orders;
- (iii) Contract Standing Orders;
- (iv) Officer Delegation Scheme.

- (2) Any proposed amendments to the documents in 5(1) shall be subject to:

- (i) A period of at least 8 weeks prior consultation with Founder Member Authorities by the Monitoring Officer;
- (ii) A report to the Management Committee by the Monitoring Officer setting out the results of the consultation, and making recommendations;

- (iii) The agreement of at least two thirds of the total membership of the Management Committee.

6. JOINT COMMITTEE ARRANGEMENTS

- (1) The democratic management of YPO shall be vested in the Joint Committee, which shall be known as the Management Committee of YPO.
- (2) The Management Committee shall meet at least 3 times per year in March, June (AGM) and November, and such other times as agreed from time to time by the Chair of the Committee. Each meeting shall have a duration of a maximum of 2 hours unless otherwise agreed by a majority of the Management Committee.
- (3) Quorum and substitution arrangements for the Management Committee shall be as set out in this document and the approved Standing Orders of YPO.
- (4) The remit of the Management Committee shall be that agreed by YPO Management Committee held on 25 September 2009 – minute 23 (4), and be subject to a review at each Annual General Meeting of the Management Committee.
- (5) The Management Committee shall appoint annually from its membership those sub-committees that it considers necessary to discharge its duties and responsibilities under this Agreement, and shall include at least an Executive Sub-Committee and an Audit Sub-Committee and a Scrutiny Sub-Committee.
- (6) Prior to each Management Committee meeting, the Lead Authority shall convene a meeting of officers, drawn from the Founder Member Authorities, to be known as a 'Strategic Officers Advisory Group', with a

remit to examine draft reports to the Management Committee, raise issues of concern relating to YPO business and to facilitate the pre-briefing of members. It shall be the responsibility of each Founder Member Authority to make available, wherever possible, an officer of director or appropriate status to attend such meetings.

7. CODE OF CORPORATE GOVERNANCE

- (1) The Management Committee shall keep under review its code of corporate governance and associated documents, including the register of corporate risk, following recommendations by the Audit Sub-Committee.
- (2) YPO managers and such other officers as may be required shall agree to attend on request the scrutiny committees of the Founder Member Authorities to assist in their assessment of the effectiveness of YPO operations and assurance procedures.

8. ASSOCIATE MEMBERSHIP

- (1) At the time of this Agreement, Associate Membership is granted to Leeds City Council and the Metropolitan Borough of Bury.
- (2) Associate Members will be entitled to a share of dividend payments under SECTION 10(3)(ii) of this Agreement for annual levels of usage in excess of the usage level in the full calendar year immediately prior to Associate Membership being granted, in accordance with a scheme to be drawn up annually by the Management Committee.
- (3) Associate Members shall not receive a vote, or be entitled to attend 'in confidence' parts of Management Committee meetings.
- (4) Associate Members will be invited to attend an annual meeting with the Executive Sub-Committee, or participate in such other means of

discussion as are agreed by the Management Committee, and a report on the outcome of such discussions shall be presented to each Annual General Meeting of the Management Committee.

9. ORDINARY MEMBERSHIP

- (1) All individual customer account holders shall be Ordinary Members of YPO.
- (2) Ordinary Members shall be entitled to a share of dividend payments under SECTION 10(3)(iii) of this Agreement in accordance with a scheme to be drawn up annually by the Management Committee.
- (3) Ordinary Members shall not receive a vote, or be entitled to attend 'in confidence' parts of Management Committee meetings.

10. PAYMENT OF DIVIDENDS

- (1) In March of each year, upon receipt of the pre-audit accounts for the previous year the Management Committee shall determine the level of dividend to be paid (if any) but any dividend so determined will not be paid until the accounts have been completed and approved by the s151 Officer.
- (2) The overall dividend sum to be distributed (if any) shall be drawn from accumulated reserves, after deducting a sum which takes account of known risks, to ensure that YPO remains a going concern during the forthcoming year, and after deducting the cost of any development proposals agreed by the Management Committee.
- (3) The distribution formula shall contain the following elements:
 - (i) A cash sum to be divided equally between the Founder Member Authorities to reflect their risk of ownership;

- (ii) A cash sum to reward usage of YPO products and services in all modes of supply (including framework contracts) by the Founder Member Authorities and Associate Members with the weightings between types of membership and modes of supply being determined by the Management Committee;
 - (iii) A sum to reward usage of Ordinary Members in the form of a credit voucher against future purchases.
- (4) The weightings attached to 3(i) to 3(iii) above shall be agreed annually by the Management Committee.

11. APPOINTMENT OF STAFF

- (1) The Management Committee shall determine the size, scope and conditions of service of the Board of Directors of YPO, after receiving appropriate professional advice from the Lead Authority.
- (2) The Management Committee shall appoint annually an 'Appointments Committee' with responsibility for the appointment and disciplinary procedures of the Board of Directors and appraising the performance of the Managing Director.
- (3) The Board of Directors shall make arrangements to establish and appoint all other staff in accordance with the approved budget and officer delegation scheme, and to ensure that its HR policies and procedures are in accordance with best practice.
- (4) All staff shall be employed by the Lead Authority on behalf of YPO on terms and conditions agreed by the Lead Authority, subject to SECTION 11(1) of this Agreement.

- (5) The Board of Directors shall make such arrangements with Trades Unions to facilitate effective employee relations, through the periodic Joint Consultative Committee, and the Lead Authority shall be entitled to attend meetings of the Committee as it sees fit.

12. ASSETS

- (1) All existing and future assets shall vest in the Lead Authority in trust for the Founder Member Authorities on terms to be agreed by the Management Committee.

13. WITHDRAWAL OF MEMBERS

- (1) A Founder Member Authority wishing to withdraw from membership of YPO shall give to the Lead Authority at least 12 months' written notice expiring on the 31 December. A Founder Member Authority withdrawing shall be responsible for an equal share of any deficit that is held in the accounts in the financial year of withdrawal, but shall not be entitled to any dividend payment under SECTION 10(3)(i) of this Agreement, or a share of any assets held in trust by the Lead Authority under SECTION 12(1) of this Agreement.
- (2) Associate Members under SECTION 8 of this Agreement can do so in writing without a notice period, but will not be entitled to any dividend payment under SECTION 10(3)(ii) of this Agreement for the financial year in which the withdrawal takes place.

14. TERMINATION

Notwithstanding the provisions of SECTION 13(1) of this Agreement, if two thirds of the Founder Member Authorities agree, following a resolution by the Management Committee, this Agreement may be terminated on the 31 December in any year.

- (1) The terms of termination shall require:
 - (i) The payment of any outstanding dividend to Associate Members under SECTION 10(3)(ii) of this Agreement which would have been paid out had the termination not taken place;
 - (ii) Any accumulated deficit to be borne by the Founder Member Authorities equally;
 - (iii) Any accumulated surplus in the YPO accounts, and the realised value of any assets held in trust by the Lead Authority under SECTION 12(1) of this Agreement, to be shared equally between the Founder Member Authorities.

15. AMENDMENT

- (1) If two thirds of the Founder Member Authorities agree, following a resolution by the Management Committee, this Agreement may be amended at any time upon terms agreed by the Founder Member Authorities.

16. LITIGATION

- (1) The institution and defence of necessary litigation by YPO arising out of the exercise of its responsibilities shall be undertaken in a representative capacity by the Lead Authority, or such other Founder Member Authority as appointed by the Lead Authority.
- (2) The Lead Authority, or such other Founder Member Authority undertaking the litigation, shall be indemnified by the Founder Member Authorities.

17. INTERPRETATION AND ARBITRATION

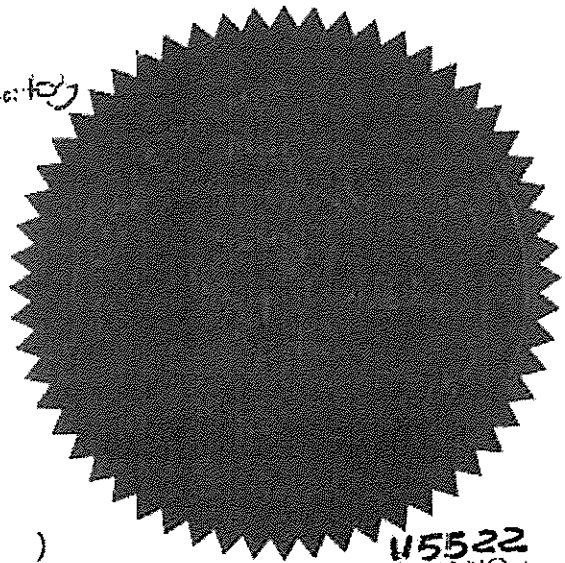
- (1) In applying the terms of this Agreement, all parties shall act reasonably

- (2) Where a fraction of Membership is referred to in this Agreement, this should be rounded up to the nearest whole number.
- (3) If at any time any dispute or difference shall arise between the Founder Member Authorities or any of them respecting any matters arising out of this Agreement or the meaning or effect of this Agreement or anything herein contained or the rights or liabilities of any of the Founder Member Authorities the dispute or difference shall be referred to and settled by a single arbiter to be appointed by the Founder Member Authorities but if they cannot agree to be nominated by the Local Government Association.

THE COMMON SEAL OF BARNSLEY)
 METROPOLITAN BOROUGH COUNCIL)
 was hereunto affixed in the presence of:)

Authorised Signatory

THE COMMON SEAL OF THE BOROUGH
 COUNCIL OF BOLTON
 was hereunto affixed in the presence of:



15522
 SEALING NO.

ADMINISTRATIVE OFFICER
 THE COMMON SEAL OF THE CITY OF)
 BRADFORD METROPOLITAN DISTRICT COUNCIL)
 was hereunto affixed in the presence of:)

CITY SOLICITOR



94044

THE COMMON SEAL OF THE)
BOROUGH COUNCIL OF CALDERDALE)
was hereunto affixed in the presence of:)

SEAL NO
236 037

W. HUGHES
HEAD OF DEMOCRATIC AND
PARTNERSHIP SERVICES

THE COMMON SEAL OF DONCASTER)
METROPOLITAN BOROUGH COUNCIL)
was hereunto affixed in the presence of:)

*Authorised By The Assistant Director
- Legal And Democratic Services 61295*

THE COMMON SEAL OF THE COUNCIL)
OF THE BOROUGH OF KIRKLEES)
was hereunto affixed in the presence of:)

No. 003057

Authorised Signatory

THE COMMON SEAL OF THE COUNCIL)
OF THE KNOWSLEY METROPOLITAN)
BOROUGH COUNCIL)
was hereunto affixed in the presence of:)

GRAN No: 21106

AUTHORITY: CY COLLEGE &
REGISTRATION.

AUTHORISED SIGNATORY

THE COMMON SEAL OF NORTH YORKSHIRE)
COUNTY COUNCIL)
was hereunto affixed in the presence of:)

40599

**AUTHORISED
SIGNATORY**

THE COMMON SEAL OF ROTHERHAM
BOROUGH COUNCIL
was hereunto affixed in the presence of:

376

DULY AUTHORISED
OFFICER

THE COMMON SEAL OF ST HELENS
BOROUGH COUNCIL
was hereunto affixed in the presence of:

AUTHORISED SIGNATORY

THE COMMON SEAL OF THE COUNCIL
OF THE CITY OF WAKEFIELD
was hereunto affixed in the presence of:

Bernadette Livesey
Service Director
Legal & Governance

No: 64893

326/11

THE COMMON SEAL OF WIGAN
BOROUGH COUNCIL
was hereunto affixed in the presence of:

HEAD OF SERVICE - LEGAL & RISK

THE COMMON SEAL OF THE
COUNCIL OF THE CITY OF YORK
was hereunto affixed in the presence of:

6915

Glen McCusker LLB
Solicitor

Dated

8th September

2011

The Councils of the County of North Yorkshire and the Districts of Barnsley,
Bolton, Calderdale, Doncaster, Kirklees, Knowsley, Rotherham,
St Helens, Wigan and the Cities of Bradford, Wakefield and York

AGREEMENT

Management Agreement – Yorkshire Purchasing Organisation

Service Director
Legal & Governance
County Hall
WAKEFIELD
WF1 2QW