

Joint report of the Directors of City Development and Adults and Health

Report to Executive Board

Date: 15 November 2017

Subject: Improving Health and Work Outcomes

Are specific electoral wards affected? If yes, name(s) of ward(s):	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for call-in?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, access to information procedure rule number: Appendix number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Summary of main issues

1. There is a relationship between health and work which has implications for the economy and society. Employee good health contributes to high productivity and successful enterprises, which in turn supports economic prosperity, and the social wellbeing and wealth of communities. It also follows that ill-health among working age people is costly for individuals, businesses and the economy.
2. As the UK's fastest growing city, the economic buoyancy of Leeds in recent years has translated into a sustained reduction in the volume of people who are unemployed and actively seeking work. There has been a 60% reduction in number of Jobseeker Allowance claims over the last 3 years to around 7,900 in November 2016. However, this is in contrast to the number of Leeds residents in receipt of Employment Support Allowance (ESA), the out-of-work benefit for those with a disability or health barrier, which has remained stubbornly high at over 32,000 claims in November 2016.
3. The Best Council Plan 2017/18 sets out our vision for Leeds to be the best city in the UK: one that is compassionate with a strong economy, which tackles poverty and reduces the inequalities that still exist. This report summarises our shared ambition to improve health and work outcomes setting out the activity to date and the plans to develop new integrated delivery models that will remove barriers to work for disabled people and those with long term health conditions alongside the proposed collaborative approach to developing healthy workplaces that support a more diverse workforce across the health and care sector. This work will contribute to the Best Council Plan outcomes for everyone in Leeds to earn enough to support themselves and their families and the Best Council Plan priorities around providing skills programmes and employment

support; supporting economic growth and access to economic opportunities; improving mental health and wellbeing and integrating health and social care.

Recommendations

4. Executive Board is recommended to:

- i) Note the work undertaken to date and the progress achieved;
- ii) Support the proposed approach to continue to engage with a broad range of stakeholders and seek their commitment to improving health and work outcomes in the city;
- iii) Agree that the Council works in partnership with Health and Care partners to build the business case for a joint delivery model to support disabled people and those with health barriers to access and sustain employment; and
- iv) Note that the Chief Officer, Employment and Skills and the Chief Officer Health Partnerships will be responsible for the implementation of this decision.

1. Purpose of this report

- 1.1 This report sets out the need to develop a new approach to improve health and work outcomes. It summarises the joint activity undertaken to date by the Adults and Health Directorate and the Employment and Skills service with partners to refocus provision to achieve this.
- 1.2 The report also sets out the need to develop an integrated approach to health and employment support to ensure that disabled people and those with long term health conditions that wish to work are supported to secure and sustain employment through a place based approach that better meet the City's needs and supports our inclusive growth objectives.
- 1.3 Finally, the report sets out the ambition to include a wider group of stakeholders across the health and care sector initially to promote healthy workplaces with a focus on supporting disabled employees and those with a long term health condition to create and retain a talented and diverse workforce.

2. Background information

- 2.1 Leeds remains the UK's fastest growing city and the main driver of growth in the city region. Despite recent downgrades in the national growth forecast, the city's economy is predicted to grow by 21% over the next 10 years. The City continues to benefit from one of the most diverse economies and last year saw the highest rate of private sector jobs growth of any major city. However, there is a relationship between health and work which has social and economic implications which can potentially either support or inhibit this growth.
- 2.2 The city's recent economic buoyancy has translated into a 60% reduction in the last three years of the volume of people actively seeking work. The number of Jobseeker Allowance claims was 7,900 in November 2016. However, the number of Leeds residents in receipt of Employment Support Allowance (ESA), the out-of-work benefit for those with a disability or health barrier, has remained stubbornly high at over 32,000.
- 2.3 In 2016, the UK average working age was 39 and one in three of the workforce reported having a long term health condition. The average working age is forecast to increase to 43 by 2030 and as the number of employees with long term health conditions increases with age, it is forecast that by 2030 nearly 40% of the working age population will have a long term health condition. Working age ill-health costs the national economy £100 billion per year with 131 million working days lost due to ill health annually and employers facing a yearly bill of around £9 billion for sick pay and associated costs in addition to employees missing out on £4 billion a year in lost earnings. These factors are clearly growth inhibitors and run counter to the city's inclusive growth ambitions.
- 2.4 Poor employee health and wellbeing is likely to result in lower productivity and increased staff turnover, and increased recruitment costs and lower profits will result from this. Conversely, an employer providing a healthy workplace is likely to be more attractive to existing staff and potential applicants, making it easier to retain and recruit good staff. An out-of-work benefit claimant moving into work which pays the Living Wage will benefit the local economy by an average of £14,000.

- 2.5 Improving the approach to employment and skills in the health and care sector in particular is central to tackling health inequalities. Only 10-15% of a population's health and wellbeing is linked to access to health and care, the majority is influenced by our environment and by economic and social factors. In particular, employment and skills influence lifetime health. People with the lowest life expectancy are three times more likely to have no qualifications compared to those with the highest life expectancy (Health Foundation, 2017).
- 2.6 The Inclusive Growth Strategy focuses on ensuring that people and places contribute to and benefit from growth to their full potential, supporting people, places and productivity. While we have much to celebrate in terms of our growing economy, as a city we need to do more to develop the talent our employers need and that will enable our residents to benefit from growth in an inclusive way.

3. Key Issues

3.1 The scale of the challenge

- 3.1.1 Of the 32,000 ESA claimants in the City almost 5,000 are included in the 'Work Related Activity Group', comprising those with a time bound, mild to moderate condition that are likely to be able to return to work or training in the short term. 21,000 claimants are in the Support Group, comprising those with a longer term and or more complex conditions requiring more support to move closer to the labour market. 5,000 are in the Assessment Phase, awaiting assignment to one of the above categories.
- 3.1.2 Long-term conditions are associated with social class and type of occupation with people in the poorest communities having a 60% higher prevalence of long-term conditions than those in the richest. Mental ill-health is both a cause and consequence of unemployment and is the single largest cause of disability in the United Kingdom and is inextricably linked with deprivation. Of the Core Cities, Leeds has the third highest number of ESA claimants after Birmingham and Liverpool and the third highest number of the claimants due to mental ill-health. In Leeds, 53% of ESA claimants present solely with mental ill-health or in combination with a physical condition compared to only 11% of claimants that have musculoskeletal conditions. 43% of ESA claimants are under 45 years of age and 65% have a claim of more than 2 years duration.
- 3.1.3 Research also shows that the quality of work and working conditions matter for health. Work provides an important source of income and routine for people and low pay and irregular hours can have a detrimental impact on health. Insecure employment, monotonous and repetitive work; a lack of autonomy, control and task discretion; an imbalance between effort and rewards; and a lack of workplace justice and poor progression routes can all contribute to poorer health, lower job satisfaction and poor performance at work.
- 3.1.4 Addressing poor quality work is good business practice for employers. Poor employee health and wellbeing is likely to result in lower productivity and increased staff turnover, and the implicit recruitment costs and subsequent lower profits that result from this. Conversely, an employer providing a healthy workplace is likely to be attractive to existing staff and potential applicants, making it easier to retain and recruit good staff. Growing skills shortages and uncertainty about the impacts of

Brexit on the available labour supply are bringing these issues into sharper focus for employers.

3.2 **Government Policy and Provision**

3.2.1 In June 2015, the Government established the Work and Health Unit with secondees from the Department of Work and Pensions (DWP), the Department of Health (DoH), NHS England and the Department of Communities and Local Government (DCLG). In 2016, it produced 'Improving Lives' The Work, Health and Disability Green Paper making a clear policy link between health and work to improve health and work outcomes. The Green Paper recognised the systemic barriers and makes the case to improve integration across healthcare and employment services as well as supporting employers to recruit and retain more disabled people and people with long term health conditions.

3.2.2 Following publication of the Green Paper, DWP introduced the new Personal Support Package with new measures to support those claiming ESA. These include an 'early conversation' about work, 4 weeks into their ESA claim; the production of an action plan to detail the steps back into work; and a new Claimant Commitment, applying conditionality to their eligibility for benefit. All of which have previously only been conditional for those closer to the labour market and in receipt of Job Seekers Allowance (JSA). This represents a significant change in the level of resource and the intensity of focus for customers whose principle barrier to work is ill-health.

3.2.3 In October 2017, DWP awarded contracts to providers to deliver the new Work and Health Programme. This will replace the Work Programme and Work Choice (the programme previously focused on disabled people and those with a health barrier). Reed in Partnership has been awarded the contract for the North East of England covering an area stretching from Nottinghamshire to Northumbria including Leeds which will commence delivery in January 2018. Along with the revisions to Jobcentre frontline operations summarised above, the Work and Health Programme is intended to be a key part of the DWP's plans to transform the back to work support for disabled people.

3.2.4 The Work and Health Programme has been commissioned for a 5 year period and is projected to support approximately 2,500 ESA claimants and 1,000 JSA claimants in Leeds for a period of 15 months. Contracts specify that 75% of participants must be disabled or have a health condition and attend voluntarily. 25% will be JSA claimants out of work for at least 2 years and will be mandated. This new provision is approximately 25% of the capacity of the former Work Programme and Work Choice.

3.3 **The Local response – work undertaken to date**

3.3.1 A Project Board, comprising Chief Officers from Adults and Health, Employment and Skills and local DWP has been established to drive and implement a programme of work with two key strands:-

- **capacity building** for Council staff in health and care roles and the partner and provider delivery network on employment and skills
- **aligning existing and planned programmes** to address gaps in provision and ensure an appropriate fit and focus with other opportunities

3.3.2 **Capacity Building.** While there is some good practice, further work is required to ensure that those delivering employment support services are fully aware of the needs and aspirations of the full, potential customer group and those operating in the health and care services are aware of and have confidence in the local employment support offer and can navigate the system. To address this there are two linked work streams underway:-

- Developing the reference resource for practitioners to support signposting and referrals and individuals wanting to access work or further training. The city has a rich offer but it is wide ranging and potentially complex. It can be difficult to find a starting point and navigate a pathway through the options. The new resource will simplify the information and provide an easy to use guide for a range of audiences on pre-employment support and skills provision and information, advice and guidance services.
- Stakeholder event. There are a number of service delivery and commissioning providers and networks that support people who may be able to work but currently do not because they lack information on the available services or do not have contacts to help them access training or work opportunities. A roundtable discussion and networking event held on 7th November provided the platform to:
 - Share the Council's ambition for closer working between Health and Care partners and Employment and Skills to support more disabled people and those with health barriers into work, where they have the ambition to
 - Increase health and care providers' knowledge of the city's skills and employment support offer, referral routes and requirements
 - Establish a dialogue and build relationships between organisations who currently engage infrequently

The event was open to third sector and statutory services and the feedback and evaluation of this will help shape future work to continue to raise awareness and build links across professions.

- Staff development in Adults and Health

Activity targeted to an identified group of social workers who are championing the Strength Based Care approach within generic social work teams and enablement services has included an awareness raising session in October and ongoing 'buddy' support. The group of 22 social workers are now embedding proactive work to identify those who wish to move into employment and who require support to do so. They will cascade the information and support a wider group of colleagues supporting similar client groups of around 500 people below the age of 65.

- Staff development in Jobshops

Frontline delivery staff in Jobshops have undertaken a number of development activities through the Employability Support Pilot with Leeds Mind targeted to Jobshop customers with low level mental ill-health. This two year programme, commissioned by the Employment and Skills service will conclude in May 2018 and has included learning and development activity for Council staff across the Hub network as an integral part of the contract. Awareness raising, shadowing and coaching sessions are part of a planned programme of activities delivered by specialist MIND staff to enable Council front line staff to better support the

needs of those customers with low level mental ill health, beyond the contract term.

3.3.3 Aligning existing and planned programmes. Good progress has been made to maximise the opportunities arising from new national and regional programmes and local commissioning by colleagues from across the Council in partnership with other key service providers. These include:-

- The Employability Support Pilot with Leeds Mind has delivered specialist support to over 100 customers attending Jobshops within Community Hubs. 25 of those have now secured employment and 46 have taken up training or volunteering opportunities.
- 6 training providers have delivered 40 Adult Learning courses supporting residents with poor mental health ranging from 'Positivity Works' to horticulture and arts.
- Supported Internships enable young people with special educational needs and disability (SEND) to achieve paid employment by giving them the skills and experience they need through learning in the workplace.
- The Council's Skills, Training and Employment Pathways (STEP) Programme commenced in May 2017 and supports those 25 years and over with a minimum of one year unemployment back into work. It is focused on disabled people and those with health conditions including sensory impairments; mental health or learning disability. To date, of the 136 starts on programme, 34 (25%) have declared a disability with many more experiencing a short or medium term health condition.
- Reed in Partnership delivering the ESIF funded Back to Work programme in the city supporting those over 16 years of age with a focus on those unemployed for up to one year. Reed in Partnership is now offering a structured programme of support to the Council's Jobshop customers through Community Hubs. Arrangements are also in place with Remploy, who prioritise support for disabled people and those with a long term health condition, to offer tailored support.
- A revised approach to delivering Social Value by generating employment opportunities through planning and procurement activity, moves away from targeting spatial communities and prioritises groups of individuals furthest from the labour market including disabled people and those with a health barrier. This approach will more effectively align with the activities above.

3.3.4 The opportunity to work closely with Council colleagues commissioning a wider range of services that target the same client group has enabled skills training through the Adult Learning Programme to be targeted to customers currently accessing drug and alcohol treatment with Forward Leeds, housing related support from Engage Leeds and Beacon and the Domestic Violence and Abuse service. There are also opportunities to work with services delivering mental health and healthy living support, family support and work with offenders. Supporting people using these services to look at how they can access work will ensure that individuals are able to sustain their recovery, improve their health and wellbeing and maintain their housing.

3.4 Developing a new place based delivery model

- 3.4.1 The fragmentation of policy and funding at a national level is inevitably reflected in local arrangements. These structural problems lead to fragmented services that are difficult for individuals and professionals to navigate as a result of separate service planning and delivery.
- 3.4.2 The current interventions and programmes are relatively small scale in relation to need and the Work and Health Programme may expand provision in the city but it is not significantly different to the current model and accountability will be to the DWP and there will be limited ability to influence delivery. The reduction in the scale of this provision, the complexity of need and the volume of potential beneficiaries support the case for a different way forward.
- 3.4.3 If we are to achieve our Inclusive growth ambitions there is a growing need to develop a responsive, place based approach with local accountability. We have achieved significant success through locally designed and led interventions which have out-performed nationally commissioned programmes and this, along with learning from other areas such as the Working Well programme developed by the Greater Manchester Combined Authority, offers much to build on.
- 3.4.4 It is proposed to work towards co-commissioning with health partners based on co-production principles that make use of local and professional expertise to build a new delivery model that can be entered at different levels of need with a wider range of tailored and sequenced interventions for the disabled and those with health barriers. The aim is to co-design and deliver a programme that offers tailored and personalised support to achieve clearly stated health and employment outcomes.
- 3.4.5 The delivery model will be subject to input from a range of stakeholders but will draw on best practice that includes:-
- A **bio-psychosocial assessment or single holistic assessment** of an individual that looks at all aspects of their life and their family - not just the fact that they have poor mental health or are unemployed - to capture the right information to develop a programme that can offer tailored support.
 - A **link worker or case manager** who is jointly trained and links health services and employment services directly, ensuring a joint health and work plan is developed and actioned.
 - A **health and work approach** integrating support designed to move the client towards employment by building resilience through individual and group work. The worker will co-ordinate and sequence a wider range of therapies and support to build the confidence, resilience and employability skills of the individual. Interventions could include pain management, talking therapies, alcohol and drug support, exercise and diet, welfare and debt advice and skills training for employment.
- 3.4.6 The co-design and delivery of a local programme which includes health and employment practitioners presents the opportunity to flex the duration and intensity of support to meet the wide range of needs; appropriately sequence interventions; offer consistent contact points through a case worker to build trusted relationships; and improve the breadth of support offered through the expertise and resources of collaborating partners.

3.4.7 All of these are essential if we are to achieve a service offer which is individualised but at high volume. We will continue to build the business case to co-commission, bringing the ambition of integrated, high quality and tailored support closer for all those who could and wish to work.

3.5 Exemplar Employers in the Health and Care Sector

3.5.1 The Health and Care sector is a major source of employment in the city with over 54,000 employees. The uncertainty related to Brexit, an ageing workforce, system reform to support prevention and create integrated care pathways, and the increasing demands related to an ageing population will all have implications for the workforce and its size and shape. It is important that employers are able to retain talented and experienced staff within a healthy and productive workforce.

3.5.2 Many of the organisations within the sector already take positive action to improve the health and wellbeing of their employees and see the benefits of reduced staff sickness absence and turnover, increased productivity and employee satisfaction, and fewer accidents and injuries. Staff enjoy improved wellbeing, and workplace health checks. Employees working for organisations that promote wellness are more likely to be engaged, and think positively of their employers.

3.5.3 Promoting workplace health and wellbeing can make an important contribution to maintaining a healthy, diverse and productive workforce. The Health and Wellbeing Board will champion this aim within the health and care sector by giving greater visibility and profile to the existing good practice and strengthening the approach where required by encouraging its members to share information, learning and best practice. They will seek to become exemplars and promote their successes to the wider business community.

3.5.4 The Council and the West Yorkshire Combined Authority, supported by the Joseph Roundtree Foundation, have developed an Inclusive Anchors programmes, a framework for collective action by anchor institutions across the city region. It will give profile to the contribution they make towards achieving the city and the city region's inclusive growth objectives through changes in their procurement and supply chain management, recruitment and employment practices. Commitments to promote workforce diversity and workplace health by the Health and Well-being Board Members align with this programme and have the potential to make a significant contribution and offers networking opportunities to learn and share good practice and will be explored further.

4 Corporate considerations

4.1 Consultation and engagement

4.1.1 Programme activity to date has been informed by customer consultation and feedback at the individual programme level and involves a wide range of partners from across the Council, other statutory partners, the third and private sector. Further work will be undertaken with stakeholders to enable them to inform and shape the content and delivery of the proposed integrated service designed to achieve a step change in provision.

- 4.1.2 The Health and Wellbeing Board, Chaired by Cllr Charlwood, Executive Member for Health, Wellbeing and Adults, has engaged and shaped this agenda through a themed workshop in October 2017. Members of the Health and Wellbeing Board welcomed the approach, recognising that work to enable wide ranging improvements, from infrastructure to cultural change, is central to achieving the outcomes of the Leeds Health and Wellbeing Strategy. Board members provided details of progress that has already been made across the partnership and discussed areas for improvement. Board members noted the central importance of employment to good health and the importance of improving outcomes for people with disabilities as well as the wider importance of our institutions as 'inclusive anchors', particularly in deprived areas. As major employers in the city, Board members also considered what more could be done to improve outcomes for the health and care workforce. Championing the benefits of being in work means supporting people into work as well as ensuring the needs of existing staff are met. There are opportunities to engage the Health and Wellbeing Board in future, to capture what else is being done across the partnership to progress this agenda, and to create stronger links with the Leeds Health and Care Plan as part of the city's collective ambition to promote inclusive growth, reduce health inequalities, improve quality and sustainability.
- 4.1.3 The Executive Member Employment, Skills and Opportunity provides oversight of employment support services and the integration of health and employment support services is a specific aim and work-stream of the More Jobs, Better Jobs Breakthrough Project overseen by a Member Working Group.

4.2 Equality and diversity / cohesion and integration

- 4.2.1 This approach seeks to impact positively on equality, diversity and inclusion by improving the life chances, through work, of individuals living in some of our most disadvantaged communities. It seeks to improve outcomes for those who require greater levels of support to overcome health barriers, improve their access to training and employment opportunities and lift them out of poverty.
- 4.2.2 These proposals have been subject to an Equality Impact Assessment Screening attached at Appendix 1 which demonstrates that the proposed revised approach will be more effective in targeting those furthest from the labour market that continue to be disadvantaged because of disability or a long term health condition. This approach will build better links between the workforces of employment, skills and training and health and social care to ensure that they are more effective in improving outcomes and are sustainable.

4.3 Council policies and best council plan

- 4.3.1 The vision of the Best Council Plan 2015-2020 is for Leeds to be a compassionate and caring city that helps all its residents benefit from the effects of the city's economic growth. This report sets out how the activity to date and the proposed further work will contribute to this goal, and in particular the Best Council Plan outcomes for everyone in Leeds to earn enough to support themselves and their families and the Best Council Plan priorities around providing skills programmes and employment support; supporting economic growth and access to economic opportunities; improving mental health and wellbeing and integrating health and social care.

- 4.3.2 Current activities and the proposed work will contribute to the delivery of the big ideas in the draft Leeds Inclusive Growth Strategy and the calls to action in the draft Leeds Talent and Skills Plan in particular supporting places and communities to respond to economic change; institutions embedded in and working for local communities and the local economy; and increasing labour market activity and productivity through a more representative workforce. This aligns with the linked priority of a strong economy with good quality local jobs and increasing employment in the Leeds Health and Wellbeing Strategy 2016-2021.
- 4.3.3 Aligning the strategic objectives of inclusive growth and better health and wellbeing is increasingly acknowledged as a priority for Leeds and West Yorkshire. Improving employment outcomes for disabled people embodies this approach and is an evidenced based means of a multiplier effect that promotes health and generates savings to the health and care system.

4.4 Resources and value for money

- 4.4.1 To date, work has progressed within existing resources and is already delivering benefits in terms of building capacity and collaboration across the Council and its partners' workforce. Where external resource has been secured for specific programme delivery, every opportunity has been taken to build in targeted measures for the engagement, recruitment, retention and outcomes for the groups with health barriers to work and whom we seek to prioritise through this approach.
- 4.4.2 Prioritisation of the disabled and those with health conditions and the alignment of existing programmes is enabling the city to make better use of local and national multi-sector resource. However, the city's resource will not be fully maximised by maintaining the historical separate and silo approaches to health and work. Those individuals requiring the greatest levels of support, inevitably attract the highest levels of public expenditure. The proposal to achieve closer working by sharing intelligence and integrating services will enable the co-design and commissioning of tailored interventions that have the potential to realise efficiencies and improved service outcomes at a scale appropriate to the challenge and ultimately reduced costs to public services and business.

4.5 Legal implications, access to information, and call-in

- 4.5.1 There are no specific legal implications arising from the recommendations in this report.
- 4.5.2 This report is eligible for Call-In.

4.6 Risk management

- 4.6.1 Maintaining the historical, fragmented approach to supporting people into work sustains the risk that public resources will not be deployed and targeted effectively. A new approach will require the realignment of resources and may require additional investment. The development of a business case will enable the detailed consideration of costed service delivery options to inform budget planning and position. Activity will continue to be monitored and reviewed with key stakeholders to inform the evolving programme of work. The Project Board reports into the city's Health and Wellbeing Board and the More Jobs, Better Jobs Member Steering Group

which will shape and endorse proposals, check progress and assess the financial implications and deliverability.

5 Conclusions

- 5.1 The economic implications of ill health and disability in both the working and non-working populations are significant. These factors are clearly growth inhibitors but they are also counter to the city's inclusive growth ambitions. The numbers reliant on Employment Support Allowance remains stubbornly high at over 32,000, with 53% experiencing mental ill-health. People in receipt of this benefit are disproportionately concentrated in our most disadvantaged communities and we need to provide more integrated, tailored support to overcome the multiple and complex barriers that some disabled people and those with long term health conditions face in moving into work.
- 5.2 Good progress has been made to date in building connections across the workforce to promote collaborative working to support this customer group to access employment and align programmes and activity where possible. However, an integrated approach that provides tailored and personalised interventions at the scale required is now needed. The work to design and cost this intervention will enable the development of a more coherent local offer that delivers improved health and work outcomes.
- 5.3 The members of the Health and Wellbeing Board will champion the work to develop a healthy, diverse and productive workforce initially within the health and care sector by sharing information, learning and best practice. They will seek to become exemplars and promote successes to the wider business community.

6 Recommendations

- 6.1 Executive Board is asked to:
 - i) Note the work undertaken to date and the progress achieved;
 - ii) Support the proposed approach to continue to engage with a broad range of stakeholders and seek their commitment to improving health and work outcomes in the city;
 - iii) Agree that the Council will work with Health and Care partners to build the business case for a revised joint delivery model to support disabled people and those with health barriers to access and sustain employment; and
 - iv) Note that the Chief Officer, Employment and Skills and the Chief Officer Health Partnerships will be responsible for the implementation of this decision.

7 Background documents¹

- 7.1 There are no background documents.

¹ The background documents listed in this section are available to download from the Council's website, unless they contain confidential or exempt information. The list of background documents does not include published works.