Leicester
City Council

MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

DATE: TUESDAY, 6 FEBRUARY 2024
TIME: 5:30 pm
PLACE: Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester.

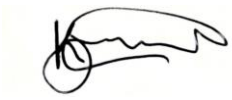
Members of the Committee

Councillor Whittle (Chair)
Councillor Bonham (Vice-Chair)

Councillors Gopal, March, Modhwadia, Sahu, Singh Sangha and Zaman

Standing Invitee (Non-voting)
Representative of Healthwatch Leicester
Youth Council Representatives

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.



For Monitoring Officer

Officer contacts:
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Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

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PUBLIC SESSION

AGENDA

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1. WELCOME AND APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members will be asked to declare any interests they may have on any items to be discussed on the agenda.

3. MINUTES OF THE PREVIOUS MEETING **Appendix A**

The Minutes of the meeting held on 12th December 2023 are attached and Members will be asked to confirm them as a correct record.

4. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer to report on any Questions, Representations or Statements of Case received.

5. PETITIONS

The Monitoring Officer to report on any Petitions received.

6. CHAIRS ANNOUNCEMENTS

7. WINTER PRESSURES UPDATE **Appendix B**

The University Hospitals of Leicester submits a report to appraise the Public Health and Health Integration Scrutiny Commission on the current pressures faced across the urgent and emergency care pathway, covering NHS and Local Government commissioned services.

8. RESPONSE TO REVIEW RECOMMENDATIONS - THE EXPERIENCE OF BLACK PEOPLE WORKING IN HEALTH SERVICES IN LEICESTER AND LEICESTERSHIRE **Appendix C**

Leicestershire Partnership Trust submits a report updating the Commission following key recommendations within the published report 'The experience of black people working in health services in Leicester and Leicestershire

9. ICB 5 YEAR FORWARD PLAN - PLEDGE 8 - ELECTIVE CARE **Appendix D**

The Integrated Care Board submits a report to provide and update on the system approach to reducing elective care waiting lists and the impact to residents with a specific case study focus on city residents waiting for knee and hip replacements, noting the first day surgery hip was completed in November 2023 and first knee in January 24.

10. 0-19 HEALTHY CHILD PROGRAMME, BEST START FOR LIFE WORKFORCE PILOT AND BREASTFEEDING RATES IN LEICESTER **Appendix E**

The Director of Public Health submits a report on the 0-19 Healthy Child Programme, Best Start for Life Workforce Pilot and the Breastfeeding Rates in Leicester.

11. DRAFT GENERAL FUND BUDGET 2024/25 **Appendix F**

The Director of Finance submits a draft report proposing the general fund revenue budget for 2024/25.

Members of the Commission will be asked to consider and provide any feedback which will be submitted to the Council Budget meeting in February 2024.

12. WORK PROGRAMME **Appendix G**

The current version of the Work Programme is attached.

Members of the Commission will be asked to forward any item they wish to consider on the work programme for the Commission to the Chair or the Scrutiny Policy Officer.

13. ANY OTHER URGENT BUSINESS

USEFUL ACRONYMS RELATING TO PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Acronym	Meaning
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DES	Directly Enhanced Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWB	Health & Wellbeing Board
HWLL	Healthwatch Leicester and Leicestershire
ICB	Integrated Care Board
ICS	Integrated Care System

IDT	Improved discharge pathways
ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
LLR	Leicester, Leicestershire and Rutland
LTP	Long Term Plan
MECC	Making Every Contact Count
MDT	Multi-Disciplinary Team
NDPP	National Diabetes Prevention Pathway
NEPTS	Non-Emergency Patient Transport Service
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
OPEL	Operational Pressures Escalation Levels
PCN	Primary Care Network
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
PPG	Patient Participation Group
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
UHL	University Hospitals of Leicester

Appendix A

Leicester
City Council

Minutes of the Meeting of the
PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

Held: TUESDAY, 12 DECEMBER 2023 at 5:30 pm

P R E S E N T :

Councillor Whittle (Chair)
Councillor Bonham (Vice Chair)

Councillor March
Councillor Modhwadia
Councillor Sahu
Councillor Singh Sangha
Councillor Zaman

In Attendance

Deputy City Mayor, Councillor Russell – Social Care, Health and Community Safety

Kash Bhayani – Healthwatch

Eashan Naik – Youth Representative
Mario Duda – Youth Representative
Swetha Subaskaran – Youth Representative

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23. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that were no apologies for absence.

24. DECLARATIONS OF INTEREST

The Chair asked members of the commission to declare any interests in the proceedings. Cllr Sahu declared that she co-owned a business which delivered training to the NHS.

25. MINUTES OF THE PREVIOUS MEETING

The Chair noted that the minutes of meeting held on 7 November 2023 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

It was further noted that additional information requested at the last meeting had been circulated but further enquiries had been made.

AGREED:

- Members confirmed that the minutes for the meetings on 7 November 2023 were a correct record.

26. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer noted that none had been received.

27. PETITIONS

The Monitoring Officer noted that none had been received.

28. ICB 5 YEAR FORWARD PLAN - PLEDGE 4 GP ACCESS

The Deputy Chief Medical Officer and Head of Transformation presented the item, and it was noted that:

- Integrated care boards across the country are required to develop system-level access improvement plans for primary care.
- The main commitments in the LLR Plan includes addressing the 8am rush, continuity of care and reducing bureaucracy between primary and secondary care.
- General Practices across LLR provided over 360k additional appointments in 2022/23 than the previous year. The plan intends to ensure additional appointments are maintained by increasing the workforce and creating multidisciplinary teams to meet the needs of the community.
- LLR practices exceeded the 70% target of face-to-face appointments, but feedback has been received that patients would like more. There is a national push to move towards digital appointments but face-to-face will not be eliminated.
- Understanding and improving patient experience is a focus and whilst a national survey is undertaken further information will be collected through a local patient experience survey, due to launch in 2024.
- Variability will inevitably exist across practices to identify and meet the needs of the population. The ICB are aiming to promote some consistency however in relation to cloud based telephony, using a wider workforce to ensure patients can be seen appropriately and working with community pharmacies for better access.
- Over the winter period primary care networks are enabling additional appointments to support patients in the community, particularly focussing on acute respiratory conditions.

In response to questions and comments from Members, it was noted that:

- Demand inevitably outstrips capacity as primary care is the initial contact of healthcare system. As part of the system level framework, general practices are looking to identify demand and build capacity to be flexible to the needs of communities through training, creating multi-disciplinary teams with varied roles and building relationships with community pharmacies.
- The national feedback survey has limitations in information it asks and the rate of response from Leicester has been low previously. A local survey is due to launch in 2024 to enable further data to be collected.
- There is variation between GP practices on access to services, but incremental changes are visible, and many practices are utilising features of the NHS App to improve patient experience. The local feedback survey will enable further work to be undertaken.
- Uptake of the NHS App across LLR is 54% of patients registered although functionalities vary but work is underway to increase.
- Communication teams across the health system and the local authority are promoting the NHS App although the features enabled by each GP practice currently varies. The local authority also utilises the *Your Leicester* newsletter to share health information.
- Recruitment has been lower in the city compared with the wider LLR area but there has been a good uptake for the GP fellowship scheme.
- It was agreed additional information would be shared with the Commission regarding increasing staff in GP surgeries and the number of GPs across the city compared with previous years.
- A robust programme is in place to ensure resilience and support GP practices that have limited partners that may be nearing retirement to ensure patients other practices can support with patients and prevent contracts being handed back to the ICB. It was agreed further information would be shared on the number of GP practices operated by one or two partners who are nearing retirement in the city.
- GP Practices are required to create health inequality plans which includes identifying support for elderly patients and proactive outbound work for prevention.
- There are various pathways that enable patients to access services without GP referrals, including mental health and musculoskeletal. It was agreed that information would be shared on all pathways available for self-referral.
- The judgement of a clinical practitioner will determine the urgency of a health case. Care navigator will use a flowchart agreed by the clinical team but if there is doubt staff should seek clinical guidance.

As part of discussions the Chair invited Healthwatch and youth representatives to make comments and it was noted that:

- Appointments are being made available for patients to book online, although the number of appointments will vary between practices. Some practices in the city are also interacting with patients online to determine whether advice can be provided without needing an appointment.
- Primary Care Networks are making a difference and providing resilience

to enhancing GP access to patients with practices working together and providing additional appointments including evening and weekend.

The Chair invited Cllr Haq from the public gallery to ask a question in which it was it was noted that:

- Further information in relation to the breakdown of NHS App users across LLR, particularly the uptake in the city will be reviewed and shared if available.
- Various plans are in place and workstreams underway to support patients in the community and prevent additional pressures on local hospitals over winter.

The Deputy City Mayor for Social Care, Health and Community Safety noted that whilst A&E has started to see pressures, the recent situation was better than the previous year. Cllr Russell also shared a tweet with the Commission by an A&E Doctor, not from University Hospitals of Leicester, to highlight that health workers are doing all they can in light of challenges.

It was further noted that ICB funding is being utilised by the local authority to alleviate fuel poverty and prevent admissions, particularly relating to respiratory conditions.

AGREED:

- The Commission noted the report.
- Members comments and concerns be noted by health partners.
- Additional information requested be circulated.
- The Commission receive a report in 2024 regarding the results of the local satisfaction survey and health inequalities plan.

29. LEDER ANNUAL REPORT

The Director of Strategy & Business at Leicestershire Partnership Trust presented the item, and it was noted that:

- A partnership approach is in place between the health service and local authority, piratically adult social are, to support individuals with a learning disability and/or autism.
- The ‘Learning From Lives and Deaths of People with a Learning Disability and Autistic People’ (LeDeR) Programme is important to improving understanding and engaging with families to learn and promote the appropriate support for individuals. This includes all aspects of health and wellbeing and connecting appropriate services.
- During 2022/23, 83 deaths were reported to the LeDeR programme, in which 82% were white. Inequalities are recognised for diagnosing an individual with a learning disability and/or autism.
- Respiratory remained the key issue and leading cause for death, particularly aspiration pneumonia where food or liquid is breathed into

the lungs instead of swallowed to the stomach.

- The programme is looking at how it can develop more bespoke services to provide more time and different mechanisms for diagnosis as blood tests can be frightening for individuals.
- The agenda pack includes a list of the top ten things to do to support the programme and prevent deaths of people with a learning disability and autistic people, including promoting the programme, ensuring individuals attend screening appointments and supporting vulnerable individuals to have a long-term difference.

The Deputy City Mayor for Social Care, Health and Community Safety noted the importance and positive impact from undertaking reviews and engaging directly with individuals and families but also more widely including the learning disability partnership, carers and professionals, to ensuring learning and implementing actions.

The Director for Public Health noted that he Chairs the Child Deaths Overview Panel in which a co-ordinated approach has been established with the LeDeR programme to review the death of a child with a learning disability. It was further noted that the Panel has also completed an annual report for 2022/23 which could be shared with the Commission.

In response to questions and comments from Members, it was noted that:

- Reporting death with autism as a standalone condition was introduced in 2022 and is included in the report for the first time. Across LLR there were 3 deaths reported to the programme and 36 nationally.

As part of discussions the Chair invited youth representatives to make comments and it was noted that:

- The Child Deaths Overview Panel has a statutory duty to review all deaths of children residing in LLR. Where a child died and had a learning disability the LeDeR programme were also reviewing the death which was duplicating the process and a decision was therefore taken to solely review by the Child Deaths Overview Panel with representatives from LeDeR attending for such cases.

AGREED:

- The Commission noted the report.

30. COVID-19, FLU AND MEASLES UPDATE

The Director of Public Health provided a verbal update to the Commission, and it was noted that:

- Testing is not reported as it was previously in the community although trends can be tracked for Covid-19 as some community settings and

hospital report data. Rates currently remain relatively low and steady.

- Positive tests for flu have increased nationally over recent weeks but is still quite low, and admissions to hospital remain stable - this is expected to rise with winter season.
- A slight increase had been reported by GPs diagnosing influenza like symptoms.
- Vaccine uptake for Covid-19 and flu is lower than national rates and there are large disparities across the city. The local authority and health partners are working collaboratively to promote vaccines by targeting communities with low uptake.
- No new measles cases have been confirmed since the previous meeting, but public health continue to work with health partners to encourage residents to be vigilant and get vaccinated if not already protected.

In response to questions and comments from Members, it was noted that:

- Public figures and faith groups have supported the vaccination campaign, but the current focus is to ensure residents have easy access and aware of the importance of vaccines.
- Disparity of vaccine uptake in the city is consistent with deprivation levels and a pattern quite typical across the country. A collaborative approach is being taken to ensure information is being promoted through various mechanisms and in different locations to encourage vaccine uptake. Understanding barriers is also a priority to plan for improving vaccine uptake and utilising community health champions.

As part of discussions the Chair invited youth representatives to make comments and it was noted that:

- Children and young people made a huge sacrifice during the pandemic to protect vulnerable communities and should continue to take the necessary precautions to protect others if they feel unwell and have contact with vulnerable individuals.
- Vaccines are available for vulnerable children and young people to continue to protect against new variants.

AGREED:

- The Commission noted the report.
- A detailed report be provided to the Commission at the next meeting.

31. WORK PROGRAMME

The Chair noted the latest work programme was listed in the agenda pack and included items for upcoming meetings. It was further noted that there were some items at the joint meeting with Adult Social Care that the Chair would discuss with Cllr March to add to the appropriate work programmes.

It was highlighted that the next meeting will be held on 6 February with proposed items including consideration of the budget before Council, 0-19 Contract, elective care waiting lists, the response to recommendations on the BLM and NHS Workforce review and looking in more detail at Covid-19, flu and measles.

The Chair reminded Members to share any areas of interest for consideration.

32. ANY OTHER URGENT BUSINESS

The Chair reminded Members that the site visit to the East Midlands Planned Care Centre was taking place on 13 December 2023.

There being no further business, the meeting closed at 19.10.

Appendix B

Winter briefing

Public Health and Health Integration Scrutiny Commission

Date of meeting: [06/02/2024]

Lead director/officer: Caroline Trevithick

Useful information

- Ward(s) affected: All
- Report author: Rachna Vyas
- Author contact details: Rachna.vyas@nhs.net
- Report version number: 1

1. Summary

This briefing intends to appraise the Public Health and Health Integration Scrutiny Commission on the current pressures faced across the urgent and emergency care pathway, covering NHS and local government commissioned services

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- DISCUSS the report content and NOTE that performance improvement plans are in place for Q4 23/24

3. Detailed report

Presented via slide pack for ease

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

The commissioning of further unplanned urgent care services across the pathway has impacted on the system financial plan, causing further cost pressure on NHS budgets.

4.2 Legal Implications

N/A

4.3 Equalities Implications

The System Health Equity Committee has been requested to conduct a ‘deep dive’ into longer waits at both the Emergency department and patients waiting for ambulances to assess the impact against protected characteristics. If unwarranted variation is noted, a plan will be agreed to mitigate further risk.

4.4 Climate Emergency Implications

Minimising the movement of patients by ensuring they reach the right place at the right time, quickly and safely, will support the wider green aims of both the NHS and local government

4.5 Other Implications

Clinical risk has been assessed and managed through the LLR clinical executive, with support from Directors of Public Health.

5. Background information and other papers:

N/a

6. Summary of appendices:

Slide set 1 – Winter Plan delivery

Winter Plan Delivery

Improving Urgent and Emergency Care

Our plan for 2023/24

NHS
University Hospitals of Leicester
NHS Trust

Flow in

Ensuring people get to the right place for their care first time

- Expanding our same day emergency care pathways
- Increasing use of virtual wards to prevent the need for admission
- Expanding community-based urgent treatment services for adults and children
- Opening permanent ambulance escalation units
- Improving equitable access to care through our health inequalities programme

Flow through

Improving our processes and increasing capacity

- Doubling discharge lounge beds to 12 and maintaining the 12-bed pre-transfer unit
- Creating new wards and a respiratory support unit at GH
- Increasing the medical bed base and improving use of paediatric beds at the LRI
- Improving length of stay through criteria-led discharge & internal process improvement
- Introducing enabling technology such as e-beds & e-portering

Flow out

Ensuring safe and timely discharge

- Increasing the number of community hospital beds
- Embedding UHL's care home model
- Increasing re-ablement support for people in their own homes
- Enhancing the Trusted Assessor role to support discharge planning
- Increasing use of virtual wards following a hospital admission

32314036

Implementing the plan

Aim	Mitigation	Last winter	This winter
Ensuring people get to the right place first time for their care	Expanding same day emergency care pathways by Dec 23	Same day emergency care units at LRI	Same day emergency care units at LRI + Glenfield
	Expanding community based urgent treatment services by Dec 23 (1)	9,756 appts provided for acute respiratory infection within primary care	10,028 appts provided for acute respiratory infection within primary care
	Expanding community based urgent treatment services by Dec 23 (2)	1,909 appointments made available to support people accessing community walk in centres / urgent treatment centres	3,889 appointments made available to support people accessing community walk in centres / urgent treatment centres
	Opening permanent ambulance escalation unit by Sept 23	Temporary unit in place with 18 spaces	Permanent unit in place with 16 spaces
Improving processes and increasing capacity	Creating 2 wards & a respiratory support unit at Glenfield by Jan 24		Respiratory support unit open & 1 ward 28/2/24

Implementing the plan

Risk	Mitigation	Last winter	This winter
Improving processes and increasing capacity	Improving length of stay by Dec 23	4.46 days for emergencies	3.90 days for emergencies
	Increasing medical bed base at the LRI by Jan 24	UHL bed base 1671	UHL bed base 1714
	Increasing community hospital beds by 52 by Jan 24	25 additional beds opened by January 23	A further 27 beds opened by 15th January 24
Increasing safe and timely discharges	Embedding the community care home model	Ashton care home bed open by January 23	Grace Dieu ward opened by 18th January 24
	Increasing reablement support by Dec 23	Capacity increased – 205 average patients delayed across LLR	Capacity maintained – 216 average patients delayed (increase of c25 for county)
	Enhancing the Trusted Assessor role to support discharge planning	Disparate teams across health and care since COVID	Integrated discharge team on site at the LRI
	Increasing use of virtual wards to support discharge by Dec 23	110 virtual ward beds, with 56% utilisation	155 virtual ward beds, with 80% utilisation

Key issues

‘General winter’	Festive break	Storm Henk / -10` cold spell
Industrial action	Increasing admission rates from ED over planning assumptions (+8%)	Delays to local authority funded care (+25 delays /day)

Key performance stats – 23/24

- Primary care provided 667,939 appointments in Dec, with 73% of these face to face
- ED attendances have ranged between 650-850 per day, with an average of 750 patients / month streamed to alternative, booked services in 23/24
- EMAS Ambulance average handover position 23/24 is 36 mins 11 secs
- EMAS Category 2 mean response time 23/24 is 40 mins
- ED 4hr performance mean 23/24 is 56%
- Bed occupancy mean 23/24 is 91%

- We recognise that some of these metrics will have deteriorated in winter 2024, for example:
  - EMAS handover time for January is 67 mins
  - 68 patients/day were waiting in ED for a bed at 8am compared to 46 patients/day in January last winter
  - Increases in medically optimised for discharge patients awaiting packages of care

Key performance stats – 23/24

Whilst performance remains challenging, we have been better performing in every area up when compared to winter 22/23, with the exception of admissions and specific discharge pathways

Measure	Dec 22/23	Dec 23/24
Ambulance Hours lost	5796	3621
Category 2 response time	2 hours 40 mins	60 mins
EMAS conveyance rate	40%	39%
ED attendances	21599	21744
ED 4 hour performance	63%	73%
Childrens ED attendances	7331	5749
Delays to discharge – UHL	26%	22%
Virtual ward occupancy	23%	79%

Key actions in January to improve patient experience

Key actions taking place include:

Inflow

- Increasing urgent treatment centre capacity – mixed economy model of walk in and streaming capacity increased from 112 slots daily to 155, with additional on mon - tues
- EMAS > DHU pathway for cat 3-5 management agreed with SOP in place to safely pass 3-4 calls over hour, negating need for conveyance
- 30 GP's have expressed an interest in supporting in ED, 3 have started w/c 08/01

Flow

- Expanded SDEC at LRI and Glenfield Hospitals December 2024 - ~15 spaces (UHL)
- Clinical model of care for ambulatory patients being re-assessed with additional GP support to discharge safely into community
- Clinical model of care for MIAMI being re-assessed to look at a GP-led model of care, increasing throughput of unit to support flow

Outflow

- Opening Coalville community capacity across the week 9-12/01 – 15 beds (LPT)
- Opening Glenfield single ward 28/02 – 18 beds (UHL)
- Opening Gracedieu community capacity W/C 15/01 – 18 beds (UHL)
- Increasing transport provision for transfers (UHL and ICB)
- Continued pathway 0 focus (to build on 650 a month increase in discharges) (UHL)

Key plans for 24/25

Whilst there has been progress, we recognise there has been significant risk on our UEC pathways this winter and we must continue to improve in 2024.

Rising admission rates through ED

- Fundamentally review model of care for frail patients and those with long term conditions
- Fully embed criteria to admit model of best practice
- Consider consolidating and expanding UTC options – capital and revenue implications of c£9m

Discharge improvements

- Quality improvement programme for process improvements e.g. patients home by lunch and to ensure they leave on the right pathway
- Fully implement the model of Intermediate care across LLR with a 'Home First' ethos – costs of c£1.5m

Winter Planning Update

Including:

COVID 19 and Flu Winter Pressures

Leicester Energy Action update

SOURCES:
UKHSA and LADAP Linelist
ONS mortality data
IMMFORM
Leicester City Council

NOTE: Last updated 23/01/24

Prepared by:
Division of Public Health, Leicester City Council

Leicester City Council

National Influenza and COVID-19 surveillance report

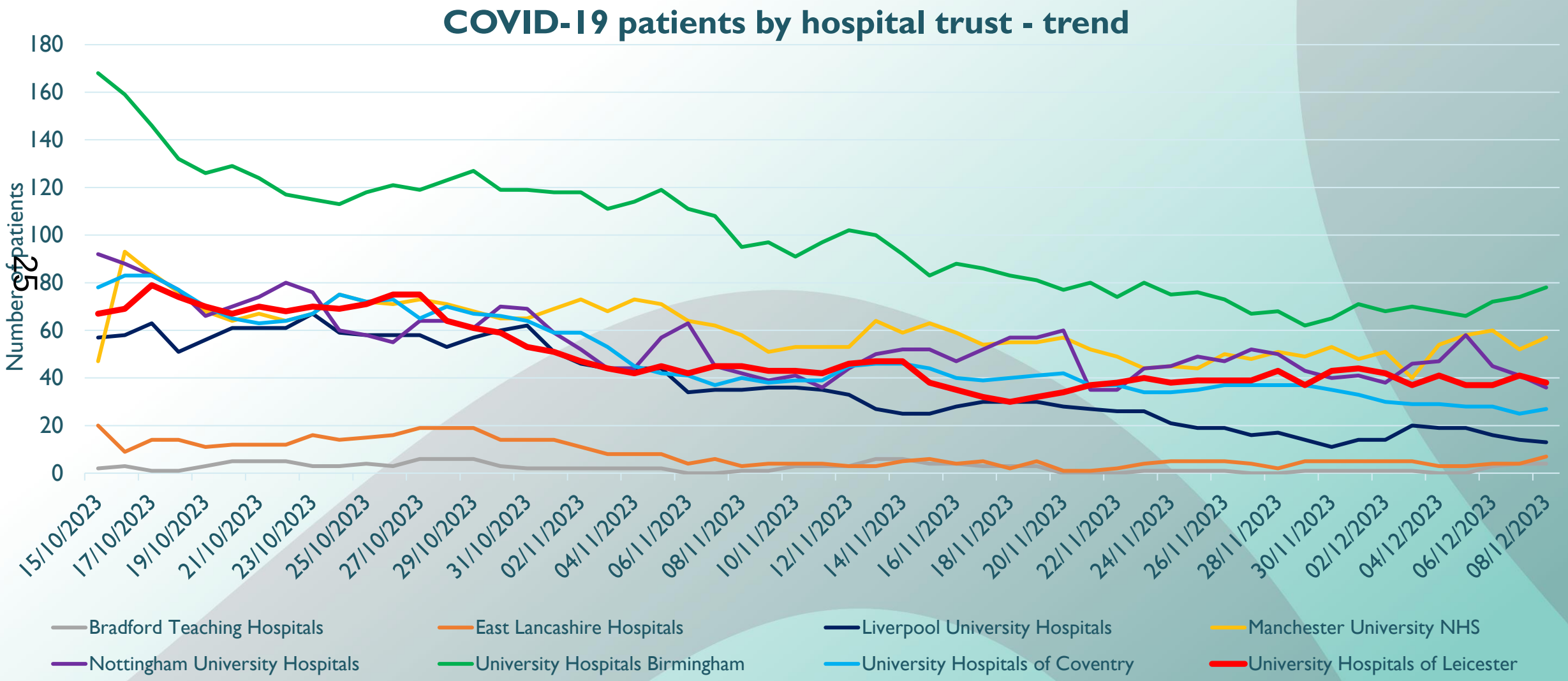
- Influenza positivity increased to 10.0% in week 2 compared to 9.7% in the previous week.
- Through primary care surveillance, the influenza-like-illness (ILI) consultations indicator increased slightly to 8.0 per 100,000 in week 2 compared to 7.5 per 100,000 in the previous week and remained within the baseline activity level range.
- Overall, influenza hospitalisations increased slightly to 4.35 per 100,000 in week 2 compared to 4.21 per 100,000 in the previous week and remained in the medium impact range.

- In England, the estimated COVID prevalence on 10 January 2024 was 2.3%, which is equivalent to around 1,255,000 individuals being infected with SARS-CoV-2 in England. This corresponds to 1 in 43.
- Overall, COVID-19 hospitalisations decreased slightly to 4.6 per 100,000 in week 2 compared to 4.9 per 100,000 in the previous week. Hospitalisations were highest in the 85 years and over age group.

National flu and COVID-19 surveillance reports: 2023 to 2024 season - GOV.UK (www.gov.uk)

Winter Coronavirus (COVID-19) Infection Study: estimates of epidemiological characteristics, 18 January 2024 - GOV.UK (www.gov.uk)

COVID-19 hospital cases by trust: The number of current COVID-19 hospital cases by trust can be seen below.
Please note: *A population rate cannot be calculated because population estimates are not available by trust. The trusts listed below include our neighbours and comparators. The population sizes and demographics that each trust serves differs considerably.*

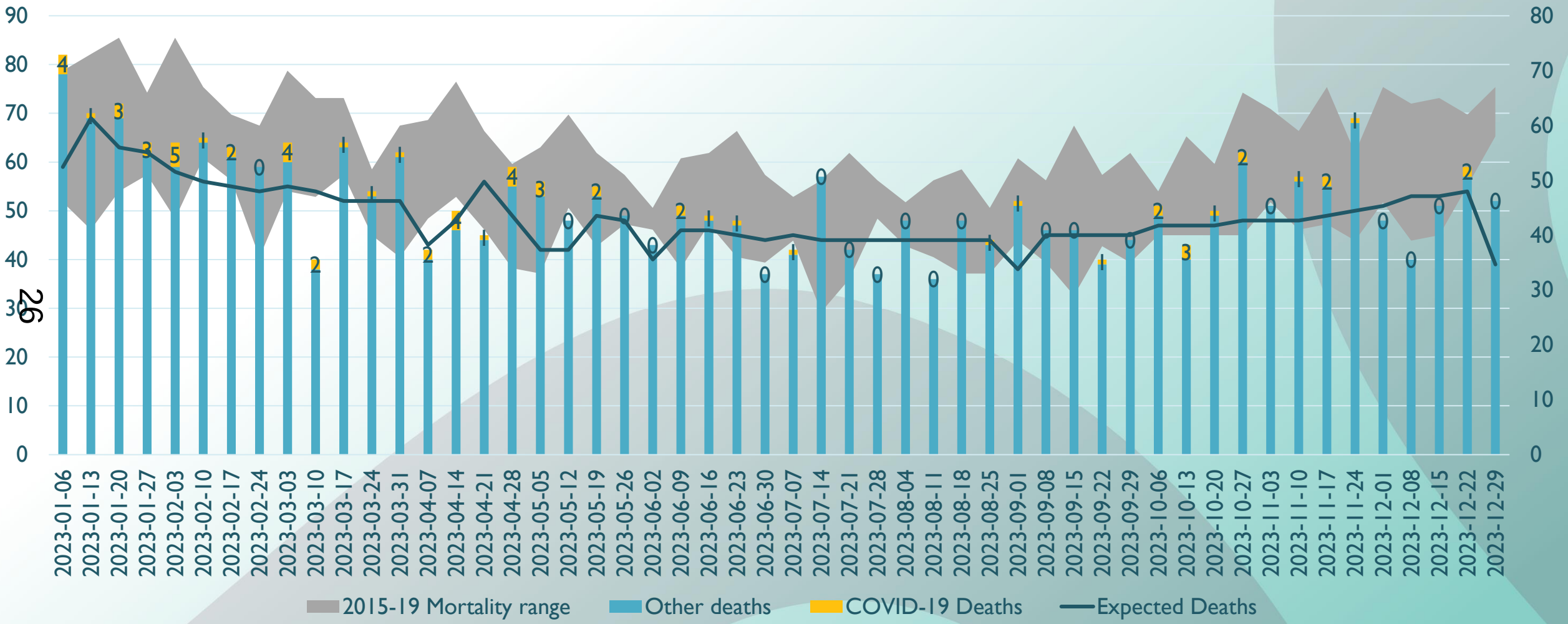


Source: DHSC National Tracker

Note: COVID-19 dashboard has been replaced by the UKHSA data dashboard – Awaiting Area Selectors Update.

COVID-19 mortality: There have been a total of 1258 COVID-19 related deaths in Leicester since the start of the pandemic; 473 in 2020, 554 in 2021, 167 in 2022, and 66 so far in 2023.

Leicester COVID-19 deaths and deaths from other causes by week



Source: OHID Mortality Dashboard. Expected mortality based on 2015-19 data

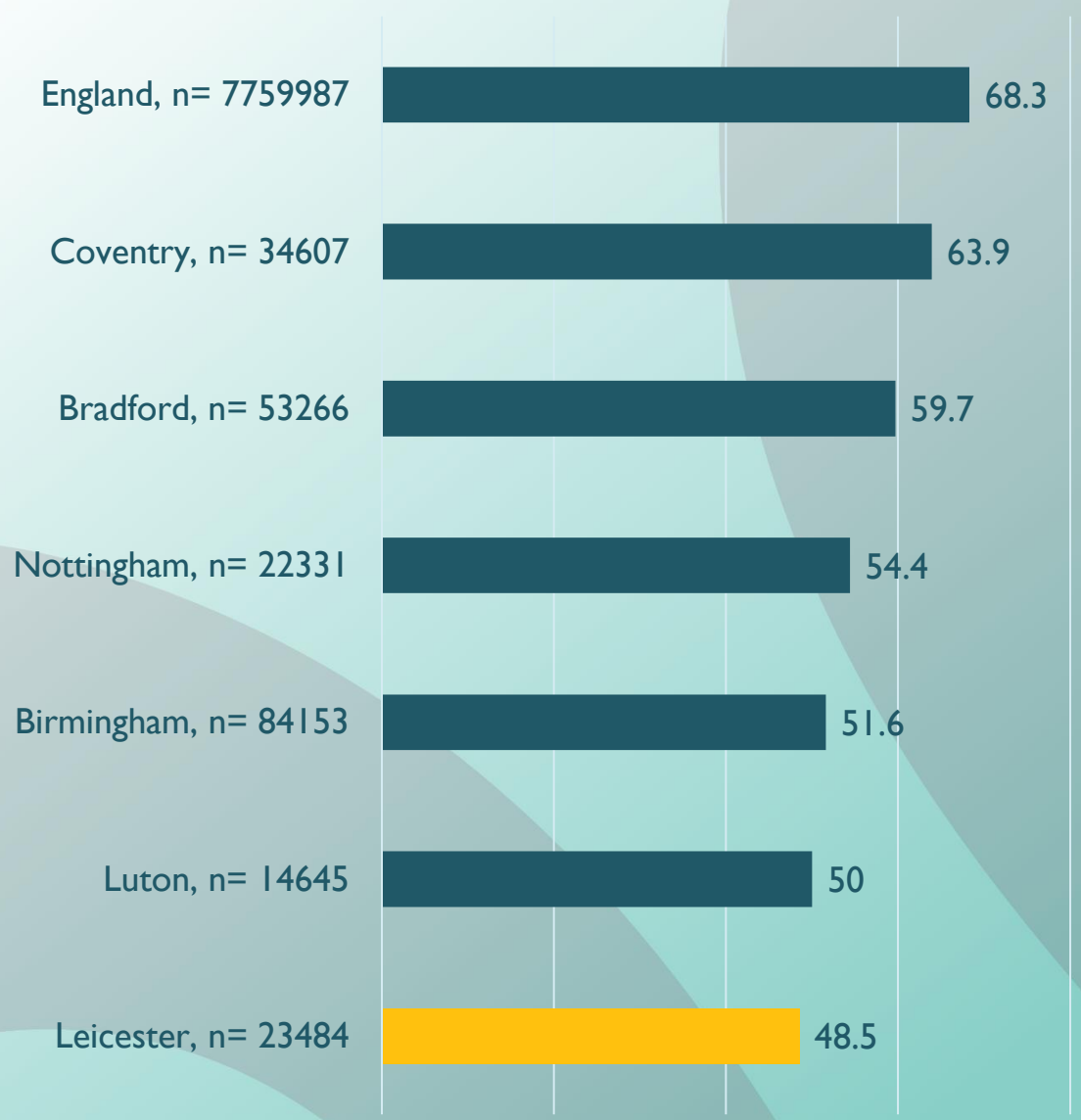
[Excess mortality in England and English regions - GOV.UK (www.gov.uk)]

Autumn booster 2023 uptake for the 65+ population by Local Authority comparator and England

Autumn booster uptake is now published on the COVID-19 data tracker here: [Vaccinations in Leicester | Coronavirus in the UK (data.gov.uk)]

The chart shows the latest uptake of the booster amongst the 65+ population along with the number of boosters delivered.

Leicester is below the national and our comparators.



Source: COVID-19 Gov.UK National Tracker

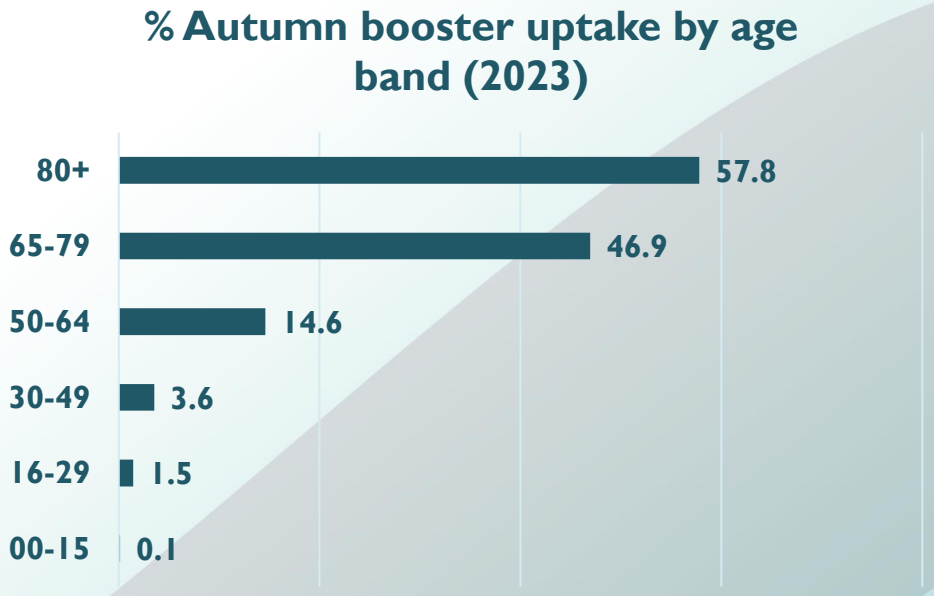
Note: COVID-19 dashboard has been replaced by the UKHSA data dashboard – Awaiting Area Selectors Update.

Autumn booster 2023 by age band and Leicester MSOA neighbourhood table (65+ population).

A total of 39,887 autumn boosters have been delivered to Leicester residents up to the 18th January 24, 23,992 of these have been delivered to those aged 65 or over.

As expected, older people are more likely to have been vaccinated, however there remains many older eligible people who are unvaccinated. Less than half (49%) of 65+ residents have received a booster; this is less than national uptake.

The MSOA table shows that there is great variation in the percentage uptake for 65+ residents across local areas. From 12% of 65+ residents in St Matthews & Highfields North to 72% for those resident in Knighton.



Source: UKHSA Linelist – using NIMS population for denominator

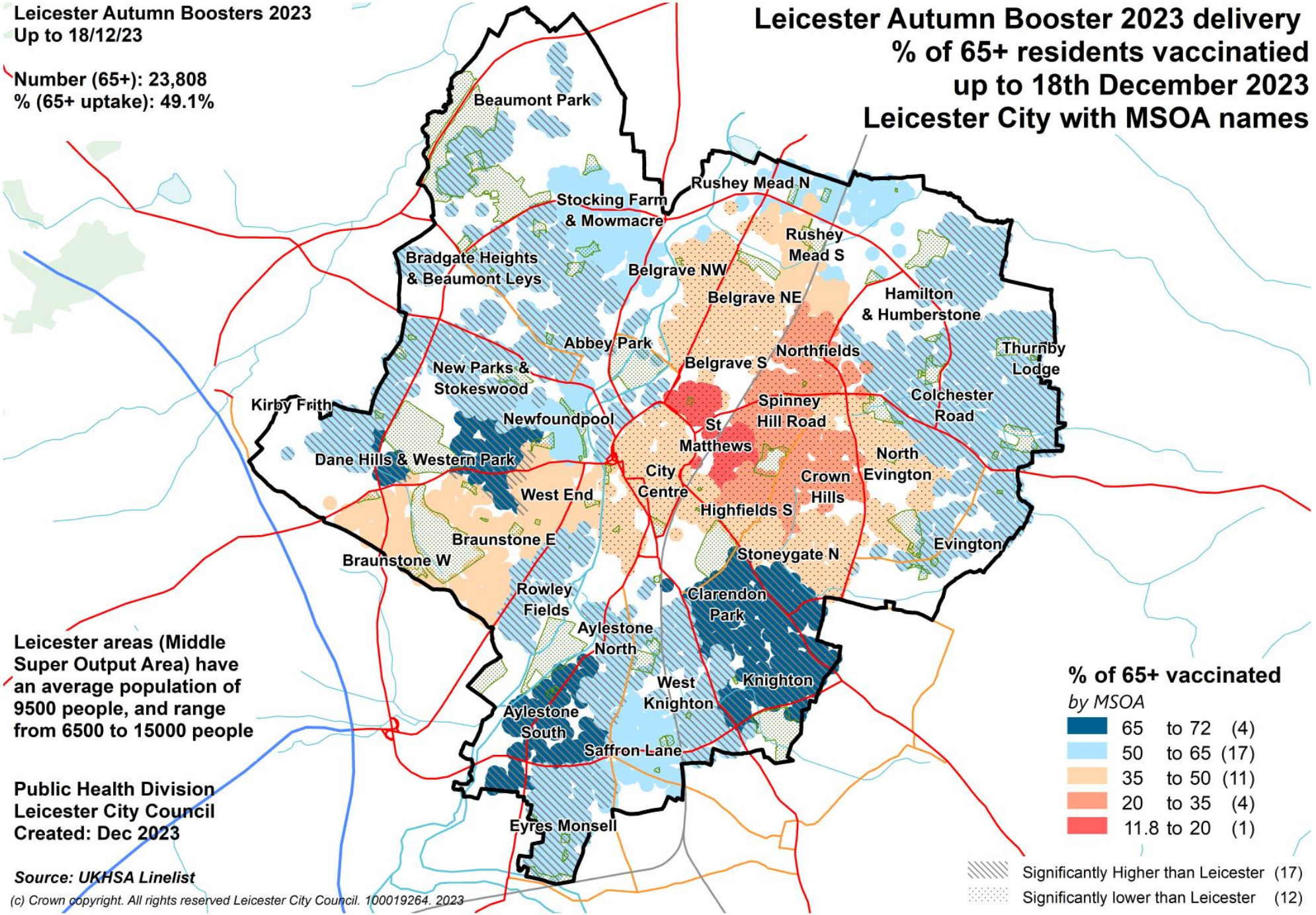
Autumn 2023 booster 65+ uptake (%) by MSOA: 18/01/2024	Autumn Booster	Denominator	% 65+ Uptake	Significance to Leicester	65+ Unvaccinated population
St Matthews & Highfields North	170	1389	12.2	Lower	1219
Spinney Hill Road	401	1769	22.7	Lower	1368
Highfields South	299	1246	24.0	Lower	947
Crown Hills	441	1429	30.9	Lower	988
Northfields & Merrydale	312	919	33.9	Lower	607
Leicester City South	157	423	37.1	Lower	266
Belgrave South	710	1845	38.5	Lower	1135
Stoneygate North	725	1840	39.4	Lower	1115
Belgrave North East	568	1423	39.9	Lower	855
North Evington & Rowlatts Hill	649	1607	40.4	Lower	958
Belgrave North West	788	1864	42.3	Lower	1076
Leicester City Centre	89	210	42.4	Lower	121
Rushey Mead South	668	1433	46.6		765
Braunstone Park East	495	1005	49.3		510
West End & Westcotes	546	1105	49.4		559
Braunstone Park West	386	780	49.5		394
Rushey Mead North	931	1818	51.2		887
Stocking Farm & Mowmacre	774	1504	51.5		730
Saffron Lane	466	899	51.8		433
Newfoundpool	292	559	52.2		267
Hamilton & Humberstone	955	1776	53.8	Higher	821
Colchester Road	777	1425	54.5	Higher	648
Bradgate Heights & Beaumont Leys	711	1292	55.0	Higher	581
Kirby Frith	527	957	55.1	Higher	430
Rowley Fields & Faircharm	457	823	55.5	Higher	366
Thurnby Lodge	1019	1784	57.1	Higher	765
Abbey Park	1043	1817	57.4	Higher	774
New Parks & Stokeswood	615	1067	57.6	Higher	452
Aylestone North & Saffron Fields	415	713	58.2	Higher	298
Eyres Monsell	729	1245	58.6	Higher	516
Evington	1167	1960	59.5	Higher	793
West Knighton	734	1203	61.0	Higher	469
Beaumont Park	565	891	63.4	Higher	326
Clarendon Park & Stoneygate South	1099	1647	66.7	Higher	548
Dane Hills & Western Park	983	1456	67.5	Higher	473
Aylestone South	1157	1707	67.8	Higher	550
Knighton	1172	1622	72.3	Higher	450
Leicester overall	**23992**	**48452**	**49.5**		**24460**

65+ Vax Uptake

MSOA mapping of the Autumn booster uptake for the 65+ population shows the variety across the city.

There are only a few areas in the city (Knighton, Clarendon Park, Aylestone South, and Western Park) that report an uptake rate similar to the national average.

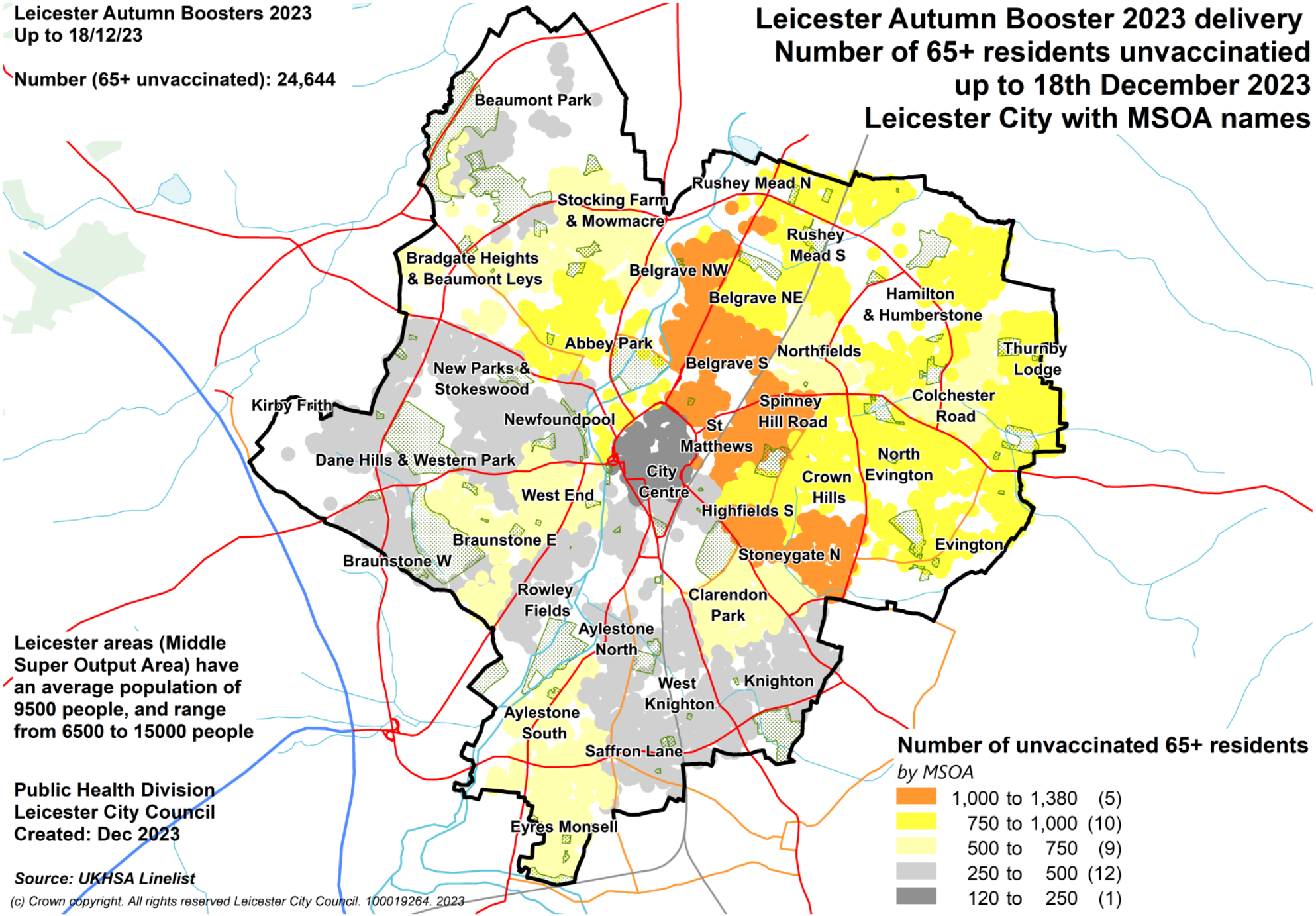
The St Matthews & Highfields North reports very low uptake (12%), and Highfields South, Spinney Hill Road, Northfields, and Crown Hills also report about a third or under of 65+ residents having the Autumn Booster.



65+ Unvaccinated

There are 5 MSOAs that account for about 6,000 of the 24,644 unvaccinated 65+ residents. These include St Matthews, Spinney Hill Road, Stoneygate North, Belgrave South, and Belgrave North West.

The map broadly shows higher numbers of unvaccinated 65+ residents in areas to the East and North of the city.

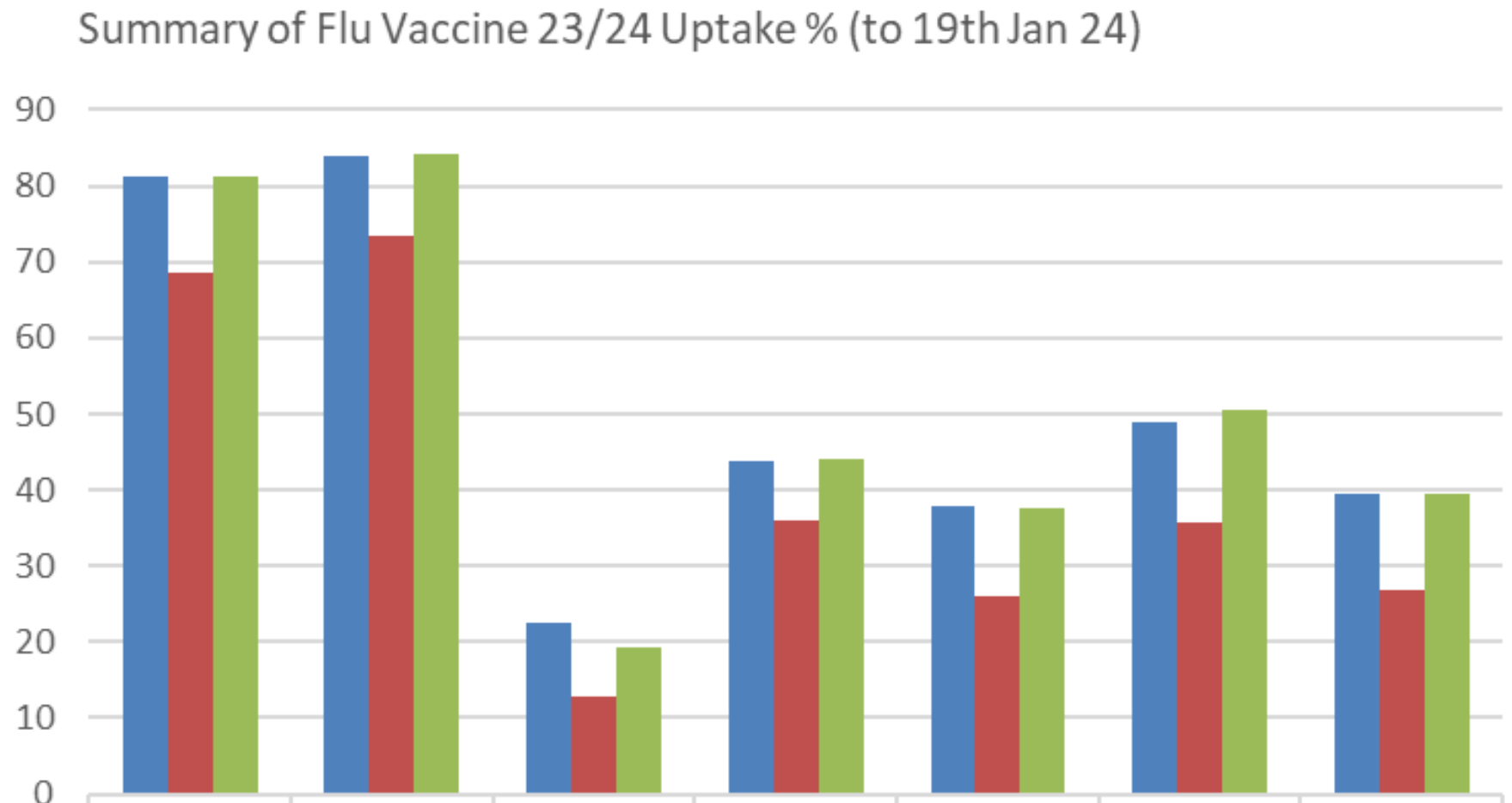


Flu vaccinations: The below show the percentage vaccinated for flu up to 31st December 2023.

Flu campaign began on 11th Sept 23 – local data available as % and at sub-ICB/former CCG level.

In Leicester the % vaccinated in following groups are:

- 65+: 69%
- 65+ (at risk): 73%
- Under 65: 13%
- Under 65 (at risk): 36%
- Pregnant: 27%



	65 plus	65 plus (at-risk only)	Under 65 (all patients)	Under 65 (at-risk only)	Pregnant and NOT IN a clinical risk group	Pregnant and IN a clinical risk group	All Pregnant Women
East Leicestershire & Rutland	81.2	84	22.4	43.9	37.9	48.9	39.5
Leicester City	68.5	73.4	12.9	36	25.9	35.7	26.9
West Leicestershire	81.2	84.1	19.3	44	37.7	50.4	39.5

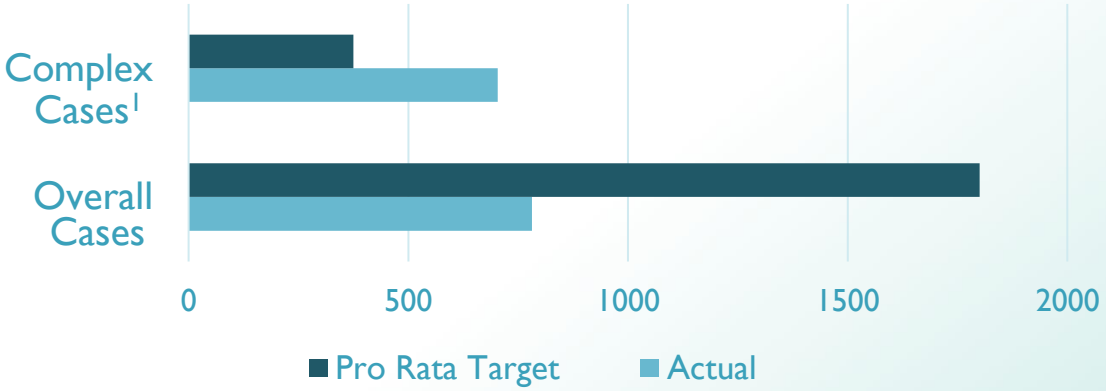
Source: IMMFORM

Leicester Energy Action

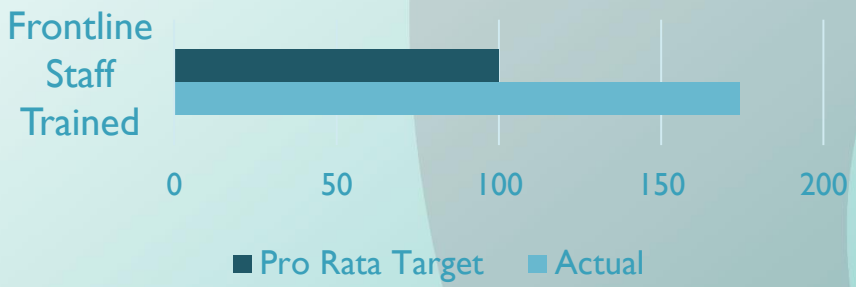
Fuel Poverty and Health Programme – 2023 performance

"Thanks to you now my gas bill is affordable. £100 per month instead of £70 per week"

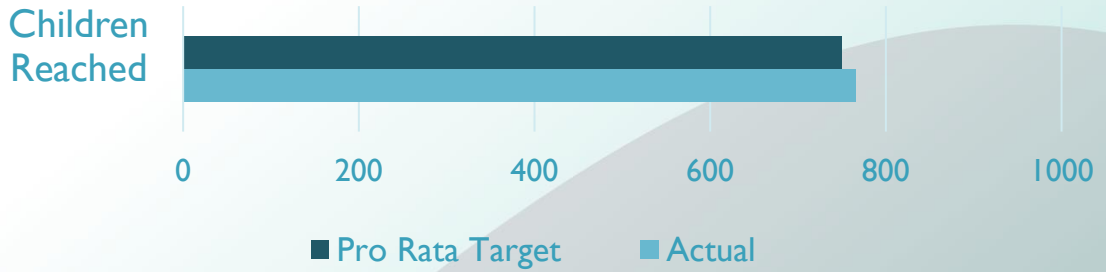
Advice Service Referrals



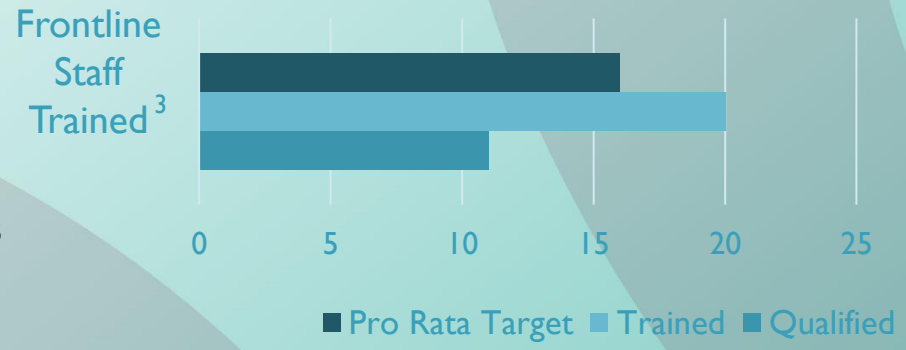
Webinars



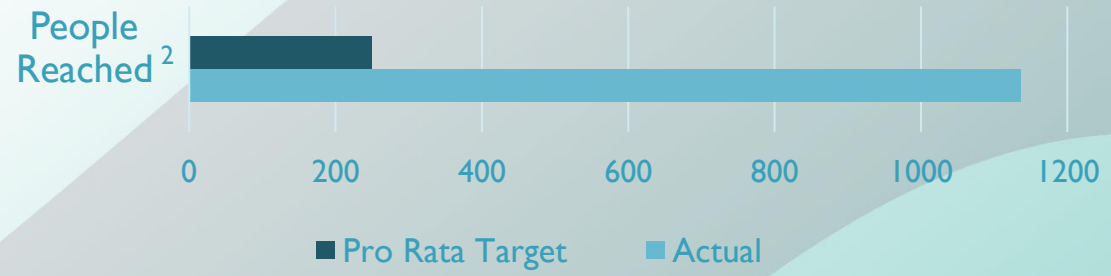
Education Workstream



City and Guilds Energy Awareness



Outreach Workstream



1. Higher number of complex cases than anticipated due to financial pressures on client groups. Overall case target being assessed within contract management team.

2. 343 of the people reached became casework clients who were directly supported. 793 were attendees at outreach events. 53 outreach sessions delivered against target of 25.

3. Funding from Anti-Poverty Board allowed us to offer additional places on the course. We are exploring ways to improve the pass rates within the externally delivered City and Guilds examination process.

Leicester Resident Claire

Claire is 69, living in three-bedroom house.

Language barrier and a visual impairment.

Unable to read fuel bills and other correspondence.

Had an unsuccessful knee replacement - cannot walk without assistance.

Long term illness and fear of not been able to afford to keep her family warm.

Claire's health conditions leave her isolated, suffering with severe depression and anxiety.

And she had a debt of £680.10 with British Gas.

Also struggling with food - not accessed local food banks as anxious about facing stigma.

How did we help Claire?

Conducted a home visit and a conference call with Claire and supplier - uncovered that the client was in credit.

Worked with British gas to reduce the Claire's monthly payments from £92.82 to £69.01 for the next 12 months.

Put Claire on the priority services register, and so now she will be sent bills monthly in large print.

Referred Claire to We Care UK for a food parcel - tailored to the clients' needs and delivered to her home.

Signposted Claire to Zinthiya Trust for benefits advice, Age Concern for befriending, Vista Blind for assessment and support, and applied for the Severn Trent Water Big Difference Scheme.

Worked with Claire around efficient use of appliances, healthy room temperatures, heating and hot water controls, keeping warm and healthy in colder weather, and low-cost energy efficiency behavioural changes.

Appendix C

The experience of black people working in health services in Leicester and Leicestershire – recommendations update.

Public Health and Health Integration Scrutiny Commission

Date of meeting: [06/02/2024]

Lead director/officer: [Alice McGee,
Chief People Officer
Leicester, Leicestershire and Rutland ICB]

Useful information

- Ward(s) affected:
- Report author:
- Author contact details:
- Report version number:

1. Summary

This report provides an update following key recommendations within the published report 'The experience of black people working in health services in Leicester and Leicestershire'.

2. **Recommendation(s) to scrutiny:**

Public Health and Health Integration Scrutiny Commission are invited to:

- Note the positive progress and successes made against all recommendations resulting from The Experience of Black People Working in Health Services report, by both Leicestershire Partnership NHS Trust (LPT) and University Hospitals of Leicestershire (UHL) Trusts and the Leicester Leicestershire and Rutland (LLR) ICB.

3. Detailed report

In December 2022, a report was commissioned by Leicester City Council which would provide insight into the experiences of black people working in the health service in both Leicester and Leicestershire.

On the 21st April 2022, following the reports publication, Leicester City Council members endorsed a number of recommendations. These recommendations are listed below alongside an update on the positive progress made to date.

Recommendation 1:
Existing systems are either improved or systems that facilitate such data collection are procured to identify and monitor workforce information (and progression).

Update:

- Both NHS Trusts continue to monitor the progression of staff through the Workforce Race Equality Standard (WRES) requirements and publish annual action plans. LPT's data and action plan which includes specific actions around talent management can be found here: https://www.leicspart.nhs.uk/about/equality-diversity-and-inclusion/publication-of-equality-information/#content. And UHL's can be found here: https://www.leicestershospitals.nhs.uk/aboutus/equality-and-diversity/reports-and-data/

- The Head of Nursing, Midwifery and Allied Health Professionals (Equalities) co-ordinating a number of system wide development programmes to progress black clinical staff into senior positions.
- The Developing Diverse Leadership Programme delivered during 2022/23 with 40 delegates. This programme has seen immediate benefits and success with participants progressing during and post programme.
- Another programme aimed at more senior black staff "Developing You, Developing Me" has also been launched in 2023 aimed at Bands 8b and 8c staff with 15 delegates signing up.
- LPT's WRES data shows an improvement in the diversity of its workforce and perceptions of equality of opportunity for career progression from 2021/22 to 2022/23.
- LLR partners are working collaboratively in delivering against the NHSE EDI Improvement Plan. A national dashboard of key EDI metrics has been developed. This enables local organisations and NHS England to monitor progress, identify challenges and assist peer-to-peer learning alongside an EDI repository. It incorporates relevant education and training metrics, created by Health Education England. This plan supports the achievement of strategic EDI outcomes, which are to:
    - Address discrimination, enabling staff to use the full range of their skills and experience to deliver the best possible patient care
    - Increase accountability of all leaders to embed inclusive leadership and promote equal opportunities and fairness of outcomes in line with the NHS Constitution, the Equality Act 2010, the Messenger Review
    - Support the levelling up agenda by improving EDI within the NHS workforce, enhancing the NHS's reputation as a model employer and an anchor institution, and thereby continuing to attract diverse talents to our workforce
    - Make opportunities for progression equitable, facilitating social mobility in the communities we serve.

Recommendation 2:
To compare the journeys of substantive staff against bank staff. This is because bank staff can often enter and leave the organisation in 'freer and looser' terms compared to substantive staff, which may result in the danger of contributing to unconscious bias.

Update:
Both NHS Trusts continue to monitor the journey of our bank staff, including comparisons of bank and substantive colleagues where we are able to obtain data.

- The comparisons between bank and substantive are contained within LPT's WRES report on our website.
- LLR NHS apply the principles of a just and fair culture in its application of the disciplinary processes.
- LPT have developed an action plan following the Michelle Cox case, this includes a review of our investigation training. This is available for all LPT staff. Monthly learning sets are being coordinated across the Trust; and all HR colleagues are specifically expected to attend Race Equality and Cultural Intelligence Learning sets.
- New guidance has been published in respect of ensuring equity in disciplinary processes and we will be reviewing the recommendations of this during 2023/24.

Recommendation 3:

Regarding the use of mandatory training for equality, diversity, and inclusion, it was recommended that organisations look to use different channels to deliver this training that encourages interaction, rather than the use of e- learning modules.

Update:

The Active Bystander Programme has been launched. This is a face-to-face training session that aims to reduce bullying, harassment and discrimination by giving colleagues the skills and strategies to intervene when they witness bullying and/or discriminatory behaviours. The LLR Programme was awarded 'Outstanding Corporate Achievement of the Year' at the National BAME Health & Care Awards at a celebration event in London in September 2023. The programme enables delegates to become Active Bystanders who feel confident and have the skills to intervene and de-escalate incidents of harmful behaviour and to promote prosocial behaviours and supporting our ethnic and cultural minorities staff to thrive in their workplace.

In addition to this, there have been wider developments including:

- LPT have developed interactive learning sets on Race Equality and Cultural Intelligence which share the direct experience of black staff. These are now being rolled out systemwide across LLR.
- The reverse Mentoring Programme provides a unique opportunity for learning through the eyes of black staff for senior leaders. We are now on our 4th cohort and in 2022; a programme which won the Midlands Inclusive Diversity awards scheme for “Most inclusive ICS of the year”.
- The system has also been delivering 360 Cultural Competency Assessments to leaders across the health and social care system and providing feedback and support to improve levels of cultural competency. It is currently evaluating the success of the feedback sessions provided to participants provided by its 40 or so Cultural Competency Enablers that include our black staff.

Recommendation 4:

The progression of ethnic minority employees can be hampered by the lack of development opportunities which are often arranged on an informal basis. Organisations should look at how such development opportunities are filled and facilitated.

Update:

We have been developing talent programmes for our ethnic and cultural minority staff that are linked to organisational talent management processes and sponsorship. This is a very deliberate connection between such career development programmes that ensure line-manager and Executive level involvement in the growth and progression of black colleagues.

- LPT have a specific programme aimed at its ethnic and cultural minority staff called “We Nurture” which is very well attended and delivered via a partnership between Organisational development and EDI.
- LPT hold regular listening events with its black staff to understand any barriers to career progression and use this information to unblock any barriers. All directors set Race equality Objectives within their appraisals and there continues to be a Together Against Racism Priority that includes 3 targeted areas for intervention; Inclusive Recruitment, Addressing Racist Abuse and Career Development.
- 80% of interview panels for LPT are now ethnically diverse with a changing culture of inclusivity and learning integral to the diverse panel approach.
- UHL have specifically worked with British Indian Nurse Association and British Association of Physicians of Indian Origin (BAPIO) to improve the experiences of

our clinical staff.; in addition to, working with an international organisation to understand and improve the disparities in health outcomes.

- Both UHL and LPT have a dedicated Head of International Recruitment who provides additional support, advice and pastoral care to overseas recruits.
- The LLR Developing Diverse Leadership programme is a system level development programme, aimed at ethnic and cultural minorities aspiring leaders within Nursing, Allied Health Professionals, Midwifery, bands 5-7 and their line managers. Uniquely, the programme offers leadership development programmes for participants and line managers from a range of organisations, with shared Action Learning Sets to the two groups and their learning. The programme is underpinned by the inclusion of Organisational Leads, Executive Sponsorship and Executive & Senior Leadership support, mentoring and guidance, because we identified that the provision of a development programme in isolation is not enough to engender change and inclusion. Action Learning Sets completed which form part of this programme, and outcomes/ Career Tracking will be managed for the next 18-months. However, early feedback is telling us that at the end of the first year of the programme starting, there are positive outcomes for both participants and line managers:

  To demonstrate the benefits of the programme, see below links to two testimonials from participants who have been on the programme and gone on to further their career because of the learning.

  https://youtube.com/shorts/35DoIyZIngM?feature=share

  https://youtube.com/shorts/9mdzJNhSygg?feature=share

Recommendation 5:
With regard to the use of data and monitoring in relation to progression and training, organisations should track shadowing opportunities and training, to challenge their counterparts on how they are progressing with their own initiatives.

Update:
The reverse mentoring programme has provided some opportunity for reverse mentors to be matched to mentees from other organisations.

- This has created shadowing opportunities across organisational boundaries, with learning and reflections to take place.
- The Developing Diverse Leadership programme has also allowed minority ethnic colleagues to shadow senior leadership. This has been built into the new system wide Developing Me Developing You programme.
- System wide data is shared at the EDI taskforce meetings, chaired by the ICB Deputy Chief Officer (Culture, OD and Inclusion). This is where best practice is shared and disseminated. System wide priorities have been set around OD, Culture and EDI at the ICB People and Culture Committee during 2023 for 2023/24. These include key drivers for creating inclusive cultures which include the Active Bystander Training, Reverse mentoring, Inclusive Talent Management, Cultural Competency Development and a clear focus on the health and wellbeing of staff.

Recommendation 6:

The existing work and attitude on diversity and inclusion should be embedded across the organisation, to ensure there is a form of succession planning, should key staff individuals leave.

Update:
LPT have been working jointly with Northamptonshire Health Care NHS Foundation Trust to embed best practice in relation to its Together Against Racism work. Some of the key successes in terms of embedding positive EDI cultures which have improved its WRES metrics between 2021/22 and 2022/23 include:

- Leadership behaviours that include a specific EDI behaviour built into all aspects of recruitment and training
- Race Equality and Cultural Intelligence Learning sets with lived experience
- The Active Bystander Programme being promoted and accessed
- Anti-Racism activities led by the Chief Executive and becoming business as usual.
- A Zero Tolerance approach to racism
- Active REACH staff support Network with co-chairs from black African backgrounds
- Celebration of BHM built in to annual events calendar
- EDI objectives built in to all appraisals
- Speaking Up becoming part and parcel of everyday culture via our Freedom to Speak Up Guardians
- Health and wellbeing initiatives taking in to account the needs of staff from diverse
- Change Leaders working on a number of specific themes to help with retention, attraction and reform in line with the NHS Workforce Strategy.

Recommendation 7:
To consider the wider response to EU recruitment and staff from overseas, who may not be able to take leave due to management pressure and whether guidance to management can be issued to clarify leave arrangements and concerns. This is because staff from these cohorts are often from an ethnic minority background, and this may be a further adverse effect.

Update:
The NHS have implemented the right to flexible working for all colleagues to ensure that they have an opportunity to request working arrangements that fit their personal circumstances. In addition:

- Staff can request extended paid leave,
- unpaid leave, and where appropriate
- special leave.
- Both acute Trusts have dedicated Head of International Recruitment who provide additional support, advice and pastoral care to overseas recruits to ensure they have access to all NHS benefits such as flexible leave arrangements.

Recommendation 8:
Relating to disciplinaries and reporting, the impact of bias training and bystander support should be shared with the Health Scrutiny Commission once completed, along with consideration of how widely this is being delivered across the organisations.

Update:
The Active Bystander Programme commenced rolled out during 2022. (A summary of evaluation feedback is attached.)

Recommendation 9:
The experiences of bank staff and their journey through the organisation to be recorded, to ensure there are no adverse outcomes suffered. This also included the treatment of temporary bank staff, who are often from an ethnic minority background, as well as the need for the City Health and Wellbeing Scrutiny Commission to understand the implications this will have on local staffing and whether this could lead to any new ways of working.

Update:
The bank staff survey has now been rolled out nationally. This records the experiences of bank staff against a number of predetermined areas and is analysed on an annual basis. The first national bank staff survey took place in 2022 and we should receive the results of the 2023 survey shortly, and we can compare the results to measure progress or identifying areas for improvement.

- LPT have used the staff survey to identify areas where it has been working with its "Change Leaders" (around 50 staff from across the Trust) to co-produce immediate actions to address some of the key issues arising from the 2022 staff survey identified by staff such as improving psychological safety, Health and Well Being, Managing Expectations and Career Development.
- In addition, we continue our work to improve our approach to Zero Tolerance against abuse and violence against staff which includes racism.
- LPT has an ongoing Zero Tolerance project team that has representation from across the trust to work on quality improvement measures to provide support to staff experiencing abuse and violence.
- Resources include a 6 step process, training, case studies and we are in the process of producing videos. The Active Bystander Programme compliments this work.

Recommendation 10:
In relation to the Mersey Trust – Just and Learning Culture, the Task Group recommended that local agencies should reflect on this model as an example of good practice due to the positive impact on wellbeing.

Update:
Both Trusts have embedded the Just and Fair Cultures within their procedures and processes. For example, within LPT's disciplinary policy it states:

"The policy and procedure reflects the ACAS Code of Practice on Disciplinary and Grievance Procedures and also takes account of the NHS Improvement 'Just Culture' recommendations and the Trust's commitment to developing a just and learning culture."

- Within LPT, the Patient Safety team throughout all of their reviews use the Just Culture guide from NHSE. Additionally, the human factors model is utilised for investigations which is 'naturally just'.
- Work is ongoing to explore with Organisational Development to explore Sydney Dekkers work which is what Mersey Care adopted. LPT is working towards ensuring that the whole organisation is thinking and working in this way.
- In addition, LPT are committed to the principles of the Freedom to Speak Up review and its vision for raising concerns and will respond in line with them. These include an independent fair and objective investigation into the facts and without the purpose of finding someone to blame.

The Task Group commented positively on the commitment and engagement of senior health staff to racial inequality in the workforce, and how transparent they were with sharing workforce information.

5. Background information and other papers:

Appendix of the report and recommendations are attached, in addition to the feedback received from the Active Bystander Programme.

Active Bystander Programme – December 2023

LLR Organisation	Total
UHL	88
LPT	20
LLR ICB	19
City Council	11
County Council	9
Rutland Council	1
LOROS	2
LLR Adult Social Care	1
Total	**151**

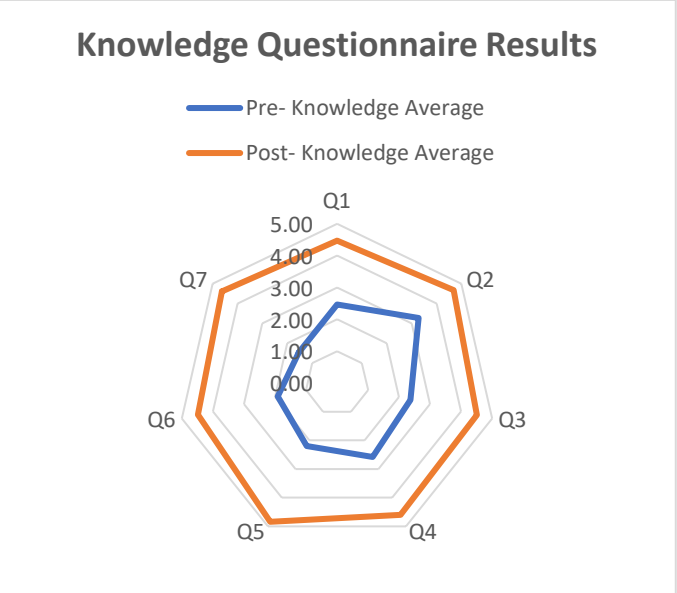
Region	Total
Black Country	2
Birmingham and Solihull	1
Chesterfield	1
Coventry and Warwick	3
Derbyshire	11
EMAS	2
Herefordshire and Worcestershire	3
Lincolnshire	1
Nottinghamshire	15
Wye Valley	2
WMAS	1
Northamptonshire	22
Total	**64**

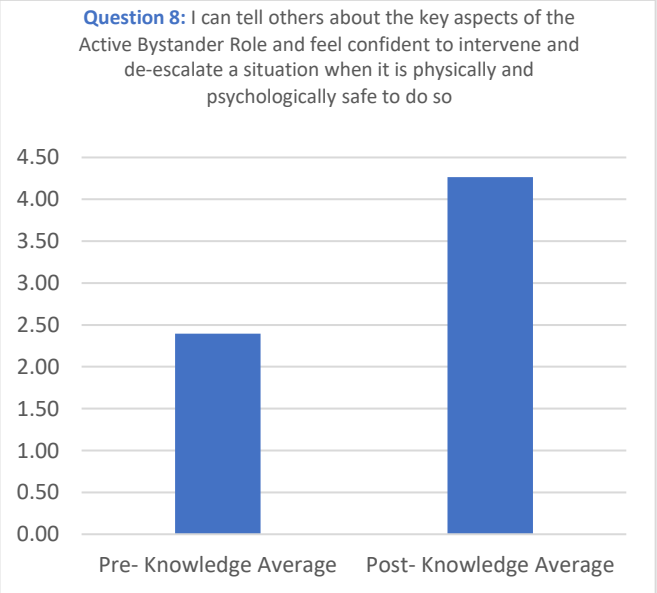
Demographics

215 total Active Bystander Delegates

Gender		Age		Ethnicity		Sexual Orientation		Disability	
Prefer not to say	1%	18-30	12%	Arab	1%	Bisexual	1%	No	85%
Female	87%	31-40	14%	Black African	4%	Gay	2%	Yes	10%
Male	11%	41-50	32%	Asian British	1%	Heterosexual	86%	Prefer not to say	5%
Non-binary	1%	51-60	26%	Black British	1%	Lesbian	4%		
		61-70	2%	Black Caribbean	3%	Queer	0%		
		Prefer not to say	4%	European	1%	Prefer not to say	7%		
				Indian	20%				
				Irish	1%				
				Pakistani	1%				
				White British	59%				
				White Irish	1%				
				Other	4%				
				Prefer not to say	3%				

Evaluation: Knowledge Questionnaires





200 people completed

Rating scale Q1-7: **1**= No Knowledge Stage **6** = Advance Knowledge and Skills stage

Rating scale Q8: **1** = Strongly Disagree **5** = Strongly Agree

Workshop Feedback
How would you rate ABP workshops from 1-10? (1 being poor and 10 being excellent) (161 people completed after workshop 2)
10 – 52%
9 – 20%
8 – 19%
7 – 13%

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

The experience of black people working in health services in Leicester and Leicestershire

Public Health & Health Integration Scrutiny Commission – 6TH February 2024

Alice McGee, Chief People Officer, LLR ICB

Haseeb Ahmed, Head of EDI, LPT

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Update on 10 recommendations:

Recommendation 1:

Existing systems are either improved or systems that facilitate such data collection are procured to identify and monitor workforce information (and progression).

System update:

- ✓ System wide development programmes to progress black clinical staff into senior positions.
- ✓ Developing Diverse Leadership Programme
- ✓ Developing You, Developing Me" launched in 2023 (Bands 8b and 8c)
- ✓ Both LPT and UHL monitor the progression of staff through the Workforce Race Equality standard (WRES)
- ✓ Development of a National NHSE dashboard of key EDI metrics (part of improvement plan)

Recommendation 2:

To compare the journeys of substantive staff against bank staff. This is because bank staff can often enter and leave the organisation in 'freer and looser' terms compared to substantive staff, which may result in the danger of contributing to unconscious bias.

System update:

- ✓ Both LPT and UHL monitor the journey of our bank staff.
- ✓ Application of a just and fair culture.
- ✓ LPT have developed an action plan following the Michelle Cox case.
- ✓ New guidance in place focusing on equity in disciplinary processes.

Update on 10 recommendations:

Recommendation 3:

Regarding the use of mandatory training for equality, diversity, and inclusion, it was recommended that organisations look to use different channels to deliver this training that encourages interaction, rather than the use of e- learning modules.

System update:

- ✓ The Active Bystander Programme has been launched.
- ✓ LPT have developed interactive learning sets on Race Equality and Cultural Intelligence.
- ✓ Reverse Mentoring Programme ("Most inclusive ICS of the year", award).
- ✓ 360 Cultural Competency Assessments to leaders

Recommendation 4:

The progression of ethnic minority employees can be hampered by the lack of development opportunities which are often arranged on an informal basis. Organisations should look at how such development opportunities are filled and facilitated.

System update:

- ✓ Talent programmes for our ethnic and cultural minority staff
- ✓ LPT have a specific programme aimed at its ethnic and cultural minority staff called "We Nurture".
- ✓ LPT hold regular listening events with its black staff to understand any barriers to career progression.
- ✓ 80% of interview panels for LPT are now ethnically diverse with a changing culture of inclusivity and learning.
- ✓ LPT's WRES data shows an improvement in the diversity of its workforce and perceptions of equality
- ✓ LLR Developing Diverse Leadership programme (system level)
- ✓ British Indian Nurse Association and British Association of Physicians of Indian Origin (BAPIO)

Update on 10 recommendations:

Recommendation 5:

With regard to the use of data and monitoring in relation to progression and training, organisations should track shadowing opportunities and training, to challenge their counterparts on how they are progressing with their own initiatives.

System update:

- ✓ Reverse mentoring programme - this has created shadowing opportunities across organisational boundaries.
- ✓ Developing Diverse Leadership programme gives ethnic and cultural minority colleagues shadowing senior leadership opportunities.
- ✓ System wide data is shared at the EDI taskforce meetings.

Recommendation 6:

The existing work and attitude on diversity and inclusion should be embedded across the organisation, to ensure there is a form of succession planning, should key staff individuals leave.

System update:

- ✓ LPT (working jointly with NHFT) embed best practice in relation to its Together Against Racism work.
- ✓ Leadership behaviours - EDI Objectives built into all appraisals – Speaking Up
- ✓ Race Equality and Cultural Intelligence Learning sets
- ✓ Anti-Racism activities - A ZT approach to racism
- ✓ Active REACH staff support Network with Co-chairs from Black African backgrounds
- ✓ Change Leaders

Update on 10 recommendations:

Recommendation 7:

To consider the wider response to EU recruitment and staff from overseas, who may not be able to take leave due to management pressure and whether guidance to management can be issued to clarify leave arrangements and concerns. This is because staff from these cohorts are often from an ethnic minority background, and this may be a further adverse effect.

System update:

- ✓ Flexible working for all colleagues.
- ✓ Staff can request extended paid leave - unpaid leave, and where appropriate special leave.
- ✓ Both Trusts have dedicated Head of International Recruitment who provide additional support, advice and pastoral care.

Recommendation 8:

Relating to disciplinaries and reporting, the impact of bias training and bystander support should be shared with the Health Scrutiny Commission once completed, along with consideration of how widely this is being delivered across the organisations.

System update:

- ✓ The Active Bystander Programme commenced rolled out during 2022.

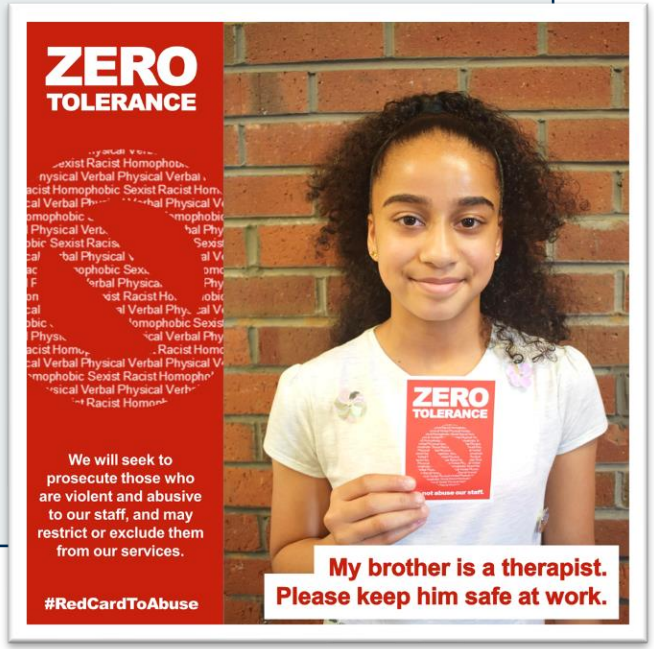
Update on 10 recommendations:

Recommendation 9:

The experiences of bank staff and their journey through the organisation to be recorded, to ensure there are no adverse outcomes suffered. This also included the treatment of temporary bank staff, who are often from an ethnic minority background, as well as the need for the City Health and Wellbeing Scrutiny Commission to understand the implications this will have on local staffing and whether this could lead to any new ways of working.

System update:

- ✓ The bank staff survey has now been rolled out nationally.
- ✓ LPT have used the staff survey to identify areas to co-produce immediate actions to address.
- ✓ Zero Tolerance against abuse and violence against staff which includes racism.
- ✓ LPT has an ongoing Zero Tolerance project team. Resources include a 6 step process, training, case studies and we are in the process of producing videos.



Update on 10 recommendations:

Recommendation 10:

In relation to the Mersey Trust – Just and Learning Culture, the Task Group recommended that local agencies should reflect on this model as an example of good practice due to the positive impact on wellbeing.

System update:

- ✓ Just and Fair Cultures within our Trusts procedures and processes.
- ✓ The LPT patient safety team use the NHSE Just Culture guide.
- ✓ Organisational Development exploring Sydney Dekkers work.
- ✓ Freedom to Speak Up review
- ✓ The Task Group commented positively on the commitment and engagement of senior health staff to racial inequality in the workforce, and how transparent they were with sharing workforce information.

NHS Resolution

Just and learning culture charter

Appendix D

Leicester City Council

ICB 5 Year Forward Plan – Pledge 8 – Elective Care
Public Health and Health Integration Scrutiny Commission

Date of meeting: 06/02/2024

Lead director/officer: Helen Hendley

Useful information

- Ward(s) affected:
- Report author: Helen Hendley
- Author contact details: Helenhendley@nhs.net
- Report version number: V1

1. Summary

The purpose of the paper is to provide and update on the system approach to reducing elective care waiting lists and the impact to residents with a specific case study focus on city residents waiting for knee and hip replacements, noting the first day surgery hip was completed in November 2023 and first knee in January 24.

The paper also includes a summary of the East Midlands Planned Care Centre and how it will increase the number of patients to be treated in future years.

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Note the improvements made across planned care Elective cancer and diagnostics)
- Note the improvement in the number of patients and length of wait for City patients requiring Hip or Knee surgery
- Note the opening of phase 2 of the East Midlands Planned Care Centre and the volume of activity that is planned.

3. Detailed report

As attached.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

N/A

4.2 Legal Implications

N/A

4.3 Equalities Implications

4.4 Climate Emergency Implications

N/A

4.5 Other Implications

N/A

5. Background information and other papers: N/A

6. Summary of appendices: Appendix 1

NHS
University Hospitals of Leicester
NHS Trust

Planned Care
Public Health & Health Integration Scrutiny Commission

Helen Hendley – System Director for Planned Care (LLR)

Summary

Against a backdrop of industrial action, urgent and emergency care (UEC) pressures, a large waiting list and financial challenge, UHL has delivered a great deal of operational improvement in 2023 and teams across UHL should be proud of the progress they are driving in access for the people of Leicester, Leicestershire and Rutland. From a starting position often described as one of the most challenged in the country in both planned care and UEC– including being in Tier 1 of the National support programme for UEC, cancer and planned care at the start of the year, UHL have delivered improvement which has led to being exited from tier 1 support for all three areas in 2023 (moving to tier 2 for cancer and planned care and out of tiering for UEC). Even with this level of improvement we know we have more to do to deliver sustainable change and we do not accept where we are. The foundations for further improvement are embedded to tackle the challenging year ahead. Over the last 12 months we have enabled:

New ways of working

- Increased use of Digital solutions such as the use of AccuRX
- Early adoption of the "Going further Faster" – Getting It Right First Time programme
- Mutual aid with other providers and Implemented Patient Initiated Mutual aid in line with National expectations
- Increased clinical confidence in the use of Patient Initiated Follow Ups (PIFU)
- A LLR Planned Care Partnership is in place

New capacity

- Phase one of the East Midlands Planned Care Centre opened in June 2023 – **See slide 9**
- New capital equipment including a second surgical robot in place from October 23 and a replacement Linear accelerator October 23
- Chemotherapy "bus" in place from November 23
- Independent sector support where it has been needed the most
- Additional modular endoscopy unit at the Leicester General from July 23
- Successful international and local recruitment to Imaging teams

New investment for future improvement

- Opening of the second phase of East Midlands Planned Care Centre in December 2024
- Additional wards at the Glenfield (first ward opening March 2024)
- A second CDC at Hinckley – Operational December 24 / Jan 25
- A standalone Endoscopy unit at the Leicester General Hospital Late 24 / Early 25
- East Midlands Cancer Alliance Funding

A Year of Improvement - Planned Care

Cancer

- **60% reduction in patients waiting over 62-day waits** from a peak of 952 in November 2022 to 380 in November 2023.
- **Sustained improvement and achievement of the Faster Diagnosis Standard** from September 2023. 75% or more patients referred as a suspected cancer pathway are having a cancer ruled out or confirmed within 28 days.

Electives

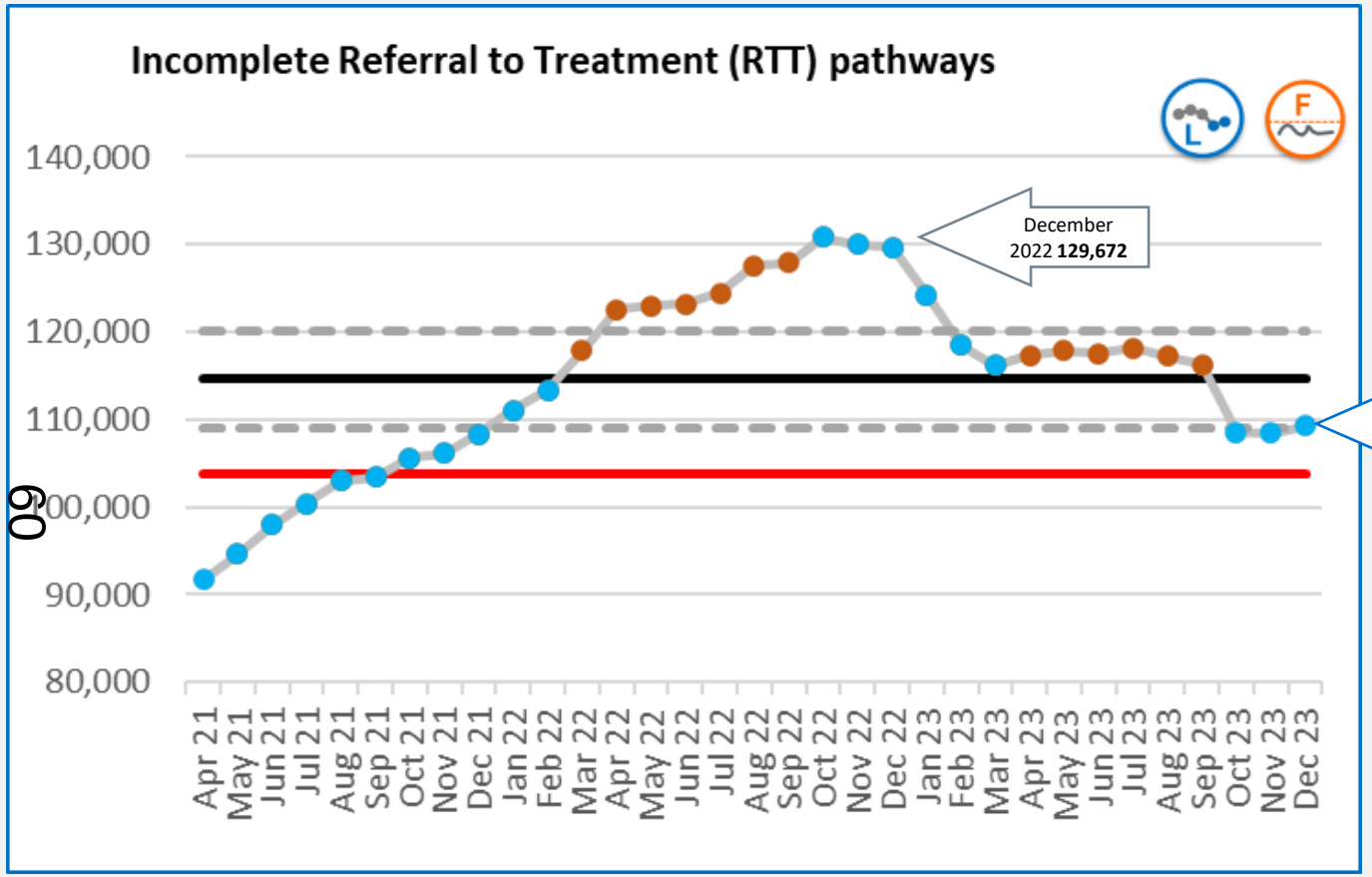
- **Reducing waiting list** when national picture was rising – UHL's waiting list doubled to 130,000 in the first two years of covid. By December 2023 this has reduced by over 20,000 (16%).
- Delivered **Zero** 104+ waits, expect zero 78+ by March. For 65+ week waits we expect to have less than 200 patients at the end of March and would have been at zero without Industrial action
- Significant **Productivity Improvements** in theatre utilisation leading to **400 more sessions and 900 more operations** by starting on time and **using capacity more effectively**. Early adopter of the "Getting It Right First Time Further Faster Programme".
- **Length of stay reduction** for Hips and Knees **from 4.5 days (22/23) to 2.8 days (Dec 23)** and **First Day Case Hip achieved** November 23
- **Patient Initiated Follow ups increase** from 1.5% In April 22 to **over 4%** by December 23, giving patients more say on when they need a follow up.

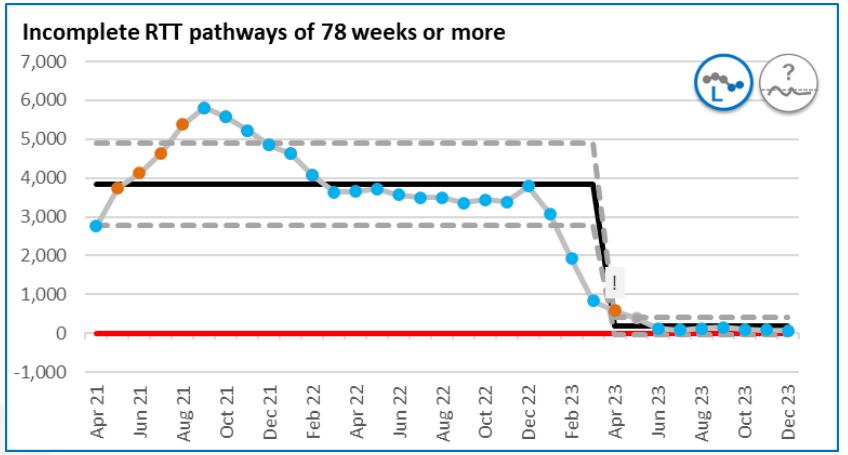
Diagnostics

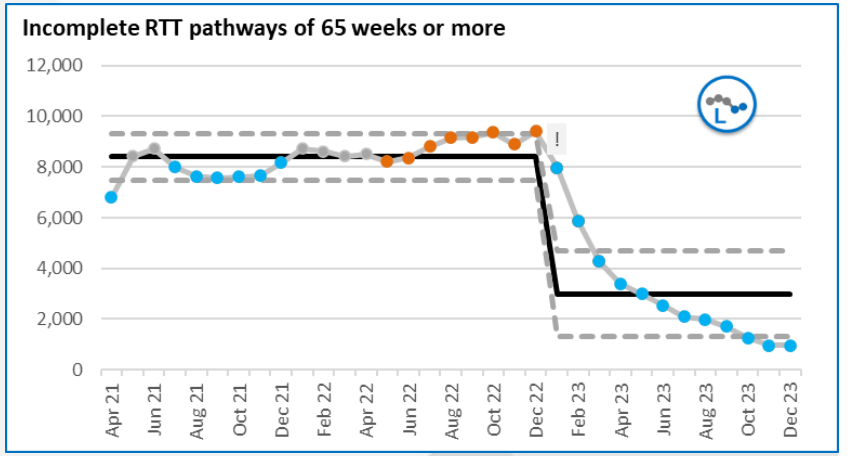
- Since October 22 there has been a **43% reduction in the overall waiting list and long waits have reduced by 71% for 6+ week waits and 80% for 13+ waits. Over 18,000 more tests** completed YTD when compared to 22/23.

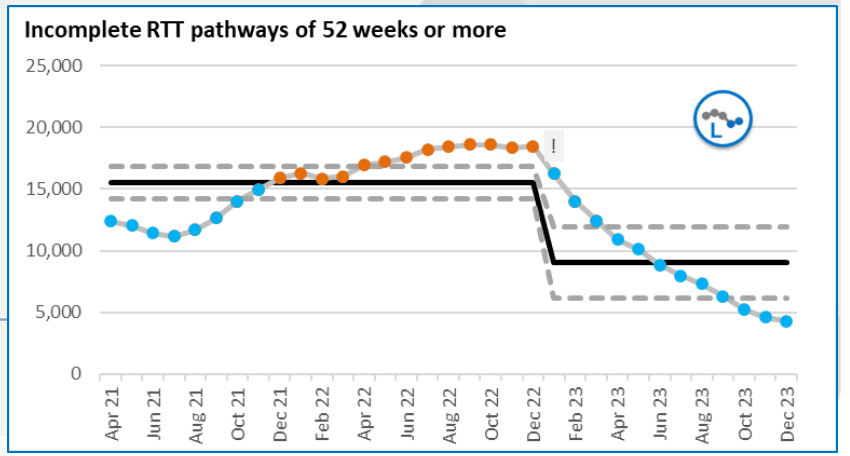
Despite this progress, we have much further to go. The next 12 months will focus on increasing productivity across theatres, outpatients and diagnostics within existing capacity at the three main sites and community hospitals, delivering planned new capacity to enable a sustainable waiting list position, improving on our processes to ensure staff are well trained and well-equipped to manage patient pathways effectively. Reducing our waits further with a focus particularly in cancer by bringing forward first appointments and diagnosing or ruling out cancer and treating patients much faster. And lastly, building on our relationships across LLR and Northamptonshire to reduce inequalities in waits.

RTT Waiting List Long Waiters

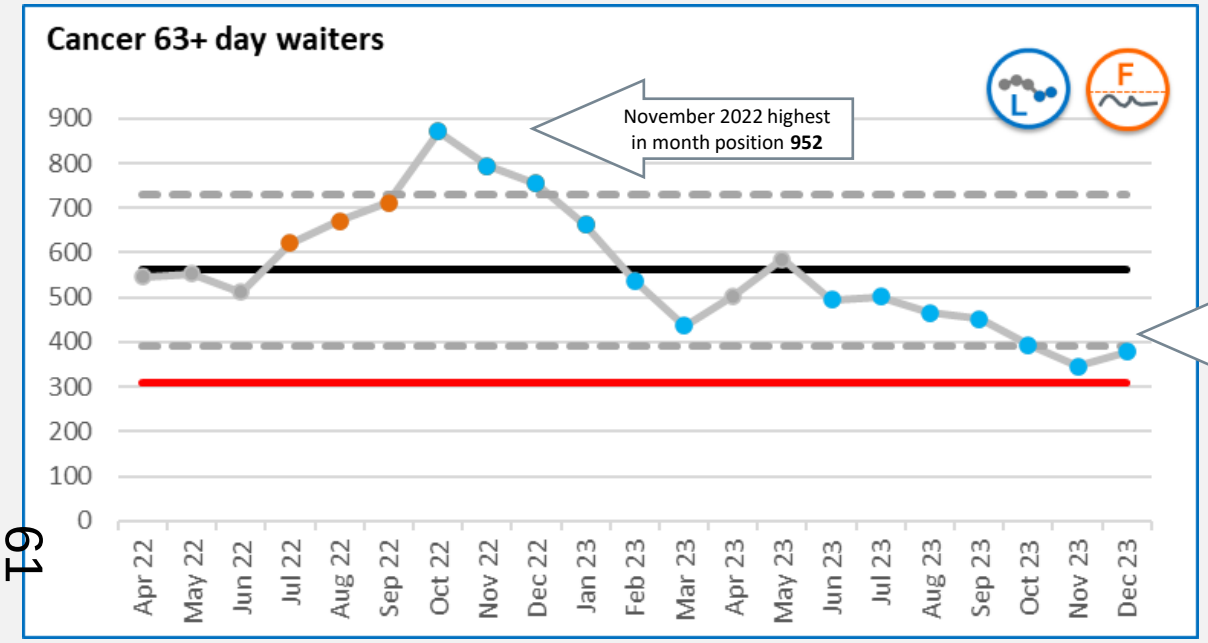








Cancer


Cancer 63+ day waiters
November 2022 highest in month position 952
November 2023 380
900
800
700
600
500
400
300
200
100
0
Apr 22
May 22
Jun 22
Jul 22
Aug 22
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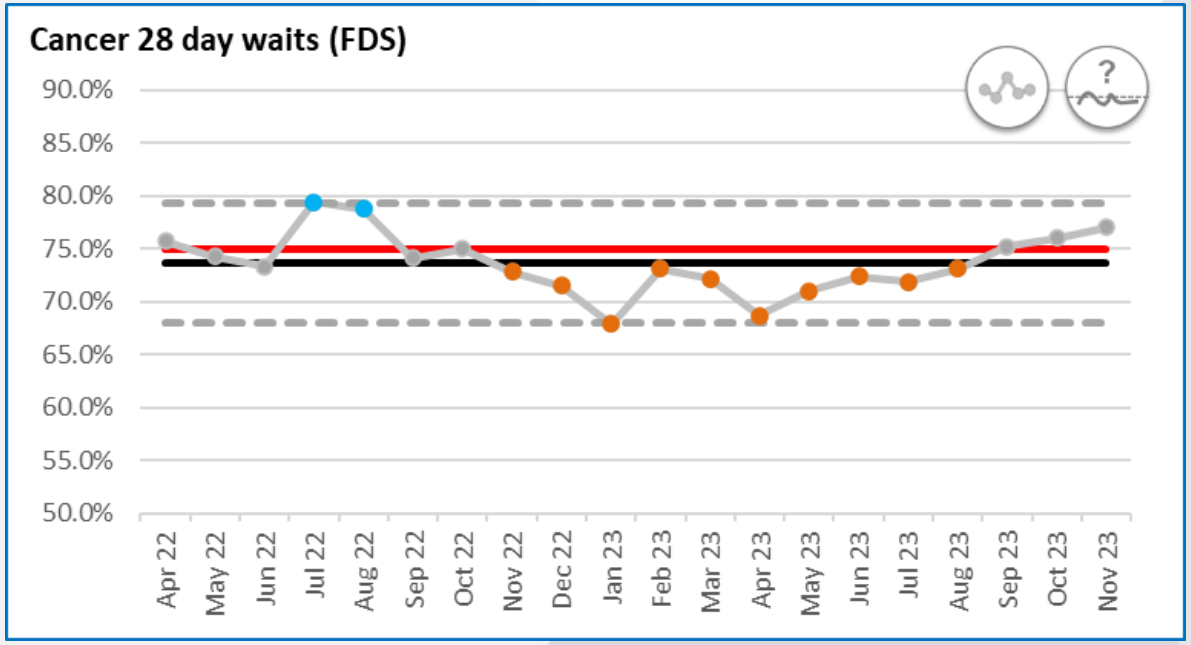
Cancer 28 day waits (FDS)
90.0%
85.0%
80.0%
75.0%
70.0%
65.0%
60.0%
55.0%
50.0%
Apr 22
May 22
Jun 22
Jul 22
Aug 22
Sep 22
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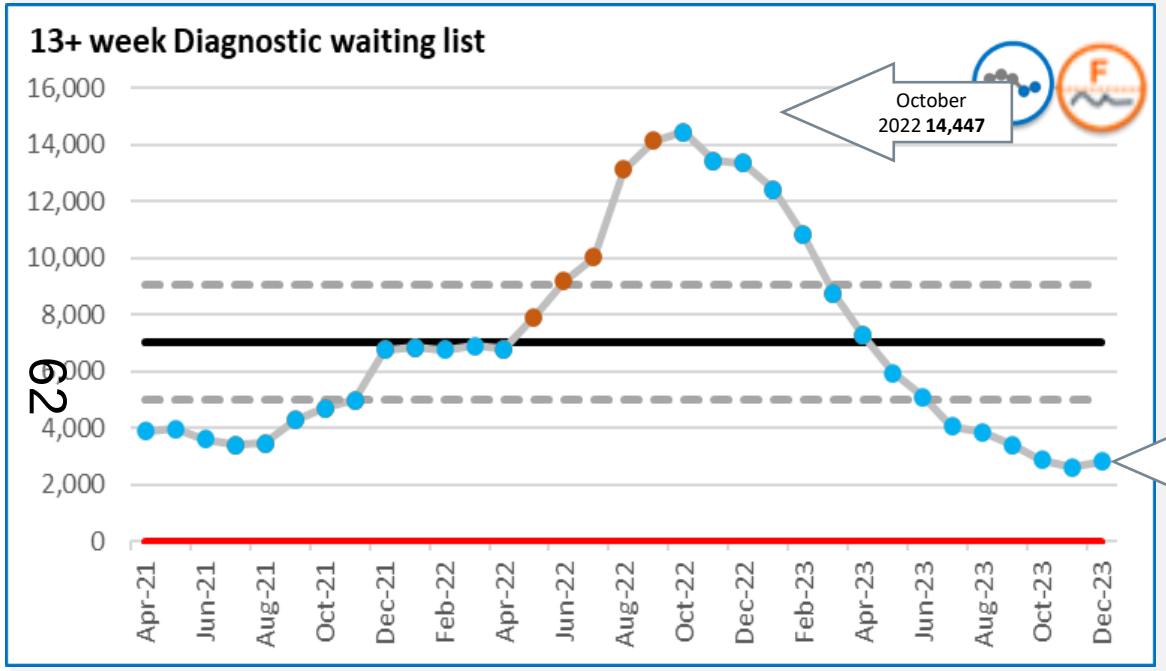
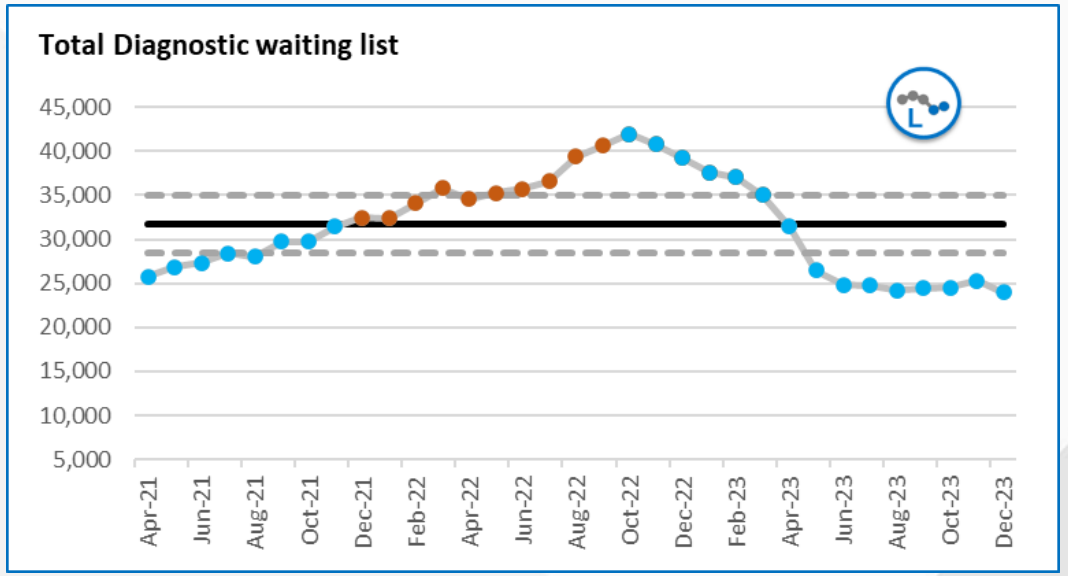
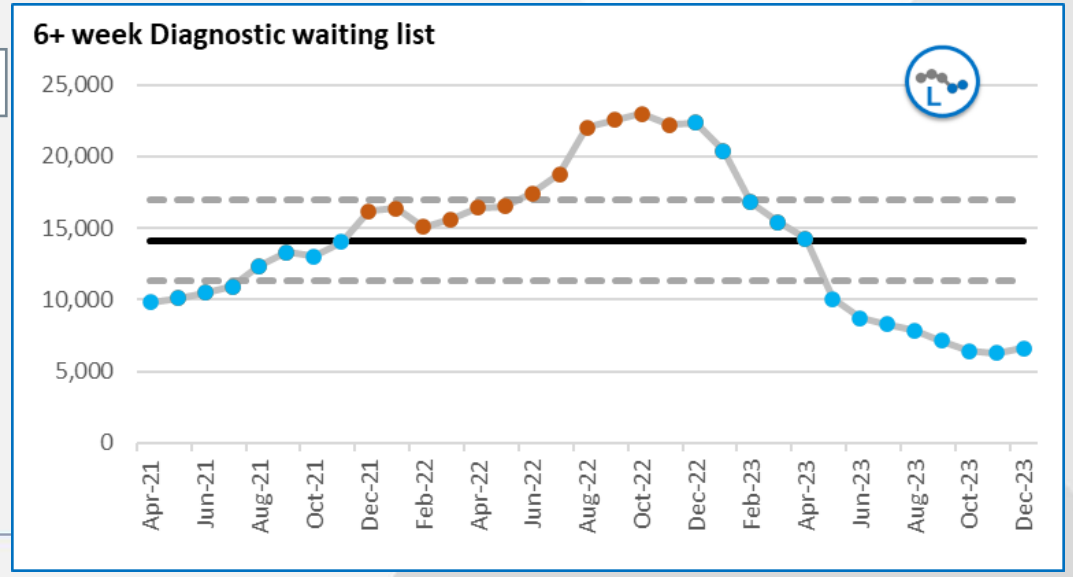
Diagnostics

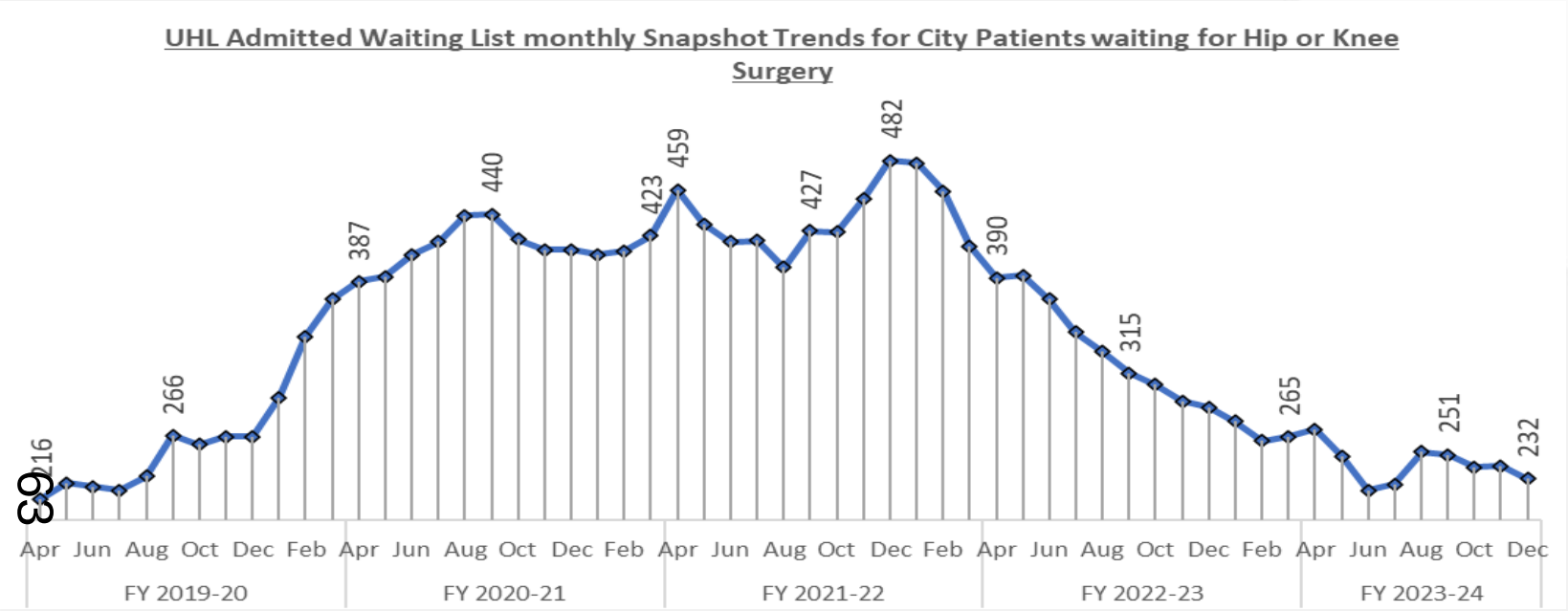


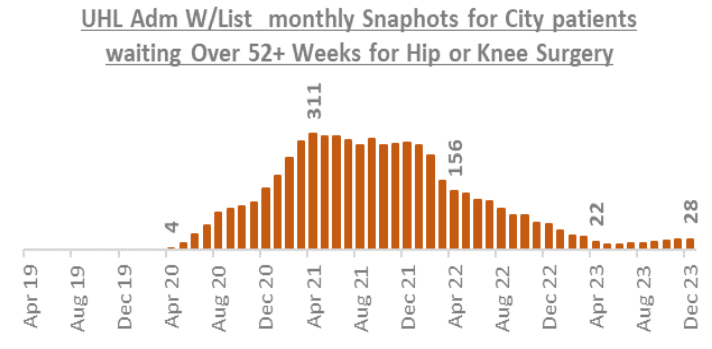


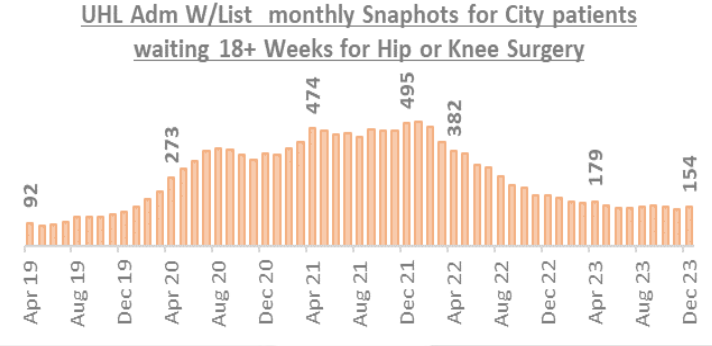
December 2023 **2,821**



Specific Case Study:
UHL Waiting List Trends for City Patients waiting for Hip or Knee Surgery







- Increased waiting list during the pandemic with patients starting to wait more than 1 year from April 2020
- Significant recovery work undertaken including protecting Orthopaedic beds at the LGH Site over the winter period.
- The Orthopaedic service launched the ‘LEAP’ programme in August 23, which focuses on highly efficient standardised processes. Since the launch, Orthopaedics have seen a reduction in the patient length of stay (LoS), with the overall hip and knee LoS reduction from 4.5 nights (Q4 22/23) to 2.8 nights in December 23.
- The service successfully completed their first day case Hip replacement in Nov 23 and first day case Knee in Jan 24.

Planned Care Plan for 24/25

- The interventions and benefits identified in the Planned Care Operational Plan for 24/25 align well with the delivery priorities and pledges within the LLR Five Year Joint Forward Plan.

- The focus areas will support improving health equity, delivering the right care at the right time and in the right place. The impact will be better access to elective care through plans that support a population-based approach. The 5 key interventions are:

  - **Productivity and Efficiency**
  - **Outpatient Transformation**
  - **Capacity**
  - **Partnership**
  - **Process Fundamentals**

- Recruiting and retaining workforce and delivering new capacity will be a critical success factor.

East Midlands Planned Care Centre (EMPCC)

- Phase 1 of the EMPCC opened in June 23. This saw one of the 2 modular theatres in use for daycase operations.
- So far 941 patients have been treated in the unit.
- In addition to the 2 theatres; from December 2024 the second phase of unit will open – this is the refurbishment of the Brandon Building. It will house 14 Outpatient rooms, 4 clean rooms and up to 36 beds seeing over 100,000 patients per year.
- The specialties are:
  - General Surgery
  - Ophthalmology
  - ENT
  - Gynaecology
  - Urology
  - Gastroenterology
  - Haematology and Oncology

Appendix E

Leicester City Council

0-19 HEALTHY CHILD PROGRAMME, BEST START FOR LIFE WORKFORCE PILOT, AND BREASTFEEDING RATES IN LEICESTER

Public Health and Health Integration Scrutiny Commission

Date of meeting: 06/02/24

Lead director: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Clare Mills, Childrens Commissioner, Public Health
- Author contact details: clare.mills@leicester.gov.uk
- Report version number: 1

1. Summary

0-19 Healthy Child Programme (0-19HCP):
Early years have a lifelong effect on health and wellbeing, educational achievement and economic status. 0-19HCP is the government recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. LPT are commissioned by LCC to deliver 0-19HCP via a Section 75 of the National Health Service Act 2006. It is known locally as Healthy Together. It is a very high performing service, but there are challenges, most notably:

1) Due to reducing funding
2) A national shortage of Public Health Nurses (Health Visitors)

Best Start for Life Workforce Pilot:
Leicester is one of 5 sites awarded £1.5million by the Department of Health and Social Care to invest in the workforce supporting children during their first 1,001 critical days (from conception to 2 years). Leicester City Council led the bid writing process and the money will be used by LPT, UHL, Heads Up Leicester and Leicester Mammas to develop a new workforce creating initiatives supporting children and their families.

Breastfeeding:
Breastfeeding rates in Leicester compare well to other areas, but there is big differences in the rates across the city. Work being done to address this includes:

1) Bumps to Babies (universal and teen)
2) Peer support in hospitals (Start for Life Workforce Pilot)
3) Infant feedings stream of Family Hubs

2. Recommendation(s) to scrutiny:

Public Health and Health Integration Scrutiny Commission are invited to:

- Celebrate the successes and note the challenges facing Healthy Together
- Celebrate the successful bid and work with partners to identify how successful elements of the pilot could achieve sustainability.
- Note the ongoing work to increase breastfeeding rates and promote positive breastfeeding messages.

3. Detailed report

0-19 Healthy Child Programme (0-19HCP):
Giving every child the best start in life is crucial to improving health outcomes and reducing health inequalities across the life course and is recognised as a fundamental action in helping our population live healthy, happy lives and supporting individuals to fulfil their potential. It is a key theme of the Leicester City Health and Wellbeing Strategy.

The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. Early years have a lifelong effect on health and wellbeing, educational achievement and economic status. 0-19HCP is the recommended framework of universal and progressive services for children and young people to promote optimal health and wellbeing. In Leicester this comprises of:

Mandated contacts

- 28-36 week antenatal contact
- 10-14 day new birth contact
- 6-8 week contact
- 10-12 month contact
- 2-2 ½ year contact
- Reception (National Child Measurement Programme)
- Year 6 (National Child Measurement Programme)
- Safeguarding: Safeguarding children is embedded through Healthy Together as Public Health Nurses (Health Visitors and School Nurses) have a vital role in keeping children safe and supporting local safeguarding arrangements.

Non-mandated contacts,

- 3-4 month contact
- a digital offer
- evidence-based interventions for children and young people.

Safeguarding children is embedded through Healthy Together as Public Health Nurses have a vital role in keeping children safe and supporting local safeguarding arrangements.

Healthy Together is commissioned via section 75 of National Health Services Act 2006, and LPT will deliver it for 7 years (1st October 2023 – 30th September 2030).

A number of changes were implemented when the service was recommissioned:

- Intensive support for vulnerable families changed from Early Start to Universal Targeted “step up, step down” support.
- Explore the options for a 3-4 month contact
- Exploration of an addition of 3-3½ (pre-school) contact via a Digital Health Contact (DHC)
- Digital Health Contact (year 7,9,11) becomes part of the core offer delivered within schools.
- Introduction of Key Performance indicators for Public Health Nurses (School Nursing).
- Healthy Together Helpline – single point of access for family, young people and professionals.

Healthy Together is a high performing provider, when compared against national peers, , in all mandated contacts except the Antenatal contact. Work continues to resort this contact via:

- Review of Time and Motion study and Antenatal Quality Improvement Project to better understand workforce requirements.
- Reviewing outcomes from the Best Start for Life workforce pilot, including the creation of new roles to support the nursing team.

- Improving the healthy growth pathway, working with partners (primary care and midwifery) to strengthen responsibilities and information sharing.
- Improvements to safeguarding practice, focusing on better partnership working to support the health element of strategy calls.
- Engaging with The Office of Health Improvement and Disparities (OHID) and regional 0-19 services to support national improvements in workforce strategy.

Current pressures and risks are:

- Significant budget reduction (£200,000 in October 2023, and £200,000 in April 2024)
- Workforce shortages (locally and nationally)

Best Start for Life Workforce Pilot:

Collaborative bid between:

- Leicester City Council
- LPT
- University Hospitals Leicester
- Leicester Mammas
- Heads Up Leicester (previously Centre for Fun and Families)

One of 5 pilot areas

£1.5 million (all money to partners) over 18 months,

Aim:

- Explore how to develop, grow and support workforce
- Provide additional support during first 1,001 Critical Days

Offer:

- LPT will lead work to create and implement a Digital Antenatal Health and Wellbeing Contact for prospective parents, an additional opportunity to identify support needs in the perinatal period. Using LPT existing, well-evaluated, digital tool which can translate, read aloud, or alter visuals to support accessible formats. Families will be supported and referred onward as appropriate.
- All partners will identify and proactively work with families with known vulnerabilities who are less likely to access services, encouraging service uptake especially of Bumps-to-Babies (Universal and Teen).
- All partners will establish trusted therapeutic relationships and seamless continuity of care.
- Heads Up Leicester will employ Family Advisors who will build parenting skills and seamlessly facilitate access to local services for parents from underrepresented groups.
- Leicester Mammas and UHL will lead work to Boost the Warm Chain of Breastfeeding Support, putting the need of the mother-baby dyad at the centre of care, ensuring women receive evidence-based information on baby feeding tailored to individual needs, and skilled, timely, sensitive breastfeeding support, from pregnancy onwards.
- Leicester Mammas and UHL will lead work to develop a resilient breastfeeding support workforce with healthcare and volunteer peer support, offering tailored support for families with English as an additional language, encouraging parents to

build strong relationships with their babies for lifelong resilience and wellbeing, enabling them to achieve their breastfeeding goals.

- LPT will expand the assistant practitioner workforce to pilot a new 3-4 month contact, focusing initially on vulnerable, underrepresented families with an ambition for universal rollout.
- LPT will create a new senior assistant practitioner role, developing new skills, including the antenatal Solihull Approach, helping parents understand their child's behaviour in the context of their development and the parent-child relationship.
- LPT and Heads Up Leicester will continue to offer support until a child reaches 2.5 years old through access to universal services, via individual and group peer support.

This work will be evaluated by Department of Health and Social Care.

Breastfeeding rates:

Good nutrition during the first year of an infant's life is fundamental for growth and development and can reduce the likelihood of experiencing ill-health in childhood and later life. For infants the benefits include a reduced risk of infections including diarrhoea and vomiting and reduced risk of developing diabetes and childhood obesity, with on-going longer-term benefits. Good weaning information and support can further impact upon childhood obesity and the oral health of children. For women, the benefits include a reduced risk of developing breast cancer, ovarian cancer, osteoporosis, cardiovascular disease, obesity and type 2 diabetes.

Breastfeeding rates in Leicester compare well to other areas, but there are big differences in the rates across the city. Work being done to address this includes:

3. Bumps to Babies (universal and teen)
4. Peer support in hospitals (Start for Life Workforce Pilot)
5. Infant feedings stream of Family Hubs

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

- There are no new financial implications arising from this report.
- The 0-19 HCP is already factored into the current public health budgets.
- Best Start for Life Workforce Pilot – awarded a grant of £0.5m in 2023/24 and the rest will be expected in 2024/25, which will be given to partners as mentioned in the report.
- Breastfeeding Rates improvement work, mentioned in the report, will not require additional resources.

Rohit Rughani, Principal Accountant, Ext. 37 4003

4.2 Legal Implications

- There are no new legal implications arising from this report.

4.3 Equalities Implications

- There are no new Equalities implications arising from this report.

4.4 Climate Emergency Implications

There are no significant climate emergency implications directly associated with this report. As service delivery generally contributes to the council's carbon emissions, any impacts of delivering the strategy could be managed through measures such as encouraging and enabling low carbon travel by staff and service users, using buildings and materials efficiently and following sustainable procurement guidance, as applicable to the projects carried out.

Aidan Davis, Sustainability Officer, Ext 37 2284

5. Background information and other papers:

6. Summary of appendices:

Clare Mills, Childrens Commissioner, Public Health, Leicester City Council

Colin Cross, Leicester Partnership NHS Trust

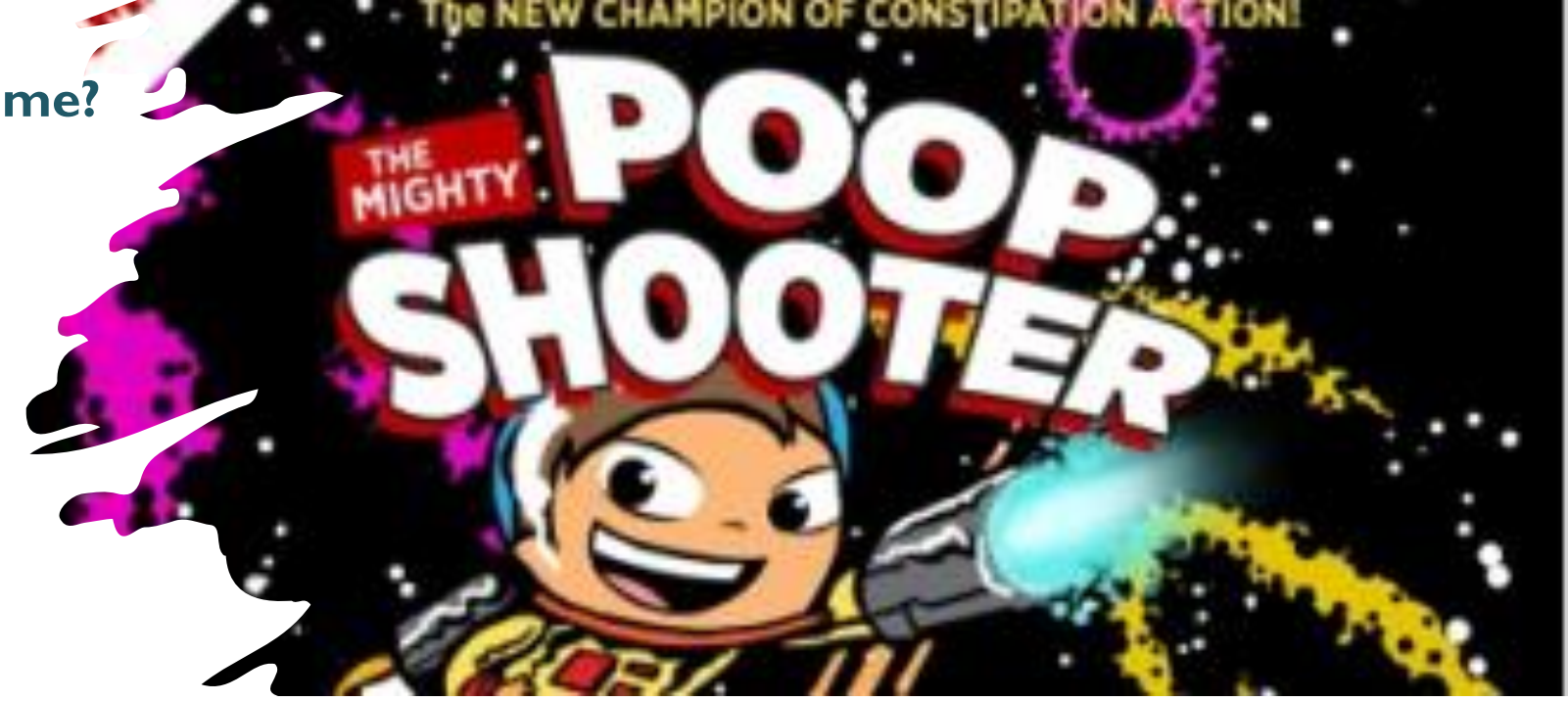
Healthy Together, Start for Life Workforce Pilot, Breastfeeding Rates

What is 0-19 Healthy Child Programme?

Early years have a lifelong effect on health and wellbeing, educational achievement and economic status.

Healthy Together is Leicester's offer:
28-36 week antenatal contact
10-14 day new birth contact
6-8 week contact
10-12 month contact
2-2 ½ year contact
Reception (National Child Measurement Programme)
Year 6 (National Child Measurement Programme)
Evidence based packages of care
Digital offer

Safeguarding children is embedded through Healthy Together as Public Health Nurses have a vital role in keeping children safe and supporting local safeguarding arrangements.



Healthy Together

1st October 2023 – 30th September 2030 (7 years)

Commissioned via section 75 of National Health Services Act 2006 between a local authority and an NHS body in England.

Key changes:

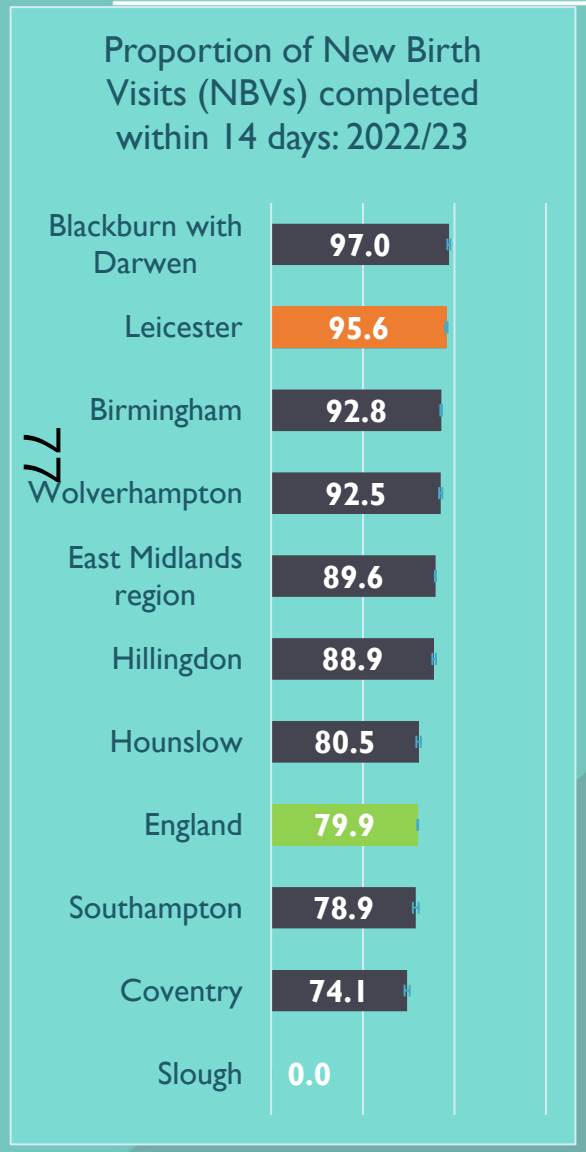
1) Intensive support for vulnerable families changed from Early Start to Universal Targeted "step up, step down" support.
2) Exploration of implementation fo 3-4 month contact
3) Exploration of an addition of 3-3½ (pre-school) contact via a Digital Health Contact (DHC)
4) Digital Health Contact (year 7,9,11) becomes part of the core offer delivered within schools.
5) Introduction of Key Performance indicators for Public Health Nurses (School Nursing).
6) Healthy Together Helpline.

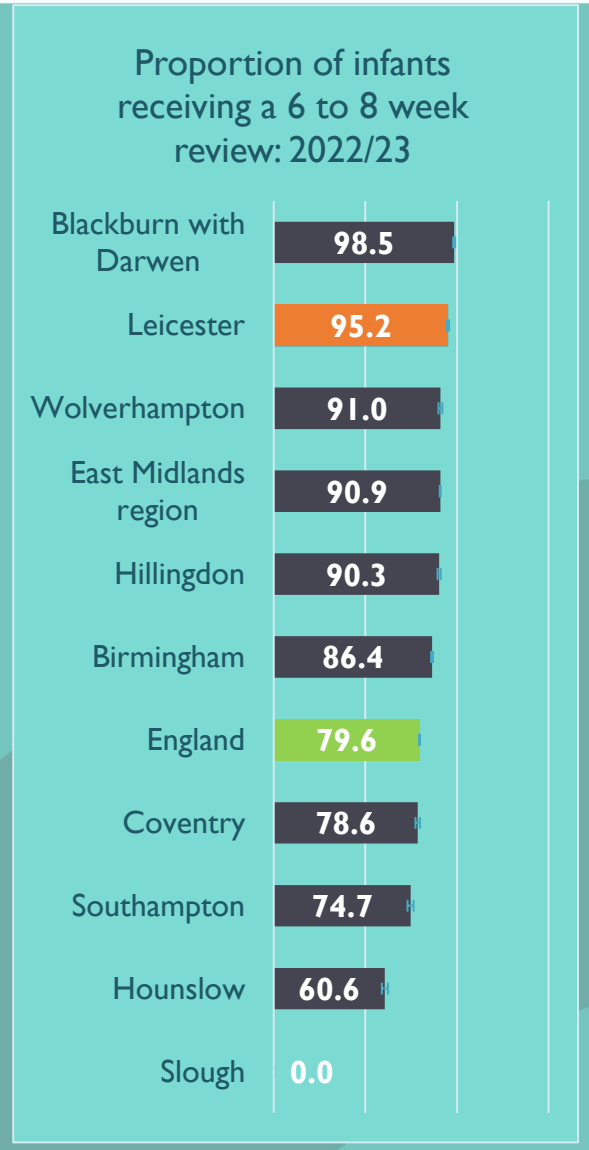
How is it going?

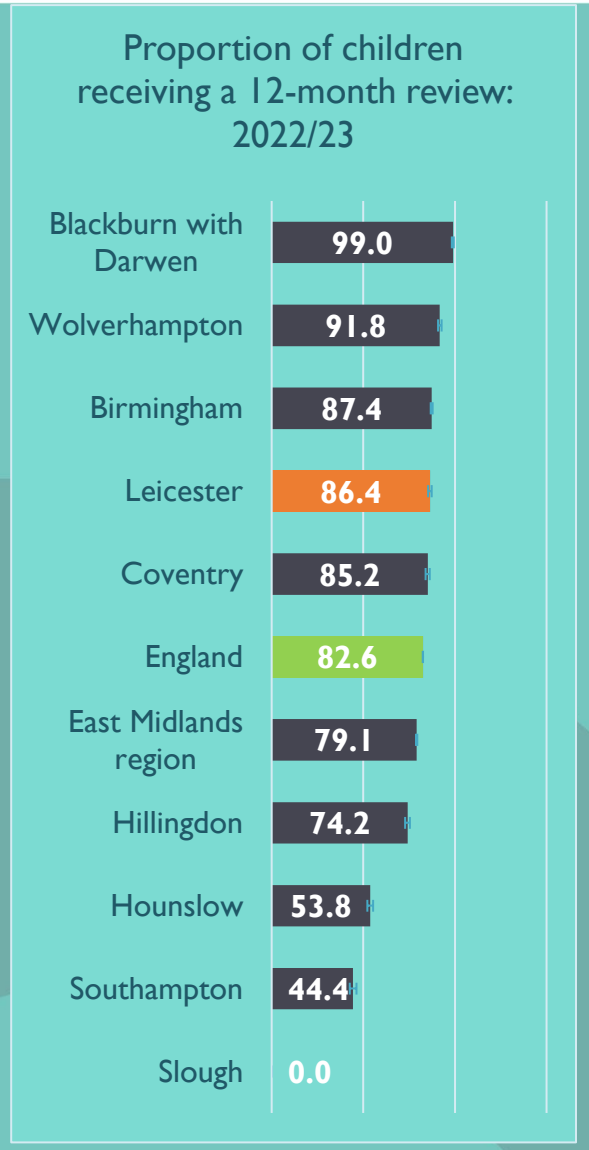
Section 75 enables building of a good collaborative culture; strong, trusting partnerships, open discussion and challenge, and builds consensus and understanding.

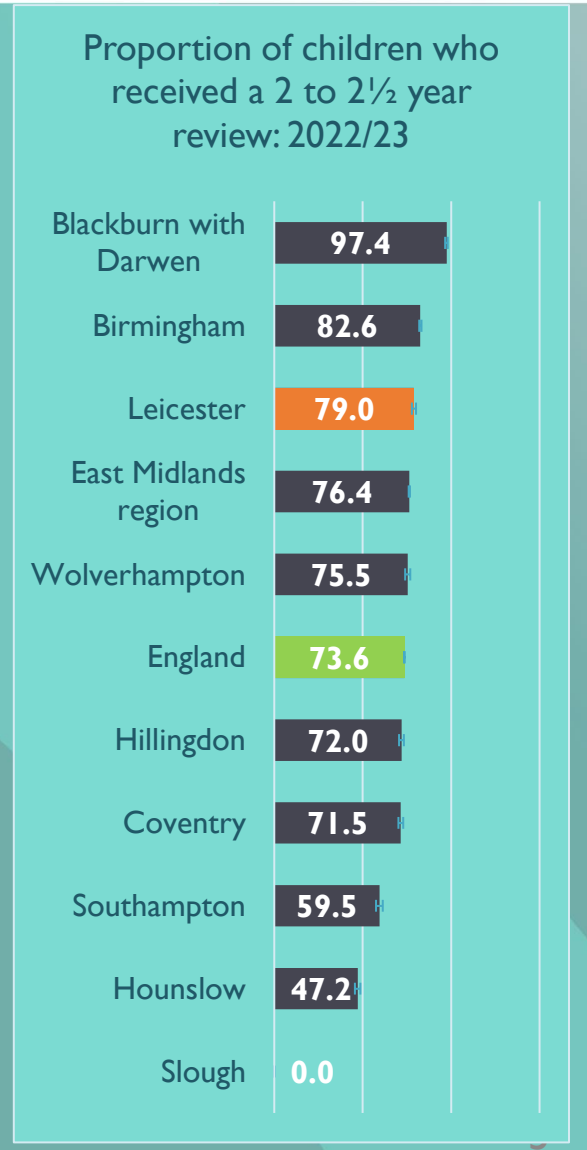
LPT is a consistently high performing provider against both peers and England.

Performance against peers









Action plan to support Antenatal performance (Actual: 49% Target: 60%):

78

- Review of Time and Motion study and Antenatal Quality Improvement Project to better understand workforce requirements.
- Reviewing outcomes from the Best Start for Life workforce pilot, including the creation of new roles to support the nursing team.
- Improving the healthy growth pathway, working with partners (primary care and midwifery) to strengthen responsibilities and information sharing.
- Improvements to safeguarding practice, focusing on better partnership working to support the health element of strategy calls.

Current pressures:

Ongoing workforce shortages (local and national issue)

Reduced budget and additional £200,000 reduction (1st April 2024)

Best Start for Life Workforce Pilot

(Department of Health and Social Care)

£1.5 million (all money to partners, none retained in LCC),
18 months, 5 pilot areas.

Collaborative bid between:

Leicester City Council
LPT
University Hospitals Leicester
Leicester Mammas
Heads Up Leicester (previously Centre for Fun and Families)

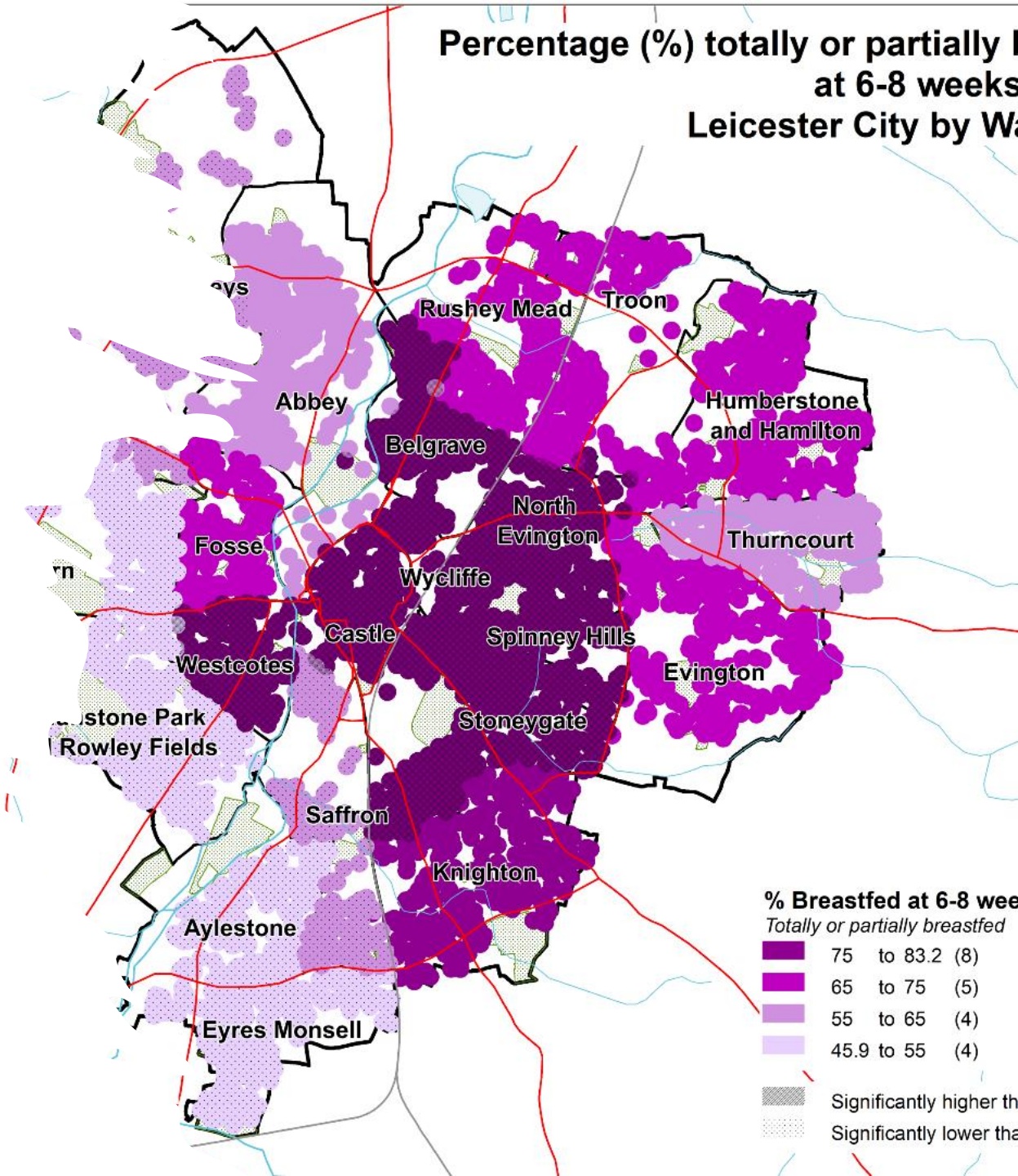
Aim:

Explore how to develop, grow and support workforce
Provide additional support during first 1,001 Critical Days

Leicester City Council

Breastfeeding at 6-8 weeks

- Key points:
  - 68% of babies are recorded as totally/partially breastfed at 6-8 weeks in 2022/23 (based on number of infants with a breastfeeding status recorded)
  - Breastfeeding rates are generally lower in the south and west of Leicester
  - Rates are significantly lower in Eyres Monsell and Western (<50%), Aylestone, Braunstone, Saffron and Beaumont Leys (50-60%)
  - Rates are highest in Wycliffe (83.2%), Stoneygate (79.3%) and North Evington (74.4%)



Breastfeeding at 6-8 weeks

Next Steps:

- Bumps to Babies (Teen/Universal)
- Start for Life (Hospital Peer Support)
- Family Hubs (Infant Feeding Workstream)

Appendix F

Revenue Budget 2024/25

Decision to be taken by: Council

Date of meeting: 21 February 2024

Lead director: Amy Oliver, Director of Finance

City Mayor

Useful information

- Ward(s) affected:
- Report author: Catherine Taylor/Kirsty Cowell
- Author contact details: catherine.taylor@leicester.gov.uk
  kirsty.cowell@leicester.gov.uk
- Report version number: 1

1. Purpose

1.1 The purpose of this report is to present the City Mayor's proposed budget for 2024/25 and to describe the future financial outlook.

1.2 The proposed budget is described in this report, subject to any amendments the City Mayor may wish to recommend when he makes a firm proposal to the Council.

2. Summary

2.1 The medium term financial outlook is the most severe we have ever known. Like many authorities, we face the real probability of not being able to balance our budget in 2025/26, necessitating a formal report under section 114 of the Local Government Finance Act 1988 (indeed, some authorities appear to be in that position already). In previous years, we have used a "managed reserves policy", by which specific reserves have been set aside to support budgets and buy us time to make cuts. Without new money from the Government, the proposed budget will exhaust these reserves. The Council also holds a £15m emergency reserves balance, some of which looks like it will need to be spent in 2024/25.

2.2 The background to this severe outlook is:

(a) a "decade of austerity" between 2010 and 2020 in which services other than social care had to be reduced by 50% in real terms. This has substantially reduced the scope to make further cuts;

(b) the covid-19 pandemic where we set "stop gap" budgets whilst we dealt with the immediate emergency. Budgets in 2021/22 to 2022/23 were supported by managed reserves;

(c) recent cost pressures, shared by authorities across the country. These include pressures on the costs of children looked after and support for homeless households, as well as the long-standing pressures in adult social care and the hike in inflation. The budget for 2023/24 was supported by a further £34m of managed reserves;

(d) a new round of austerity is expected, which will lead to further cuts to local authority funding from 2025/26. Meanwhile cost pressures have continued to mount since we set the 2023/24 budget, most notably in children's services and support for the homeless.

2.3 As yet, we only have national information, and have had to prepare a draft budget without the benefit of our own local funding settlement. This has required us to

make assumptions based on a share of national amounts. The report assumes that no new Government funding will be forthcoming.

2.4 The "fair funding" review of local government finance has been continuously delayed, meaning that most of the data on which our funding is based is now at least 10 years old (and disregards, for instance, increases in the city's population).

2.5 The Government's chosen measure of a council's ability to spend is "core spending power". This core spending power consists of a number of funding sources with only a small element being provided by Government Grant. This budget implies a core spending power increase of £23.8m being 6.9%. The Government may point to this as a reason why local authorities have a received an above inflation increase, but as this report indicates it does not come close enough to fund our forecast pressures.

2.6 Additionally, core spending power is predominantly raised locally and not provided by central government. In 2023/24 only 25% of core spending power came from government grant

2.7 The budget reflects savings of £10m which have been achieved during 2023/24 and approved separately. This, however, is dwarfed by the £40m of unavoidable service growth we have had to build in, and which is further explained in section 6 below. The City Mayor has made national representations about the extremely serious effect current government funding policy will have on the entire sector, but so far there has been no indication that this will be addressed.

2.8 We will continue to make further savings. However, it is clear that the budget needs a root and branch review if we are to have any hope of balancing the budget for 2025/26. Inevitably, this means a lot of discretionary services will be under threat. Such a review will commence in January. We have also commissioned a peer review which will be carried out early in 2024 by the Local Government Association. This will either help us identify additional savings, or provide evidence of the impossibility of the challenge.

2.9 The budget proposes a tax increase of just under 5%, which is the maximum we believe we will be allowed to set without a referendum.

2.10 The medium term outlook is attached as Appendix Four and shows the escalating scale of the financial pressures facing the council.

3. Recommendations

3.1 At its meeting in February, the Council will be asked to:

(a) approve the budget strategy described in this report;

(b) approve a formal budget resolution, which sets the council tax level for 2024/25;

(c) approve the budget ceilings for each service, drafts of which are shown at Appendix One to this report;

(d) approve the scheme of virement described in Appendix Two to this report;

(e) note my view on the adequacy of reserves and the estimates used in preparing the budget;

(f) note the equality implications arising from the proposed tax increase, as described in paragraph 11 and Appendix Three;

(g) note the medium term financial strategy and forecasts presented at Appendix Four, and the significant financial challenges ahead;

(h) note that the Executive is not recommending any changes to the Council Tax Support Scheme in 2024/25, but intends to consult on a new “banded scheme” in time for the 2025/26 budget (section 8). The making of savings in the cost of the scheme will be explored at the same time.

(i) subject to consultation, approve any changes in Council Tax premiums that will be described in a separate appendix.

4. **Budget Overview**

4.1 The table below summarises the proposed budget for 2024/25 (summary projections for a three-year period are included in the medium term strategy at Appendix Four):

	2024/25 £m
Service budget ceilings	375.5
Corporate Budgets	
Inflation provisions and contingencies	25.2
Capital Financing	2.7
Miscellaneous Corporate Budgets	2.0
Demographic pressures provision	8.0
Total forecast spending	**413.4**
Rates retention scheme:	
Business rates income	76.4
Top-up payment	62.0
Revenue Support Grant	34.7
Other resources:	
Council Tax	153.1
Collection Fund surplus	0.6
Social Care grants	32.1
Other grants	2.0
Total forecast resources	**260.9**

Underlying gap in resources	**52.5**
Use of Managed Reserves	43.6
Use of General Fund Emergency Balance	8.9
Gap in resources	**NIL**

4.2 The draft budget forecasts are uncertain, because we have had to prepare them before getting details of funding from the government. However, it is clear that the future financial position is very serious.

5. Construction of the Budget and Council Tax

5.1 By law, the Council's role in budget setting is to determine:

(a) The level of council tax;

(b) The limits on the amount the City Mayor is entitled to spend on any service ("budget ceilings") - proposed budget ceilings are shown at Appendix One;

5.2 In line with Finance Procedure Rules, Council must also approve the scheme of virement that controls subsequent changes to these ceilings. The proposed scheme is shown at Appendix Two.

5.3 The draft budget is based on a proposed Band D tax for 2024/25 of £1,924.63, an increase of just under 5% compared to 2023/24. This is believed to be the maximum which will be permitted without a referendum.

5.4 The tax levied by the City Council constitutes only part of the tax Leicester citizens have to pay (albeit the major part – 84% in 2023/24). Separate taxes are raised by the Police and Crime Commissioner and the Combined Fire Authority. These are added to the Council's tax, to constitute the total tax charged.

5.5 The actual amounts people will be paying, however, depend upon the valuation band their property is in and their entitlement to any discounts, exemptions or benefit. Almost 80% of properties in the city are in band A or band B, so the tax will be lower than the Band D figure quoted above. The Council also has schemes for mitigating hardship.

5.6 The Police and Crime Commissioner and Combined Fire Authority will set their precepts in February 2024. The formal resolution will set out the precepts issued for 2024/25, together with the total tax payable in the city.

6. Departmental Budget Ceilings

6.1 Budget ceilings have been prepared for each service, calculated as follows:

(a) The starting point is last year's budget, subject to any changes made since then which are permitted by the constitution (e.g. virement);

(b) An allowance is made for non-pay inflation on a restricted number of budgets. Our general rule is that no allowance is made, and departments are expected to manage with the same cash sum that they had in the previous year. Exceptions are made for the budgets for independent sector adult social care (2%) and foster care (2%) but as these areas of service are receiving growth funding, an inflation allowance is merely academic (we pay from one pot rather than another). Budgets for the waste PFI contract have been increased by RPI, in line with contract terms. A sum of £5m has been allocated to reset budgets based on current energy prices.

(c) Unavoidable growth has been built into the budget, as described in the sections below;

(d) As discussed in the summary, action is being taken to reduce budgeted spend, and where decisions have already been taken budget ceilings have been reduced (this process will continue up to approval of the final budget).

6.2 The proposed budget ceilings are set out in Appendix One.

6.3 The local government pay award for 2023/24 was agreed in November 2023. Modelling of the cost suggests it will be an average 6.2% across the Council's (non-schools) employees. For this draft budget, the amount is held in a central provision, but will be added to service budget lines for the final budget. A further central provision is held to fund the 2024/25 pay award, forecast at 5%. Additionally, reflecting the extreme volatility of some budgets, a further £8m has been set aside in a central provision which will only be released if needed.

6.4 The role of the Council is to determine the financial envelopes within which the City Mayor has authority to act. Notwithstanding the way the budget has been constructed, the law does not enable the Council to determine how the City Mayor provides services within these envelopes: this is within his discretion.

Adult Social Care

6.5 Adult social care services nationally have been facing severe cost pressures for some years, and these are expected to continue.

6.6 The demand for service looks to continue accelerating in future years, as a consequence of increases in the level of need of the average care recipient and pressure on providers due to National Living Wage increases, as well as ongoing rising numbers of adults requiring care. For 2024/25 the budget has been increased by £13.7m as a result of these impacts.

6.7 The government has generally responded to growth pressures on an ad-hoc basis, making one-off resources available year by year. Indicative (national) funding totals for 2023/24 and 2024/25 were announced in autumn 2022, and our estimate of our share is included in this draft budget. We have no indication of any further increases in funding.

6.8 The Autumn Statement is on 22nd November 2023, and this report will be further updated with any announced additional funding for pressures in adult social care.

6.9 The proposed budget includes growth of £13.7m in 2024/25 (net of standard inflation of 2%) for the increased costs of packages of support, estimated to rise to £30.5m by 2025/26. The 2024/25 growth takes account of the continuation of the government's discharge and workforce improvement grants totalling £4.6m. However, it is not expected that these grants will increase in 2025/26 hence the larger cost increase in 2025/26.

6.10 In year increases in package costs for people with existing packages of care has been a substantial ongoing budget pressure. Significant work is now being undertaken to reduce future pressures in this area. This work includes reviewing existing working practices and identifying best practice and embedding that across all social work teams together with increasing alternative non-adult social care provision to support increased needs. This includes change and

improvement to support designed to reduce people's need for formal care, social work assessment, and commissioning practice. The budget assumes that this work will have a positive impact, but this will be challenging and clearly there remains a risk of exceeding the budget.

Education and Children's Services

6.11 In common with authorities across the country, increased demand for children's social care services has created substantial budget pressure for many years.

6.12 A forecast of placement costs in 2024/25 and 2025/26 has been made, and £17.2m added to the budget for 2024/25. The forecast builds on a budget that is already under pressure (it is expected to overspend in 2023/24). It assumes that non-UASC (unaccompanied asylum seeking children) entrants into the care system continue at the same level as in 2023/24, and that there is further growth in UASC children becoming looked after until the government target of 0.1% of the city 0-17 population is reached. 2023/24 has been notable for the unusually high average placement costs of new entrants. This is as a result of some particular placements requiring high levels of support, together with price pressure from providers.

6.13 Work is continuing to take place to reduce placement costs:

(a) Regular review of long-term, emergency and high cost placements;

(b) Substantial work began in August 2023 with the consultancy firm Impower who were commissioned to undertake an analysis of placements and the match between costs and assessed needs. This helpful analysis of a large cohort of children in higher cost placements (182, 20% of the overall population), has already identified several cohorts of placements that will be the subject of targeted activity to address mismatches in cost versus level of need to generate significant savings. This work will take place in 2023/24 and 2024/25.

(c) An extensive review of our internal resources (fostering and children's homes) to ensure that the capacity and resilience of these are maximised.

(d) Business cases will be put forward for capital investment to expand our internal children's home resources over the next 5 years.

(e) The need to increase the number of foster carers is clear and work is ongoing to make the council website more accessible to attract more enquiries. The training and support levels will also be reviewed to avoid placement breakdown.

(f) A review of council resources deployed to prevent entry into care will also be completed with a view to refocusing/retargeting resources to have

greater impact for those children and young people at greater risk of becoming looked after.

(g) A strengthening of the role of commissioning in sourcing placements will also take place and a tighter focus on contract management and capping cost inflation will be deployed to limit the impact of demands by providers for uplifts.

(h) Work with the ICB to agree joint funding solutions for complex, high-need children;

6.14 The budget assumes a lower average placement cost for new entrants in 2024/25. In part this is because of the work outlined above; but also there is a variation in the percentages of different placement types (and therefore average cost) from year to year and therefore it is more appropriate to look at average placement percentages over a longer period to determine future entrance costs to smooth out this variation. There is of course a risk with this approach if a particular variation is a new ongoing trend, but placement cost will continue to be monitored through routine budgetary control reports.

6.15 A further £2.5m has been added to the department's budget. £0.5m of this relates to increasing pressure on legal and translation budgets for children's social care. Legal has had significant difficulties in recruiting permanent staff and has had to rely on locums to meet demand which is more costly.

6.16 £1.4m of the £2.5m is to address the continued pressure on home to school transport budgets mainly for SEND children but also for children looked after. These pressures have been highlighted in the 2023/24 revenue monitoring report which are a result of increasing numbers of pupils with education, health and care plans (EHCPs) requiring transport support and continued price pressure from taxi firms.

6.17 The remaining £0.6m of the £2.5m addresses equally a rising demand for respite payments for disabled children together with a substantial loss of previously traded casework with schools by the Education Welfare service. The DfE have made this work a statutory duty for local authorities and have decided, inexplicably, that the change does not meet the threshold for new burdens funding.

6.18 In addition to the General Fund budget, Dedicated Schools Grant (High Needs Block, HNB) budgets for children and young people with special educational needs and disabilities continue to be under severe pressure. In common with most authorities, the Council has a deficit on its DSG reserve estimated to stand at £11.7m by the end of 23/24 resulting from unavoidable overspends. This is a national issue and in fact, most authorities are in a significantly worse position than Leicester.

6.19 In 2020, the government introduced a statutory override for a period of 3 years to the end of March 2023 which meant that local authorities' DSG deficits could not

be funded from their general reserves. The intention was to prevent council tax services being cut to fund these DSG deficits. Of course, whilst this means that the LA does not have to 'fund' these deficits on a permanent basis currently, it does have to find the cash to pay for the deficits, meaning the LA's cash position is lower than it would otherwise be. Following a 'gathering of evidence' from LAs in the summer of 2022, government confirmed in the local government finance policy statement published in December 2022, that the statutory override would be extended for a further 3 years to end in March 2026. This budget has been prepared on the basis of that extension.

6.20 In keeping with other local authorities we have prepared a draft deficit recovery plan, which all authorities with deficits are required to do. We are currently still in discussion with the DfE regarding the details of the plan, however the DfE have confirmed that it is not currently their intention to put Leicester into one of their two intervention programmes – the 'delivering better value' programme or the 'safety valve' programme. Leicester is however part of the 'SEND and alternative provision change programme partnership' with LLR and the DfE which begins late 2023. This DfE funded programme is intended to allow local authorities to 'road test' the ideas and approaches outlined in the DfE's SEND improvement plan to bring high needs costs under control alongside wider SEND system reform.

6.21 The main issue for Leicester is the step change in demand for EHCPs post pandemic. Numbers of plans agreed have doubled since the years immediately prior to the pandemic. We need a system wide change to address this which, whilst still recognising the child's needs, means that those needs can be addressed to a much greater extent within existing resources within mainstream settings. This will require a culture change and the adoption of the best practice for inclusivity across all schools.

City Development and Neighbourhoods

6.22 Homelessness is currently a significant pressure in 2023/24, as a consequence of insufficient homes being available for rent at or below the level of the local housing allowance, meaning more families cannot afford a roof over their heads. This will be compounded by the Government's plans to fast-track the cases of asylum seekers currently being housed in hotels in the city.

6.23 Growth of £5m has been added to the budget to meet costs of accommodation for increasing numbers of families presenting as homeless. This remains a high risk area – if demand continues to increase at current rates, further growth will be required. There is a plan to address the needs of homeless families through the Housing Revenue Account, which will provide partial relief.

6.24 Other areas of the department's budget are relatively predictable (compared with social care and homelessness services), and the department is expected to be able to live within its resources.

Health and Wellbeing

6.25 The division, together with a number of services provided by other departments, is paid for from the public health grant. This grant is ring-fenced for defined public health purposes wherever they are provided in the Council. General Fund monies have also been spent on public health services, both before and after 2013/14 when the function transferred from the NHS.

6.26 The future of public health grant is unclear. It is not known whether it will remain as a separate grant when local government funding reforms are eventually introduced: previous proposals have suggested it will be included in general funding arrangements.

6.27 The department is able to live within its resources in 2024/25, and no budget growth is proposed.

Corporate Resources Department

6.28 The department primarily provides internal support services together with leading on good corporate governance, but also some public facing services such as benefits, collection of council tax, customer contact and sports services. The department has made considerable savings in recent years in order to contribute to the Council's overall savings targets. It has nonetheless achieved a balanced budget each year.

6.29 Whilst the budget is broadly balanced, a number of factors may lead to budget pressures in the department, most notably in respect of the cost of living crisis affecting demand for Revenues & Benefits and Customer Services; and pressures in Legal Services.

7. Corporately held Budgets and Provisions

7.1 In addition to the services' budget ceilings, some budgets are held corporately. These are described below.

7.2 The budget for **capital financing** represents the cost of interest and debt repayment on past years' capital spending, less interest received on balances held by the council. The net cost has reduced recently due to increasing interest rates leading to better returns on balances (while the majority of our borrowing is on fixed rates and is not affected by interest rate variations in the short term). As we spend our reserves, however, interest on balances will fall. As shown in the Treasury Management Strategy (elsewhere on your agenda) it is likely we will need to borrow in 2024/25, and these costs are reflected in the budget.

7.3 **Miscellaneous central budgets** include external audit fees, pension costs of some former staff, levy payments to the Environment Agency, bank charges, general insurance costs, money set aside to assist council tax payers suffering hardship and other sums it is not appropriate to include in service budgets. These budgets are partially offset by the effect of recharges from the general fund into other statutory accounts of the Council.

8. Resources

8.1 At the time of writing, the local government finance settlement for 2024/25 has not been published. Current estimates of government funding we will receive are therefore based on information included in the government's fiscal statements, and are liable to change.

8.2 The majority of the council's core funding comes from business rates; government grant funding; and council tax. Service-specific sources of funding, such as fees & charges and specific grants, are credited to the relevant budget ceilings, and are part of departmental budgets.

Business rates and core grant funding

8.3 Local government retains 50% of business rates collected locally, with the balance being paid to central government. In recognition of the fact that different authorities' ability to raise rates do not correspond to needs, there are additional elements of the business rates retention scheme: a top-up to local business rates, paid to authorities with lower taxbases, and Revenue Support Grant (RSG).

8.4 Government decisions in recent years have reduced the amount of rates collected from businesses, by limiting annual increases in the multiplier used to calculate rates and by introducing reliefs for various classes of business. The government's practice is to compensate authorities for lost income due to changes to the scheme. So many changes have been made in recent years that by 2023/24 compensation made up around a third of the "rates" income received by the Council. The complexity of these changes, and the fact that a single ratepayer may be affected by several overlapping changes, makes it difficult to accurately estimate rates income; the estimates in this draft report are the best we can make at present. In practice, we believe that the system of business rates is becoming unsustainable in its current form.

8.5 The figures in the draft budget assume no significant growth or decline in "rates" from the current position, apart from inflationary increases. In effect, we are assuming we will get £ for £ compensation for all changes the Government is making which affect payable rates (which is likely). These figures will be revised for the final budget to be approved in February.

8.6 The majority of other funding streams in previous budgets, including the New Homes Bonus and Services Grant, have been sharply cut in recent years.

Council tax

8.7 Council tax income is estimated at £153.6m in 2024/25, based on an assumed tax increase of just below 5% (the maximum allowed without a referendum). The proposed tax increase includes an additional "social care levy" of 2%, designed to help social care authorities mitigate the growing costs of social care. Since our tax base is relatively low for the size of population, the levy raises just £2.9m per year.

8.8 The estimated council tax base has remained largely flat since last year's budget; this appears to be the result of slower housebuilding numbers, and a growing number of exempt properties (mostly student accommodation).

8.9 It is proposed that no changes to the council tax support scheme are made in 2024/25, but we intend to consult on a "banded scheme" to be introduced in 2025/26. Such a scheme works by placing claimants' weekly income into a band. Council tax support is awarded by reference to the band, without differentiation. If a claimant's income changes, no recalculation of support is required unless the change is significant enough to place them in a different band. Claimants benefit from such a scheme as they know in advance what support they will get from month to month, and our own administration process would be simpler. The scheme can be devised so that certain types of income are disregarded to protect the most vulnerable customers (e.g. disability living allowance or personal independence payments). Significantly, the approach provides more flexibility when seeking to achieve savings. It allows for local priorities to be considered, and the effects forecast: following analysis an informed decision can be reached. The current model does not facilitate this.

Other grants

8.10 The majority of grant funding is treated as income to the relevant service departments and is not shown separately in the table at paragraph 4.1. The most substantial grant held corporately is the **Social Care Grant**, which has been provided each year since 2016/17 to reflect national cost and demographic pressures. It has been increased several times since then, and is now a significant amount. In 2023/24, our share of this funding was over £28m, and a further increase is planned for 2024/25. We do not yet know how this will be allocated to authorities; the budget assumes a share similar to previous social care funding allocations.

Collection Fund surplus / deficit

8.11 Collection fund surpluses arise when more tax is collected than assumed in previous budgets. Deficits arise when the converse is true.

8.12 The Council has an estimated **council tax collection fund deficit** of £1.0m, after allowing for shares to be paid by the police and fire authorities. This largely relates to numbers of exempt properties being higher than expected when the budget was set.

8.13 The Council has an estimated **business rates collection fund surplus** of £1.6m. Because of changes to reliefs in recent years that were funded by government grants, the actual collection fund position is distorted and various technical accounting adjustments (that will balance out over the years) are required.

9. Managed Reserves Strategy

9.1 Since 2013, the Council has employed a managed reserves strategy, contributing money to reserves when savings are realised and drawing down reserves when needed. This policy has bought time to more fully consider how to make the recurrent cuts which have been necessary in nearly every budget year.

9.2 As at April 2023, resources available for the strategy totalled £65.8m. A significant proportion of this will be required to balance the budget in the current financial year. A review of one-off resources available has identified £8.5m that can be released from the capital reserve to support the revenue budget.

9.3 Unless further savings are found, or the Government provides more money, the draft budget will require £52.0m of support from reserves in 2024/25, which exceeds the amount available, and will require the use of the General Fund emergency balance. This also leaves no resources to offset pressures in 2025/26, and indicates that a section 114 report will become a probability:

	£m
Available to support budget as at 1/4/2023	65.8
Additional funding identified	8.5
Estimated amount Required in 2023/24	(30.7)
Estimated amount required for 2024/25 budget	(52.5)
Shortfall for 2024/25 to be funded from Emergency Balance	**(8.9)**

9.4 The Council has long held a £15m minimum working balance of reserves (the emergency pot). As can be seen, we look set to draw from this reserve in 2024/25.

10. Earmarked Reserves

10.1 In addition to our general reserves, the Council also holds earmarked reserves which are set aside for specific purposes. These include ringfenced funds which are held by the Council but for which we have obligations to other partners or organisations; departmental reserves, which are held for specific services; and corporate reserves, which are held for purposes applicable to the organisation as a whole.

10.2 A review of earmarked reserves is being finalised to identify any that can be released to minimise the call on the General Fund Emergency Balance for 2024/25. The final report will include a summary of earmarked reserves currently held, as well as their planned usage.

10.3 The planned use of earmarked reserves will be monitored through the regular revenue budget monitoring process, and reported to members throughout each financial year.

11. Budget and Equalities

11.1 The Council is committed to promoting equality of opportunity for its residents; both through its policies aimed at reducing inequality of outcomes, and through its practices aimed at ensuring fair treatment for all and the provision of appropriate and culturally sensitive services that meet local people's needs.

11.2 In accordance with section 149 of the Equality Act 2010, the Council must "have due regard", when making decisions, to the need to meet the following aims of our Public Sector Equality Duty :-

(a) eliminate unlawful discrimination;

(b) advance equality of opportunity between those who share a protected characteristic and those who do not;

(c) foster good relations between those who share a protected characteristic and those who do not.

11.3 Protected groups under the public sector equality duty are characterised by age, disability, gender reassignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

11.4 When making decisions, the Council (or decision maker, such as the City Mayor) must be clear about any equalities implications of the course of action proposed. In doing so, it must consider the likely impact on those likely to be affected by the recommendation; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

11.5 The budget does not propose any service changes which will have an impact on residents. Where appropriate, an individual Equalities Impact Assessment for any service changes will be undertaken when these decisions are developed.

11.6 The budget does recommend a proposed council tax increase for the city's residents. The City Council's proposed tax for 2024/25 is £1,924.63, an increase of just below 5% compared to 2023/24. As the recommended increase could have an impact on those required to pay it, an assessment has been carried out to inform decision makers of the potential equalities implications. This includes the potential impacts of alternative options.

11.7 A number of risks to the budget are addressed within this report (section 12 below). If these risks are not mitigated effectively, there could be a disproportionate impact on people with particular protected characteristics and therefore ongoing consideration of the risks and any potential disproportionate equalities impacts, as well as mitigations to address disproportionate impacts for those with particular protected characteristics, is required.

12. Risk Assessment and Estimates

12.1 Best practice requires me to identify any risks associated with the budget, and Section 25 of the Local Government Act 2003 requires me to report on the adequacy of reserves and the robustness of estimates.

12.2 This requires a judgement to be made, which is now hard given the volatility of some elements of the budget and the depletion of our reserves. In practice, the budget is replete with risk.

12.3 The most significant issue in developing the 2024/25 budget has been ongoing cost pressures in demand-led service areas, particularly social care and support for homeless households. These have risen very steeply during 2023/24 and there is no guarantee this will not happen again.

12.4 Setting the final budget will also depend on the funding settlement from central government, expected in December, current indications are that there is no additional grant funding for local authorities.

12.5 The budget seeks to manage these risks as follows:

(a) £6m of emergency balances remain;

(b) A provision for demographic pressures of £8m per year has been included in the budget;

(c) In theory, the Council can also draw on the capital finance reserve. This is essentially a capital resource that has been "switched" with revenue (behind the scenes) over many years, in part to provide flexibility for times such as these. Using it would, however, force us to cut the approved capital programme or borrow, leading to future revenue cost, so it must be seen very much as a last resort.

12.6 Subject to the above comments, I believe our reserves can just about be considered adequate and that the estimates made in preparing the budget are sufficiently robust to allow the budget to be approved. If demand pressures again rise in the way that they have in 2023/24, I will need to consider whether section 114 of the Local Government Finance Act, 1988, requires me to write a formal report on the basis that our spending is likely to exceed our resources. In practice, this is more likely to be a consideration in respect of the 2025/26 budget.

12.7 Looking further ahead, we need to identify and approve options for further savings (and to reduce growth) so that we can ensure we are financially sustainable beyond 2024/25. Work to identify options is taking place, but we will need to delve more deeply than we have ever had to before.

13. **Financial, Legal and Other Implications**

13.1 **Financial Implications**

This report is exclusively concerned with financial issues.

13.2 **Legal Implications** ***[to follow]***

APPENDIX 1

Budget Ceilings (provisional)

	2023/24 latest budget £000's	Savings £000's	Growth Planned in Budgets £000's	Non-Pay Inflation £000's	24/25 budget ceiling £000's
1. City Development & Neighbourhoods					
1.1 Neighbourhood & Environmental Services					
Divisional Management	243.0				**243.0**
Regulatory Services	2,008.8	(318.0)			**1,690.8**
Waste Management	22,915.3	(135.0)		262.8	**23,043.1**
Parks & Open Spaces	4,734.1	(573.4)			**4,160.7**
Neighbourhood Services	5,827.5	(153.0)			**5,674.5**
Standards & Development	1,694.2	(185.8)			**1,508.4**
Divisional sub-total	**37,422.9**	**(1,365.2)**	**0.0**	**262.8**	**36,320.5**
1.2 Tourism, Culture & Inward Investment					
Arts & Museums	3,726.6	(71.0)			**3,655.6**
De Montfort Hall	461.4	(25.0)			**436.4**
City Centre	26.0				**26.0**
Place Marketing Organisation	39.4				**39.4**
Economic Development	64.8				**64.8**
Markets	(286.5)	(30.0)			**(316.5)**
Adult Skills	(861.2)				**(861.2)**
Divisional Management	186.6	(32.0)			**154.6**
Divisional sub-total	**3,357.1**	**(158.0)**	**0.0**	**0.0**	**3,199.1**
1.3 Planning, Transportation & Economic Development					
Transport Strategy	9,802.6	(605.0)			**9,197.6**
Highways	2,887.5	(83.0)			**2,804.5**
Planning	1,123.0	(40.0)			**1,083.0**
Divisional Management - PDT	141.5				**141.5**
Divisional sub-total	**13,954.6**	**(728.0)**	**0.0**	**0.0**	**13,226.6**
1.4 Estates & Building Services	**4,860.5**	**(1,004.7)**	**0.0**	**0.0**	**3,855.8**
1.5 Housing Services	**4,449.0**	**(542.0)**	**5,000.0**	**0.0**	**8,907.0**
1.6 Departmental Overheads	**575.4**	**0.0**	**0.0**	**0.0**	**575.4**
DEPARTMENTAL TOTAL	**64,619.5**	**(3,797.9)**	**5,000.0**	**262.8**	**66,084.4**

APPENDIX 1

Budget Ceilings (provisional)

	2023/24 latest budget £000's	Savings £000's	Growth Planned in Budgets £000's	Non-Pay Inflation £000's	24/25 budget ceiling £000's
2.Adults					
2.1 Adult Social Care & Safeguarding					
Other Management & support	764.8				**764.8**
Safeguarding	242.1				**242.1**
Preventative Services	5,141.7				**5,141.7**
Independent Sector Care Package Costs	153,472.2		13,664.0	2,723.1	**169,859.3**
Care Management (Localities)	10,528.8				**10,528.8**
Divisional sub-total	**170,149.6**	**0.0**	**13,664.0**	**2,723.1**	**186,536.7**
2.2 Adult Social Care & Commissioning					
Enablement & Day Care	3,076.0	(813.0)			**2,263.0**
Care Management (LD & AMH)	5,324.8				**5,324.8**
Preventative Services	719.5				**719.5**
Contracts,Commissioning & Other Suppor	6,580.5				**6,580.5**
Departmental	(34,309.4)				**(34,309.4)**
Divisional sub-total	**(18,608.6)**	**(813.0)**	**0.0**	**0.0**	**(19,421.6)**
DEPARTMENT TOTAL	**151,541.0**	**(813.0)**	**13,664.0**	**2,723.1**	**167,115.1**
3. Education & Children's Services					
3.1 Strategic Commissioning & Business Support	**2,239.3**	**0.0**	**0.0**	**0.0**	**2,239.3**
3.2 Learning Quality & Performance					
Raising Achievement	393.8				**393.8**
Learning & Inclusion	1,363.6				**1,363.6**
Special Education Needs and Disabilities	17,828.4		1,400.0		**19,228.4**
Divisional sub-total	**19,585.8**	**0.0**	**1,400.0**	**0.0**	**20,985.8**
3.3 Children, Young People and Families					
Children In Need	15,358.7		600.0		**15,958.7**
Looked After Children	44,287.1	(155.0)	17,200.0	214.1	**61,546.2**
Safeguarding & QA	2,595.3	(18.0)	500.0		**3,077.3**
Community Safety	809.5	(160.0)			**649.5**
Early Help Targeted Services	4,897.0	(2,000.0)			**2,897.0**
Early Help Specialist Services	3,667.7				**3,667.7**
Divisional sub-total	**71,615.3**	**(2,333.0)**	**18,300.0**	**214.1**	**87,796.4**
3.4 Departmental Resources	**1,537.3**	**0.0**	**0.0**	**0.0**	**1,537.3**
DEPARTMENTAL TOTAL	**94,977.7**	**(2,333.0)**	**19,700.0**	**214.1**	**112,558.8**

APPENDIX 1

Budget Ceilings (provisional)

	2023/24 latest budget £000's	Savings £000's	Growth Planned in Budgets £000's	Non-Pay Inflation £000's	24/25 budget ceiling £000's
4. Health and Wellbeing					
Adults' Services	9,001.6				**9,001.6**
Children's 0-19 Services	9,289.5				**9,289.5**
Lifestyle Services	1,257.3				**1,257.3**
Staffing & Infrastructure& Other	2,595.4				**2,595.4**
Sports Services	2,552.5	(390.0)			**2,162.5**
DEPARTMENT TOTAL	**24,696.3**	**(390.0)**	**0.0**	**0.0**	**24,306.3**
5. Corporate Resources Department					
5.1 Delivery, Communications & Political Governanc	**5,408.4**	**(116.0)**	**0.0**	**0.0**	**5,292.4**
5.2 Financial Services					
Financial Support	4,865.5	(205.0)			**4,660.5**
Revenues & Benefits	7,590.5	(1,100.0)			**6,490.5**
Divisional sub-total	**12,456.0**	**(1,305.0)**	**0.0**	**0.0**	**11,151.0**
5.3 Human Resources	**3,880.1**	**0.0**	**0.0**	**0.0**	**3,880.1**
5.4 Information Services	**10,734.2**	**0.0**	**0.0**	**0.0**	**10,734.2**
5.5 Legal Services	**3,751.2**	**(200.0)**	**400.0**	**0.0**	**3,951.2**
Legal Services					
DEPARTMENTAL TOTAL	**36,229.9**	**(1,621.0)**	**400.0**	**0.0**	**35,008.9**
TOTAL -Service Budget Ceilings	**372,064.4**	**(8,954.9)**	**38,764.0**	**3,200.0**	**405,073.5**
Note					
less Public Health grant					(29,564.8)
Service expenditure as at paragraph 4.1					375,508.7

Scheme of Virement

1. This appendix explains the scheme of virement which will apply to the budget, if it is approved by the Council.

Budget Ceilings

2. Directors are authorised to vire sums within budget ceilings without limit, providing such virement does not give rise to a change of Council policy.

3. Directors are authorised to vire money between any two budget ceilings within their departmental budgets, provided such virement does not give rise to a change of Council policy. The maximum amount by which any budget ceiling can be increased or reduced during the course of a year is £500,000. This money can be vired on a one-off or permanent basis.

4. Directors are responsible, in consultation with the appropriate Assistant Mayor if necessary, for determining whether a proposed virement would give rise to a change of Council policy.

5. Movement of money between budget ceilings is not virement to the extent that it reflects changes in management responsibility for the delivery of services.

6. The City Mayor is authorised to increase or reduce any budget ceiling. The maximum amount by which any budget ceiling can be increased during the course of a year is £5m. Increases or reductions can be carried out on a one-off or permanent basis.

7. The Director of Finance may vire money between budget ceilings where such movements represent changes in accounting policy, or other changes which do not affect the amounts available for service provision.

8. Nothing above requires the City Mayor or any director to spend up to the budget ceiling for any service.

Corporate Budgets

9. The following authorities are granted in respect of corporate budgets:

   (a) the Director of Finance may incur costs for which there is provision in miscellaneous corporate budgets, except that any policy decision requires the approval of the City Mayor;

   (b) the Director of Finance may allocate the provision for pay awards;

   (c) The City Mayor may determine how the demographic pressures contingency can be applied.

Earmarked Reserves

10. Earmarked reserves may be created or dissolved by the City Mayor. In creating a reserve, the purpose of the reserve must be clear.

11. Directors may add sums to an earmarked reserve, from:

    (a) a budget ceiling, if the purposes of the reserve are within the scope of the service budget;

    (b) year-end budget underspends, subject to the approval of the City Mayor.

12. Directors may spend earmarked reserves on the purpose for which they have been created, but must obtain the agreement of the Director of Finance before the spend is committed.

13. When an earmarked reserve is dissolved, the City Mayor shall determine the use of any remaining balance.

Equality Impact Assessment

1. Purpose

1.1 This appendix presents the equalities impact of a proposed 4.99% council tax increase. This includes a precept of 2% for Adult Social Care, as permitted by the Government without requiring a referendum.

1.2 The alternative option for comparison is a freeze on council tax at 2023/24 levels. It would of course be possible to set a council tax increase between these two levels, or indeed to *reduce* the Band D tax.

2. Who is affected by the proposal?

2.1 As at October 2023, there were 132,019 properties liable for Council Tax in the city (excluding those registered as exempt, such as student households).

2.2 All non-exempt working age households in Leicester are required to contribute towards their council tax bill. Our current council tax support scheme (CTSS) requires working age households to pay at least 20% of their council tax bill and sets out to ensure that the most vulnerable householders are given some relief in response to financial hardship they may experience.

2.3 Council tax support for pensioner households follows different rules. Low-income pensioners are eligible for up to 100% relief through the CTSS scheme.

3. How are they affected?

3.1 The table below sets out the financial impact of the proposed council tax increase on different properties, before any discounts or reliefs are applied. It shows the weekly increase in each band, and the minimum weekly increase for those in receipt of a reduction under the CTSS for working-age households.

Band	No. of Properties	Weekly increase (£)	Minimum Weekly Increase under CTSS (£)
A-	339	0.98	0.20
A	77,914	1.17	0.23
B	26,471	1.37	0.27
C	15,237	1.56	0.47
D	6,504	1.76	0.66
E	3,385	2.15	1.05
F	1,525	2.54	1.44
G	606	2.93	1.84
H	38	3.51	2.42
Total	**132,019**		

3.2 In most cases, the change in council tax (around £1.37 per week for a band B property with no discounts; and just 27p per week if eligible for the full 80% reduction under the CTSS) is a small proportion of disposable income, and a small contributor to any squeeze on household budgets. A council tax increase would be applicable to all properties - the increase would not target any one protected group, rather it would be an increase that is applied across the board. However, it is recognised that this may have a more significant impact among households with a low disposable income.

3.3 Households at all levels of income have seen their real-terms income decline due to cost of living increases, and wages that have failed to keep up with inflation. These pressures are not limited to any protected group; however, there is evidence that low-income families spend a greater proportion of their income on food and fuel (where price rises have been highest), and are therefore more affected by current price increases.

3.4 At the time of writing, it is not clear what level of inflation uplift will be applied to benefits . [NB council and housing association tenants are not affected by this as their rent support is calculated differently and their full rent can be compensated from benefits].

4. Alternative options

4.1 The realistic alternative to a 5% council tax increase would be a lower (or no) increase. It should be noted that the proposed increase is below inflation, and therefore represents a real-terms cut in council tax payable and therefore our income. A reduced tax increase would represent a permanent diminution of our income unless we hold a council tax referendum in a future year. In my view, such a referendum is unlikely to support a higher tax rise. It would also require a greater use of reserves and/or more cuts to services in 2024/25.

4.2 The budget situation is already extremely difficult, and it seems inevitable that further cuts will have severe effects on front-line services. It is not possible to say precisely where these future cuts would fall; however, certain protected groups (e.g. older people; families with children; and people with disabilities) could face disproportionate impacts from reductions to services.

5. Mitigating actions

5.1 The Council has a range of mitigating actions for residents. These include: funding through Discretionary Housing Payments, Council Tax Discretionary Relief and Community Support Grant awards; the council's work with voluntary and community sector organisations to provide food to local people where it is required – through the network of food banks in the city; through schemes which support people getting into work (and include cost reducing initiatives that address high transport costs such as providing recycled bicycles); and through support to social welfare advice services. The "BetterOff Leicester" online tool includes a calculator to help residents to ensure they are receiving all relevant benefits.

5.2 Mitigating actions will be kept under review and updated for the final report to Council in February.

6. **What protected characteristics are affected?**

6.1 The table below describes how each protected characteristic is likely to be affected by the proposed council tax increase. The table sets out anticipated impacts, along with mitigating actions available to reduce negative impacts.

6.2 Some protected characteristics are not, as far as we can tell, disproportionately affected (as will be seen from the table) because there is no evidence to suggest they are affected differently from the population at large. They may, of course, be disadvantaged if they also have other protected characteristics that are likely to be affected, as indicated in the following analysis of impact based on protected characteristic.

7. **Armed Forces Covenant Duty**

7.1 The Covenant Duty is a legal obligation on certain public bodies to 'have due regard' to the principles of the Covenant and requires decisions about the development and delivery of certain services to be made with conscious consideration of the needs of the Armed Forces community.

7.2 We have considered the duty and have not identified any direct impacts on armed forces or their families; but will continue to monitor for specific proposals.

APPENDIX 4

Medium Term Financial Outlook 2024/25 – 2026/27

[to follow for final report]

APPENDIX 5

Earmarked Reserves

[to follow for final report]

APPENDIX 6

Council Tax Premiums

[to follow for final report]

Public Health & Health Integration Scrutiny Committee

Work Programme 2023 – 2024

Meeting Date	Item	Recommendations / Actions	Progress
9 August 2023	**Introduction to health** **LCC, ICB, UHL, LPT** **Leicester children's health and wellbeing survey**	Overview presentations to be circulated to all members. Items to be considered for the work programme: - Public Health links to planning and development. - Access to GP Surgeries. - Strategic Priorities of ICB, UHL and LPT - UHL reconfiguration	Two presentations from public health and health partners distributed. Items added to work programme suggested list to consider.

Meeting Date	Item	Recommendations / Actions	Progress
12 September 2023 **Joint meeting with Adult Social Care*	**Winter Planning**	Further information requested on: - Measures taken to support bariatric patients. - Clarity on whether clinicians and other professionals (including those who are recently retired) will be supporting the 111 service - Deaths as a result of Covid-19. - Virtual wards - UHL recruitment and retention figures - Flu vaccination figures for 2022	Information shared with Members.
		Online courses relating to fuel poverty support to be circulated to all members.	Webpages are being finalised and information will be sent to Members.
		All councillors be invited to participate in the training provided on supporting those experiencing cost-of-living/fuel poverty difficulties.	Dates are being explored and invitations will be sent to Members directly.
		Further report on the health impacts of the cost-of-living crisis be brought to a future Public Health and Health Integration Scrutiny Commission meeting.	Added to the work programme.

7 November 2023	**ICB 5 Year Forward Plan – Pledges 10 & 11 Mental Health (ICB / LPT)**	Data to be provided to the Commission for the last 12months on referral numbers by GP's to CAMHS and numbers 'rejected' back to GP's.	Information shared with Members.
		Information to be provided on whether LPT are putting anyone through the available NHSE apprenticeship funding, available until March 24.	Information shared with Members.
		Data to be shared with the Commission on waiting times, particularly longest waiting time from contact to starting treatment and average wait times for conditions.	Information shared with Members.
		Data to be shared with the Commission on the breakdown of referrals, for example, age, ethnicity, gender, disability. It was also requested that future reports contain this level of detail in reports from the outset.	Information shared with Members.
		Members comments and concerns be noted by ICB and LPT.	
	Covid 19 & Winter Pressures Update (Public Health & ICB)	Details of vaccination centres within each ward to be shared with all members to promote to residents.	Information shared with Members.
		The item to remain on work programme for further updates on covid, flu and measles.	Verbal update to be provided at meeting on 12 December and further update on 6 February.
	Maternity Inspection Update (UHL)	Members comments and concerns be noted by UHL. The item to remain on work programme for update on improvement plan progress.	Item listed on the work programme for further update to be provided.

Meeting Date	Item	Recommendations / Actions	Progress
	UHL Reconfiguration (UHL)	Details to be shared with the Commission on increasing beds once the remodelling exercise is complete. A site visit to be arranged to the East Midlands Planned Care Centre at Leicester General Hospital. The item to remain on the work programme for the Commission to be kept updated.	Action to remain on tracker for information to be shared in 2024. Members visited on 13 December 2023 and agreed a further visit when the centre is fully complete and open at the end of 2024. Item listed on the work programme for further update to be provided.
	RAAC Update (ICB)	The Commission requested information be provided as to whether the ICB have confirmed with NHSE that they have no powers to compel GP practices to conduct surveys.	Information provided to Members.
	Sexual Health Re-Procurement (Public Health)	The Commission noted the report.	

12 December 2023	**ICB 5 Year Forward Plan – Pledge 4 GP Access (ICB)**	Future reports to include a table of acronyms to refer to clinical terminology outlined within the main report.	This has been noted and will be included in reports moving forward.
		The Local Authority and Health Partners to continue to work together to promote communication.	Communication and engagement teams continue to work together on various programmes.
		Additional information to be provided to the Commission on the numbers of GP's and increasing staff in surgeries in the city - including overall growth and different roles (if available).	Information circulated.
		Data to be shared on GP practices in the city with only one or two partners that may be nearing retirement.	Information being collated.
		Additional information to be provided to the Commission on self-referral pathways.	Information circulated.
		Health Partners to check whether data is available on city users of the NHS App, and if so for data to be circulated.	Information circulated.
		Local Patient Survey and health inequality plans be added to the work programme for discussion in 2024.	Added to work programme to be allocated.
	LeDeR Annual Report (LPT)	The Commission noted the report.	

Meeting Date	Item	Recommendations / Actions	Progress
	Covid-19, Flu and Measles – Verbal Update (Public Health)	The Commission to receive a detailed report at the next meeting.	Listed on the work programme.
6 February 2024	Suggested items tbc: **Winter Pressures Update (All)** **Response to Review Recommendations – The experience of black people working in health services in Leicester and Leicestershire (LPT)** **ICB 5 Year Forward Plan – Pledge 8 – Elective Care (ICB)** **0-19 Contract (Public Health)** **Draft General Fund Budget 2024/25**		

Meeting Date	Item	Recommendations / Actions	Progress
16 April 2024	Suggested items tbc: **Health and Wellbeing Strategy (Public Health)** **Oral Health Services (Public Health and ICB)** **ICB 5 Year Forward Plan – Pledge tbc (ICB)**		

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Health Inequalities Update – impact of the cost-of-living crisis **Public Health**		
Update on UHL Finances **UHL**		
ICB 5 Year Forward Plan – Pledges **ICB**		
Vaccinations **ICB**		
Mental Health **LPT, Public Health & ASC**	Commission requested at the joint meeting with Adult Social Care on 30 November that death by suicide be added to the work programme for a future meeting.	30 November 2023 Joint meeting with ASC

Drug and alcohol services **Public Health**		30 November 2023 Joint meeting with ASC
Active Leicester **Public Health**	Discussed at Culture and Neighbourhoods Scrutiny Commission.	5 December 2023
Covid-19 and Winter Pressures **Public Health & ICB**	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for an update on covid-19, flu and measles.	
Maternity CQC Inspection **UHL**	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates on the improvement plan.	
UHL Reconfiguration **UHL**	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates.	
Death by Suicide	Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item be listed on the work programme.	
Workforce – Health Apprenticeships	Agreed at the Joint Adult Social Care and Public Health and Health Integration Meeting on 30 November that the item remain on the work programme and there be particular tracking of apprentices.	
Local Patient Satisfaction Survey / Health Inequality Plans / Social Prescribing	Agreed at the meeting on 12 December the commission be updated in 2024 with results of local patient satisfaction survey and also information on inequalities plans being drawn up by practices.	