Leicester
City Council

MEETING OF THE PUBLIC HEALTH AND HEALTH INTEGRATION SCRUTINY COMMISSION

DATE: TUESDAY, 21 JANUARY 2025
TIME: 5:30 pm
PLACE: Meeting Rooms G.01 and G.02, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Members of the Committee

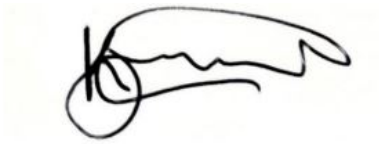
Councillor Pickering (Chair)
Councillor Joel (Vice-Chair)

Councillors Bonham, Clarke, Haq, Joannou, Sahu and Zaman

Youth Council Representatives

To be advised

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



For Monitoring Officer

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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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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

PUBLIC SESSION

AGENDA

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1. WELCOME AND APOLOGIES FOR ABSENCE

To issue a welcome to those present, and to confirm if there are any apologies for absence.

2. DECLARATIONS OF INTERESTS

Members will be asked to declare any interests they may have in the business to be discussed.

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

The minutes of the meeting of the Public Health and Health Integration Scrutiny Commission held on 5th November 2024 have been circulated, and Members will be asked to confirm them as a correct record.

4. CHAIRS ANNOUNCEMENTS

The Chair is invited to make any announcements as they see fit.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

6. PETITIONS

Any petitions received in accordance with Council procedures will be reported.

7. HEALTH PROTECTION UPDATE

The Director of Public Health will provide the Commission with a verbal update.

8. SYSTEMS PRESSURES UPDATE

The Integrated Care Board will provide the Commission with an update on System Pressures.

9. GENERAL FUND BUDGET PROPOSALS 2025/26 **Appendix B**

The Director of Finance submits a draft report proposing the General Fund Revenue Budget for 2025/26.

10. GP ACCESS **Appendix C**

The Integrated Care Board will provide the Commission with an update on Leicester, Leicestershire and Rutland Integrated Care Board's progress to date in delivery of the 24/25 Primary Care Access Recovery Plan.

11. SMOKING AND VAPING **Appendix D**

The Director of Public Health submits a report to update the Commission on the action being taken to reduce smoking rates.

12. WORK PROGRAMME **Appendix E**

Members of the Commission will be asked to consider the work programme and make suggestions for additional items as it considers necessary.

13. ANY OTHER URGENT BUSINESS

Appendix A

Leicester
City Council

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

Held: TUESDAY, 5 NOVEMBER 2024 at 5:30 pm

P R E S E N T:

Councillor Pickering – Chair
Councillor Joel – Vice Chair

Councillor Bonham	Councillor Clarke
Councillor Haq	Councillor Sahu
Councillor Westley	Councillor Zaman

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82. Welcome and Apologies for Absence

It was noted that none were received.

83. Declarations of Interests

The Chair asked members of the commission to declare any interests in the proceedings. Cllr Westley declared he is Chair of a patient panel at a GP practise in the city and Cllr Clarke declared his wife as a social worker for Leicester City Council.

84. Minutes of the Previous Meeting

The Chair noted that the minutes of the meeting held on 10 September 2024 were included within the agenda pack and asked members to confirm that they could be agreed as an accurate account.

Agreed:

- Members confirmed that the minutes for the meeting on 10 September 2024 were a correct record.

85. Chairs Announcements

The Chair highlighted that:

- A demonstration of the national dashboard has been given by the ICB following concerns raised in this Commission around ensuring the priorities in the ICB 5-year plan are targeted for the communities

in Leicester. This provided assurances around how data is used to target workstreams and how it can work with the council and the VCS, along with the limitations of the data and how this could be improved.

- The Chair thanked all involved in the Homelessness and Complex Needs Inquiry Day. This included officers from the council's housing and public health department, the local health sector – ICB, LPT, UHL - as well as Dear Albert, Inclusion Health, Leicester's Homeless Charter, The Bridge and Turning Point.
- The Inquiry Day was insightful and had found that the provision in Leicester is largely good, and a report has been drafted with several recommendations which generally supported council policies, along with seeking some improvements and identified areas which would benefit from further work.
- Following the recent news article highlighting that Leicester has the second highest number of patients per GP in the country, the Chair met with the ICB. The complexities and schemes to recruit and retain GPs to Leicester was discussed as well as the additional roles to ensure patients can be seen in their communities by the right professional at the right time. This will continue to be monitored and GP Access is scheduled on the work programme for January.

The Chair invited the Youth Representatives to give a summary of the recent Health Summit that had been attended in the October half term. They gave a presentation and highlighted that:

- Youths from across Leicester, Leicestershire and Rutland came together to highlight the issues faced by young people when accessing services.
- The top 5 issues were picked out and questions were posed to professionals around dentistry, neurodiversity awareness, communication with professionals, transitions for SEND young people and understanding of information.

In response, the Chair thanked the youth representatives, and it was commented that:

- There is a large gap in provision for young people. Once they are aged 18, support has disappeared and they are expected to manage many challenges by themselves as they transition from children's services to adult services.
- In recognition of this difficulty, there has been work to start the transitions earlier in order that a relationship can be developed and a handover given.
- The issues highlighted echoed the same conversations previously had. Videos were made by youth representatives that are the same topics being raised.
- There are many pathways for participation that would benefit from youth representatives becoming involved, such as patient panels and engagement with the ICB.
- The ICB has recently published a report on young people's voices on

healthcare following a consultation which had considered the different ways young people wanted to give their views and be involved.

- The Healthwatch representative commented that a lot of work was being done surrounding patient participation with the ICB.
- There has been a lottery funded pilot scheme in Evington for a café service supporting neurodiversity.
- The Deputy City Mayor and Members asked the youth representatives to present their findings at the Childrens, Young People and Education Scrutiny Commission and Adult Social Care Commission.

86. Questions, Representations and Statements of Case

It was noted that none had been received.

87. Petitions

It was noted that none had been received.

88. Critical Incident Update

Given the concerns around this issue, the Chair requested that the agenda order be altered, and the Critical Incident item was therefore taken first of the main agenda items.

The Chief Operating Officer of University Hospitals Leicester gave a verbal update on the critical incident which was declared by University Hospitals Leicester on 9th October 2024. It was noted that:

- The incident was a called due to an increased demand on the emergency care pathways, operational delays and long waits for care.
- The incident was stood down after 30 hours.
- A critical incident has not been a common occurrence, one was declared at the start of 2024 and one in each of the previous 2 years.
- 904 patients attended the Emergency Department on 8th October.
- The focus of the organisation was for a significant number of discharges to ensure the patient flow and that patients were in the appropriate place for their onward care. Also increased discharges from system partners.
- Increased pressures have been felt across many areas including urgent and emergency care pathways and this has impacted the length of time it has taken to access emergency care.
- The winter plan for this year has been revisited. As a result of the incident, there has been further initiatives rolled out. This has included increased urgent treatment capacity. These will have

pressures due to financial constraints however.

- In the longer-term, emergency care has to be done differently to deliver better care for patients.
- The Chief Operating Officer sincerely apologised to those who have experienced delays. It can be evidenced that improvement have happened but recognise that more needs to be done.

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

- It was early in the year for a critical incident.
- The flow through the hospitals seems to have been a significant issue. More information on where the bottlenecks have occurred and how they are dealt with would be useful. The discharge figures will be shared with Members.
- The Winter Plan came in September to the Commission, it has been built on since. A more detailed plan was submitted in October in line with national guidance which is to be shared with Members.
- The critical incident allowed new initiatives to be trialled which helped to de-escalate the situation and further discussion with ICB is to occur.
- Leicester has one of the busiest emergency departments in the country and has faced challenges due to being the only emergency department in the city centre. 904 patients attended the emergency department on the 8th October. This is not particularly extraordinary, but means capacity needs to allow for these levels.
- Work is being done to promote alternatives to the emergency department for treatment, including other centres and the Pharmacy First scheme.
- There was no specific winter plan funding for the NHS. Funding has been moved to the start of the year and there are very careful discussions around additional expenditure.
- Additional funding was made available in November/ December for cradle to grave schemes. The delivery of all initiatives funded by this are to be tracked to assess impact and ensure they have delivered, or the funding will be diverted.
- Additional initiatives are planned for the winter, such as cardiology, as know there will be surges.
- The wider context of emergency care has relevance to the demand as there has been an increased complexity in the cases presented, with patients having multiple conditions and occurrence in younger populations. This has resulted in it taking longer to move the patient through the pathways.
- More community measures are needed as many patients have adverse results in a hospital.
- There is a sustained pressure across all services throughout the year and there have been significant efforts made to address this.
- More needs to be done to inform residents in the city of the correct pathways to help alleviate the demand on emergency pathways.

Agreed:

- The item to be brought back in January for a further update.
- Full winter plan to be shared with Members, including approved spending.
- 111 improvements plan to be shared.

89. Health Protection

The Director of Public Health gave a verbal update of the latest position of health protection, and it was noted that:

- TB rates have increased slightly. Leicester now has the highest rates of TB in the country, as predicted previously.
- The Director of Public Health has been chairing a steering group for TB which has developed a strategy for LLR.
- A business case for resources to handle TB has been accepted by the ICB which will increase capacity for responding, treating, and tracing.
- Covid rates in Leicester have been similar to the England average, with the current rates quite low. 63 patients currently in UHL with covid, compared to 64 this time last year. There are no major concerns around new variants currently.
- The rate of whooping cough is low compared to other areas in the East Midlands. This may have been due to under reporting. County have now taken this over as there are higher rates there.
- There has been a tremendous response to measles by all partners. It has shown the benefits of partnership working as it resulted in far more vaccinations and increased contact tracing due to the help of communities and faith groups.
- There have been no cases of measles since the beginning of August.
- There have been recent news reports around Mpox as there has been cases of a new clade. This had been found to be more contagious and more severe but there have been few confirmed cases in the country however, and none in the city. Sexual health services and UKHSA are well prepared to respond sufficiently though in terms of treatment and contact tracing.

As part of discussions, Healthwatch was invited to comment, and it was noted that:

- Mpox does not have the same level of contagion as covid, flu or measles and requires skin to skin contact to be transmitted.

Agreed:

- The Commission noted the report.

90. Vaccinations and Screening

The immunisation lead in the ICB presented, and it was noted that:

- A national vaccination strategy was published in December 2023. The key message was that covid should be learnt from, along with the use of resources and how this can be applied to vaccinations across the life course and seasonal programmes.
- Many of the services discussed have been commissioned by NHS England as delegation is not occurring until April 2026. This deferral is to align with the screening delegation.
- Important areas that have been considered have been to address differential health outcomes and differential vaccination uptake.
- 6 key priorities have been taken forward. These were the delivery of the National Vaccination Strategy; tackling health inequalities; improving maternity, childhood and adolescent vaccine uptake; implementing seasonal vaccines; responding effectively to surges and outbreaks; and rolling out new vaccines.
- Uptake amongst pregnant women was 57%. This has been a challenge and has been affected by availability as there have been staffing shortages in antenatal clinics. Frequently meeting with UHL to address this and progress has been made.
- A communications campaign has been ongoing, along with GP outreach work. NHS England has invited pregnant women to their GP practise for vaccines and community-based clinics are going to be offered starting in December.
- The roving health care units are planned to start offering the whooping cough vaccine for pregnant women.
- Children and young people have been another challenging area due to variation in uptake.
- A neighbourhood level of differential uptake has been found. This has been a priority for practises in areas where there is low uptake as practise level data allows the identification of differential uptake. All Leicester practises want to prioritise childhood immunisations.
- Whooping cough vaccine rates are at 90% in children, but this doesn't compare to the national level.
- There has been a decline in the uptake of the measles vaccine. Mapping of the different ways this has been accessed and the messages being communicated to the public have been assessed to help address this. Accepted that improving uptake needs to be a long-term approach.
- The super vaccinator team has provided additional support in primary care allowing 83 extra shifts to be provided.
- MMR uptake has started to increase. This has reflected the work that has been put into the area, but it is recognised that it is early days.
- There is ongoing work to increase the uptake of the HPV vaccine. Uptake has been worse in males. In females, uptake has been 57%,

however the target is 90% for elimination status by 2040.

- There will be further work for improved access and uptake of HPV vaccine, including a whole systems approach with a workshop to take place in November.
- Since the outbreak of measles, there has been an incident management team in place.
- Barriers to uptake included access, theological issues and concerns, and the impact of social media and this has all informed the approach to how uptake is addressed moving forward.

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

- Improvements to the NHS app, including being able to view children's vaccination status is potentially in the pipeline. This could be key in improving uptake.
- Concerns have been expressed around vaccination side effects not being explained thoroughly. The Vaccine Hub has recently been launched which could provide better information moving forward.
- There has been a lot of variation between practises in uploading patient records and vaccinations records.
- A lack of consistency was identified in the vaccination offer between GP practises and local pharmacies. It was recognised GP surgeries have attempted to be proactive, but a joined-up offer could have more success.
- There has been more flexibility for targeted funding since the measles and whooping cough outbreak. The ICB has committed to ring fencing the inequalities funding.

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

- Children and young people are often offered vaccines through schools.
- The information for vaccinations has been available online but the information is lengthy and complex. NHS England is reprocuring this service for next September and work has been ongoing to consider new provision on this and how best to refresh the service.
- Roving unit has gone into schools and universities to improve uptake.
- More could be done to help young people take ownership and consent to vaccinations.
- National curriculum could be updated to better inform young people. An article is going into the Lancet, potentially in November on this topic.

Agreed:

- The Commission noted the report.

91. Adult Mental Health

The Lead Commissioner of Mental Health at the ICB and managerial and clinical colleagues presented this report. It was noted that:

- Last update was 12 months ago.
- The report has been transparent on the challenges currently faced by the services. There have been increased pressures on all services and neurodiversity is where the most significant challenge has been.
- The employment service provided has been a good news story with over 1000 patients able to retain or access employment, including paid employment.
- A challenge has been the psychiatry waiting times. The transformation programme has continued to be prioritised, as well as testing out new roles and pathways to work towards enabling people to have their first needs led assessment within 4 weeks from 1st April 2025
- Perinatal mental health target is 10% for Leicester, Leicestershire and Rutland. Based on the birth rate in this area, it equated to about 12,000 women. In August, the service was on track to hit the target by the end of the March 2025. A significant amount of work has been done with maternity services and GP's to promote access and referrals.
- ADHD has been a particular challenge, but this has also been reflected nationally. A business case has now been drafted which has explored other potential funding options. Currently, non-recurrent funding from Leicester City Council has been used to recruit for supporting treatment commencement.
- Adult and older adult memory service had reported challenges post-covid. There have been weekend clinics to support people accessing their diagnosis through a range of appointments and a one stop shop was piloted to reduce the number of return appointments.
- The dementia diagnosis rate in Leicester has been above the national average and is something the service has been very proud of.

A brief outline was provided of 3 of the psychology services in the community provision:

- There are 7 therapists and one service lead providing Cognitive Behavioural Therapy. This has had unprecedented numbers of referrals. Despite this, the service has managed well as it has continued to provide assessments within the 13-week period, but it is has been under huge pressure.
- To help prevent service users being bounced between services, an integrated strategy has been introduced. There has been work with colleagues in Vitaminds and central access points to ensure the right people have been referred to the right services. Nearly 40% of those referred for CBT haven't been appropriate.
- There has been an improvement in recruitment in the

psychodynamic service. Whilst there have been longer waits, these have been for very specialist interventions. The average waits have remained steady.

- There have been longstanding challenges for personality disorders. A significant amount of work has occurred, and this has now been reflected in the majority of services users being seen within 13 weeks for their first assessment. This is a huge improvement but is still not considered quick enough.
- The current model has not been delivering the range of interventions needed by this population, so work has been done to develop a more appropriate offer.
- A number of services come under the urgent care pathway including the Mental Health Central Access Point, the Crisis Resolution and Home Treatment Team, the Mental Health Urgent Care Hub and the Mental Health Liaison Service.

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

- Vacancies in the service have included advanced clinical practitioners, particularly with specific ADHD training and pharmacists. Additional training has been identified for community pharmacists so they can provide ADHD medication.
- The perinatal and dementia target rates have no relationship to diagnosis rate.
- Perinatal inpatient care was commissioned for the region and is based in Nottingham. The team have worked closely with them to ensure there are good pathways.
- The waiting list for children who have been referred to see a clinician is currently 3 years.
- Locally there are waiting times of 3.5 years for assessments and 4 years for treatment but in other areas this can be 10 years. It has been hoped there will be some national funding due to the scale of the challenge and it would be hard for any ICB to fund. The ICB has committed to a proportion of the business case.
- Pre covid there was about 40 referrals a month, there has now been 400 a month.
- The Right to Choose scheme offers another route, and can choose ot go private however there is no guarantee of quality. If there is no shared care provider agreement, the patient would also be expected to cover the cost of the prescription, some of which are quite costly.
- Personality disorder and dementia waiting lists have been decreasing.

Agreed:

- The Commission thanked officers and noted the report.
- To be added to the work programme for spring 2025.

92. Leicester, Leicestershire and Rutland Suicide strategy

The Programme Manager for Mental Health presented the Leicester, Leicestershire, and Rutland Suicide Prevention Strategy draft. It was noted that:

- The strategy contained evidence on deaths by suicide in Leicester.
- Work has been done to enhance the community's capacity for mental wellbeing.
- The strategy has been collaborative with Leicestershire Police and aligns with the Health and Wellbeing Board, the Integrated Care Board and the partnership board for mental health.

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

- Those identified as highest risk are middle aged men. In Leicester, almost all the men are white, including those of European background but there have been far fewer from Asian or Black backgrounds.
- Most often the men have had more deprived backgrounds or come from the more deprived areas of the city.
- Rates of suicide have risen since covid and with the uncertainties that had followed such as the cost-of-living crisis.
- Most people who have died by suicide aren't known to services. They are a cohort of people who are lacking in community which has emphasised the importance of mental health friendly places in the local community.
- Those with autism are at risk, particularly after a diagnosis when there has been little support.
- The hope has been that this strategy can make the connections with autism and other long-term conditions, as well as raising awareness so communities can talk about taboo subjects.
- Carers have been under tremendous pressure, particularly when they are not getting any respite. Awareness needs to be raised of the risks following diagnosis.
- All Members of the commission and attendees have been encouraged to engage with the consultation for the strategy.
- Eyres Monsell has an adult inclusion group. Groups like this have helped reduce isolation and have fostered community spirit. Ward funding is important to allow small groups an opportunity to do things like this.
- The new Labour government has suggested a prevention agenda. In order to manage this data is being collected to analyse and will be shared. There has also been engagement with the NHS and Emergency Department to learn from each other around the issues affecting this cohort such as self-harm.
- Every death by suicide is a tragedy and a more open and compassionate society is needed to help prevent these deaths.
- Members have expressed they would like suicide prevention training to be provided so they can support constituents appropriately.
- The strategy has been worked on by those with lived experience as

well as officers as the individual experience needs to be articulated and learned from.

- Members thanked officers for their work on this and for bringing it to the commission in a sensitive way.
- There have recently been sessions across the city with the VCS around supporting people who have been affected by suicide.
- It is important to acknowledge the support required will look different for different individuals. Mental health cafes may work for some but not all. Particularly when the level of diversity in neurodiversity has been considered.
- The strategy has had a focus on reducing isolation, but what isolation means for individuals will differ. Some individuals have required other opportunities, such as gardening work on a project as a stepping stone to opening up when they were ready.
- The strategy reflects the need for stepping stones for providing the individual support needed.
- There has been outreach work and work with educational psychologists and children's services so leadership could be improved and so that there is an enhanced understanding of issues.

Agreed:

- Suicide Prevention Strategy to be added to the work programme for an annual update.
- Members noted the report.

93. Work Programme

The Chair noted that updates requested during this meeting would be added to the work programme.

94. Any Other Urgent Business

There being no further business, the meeting closed at 20.08.

Appendix B

Revenue Budget 2025/26

Decision to be taken by: Council

Date of meeting: Draft for 19 February 2025

Lead director: Amy Oliver, Director of Finance

Useful information

- Ward(s) affected: All
- Report author: Catherine Taylor/Mark Noble
- Author contact details: amy.oliver@leicester.gov.uk
- Report version number: 1

1. Purpose

1.1 The purpose of this report is to present the City Mayor's strategy for balancing the budget for the next 3 years and to seek approval to the actual budget for 2025/26. The strategy includes the use of one-off money, additional borrowing to pay for committed capital spending, savings in previously approved capital programmes and reductions in annual service spending. It is designed to ensure we remain financially sustainable until at least 2027/28. Some of the necessary approvals are included in the capital programme report, which is elsewhere on your agenda; the rest are contained in this report.

1.2 Whilst the strategy is intended to keep us sustainable until 2027/28, we will need to make further, deep spending reductions by 2028/29 unless the Government finds sufficient additional resources to rescue the sector from its current plight. The City Mayor will continue to make these points to the Government.

1.3 The proposed budget for 2025/26 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 As members will be aware, the medium-term financial outlook is the most severe we have ever known. Like many authorities, we face increasing difficulties in being able to balance our budget. Some authorities have already reached this position and been forced to issue a formal report under section 114 of the Local Government Finance Act 1988. 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. The available resources for this are rapidly running out.

2.2 The background to this severe outlook is set out in section 4 of this report, as well as actions that have already been taken in response.

2.3 At the time of writing, we do not have the local government finance settlement for 2025/26, so this draft budget report is based on estimates of income. However, previous announcements strongly imply that our estimates are unlikely to change significantly, and therefore we will still have a substantial gap between our annual spending and income. The report will be revised before full Council in February.

2.4 The overarching strategy to ensure financial sustainability is outlined in section 5. It is aimed at maximising one-off resources to buy time, controlling costs in demand led services and making savings to other services. If it succeeds, we will not face a section 114 report in the next 3 years. There are, nonetheless, risks which are set out in paragraph 16. Given the savings we have had to make in the last decade, the task of finding more is becoming increasingly difficult.

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

2.6 The medium-term outlook is attached at Appendix 4 and shows the escalating scale of the financial pressures facing the council.

3. Recommendations

3.1 Council is recommended to:

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

(b) approve the proposed budget and council tax for 2025/26, including the recommendations in the formal budget resolution, subject to any changes proposed by the City Mayor when he makes his final proposal to the Council;

(c) approve the budget ceilings for each service, drafts of which are shown at Appendix 1 to this report;

(d) approve the scheme of virement described in Appendix 2 to this report;

(e) approve the use of the £90m capital fund to support the revenue budget strategy (dependent on decisions taken in respect of the capital programme for 2025/26, which is elsewhere on your agenda);

(f) approve the changes to earmarked reserves to support the overall strategy as described in Appendix 5;

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

(h) note the equality implications arising from the proposed tax increase, as described in paragraph 15 and Appendix 3;

(i) note the medium-term financial strategy and forecasts presented at Appendix 4, and the significant financial challenges that lie ahead;

(j) approve the capital receipts flexibility policy at Appendix 7.

3.2 In relation to Council Tax on empty properties, Council will be recommended to approve the premiums and discounts outlined in Appendix 6 (to follow).

4. Background

4.1 The background to our financial predicament is:

(a) a “decade of austerity” between 2010 and 2020 in which services other than social care had to be reduced by 53% 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 therefore supported by reserves;

(c) recent cost pressures, shared by authorities across the country. These include pressures on the costs of children that are looked after and support for homeless households, as well as the long-standing pressures in adult social care and the hike in inflation after the invasion of Ukraine. The budgets for 2023/24 and 2024/25 were supported by a further £34m and £61m of reserves respectively;

(d) an anticipated new round of funding constraint. This was implied by the former Government’s spending plans; plans published by the new Government in the Chancellor’s October budget also imply unprotected services such as local government will be subject to restraint (although we won’t get detail about the position for 2026/27 and 2027/28 until spring 2025);

4.2 The previous Government’s chosen measure of a council’s ability to spend was “core spending power” which has, in fact, recently been increasing faster than inflation. It is not, however, increasing as fast as spending need. Core spending power increased by £29.1m in 2024/25 (8.1%); £71.5m of pressures were built into the budget.

4.3 Core spending power is not the same as Government grant funding. Most is raised locally, through council tax and business rates. Only a small element consists of government grant.

4.4 It is worth commenting that the previous Government’s “fair funding” review of grant allocation was continuously delayed, and leaves us to provide services to a population far in excess of our last needs assessment (population has grown faster than elsewhere in the country, so an equitable system would ought to give us a greater share of the national pot). The new Government has promised to complete a review in time for the 2026/27 finance settlement, although full implementation is expected to take several years.

4.5 The Council has already made substantial cost savings since 2010/11. Decisions we have already made include:

(a) reducing senior management numbers (including the post of Chief Executive) by 45, saving over £5m per year;
(b) investing in environmentally efficient street-lights, saving over £1m per year;
(c) closure of the Council's 8 elderly persons' homes, saving over £3m per year;
(d) saving £1.5m per year from parks and open spaces, including a reduction in maintenance frequency and sale of some sites;
(e) a 50% reduction in the youth budget;
(f) remodelling children's early help, closing or transferring 11 buildings, saving £3.5m per year;
(g) reduction in opening hours of libraries, relocation of libraries with the least use, and cessation of the library minibus service;
(h) a rolling programme of closures and transfers of community centres;
(i) increases in car parking and leisure centre charges; and
(j) introduction of bus lane enforcement.

4.6 Since 2010/11, some 2,000 staff have been made redundant, largely as a consequence of spending cuts.

4.7 The overall impact of changes between 2010/11 and 2020/21 (the decade of austerity), and then subsequently, can be seen from the tables below:

Budgeted Spending in cash terms	**2010/11** £m	**2020/21** £m	**2024/25** £m
Spending on children's and adults' social care	128.5	197.2	295.8
Spending on other services	192.3	108.7	157.0
Centrally held budgets	37.2	10.1	11.2
TOTAL	**358.0**	**316.0**	**464.0**

*Budgeted Spending in real terms**	**2010/11** £m	**2020/21** £m	**2024/25** £m
Spending on other services	282.7	132.3	157.0
Cumulative Cuts since 2020/21		**53.2%**	**44.5%**

*Prices updated using CPIH indices

4.8 Whilst spending on other services has increased since 2020/21, in no small part due to pressures on the homelessness service, it is important to recognize that

this additional spending has had to be funded from our own reserves. Minimal reserves were used in 2010/11 or 2020/21. **Without the £61m reserves budgeted for use in 24/25, funding available for other services would have fallen to £96m, a real terms cut of two thirds since 2010/11.**

4.9 We have reached a stage where any further cuts are bound to be painful and leave discretionary services stretched to the limit. This is what we are now compelled to contemplate.

5. Financial Strategy for 2025/26 to 2027/28

5.1 As noted above, the medium-term financial outlook is the most severe we have ever known.

5.2 The budget approved by the Council in February contained the following projections of income and expenditure:

	2024/25 £m	2025/26 £m	2026/27 £m
Expenditure	429.0	462.3	490.7
Minus income	(368.0)	(371.9)	(378.8)
Budget gap	**61.0**	**90.4**	**111.9**

5.3 The previous Government did not publish any spending plans for periods beyond 2024/25, so the figures for 2025/26 and 2026/27 were necessarily based on assumptions. The new Government published its budget on 30th October, which contained an aggregate spending total for local government in 2025/26 and total figures for all public spending in 2026/27 and 2027/28. Our local figures for 2025/26 will not be available until shortly before Christmas. The new government is expecting to publish more detailed 3 year plans in spring, but the indications are that there will be modest additional support for deprived local authorities in 2025/26, and continuation of spending restraint in 2026/27 and beyond. It is unlikely that we will see the substantial additional support we require from the Government in the next 3 years. Indeed, the Government itself has stated (28/11/24): "*Our fiscal inheritance means that there will be tough choices on all sides to get us back on the path to recovery, and it will take time. There is no magic wand. It will be a long, hard slog to work with councils to rebuild from the ground up, to deliver the services taxpayers need and deserve*."

5.4 Past budgets have been supported by our "managed reserves strategy" under which we planned permanent reductions and used reserves to buy time, avoiding crisis cuts. More recently, the amount of reserves required to balance the budget has grown significantly so that £61m was required to balance 2024/25 when we set the budget in February.

5.5 Like many authorities, we face the real prospect of not being able to balance our budget in future years, necessitating a formal report under section 114 of the

Local Government Finance Act 1988. If such a report is issued, we run the risk of Government intervention with the running of the Council being effectively determined in Whitehall.

5.6 The size of the problem is so severe that bridging the gap in one year is an impossibility. The proposed strategy is therefore as follows:

(a) **Strand One** - Releasing one off monies of £110m to buy time:

- All the Council's earmarked reserves have been reviewed, and it is recommended to release £20.3m on the basis that maintaining the Council's solvency takes precedence over most of the reasons for which money has previously been set aside.
- (As described in the capital programme report elsewhere on your agenda) it is proposed to release a £90m revenue reserve held to support capital (the "capital fund"). This, however, will leave a gap in the funding for previously approved capital schemes, requiring borrowing to fill it.

(b) **Strand Two** – Reductions of £13m in the approved capital programme, as described in the capital programme report, which will reduce the borrowing required. The additional borrowing will nonetheless increase the size of the annual budget gap by an estimated £5m per year from 2026/27 (in effect, we would be borrowing money to provide short term support to the revenue budget, which can only considered because the situation is so dire);

(c) **Strand Three** - Embark on an ambitious programme to sell property, with the aim of securing an additional £60m of one-off monies. The receipts cannot be used to support the revenue budget without permission from the Secretary of State (such permissions are being used by the Government as a tool to deal with immediate budget challenges). Current projections suggest that we will need to seek consent before 2027/28. This is further discussed at para. 14 below. **The Government will expect a credible savings plan before a permission will be granted**;

(d) **Strand Four** – Continue taking steps to constrain growth in those statutory services that are under demand led pressure (i.e. adult and children's social care services, and homelessness). As a consequence of work already done, the budget for social care services in 2025/26 is forecast to be over £20m less than envisaged in February;

(e) **Strand Five** - Make ongoing savings to the revenue budget of £20m per year. Expected savings have been built into the budget ceilings for

each department. Further savings of £2.4m per year will be achieved if Council approves a proposed new council tax support scheme in January. These savings do not come close to balancing the budget on a recurrent basis. **The level to be achieved has been deliberately set at a low level to provide scope to respond to Government plans as they emerge.** Nevertheless, we still expect to have to make considerable additional savings after the three year plan has expired.

5.7 If successful, implementation of the strategy would result in revised budget projections of:

	2025/26 £m	**2026/27** £m	**2027/28** £m
Expenditure	429.5	459.0	495.8
Plus prudential borrowing costs:			
- to release the capital fund	3.0	5.0	5.0
- for the 2025/26 capital programme	1.4	2.5	2.6
Minus income	(387.2)	(400.1)	(413.5)
Equals Recurring Budget Gap	**46.7**	**66.4**	**89.9**

Revised projections of reserves are:

	2025/26 £m	**2026/27** £m	**2027/28** £m
At the beginning of the year	**53.5**	**123.1**	**56.7**
Plus earmarked reserves	20.3		
Plus capital fund	90.0		
Plus capital receipts (if permission granted)			60.0
Other	6.0		
Minus budget gap	(46.7)	(66.4)	(89.9)
At the end of the year	**123.1**	**56.7**	**26.8**

5.8 Detailed medium term forecasts are provided at Appendix 4. Members are asked to note that forecasts assume the Council will continue to set the maximum council tax permitted by the Government's referendum rules – currently assumed to be 3% from 2026/27.

5.9 Clearly, as expenditure will continue to exceed income, further action will be needed to balance the budget in 2028/29 unless the Government has provided substantial additional resources by that time. Government grant income in 2024/25 was £74.5m. To eliminate the budget gap in 2027/28, all other things being equal, government grant income would need to increase to £180m on current assumptions compared to our forecast of £90m.

6. 2025/26 Budget Overview

6.1 The table below summarises the proposed budget for 2025/26 (projections for a full three-year period are included in the medium-term strategy at Appendix 4):

	2025/26 £m
Expenditure:	
Net service budget (before savings)	447.5
Less savings and cost constraint (see para. 10.4)	(50.9)
Net service budget	***396.6***
Provisions for pay inflation (including 24/25)	14.0
Provisions for other inflation	0.4
Corporate budgets (including capital finance)	7.9
Demographic contingency	2.0
Homelessness provision	11.0
General contingency for risk	2.0
Expenditure total	**433.9**
Income:	
Council tax	165.9
Business rates (including top-up grant)	141.4
Revenue Support Grant	36.2
Social Care Grant	41.7
Other grants	2.0
Income total	**387.2**
Recurring budget gap	**46.7**

7. Construction of the 2025/26 Budget and Council Tax

7.1 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 1;

7.2 In line with Finance Procedure Rules, the Council must also approve the scheme of virement that controls subsequent changes to these ceilings. The proposed scheme is shown at Appendix 2.

7.3 The budget is based on a proposed Band D tax for 2025/26 of £2,020.85, an increase of just under 5% compared to 2024/25. This is the maximum which will be permitted without a referendum. It is noted that some taxpayers will experience a different increase as a result of changes to the council tax support scheme (if approved).

7.4 The tax levied by the City Council constitutes only part of the tax Leicester citizens have to pay (albeit the major part – 84% in 2024/25). 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.

7.5 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.

7.6 The Police and Crime Commissioner and Combined Fire Authority will set their precepts in February 2025. The formal resolution will set out the precepts issued for 2025/26, together with the total tax payable in the city.

8. Departmental Budget Ceilings

8.1 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.

(c) Unavoidable growth has been built into the budget. This has been mitigated by action that has already been taken to control costs in demand-led areas, as detailed in paragraph 9 below.

(d) Savings being sought, totaling £10.7m in 2025/26, are deducted from budget ceilings. (The expected figure rises to £20.4m by 2027/28).

8.2 The proposed budget ceilings are set out in Appendix 1.

8.3 In recent years, the pay award for local government staff has not been agreed until part way through the financial year. A central provision is held to fund the 2025/26 pay award, forecast at 3%. Additionally, a further £2m has been set aside in a central provision for demographic changes, which will only be released if needed.

8.4 For this draft budget, the provision to fund the 2024/25 pay award agreed in October is still held centrally whilst the impact is being calculated – it will be allocated to budget lines before the final budget is set in February. No adjustment has yet been made for changes to National Insurance Contributions announced at the Autumn Budget statement and due to commence in April 2025: additional funding has been promised by government to meet NI costs relating to our own staff but not those of providers (see paragraph 12 below).

8.5 The role of the Council is to determine the financial envelopes within which services are delivered. Delivering the services within budget is a function of the City Mayor.

9. Constraining Growth in Service Demand (Strand 4 of the Budget Strategy)

9.1 As can be seen from the background section, one of the chief reasons for our budget gap is growth in the costs of statutory services, particularly social care (and, more recently, homelessness), which have outstripped growth in our income.

9.2 The budget for **adult social care** approved in February provided for substantial growth, both in 2024/25 and 2025/26. This can be seen from the following table:

	2024/25 £m	**2025/26** £m
Underlying budget	155.9	155.9
Growth	17.5	34.4
TOTAL	**173.4**	**190.3**

9.3 Growth in the cost of adult social care arises from growth in the numbers of people needing support (who can be older or working age people), together with cost increases arising from increased packages of support to those already receiving care. The budget also included an additional "demographic contingency" of £8m per year to cater for volatility of demand – not exclusively for adult care.

9.4 The department has embarked on a comprehensive savings delivery programme, coupled with enhanced operational control mechanisms. Underlying the programme are measures aimed at creating a new culture, with more focus on supporting independent living and less reliance on expensive care packages. The department sought to secure savings of £30m per year by 2025/26, but has succeeded in making savings estimated at £48m. Some of

these savings were anticipated when the 2024/25 budget was set; some will reduce the budget further.

9.5 The savings delivery programme includes 4 workstreams:

(a) **Reducing growth in the costs of care** (minimising "double handed" care; reducing reliance on taxis; reducing residential costs to the levels of comparator authorities; finding alternatives to existing low level care packages; increased technology enabled care; new approaches to falls management; reviewing the use of direct payments; and a dedicated team to review the quality and cost of high-cost packages);

(b) **Reducing new entrants, and management of demand** (developing the preventative care offer; enhancing digital support; and reviewing our information and guidance);

(c) **Improving efficiency** (increasing the number of occupational therapy assessments; reducing duplication and overlaps in provision of care; and increasing capacity to manage overdue reviews of clients' needs);

(d) **Partnership working** (addressing imbalances between LCC & NHS contributions to packages of care; retendering the model of delivery of the Approved Mental Health Practitioner service; more effectively supporting transitions from childhood to adulthood; and advertising the passenger transport fleet to generate income).

9.6 Tightening operational control mechanisms include:

(a) **Better management of the commissioning cycle** from initial needs analysis through to market management, procurement and ultimately contract management;

(b) new tools and mechanisms for **improving social work practice**, in order to prioritise alternatives to care packages and to ensure consistency of approach.

9.7 Whilst it is difficult to say which changes have resulted in the majority of savings (which would involve asking the counter factual question of what would have happened if they hadn't been made) it is believed that tightening operational control mechanisms has been the most significant contributor.

9.8 An external review was commissioned from Catherine Underwood, former strategic director of people at Nottingham City Council. The review provides assurance that Adult Social Care are optimising opportunities for cost reductions.

9.9 The department has made savings over and above those expected last February of:

	£m
2024/25	17.1
2025/26	22.5

9.10 The budget provides for cost increases expected as a consequence of the Autumn budget, particularly the increase in providers' NI costs. The Government has now been very clear that they will not reimburse any additional NI costs other than those of our direct employees.

9.11 The table below shows the ASC budget for 2025/26 as it is now, compared with the expectation when we set the budget for 2024/25:

	Estimate in Feb. 2024 (£m)	**Now (£m)**	**Change (£m)**
ASC budget	190.3	177.6	
Contingency (also available for children's care)	8.0	2.0	
TOTAL	**198.3**	**179.6**	**18.7**

9.12 The budget for **Education and Children's Services** approved in February also provided for cost growth, both in 2024/25 and 2025/26. This can be seen from the following table:

	2024/25 £m	**2025/26** £m
Underlying budget (including SEN transport)	98.1	98.1
Growth	17.5	21.1
TOTAL	**115.6**	**119.2**

9.13 The budget reflected growth in the cost of children's care placements in 2023/24 and assumed further cost growth in 2024/25 and beyond. The majority of the increase reflects growth in the number of extremely high-cost individual residential placements rather than an increase in numbers per se. This can be seen in the average cost of a placement:

(a) In the 4 years from 2019/20 to 2022/23, average costs for new entrants reduced from £44,000 to £40,000.

(b) In 2023/24, average new entrant costs rose to £78,000 per annum.

9.14 The total budget assumed completion of work to deliver early help differently (including the outcome of a children's centres consultation, a youth services

resource review, and mental health post reductions). This work is on course to save £2m per year.

9.15 Action continues to take place to reduce placement costs:

(a) Work is taking place to develop a **placement strategy**. There is no indication that the Council is an outlier in the number of children in the care system, or in the weekly cost – rather, high cost is an indicator of a broken market with a small number of large providers making profits significantly higher than would be the case if the market was working well. Work will take place to secure sufficiency of supply which will seek alternatives to the current suppliers. Work will also take place to address a perceived shortfall in contributions to placement costs received from the NHS;

(b) Work is taking place to reduce our reliance on **agency social workers** by developing multi-disciplinary teams (where staff who are not registered can play a greater role); implementing plans to grow our own social workers; and improving what we can offer to social workers joining the council (improving conditions and professional development opportunities).

9.16 The department has made savings in the costs of children's care (compared to last year's of expectations) of:

	£m
2025/26	2.4
2026/27	1.4

9.17 The delivery of savings in social care will be monitored through a suite of management information dashboards, which can also be shared with the scrutiny function. We are already seeing results in 2024/25 with reductions in average placement costs.

9.18 Work has also taken place to reduce pressure on budgets for **transport** of children with education, health and care plans, including proposals to change the policy for post 16 children (subject to consultation) and to encourage the use of personal transport plans. Demand for transport is already falling for post 16 children, but costs and demand continues to rise for other children. A pressure of £0.8m is built in to the 2025/26 budget, rising to £1.8m by 2027/28.

9.19 A further increase to the budget of £1m per year has been made in respect of other pressures – legacy costs from the city catering service and cost pressures in the disabled children's service.

9.20 As a consequence of the above measures, the demographic contingency has been reduced to £2m per year. This does carry some risk in the event of an unexpected rise in demand.

9.21 The budget for **homelessness** is under severe pressure due to increased numbers of households presenting as homeless. This national issue arises from a shortage in the availability of affordable housing, compounded by housing benefit not having kept pace with rising rents, and the impact of the previous Government accelerating asylum decisions. The Council has invested in new housing in order to provide better (and cheaper) alternatives to hotel accommodation; nonetheless we are currently estimating that growth of £11m will be required in the 2025/26 budget. Nonetheless, activity to date is estimated to have avoided £45m of additional cost by 2027/28.

10. Savings Programme (Strand Five of the Strategy)

10.1 The strategy will require achievement of savings totalling £23m by 2027/28:

	2025/26 £m	2026/27 £m	Full Year £m
Departmental savings	10.7	18.8	20.4
Council Tax Support Scheme*	2.2	2.2	2.4
TOTAL SAVINGS	12.9	21.0	22.8

*The proposal to save £2.4m per year from the current council tax support scheme was the subject of a public consultation which closed on 10th November. This will lead to a full Council report in January. Its effect, if we go ahead as proposed, would be to increase our total council tax income.

10.2 The departmental savings can be achieved from efficiency savings and income generation which directors can action under delegated authority (indeed it is believed a significant proportion can be found in this way); or following an Executive decision on conclusion of a service review. Service reviews may require a public consultation in some cases.

10.3 The budget ceilings at Appendix 1 include the reductions implied by these savings. The savings required are summarised in the table below:

	2025/26 £m	2026/27 £m	Full Year £m
Estates & Building Services	2.3	2.8	2.8
Housing	0.7	1.0	1.0
Neighbourhoods & Environmental Services	3.0	6.7	7.2
Planning, Development and Transportation	1.9	3.9	4.0
Tourism, Culture & Inward Investment	1.5	1.9	2.3
Corporate Services	0.9	1.6	2.0

Financial Services	0.4	0.9	1.1
TOTAL	**10.7**	**18.8**	**20.4**

10.4 It is worth noting the scale of savings activity which has taken place since the budget was set in February. This can be seen in the table below:

	2025/26 £m	**2026/27 £m**	**2027/28 £m**
Savings in provisions for cost growth in Adult Social Care	22.5	22.5	22.5
Reductions in amount required for unbudgeted growth in social Care	6.0	6.0	6.0
Reduction in provisions for cost growth in children's placements	2.4	1.4	1.4
Cost reduction measures in homelessness services	6.0	27.0	45.0
Savings approved prior to this report	1.1	1.1	1.2
Savings proposed in council tax support	2.2	2.2	2.4
Savings proposed in this report	10.7	18.8	20.4
TOTAL	**50.9**	**79.0**	**98.9**

11. Corporately held Budgets and Provisions

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

11.2 A provision has been set aside for **pay awards**. The 2024/25 pay award has now been agreed, and this provision will be distributed to service departments before the final budget is set in February.

11.3 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 budget has improved 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 and we will need to borrow money. Decisions to borrow money to fund capital expenditure (elsewhere on your agenda) have led to an increase in the budget (£5m in a full year through refinancing the 2024/25 programme to release the capital fund; £2.6m to fund the 2025/26 capital programme).

11.4 **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 taxpayers suffering

hardship and other sums it is not appropriate to include in service budgets. £0.25m has been added to the budget for discretionary council tax relief in 2025/26 and 2026/27, to help mitigate the impact on those whose support will decrease. Miscellaneous central budgets are partially offset by the effect of recharges from the general fund into other statutory accounts of the Council.

11.5 A contingency has been set aside for **demographic pressures,** which will be allocated only if necessary.

12. Resources

12.1 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.

12.2 At the time of writing this report, we have only limited information about government funding expected in 2025/26, and this draft budget is necessarily based on an estimate. The provisional settlement, which will give us figures for the major funding streams, is expected shortly before Christmas.

12.3 Resource estimates in this draft budget are based on assumptions from the government's Autumn Statement. Key assumptions include:

- Additional funding will be received to meet the cost of changes to National Insurance Contribution in respect of our own staff;
- Additional Social Care grant funding of £5m per year is received;
- Other funding streams remain largely unchanged.

Business rates and core grant funding

12.4 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).

12.5 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.

12.6 The figures in the budget assume no significant growth or decline in "rates" from the current position, apart from inflationary increases. The largest element of uncertainty in the forecasts relates to the impact of appeals by businesses against the ratable values determined by the Valuation Office.

Council tax

12.7 Council tax income is estimated at £166m in 2025/26, based on an assumed tax increase of just below 5% (the maximum we believe will be allowed to set without a referendum). The 5% limit will include a "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 £3m per year.

12.8 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).

12.9 The budget includes the impact of extended council tax premiums on long-term empty and second homes, as set out in Appendix 6. This report seeks approval for a change to second homes premia such that unfurnished empty properties will be subject to the premium as soon as they become empty, rather than after a month's grace period (this brings them into line with furnished properties, and – to the extent that it doesn't have the hoped for impact of speeding up the turnaround of properties – should raise an estimated £0.6m per year). A change is also sought in respect of charges for empty, furnished properties ("second homes") to reflect guidance received from the Government in November 2024.

12.10 If the Council makes a decision to change the council tax support scheme in January, the amount of support awarded will reduce. This is reflected in an estimated additional £2.4m of council tax income.

Other grants

12.11 The majority of grant funding is treated as income to the relevant service departments and is not shown separately in the table at paragraph 6. 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 2016 and is now a significant amount. In 2024/25, our share of this funding was £36.7m; a further increase is expected, but has not yet been announced for the 2025/26 financial year.

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

is no clarity on the future of these funding streams, and no income has been assumed for 2025/26.

Other corporate income

12.13 From 2025/26, a new funding stream relating to Extended Producer Responsibility (EPR) for waste packaging is expected. At the time of writing, no information was available other than a national estimate of income amounting to £1bn. No information was available on additional costs likely to be incurred. An estimate of £2m per year (net income) has been included in this draft budget. More information has been received from Defra on 30th November, which we are still assessing. Regardless of the position, we expect waste costs to increase by up to £3m per year when there is a new contract in May 2028.

Collection Fund surplus / deficit

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

12.15 The Council has an estimated **council tax collection fund deficit** of £0.6m, 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.

12.16 The Council has an estimated **business rates collection fund surplus** of £0.8m. 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.

13. Earmarked Reserves (Strand One of the Financial Strategy)

13.1 Earmarked reserves have been set aside for specific purposes by departments. These have been reviewed, with the aim of maximising resources for the budget strategy by diverting reserves where there is no immediate need for the money, or a commitment to a third party. Appendix 5 shows the outcome of the review, which will increase resources for the strategy by £20.3m. This report includes a recommendation to put these changes into place.

14. One-Off Resources (Strands One and Three of the Financial Strategy)

14.1 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 bought time to more fully consider how to make the cuts which have been necessary in nearly every budget year.

14.2 In the last few years, the amount of reserves required to balance the budget has grown significantly so that £61m was required to balance 2024/25 when we set

the budget (although ongoing work to control costs and identify savings has since reduced this figure).

14.3 The forecast amount available at 1st April 2025 is £53.5m. The review of earmarked reserves is contributing a further £20.3m, and the capital programme report for 2025/26 (elsewhere on your agenda) proposes to release a further £90m (**strand one**).

14.4 It is intended to further increase our one off money by selling property (**strand three**). Monies received from property sales are capital receipts, and can normally only be used for capital expenditure, or to repay debt. They cannot be used to support the revenue budget. However, the Secretary of State has power to give directions such that capital receipts can be used to support the revenue budget. The Government is using directions as a tool to deal with the most pressing budget problems in local government, and informal discussions have taken place with civil servants – we will not be seeking a direction just yet, but this does not prevent us from selling property now (we will be able to use the receipts once we have the direction).

14.5 **The Secretary of State will not give a direction unless we have a credible savings programme.** We may be advised that further savings are required, over and above those anticipated in the current plan.

14.6 A sales programme has been identified, focussed on assets with a ready market, with low public impact, low strategic importance and which currently secure low returns. We are seeking to achieve £60m (net of costs of sale).

14.7 The total use of one off money to support the budget strategy is shown at paragraph 5 above, and at Appendix 4.

14.8 The Secretary of State has issued a general permission to all authorities enabling them to capitalise revenue expenditure which generates savings (this is quite separate from the £60m). A condition of using it is the submission of a strategy, a draft of which is included at Appendix 7 for your approval. This is not factored into our financial strategy, and would not increase our overall resources, but is another tool we could use to increase our options.

14.9 The Council has long held a £15m minimum working balance of reserves. This remains available as a “last resort” to fund future budget shortfalls.

15. Budget and Equalities (Surinder Singh, Equalities Officer)

15.1 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.

15.2 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.

15.3 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.

15.4 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.

15.5 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.

15.6 The budget does recommend a proposed council tax increase for the city's residents. The City Council's proposed tax for 2025/26 is £2,020.85, an increase of just below 5% compared to 2024/25. 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.

15.7 A number of risks to the budget are addressed within this report (section 16 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.

16. Risk Assessment and Estimates

16.1 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.

16.2 Assessing the robustness of estimates requires a judgement to be made, which is now hard given the volatility of some elements of the budget. The most significant individual risks are described below.

16.3 Like most (probably all) upper tier authorities, we run the risk of further demand and cost increase in adults' social care and children's placements. Furthermore, the cost of SEN transport is met from the General Fund and has been under pressure due to increasing numbers of children with education, health and care plans; and prices charged by taxi providers.

16.4 In addition to the above, we have a cumulative overspend of £9.7m on the schools' "high needs" block, which we have not had to write off against general fund reserves due to a special dispensation given by the Government. It is expected to increase to £26m this year. This is a common national issue. The dispensation is time limited, and currently due to expire on 31st March 2026. If this happens, we will have an immediate "hit" on the reserves required for this strategy, though the deadline has previously been extended and the risk of it being allowed to expire does not appear to be high.

16.5 Like many housing authorities, we run the risk of further cost pressures from homelessness. These costs are vulnerable to Government decisions about affordable rents which can be supported from the local housing allowance, national decisions about asylum policy, and continued increases in market rents.

16.6 We are also exposed to any further inflationary cost pressures, which may result from world events.

16.7 Finally, we are at risk if we fail to deliver the savings in this strategy – a key task over the coming months will be to progress these to the point of decision, and then ensure we have robust delivery and monitoring plans. As stated in paragraph 1, even if implemented the plan is only sufficient to balance the budget as far as 2027/28 (on current estimates). Unless the Government finds significant additional money by then, we will face major cuts in subsequent years: at present, we do not have a plan which is sustainable in the long term. If income in excess of our forecasts is received as a consequence of the local government finance settlement, it is not going to fundamentally change our plans. We have a substantial recurrent budget gap, forecast to be £46.7m in 24/25 rising to £90m by 27/28. We are not going to come close to bridging this.

16.8 The Overview Select Committee will clearly play an important role in monitoring the plan. At each stage of monitoring during the year (at periods 3, 6, 9 and the outturn) savings decisions made in the previous quarter will be reported and an update on progress provided. Any areas of concern will be brought to the committee's attention. Individual service scrutiny commissions may wish to receive the same information for their own portfolios.

16.9 It is also worth noting that, because of the key role of one-off monies in this strategy, there is a multiplicative effect of any risks which crystallise into annual cost pressures. For instance, an additional £5m per year of unavoidable cost will, all other things being equal, use £15m of reserves by the end of 2027/28.

16.10 Subject to the above comments, I believe the estimates made in preparing the budget are sufficiently robust to allow the budget to be approved.

16.11 The risks are mitigated in 2025/26 by the substantial level of our reserves, once the capital fund has transferred. This means that for this one year I would regard our reserves as adequate: there is limited risk of being unable to balance the budget in 2025/26 even if reserves are used in substitution for any savings which cannot be made, including those where consultation has provided reasons to pursue alternative courses of action. However, this would make it even more difficult to balance future years of the strategy, and would bring forward the point at which we would have to make further deep cuts. It is noted that there is also a £2m contingency in the 2025/26 budget and an additional contingency for demographic pressures.

16.12 If a departmental savings project fails, we would expect alternative savings to be found from within the overall departmental budget. Under the scheme of virement, the City Mayor is able to increase the relevant budget if this is not perceived to be acceptable at the time.

17. Financial, Legal and Other Implications

17.1 Financial Implications

This report is exclusively concerned with financial issues.

17.2 Legal Implications (Kamal Adatia, City Barrister & Head of Standards)

17.2.1 The budget preparations have been in accordance with the Council's Budget and Policy Framework Procedure Rules – Council's Constitution – Part 4C. The decision with regard to the setting of the Council's budget is a function under the constitution which is the responsibility of the full Council.

17.2.2 At the budget-setting stage, Council is estimating, not determining, what will happen as a means to the end of setting the budget and therefore the council tax. Setting a budget is not the same as deciding what expenditure will be incurred. The Local Government Finance Act, 1992, requires an authority, through the full Council, to calculate the aggregate of various estimated amounts, in order to find the shortfall to which its council tax base has to be applied. The Council can allocate greater or fewer funds than are requested by the Mayor in his proposed budget.

17.2.3 As well as detailing the recommended council tax increase for 2025/26, the report also complies with the following statutory requirements:-

(a) Robustness of the estimates made for the purposes of the calculations;
(b) Adequacy of reserves;
(c) The requirement to set a balanced budget.

17.2.4 Section 65 of the Local Government Finance Act, 1992, places upon local authorities a duty to consult representatives of non-domestic ratepayers before setting a budget. There are no specific statutory requirements to consult residents.

17.2.5 The discharge of the 'function' of setting a budget triggers the duty in s.149 of the Equality Act, 2010, for the Council to have "due regard" to its public sector equality duties. These are set out in paragraph 15. There are considered to be no specific proposals within this year's budget that could result in new changes of provision that could affect different groups of people sharing protected characteristics. Where savings are anticipated, equality assessments will be prepared as necessary. Directors and the City Mayor have freedom to vary or abort proposals under the scheme of virement where there are unacceptable equality consequences. As a consequence, there are no service-specific 'impact assessments' that accompany the budget. There is no requirement in law to undertake equality impact assessments as the only means to discharge the s.149 duty to have "due regard". The discharge of the duty is not achieved by pointing to one document looking at a snapshot in time, and the report evidences that the Council treats the duty as a live and enduring one. Indeed, case law is clear that undertaking an EIA on an 'envelope-setting' budget is of limited value, and that it is at the point in time when policies are developed which reconfigure services to live within the budgetary constraint when impact is best assessed. However, an analysis of equality impacts has been prepared in respect of the proposed increase in council tax, and this is set out in Appendix 3.

17.2.6 Judicial review is the mechanism by which the lawfulness of Council budget-setting exercises are most likely to be challenged. There is no sensible way to provide an assurance that a process of budget setting has been undertaken in a manner which is immune from challenge. Nevertheless the approach taken with regard to due process and equality impacts is regarded by the City Barrister to be robust in law.

17.3 **Climate Change Implications**

To follow

Budget Ceilings

[to follow]

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. The Director of Finance may vire money between budget ceilings to reflect where the savings (currently shown as summary figures in Appendix One) actually fall.

8. Nothing above requires the City Mayor or any director to spend up to the budget ceiling for any service. At the end of the year, underspends on any budget ceiling shall be applied:

   (a) Firstly, to offset any overspends in the same department;

   (b) Secondly, to the corporate reserve for future budget pressures.

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 and other inflation;

(c) The City Mayor may determine how the demographic pressures contingency and homelessness provision 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 budget ceiling, if the purposes of the reserve are within the scope of the service budget.

12. Directors may spend earmarked reserves on the purpose for which they have been created.

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

14. The City Mayor may transfer any sum between earmarked reserves.

Other

15. The City Mayor may amend the flexible use of capital receipts policy, and submit revised policies to the Secretary of State.

Equality Impact Assessment

1. **Purpose**

1.1 The Council has a legal obligation to set a balanced budget each year. There remains a difficult balance between funding services for those most in need, maintaining support for most vulnerable and the investment required to ensure the effective delivery of universal services. Council Tax is a vital funding stream for the Council to fund essential services. This appendix presents the draft equalities impact of a proposed 4.99% council tax increase.

1.2 The alternative option for comparison is a freeze on council tax at 2024/25 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 2024, there were 132,696 properties liable for Council Tax in the city (excluding those registered as exempt, such as student households).

2.2 It is assumed, for the purpose of this draft EIA, that changes to the Council Tax Support Scheme (CTSS) are approved in January. This has been the subject of a separate consultation and equality assessment.

2.3 Under the proposed new CTSS scheme, vulnerable households will be eligible for up to 100% support. Other households will be eligible for up to 75% support, limited to a Band B property.

2.4 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 who are not classed as vulnerable.

3.2 Due to the changes to the CTSS scheme (if approved), this does not show the differences between 2024/25 and proposed 2025/26 amounts payable. It compares the 2025/26 proposed amount payable with the alternative option of a council tax freeze, but assuming the CTSS changes are approved.

Band	No. of Properties	Weekly increase (£)	Minimum Weekly Increase under CTSS (£)
A-	378	1.03	0.26
A	78,159	1.23	0.31
B	26,685	1.44	0.36
C	15,353	1.64	0.56
D	6,552	1.85	0.77
E	3,384	2.26	1.18
F	1,537	2.67	1.59
G	606	3.08	2.00
H	42	3.69	2.61
Total	**132,696**		

3.3 In most cases, the change in council tax (around £1.44 per week for a band B property with no discounts; and just 36p per week if eligible for the maximum 75% reduction for non-vulnerable households 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.

3.4 Households at all levels of income have seen their real-terms income decline in recent years due to cost-of-living increases, and wages that have failed to keep up with inflation; although inflation has fallen more recently. 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 price increases.

3.5 A 1.7% uplift to most working-age benefits, in line with inflation, will come into effect from April 2025, while the State Pension and pension-age benefits will increase by 4.1%. The main exceptions are Local Housing Allowance rates which will be maintained at their 2024/25 levels. [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. 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 more cuts to services in later years (on top of the substantial cost savings already required by the budget strategy).

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 the Household Support Fund (now extended until March 2026), Discretionary Housing Payments, direct support through Council Tax Discretionary Relief (which is proposed to increase by 50% from £500,000 to £750,000 from April 2025) 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.

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.

Analysis of impact based on protected characteristic

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Age	Older people (pension age and older) are least affected by a potential increase in council tax and can access more generous (up to 100%) council tax relief. However, in the current financial climate, a lower council tax increase would require even greater cuts to services in due course. While it is not possible to say where these cuts would fall exactly, there are potential negative impacts for this group as older people are the primary service users of Adult Social Care. While employment rates remain high, earnings have not kept up with inflation in recent years so working families are likely to already be facing pressures on households' budgets. Younger people, and particularly children, were more likely to be in poverty before the current cost-of-living crisis and this is likely to have continued.	Working age households and families with children – incomes squeezed through reducing real-terms wages.	Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on managing household budgets.
Disability	Disabled people are more likely to be in poverty. Many disabled people will be classed as vulnerable in the proposed new CTSS scheme and will therefore be protected from the impact of a council tax increase. However, in the current financial climate, a lower council tax increase would require even greater cuts to services in due course. While it is not possible to say where these cuts would fall exactly, there are potential negative impacts for this group as disabled people are more likely to be service users of Adult Social Care.	Further erode quality of life being experienced by disabled people.	The proposed new CTSS scheme has been designed to give additional support (up to 100%) to vulnerable households. It also allows support at the level of the band C tax, rather than band B as applies to non-vulnerable households. Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on better managing budgets.
Gender Reassignment	No disproportionate impact is attributable specifically to this characteristic.		

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Pregnancy & Maternity	No disproportionate impact is attributable specifically to this characteristic (although see below for childcare costs; and the impacts on lone parents).		
Race	Those with white backgrounds are disproportionately on low incomes (indices of multiple deprivation) and in receipt of social security benefits. Some ethnic minority people are also low income and on benefits.	Household income being further squeezed through low wages and reducing levels of benefit income.	Access to council discretionary funds for individual financial crises, access to council and partner support for food and advice on managing household budgets. Where required, interpretation and translation will be provided to remove barriers in accessing support.
Religion or Belief	No disproportionate impact is attributable specifically to this characteristic.		
Sex	Disproportionate impact on women who tend to manage household budgets and are responsible for childcare costs. Women are disproportionately lone parents, who are more likely to experience poverty.	Incomes squeezed through low wages and reducing levels of benefit income. Increased risk for women as they are more likely to be lone parents.	If in receipt of Universal Credit or tax credits, a significant proportion of childcare costs are met by these sources. Access to council discretionary funds for individual financial crises, access to council and partner support for food and advice on managing household budgets.
Sexual Orientation	Gay men and Lesbian women are disproportionately more likely to be in poverty than heterosexual people and trans people even more likely to be in poverty and unemployed. This would mean they are more likely to be on benefits.	Household income being further squeezed through low wages and reducing levels of benefit income.	Access to council discretionary funds for individual financial crises, access to council and partner support for food and advice on managing household budgets.

APPENDIX 4

MEDIUM TERM PROJECTIONS

1. Summary Forecasts

The table below shows our central forecasts of the position for the next three years, based on the information we have at the time of writing. As funding allocations for future years have not yet been announced, this is necessarily based on some broad assumptions. A local government finance policy statement was published on 28th November; this is still being analysed and the impacts have not been included in the figures below. It now appears likely that the settlement will be slightly more favourable than our central assumptions below; but a substantial budget gap will remain.

We will receive our local settlement for 2025/26 in December; the projections will be updated for the 2025/26 budget report to Council in February. The position for 2026/27 and 2027/28 is unlikely to become much clearer until the Government's spending review is published in spring. **The forecasts are volatile**, and the key risks are described at paragraph 2 below. In particular, because we are relying on one off money to see us through to 2027/28, a change in annual spending requirement will have a multiplicative effect (e.g. an increase in spending of £5m per year from 2024/25 will lose us £20m from reserves by the end of 2027/28, all other things being equal).

	2025/26 £m	2026/27 £m	2027/28 £m
Expenditure:			
Net service budget (before savings)	447.5	493.7	540.8
Less savings and cost control (see para. 10.4)	-50.9	-79.0	-98.9
Net service budget	***396.6***	***414.7***	***441.9***
Provisions for pay inflation (including 24/25)	14.0	20.0	26.0
Provisions for other inflation	0.4	0.4	0.9
Corporate budgets (including capital finance)	3.5	5.8	6.9
Plus additional prudential borrowing	4.4	7.5	7.6
Demographic contingency	2.0	2.0	2.0
Homelessness provision	11.0	12.1	12.1
General contingency for risk	2.0	4.0	6.0
Expenditure total	**433.9**	**466.5**	**503.4**
Income:			
Council tax	165.9	172.3	178.5
Business rates (including top-up grant)	141.4	142.8	145.1
Revenue Support Grant	36.2	36.2	36.2
Social Care Grant	41.7	46.7	51.7
Other grants	2.0	2.0	2.0
Income total	**387.2**	**400.1**	**413.5**
Recurring budget gap	**(46.7)**	**(66.4)**	**(89.9)**

Reserves:	**2025/26 £m**	**2026/27 £m**	**2027/28 £m**
Balance forecast on 1st April	**53.5**	**123.1**	**56.7**
Capital Fund transfer	90.0		
Earmarked reserves review	20.3		
Required to balance budget	-46.7	-66.4	-89.9
Proceeds of asset sales			60.0
Other (Business Rates Pool)	6.0		
Balance forecast on 31st March	**123.1**	**56.7**	**26.7**

2. Assumptions and Risks

The assumptions in the forecast, and the inherent risks, are explained below.

Spending	Assumptions – central scenario	Risks
Pay costs	We assume a pay award averaging 3% each year (in addition to the recently announced award for 2025/26), as general inflation is expected to continue reducing.	Inflation has fallen since its peak of 11.1% in October 2022. It stood at 2.3% in the year to October 2024. Underlying inflation is expected to fall further, although there remains a risk that global events will affect this significantly. Increases in employers' national insurance will add to our pressures, both directly for our own employees and indirectly from our suppliers' prices. The Government intends to reimburse the former in 2025/26 but not the latter. Although energy costs have reduced, a future spike in costs could further impact our budgets.
Non-pay inflation	It is assumed that departments will be able to continue absorbing this. The exceptions are independent sector care package costs, fostering allowances, and the waste management contract; an allowance is built in for these increases.	
Adult social care costs	Demographic pressures and increasing need lead to cost pressures which are reflected in the forecasts. The effect of the mitigation measures is also reflected in the forecasts.	Adult Social Care remains the biggest area of Council expenditure, and is demand led. Small variations have a significant impact on the Council's overall budget. Underlying package costs (before any price increases) are expected to be below the amount assumed when we set the budget for 2024/25.
Other service cost pressures	Contingencies of £2m for demographic growth and £11m for homelessness have been built into the forecasts to provide some cushion against uncertainty. Aside from this, it is assumed that departments are able to find savings to manage cost pressures within their own areas. A planning provision/ contingency of £2.0m has been included for 2025/26 rising to £4.0m by 2026/27 and £6m by 2027/28.	Costs relating to children who are looked after have been increasing nationally, and are a particular risk for future years. Homelessness is also particularly volatile and a significant overspend is forecast in 2024/25. Costs assume the delivery of proposed savings for which delivery plans will be vital. Some are subject to consultation, which may result in a different decision to that currently proposed.
Departmental savings	The budget strategy assumes new savings totalling £23m by 2027/28. See section 10 of the budget report for more details.	Risk that savings are not achieved or are delayed, leading to a greater call on reserves to balance the budget.

Income	**Assumptions – central scenario**	**Risks**
Council Tax	Band D Council Tax will increase by 5.0% in 2025/26, then by 3.0% per year, in line with expected referendum limits. Council taxbase (the number of properties that pay tax) will increase by 500 Band D properties per year.	Further economic downturn leading to increased costs of council tax support to residents on a low income. Conversely, we may be permitted to set a higher tax in 2026/27 and 2027/28 – 5% was permitted in recent years for authorities with social care responsibilities. In future years with lower inflation however, it may not be tenable.
Business rates	No significant movements in the underlying baseline for business rates. Government changes to business rates (e.g. new reliefs) will continue to be met by additional government grant, in line with recent years.	We believe that the national business rates system in its current form is becoming unsustainable. The local government business rates retention system is being "patched up" considerably as a result. Long term stability seems unlikely.
Government grant	Government funding allocations continue to remain broadly flat, with little real-terms growth. In the Autumn Budget, the new government has committed to reviewing the distribution of funding "to ensure that it reflects an up- to-date assessment of need and local revenues". We do not yet have details of what this might mean in practice and in practice expect damping of authorities' gains and losses will be required. Our forecast implicitly assumes a broadly neutral effect of any funding distributional changes. We are also assuming that funding is received for the direct costs of National Insurance changes from April 2025, but not for indirect costs that will be passed on to us from suppliers. An additional £5m per year, each year, is assumed for social care. The Autumn Statement announced £600m of new funding nationally but gave no indication of how this will be distributed. Income (net of costs) from the Extended Producer Responsibility for packaging is estimated at £2m per year, until more details are available.	We do not yet have funding allocations for 2025/26 or beyond. The local government finance settlement (which will provide our own figures for 2025/26) will be announced in December and up to date figures will be included in the budget report to Council in February, together with revised assumptions for 2026/27 and 2027/28. Based on government announcements, the settlement may be better than our previous assumptions to a modest extent. The latest government figures imply that unprotected departments will suffer real terms cuts in budgets of 1.4% per year from 2025/26, according to analysis by the Institute for Fiscal Studies. This is smaller than in the previous government's plans, but still significant. Local government may (as has frequently been the case in previous years) be treated less favourably than other unprotected departments. The income, and costs, associated with the new waste packaging scheme are highly unclear.

Appendix 5

Earmarked Reserves

1. As part of the overall budget strategy described at paragraph 5.6 of the main report, all earmarked reserves have been reviewed to release funds where possible. It is recommended that earmarked reserves are consolidated, leaving only the following General Fund reserves set aside for specific purposes:

Description of Reserve(s)	Forecast Balance after spending in 2024/25 (£m)	Notes
Departmental ring fenced resources	2.6	Where conditions attach to original grant funding and other contributions
Partnership funding	10.9	Originating from joint working arrangements (often with the health service). While these may be legally part of our reserve balances, there is a clear expectation that they remain within these projects. Diverting these to other purposes would risk our ongoing relationship with partners.
Insurance Fund	3.8	Meets costs of our self-insured insurance claims. Needs to be sufficient for this purpose and is periodically reviewed by actuaries.
Severance Fund	4.7	Meets staff redundancy and other termination costs
Workforce development	4.0	A new reserve, proposed for investment in the workforce, including trainees and apprentices. Despite the budget crisis (or because of it) it is important that we maintain funds for this.
Service transformation fund	7.0	Likely to play a more prominent role in achieving savings through service modernisation. The review has identified additional funds of £1.8m in view of the scale of change required.
Building Schools for the Future	6.4	To manage lifecycle maintenance costs of the schools redeveloped under the BSF programme.

Welfare reserve	1.3	Supports welfare reform and provides welfare support more generally.
Cost of technology	7.2	Required for ongoing investment in ICT systems and development work including the implementation of a new finance system detailed in the capital programme report elsewhere on the agenda.
Elections fund	1.4	Funds future local elections
Waste reprocurement strategy	8.7	To prepare for a new contract, to take effect from May 2028
TOTAL	58.0	

2. The proposals above have identified £20.3m for the budget strategy, in addition we have added £1.8m to the service transformation fund and created a new £4m workforce planning reserve. This will enable departments to access one-off monies to support transformation work, budget savings and support investment in our workforce. A lot of this would have previously been funded from departmental reserves that have now been released to support the corporate budget strategy.

3. Members are reminded that we have a significant negative earmarked reserve. As with most authorities, we spend more than our income on the high needs schools' block. There is a special government dispensation for all authorities to maintain a negative balance, and not write it off to the general fund. Currently, the balance at the end of the year is expected to be minus £26m. The dispensation is expected to come to an end in March 2026. It is difficult to see how the Government would allow this to happen, but it remains a risk.

4. As a result of the review the following reserves will be available to support the budget strategy:

	Forecast (£m)	
Former Managed Reserve	73.8	
Release from capital programme	90.0	See capital programme report.

APPENDIX 6

Council Tax Premiums

[to follow – see para. 12.9]

APPENDIX 7

Flexible Use of Capital Receipts policy

1. The law states that capital receipts can only be used for capital expenditure, or to repay debt. They cannot be used to support revenue expenditure. However, the Secretary of State does have the power to issue directions allowing capital receipts to be used for revenue expenditure. There are two areas where this is used:
   (a) To support Councils who cannot balance their budgets. These are issued specifically to the authority concerned (with conditions);
   (b) To support transformation projects. This is a permission issued to authorities generally – the last such permission covered the period to 2024/25, and we anticipate a similar permission for 2025/26.

2. This report seeks to provide the Council with the authority to use the general permission.

3. If the permission is couched in similar terms to previous years' directions, it will enable us to use receipts to fund expenditure "that is designed to generate ongoing revenue savings in the delivery of public services and/or transform service delivery in a way that reduces costs or demand for services in future years for any of the public sector delivery partners." Severance costs can also be capitalised.

4. We do not expect to receive the precise terms of the new direction until the 2025/26 local government finance settlement is received in December.

5. Use of the permission requires a plan to be approved prior to the start of the year and sent to the Secretary of State. Once submitted, it can be updated at any time.

6. This policy is not an integral part of our budget strategy, and has been prepared solely to give us another tool to manage the budget during 2025/26. We may, for instance, use it to capitalise some revenue costs in 2025/26 and 2026/27 which would reduce the £60m we would otherwise have to seek permission from Government for to balance the 2027/28 budget. It does not give us any new resources.

<u>The Plan</u>

7. This is the first flexible use of receipts plan submitted by the Council. Consequently, no revenue expenditure has been capitalised using capital receipts prior to 2025/26.

8. Use of the flexibility will have no impact on the Council's prudential indicators, as the receipts to be used have not been factored into any other plan in 2025/26. Use of the flexibility will not affect the Council's authorised borrowing limit or operational boundary in the Treasury Strategy (also on today's agenda).

9. Should funds not be available in the severance fund or the transformation fund, we will consider using capital receipts for the following:

   (a) Development of a corporate operating model, as recommended by a finance challenge review carried out by the LGA - up to £4m;
   (b) Severance costs arising from delivery of the savings described in the budget report (see above) – up to £4m.

10. The scheme of virement (Appendix 2) delegates authority to the City Mayor to make amendments during the year and submit a revised plan to the Secretary of State.

Appendix C

Leicester City Council

Primary Care Access and Recovery Plan 24/25

Health and Overview and Scrutiny Meeting

Date of meeting: 21/01/2025

Lead director/officer: Rachna Vyas

Useful information

■ Ward(s) affected: Not applicable.

■ Report author: Seema Gaj, Senior Integration and Transformation Manager and Nisha Patel, Head of Integration and Transformation

■ Author contact details: Seema.gaj@nhs.net

■ Report version number: V.1.0

1. Summary

In April 2024 NHS England (NHSE) published the Delivery plan for recovering access to primary care. This report provides an update on the actions for this financial year (2024/25). The delivery plan set out key deliverable actions for Leicester, Leicestershire and Rutland (LLR) Integrated Care Board (ICB) to implement during 2024-25. The key determinant of this delivery plan is to tackle the 8am rush, improve access in primary care, reduce bureaucracy, improve primary and secondary care interface and support primary care move towards digital systems.

The purpose of this report is to provide the Health and Overview Scrutiny Committee with an update on progress made by LLR ICB on the implementation and delivery of NHSE Primary Care Recovery Plan (PCARP) since the report was presented in July 24.

2. Recommendation(s) to scrutiny:

Health and Overview Scrutiny Commission are invited to:

- **RECEIVE** and **NOTE** the content of this report that describes Leicester, Leicestershire and Rutland Integrated Care Board's progress to date in delivery of the 24/25 Primary Care Access Recovery Plan.

- **RECEIVE** and **NOTE** the Leicester City position (where data available) in delivery of the 24/25 Primary Care Access Recovery Plan, access to general practice and other key areas of transformation that support overall access to General Practice.

3. Detailed report

Introduction

1. In April 2024 NHS England issued a note to Integrated Care Boards, (ICBs), entitled "NHS England – Delivery plan for recovering access to primary care: update and actions for 2024/25" which have been implemented as part of the delivery plan.

Primary Care Access Recovery Plan (PCARP) Report History

2. In July 24, a paper entitled "*Primary Care Access Recovery Plan 23/24 and 24/25 – Delivery report for 23/24 LLR System-level Access Improvement Plan and planning for 24/25 delivery*" was presented to the Health and Overview Scrutiny Board.

3. This report provided a detailed update on the 2023/24 achievements and relative year end position against metrics within the recovery plan. It is envisaged that a

detailed end of year report for this financial year will be requested by NHSE and will also be shared with the Health and Overview Scrutiny Board.

Purpose of Report

4. As per the guidance, this progress report will provide an update on LLR ICB's ongoing plans to improve access to primary care, in the following key areas: -
   - Increase the uptake of NHS App usage across LLR.
   - Self-referral pathways available to support improved access.
   - Increase usage of Community Pharmacy services to our local population which includes Pharmacy First, Blood pressure testing and oral contraceptive services.
   - Increase access through Digital & telephony services that support tackling the 8am rush.
   - Reduce bureaucracy and improve collaborative working between primary and secondary care.

5. The report describes the current position against all the 2024/25 recovery plan requirements and priority actions for progressing further in 2024/25 and on into 2025/26, along with any risks to that progress. A Leicester City position (where data available) is also provided against the actions and other key metrics and programmes of work that support overall access to General Practice.

Background

6. Continuing to improve timely access to primary care is an NHS priority and a core part of recovery in the NHS planning guidance for 2024/25. The second year of the delivery plan for Recovering Access to Primary Care, (PCARP), is about realising the benefits to patients and staff from the foundations built in year 1 in the following four priority areas.

   - Empowering Patients
   - Implementing Modern General Practice Access
   - Building Capacity
   - Cutting Bureaucracy

7. The overarching requirement is to continue to break down the barriers patients face and make it easier for them to access care, while taking pressure off general practice. Appendix 1 provides a summary of the National Expectation from ICBs to implement the above by setting targets during 24/25 and progressed through the year.

Primary Care Access Recovery Plan 2023/24 and 2024/25

8. Outlined within Table 1 is the Leicester Leicestershire and Rutland ICB position at year end for 2023/24 and the current position for 2024/25 with an aligned 'RAG' rating for each action.

Table 1; Overall LLR ICB 2023/24 Year-end and 2024/25 YTD Position

2023/24 Actions	2023/24 Year End Position	RAG	2024/25 Actions	2024/25 YTD Position	RAG
Enable patients in over 90% of practices to see their records and practice messages, book appointments and order repeat prescriptions using the NHS App by March 24	NHS App active in 100% practices	G	Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions.	NHS App logins have increased by 94% (total 6,032,311) YTD (Apr- Dec) compared to the same period in 2023/24 which was 3,103,808. Repeat prescriptions has increased by 40% (total 675,281) YTD (Apr- Dec) compared to the same period in 2023/24 which was 483,497.	G
Ensure ICBs expand self-referral pathways by September 2023(23/24 Operational Planning Guidance)	LLR achieved a baseline average of 5215 referrals for 1st January 2024 to the 31st March 2024 for the 7 self referral pathways. (see appendix 3 for pathway information)	G	Continue to expand Self-Referrals to appropriate services, including expanding the number of pathways as per latest guidance. (see appendix 2 for all pathway information)	For 2024/25, the self-referral monthly target is 5,465. Apr to Sept data shows LLR have exceeded the target each month.	G
Launch Pharmacy First so by the end of 2023 community pharmacies can supply prescription medicines for seven common conditions. **Expand pharmacy oral contraception (OC) and blood pressure (BP) services this year**	Pharmacy First (PF) launched at the end of January 2024 and delivery in Q4 23/24 exceeded expectations, Community pharmacy contraception service and blood pressure checks showed strong, consistent growth through 23/24	G	Increase Pharmacy First Pathways consultations Increase oral contraception prescriptions coming directly from a Community Pharmacy Increase Community Pharmacy Blood Pressure check appointments	Pharmacy First growth continued strongly in Q1 2024, but then flatlined and dipped in Q2. The causes are primarily linked to the introduction of Multi Factor Authentication and the IT challenges this presented to general practice. A solution is now in place and unverified data has already shown an increase in referrals to the services. Since the launch of Pharmacy First, over 90,000 consultations have taken place (Jan 24 – Nov 24) Blood Pressure and Oral Contraception services continue to show strong growth	A

Support all practices on analogue lines to move to digital telephony, including call back functionality, if they sign-up by July 2023.	99% of LLR Practices live with Cloud based telephony.	G	Complete implementation of better digital telephony. *(NHSE metric is Percentage of PCN practices meeting CAIP payment criteria, >90%)*	100% of practices have transitioned to cloud-based telephony. 100% of practices have signed the NHSE data Provision notice which will enable NHSE to centrally extract call data and share with ICBs in Q4 this year. January 2025 16 out of 25 PCNs have confirmed implementation of Better Digital Telephony Call back functionality enabled and it is expected that the remaining will submit confirmation in April 2025.	A
Provide all practices with the digital tools and care navigation training for modern general practice access.	All practices have access to online consultation platform, a local referral system which supports practices with making referrals to other services/pathways. PCNs provided assurance in the end of year assessment that care navigation training had been completed and implemented within each practice. All PCNs have provided assurance within the CAIP Payment assessment process of Care Navigation training and implementation	G	Complete implementation of highly usable and accessible online journeys for patients *(NHSE metric is Percentage of PCN practices meeting CAIP payment criteria, >90%)*	PCNs are expected to provide assurance to the ICB that they have transitioned to cloud based telephony systems, continue to use digital tools to support patient pathways and practices have implemented care navigation. PCNs are expected to submit this in January 2025 and April 2025. 13 (50%) out of 25 PCNs have confirmed implementation of all 3 domains All remaining PCNs will submit their assurance reports by 7th April 2025. January 2025 13 (50%) PCNs have confirmed implementation of all 3 domains	A
Provide all practices with the digital tools and care navigation training for modern general practice access.			Complete implementation of faster care navigation, assessment, and response *(NHSE metric is Percentage of PCN practices meeting CAIP payment criteria, >90%)*		

				All remaining PCNs will submit their CAIP Plans by 7th April 2025 – NHSE deadline.	
Deliver training and transformation support to all practices from May 2023 through National General Practice Improvement Programme.	29 LLR practices completed General Practice Improvement Programme 63, (50%) of practices accessed national Transformational Support Funding that supports transition to 'modern general practice' as per the guidance.	G	Continue to encourage practices to participate in local and national transformation/improvement support programmes.	All but 11 practices have claimed transformation/ improvement support funding. This year, 19 practices are participating in a general practice improvement programme. The ICB continues to work with practices to promote support programmes and national funding opportunities through various practice and PCN forums and through targeted 1-2-1 conversations.	A
Further expand GP specialty training.	In LLR, 47 fellows received training in year 1.	G	Continue with expansion and retention commitments in the Long-Term Workforce Plan (LTWP).	Since the NHSE programme closed to new applicants, the LLR Training Hub has set up a local scheme to support new GPs. To date, 12 doctors and will receive a similar offer to the NHSE programme which includes full access to CPD programme, peer support and mentoring.	G
Reduce time spent liaising with hospitals by improving the interface with primary care, especially the four areas (Academy of Medical Royal Colleges	LLR healthcare partners have co-produced 'interface' handbook which has been endorsed by Chief Medical Officer and Medical Directors across the organisations and includes a	A	Make further progress on implementation of the four Primary Care Secondary Care Interface Arm recommendations.	Please see appendix 3 which describes the LLR position against the four key areas of focus when it comes to improving the interface and reducing bureaucracy between primary and secondary care.	A

report Autumn).	clinician-to-clinician policy which both primary care and secondary colleagues have developed collaboratively.			Detail on local actions that have been implemented or are in train is also included which supports the overall agenda. The LLR system continue to work in collaboration to improve relationships, processes and pathways between services to improve patient care transitions and overall better patient outcomes and experience.	
Online registration			Make online registration available in all practices.	By 30th October 2024, 100% of LLR practices enrolled in the register with GP service.	G

9. Overall, the LLR ICB delivered against the actions for 2023/24 with the exception of Primary and Secondary Care Interface, which the local position was in line with neighbouring systems.

10. The 2024/25 position is work in progress, with positive developments to date as per the update above. Actions that have been rated as 'amber', have robust plans and assurances processes in place, to ensure they are achieved by the end of the financial year.

Leicester City 2024/25 progress for Primary Access Recovery

11. The data and narrative in table 2 below, are specific progress and achievements to date for 2024/25 for Leicester City Place (Leicester City GP Practices) against the actions in the Table 1 above (where Leicester City specific data is available) and wider other supporting data for overall access and areas of transformation in Leicester City. Next steps and assurance mechanisms are also detailed where appropriate to support the actions that have not been achieved.

Table 2; Leicester City year to date position for 2024/25

Action/Metric	Achievement/Progress to date	Next steps (where applicable)
Primary Care Access Recovery Actions		
Increase use of NHS App and other digital channels to enable more patients to access to their prospective medical records (including test results) and manage their repeat prescriptions	NHS App logins have increased by 89% (total 1,477,267) YTD (Apr- Dec) compared to the same period in 2023/24 which was 783,079. Repeat prescriptions has increased by 41% (total 129,008) YTD (Apr- Dec) compared to the	ICB continue to promote the use of NHS app through local and national communication campaigns as well as using opportunities at local events and through practice/patient forums to encourage sign up and show benefits of it.

	same period in 2023/24 which was 91,658.	
Increase Pharmacy First Pathways consultations	Since the launch of the service on 31/01/24 until 30/11/24, Leicester City GP Practices have made a total of 13,257 referrals. This is broken down into 2,388 referrals to clinical pathway services (which are treatable by antibiotics) and 10,869 to minor illness condition pathway (treated by advice / over the counter medicines.	LLR ICB working alongside the Local Pharmacy Committee continue to engage with general practice and PCNs to encourage use of the services and support relationship building through a targeted approach.
Complete implementation of better digital telephony. **Complete implementation of highly usable and accessible online journeys for patients** **Complete implementation of faster care navigation, assessment, and response**	100% of Leicester City practices have transitioned to cloud-based telephony. 5 of the 10 city PCNs have confirmed implementation of the two domains.	The remaining PCNs are expected to submit their confirmation for the two domains by April 2025. ICB will continue to support PCNs where required to do this.
Continue to encourage practices to participate in local and national transformation/improvement support programmes.	8 City practices are currently participating in the local and national GP improvement programmes which support practice with transitioning to modern general practice and identifying opportunities to deliver effective and efficient patient care within their practice.	ICB continue to support and encourage practices to participate in these programmes, promoting the benefits for the practice and patients they serve.
General Practice Appointments – October 2024		
Metric	**Achievement/Progress to date**	
Total number of appointments delivered	A total of 267,552 appointments were delivered, this is 16% increase compared to previous year (230,180).	
Total appts delivered within 2 weeks (routine appointments) – target 85%	90% of appointments were delivered within 2 weeks. This is a 4% improvement from the previous year (noting patients may not need to be seen or request that they are seen after 2 weeks).	
Percentage of face-to-face appointments – target 70%	71% of appointments were delivered face-to-face, this is a 5% reduction from the previous year. However, through the improved care navigation and offering patients appointment options, more patients are choosing online or telephone appointments to support flexibility and personal circumstances (where appropriate)	
Percentage of practices delivering 75 clinical contracts per 1000 population – target 100%	98% of practices are delivering against this metric and this was the same the previous year.	
Primary Care Networks Enhanced Access – October 2024		

Total number hours delivered by Primary Care Networks as evening and weekend appts	PCNs delivered a total of 6,636 hours during evenings and Saturdays in October, against a target of 4,865 hours. These additional appointments general practice to focus on preventative care, long term condition management by having longer appointments and taking a holistic approach. PCNs also offer routine services such as screening, flu vaccines and phlebotomy clinics for patients who may find it difficult to attend during core GP hours.

Local initiatives and areas of transformation supporting access recovery

12. LLR ICB continue to support general practice with IT infrastructure, which includes clinical system provision that supports the delivery of core services, ensuring equipment is up to date and having a programme in place to replace this when required and having IT support available, 7 days a week.

13. Growing and strengthening primary care workforce still remains a key priority for LLR and the LLR Training Hub is a key driver for this, who support delivery of the initiatives within the recovery plan (referenced in table 1). The ICB workforce team continue to support PCNs to maximise the funding for the Additional Roles Reimbursement Scheme (ARRS) and most recently (October 2024) the added role of a newly qualified GP. To date, six PCNs have recruited to this post.

14. Same day access to primary care is a key priority for LLR and a proposed model of care has been developed based on local and national intelligence for implementation in 2025/26. This programme of work is in development and engagement with health and care partners as well as patients and public on the proposal and timelines will commence in March 2025.

15. LLR ICB have commissioned additional winter capacity in general practice and PCNs to support the pressures this year. Over 11,000 additional same day appointments will be delivered during December 2024 to March 2025 via PCNs Monday to Friday and Oadby Urgent Treatment Centre, 7 days a week.

Summary

16. Access to primary care and delivery of effective and responsive services will remain a priority for our patients and public. The progress made to date on the delivery of the access recovery plan, has built strong foundations to improve this further and transform services for the local population.

17. Effective capacity and demand management by practices and PCNs is the key to unlocking the resource and expertise to provide that timely care, whether that is for same day care or routine, but to ensure that the patient is ‘seen’ by the right service, first time.

18. Delivery against the national access recovery plan not only supports the overall improvement in access to primary care, but also positively impacts wider and health and care system and supports delivery of the LLR Joint 5-year plan strategic objectives.

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

4.1 Financial Implications
Signed:
Dated:

4.2 Legal Implications
Signed:
Dated:

4.3 Equalities Implications
Signed:
Dated:

4.4 Climate Emergency Implications
Signed:
Dated:

4.5 Other Implications
Signed:
Dated:

5. Background information and other papers: ICB Board December 2024

6. Summary of appendices:

Appendix 1 Primary Care Access Recovery Plan – National Expectations

Appendix 2 – Self-referral pathways

Appendix 3 – Primary and Secondary Care interface

Appendix 1: National Expectation
The following Table summarises the national expectations for improvement.

TABLE 1: NATIONAL EXPECTATION	
NHS App	An increase in the number of patients viewing their records (national increase from 9.9 million to 15 million a month) An increase in the number of patients using the NHS App to order repeat prescriptions (national increase from 2.7 million to 3.5 million per month).

TABLE 1: NATIONAL EXPECTATION	
Self – Referrals	Increase self-referring (national increase, across all pathways, a further 15,000 patients a month by the end of March 2025).
Community Pharmacy services	A growth in the monthly patient volumes across all three Community Pharmacy services; BP, oral contraception and Pharmacy First;(national increase at least 71,000 blood pressure check consultations; 25,800 oral contraception consultations; and 320,000 Pharmacy First clinical pathways consultations by end of March 2025).
Digital access & telephony	Implementation of Modern General Practice Access with practices making full use of digital telephony capabilities - including callback functionality. Primary Care Networks, (PCNs) and member practices, meeting Capacity and Access Improvement Payment, (CAIP); assurance on implementing a single view of all requests whether online, phone or walk in, through the use of digital tools, each of which includes structured data to support the assessment and streaming to the appropriate response. All practices offering an online patient registration service (by December 2024)
111	PCN Clinical Directors using nationally shared data on the number of calls to 111 in core hours to support quality improvement. Practices only divert to 111 in exceptional circumstances.
General Practice Improvement Programme	Locally owned delivery of transformation support, utilising funding and national support through the General Practice Improvement Programme
Training & Development	More GPs and, through Long Term Workforce Plan, growth in GP specialty training (50% national growth in GP training places to 6,000 by 2031/32, 500 more GP specialty training places in 25/26).
Less Bureaucracy	GPs and their teams spending more time treating patients and less time managing paperwork.
Primary-Secondary interface	Improving the primary-secondary interface with “significant progress on implementation” recognising the benefits for patients and staff

Appendix 2 – List of self-referral pathways – pathways in green are the initial 7 services NHSE asked ICBs to focus on in 2023/24.

Weight management	Ear, Nose and Throat Service	Treatment Room Nursing Service
Musculoskeletal & Physio	Prosthetic Service	Neurology Service
Podiatry Service	Enablement Service	Urgent Care Service
Wheelchair Service	Integrated Multidisciplinary Team	Vulnerable Children's Service
Audiology	Counselling Service	Diabetes Service
Falls response	End of Life Care Service	Occupational Therapy Service (Community Therapy)
Community podiatry	DQ - Public Health & Lifestyle	Clinical Psychology Service
Continence Service	Diagnostic Service	Arts Therapy Service
Respiratory Service	Orthoptist Service	Long Term Conditions Case Management Service
School Nursing Service (MH Support Team for School?)	Family Support Service (Child & Family Support Service)	Dermatology Service
Cardiac Service (Heart Failure Service)	Gastrointestinal Service	Community Bed-based intermediate Care Service (CoHo Inpatient Service)
Speech & Language Therapy Service	DQ - Intermediate Care Service - 51:54	Tissue Viability Service
Rehabilitation Service	Phlebotomy	
Public Health & Lifestyle Service	Haematology Service	
Children's Community Nursing Service	Community Paediatrics Service	
Crisis Response Intermediate Care Service	District Nursing Service	
Health Visiting Service	Cancer Service	
Specialist Palliative Care Service	Respite Care Service	
Nutrition and Dietetics Service	Pain Management Service	
Community Dental Service	Rheumatology Service	
Reablement Intermediate Care Service (residential reablement)	DQ - Sexual Health Service	
Vulnerable Adults Service	DQ - Nutrition & Dietetics - 55:56	

Appendix 3 – Primary Care and Secondary Interface

The following actions are recommended to take place in a secondary care setting to avoid patients being referred back to general practice and clarify actions the practice needs to take following a referral.

Action	LLR Position
Complete care (fit notes and discharge letters)	**Fit notes issued in secondary care rather than patient having to request from primary care.** **Level 1** - Fit notes (handwritten or electronic) are routinely issued by secondary care for outpatients and inpatients, for the full appropriate estimated time period. The process has improved significantly over time. **Discharge letters from secondary care to include an action section for GP practices** **Level 1** - 'GP Actions' section is routinely included on the front page of discharge letters and 'GP Actions' are clearly listed under a separate headed section on outpatient letters, as well as a description of the medications that will need reconciliation with rationale for any changes. More work is needed to ensure the recommended template is used consistently by all outpatient departments.
Onward referrals within trusts	**When a GP makes a referral to secondary care, ensuring it reaches the correct speacialty, without the patient being referred back to their GP practice.** **Level 1** - Widespread and consistent use of onward referrals for immediate needs e.g. two weeks referral
Clear points of contact within each provider	**(Secondary care to have leads to support interface with providers)** **Level 2** - Level 1 + trust has a dedicated, overall named lead (such as a primary care liaison officer) for resolving issues and improving the interface with primary care-Portal used by PC to raise issues with PC liaison officer.
Call /recall	**Ensuring a robust process is in place in secondary care to ensure patients are recalled for reviews following their care.** **Level 1** – This level relates to secondary care having a manual processes in place for patient letters regarding appointment dates and times as well as for booking follow-up tests.

Other key deliverables to date:

IDENTIFY LEADERSHIP/ACCOUNTABILITY FOR THE INTERFACE ON YOUR TRUST'S BOARD

Currently covered by Deputy Medical Director but Trust has already advertised specifically for Associate MD for Interface Working. Nationally would be useful to ensure we have clear lines of accountability within the ICB (Medical Director and Chief Exec) to support with this.

APPOINT A "PRIMARY CARE LIAISON OFFICER"

Currently, we have someone in this position, but there is a need for a unified and structured direction for this role. Adding national standards and support for this role could significantly improve communication and coordination in primary and secondary care.

PARTICIPATE IN OUR INTERFACE COMMUNITY OF PRACTICE

ICB Deputy Chief Medical Officer and UHL Consultant are members of the "COP".

ESTABLISH/JOIN LOCAL INTERFACE GROUPS

Currently LLR has Transferring Care Safely Group with membership from senior leaders across ICB, all providers, Healthwatch and LMC.

INDUCTION AND ONGOING TRAINING OF STAFF TO REFERENCE THE INTERFACE

Currently we support with Junior Doctor Induction but a more structured and developed programme is required to ensure all healthcare staff understand the complexities of the interface issues. A clear national directive could support the development of standardised training materials and processes, helping staff understand and implement policies and procedures accordingly.

Appendix D

Leicester City Council

Smoking and Vaping in Leicester

Leicester City Scrutiny Commission

Date of meeting: 21/1/25

Lead director/officer: Rob Howard

Useful information

- Ward(s) affected: All
- Report author: Jo Atkinson, Deputy Director of Public Health
- Author contact details: 0116 454 2032
- Report version number: 3

1. Summary

Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country. Whilst over time Leicester has seen a decline in smoking prevalence, it is still estimated that 14.6% of residents smoke, compared to 11.6% nationally. Smoking is increasingly confined to the poorest communities, thus widening health inequalities.

Action to reduce smoking rates has been taken over many years both nationally and locally. This report outlines the current position and some of the action that is being undertaken including the Tobacco and Vapes Bill as well as local action such as the implementation of the Leicester Tobacco Control Strategy.

2. Recommendation(s) to scrutiny:

Leicester City Scrutiny Commission are invited to:

- Read and comment on the current position regarding smoking and vaping in the city and action being taken to tackle reduce rates of smoking and tobacco use.
- Offer suggestions regarding further areas of action that could be taken.

3. Detailed report

3 Introduction

Tobacco is the single most important entirely preventable cause of ill health, disability and death in this country. Whilst over time Leicester has seen a decline in smoking prevalence, it is still estimated that 14.6% of adults smoke compared to 11.6% nationally. Smoking attributable hospital admissions and mortality both continue to be significantly higher than the regional and national averages. It is estimated that nearly 350 lives are lost each year through smoking related illness.

The harmful effects of tobacco on the health of an individual and to those around them are widely acknowledged, as smoking is a major risk factor for many diseases such as cancer, heart disease, stroke, lung diseases, diabetes, and chronic obstructive pulmonary disease (COPD)[4], and adversely affects fertility and maternal health.

There are several different forms of tobacco consumption, each with their own distinct health risks. Smoking tobacco is the most common type consumed by inhaling harmful chemicals directly into the lungs by smoking cigarettes, cigars or a pipe, increasing the risk of respiratory and cardiovascular diseases[1]. Shisha (also known as hookah, or

[1] Smoking, the Heart and Circulation – ASH

waterpipe) is where flavoured tobacco is smoked through a filtered water pipe. Despite the water filtration, shisha exposes users to significant toxins over prolonged social smoking sessions[2]. Chewing tobacco is a South Asian tradition also known as paan, bidi or gutkha, it consists of chewing tobacco, areca nut and sometimes sweeteners and spices wrapped in a betel leaf. Chewing tobacco significantly increases the risk of oral cancers and gum disease as it is held against soft tissues in the mouth, releasing harmful toxins directly onto the oral mucosa[3].

Smoking is increasingly confined to the poorest communities, thus widening health inequalities. The difference in life expectancy between smokers and non-smokers (irrespective of wealth) is approximately 10 years. The poorest in our society, and therefore the least able to afford to smoke, represent the greatest proportion of the smoking population.

A higher percentage of men smoke than women; 15.9% of men compared to 13.4% of women[4]. Those who are aged 20-34 are significantly more likely to smoke than the Leicester average, and 16-19 year-olds and those 65+ are significantly less likely to smoke[5]. Smoking rates vary by ethnicity. White British or White Other residents are significantly more likely to smoke than the Leicester average, while Asian/Asian British and Black/Black British are significantly less likely to smoke[6].

4 Target groups:

As well as targeting the most disadvantaged areas of the city, there are a number of other target groups who either experience high smoking rates or are at higher risk of harm:

4.1 Children and young people

It is estimated that over 80% of smokers start before the age of 20. People who start smoking under the age of 18 have higher levels of nicotine dependence compared to those starting over 21 and are less likely to make a quit attempt and successfully quit[15].

Evidence suggests that children are four times more likely to take up smoking if they grow up in households where people smoke[16] and in Leicester one in three children have a parent or carer who smokes[17]. Young people are heavily influenced by their adult role models, therefore supporting adult smokers to quit is one of the most effective ways to prevent young people from taking up smoking[18].

Children are particularly susceptible to the effects of second-hand smoke and are more likely to suffer second hand smoke related ill health, such as respiratory infections, asthma, severe ear infections and sudden infant death syndrome[19].

Smoking among young people is twice as common among those from disadvantaged backgrounds[20], transferring inequalities in smoking rates from generation to generation.

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[2] Shisha - BHF
[3] Areca nut and betel quid chewing among South Asian immigrants to Western countries and its implications for oral cancer screening - PMC
[4] Smoking Profile - Data | Fingertips | Department of Health and Social Care
[5] Leicester Health & Wellbeing Survey 2018
[6] Leicester Health & Wellbeing Survey 2018

3.5% of young people in Leicester currently identify as regular smokers, however the smoking rate is much higher amongst children in care, with approximately 12% of Leicester's children in care reporting regular smoking[21].

Whilst smoking amongst children and young people remains a priority, the increase in children and young people vaping is also an area we will monitor. Although local data around youth vaping is currently limited, it is estimated that 12% of those aged 10-15 have tried e-cigarettes[22].

4.2 Those with mental health illnesses

Smoking rates are higher in those with mental health illness and they increase with the severity of the mental health issues[30]. 40% of people with schizophrenia smoke over 20 cigarettes a day and over one-third of cigarettes smoked in England are smoked by people with severe mental illness[54]. People with diagnosed mental health conditions are at greater risk of health inequalities, dying an average of 10-20 years earlier than those who do not suffer with mental ill health and smoking contributes significantly to this. As well as being far more likely to smoke than the general population, those with mental ill health also tend to smoke much more heavily than other smokers. Quitting smoking has been associated with many benefits to both physical and mental health in those with mental ill health, including reduced depression, anxiety and stress, and improved positive mood and quality of life[33].

4.3 Pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby, with a higher risk of many poor birth outcomes, including perinatal mortality (still birth and neonatal death) and miscarriage[11]. In 23/24, 7.4% of women were recorded as smoking at the time of delivery (SATOD) in Leicester, this is a significant reduction on previous rates and is now the same the national rate. The aim is to reach the national tobacco control plan target of 6% SATOD prevalence.

Pregnant women living in areas of deprivation have higher rates of smoking compared to those living in less deprived areas. Smoking in pregnancy rates are also significantly higher in women under the age of 25.

4.4 Those living in social housing

Housing tenure is a strong predictor of smoking status, with those living in social housing being significantly more likely to smoke than those who own their own home, leading to greater smoking related inequalities amongst this group[42]. Nationally it is estimated that 1 in 3 of those living in social housing smoke based on an ASH UK report from 2022.

This increases the likelihood of social tenants suffering the effects of smoking-related ill health, or second-hand smoke exposure. Children are particularly vulnerable if they live in a home where smoking is permitted indoors.

5 National Action - Tobacco and Vapes Bill

The Tobacco and Vapes Bill was introduced in parliament on 5th November 2024 and represents a significant public health initiative aimed at creating a smoke-free generation and addressing concerns related to vaping among young people. A central provision of

the bill is the generational ban on tobacco sales, making it illegal to sell tobacco products to individuals born on or after 1 January 2009. This measure intends to progressively eliminate smoking by raising the legal age for tobacco purchase annually, ensuring that future generations remain smoke-free.

In addition to the tobacco sales ban, the bill introduces several measures to regulate vaping products and their appeal to young people. It proposes restrictions on vape flavours and mandates plain packaging to reduce the attractiveness of these products to children. The inclusion of the retailer licensing scheme ensures that businesses selling tobacco and vaping products must obtain a licence, enabling the local authority to better monitor sales, enforce compliance, and tackle illicit trade effectively. The bill also seeks to expand smoke-free areas to include specific outdoor spaces such as children's playgrounds, and areas outside schools and hospitals, thereby reducing exposure to second-hand smoke and promoting healthier environments.

As of December 2024, the bill has successfully passed its second reading in the House of Commons and is currently under detailed examination in committee. The government anticipates that, upon receiving parliamentary approval, the new age restrictions on tobacco sales will come into effect on 1 January 2027. The proposed regulations on vaping products and the expansion of smoke-free areas are expected to be implemented following public consultations and the development of specific guidelines.

Separate from the Tobacco and Vapes Bill, the government has announced a ban on disposable vapes, which will take effect from 1st June 2025. This independent initiative is driven by environmental and public health concerns. Disposable vapes contribute significantly to plastic waste and pollution, as they are single use. The ban also aims to address the rising popularity of these products among young people, who are attracted by their low cost and variety of flavours. By targeting disposable vapes, this measure complements the broader objectives of the Tobacco and Vapes Bill but operates independently from the legislative process of this Bill.

6 Leicester's Tobacco Control Strategy

Leicester tobacco control strategy 2024-2026

In March 2024, a Tobacco Control Strategy for the city was launched. The strategy sought to build on the local progress resulting from the previous 2020-2022 strategy.

The vision is to achieve "A smoke-free Leicester – to make Leicester smoke-free by 2030".

Whilst many positive achievements have contributed to reductions in prevalence, there is still a long journey ahead to achieve national ambitions. The key priorities locally are:

- Partnership working to address tobacco control within Leicester City
- Achieving a smoke free generation (when the number of smokers in the population reaches 5% or less)
- Smoke free pregnancy for all
- Reducing the inequality gap for those with mental ill-health
- Deliver consistent messaging on the harms of tobacco across the system

- Continue to improve the quality of our services and understand impact through data collection

A range of approaches to reducing smoking prevalence are being implemented such as training workforces to raise the issue of smoking with people and signposting to smoking cessation services, encouraging smoke-free places and policies, running communication campaigns to increase awareness and taking action to reduce the sale of illicit tobacco and e-cigarettes. There is a particular focus on groups with the highest prevalence of smoking and those who are most at risk of tobacco-related harm such as those living in the areas of highest deprivation, those living in social housing, pregnant women, care-experienced young people and those with mental health problems. More detail on some of this work is included below:

6.1 Protecting people from smoke

Smoke at any level of exposure is unsafe and can cause harm. To achieve our priority of a smoke-free generation we are supporting smoke-free workplaces, mental health units and hospital sites as well as encouraging smoke-free homes. The effective implementation of smoke-free spaces can protect people from exposure to second-hand smoke and help smokers to reduce their tobacco use.

There are also environmental benefits such as the reduction of cigarette litter. Making smoking less visible also decreases the exposure children and young people have to smoking and is more likely to encourage healthier behaviours. Leicester's smoke-free agenda seeks to reduce the level of smoke exposure to target audiences through effective partnership working, better connecting systems and uniting residents through the 'step right out' programme to make public and private spaces smokefree.

Step Right Out is a campaign that provides tools for frontline workers to gain the capability and knowledge to open conversations about how to maintain a smoke-free home. A pledge to maintain smoke-free homes raises awareness of the harms of second-hand smoke and builds trust in a city-wide intervention.

6.2 Care-experienced young people

The vision for this programme of work is for care experienced young people to enjoy smoke-free lives in parity with young people in the general population. The programme addresses a number of key areas, including provision of training and support to staff and carers who work with care-experienced young people to support preventing the uptake of smoking and maintaining smoke free environments, along with development of a bespoke model of support for those who already smoke.

6.3 Social housing

Leicester's public health team and housing department have been working in collaboration to support tenants by raising awareness of the impact of smoking and second-hand smoke and signposting tenants who smoke to smoking cessation services.

Increasing the knowledge, confidence and capability of workforces outside of public health allows staff to use the many interactions they have with the population to support them to make healthy life choices for their mental and physical health.

The unique approach works across organisational divides and is an effective way to use already established relationships between officers and residents, empowering them to take control of their own lifestyle choices, preventing people from starting smoking and encouraging smokers to quit.

There is also a discussion to be had around the Council's powers and responsibilities as a landlord to ensure that our homes are a smoke-free environment for vulnerable babies and young children.

6.4 Supporting People to Quit Smoking

Research suggests that it takes many attempts before someone successfully quits smoking[50]. Although most smokers may state that they want to quit, the likelihood of success first time is slim and it is even more difficult to quit without support. Understanding what support is available, how to access it and identifying what methods do and don't work for you goes a long to creating a successful quitting journey.

Leicester's approach is to raise awareness of how to quit and increase opportunities that make it easier to access support. Leicester now has more access to free, personalised stop smoking support than ever before.

6.4.1 Workforce training

A workforce development framework has been developed. The aim is to upskill a wide range of workforces to use the day to day interactions that they have with people to support them to make positive changes to their health and wellbeing. Frontline staff are supported to feel more confident to initiate difficult conversations related to smoking and the harm it causes and signpost to support services, including smoking cessation.

The model has been created on the back of the Social Housing pilot and has been running since September 2023. Training has been delivered to nurses for Care Experienced Young People, social housing staff and further training is booked in for social housing and dental practices.

6.4.2 Live Well – Smoking Cessation Service

Leicester's stop smoking service forms part of the Live Well integrated lifestyle service. The programme runs for 12 weeks, with a team of specialist, trained advisors that offer behavioural support either over the phone or face to face every week to suit the client's needs. During the 12 weeks the stop smoking advisor and client work together to change habits and behaviours associated with smoking. Clients are provided with up to two forms of nicotine replacement therapy (NRT) or an e-cigarette free of charge. The service supports clients who are using any tobacco products including cigarettes, cigars and pipes as well as alternative methods of using tobacco such as shisha or smokeless tobacco.

In 2022/23, 1633 clients set a quit date and 57% of these clients quit smoking at 4 weeks. A recent evaluation also showed that the service is successfully accessing clients from the most disadvantaged areas of the city and is appropriately targeted.

During 24/25 community smoking cessation services have seen a considerable increase in funding. "Stopping the start: our new plan to create a smokefree generation" was published by the government on 4th October 2023, this included a commitment of an

additional £70 million funding per year for local stop smoking services. Leicester City has been allocated 456k per year for 5 years.
The aim of this funding is to:

- stimulate more quit attempts by providing more smokers with advice and swift support
- link smokers to the most effective interventions to quit
- boost existing behavioural support schemes designed to encourage smokers to quit
- build capacity in local areas to respond to increased demand
- strengthen partnerships in local healthcare systems

Services have to provide data on number of quit dates set and number of successful quits (at 4 weeks) achieved. The targets are ambitious requiring a 25% increase in quit dates set in year 1 over baseline, followed by 50% increase in year 2 up to a 150% increase by year 4 and 5.

The new funding is being used primarily to increase staffing, providing extra capacity to support clients to quit smoking but also to undertake more engagement in the community to ensure that smokers are made aware the service exists. New engagement workers are working throughout the city, with a particular focus on areas and groups with the highest rates of smoking. They will be working with a wide range of staff and organisations including primary care, dentists, pharmacists, opticians, City Council staff, food banks, job centres, large workplaces, voluntary organisations and community groups. Additional training will also be provided to NHS staff (e.g. community mental health staff) to ensure that they have the skills to raise the issue of smoking and know where to refer patients. The funding will also cover increased NRT and e-cig costs, a social marketing and communications campaign and wider tobacco control measures.

6.4.3 Supporting patients in hospital to manage their tobacco dependence

The NHS Long Term Plan outlined a clear requirement to provide all people admitted to hospital, who smoke, with an NHS-funded in-house tobacco treatment service by 2023/24. Guidance and delivery models were issued by NHS England and Improvement (NHSEI) to improve care for patients who smoke across various settings; these are acute inpatients, mental health inpatients and pregnant women.

The acute tobacco dependence treatment service (otherwise known as CURE) was the first model to start implementation in 2020 at Glenfield Hospital and has now reached full implementation, operating at Glenfield Hospital, Leicester Royal Infirmary and the General Hospital as of April 2023.

Tobacco Dependency Advisors are employed by Leicester City Council and work across the three hospital sites. They receive referrals from those who have been admitted and had an assessment that noted they are a smoker. An advisor visits them at their bedside, offering nicotine replacement therapy for their stay in the hospital and support to quit through the community smoking cessations teams in LLR (Live Well and Quit Ready). Since CURE launched in UHL, 6915 smokers have been seen by the CURE team and offered support to quit smoking. Over 40% agree to be referred into the community-based smoking cessation services for support once they leave hospital.

The team coordinator provides training across UHL to support staff to screen for smoking and understand the benefits this can bring in the short term for patients, including better recovery, and the long term at reducing their risk of serious illness. So far, since launching 4,675 clinical staff in UHL have received CURE training. This video shows the team describing the work they carry out.

Case study:

Joan was admitted to the Glenfield Hospital on 29/10/23 with chest pain and was identified as a smoker of 20-25 cigarettes a day. The admitting team started her on nicotine replacement medication on admission and a referral was made to the community stop smoking service. The CURE team picked up this referral and conducted a bedside consultation with Joan during her hospital stay.

Joan was contacted by phone to provide her feedback on 20/2/24 as she wanted to praise the service she received during her hospital admission and Live Well support post discharge.

"Staff in the hospital were brilliant! The lady I saw was fantastic. She told me all about it, how it works (support on offer from hospital and Live Well). I don't know how to praise them enough! I didn't know there was help available and if she (CURE TDA) had not come round, I'd have gone home and started smoking. I've never used any nicotine replacement medication before. I've only ever managed to quit for a couple of days. I'd tried vapes but gone back to cigarettes."

When asked about the support she received from Live Well:

"I rang them up and they sent out patches and an inhalator. She (Live Well advisor) rings me up and has a good chat with me. Since 1/1/24 I've not needed to use the patches, just on the inhalator now.

My husband was took into hospital more recently and the same lady came to see him (CURE TDA). We both speak to the same lady now (Live Well advisor) but my husband has only just stated with her.

My boiler has broken and we've got no hot water so I've been tempted to smoke, but have not had a cigarette since 29th October 2023. I've had more of an appetite since quitting and can smell if someone is smoking near me - it smells - you don't realise! I'm really proud of myself for not smoking and so are my family."

UHL Staff feedback:

"I saw a man in PA today who you saw in July 40-60 cigarettes per day. Since you saw him he has not smoked one cigarette and has had no side effects other than feeling so much better in himself can taste things again. Thank you for all your support you are making a huge difference". – CRM Sister.

"It is an ESSENTIAL service, especially to the Glenfield Respiratory Team as we deal with a lot of smoking-related diseases. It sees patients in a timely manner and offers gives such a positive impact on their inpatient stay" – Respiratory SHO

"I think the CURE team is doing an excellent job of projecting their aims and message to the Respiratory team. Their teaching is clear and effective, and they are always available to speak to you when you need to clarify something". - Respiratory Dr GH

6.4.4 Support for inpatients at Leicestershire Partnership Trust

Smoking rates amongst those with severe mental illness are very high, which is why smoking cessation support for inpatients on mental health wards has been put in place since 2022 as part of the NHS Long-Term Plan.

Smoking on mental health wards has historically been used as a way of managing stress and anxiety. The LPT smoke-free sites policy has helped greatly to move away from this culture to empower and motivate people being admitted to mental health wards to access smoke-free support and to greatly improve their mental and physical health.

The aim of the smoke-free service at Leicestershire Partnership Trust is to provide specialist behavioural support, nicotine replacement therapy and e-cigarettes throughout the person's stay on the ward and support post-discharge where required.

6.4.5 Support for pregnant women to quit smoking

Pregnant women who smoke are a key target group to support to quit smoking. Good partnership working across midwifery services and community stop smoking services can support women to be identified at the earliest opportunity and receive support throughout their pregnancy.

All pregnant women have carbon monoxide readings taken at their booking appointment with their midwife, and at all other antenatal contacts. They should be referred on an opt out basis to the team of Live Well smoking cessation advisors working in Leicester with pregnant women. The same advisor will support the woman through her pregnancy and provide her with regular contact face to face or over the phone as well as access to nicotine replacement therapy or e-cigarettes as stop smoking aids. Advisors can also support women by providing them with vouchers when they reach certain milestones in their quit journey, with the final milestone being smoke free at 3 months after birth.

In addition, pregnant women who smoke who are admitted into the UHL maternity units during their pregnancy are automatically referred to an advisor for smoking cessation support whilst in hospital and supported post-discharge for the duration of the pregnancy.

Training has been provided to maternity staff to improve the confidence, capability and knowledge to talk about smoking cessation and ensure timely access to behavioural support.

Case study:

This patient was offered support and was happy with the service provided by the tobacco dependency and treatment team. She particularly praised the quality of service provided by her advisor, Linda, who helped both the patient and her partner in their journey to quit smoking. The patient rated the interaction with Linda as excellent, emphasising the positive impact it had on her ability to quit smoking.

In terms of support for her quit journey, the patient said that the service met her and her partners' needs effectively, going so far as to claim it as the only method that had ever worked for them. If a friend were in a similar situation, the patient would recommend the Maternity CURE tobacco dependency team based on their positive experience.

The patient reported a positive experience with nicotine replacement therapy (NRT) products, specifically mentioning success with the e-cig, mouth spray, and gum. The team's guidance on the proper use of these products was appreciated by the patient.

The patient has now successfully transitioned from a smoker to a non-smoker in just nine weeks. She highlighted the effectiveness of setting small challenges each week, with lower carbon monoxide (CO) readings serving as motivating milestones. The patient used an e-cig and gum during their journey, maintaining momentum after successfully quitting.

This patient's partner has also made progress in his quit journey. Despite a history of smoking 20+ cigarettes daily, he managed to reduce the habit to six cigarettes per day and now has a steady CO reading of 9. He also used both an e-cig and mouth spray in his quit journey.

7 Other forms of tobacco use

Although nowhere near as prevalent as cigarette smoking, 2% of Leicester adults state that they smoke shisha. It's a common misconception that smoking through water filters out the impurities and the negative effects from smoke. However, all shisha contains tobacco. Shisha smokers are at the same risk of the same kinds of diseases cigarette smokers are exposed to, including cancer, heart disease, respiratory disease and adverse effects during pregnancy. Using a waterpipe to smoke tobacco is not a safe alternative to cigarette smoking and also exposes others to the effects of second-hand smoke.

2% of residents also state that they use either smokeless tobacco or paan/ betel nut. Smokeless tobacco is a leading cause of head and neck cancers globally[38] and the negative impact on oral health in Leicester is mounting. Leicester has the highest oral cancer mortality rate in the country. Smoking, however, is still the main avoidable risk factor for oral cancer and is linked to 65% of oral cancer cases[39]. Smokers have a seven times increased risk of developing oral cancer, while regular smokeless tobacco users are at an 11 times increased risk[40]. In addition, smokeless tobacco contains twice as much nicotine as a normal cigarette making it more addictive than cigarettes and can be linked to other health problems such as type 2 diabetes, premature births, dementia and respiratory diseases[41].

Anyone wishing to quit the use of these products can be referred into our LiveWell service for support. Currently very few referrals come through to the service for forms of tobacco use other than cigarette smoking and wider promotion is planned.

8 Vaping

An evidence review published by the Office for Health Improvement and Disparities (OHID) indicates that, in the short and medium term, vaping poses a small fraction of the risks of smoking. However, vaping is not risk-free, particularly for those who have never smoked.

The latest figures from the Health and Wellbeing Survey suggest that 9% of Leicester adults vape (5% regularly and 4% occasionally).

Whilst vaping is becoming more and more recognised as one of the most effective quit aids for smokers, vaping amongst children and young people is a growing concern, both nationally and locally. Local data indicates that 12% of children and young people have tried vaping (20% of 14-15 year olds) and 6% of 14-15 year olds regularly vape[49].

There is still a lot of confusion amongst the public regarding the safety of vaping compared to smoking and a lot of inaccurate perceptions. In the recent survey only 18% of adults accurately believed that vaping was less harmful than smoking[48]. 48% thought that vaping was more harmful than smoking and 21% did not know.

There is a need to increase the evidence around the long-term effects of vaping alongside increasing the communication around accurate information. Leicester City Council has adopted the regional vaping statement developed and endorsed by the East Midlands Regional Tobacco Control Community of Improvement.

Key messages in the statement include:

- If you smoke, vaping is much safer; if you don't smoke, don't vape.
- Though not risk free, vaping is considerably safer than smoking. As such, we encourage smokers across the East Midlands to switch to vaping to reduce the harm from combustible tobacco.
- E-cigarettes are an effective stop smoking aid, especially when combined with behavioural support. We encourage smokers who want to switch to vaping to do so with the help of their local stop smoking service.
- E-cigarettes are an age restricted product, and we are against inappropriate marketing practices that promote them to under 18s. Trading Standards should be given the tools necessary to undertake enforcement work and other measures to protect children and young people across the East Midlands.
- Whilst some questions remain on their safety and efficacy in pregnancy, pregnant women who want to switch to vaping should not be discouraged from doing so providing they understand that e-cigarettes are not medically licensed.

9 Conclusions

Smoking and use of other tobacco products causes considerable ill-health which is entirely preventable. Smoking rates in the city are reducing but are higher than the national average and vary considerably across the city and between different groups. Nationally, there is an increased focus on reducing smoking through the Tobacco and Vapes bill and increased funding for smoking cessation services. A great deal of action is also being taken locally to implement the Tobacco Control Strategy and achieve the vision of a smoke-free Leicester.

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

9.1 Financial Implications

The report is highlighting the current position and action being taken to reduce rates of smoking and tobacco use.

The Department of Health and Social provides grant funding to support local authority led stop smoking services.

In 2024/25, the value of the grant is £456,669. On 30 December 2024, it was announced that the funding allocation to Leicester has increased to £485,361. The funding allocation is based on the average smoking prevalence over a 3-year period between 2021 and 2023, which is the most recent available data.

The costs should all be contained within the grant and therefore no additional direct financial implications for the council.

Signed: Mohammed Irfan – Head of Finance
Dated:02/01/2025

9.2 Legal Implications

Section 2B of the National Health Service Act 2006 requires each local authority to take such steps as it considers appropriate for improving the health of the people in its area.

The Authority has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to: -

- eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under this Act.
- advance equality of opportunity between persons who share a relevant protected characteristics and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

In respect of any funding, the Authority must comply with the funding conditions specified if any. Legal Services can advise on any such terms and conditions relating to the funding conditions and agreement prior to entering into the agreement.

All procurement and commissioning arrangement relating to this service must comply with the Provider Selection Regime ('PSR') and the Authority's internal Contract Procedure Rules ('CPRs'). Legal support to be obtained as required

Signed:
Mannah Begum, Principal Solicitor, Commercial and Contracts Legal Team, Ext 1423
Dated:03 January 2025

9.3 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their functions, they have a statutory duty to pay due

regard to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

The report outlines the actions along with the implementation of the Leicester Tobacco Control Strategy that aim to reduce smoking rates in the city. Smoking attributable hospital admissions and mortality both continue to be significantly higher than the regional and national averages. Tobacco use continues to be a key factor in health inequalities and is a cause for concern, those living in areas of deprivation, or routine and manual workers, are more likely to smoke than those living in wealthier communities. Smoking rates are higher in those with mental health illnesses and they increase with the severity of the mental health issues. Initiatives that aim to reduce this will lead to positive impacts for people from across many protected characteristics. It is important to recognise the importance of providing people with freedom of choice over their lifestyle choices, whilst also acknowledging that tobacco use is an addiction which requires specialist support and encouragement to inform and overcome.

Signed: Equalities Officer

Dated: 2 January 2025

9.4 Climate Emergency Implications

There are no significant climate change implications associated with this paper. However, work on smoking cessation may have a positive long-term environmental impact as cigarette butts are the most frequently discarded piece of waste globally and are a significant source of plastic waste in the environment. The disposal of e-cigarettes, particularly single-use models, is also a growing source of e-waste with a considerable carbon footprint. Consideration should therefore be given to opportunities to encourage responsible purchasing and correct disposal of devices, as appropriate and relevant.

Signed: Aidan Davis, Sustainability Officer, Ext 37 2284

Dated: 3 January 2025

9.5 Other Implications

Signed:

Dated:

10. Background information and other papers:

11. Summary of appendices:

Leicester City Council

SMOKING AND VAPING IN LEICESTER

CURRENT LANDSCAPE

- Smoking continues to be a leading cause of preventable ill health and premature death
- Whilst Leicester has seen a decline in smoking prevalence, it is still estimated that 14.6% of residents smoke, compared to 11.6% nationally
- The difference in life expectancy between smokers and non-smokers (irrespective of wealth) is approximately 10 years
- Smoking is increasingly confined to the poorest communities, thus widening health inequalities
- There are several different forms of tobacco consumption, each with their own distinct health risks. Smoking cigarettes is the most common type but also Shisha and chewing tobacco popular in Leicester.
- Action to reduce smoking rates has been taken over many years both nationally and locally, recent renewed emphasis nationally

Leicester City Council

TARGET GROUPS

There are a number of groups who either experience high smoking rates or are at higher risk of harm:

- Those living in some of the most **disadvantaged areas** of the city (higher rates amongst **white/ white other groups & routine and manual workers**)
- **Children and young people**
  - Over 80% of smokers start before the age of 20. People who start under the age of 18 have higher levels of nicotine dependence
  - 3.5% of young people in Leicester regularly smoke - much higher amongst children in care
- **Those with mental health illnesses**
  - Smoking rates are higher in those with mental health illness & also tend to smoke much more heavily
  - People with diagnosed mental health conditions die an average of 10-20 years earlier - smoking contributes significantly to this.
- **Pregnancy**
  - Smoking in pregnancy has well known detrimental effects for the growth and development of the baby
  - 7.4% of women recorded as smoking at the time of delivery in Leicester
- **Those living in social housing -** significantly more likely to smoke (1 in 3)

THE TOBACCO AND VAPES BILL

The Tobacco and Vapes Bill introduces significant measures to reduce smoking and regulate vaping, aiming to create a smoke-free generation and address public health concerns.

Tobacco control measures

- **Generational ban on tobacco sales:** The bill proposes making it illegal to sell tobacco products, herbal smoking products, and cigarette papers to anyone born on or after 1 January 2009. This means individuals currently aged 15 or younger will never be able to legally purchase tobacco, effectively phasing out smoking over time.
- **Extension of smoke-free areas:** The legislation includes the provision to expand the indoor smoking ban to specific outdoor spaces. This will be subject to consultation after the legislation is approved. These may include children's playgrounds, areas outside schools, and hospital grounds. This initiative aims to protect children and vulnerable individuals from second-hand smoke.

Tobacco and Vapes Bill - Parliamentary Bills - UK Parliament

The Bill is currently in progress at the **committee stage** in the House of Commons.

REGULATION OF DISPOSABLE VAPES

- **Ban on disposable vapes:** To combat the rise in youth vaping and environmental concerns, the government has announced a ban on disposable vapes, effective from 1st June 2025. This measure seeks to reduce the appeal and accessibility of vaping products to children and young people.
- **Restrictions on vape flavours and packaging:** To reduce their appeal to young people, plain packaging and prohibiting flavours that are particularly attractive to children, such as sweets or desserts will be mandated.
- **Retailer licensing:** Additionally, the retailer licensing scheme ensures that businesses selling tobacco and vaping products must obtain a licence, enabling the local authority to better monitor sales, enforce compliance, and tackle illicit trade effectively.

TOBACCO CONTROL STRATEGY - VISION

“A smoke-free Leicester – to make Leicester smoke free by 2030”

Areas of priority:

- *Partnership working to address tobacco control within Leicester City*
- *Achieving a smoke free generation - when the number of smokers in the population reaches 5% or less*
- *Smoke free pregnancy for all*
- *Reducing the inequality gap for those with mental ill-health*
- *Deliver consistent messaging on the harms of tobacco across the system*
- *Continue to improve the quality of our services and understand impact through data collection*

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CURRENT ACTION - EXAMPLES

- **Supporting smoke-free** workplaces, mental health units, hospital sites and smoke-free homes/ cars. Protects people from exposure to second-hand smoke and helps smokers to reduce their tobacco use.
  - **Step Right Out** is a campaign about how to maintain a smoke-free home. People pledge to maintain a smoke-free home
- **Care experienced young people** - provision of training and support to staff and carers who work with care-experienced young people & development of a bespoke model of support for those who already smoke
- **Social housing** - working to support tenants by raising awareness of the impact of smoking and second-hand smoke and signposting to smoking cessation services
- **Wider workforce training**
- **Work with Turning Point** to support clients to quit smoking
- **Communications toolkit & communication campaigns** to increase awareness and signpost to services
- **Reducing the sale of illicit tobacco and e-cigarettes** – Trading Standards

SMOKING CESSATION - LIVEWELL

- Aims to help residents of Leicester to successfully quit smoking. The programme runs for 12 weeks, with a team of specialist, trained advisors that will offer behavioural support either over the phone or face to face every week to suit the client's needs.
- During the 12 weeks a stop smoking advisors and clients work together to change habits and behaviours associated with smoking. Clients will be provided with up to two forms of nicotine replacement therapy or an e-cigarette free of charge
- The service currently supports clients who are smoking Tobacco, Cigarettes, Cigars and Pipes as well as alternative methods of using tobacco such as Shisha
- In 2022/23, 1633 clients set a quit date and 57% of these clients quit smoking at 4 weeks. A recent evaluation also showed that the service is successfully accessing clients from the most disadvantaged areas of the city and is appropriately targeted.

GOVERNMENT INVESTMENT

During 24/25 community smoking cessation services have seen a considerable increase in funding.
Nationally commitment of an additional £70 million funding per year for local stop smoking services.

- Leicester City has been allocated 456k per year for 5 years
- Funds should be spent principally on smoking cessation activities (including stimulating demand)
- Not intended for supporting enforcement or youth vaping

The aim of the funding is to:

- Stimulate more quit attempts by providing more smokers with advice and swift support
- Link smokers to the most effective interventions to quit
- Boost existing behavioural support schemes designed to encourage smokers to quit
- Build capacity in local areas to respond to increased demand
- Strengthen partnerships in local healthcare systems

Services provide data on number of quit dates set and number of successful quits (at 4 weeks) achieved.
The targets are more ambitious year on year.

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USE OF NEW FUNDING

- **Increase staffing** - providing extra capacity to support clients to quit smoking but also to undertake more engagement in the community to ensure that smokers are made aware the service exists. 4 new engagement workers are working throughout the city, with a particular focus on areas and groups with the highest rates of smoking.
- **Additional training** will also be provided to a wide range of staff including primary care, community mental health teams, dentists, pharmacists and opticians to ensure that they have the skills to raise the issue of smoking and know where to refer patients.
- **Increased NRT and e-cig costs**
- **A social marketing and communications campaign** targeted at areas of city with highest rates of smoking
- **Wider tobacco control measures** e.g. Step Right Out campaign

CURE PROGRAMME – UHL INPATIENTS

- The NHS Long Term Plan outlined a requirement to provide all people admitted to hospital, who smoke, with an NHS-funded in-house tobacco treatment service by 2023/24.
- Started in 2020 at Glenfield Hospital and has now reached full implementation, operating at Glenfield Hospital, Leicester Royal Infirmary and the General Hospital as of April 2023.
- An advisor visits smokers at their bedside, offering NRT for their stay in the hospital and support to quit once they leave hospital.
- Since CURE launched, 6915 smokers have been seen by the CURE team and offered support to quit smoking. Over 40% agree to be referred into the community-based smoking cessation services for support once they leave hospital.
- Training has been provided to 4,675 staff across UHL to support them to discuss smoking and understand the benefits that quitting can bring for patients

MENTAL HEALTH INPATIENTS

- Smoking rates amongst those with severe mental illness are very high - smoking cessation support for inpatients on LPT mental health wards has been in place since 2022
- Smoking on mental health wards has historically been used as a way of managing stress and anxiety. The LPT smoke-free sites policy has helped to move away from this culture to empower and motivate people being admitted to mental health wards to access smoke-free support and improve their mental and physical health.
- The aim of the smoke-free service at LPT is to provide specialist behavioural support, nicotine replacement therapy and e-cigarettes throughout the person's stay on the ward and support post-discharge where required.

PREGNANT WOMEN

- All pregnant women have carbon monoxide readings taken at their booking appointment with their midwife, and at all other antenatal contacts. Referred on an opt out basis to smoking cessation services.
- Advisor will support the woman through her pregnancy and provide her with regular contact face to face or over the phone as well as access to NRT or e-cigarettes. Provided with vouchers when they reach certain milestones in their quit journey.
- Pregnant women who smoke admitted into the UHL maternity units during their pregnancy are automatically referred to an advisor for smoking cessation support whilst in hospital and supported post-discharge.
- Training has been provided to maternity staff to improve the confidence, capability and knowledge to talk about smoking cessation and ensure timely access to behavioural support.

VAPING

- Estimated 9% of Leicester adults vape (5% regularly and 4% occasionally)
- Whilst vaping is becoming more and more recognised as one of the most effective quit aids for smokers, vaping amongst children and young people is a growing concern, both nationally and locally.
- Local data indicates that 12% of children and young people have tried vaping (20% of 14-15 year olds) and 6% of 14-15 year olds regularly vape.
- There is still a lot of confusion amongst the public regarding the safety of vaping compared to smoking and a lot of inaccurate perceptions.

EAST MIDLANDS STATEMENT ON VAPING

Key messages include:

- "If you smoke, vaping is much safer; if you don't smoke, don't vape."
- "Though not risk free, vaping is considerably safer than smoking. As such, we encourage smokers across the East Midlands to switch to vaping to reduce the harm from combustible tobacco."
- "E-cigarettes are an effective stop smoking aid, especially when combined with behavioural support. We encourage smokers who want to switch to vaping to do so with the help of their local stop smoking service."
- "E-cigarettes are an age restricted product, and we are against inappropriate marketing practices that promote them to under 18's. Trading Standards should be given the tools necessary to undertake enforcement work and other measures to protect children and young people across the East Midlands."
- Whilst some questions remain on their safety and efficacy in pregnancy, pregnant women who want to switch to vaping should not be discouraged from doing so providing they understand that e-cigarettes are not medically licensed.

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THANK YOU FOR LISTENING

ANY QUESTIONS?

Public Health & Health Integration Scrutiny Committee

Work Programme 2024 – 2025

Meeting Date	Item	Recommendations / Actions	Progress
9 July 2024	Health Protection Update	Draft TB Strategy and Action Plan, screening and food plan to be added to the work programme.	Added to the work programme.
	Health Overview	Site visit to be arranged to UHL Emergency Department.	Dates being identified.
	ICB 5-Year Forward Plan: Pledge 1 – Improving Health Equity & Pledge 2 Preventing Illness	Work to be shared with commission in future on GP access contact system when developed.	Added to work programme.
		Members to be informed to contact the Deputy City Mayor if aware of issues where residents are unable to register at a GP.	
		Work programme to be revised to bring vaccinations and screening forward.	Revised on the work programme.
		Report to be circulated to Members for ICB priorities for 2024-25 following it discussion at its own Board in August. Separate briefing session to be considered to discuss pledge monitoring dashboard.	Report circulated.
		Separate briefing session to be arranged to discuss dashboard	Dates being identified.

Appendix E

Meeting Date	Item	Recommendations / Actions	Progress
10 September 2024	Health Protection Update	TB Action Plan to added to the work programme.	Updated on the work programme.
	Winter Planning	Fuel poverty and health programme to consider environmental impacts.	
		Details of volunteer groups to support patients returning home/community to be circulated.	Information sent to members.
		Communications to be shared with members on how to get vaccines, details of the roving unit, 111 service, blood pressure and cholesterol checks for promoting. The internal process for sharing health messages to ward councillors to also be reviewed.	Information pack sent to members and internal process reviewed for further communication to be shared.
		Consideration to be given to use of medical jargon in communication to ensure clear for members of the public to understand.	Noted and shared with all health partners for future reports.
		Information to be shared on 111 call back numbers and waiting times.	Information sent to members.
	Work Programme	Adult mental health and health status of Leicester residents to be added to the work programme.	Added to the work programme.
		Self-harm and suicide prevention to be incorporated into suicide strategy discussion.	Shared with health colleagues to incorporate within report.
	AOB		Discussions ongoing and options being considered.

Meeting Date	Item	Recommendations / Actions	Progress
		Consideration to be given to transport links and how this is communicated to staff to prevent parking on side streets to avoid parking charges.	

Meeting Date	Item	Recommendations / Actions	Progress
5 November 2024	Chair's Announcements – Youth Summit	Youth representatives to share presentation at CYPE scrutiny.	Liaised with CYPE scrutiny and governance services to arrange.
		Youth representatives' video to be circulated.	Requested information.
	Critical Incident Update	System Winter Plan to be shared with Members and formally recommended that the update and 111 service is discussed at the next meeting.	Requested information.
		Details to be given on where bottlenecks occurred in the system and how this will be addressed.	Requested information.
		Adult Social Care discharge figures to be shared with Members.	Information received.
		EMA productivity lost during critical incident to be requested and shared with Members.	Requested information.
		Information on what is being done by DHU to increase 111 call capacity to be shared with Members.	Requested information.
	Health Protection Update	The update was noted.	
	Vaccinations & Screening	Improved NHS app and information available for children's vaccinations timeline to be requested.	Action sent to ICB.

Meeting Date	Item	Recommendations / Actions	Progress
		Messaging from GP practices for vaccine access/ uptake to be considered for national links to be shared for more options.	Action sent to ICB.
		Full slide deck to be circulated to Members and any other questions to be sent to Governance Services to pass on to ICB / Public Health to respond to.	Presentation received. Awaiting other information and will circulate to Members.
	Adult Mental Health	Update of business case to be added to the work programme - to be scheduled after spring.	Added to work programme.
	LLR Suicide Strategy	Death by suicide to be added to the work programme for Commission to be kept updated on data and workstreams.	Added to work programme future items.
	Work Programme	Items for next meeting to be reviewed considering discussions.	
21 January 2025	Critical Incident Update Health Protection Update Budget GP Access Smoking and Vaping		

Meeting Date	Item	Recommendations / Actions	Progress
4 March 2025	*Suggested items tbc:* *Health Protection Update* *Health Research* *Long Term Conditions* *Health & Wellbeing Strategy & Health & Wellbeing Survey*		
29 April 2025	*Suggested items tbc:* *Health Protection Update* *Oral Health* *Sexual Health* *CYP Mental Health Referral Update* *Update of Adult Mental Health Business case*		

Forward Plan Items (suggested)

Topic	Detail	Proposed Date
Update on UHL Finances **UHL**	The Chair has requested a briefing note.	
ICB 5 Year Forward Plan – Pledges **ICB**	Pledge 1 – Improving Health Equity Pledge 2 – Preventing Illness	9 July 2024 9 July 2024
Drug and alcohol services **Public Health**	Agreed at the Joint Public Health & Health Integration and Adult Social Care Scrutiny Meeting on 30 November 2023 that the item to remain on the work programme.	
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. The Chair has requested a briefing note.	
UHL Reconfiguration **UHL**	Item discussed at the Commission on 7 November. Requested item to remain on the work programme for further updates. Update to be provided at Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee on 27 November 2024.	

Death by Suicide **Public Health & LPT**	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. Leicestershire County Council leading suicide strategy to be shared with commission. Agreed at PHHI Scrutiny Commission on 5th November 2024 that the item would be added to the work programme in order that the Commission could be updated on the Strategy, data and future workstreams.	
Workforce – Health Apprenticeships **ICB**	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. Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee requested a briefing note. Item to be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee 17 March 2025.	
Local Patient Satisfaction Survey **ICB**	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. Information to be provided to Leicester, Leicestershire & Rutland Health Scrutiny Committee – 17 July 2024.	

Virtual Wards **UHL**	Agreed at the meeting on 6 February that the item be added to the work programme. Agreed at the meeting on 16 April that health partners would host a briefing session for Members. Briefing session provided to Members.	
Elective Care **UHL**	Agreed at the meeting on 6 February that the item to remain on the work programme for future updates and monitoring of waiting lists. The Chair has requested a briefing note.	
CYP Mental Health **ICB**	Agreed update will be provided to Commission on agreed actions from informal scrutiny meeting in the new municipal year. Chair and Cllr Sahu received a briefing update in July and agreed for a report to be shared with the Commission in January 2025.	
GP Access **ICB**	Commission requested item be added to breakdown for an update on GP access following communications regarding how residents can make appointments and a poll that indicated Leicester residents have most difficulty accessing. Update to be provided to Leicester, Leicestershire & Rutland Joint Health Scrutiny Committee – 17 July 2024.	
Emergency Department **ICB / UHL**	The Commission requested at the meeting on 16 April 2024 item to discuss processes and targets in the emergency department to better understand experience for patients.	
Corporate Complaints **ICB**	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	

Transforming Care – Learning Disabilities and Autism Update	Discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 17 July 2024.	
Pharmaceutical Issues	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Women's Health	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Digital Strategy	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – date tbc.	
Healthy food provision action plan	The Commission raised concerns at the meeting on 9 July 2024 about healthy food options and it was highlighted that an action plan is being renewed and could be shared at a future meeting.	
GP Vulnerable Patient Flagging System	The Commission were informed at the meeting on 9 July 2024 that work is underway and further details could be shared when developed.	
Adult Mental Health business case	Update to be brought to the Commission after the Spring following item coming to PHHI Scrutiny Commission on 5th November 2024.	
TB Strategy & Action Plan	The Commission were informed at the meeting on 9 July 2024 of the development of a new strategy and action plan and agreed to be added to the work programme. Further highlighted at meeting on 10 September and asked to be added to the work programme for an update on the action plan.	

Health Status of Residents	The Commission requested to further discuss the health status of Leicester residents at the meeting on 10 September where it was highlighted that the population is 20% sicker than prior to the pandemic. Darzi Review circulated to Members; further discussion to be arranged.	
Fertility Policy	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	
Water fluoridation	To be discussed at Leicester, Leicestershire & Rutland Joint Health Scrutiny – 27 November 2024.	