

Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: TUESDAY, 25 JANUARY 2022

TIME: 5:30 pm

**PLACE: Meeting Room G.01, Ground Floor, City Hall,
115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillors Aldred, March, Pantling, Dr Sangster and Whittle

1 unallocated Non-Group place.

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

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

For Monitoring Officer

Officer contact:

Jason Tyler (Democratic Support Officer):

Tel: 0116 454 6359, e-mail: Jason.Tyler@leicester.gov.uk

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ 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.

Further information

If you have any queries about any of the above or the business to be discussed, please contact: Jason Tyler, Democratic Support on (0116) 454 6359

or email jason.tyler@leicester.gov.uk

For Press Enquiries - please phone the **Communications Unit on 0116 454 4151**.

**USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION**

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
BCF	Better Care Fund
BCT	Better Care Together
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DES	Directly Enhanced Service
DMIRS	Digital Minor Illness Referral Service
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
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
HWLL	Healthwatch Leicester and Leicestershire
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
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
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
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
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

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1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda.

3. MINUTES OF PREVIOUS MEETING

**Appendix A
(Pages 1 - 8)**

The Minutes of the meeting held on 14 December 2021 are attached and the Commission will be asked to confirm them as a correct record.

4. CHAIR'S ANNOUNCEMENTS

5. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

To receive updates on matters that were considered at previous meetings of the Commission.

6. PETITIONS

The Monitoring Officer to report on the receipt of any petitions submitted in accordance with the Council's procedures.

7. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer to report on the receipt of any questions, representations and statements of case submitted in accordance with the Council's procedures.

The following Questions have been received from Sally Ruane:

- 1. The Health Service Journal has reported that while over half of all integrated care systems published board papers in the last year, unfortunately the Leicester, Leicestershire and Rutland integrated care system did not. Can the leaders of the Leicestershire and Rutland integrated care system confirm whether or not they have published regular papers in 2021 and if so what these papers are and where they are being published? If not, please could they tell us why not.*
- 2. How is the shadow integrated care system board making itself accountable to the public?*
- 3. What input have councillors been invited to make to integrated care system governance?*
- 4. Will the integrated care system constitution be made available for public scrutiny before it is finalised?*

The following Questions have been received from Jean Burbridge:

- 1. Has the shadow Integrated Care System board made any decisions in private session?*
- 2. Can Integrated Care System leaders confirm that (a) no private companies and (b) no social enterprises will sit on (a) the Integrated Care System board and (b) in the Integrated Care System partnership?*

3. *Will elected councillors sit on the Integrated Care System board? If so, how many? If not, why not?*

8. COVID 19 AND VACCINATION PROGRAMME - UPDATE

There will be a presentation to provide an update on the progress concerning Covid-19 and the vaccination programme.

9. TRANSITION TO AN INTEGRATED CARE SYSTEM - UPDATE **Appendix B
(Pages 9 - 12)**

The CCGs submit a paper, which provides an update on the transition to an Integrated Care System.

10. LONG COVID - UPDATE **Appendix C
(Pages 13 - 16)**

The UHL NHS Trust submits a paper, which provides an update on the PHOSP-COVID study and COVID recovery programme.

11. COMMUNITY PHARMACIST CONSULTATION SERVICE - UPDATE **Appendix D
(Pages 17 - 22)**

The CCGs submit a paper, which provides background and overview to the NHS Community Pharmacist Consultation Service (NHS CPCS).

12. ORAL HEALTH SURVEY OF 3 YEAR OLD CHILDREN **Appendix E
(Pages 23 - 38)**

The Director of Public Health submits a briefing paper, which provides information on Public Health England's National Dental Epidemiology programme and includes the examination of a random sample of 3 year old children.

13. DRAFT REVENUE FUND BUDGET AND CAPITAL PROGRAMME - 2022/23 **Appendix F
(Pages 39 - 102)**

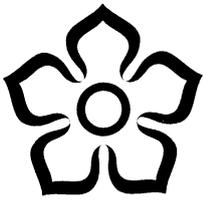
The City Mayor's draft revenue budget is attached, together with the capital programme for 2022/23. The reports are to be considered by Scrutiny Commissions and comments made prior to Council on the 23 February 2022.

14. WORK PROGRAMME

**Appendix G
(Pages 103-108)**

The Commission's Work Programme is submitted for information and comment.

15. ANY OTHER URGENT BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 14 DECEMBER 2021 at 5:30 pm

P R E S E N T :

Councillor Kitterick (Chair)
Councillor Fonseca (Vice-Chair)

Councillor March
Councillor Whittle

In Attendance:

Councillor Dempster, Assistant City Mayor - Health

* * * * *

Prior to the commencement of the formal business of the meeting, the Commission observed a minutes silence in reflection of the recent sad loss of Councillor Govind.

41. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Aldred and Pantling.

42. DECLARATIONS OF INTEREST

There were no Declarations of Interest.

43. MINUTES OF PREVIOUS MEETING

AGREED:

That the Minutes of the meeting of the Health and Wellbeing Scrutiny Commission held on 2 November 202 be confirmed as a correct record.

44. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING

The Commission received an update on the Dyeworks issue since the previous meeting. It was reported that since the petition being received and formal questions being asked, an initial response had been gained.

It was acknowledged that information would be forthcoming and the liaison with the Environment Agency in terms of responsibilities and likely timeframes to achieve further answers was an ongoing monitoring exercise.

It was noted that an updated risk assessment and monitoring plan may be required and this would be submitted to the Commission for further comment and scrutiny in due course.

45. PETITIONS

The Monitoring Officer reported that no petitions had been submitted in accordance with the Council's procedures.

46. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

The Monitoring Officer reported that no representations and statements of case had been submitted in accordance with the Council's procedures.

The following Questions had been received:

A) From Sally Ruane :-

1. Has a decision yet been made as to which of the three options submitted by UHL to the New Hospital Programme Teams in the summer has been selected by the Treasury/Dept of Health and Social Care/New Hospital Programme Team? If so, which is it?

Response from the UHL:

We are still waiting for feedback on our submissions.

2. Has the Treasury/DHSC confirmed how much funding will be allocated to the scheme? If so, what will this be?

Response from the UHL:

We are still awaiting feedback on funding.

3. Will UHL be required to produce one outline business case for the hospital reconfiguration scheme based on the selected option or one for each of the three options requested by the New Hospital Programme Team in the summer?

Response from the UHL:

We will only be expected to develop the outline business case for the option advised by the New Hospital Programme.

4. Will UHL be required to produce one full business case for the hospital reconfiguration scheme based on the selected option or one for each of the three options requested by the New Hospital Programme Team in the summer? When will the (a) outline business case(s) and (b) full business case(s) be produced?

Response from the UHL:

We will only be expected to develop full business case(s) for the option advised by the New Hospital Programme. Timescales for the outline business case(s) and full business case(s) are yet to be agreed with the New Hospitals Programme.

Whilst we await feedback, we are progressing with designs for the new maternity hospital and the new ICU at the LRI. As well as maternity and intensive care, the design work will also cover neonates. These three services have been identified as most in need of modernisation to provide improvements to both patient care and experience.

Beginning the design work means we will progress the outline business case for these services at LRI from January 2022. We hope to complete this in November 2022. We are yet to agree the timescales for other aspects of the outline business case(s).

5. Does the zero net carbon goal remain integral to the scheme as described in the Decision Making Business Case?

Response from the UHL:

Yes it remains integral. We are waiting for final guidance from the NHP but it is clear our new buildings will need to be aligned to the NHS Net Zero ambition.

6. In response to a question posed by a member of the public at UHL's last governing body meeting, a UHL spokesperson stated that the Leicester scheme was now identified and referenced as a phase three scheme (out of five phases in the New Hospital Programme Team), rather than a pathfinder scheme. In the list of projects published by the Health Service Journal on 17 September, phase three and pathfinder schemes were identified as one and the same thing. Please could UHL (a) confirm that the Building Better Hospitals for the Future scheme is in phase three, (b) clarify what this means in terms of priority and timing and (c) clarify what the implications of no longer being a pathfinder scheme are.

Response from the UHL:

a) Yes, UHL is one of the phase 3 schemes, now called Cohort 3. Cohort 3 are the eight original Pathfinders.

b) This does not change the priority; or timing

c) No change, as per (a)

B) From Jean Burbridge :-

1. How many level 3 and level 2 intensive care beds are there at the Leicester General Hospital?

2. Have any of the departments dependent upon the presence of level 3 intensive care beds been moved out of the Leicester General Hospital since 2019? If so, which departments?

Response from the UHL:

There are 12 physical beds at the LGH.

This has not changed since 2018. These beds flex between level 3 care (where there is one nurse to one patient) and level 2 care (where there is one nurse to two patients). We could therefore staff 6 level 3 beds or 12 level 2 beds. In reality there is always a mixture as patients move from level 3 to level 2 as they improve.

The ICU extension at the Glenfield provided an extra 11 physical beds taking the total bed number to 33 beds to relocate the services requiring ICU support from the LGH to the GH.

In Summer of 2022, we plan to move the following:

- General Surgery and colorectal surgery will move from the LGH to the LRI.*
- Hepatobiliary, renal transplant, nephrology and acute renal services will move from the LGH to the Glenfield*
- Level 3 urology cases will move to the Glenfield but the rest of urology remain at LGH.*

The Chair invited Questioners to ask supplementary questions, in view of the responses.

In terms of the revised costs, the requirement to ensure that public engagement continued was emphasised, particularly in view of the National Hospitals Programme, with its inclusion on future public Board and other meeting agendas being suggested and welcomed.

It was clarified following a question from the Chair that the definite answer on future funding would be announced by the Treasury during the next 12 months.

In respect of the question concerning the use of specialist beds, it was advised that a formal written answer on specialist services could be provided separately.

47. UHL FINANCIAL ADJUSTMENT UPDATE

A verbal update was provided on the current situation concerning the UHL financial adjustment and details were given on when audited accounts could be released. It was noted that a delay was expected with the accounts due to be submitted to the UHL Board before scrutiny.

AGREED:

That the position be noted and a further update report be submitted in due course.

48. COVID19 UPDATE & VACCINATION PROGRESS UPDATE

The Director of Public Health gave a presentation with the updated data concerning Covid 19, in particular relating to the Omicron variant.

In response to questions put by Commission members, it was noted that although the availability of lateral flow tests had caused concerns, this had not been an issue with a shortage of testing equipment, rather that supply and logistical issues had caused some delays. It was recognised that the demand for tests had increased and public information was being enhanced to advise on their availability and advice on the frequency of testing.

The lack of available PCR tests was also discussed and members welcomed the suggestion that community engagement work be increased to ensure that tests were available.

The national situation and the statistics from the ONS were also noted in this regard.

The issue concerning school children being regularly tested was also recognised, with concerns being raised that the spread of the virus could be accelerated by a lack of testing for children.

AGREED:

That the position and update report be noted.

49. UPDATES ON OBESITY (INCLUDING CHILDHOOD OBESITY) - DIETARY ADVICE OPTIONS AND CO-ORDINATION WITH THE FOOD PLAN

The Director of Public Health submitted a report, which provided a summary of the situation concerning excess weight, which it was reported had multiple causes and significant implications for individual's health, services and beyond.

It was reported that there was no one solution to address the complex problem, and the disproportionate impact on individuals and families living in more deprived areas meant that the situation was no longer acceptable.

The UHL also submitted a paper, which provided an overview of the new CEW Obesity Service that had recently been mobilised and work supporting patients across the East Midlands.

In discussing the complex nature of the obesity problem in Leicester, and nationally, Commission members asked that the wording of programmes and strategies to address the situation be carefully titled, as it was emphasised that future engagement and connection with individuals would be required. The more positive wording of ambitions of 'healthy weight' rather than 'obesity' was supported. The requirement to enhance community and stakeholder involvement was highlighted.

The impact of Covid 19 and associated isolation was also raised, and it was accepted that the issue would require long term solutions.

An update on the removal of unhealthy products from the Council's vending machines at Leisure Centres was received and welcomed.

It was considered that the need to assure that individuals would be guided through a blameless system required development, and the enhancement of commissioned services in this regard were noted.

AGREED:

To endorse the proposed whole systems approach to healthy weight and support engagement in the approach, contributing and advocating during stakeholder engagement workshops and wider conversations.

50. ALCOHOL STRATEGY

The Director of Health gave a presentation, which outlined the work concerning the Alcohol Harm Reduction Strategy.

It was noted that the strategy had involved an online survey during August and September 2021, which had been publicised via a press release and distributed through stakeholder networks.

Hybrid face to face and online consultations with members of the recovery community had also been undertaken.

The Commission referred to the relatively low number of responses received, which appeared to be a small sample to make confident conclusions, however it was understood that the responses were typical of a wider cohort.

The limitations of finance and lack of staff resources available to support the strategy were noted. The impact of Covid 19 and the evidence that isolation had accelerated alcohol abuse were also reported and noted.

In response to questions it was noted that commissioning work would continue, and the impact of advertisements concerning drinking, alongside gambling, with statements to 'drink responsibly' were unhelpful and added to the problems.

In conclusion, the Chair referred to the links of the alcoholism problems to the previous report concerning obesity and asked that a report be submitted to the Commission in due course to provide and update on the notable work being undertaken.

AGREED:

That the position be noted and a further update report be submitted in due course.

51. WORK PROGRAMME

The Commission's Work Programme was submitted for information and comment.

52. CLOSE OF MEETING

The meeting closed at 8.30pm.

Appendix B

Leicester City Health and Wellbeing Overview Scrutiny Commission

25th January 2021

Update on Transition to an Integrated Care System

Purpose

1. This paper provides an update on progress towards the establishment of the Leicester, Leicestershire and Rutland Integrated Care Board.

Delay to timeline

2. To allow sufficient time for the remaining parliamentary stages of the Health and Care Bill, a revised date of 1 July 2022 has been agreed for the new arrangements to take effect and Integrated Care Boards (ICBs) to be legally and operationally established. This replaces the previous date of 1 April 2022.
3. The new date will provide some extra flexibility as ICSs prepare for the new statutory arrangements and manage the immediate priorities in relation to the pandemic response, while maintaining momentum towards more effective system working.
4. The establishment of statutory ICSs, and timing of this of course, remains subject to the passage of the Bill through Parliament.
5. National and local plans for ICS implementation are now being adjusted to reflect this timescale, with an extended preparatory phase from 1 April 2022 up to the point of commencement of the new statutory arrangements. It is not envisaged that the delay will impact on the programme significantly. Plans are well developed, and we will continue to move forward with the actions necessary to close the existing three Clinical Commissioning Groups and establish the Integrated Care Board.

Role of Clinical Commissioning Groups April to June 2022

6. As statutory organisations the three Clinical Commissioning Groups will now continue as statutory organisations, with all their existing duties and responsibilities, until the end of June 2022. Existing governance arrangements will remain in place to enable them to discharge their duties during this period.

Appointments

7. The Leicester, Leicestershire and Rutland Integrated Care Board has David Sissling as its Designate Chair and Andy Williams as its Designate Chief Executive Officer.

8. Following a recruitment process the following are the preferred candidates for the Designate Director roles for the LLR Integrated Care Board.

Role	Appointed
Director Finance	Nicci Briggs
Director Nursing	Caroline Trevithick
Director People	Alice McGee
Director Transformation	Rachna Vyas
Director Strategy	Sarah Prema

These designate director appointments remain subject to agreeing the remuneration for each role, which is pending the publication of national guidance.

The Director of Medicine is currently out to advert with interviews planned for mid-January 2022.

9. The four Non-Executive Director roles for the LLR ICB have been advertised and shortlisting completed. Interviews will take place mid-January 2022.

Integrated Care Board Governance

10. The Constitution for LLR Integrated Care Board is currently being finalised; this is based on a national template. It sets out how the Integrated Care Board will be governed including composition of the Board; the appointment process to the Board; process and procedures that the Board will use; and meeting arrangements. The Constitution is underpinned by a range of documents that support the governance of the Board and the organisation including Standing Orders; Standing Financial Instructions; Conflicts of Interest Policy; and Governance Handbook. All the supporting documents are in the process of being developed.
11. Current draft membership of the Integrated Care Board includes the Chair and Chief Executive of the ICB; four Non-Executive Directors; four ICB Executive Directors; and six Partner Members (one from Community/Mental Health Sector; one from Acute Sector; one representative from each local authority with social care responsibility in the ICB area; one Clinical Executive Lead). The Constitution sets out the nomination and selection process for the Partner Members which will be underpinned by secondary legislation setting out who can nominate each Partner Member.
12. Once the Constitution has been finalised and the secondary legislation issued that supports Partner Member nomination onto the Integrated Care Board the process of appointment for Partner Members will commence.

Health and Wellbeing Partnership Development

13. Work has been undertaken, by a partnership group, to define the priorities for the Health and Wellbeing Partnership and its membership. The current proposals are due to be considered by the Health and Wellbeing Partnership at its 20th January 2022 meeting.

Assurance on progress

14. As part of the process for the disestablishment of the three Clinical Commissioning Groups and the establishment of the Integrated Care Board an assurance process has been established and dedicated resources are in place to support this.
15. At a local level there is a programme plan setting out all the necessary actions and timelines. This is regularly reviewed by the programme team to ensure that actions are on track and any necessary actions taken. Progress is also reviewed at a weekly Transition meeting.
16. The shadow Integrated Care Board has established a system Transition Committee which receives regular reports on progress to enable it to be assured that progress is being made and any necessary issues are dealt with. Monthly reports from the Committee are provided to the shadow Integrated Care Board and the CCGs Governing Bodies.
17. At a regional level the ICS is required to provide regular updates, via a Readiness to Operate Statement, to NHSEI together with regular discussion and feedback on progress. The latest submission was made in mid-December 2021 and feedback is due later in January 2022. These submissions will continue until the establishment of the ICB with the next one expected in March 2022.

Recommendations

The Leicester City Health and Wellbeing Overview Scrutiny Commission asked to:

NOTE to progress being made in relation to the transition to the Integrated Care Board.

Health Scrutiny 2022 Long Covid

Report from University Hospitals of Leicester NHS Trust

Update on PHOSP-COVID study and COVID recovery programme

1) PHOSP-COVID study

PHOSP-COVID is a multi-centre, UK-wide, observational study of patients discharged from hospital following a clinical diagnosis of COVID-19. It has been awarded £8.4million jointly by UK Research and Innovation (UKRI) and the National Institute for Health Research (NIHR). Led by the National Institute for Health Research (NIHR) Leicester Biomedical Research Centre, the PHOSP-COVID study draws on expertise from a consortium of leading researchers and clinicians from across the UK to assess the impact of COVID-19 on patient health and their recovery. It involves 53 institutions and 83 hospitals. Over 7000 participants have been recruited with 2750 volunteering to attend clinical research visits.

We published our results at one-year after discharge as a 'pre-print' (not peer reviewed) 15th Dec, 2021 and is under review currently with Lancet Respiratory Medicine. We presented to national and international media via the Science Media Centre and the story was picked up by TV, radio and newspapers.

2,230 adults who had been discharged from hospital with COVID-19 completed a five-month assessment; and 807 people completed both a five-month and one-year assessment. Recovery was measured using patient-reported data, physical performance and organ function tests. Participant blood samples at the five-month visit were analysed for nearly 300 proteins linked to inflammation and immunity.

From five months after discharge there was limited recovery at one-year. Specifically, less than 3 in 10 patients reported they felt fully recovered at one year, largely unchanged from 2.5 in 10 at five months. The most common ongoing symptoms (Long COVID) were fatigue, muscle pain, physically slowing down, poor sleep and breathlessness. Participants felt their health-related quality of life remained substantially worse one year after hospital discharge, compared to pre-COVID. People who were less likely to make a full recovery from COVID-19 were female, obese, and required invasive mechanical ventilation (IMV) to support their breathing during their hospital stay.

A cluster analysis, which is a mathematical method to group participants according to similar traits, identified four distinct groups based on the severity of physical, mental and cognitive (akin to 'brain fog') impairments experienced at five months. The number of persistent symptoms was much higher in the 'very severe' group compared to the 'mild' group. In all clusters, there was little improvement in physical and mental health from the five-month to one-year assessments. Obesity, inflammation and low walking performance were associated with the very severe impairments and highlight potential treatment targets in relevant patients.

We compared the blood profiles across the four clusters and identified higher levels of proteins, associated with whole-body inflammation and tissue damage and repair, in participants with very-severe Long COVID compared to mild. We also found other proteins were higher in those in the cluster of patients reporting symptoms such as 'brain fog' or slowed thinking, suggesting possible

neuro (brain)-inflammation. This data helps understand the potential underlying causes of some of the ongoing problems for people with Long COVID.

Over half a million people in the UK have been admitted to hospital as a result of COVID-19, so a sizeable population are at risk of persistent ill-health and reduced quality of life. Our results highlight the need for holistic and proactive care after patients leave hospital and support the approach used by the UHL NHS Trust Long COVID service for LLR. Our data suggests a personalised medicine approach to the treatment of Long Covid is needed where different patients are likely to benefit from specific treatments rather than a 'one size fits all' approach. We are currently conducting a clinical trial of different rehabilitation strategies, and are planning intervention trials with anti-inflammatory medication and medication for weight management.

2) Covid Recovery Programmes

Your COVID Recovery® is a 'light touch' digital recovery programme for individuals recovering from long COVID. The site was developed by a core team at the University Hospitals of Leicester NHS Trust with support of national experts in symptom management and representation from a wide range of health professional societies. Financial support was provided by NHS-E and an educational grant from an international pharmaceutical company.

The programme is highlighted in the UK Government recovery plan from long COVID (NHS England and Improvement, 2021) and was highlighted in the NICE guidance on long COVID (National Institute for Health and Care Excellence, 2020). The site has two components: phase one and two. Phase one is an open access site (www.yourcovidrecovery.nhs.uk) and is available worldwide and provides advice on managing common symptoms. Phase two is a password protected site that patients can access following an assessment by a healthcare professional (HCP).

Site navigation and content was developed in collaboration with individuals who have experienced Long COVID. The precise content of the site was developed by individual HCPs, specialists in their field and specialists representing major professional bodies in the UK. All content was peer reviewed by additional experts, patients and the communications team at NHS England for readability. Embedded into the site are two outcome measures: the EQ-5D and the COPD assessment test .

Phase 1 data (06/01/2022)

- Current website views:
 - o P1 visitors: 5.10 million
 - o P1 page views: 9.70 million
- This week 502,069 users have accessed the YCR website, with 694,266 page views.
- Top pages include the taste and smell, cough, chest pain, musculoskeletal shoulder and back pain and dizziness.

Phase 2 is a password protected supported self-management programme, supported by a team at UHL. UHL is responsible for training and 'on boarding' all interested sites. To date we have trained in excess of 120 sites across England.

Phase 2 data

- Number of sites: 137
- Number of patients: 1,695

Early data from those who have graduated from the programme indicate improvements in these 2 outcomes. This data has no control group and we have recently received funding to conduct a small randomised controlled trial. (There was an increase in EQ VAS score (pre =48.84 [19.51]; post = 59.87 [22.14]; $p < 0.001$), with a mean difference of 11.03. There was also an increase in EQ-5D Index Value pre- to post-intervention (pre =0.52 [0.25]; post = 0.57 [0.27]; $p = 0.089$), with a mean difference of 0.05.)

1. Face to face rehabilitation

In response to the increasing burden of long Covid, a Covid specific rehabilitation programme was offered, that utilised clinical sessions that would under normal circumstances be pulmonary and cardiac rehabilitation programmes.

The rehabilitation programme was 6 weeks in duration, with two supervised sessions per week. The programme comprised of aerobic exercise (walking/treadmill based), strength training of upper and lower limbs and educational discussions with handouts from the www.yourcovidrecovery.nhs.uk website. The education sessions included: breathlessness, cough, fatigue, fear and anxiety, memory and concentration, taste and smell, eating well, getting moving again, sleeping well, managing daily activities and, returning to work.

The programme has limited capacity currently (as we are now delivering pulmonary and cardiac rehabilitation) but we have recently received funding to expand capacity in collaboration with LPT (posts currently out to advert).

Early data published (Daynes E et al CRD 2021) identified important improvements in functional capacity, health related quality of life, breathlessness, fatigue and cognition. We will be offering the programme across Leicester and Leicestershire.

Leicester City Health Overview and Scrutiny Committee

Tuesday 25th January 2022

Community Pharmacist Consultation Service Update

Service Background and Overview

The NHS Community Pharmacist Consultation Service (NHS CPCS) is a community pharmacist led clinical service which is well established in community pharmacy across England and has been managing referrals for minor illness conditions from 111 since October 2019.

Building on the success of the pilots, from 1st November 2020 General Practice referral into Community Pharmacy Consultation Service became a national service, referred to as GP CPCS. Regional teams were requested to roll out a “soft launch” of the service with a phased implementation working with Primary Care Networks who were keen to be early adopters.

Primary Care Networks are the driving force for implementing and governing the General Practice referrals into the Community Pharmacy Consultation Service. Key to successful delivery is a good working relationship between the NHSE&I programme team, Integrated Care System Leads, PCN Access Leads, PCN Clinical Directors, PCN Clinical Pharmacists, PCN Community Pharmacy Leads and Local Pharmaceutical Committee development officers.

Benefits of Implementing and using General Practice referral to Community Pharmacy Consultation Service

- GP referrals into CPCS is one of several improvement measures available to improve access and one of the easiest to implement.
- GP CPCS will free up practice capacity to see higher acuity patients and it will also build the platform for longer-term relationships between the pharmacy and general practice professions.
- 6% - 10% of all GP & Nurse consultations can be safely transferred to a community pharmacist. This equates to referring up to 55 GP practice appointments per practice each week to pharmacists.
- The scheme supports patients to self-manage their health more effectively with the support of community pharmacists.
- Early Implementors have reported a reduction in repeat calls, “Did Not Attends”, secondary care activity, in having to turn away patients because appointment ledgers are full, and an improvement in the number of Learning Disability Annual Health Checks and Long Term Conditions consultations.

Leicester, Leicestershire and Rutland and Leicester City GP CPCS Data (to date) – and Key Points Arising

General Practice referral to CPCS Utilisation Summary

To date, **67 (50.3%)** GP practices have implemented GP CPCS across LLR. In Leicester City, **31 (54%)** GP practices have implemented GP CPCS.

Across LLR, **6,613** referrals have been made by LLR practices to the GP CPCS. To date, Leicester City practices have made **2,536** referrals to the GP CPCS.

9 out of the 10 Leicester City PCNs have practices that have implemented GP CPCS. Leicester Central PCN is the one that has not to date. However, they have submitted a “Winter Access Fund” plan and have therefore committed to implementing and using GP CPCS.

26 GP practices in Leicester City are yet to implement GP CPCS and there is clearly an imperative – and an opportunity – to work with these practices and their PCNs to support successful and timely implementation.

Whilst referral numbers are high in Leicester City and across LLR, practice level data shows **considerable variation in referral rates** between practices. The data also allows us to identify practices where/when referrals appear to have ‘stalled’. Both give opportunities to analyse the data further and offer support to practices and or PCNs accordingly to understand or surface issues and work with community pharmacy partners to solve and optimise referral rates.

Leicester City GP CPCS Referral Outcomes

Table 1 below shows a break-down of the outcomes of the 2,536 LC referrals to the GP CPCS:

Table 1

Outcome	Number of
Appropriate advice given and prescription of medication	135
Appropriate advice given via the minor ailment service	16
Appropriate advice and medication provided	623
Appropriate advice given only	968
Patient escalated	347
Patient sign-posted	408
No outcome identified	39

The next table, Table 2, shows further break down of the 347 *patient escalated* outcomes, (14%): -

Table 2

Escalation detail	Number of	% of total escalations
Urgent to Emergency Department	3	0.9
NHS Walk In Centre	3	0.9
NHS Urgent Care Hub	4	1.0
Urgent GP	337	97.0

In Leicester City, the percentage of referrals from practices to the GP CPCS that are escalated back to the referring practice is 13.3%. The national expectation for this, (from pilots and early implementors), is 10%, so whilst not significantly higher for City, is something that is being further analysed.

Leicester City GP CPCS Reasons for Referral

Table 3 shows the most common reasons given for the referrals made by Leicester City practices to the GP CPCS: -

Table 3

Reason given for referral	Number of referrals
Cough	267
Skin/Rash	205
Earache/Discharge	169
Eye – Red or irritated	141
Cold or Flu	136
Sore Throat	100
Urinary Tract Infection	97
Lower Back	96
Headache	65
“Other”	630

The referral reasons are taken from the national dataset report, the not insignificant “other” total is something to be flagged with the regional team and further broken down.

Early Reflections

Many practices in Leicester City (and LLR) have recognised, embraced, and successfully implemented the General Practice referral to Community Pharmacist Consultation Service as an easy and safe way to improve their patients access to the right care, at the right time, from the right person.

Key to this success has been early engagement and collaborative working between practices and their local community pharmacies and pharmacists. This allows for agreement and confirmation of practicalities, e.g., referral process, safe referral time windows, escalation process and contacts etc., and also establishes communication channels and trust to allow the timely sharing of intel that supports a safe and effective service, such as workforce and or capacity pressures (for both parties) – particularly imperative given the pandemic and vaccination push.

Also key to successes so far, and vital for our “new year push”, has been, and will be, the shared vision and collaboration between the Regional Implementation Team, the CCG, and the Local Pharmaceutical Committee leaders and development managers.

Joint promotions and development events have happened and will continue, service provision information and guidance has been developed and shared, Local Pharmaceutical Committee and NHSE/I Community Pharmacy Leads are working with the community pharmacies so they “think PCN”, and issues raised by either practices or community pharmacies/pharmacists are shared and collaborative support offered as appropriate.

A simple, safe, and quick referral process/mechanism is the key ask of LLR practices. Currently, across LLR, practices are encouraged to use PRISM, (Pathway and Referral Implementation System), but feedback is that, even once the relevant staff have become familiar with the technical process, it takes too long. Funding from NHSE/I has been identified for each Integrated Care System to provide an “integrated referral solution”, suitable for both the clinical systems used by LLR practices.

However, this is non-recurrent funding, and the CCG will undertake a review and scoping exercise, (including this option), to identify the best, long term way to make referral to the GP CPCS as easy as possible for all parties.

Opportunities to Further Utilise Community Pharmacy

These are and will be offered from and by several routes and will require the same shared vision and collaboration between the Regional Implementation Team, the CCG, and the Local Pharmaceutical Committee leaders and development managers to maximise the potential benefits to both patients and pressurised services.

New Medicine Service (NMS) Advanced Service

- Expansion of the NMS from September 2021 to a significant number of additional therapeutic areas.
- Introduction of a catch-up NMS to allow contractors to deliver the service to patients started on an eligible new medicine between 1st April 2020 and 31st August 2021, who have not received an NMS due to pandemic restrictions.
- Provision for contractors to deliver the NMS away from the pharmacy premises with the patient’s consent.

Smoking Cessation and Advanced Service

- All participating pharmacies who meet the service requirements to offer smoking cessation support on referral from secondary care.

Extended Care Patient Group Direction Services – advice and treatment

- Opportunity for pharmacists to offer advice and treatment (where appropriate) for a range of conditions that would otherwise require an appointment with a prescriber.
- Bolt on or standalone to Community Pharmacy Consultation Service

Tier 1 Service	Tier 2(a) Service	Tier 2 (b) Service
Simple UTI	Infected Insect Bites	Acute Otitis Externa
Acute Bacterial Conjunctivitis	Infected Eczema	Acute Otitis Media
	Impetigo	Acute Bacterial Sinusitis
		Sore Throat

Emergency Department Streaming to Pharmacist

There are national pilots currently in place where Emergency Departments are trialling streaming patients to Community Pharmacists. In LLR a local initiative is being trialled with patients being referred to UHL's in house pharmacy for consultation with the pharmacist.

Conclusion

Many practices in Leicester City (and LLR) have recognised and embraced the General Practice referral to Community Pharmacist Consultation Service as an easy and safe way to improve their patients access to the right care, at the right time, from the right person.

The impact of the emergence of the Omicron Variant and the subsequent re-focusing of PCNs and their practices on the delivery of the Covid-19 Vaccination programme - whilst maintaining essential services – has undoubtedly impacted on the further implementation and utilisation of GP CPCS by LLR practices.

However, further contractual obligations, along with the strong collaborative relationships between the CCG, NHSE/I, LPC, analysis of the emerging data set, and the learning from our successful users of the GP CPCS, will allow us to push on and optimise this service for all our patients, achieving 100% access to this service by the end of Q1 22/23.

Appendix E Oral health survey of three-year-old children, 2020

Monitoring report for Leicester City Council



Oral health survey of three-year-old children, 2020
April 2021

Division of Public Health
Leicester City Council
www.Leicester.gov.uk/

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1. About the Oral health survey of three year olds

Public Health England's (PHE) National Dental Epidemiology Programme (NDEP) includes the examination of a random sample of 3-year-old children, 2019 to 2020.

The results presented here are from the data collection during the 2019/2020 academic year across local authorities in England.

This is the second PHE NDEP oral health survey of 3-year-old children, since its inception in 2013.

The aim of the survey is to measure the prevalence and severity of dental caries among 3-year-old children and information can be used to:

- Inform the local oral health improvement strategy and health needs assessment, particularly joint strategic needs assessments
- Provide comparisons with children of the same age in previous years
- Identify oral health inequalities

This report also includes information on the 2018/19 5 year old survey in relation to ethnicity and deprivation to give some insight into inequalities in oral health. This information is not available for the 3 year old data.

2. Implications of COVID-19 on data collection

Data collection was curtailed by the outbreak of the coronavirus and the subsequent closure (except to children of key workers) of all schools and nurseries in England in March 2020. Therefore the survey had to be terminated and the final 3 months of data collection were lost. This meant 20 of 151 upper tier and 67 of 314 lower-tier local authorities were unable to return useable data. Additionally 30 upper-tier local authorities did not commission the survey. Very few areas reached the minimum sample size of 250 children and the results should be interpreted with caution, particularly when making comparisons with other surveys.

3. Participation in the survey

- Estimates were available for 101 out of 151 upper-tier local authorities.
- From the national sample, 3% of the population were examined (19,479); a considerable drop in sample size from 2013 when 8% of the population were examined (53,814). In Leicester, a total of 286 children from maintained schools across Leicester were examined, a participation rate of 38% of the sample. This represents 6% of all 3-year-olds attending mainstream city schools.
- Not all of Leicester's comparator authorities had sufficient numbers for estimates or participated in the survey. This included many of the child comparator authorities such as:
 - Blackburn with Darwen
 - Birmingham
 - Southampton
 - Slough
 - Sandwell
 - Coventry
 - Hillingdon
 - Walsall
 - Wolverhampton
- For this reason, this analysis includes comparisons against Leicester's adult and child comparator areas, where possible. These include: Nottingham, Bradford, Luton (adult) and Hounslow (child).

4. Limitations of the survey

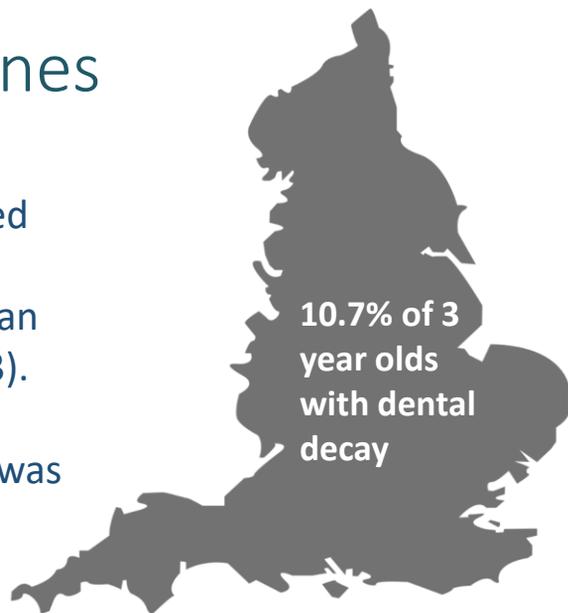
- The numbers of children examined were markedly lower than in 2013 due to both COVID-19 and 20% of upper tier local authorities opting not to commission the survey. For Leicester's comparator authorities, estimates are based on a fairly small number of examined children. Sample sizes for the authorities analysed in this report include:
 - 286 (Leicester)
 - 54 (Nottingham)
 - 66 (Luton)
 - 63 (Hounslow)
 - 169 (Bradford)
- The survey only measured experience of dental decay at the threshold of visually obvious dentinal decay. This is a later stage of decay where intervention would involve filling or removing the tooth.
- The survey employed positive consent. Positive consent has been shown to adversely affect participation rates and consent rates may be lower in those with higher levels of dental decay experience and those living in more deprived areas.
- Note: While subnational comparisons should be undertaken with great caution due to markedly different sample sizes and participation rates, at a national level the data was broadly representative in terms of deprivation and ethnicity. The larger national sample size lends more confidence to national comparisons.

5. National headlines

Overall, 10.7% of 3-year-old children surveyed had experience of dental decay.

In children with experience of decay, the mean number of affected teeth was 3 (CI 2.81-3.03).

A 1% decrease in national decay experience was observed between 2013 (11.7%) and 2020.



5.1 Variation by geography, ethnicity and deprivation

- Decay experience varied by region, with the highest prevalence concentrated in Northern England; children living in Yorkshire and The Humber were more than twice as likely to have experience of dental decay (14.7%) than children living in the East of England (6.7%). Between Local Authority areas, Salford observed the highest proportion of decay amongst 3-year-olds (27.5%) and Sheffield observed the least (0.9%).
- The prevalence of experience of dental decay was higher in children from more deprived areas (16.6%) than in children from less deprived areas (5.9%).
- There was variation in prevalence of experience of dental decay by ethnic group and was highest in the 'Other' ethnic groups (20.9%) and the Asian and Asian British population (18.4%).
- Within ethnic groups, in the White group, children from Gypsy or Irish traveller (26.5%) and White other (16.3%) ethnic groups had a greater prevalence of experience of dental decay than children from the White British ethnic group (8.4%). In the Asian ethnic group, children from the Pakistani ethnic group (22.2%) had a greater prevalence of dental decay than children from the Indian group (14.5%).

5.2 Leicester decay experience

Overall, 16.1% of 3-year-old children in Leicester had experience of dental decay, this is significantly higher than the national (10.7%) and East Midlands (9.7%) rate.

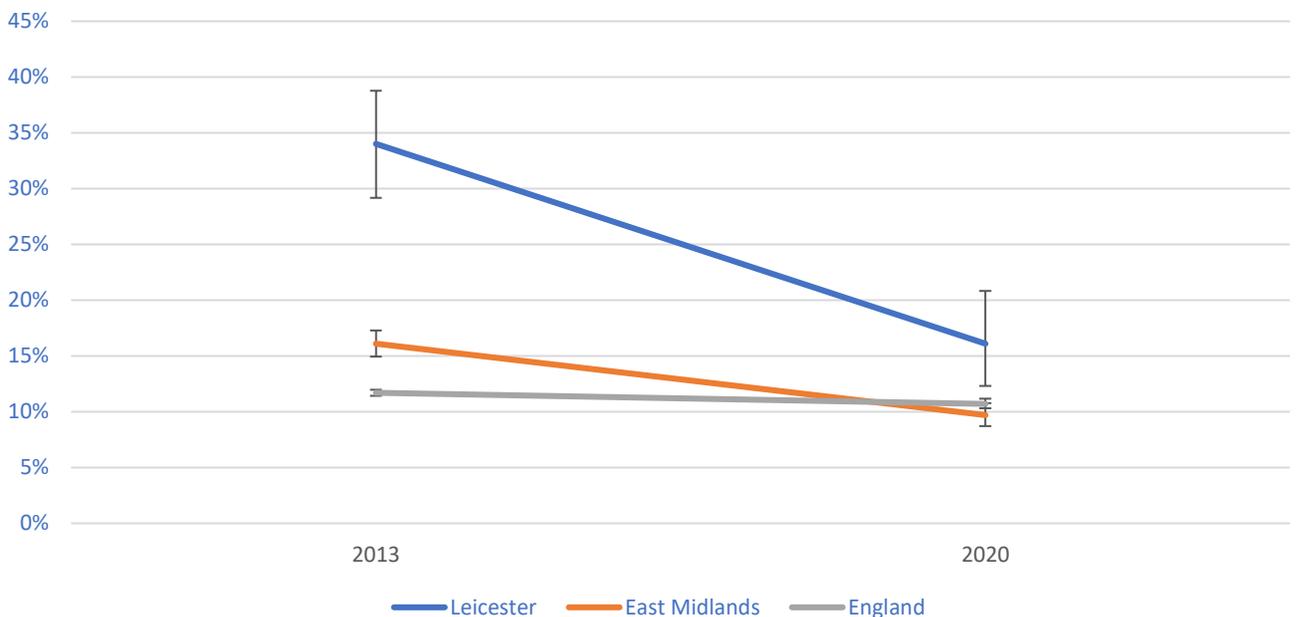
When compared to all local authorities, Leicester observes the 19th highest rate.

Table 1: Percentage with decayed, missing or filled teeth

Upper-Tier LA Name	% d3mft > 0
Leicester	16.1
East Midlands	9.7
England	10.7

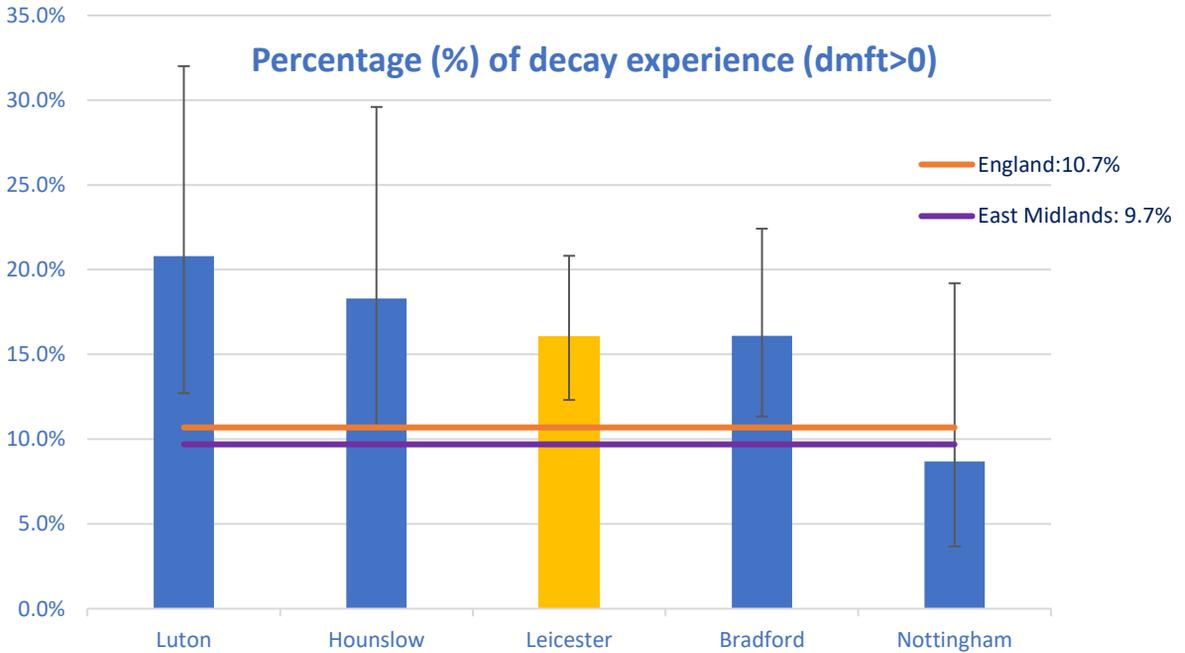
While for England overall there has been little change in dental decay experience since the previous survey in 2013, data for Leicester indicates a substantial reduction the burden of decay experience (18% decrease). However, confidence in these findings are limited by the small number of Leicester children examined in the survey. Further analysis of examined children is required to better understand decay experience across the City.

Percentage (%) of 3-year-olds with experience of dental decay, 2013 and 2020

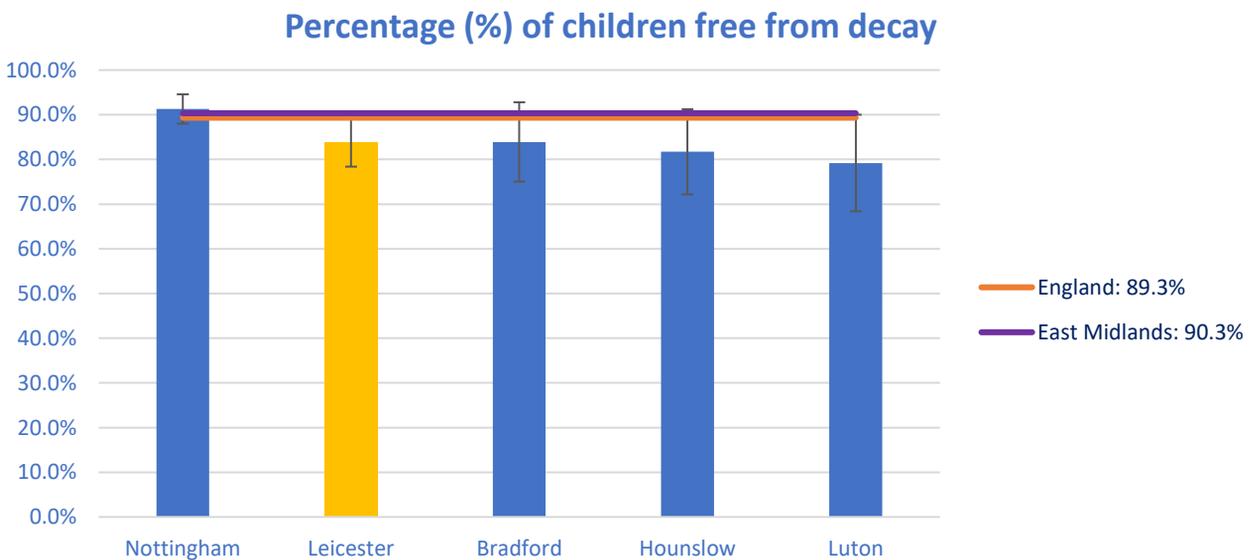


5.3 Percentage of decay experience

Leicester experiences a similar percentage of dental decay to its peer comparator authorities.

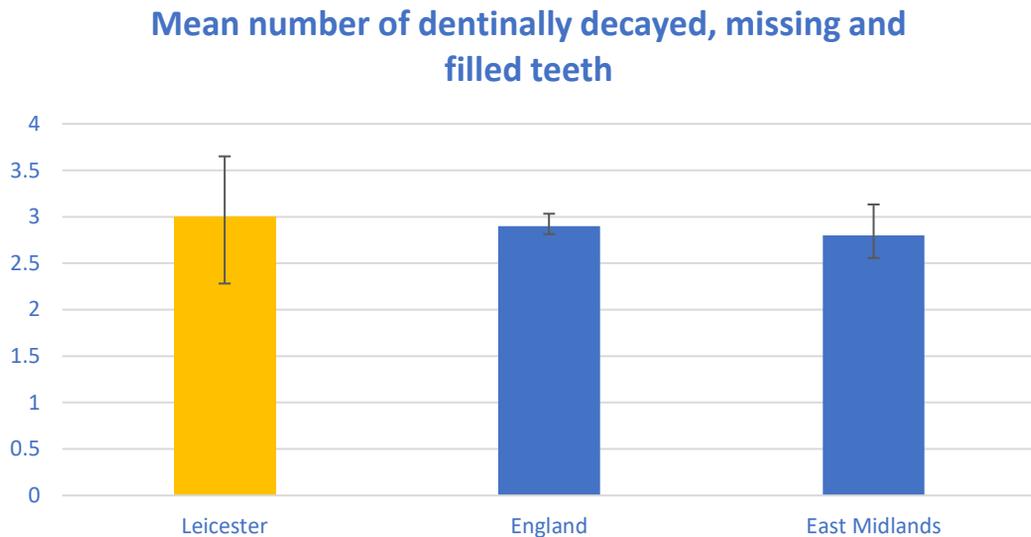


83.9% of 3- year- old children in Leicester are free from tooth decay. This is significantly less than the national average (89.3%) and the East Midlands overall (90.3%). When compared with comparator authorities, there are modest differences but these are not significant.



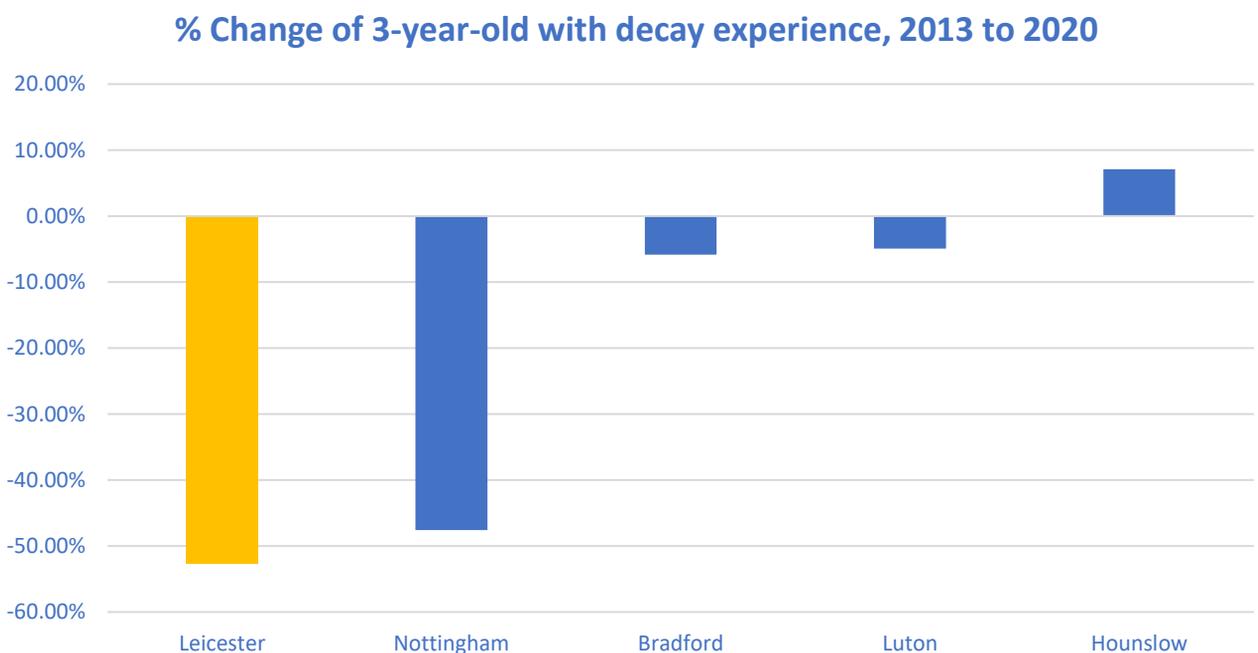
5.4 Average number of decayed teeth for children with decay experience

Among the children with decay experience, the average number of decayed, missing (due to decay) or filled in England and the East Midlands was 3. The average for Leicester was also 3.



5.5 Change in decay experience by comparators

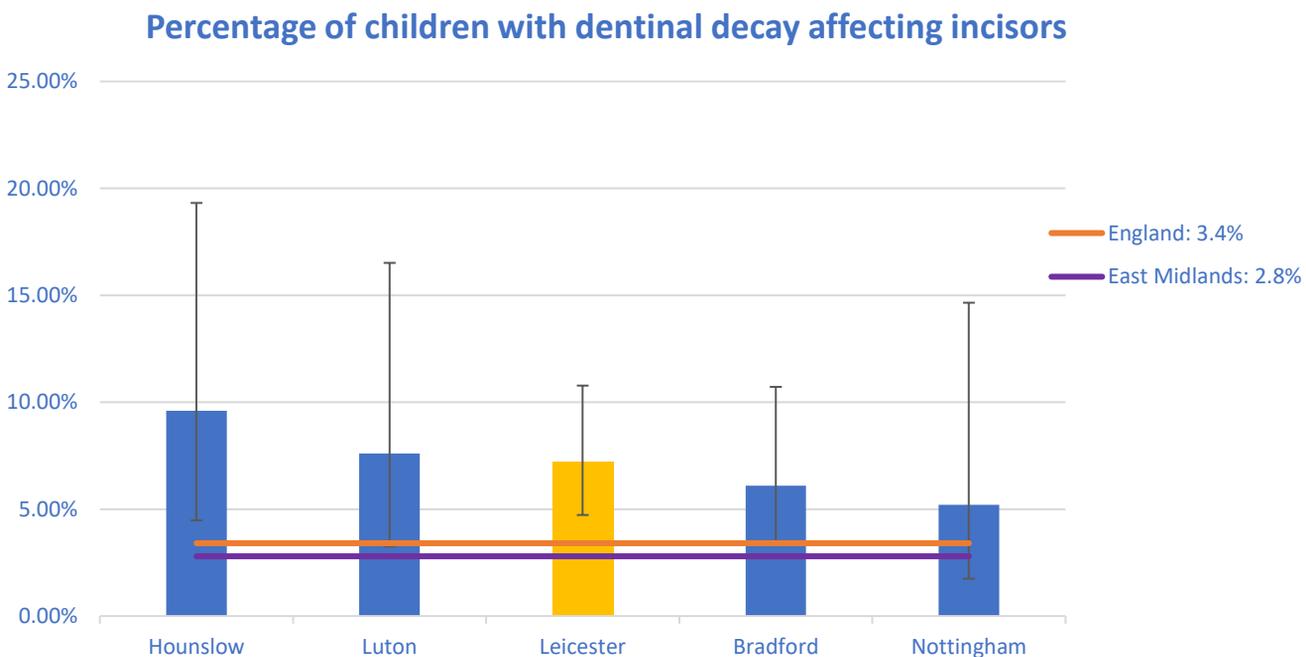
Leicester has observed one of the highest percentage decreases in the proportion of three year olds with tooth decay, since 2013.



5.6 Decay affecting incisor teeth

It is useful to know what proportion of children had dental decay affecting one or more of their incisor (front) teeth. This type of decay is usually associated with long-term bottle use with sugar-sweetened drinks, especially when these are given overnight or for long periods during the day.

Overall, the prevalence of incisor decay was 3.4% and 2.8% at national and regional level, respectively.

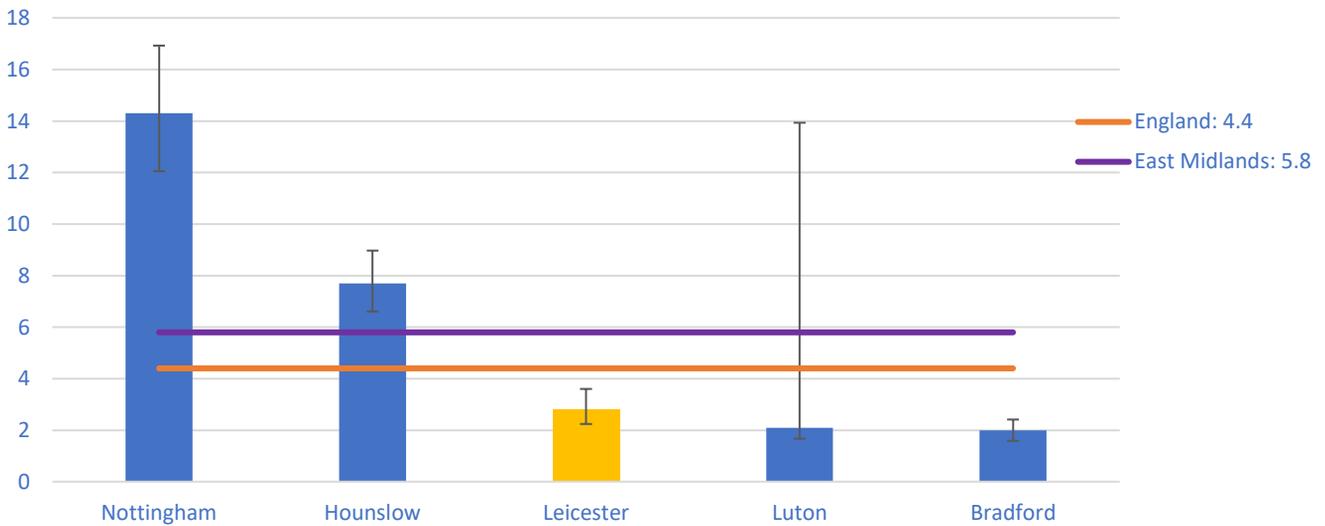


- In Leicester 7.2% of 3-year-old children had dental decay affecting one or more of their incisor teeth, which is significantly higher than for England overall.

5.7 Care index

The Care Index gives an indication of the restorative activity of dentists in each area. It is the percentage of teeth with decay experience that have been treated by filling (ft/d3mft).

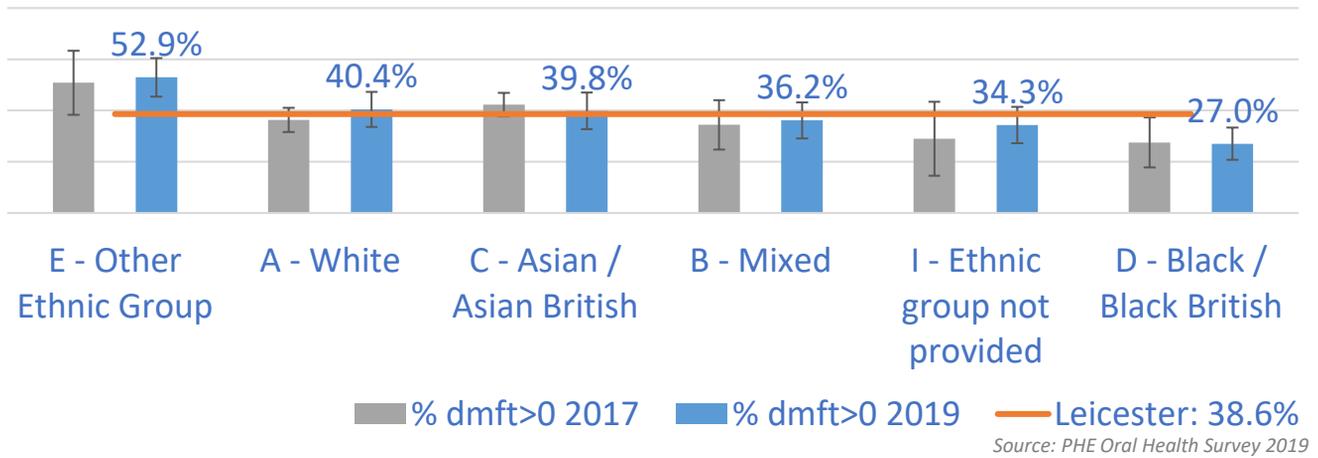
Proportion of d3mft score relating to treatment by filling (ft/d3mft)



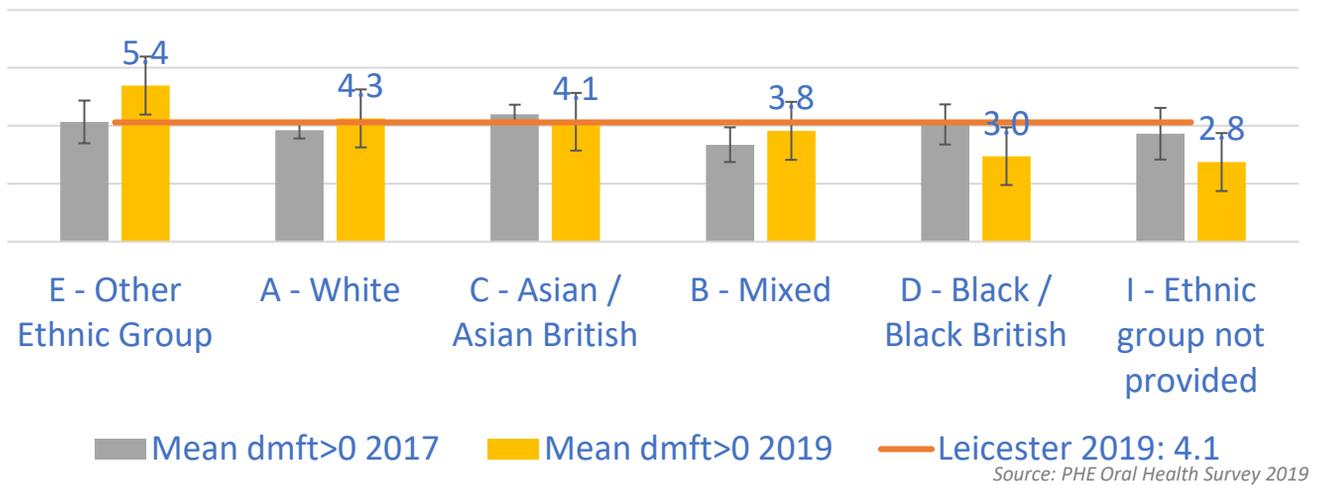
- The proportion of decayed teeth that were filled was 4.4% across England as a whole and 5.8% for the East Midlands. In Leicester, the proportion is significantly lower at 2.8%.

5.8 Ethnicity results for 5 year olds

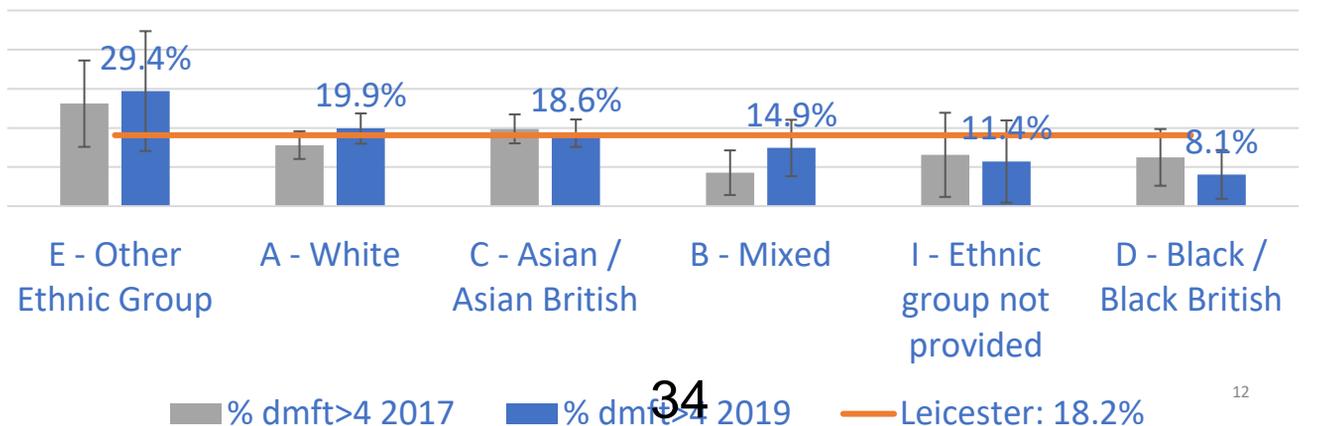
Percentage of 5 year olds with decay experience (dmft>0), 2019



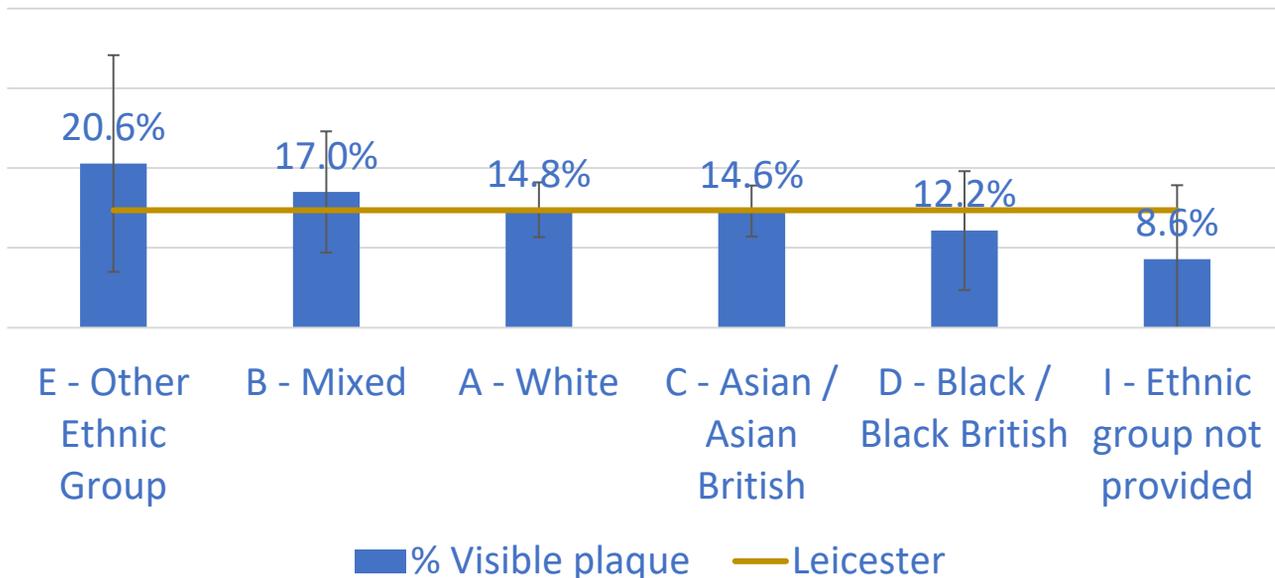
Of those with tooth decay (dmft>0)...Mean number of decayed, missing and filled teeth per child



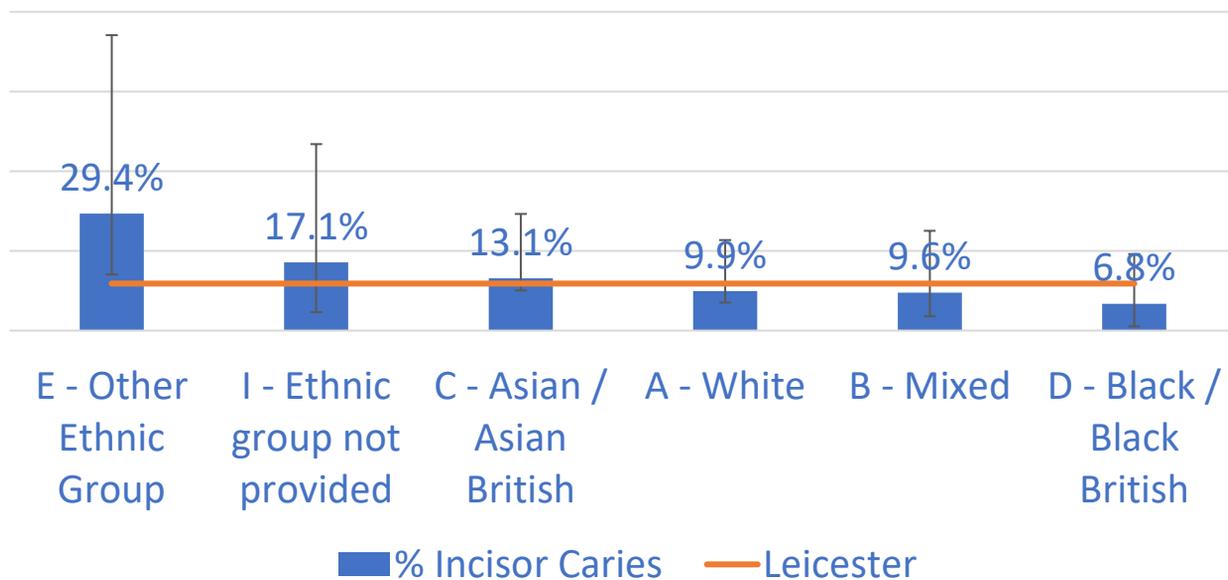
Percentage of 5 year olds with severe decay experience (dmft 4+), 2019



Percentage of 5 year olds with visible plaque, 2019

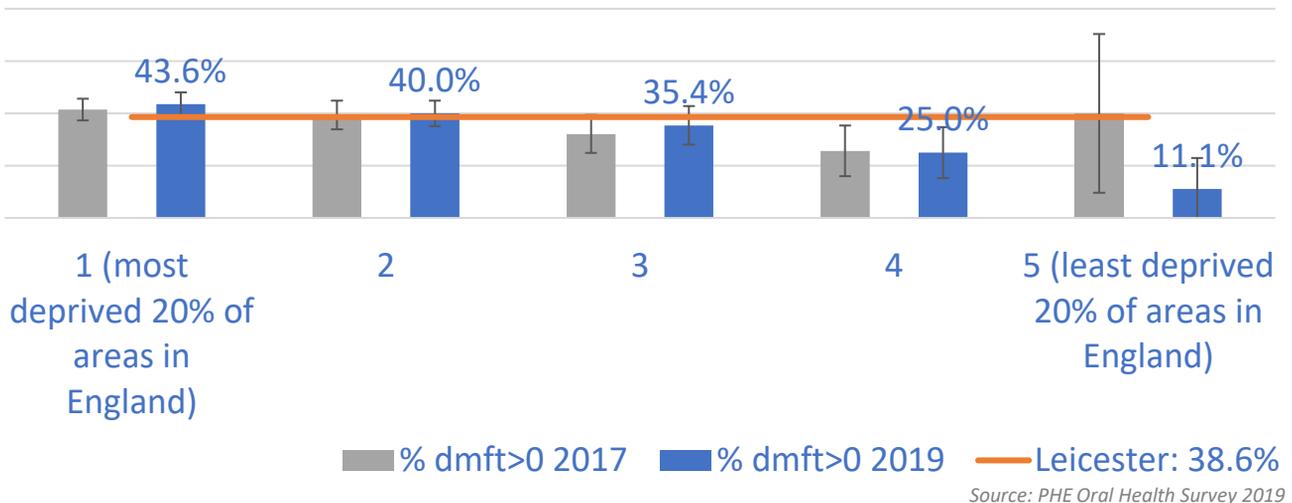


Percentage of 5 year olds with incisor caries, 2019

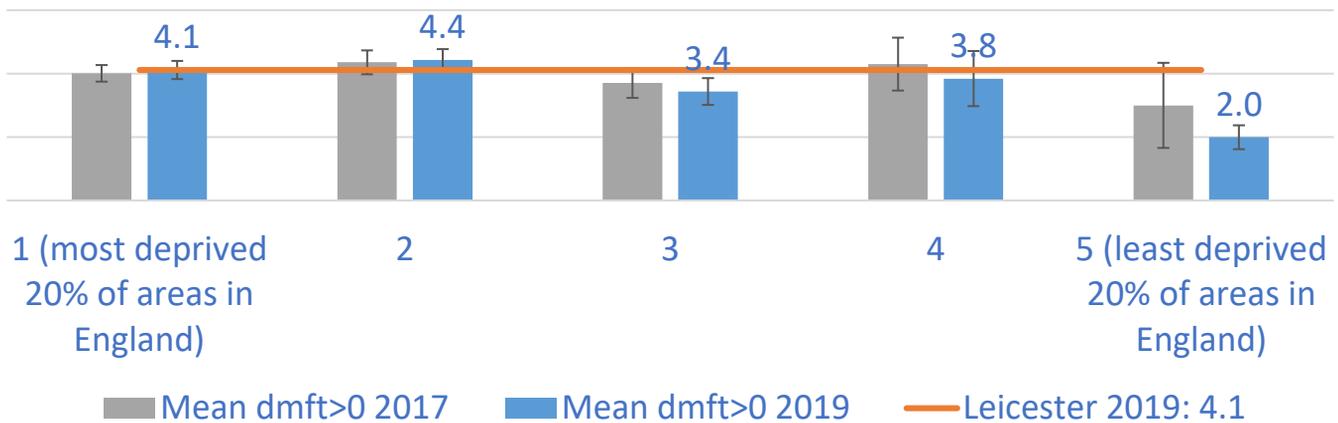


5.9 Deprivation results for 5 year olds

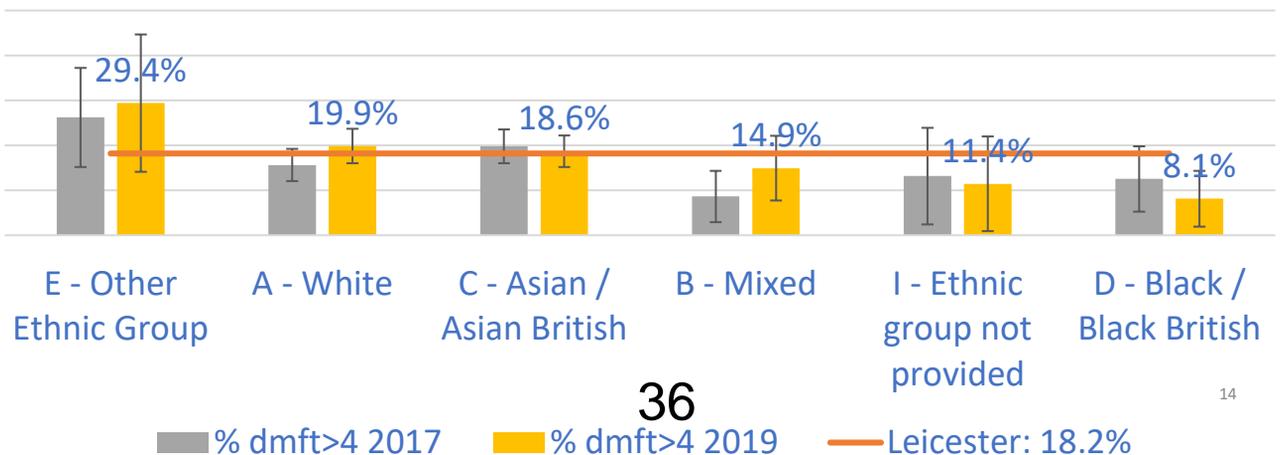
Percentage of 5 year olds with decay experience (dmft>0), 2019



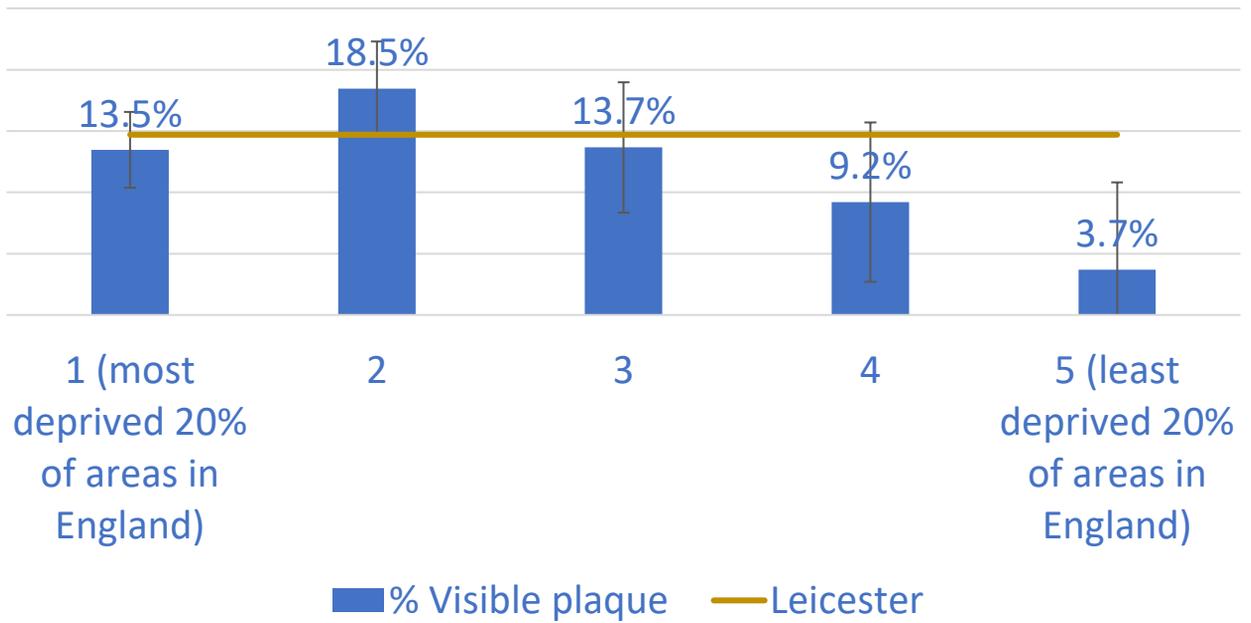
Of those with tooth decay (dmft>0)...Mean number of decayed, missing and filled teeth per child



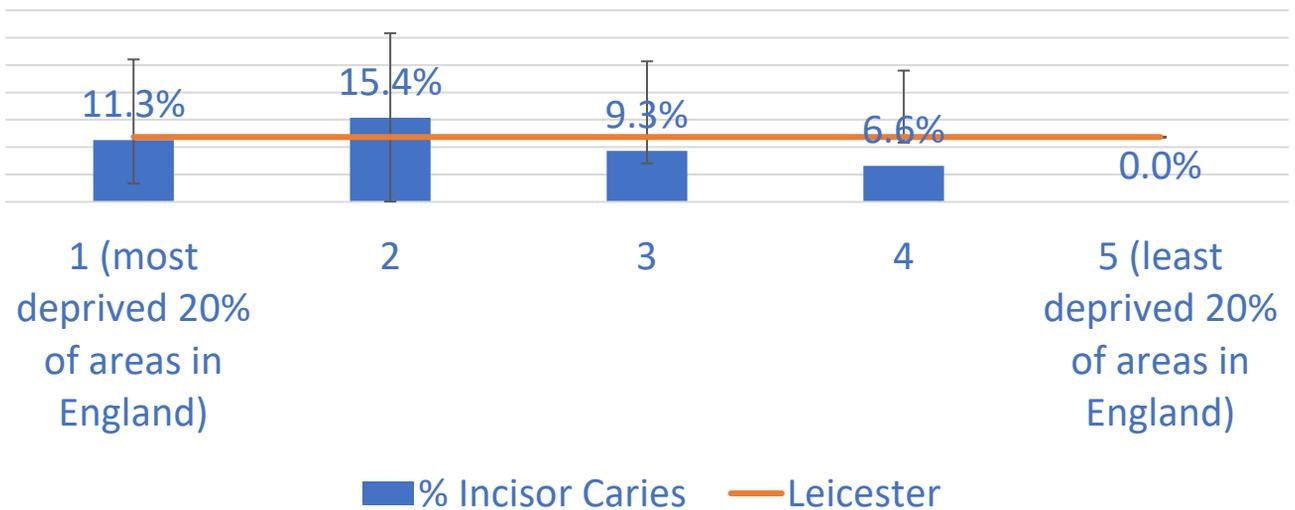
Percentage of 5 year olds with severe decay experience (dmft 4+), 2019



Percentage of 5 year olds with visible plaque, 2019



Percentage of 5 year olds with incisor caries, 2019



6. Further information

National data and reporting is available here:

[Oral health survey of 3 year old children 2020 - GOV.UK
\(www.gov.uk\)](https://www.gov.uk)

Local information and oral health guidance is available here:

<https://www.leicester.gov.uk/health-and-social-care/public-health/get-oral-health-advice/healthy-teeth-happy-smiles/>

Further analysis will be completed on the local dataset to identify oral health inequalities across the city.



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Overview Select Committee

Date: 10th February 2022

Draft Revenue Budget 2022/23

Lead director: Director of Finance



City Mayor

Useful information

- Ward(s) affected:
- Report author: Catherine Taylor/Mark Noble
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mark.noble@leicester.gov.uk
- Report version number: 1

1. Purpose

- 1.1 The purpose of this report is to describe the City Mayor's draft budget for 2022/23, which will be considered by scrutiny committees in the new year and by the Council on the 23rd February 2022.
- 1.2 In recent years, a full draft budget report has been published in December, prior to the Council meeting. This year, due to lack of information from the government at an early enough stage, it has not been possible to produce a full report. This is therefore a shortened version, summarising the position.

2. Summary

- 2.1 The budget for 2022/23 has been preceded by ten years of austerity between 2010 and 2020, and a "stop-gap" budget in 2021/22 which was occasioned by the Covid pandemic.
- 2.2 Since 2010, the Council has been forced by government cuts to make substantial savings in its budgets, whilst simultaneously making more money available for social care. By 2020, the budget for services other than social care had been cut by 50% in real terms.
- 2.3 The Council's previous approach to achieving budget reductions was based on the following approach:
 - (a) An in-depth review of discrete service areas (the "Spending Review Programme"); and
 - (b) Building up reserves in order to "buy time" to avoid crisis cuts and to manage the Spending Review Programme effectively. We termed this the "Managed Reserves Strategy."
- 2.4 The Spending Review approach served us well: savings of nearly £50m were made between 2014 and 2020, and left the Council with a relatively healthy level of reserves at the start of 2021 (compared to other authorities).
- 2.5 The budget for 2021/22 was set in the middle of the Covid pandemic. It was recognised that a significant programme of savings could not be delivered at that time. As a consequence:

- (a) The budget for 21/22 was balanced using reserves. It was effectively a “standstill” budget representing the underlying position before any further cuts;
 - (b) We “drew a line” under the Spending Review Programme;
 - (c) It was anticipated that significant additional savings would be required beyond 2021/22, to ensure future financial sustainability.
- 2.6 The outlook for the medium term, at the time the 2021/22 budget was set, was unknown.
- 2.7 The budget outlook for 2022/23 and beyond has been established by the Comprehensive Spending Review, published on 27th October 2021. As a consequence we believe, without further action, we face an increasing and unsustainable budget gap in future years. We do not yet have the local government finance settlement, the outcome of which is more unpredictable than usual.
- 2.8 As a result of past processes and firm action taken by the Council to balance earlier budgets, our reserves remain healthier than many authorities’. This will enable us to balance the budget for 2022/23 without crisis cuts.
- 2.9 The budget for 2022/23 has therefore been constructed as follows:
- (a) Increases to budgets have been made where absolutely essential to maintain service provision. In practice, this amounts to £22m for adult social care and special education services;
 - (b) Where departments have identified efficiency savings which can be achieved from management action, these have been built into budgets. £4m has been saved in this way.
- 2.10 In September, the Government published “Build Back Better - Our Plan for Health and Social Care” which promises reforms to social care, principally to limit the amounts users will have to pay towards their own care over their lifetimes. Funding has been announced, totalling £3.6 billion over the next three years, although we do not yet have full details and have reason to believe it will prove to be insufficient.
- 2.11 The national social care proposals explicitly do not provide any funding towards existing pressures in social care, which continue to escalate nationally. At the time of writing, the only support announced towards these costs is the ability to increase council tax by an additional 1% - this will raise just £1.3m in Leicester. Adult social care costs, conversely, are estimated to increase by £18m in 2022/23 rising to £43m by 2023/24 as a result of rising numbers of people needing care, increases in the needs of those already receiving care, and the impact of increases in the national living wage and a tight labour market.
- 2.12 The Comprehensive Spending Review provides an additional £1.4bn for local government in 2022/23, in addition to monies provided for social care reform. Our

working assumption is that £9m of this will be allocated to Leicester. Whilst this is intended for all services, in practice it will do no more than make a small contribution to the growth of costs in social care. There is no further money in 2023/24 or 2024/25.

- 2.13 Unfunded social care pressures present a severe threat to the financial sustainability of the Council. The City Mayor has made this case strongly to the Government.
- 2.14 Some services continue to experience income shortfalls arising from the pandemic. The key areas are car parking and bus lane enforcement. Funding has been received from the Government to help meet these pressures in 2021/22, but none is expected in 2022/23. Departments have identified likely pressures of some £4m, and a one off sum has been set aside to meet these pressures.
- 2.15 The budget proposes a tax increase of just under 3%, which is the maximum we are allowed without a referendum.
- 2.16 The medium term outlook is attached as Appendix 3 and shows the escalating scale of the financial pressures facing the council.

3. **Budget Overview**

- 3.1 The table below summarises the proposed budget for 2022/23 (summary projections for a three-year period are included in the medium term strategy at Appendix 3):

	2022/23 £m
Service budget ceilings	323.0
Corporate Budgets	
Capital Financing	7.5
Miscellaneous Corporate Budgets	1.2
Contingency	1.0
Total forecast spending	332.7
Rates retention scheme:	
Business rates income	65.3
Top-up payment	49.8
Revenue Support Grant	38.4
Other resources:	
Council Tax	133.6
Collection Fund deficit	(2.9)
Social Care grants	13.1
New Homes Bonus	3.7
Total forecast resources	301.0

Underlying gap in resources	31.7
Proposed funding from reserves	(31.7)
Gap in resources	NIL

4. **Departmental Budget Ceilings**

4.1 Budget ceilings will be 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 for non-pay inflation has been added to the budgets for independent sector adult social care (2%), foster care (2%) and the waste PFI contract (RPI, in line with contract terms). Apart from these areas, no allowance has been made for non-pay inflation;
- (c) Unavoidable growth has been built into the budget, as described in the sections below. This includes provision for the increase in employers’ national insurance rates which the Government has announced, to pay for social care reform;
- (d) Where savings are achievable through management action, these have been deducted.

4.2 At the time of writing, the local government pay awards for 2021/22 and 2022/23 have not been finalised. A provision is held centrally to fund this (and is shown within the “service budgets” line in the table above, as it will eventually be transferred to the relevant budget ceilings). The budget assumes pay awards of 1.75% in 2021/22, in line with the offer made by local government employers; and 2.5% in 2022/23.

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

Adult Social Care

4.4 Adult social care services nationally have been facing severe cost pressures for some years, and these are expected to continue. In our own case, we anticipate cost growth of £18m in 2022/23, accelerating in future years, as a consequence of rising numbers of older and younger adults requiring care, increases in the level of need of the average care recipient, pressure on providers due to National Living Wage increases, and difficulties in recruiting and retaining staff in the face of stiff competition from other sectors.

4.5 The government has generally responded to these pressures on an ad-hoc basis, making one-off resources available year by year. Over recent years, this has averaged an additional £8m per year, from a combination of one-off grant sources, and council tax increases via the “adult social care precept.”

- 4.6 On 7th September, the government announced a number of reforms to the way social care will be funded, chiefly limiting the amount individuals will have to contribute to their own care. An additional 1.25% has been added to employers' (and employees') national insurance rates to provide funding for these reforms (although the majority of the money raised will go to the NHS initially). In the recent Comprehensive Spending Review, £3.6 billion was provided for local government's costs over the years 2022-23 to 2024-25.
- 4.7 The government has also promised to compensate public bodies for the cost of national insurance increases they will incur, but it appears that this is included in the additional £1.4bn announced in the CSR.
- 4.8 It is not yet known whether the new monies will be sufficient to meet the new costs. In particular, it is assumed that the government will not compensate authorities for the cost of national insurance rises for the staff of care providers, which will inevitably be passed on to us.
- 4.9 The government has stated that funding for the cost of demographic growth will need to be covered through core funding and council tax, via a 1% adult social care precept (which will raise £1.3m). This presents a substantial challenge to the authority, and is the prime cause of the looming cuts described in the medium term outlook.
- 4.10 The proposed budget includes the following growth for adult social care:

	2022/23	2023/24
	£000	£000
Growth in cost of care packages	17,487	41,977
NI cost increases falling on care sector	500	500
Limitation of individual contributions to care costs	400	400
	<hr/>	<hr/>
	18,387	42,877
Less measures to reduce package cost increases	(1,927)	(1,927)
	<hr/>	<hr/>
Net Growth	16,460	40,950

- 4.11 Predicting future costs of care packages has been made more difficult because of the effects of the pandemic and its aftermath. In 2020/21, requests for adult social care support fell as people were reluctant to enter residential care or to invite carers into their homes. It is assumed that, in 2022/23, cost growth will return to trend:
- (a) a 3% per year increase in the number of older people, and a 5% increase in the numbers of working age people requiring support;
 - (b) An increase in the in-year average cost of existing care packages of 6% per year;

- (c) The impact of a National Living Wage increase to £9.50, announced in the Comprehensive Spending Review. This must be paid by care sector providers, and the cost will inevitably be passed on to local authorities.
- 4.12 In addition to package growth, money needs to be provided for:
- (a) The expected amount we will need to pay to compensate care providers for their national insurance increases;
 - (b) Loss of income due to limitation of increases in the level of contribution made by individuals towards the cost of the care they receive, which will arise because of increases in the minimum income guarantee.
- 4.13 In order to reduce overall cost increases, the department is taking further measures to reduce costs. These include:
- (a) Reviewing existing packages of care;
 - (b) Exploring the use of technology prior to putting a package of care in place.
- 4.14 These measures are expected to reduce the overall level of growth by £1.9m per year.

Education and Children's Services

- 4.15 In common with authorities across the country, increased demand for children's social care services has created substantial budget pressure for many years.
- 4.16 It is difficult to make accurate forecasts about spending need in 2022/23 and beyond, due to the distorting effect of the pandemic and its aftermath. At the time of preparing the 2021/22 budget, the pandemic had made no appreciable difference to demand for social care and early help (rather unexpectedly), although the number of entrants to the service started to increase in the second half of 2020/21. This led to a cost pressure which was compounded by court delays, delaying young people who were ready to leave the service. Consequently, the population of children who are looked after on 1st April 2021 was higher than budgeted.
- 4.17 A forecast of placement costs in 2022/23 has been made, which assumes the number of entrants to the care system stabilises at 150 per year, with existing preventative therapy teams being used to their full extent. On this basis, pressures on the overall budget are estimated to be £1.3m in 2022/23. However, given the current level of uncertainty, it is proposed to fund this cost from earmarked social care reserves rather than building growth into the budget. The position will be reviewed when the situation has settled down post-pandemic.
- 4.18 Work has taken place to create a wider range of semi-independent provision than we previously had, and to enhance the foster care offer and sustain foster carer numbers. Further measures are being taken to reduce placement costs:
- (a) Regular review of long-term and high cost placements;

- (b) Development of additional internal residential homes to mitigate against independent sector price increases;
 - (c) Development of an advanced foster carer scheme to look after children with more complex needs.
- 4.19 Growth for the Education and Children’s Services budget is, however, proposed in respect of areas related to education services:
- (a) The need for additional resources to deal with an ever-growing number of requests for education, health and care plans (EHCPs), driven in part as a result of the pandemic, something other local authorities are also experiencing;
 - (b) Deficiencies in the budget for special educational needs transport, where savings were not achieved following the abandonment of a fixed rate taxi procurement contract. A new contract is now being procured, which will be implemented from April 2022. Work is also taking place to further promote the use of personal budgets and thereby reduce the need for taxi provision.

4.20 The budget makes provision for the following additional monies:

	2022/23	2023/24
	£000	£000
SEN transport	2,948	2,948
Special Education Service staffing	562	562
Total Growth	3,510	3,510

4.21 In addition to the General Fund budget, Dedicated Schools’ Grant (High Needs Block) budgets for children and young people with special educational needs and disabilities continue to be under severe pressure.

City Development and Neighbourhoods

4.22 Normally, the department’s costs are reasonably predictable, when compared to social care. This year, however, forecasting is more difficult because the department’s income continues to suffer from the effect of the pandemic; it is difficult to anticipate when income will return to normal levels (or if, indeed, it will do so at all for some sources). The position has, however, improved during 2021/22.

4.23 As discussed at section 8 below, the Council has made one-off monies available to deal with the pressures arising from the pandemic. Of this, approximately £4.3m will be required for income shortfalls in City Development and Neighbourhoods. The key shortfalls are:

- (a) Car parking and bus lane enforcement (the loss is estimated at £2.6m in 2022/23, and a further £1.1m in 2023/24);
- (b) £0.2m in respect of De Montfort Hall;
- (c) £0.2m in respect of rent arrears from the corporate estate;

(d) Smaller amounts for Building Control, City Wardens, Neighbourhood Services, the King Richard III Centre and the retail market.

4.24 The above pressures will be dealt with from monies set aside for Covid. Otherwise, the department is expecting to manage within its resources in 2022/23, and no growth is proposed in the draft budget.

4.25 The department has reviewed its budget during 2021, and has identified the following efficiency savings which have been, or are being, given effect by management action:

	£000
2022/23	524
2023/24	845
2024/25	928

Health and Wellbeing

4.26 The Health and Wellbeing division consists of core public health services, together with sports and leisure provision.

4.27 The division has been at the centre of the authority's response to Covid 19, and has been supported by a number of grants provided by the Department of Health and Social Care. The chief one in 2021/22 has been the Contain Outbreak Management Fund, which has met the costs of the contact tracing team amongst other things.

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

4.29 The future of public health grant is unclear, although it is expected to be protected in real terms until 2024/25 (at national level). The Government's original intention was that the grant would be consolidated into the new 75% Business Rates Retention Scheme, the introduction of which continues to be deferred.

4.30 The department is able to live within its resources in 2022/23, and no budget growth is proposed.

Corporate Resources Department

4.31 The department primarily provides back office support services, but also some public facing services such as benefits and collection of council tax. It has made considerable savings in recent years in order to contribute to the Council's overall savings targets. It has nonetheless achieved a balanced budget each year.

4.32 No growth is required for the departmental budget in 2022/23. The draft budget does, however, propose to use £0.5m of one-off monies set aside for the Covid response. This will temporarily boost our complement of legal staff who are catching up work delayed due to the pandemic. Many commercial procurements

were halted due to the pandemic, resulting now in a backlog of contracts to be procured, and an increase in the need for contract variations and extensions. The pandemic also led to a backlog in property transactions related to the Council's commercial estate.

- 4.33 The department has reviewed its budget during 2021, and has identified the following efficiency savings which have been, or are being, given effect by management action:

	£000
2022/23	1,083
2023/24	1,114
2024/25	1,169

5. **Corporately held Budgets and Provisions**

- 5.1 In addition to the services' budget ceilings, some budgets are held corporately. These are described below.
- 5.2 The budget for **capital financing** represents the cost of interest and debt repayment on past years' capital spending. These budgets are under pressure due to falling interest rates – whilst interest rates on our debt are mostly fixed, our investment income is reducing due to rates which fell during the pandemic. We were protected from these falls in 2021/22, as we lent money to other authorities for periods in excess of one year, prior to 2021. These loans are due to be (or have been) repaid, and we will be unlikely to secure the same level of interest when the funds are reinvested even if rates do start to edge up.
- 5.3 A **contingency** of £1m has been included in the budget to manage significant pressures that arise during the year.
- 5.4 **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 tax payers suffering hardship and other sums it is not appropriate to include in service budgets. These budgets are offset by the effect of recharges from the general fund into other statutory accounts of the Council.

6. **Resources**

- 6.1 This draft budget has been prepared on the basis of the government's Spending Review published in late October. At the time of writing, we do not know the details of the grant funding we will receive next year (this is expected in December).

Business rates and core grant funding

- 6.2 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).

- 6.3 The top-up and RSG are set by the government. Figures in the draft budget are based on the national-level information published by the government in October, which indicated an increase in core funding in 2022/23, albeit not sufficient to reverse previous cuts or to deal with growing pressures in social care.
- 6.4 Forecasts for business rates are particularly sensitive to assumptions around the speed and extent of the economic recovery since 2020. The figures in the draft budget assume no significant growth or decline in rates from the current position, apart from inflationary increases and improving collection rates as the economy recovers.

Council tax

- 6.5 Council tax income is estimated at £133.6m in 2022/23, based on a tax increase of just below 3% (the maximum allowed without a referendum). The proposed tax increase includes the additional “social care levy” allowed since 2016/17, and designed to help social care authorities mitigate the growing costs of social care. The allowable levy has decreased since last year, despite the escalating demographic and cost pressures facing the service.
- 6.6 The estimated council tax base has increased since last year’s budget; this is largely the result of reducing costs of the local council tax support scheme, as employment and the economy recover after the pandemic.

Other grants

- 6.7 The majority of grant funding is treated as income to the relevant service departments and is not shown separately in the table at 3.1. New Homes Bonus and grants to support social care, continuing from previous years, are held corporately.
- 6.8 In recent years, the amount of social care grant has increased annually, to reflect national cost and demographic pressures. The recent Comprehensive Spending Review did not commit any additional funding to continue this support.

Managed Reserves Strategy

- 7.1 Since 2013, the Council has used a managed reserves strategy, contributing money to reserves in the early years of the strategy, and drawing down reserves in later years. This policy has bought time to more fully consider how to make the substantial cuts which have been necessary.
- 7.2 As at April 2021, resources available for the strategy totalled £69.4m. Of this, £17m is required to balance the 2021/22 budget, leaving £52m for future years, subject to any over- or under-spends in the current year.
- 7.3 The budget will therefore leave £20m of reserves to offset pressures in 2023/24. This indicates that substantial cuts will be required to balance the budget in that year:

	£m
Available to support budget as at 1/4/2021	69.4
Used by 2021/22 budget	(17.3)

Estimated amount required for 2022/23 budget	(31.7)
Balance Remaining for 2023/24	20.4

8. **Earmarked Reserves**

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

8.2 Earmarked reserves are shown at Appendix 2 to this report.

8.3 The earmarked reserves also include sums set aside to support covid recovery. Together with unringfenced government grant received in 21/22, the following monies are available to support the aftermath of the pandemic:

	£m
Government emergency grant 21/22	11.5
Reserves to support revenue costs	10.9
Reserves to support capital	10.0
Total	32.4

8.4 The Council is seeking a further £3m from the Government to compensate loss of fees and charges income in 2021/22.

8.5 As reported in budget monitoring reports to OSC, these sums are being spent, but there is no indication at present that they will be insufficient. Some of the capital monies will be spent on projects in 2023/24, if Council approves the capital programme (also on your agenda).

8.6 The above money is additional to specific government schemes such as the Contain Outbreak Management Fund. We also have separate schemes to support residents facing hardship as a result of the pandemic – such as council tax hardship and crisis support schemes.

9. **Budget and Equalities**

9.1 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.

9.2 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.
- 9.3 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.
- 9.4 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.
- 9.5 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.
- 9.6 The budget does recommend a proposed council tax increase for the city's residents. The City Council's proposed tax for 2022/23 is £1,745.74, an increase of just below 3% compared to 2021/22. 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.
- 9.7 A number of risks to the budget are addressed within this report (section 10 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.
10. **Risk Assessment and Estimates**
- 10.1 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.
- 10.2 In the current climate it is inevitable that the budget carries significant risk. In my view, although very difficult, the budget for 2022/23 is achievable subject to the risks and issues described below.
- 10.3 The most significant risks in the 2022/23 budget include:
- (a) Adult Social Care spending pressures, specifically the risk of further growth in the cost of care packages;
 - (b) The costs of looked after children, which have seen growth nationally;
 - (c) The risk of a further wave of covid infections, potentially arising from a new variant;

- (d) Inflation, which has been increasing, and was expected to reach 4.4% by the spring of 2022 by the Office of Budgetary Responsibility; some commentators have suggested that it could even peak later next year at as much as 6%. This would put upwards pressure on pay and other costs, although partially offset by increased income on investments if interest rates rise correspondingly;
- (e) Economic downturn, which could result in new cuts to grant; falling business rates income; and increased cost of council tax reductions for tax-payers on low incomes. It could also lead to a growing need for council services and an increase in bad debts. This risk appears to have reduced since 2021/22 – the level of council tax support we are paying, for instance, has now fallen to pre-pandemic levels. The economy is recovering more quickly than feared, although it is still below pre-pandemic forecasts (and likely to remain so).

10.4 The budget seeks to manage these risks as follows:

- (a) A minimum balance of £15m of reserves will be maintained;
- (b) Reserves have been identified in 2021/22 to meet pandemic pressures, some of which will be available into 2022/23 as described above;
- (c) A contingency of £1m has been included in the budget for 2022/23;
- (d) As a last resort, managed reserves could be used, but this increases pressure in 2023/24.

10.5 Subject to the above comments, I believe the Council's general and earmarked reserves to be adequate. I also believe estimates made in preparing the budget are robust. (Whilst no inflation is provided for the generality of running costs in 2022/23, some exceptions are made, and it is believed that services will be able to manage without an allocation).

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

11.1 **Financial Implications**

This report is exclusively concerned with financial issues.

11.2 **Legal Implications**

11.2.1 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.

11.2.2 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.

11.2.3 As well as detailing the recommended council tax increase for 2022/23, 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.

11.2.4 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, although in the preparation of this budget the Council will undertake tailored consultation exercises with wider stakeholders in addition to ratepayers.

11.2.5 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 9. 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 One.

11.2.6 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.

Provided by: Kamal Adatia, City Barrister

Catherine Taylor / Mark Noble

DRAFT

Appendix 1

Equality Impact Assessment

1. Purpose

- 1.1 This appendix presents the equalities impact of a proposed 2.99% council tax increase. This includes a precept of 1% for Adult Social Care, as permitted by the Government without requiring a referendum.
- 1.2 The alternative option for comparison is a freeze on council tax at 2021/22 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 2021, there are 130,173 properties liable for Council Tax in the city (excluding those registered as exempt, such as student households).
- 2.2 All non-exempt working age households in Leicester are required to contribute towards their council tax bill. Our current council tax support scheme (CTSS) requires working age households to pay at least 20% of their council tax bill and sets out to ensure that the most vulnerable householders are given some relief in response to financial hardship they may experience.
- 2.3 Council tax support for pensioner households follows different rules. Low-income pensioners are eligible for up to 100% relief through the CTSS scheme.

3. How are they affected?

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

Band	No. of Properties	Weekly increase	Minimum Weekly Increase under CTSS
A-	261	£0.54	£0.11
A	77,202	£0.65	£0.13
B	26,029	£0.76	£0.15
C	14,878	£0.87	£0.26
D	6,296	£0.98	£0.37
E	3,362	£1.19	£0.59
F	1,515	£1.41	£0.80
G	595	£1.63	£1.02
H	35	£1.95	£1.35
Total	130,173		

- 3.2 In most cases, the change in council tax (around £0.76 per week for a band B property with no discounts; and just 15p per week if eligible for the full 80% reduction under the CTSS) is a small proportion of disposable income, and a small contributor to any squeeze on household budgets. A council tax increase would be applicable to all properties - the increase would not target any one protected group, rather it would be an increase that is applied across the board. However, it is recognised that this may have a more significant impact among households with a low disposable income.
- 3.3 Many households at all levels of income have seen significant income shocks due to the coronavirus pandemic and the economic downturn. More recently, some households have also seen the ending of national schemes such as the £20/week increase to Universal Credit and furlough payments. These pressures are not limited to any protected group; however, there is evidence that some types of household are more likely to be struggling with their finances. The Joseph Rowntree Foundation has identified that households are more likely to be in arrears on bills if they are younger adults; from certain ethnic minorities; or have children in the household¹. This gives an indication of the groups most likely to see an impact from a CT increase.

4. **Alternative options**

- 4.1 The realistic alternative to a 3% 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 a greater use of reserves and more cuts to services in 2023/24.
- 4.2 The budget situation is already extremely difficult, and it seems inevitable that further cuts will have severe effects on front-line services. It is not possible to say precisely where these future cuts would fall; however, certain protected groups (e.g. older people; families with children; and people with disabilities) could face disproportionate impacts from reductions to services.

5. **Mitigating actions**

- 5.1 The Council has a range of mitigating actions for residents. These include: funding through Discretionary Housing Payments, Council Tax Discretionary Relief and Community Support Grant awards; the council's work with voluntary and community sector organisations to provide food to local people where it is required – through the council's or partners' food banks; 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 Council is also running a welfare benefits take-up campaign, to raise awareness of entitlements and boost incomes among vulnerable groups.

¹ *Dragged Down by Debt*, JRF, October 2021

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.

Analysis of impact based on protected characteristic

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Age	<p>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.</p> <p>Working age people bear the brunt of the impacts of welfare reform reductions – particularly those with children. There is some evidence that younger adults and families with children are already more likely to be under financial stress.</p>	<p>Working age households and families with children – incomes squeezed through low wages and reducing levels of benefit income.</p> <p>Younger people are more likely to have lost jobs during the pandemic and may not yet have found permanent full-time employment.</p>	<p>Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on managing household budgets.</p>
Disability	<p>Disability benefits have been reduced over time as thresholds for support have increased.</p> <p>The tax increase could have an impact on such household incomes.</p> <p>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.</p>	<p>Further erode quality of life being experienced by disabled people as their household incomes are squeezed further as a result of reduced benefits.</p>	<p>Disability benefits are disregarded in the assessment of need for CTSS purposes. Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on better managing budgets.</p>
Gender Reassignment	<p>No disproportionate impact is attributable specifically to this characteristic.</p>		

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Pregnancy & Maternity	Maternity benefits have not been frozen and therefore kept in line with inflation. However, other social security benefits have been frozen, but without disproportionate impact arising for this specific protected characteristic.		
Race	<p>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.</p> <p>Nationally, one-earner couples have seen particular falls in real income and are disproportionately of Asian background – which suggests an increasing impact on this group.</p> <p>There is some evidence that minority ethnic groups have been more likely to face job losses in the pandemic.</p>	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. Analysis has identified lone parents as a group particularly likely to lose income from welfare reforms.	Incomes squeezed through low wages and reducing levels of benefit income. Increased risk for women as they are more likely to be lone parents.	<p>If in receipt of Universal Credit or tax credits, a significant proportion of childcare costs are met by these sources.</p> <p>Access to council discretionary funds for individual financial crises, access to council and partner support for food and advice on managing household budgets.</p>
Sexual Orientation	There have been reports published which suggest LGBT people are at increased financial risk during COVID-19. There is not enough data available to evidence the disproportionate impact attributable specifically to this characteristic but we will continue to monitor this.		

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Appendix 2

Earmarked Reserves

1. The table below shows the position on earmarked reserves, after the changes made in the 2020/21 outturn report:

	Balance at 1/4/2021 £000
<u>Ring-fenced Reserves</u>	
School Balances	24,108
DSG not delegated to schools	1,433
School Capital Fund	2,753
Schools Buy Back	2,429
Education & Skills Funding Agency Learning Programmes	1,112
Arts Council National Portfolio Organisation Funding	845
Business Support Grants	2,722
Covid-19 Collection Fund Compensation	25,720
Subtotal Ring-fenced Reserves	61,122
<u>Departmental Earmarked Reserves</u>	
Social Care Reserve	7,341
ICT Development Fund	8,436
City Development & Neighbourhoods	9,382
Delivery, Communications & Political Governance	3,477
Health & Wellbeing Division	4,291
Financial Services Reserve	3,052
NHS Joint Working Projects	9,420
Housing	2,358
Other Departmental Reserves	464
Subtotal Departmental Reserves	48,221
<u>Corporate Reserves</u>	
Managed Reserves Strategy	69,362
COVID Pressures	10,899
Capital Programme Reserve	97,587
Insurance Fund	10,608
BSF Financing	8,638
Welfare Reserve	6,429
Severance Fund	4,827
Service Transformation Fund	5,867
Other Corporate Reserves	4,652
Subtotal Corporate Reserves	218,869
Total Earmarked Reserves	328,212

2. Earmarked reserves can be divided into ring-fenced reserves, which are funds held by the Council but for which we have obligations to other partners or organisations; departmental reserves, which are held for specific services; and corporate reserves, which are held for purposes applicable to the organisation as a whole. The need for each reserve will be reviewed before the outturn for 2021/22 is completed, with a view to releasing more funds for the managed reserves strategy.
3. Ring-fenced reserves include:-
 - **Reserves for schools:**
 - School Capital Fund
 - Schools Buyback
 - Dedicated Schools Grant
 - Schools balances
 - Two smaller reserves held because grant funding has been received to fund specific schemes.
 - **Business Support Grants:** the government provided grant funding in 2020/21 to support businesses during the pandemic. The balance of funding is required for grants to businesses in 2021/22.
 - **Covid-19 Collection Fund Compensation:** the government provided grant funding in 2020/21 to enable councils to pay additional business rate reliefs. However, due to the way local tax is accounted for, the reliefs do not affect the general fund until 2021/22. This reserve is essentially an accounting reserve which will be fully used in 2021/22.
4. Departmental reserves include amounts held by service departments to fund specific projects or identified service pressures. Significant amounts include:-
 - **Social Care Reserve:** to assist in the management of budget pressures in adults' and children's social care. The available balance takes account of £10m committed to offset ASC pressures in the 2022/23 budget, as per the 2020/21 outturn report.
 - **ICT Development Fund** this reserve funds a rolling programme for network and server upgrades and replacement of PC stock. It also includes funding put aside to support the delivering new ways of working programme.
 - **City Development and Neighbourhoods:** to meet known additional pressures, including one off costs associated with highways functions and the cost of projects that have carried forward into 2021/22.
 - **Health & Wellbeing:** to support service pressures, channel shift and transitional costs.
 - **Delivery, Communications & Political Governance:** this is principally for elections and other projects within the department.
 - **Financial Services:** for expenditure on improving the Council's main financial systems; spikes in benefit processing and overpayment

recovery; and to mitigate budget pressures including reducing grant income to the Revenues & Benefits service.

- **NHS joint working projects:** for joint projects with the NHS.
- **Housing:** to meet spikes in temporary accommodation costs, hold grant funding for homelessness projects, and government funding to support recent arrivals to the city.

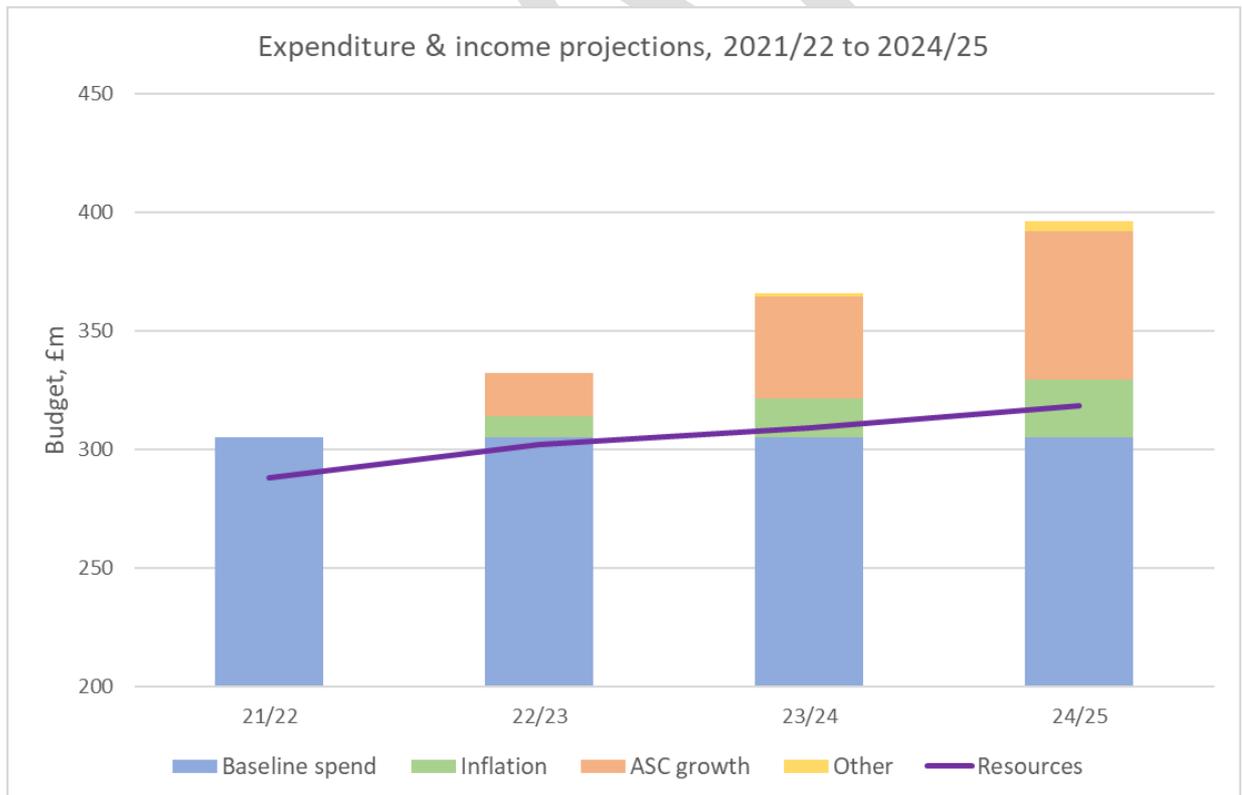
5. Corporate reserves include:-

- **Managed Reserves Strategy:** a key element to delivering this budget strategy, and discussed further in section 7 of the main report. The available amount takes account of transfers from the social care reserve, and to support COVID pressures, as set out in the 2020/21 outturn report;
- **COVID-19 pressures:** set aside to support services facing COVID-related pressures or income shortfalls that continue into 2021/22;
- **Capital Programme Reserve:** to support approved spending on the Council's capital programme;
- **Insurance Fund:** to meet the cost of claims which are self-insured;
- **BSF Financing:** to manage costs over the remaining life of the BSF scheme and lifecycle maintenance costs of the redeveloped schools;
- **Welfare Reserve:** set aside to support welfare claimants who face crisis, following the withdrawal of government funding; to mitigate longer-term impacts of Covid-19; and to support the anti-poverty strategy;
- **Severance Fund:** to facilitate ongoing savings by meeting the redundancy and other costs arising from budget cuts;
- **Service Transformation Fund:** to fund projects which redesign services enabling them to function more effectively at reduced cost, including the New Ways of Working programme;
- **Other reserves:** includes monies for "spend to save" schemes that reduce energy consumption, the combined heat and power reserve, and the surplus property reserve which is used to prepare assets for disposal.

Appendix 3

Medium Term Financial Outlook 2022/23 – 2024/25

1. The purpose of this medium term financial outlook is to provide members with details of the forecast financial position of the Council for the next 3 years, and to set the context within which the budget process will need to work to achieve a balanced position. The figures are indicative and volatile, especially 2024/25.
2. Our central forecasts for the period up to 2024/25 are set out in the table at paragraph 5, and show that:
 - **Expenditure pressures are increasing at a faster rate than income.** Over the period we expect expenditure to increase by nearly 30% (in cash terms) while income projections rise by only 10% assuming there is no change in Government policy.
 - **The biggest factor in these increases is the rising cost of adult social care, as illustrated in the chart below.** These increases have been seen nationally for several years now, and now present a substantial challenge to the authority's future sustainability. These pressures arise from factors largely outside the authority's control (e.g. increases in the minimum wage and demographic pressures). The rate of growth is now accelerating.



NB scale does not start at zero

- **We have already invested significant amounts in social care.** Since 2016 we have seen the cost of adults' social care packages increase by £44m, or 60%, due to a combination of increasing need and higher wage costs. Over the same period we have invested over £20m in children's social care.
 - **Other budget areas have already seen significant cuts in the last decade.** Expenditure on services other than adults and children's social care has fallen from £192m in 2010 to £106m in 2020. Our ability to find further savings from within these services is now severely limited.
3. The 2021/22 budget was balanced by using £17m of reserves. On current projections, sufficient reserves remain to balance the 2022/23 budget and provide some support to the 2023/24 budget. After this, ongoing savings will need to be found to ensure the longer-term financial stability of the Council.
 4. Our approach is to tackle the position for 2023/24 by means of the Fundamental Budget Review, which is aiming to achieve savings of £40m. The need to achieve further savings for 24/25 will be reviewed during the course of the year when we have more clarity about Government funding and the impact of social care reforms. The level of savings currently projected by 2024/25 would appear to be unachievable without change in Government policy.
 5. A summary of the central budget projections for the next three years is set out below:

	2022/23 £m	2023/24 £m	2024/25 £m
Net service budget (including inflation)	323.0	354.2	381.3
Corporate and other centrally held budgets	8.7	9.6	10.4
Contingency	1.0		
Planning provision		3.0	6.0
Expenditure total	332.7	366.8	397.7
Business rates income	65.3	67.3	69.1
Top-up payment	49.8	51.3	52.6
Revenue Support Grant	38.4	39.3	40.1
Council Tax	133.6	138.8	143.9
Collection Fund deficit	(2.9)	(2.4)	
Social Care grants	13.1	13.1	13.1
New Homes Bonus	3.7	2.7	1.7
Income Total	301.0	310.2	320.5
Indicative Budget gap	31.7	56.6	77.2

5. Key assumptions and risks in the forecast are set out below:

	Assumptions	Risks
Expenditure		
Pay costs	<p>We assume the 1.75% pay offer for 2021/22 is implemented. The projections include 2.5% per year from 2022/23 to 2023/24.</p> <p>A provision is included for the 1.25% increase in National Insurance for 2022/23, as announced in September 2021.</p> <p>No provision is included for increasing employers' pension contributions (in recent years, increases have been absorbed by departmental budgets)</p>	<p>Inflation has been rising in recent months, reaching 4.2% (CPI) in October 2021. If it remains high, there will be additional pressures on pay awards and non-pay inflation.</p>
Non-pay inflation	<p>In line with the policy in past years, departments are expected to absorb the costs of non-pay inflation in most cases. The exceptions are independent sector care package costs, fostering allowances and the waste management contract; an allowance is built in for these increases.</p>	
Adult social care costs	<p>Demographic pressures lead to 3% per year increase in service users aged 65+, and 5% for working age.</p> <p>National Living Wage increases at 6.6% per year (4% in 2024/25).</p> <p>Need – average 6% per year in-year increase in package costs</p>	
Other service cost pressures	<p>Departments are expected to find savings to manage cost pressures within their own areas. From 2023/24 onwards, a £3m per year planning provision has been included to meet unavoidable costs that cannot be managed within departments.</p>	<p>Costs relating to children who are looked after have been increasing nationally, and are a particular risk for future years.</p>
Income		
Council Tax	<p>Band D Council Tax will increase by 2.99% per year (2% base increase plus 1% for the Adult Social Care precept).</p> <p>Council tax baseline increases by 500 Band D properties per year, in line with historic growth levels.</p>	<p>Further economic downturn leading to increased costs of council tax support to residents on a low income.</p>
Business rates	<p>The multiplier freeze for 2022/23, and new reliefs announced in October 2021, are fully funded.</p> <p>No significant movements in the underlying baseline for business rates</p>	<p>Business rates are particularly sensitive to economic conditions.</p> <p>Government changes to business rates (e.g. new reliefs) will affect our retained income. To date, these have been met by additional government grant</p>

<p>Government grant</p>	<p>Government-controlled elements of the rates retention scheme (RSG and top-up) increase in line with CPI inflation: 3.1% for 2022/23 and 2% thereafter.</p> <p>In 2022/23, RSG will increase by an estimated £9m, which is our share of the £1.4bn growth announced in the Comprehensive Spending Review. This includes funding to meet the cost of National Insurance increases.</p> <p>There is no net impact from Fair Funding reforms; the 2023 rates revaluation; or any move towards 75% local rates retention.</p> <p>We assume grant support towards Adult Social Care continues at 2021/22 cash levels, but no additional funding is available.</p>	<p>We do not yet have the details of local government funding for 2022/23 and subsequent years – these are expected in December.</p> <p>The impact and timing of Fair Funding reforms remains a significant unknown.</p>
<p>COVID-19 impacts</p>	<p>The forecasts assume no long-term impact of the pandemic on service costs or income.</p> <p>To the extent that there are effects persisting into 2022/23, it is assumed that these can be met from one-off resources.</p>	

Capital Programme 2022/23

Decision to be taken by: Council

Date of meeting: 23rd February 2022

Lead director: Colin Sharpe, Deputy Director of Finance

Useful information

- Ward(s) affected: All
- Report author: Ben Matthews
- Author contact details: ben.matthews@leicester.gov.uk
- Report version number: 1.0

1. Summary

- 1.1 The purpose of this report is to ask the Council to approve a capital programme for 2022/23.
- 1.2 Capital expenditure is incurred on works of lasting benefit and is principally paid for by grant, tenants' rents, and the proceeds of asset sales (capital receipts). Money can also be borrowed for capital purposes, but the scope for this is limited as borrowing affects the revenue budget.
- 1.3 Traditionally, the Council has prepared a multi-year capital programme but for 2020/21 and 2021/22 we set a one year programme due to uncertainty over future resources. There continued to be uncertainty during the period in which we prepared this programme, and we did not know what grant to expect, either in 22/23 or beyond. The COVID-19 pandemic also added uncertainty, creating significant slippage on our recent programmes. We are therefore presenting another one year programme. Schemes already approved and in the current programme for 2021/22 will continue to form part of the programme.
- 1.4 The proposed schemes set out in this report for the "General Fund" element of the capital programme will cost £56m. In addition to this, the HRA capital programme (which is elsewhere on your agenda) includes works estimated at £117m, £100m of which relates to the affordable homes programme.
- 1.5 The table below summarises the proposed spending for capital schemes starting in 2022/23, as described in this report:-

	<u>£m</u>
<u>Proposed Programme</u>	
<u>Immediate Starts:</u>	
Estates and Building Services	6.1
Housing General Fund	5.4
Neighbourhood and Environmental Services	0.8
Planning, Development and Transportation	11.3
Tourism, Culture and Inward Investment	1.2
Social Care and Education – Children's Services	8.4
Policy Provisions	<u>22.5</u>
Total New Schemes	55.7

Funding

Monies ringfenced to Schemes	12.6
Unringfenced Resources	43.1
Total Resources	55.7

- 1.6 The table below presents the total spend on General Fund and Housing Revenue Account schemes:

	<u>£m</u>
General Fund	55.7
Housing Revenue Account	117.5
Total	173.2

- 1.7 In addition to the above, the current programme is still being delivered and therefore a number of significant schemes will continue to spend in future years.
- 1.8 The Council's total capital expenditure now forecast for 2022/23 and beyond is expected to be around £300m, including the HRA.
- 1.9 The Council continues to bid for significant sums from government initiatives and has been extremely successful at the end of 2020/21 and during 2021/22. Examples include:
- Receiving £24m in Government Grant for the funding of energy efficiency technology on the Council's estate.
 - Being successful in "levelling up" grant bids towards Pioneer Park, Pilot House and the Railway Station, that will bring a total investment on these schemes of £59m.
 - Awarded £19m in Government Grant towards the purchase of 96 electric buses and their associated charging infrastructure, with there also being substantial operator contributions to the scheme.
- 1.10 The capital programme is split into two parts:-
- (a) Schemes which are "**immediate starts**", being schemes which directors have authority to commence once the council has approved the programme. These are fully described in this report;
 - (b) Schemes which are "**policy provisions**", where the purpose of the funding is described but money will not be released until specific spending proposals have been approved by the Executive.

1.11 Immediate starts have been split into three categories:-

- (a) **Projects** – these are discrete, individual schemes such as a road scheme or a new building. These schemes will be monitored with reference to physical delivery rather than an annual profile of spending. (We will, of course, still want to make sure that the overall budget is not going to be exceeded);
- (b) **Work Programmes** – these will consist of minor works or similar schemes where there is an allocation of money to be spent in a particular year;
- (c) **Provisions** – these are sums of money set aside in case they are needed, but where low spend is a favourable outcome rather than indicative of a problem.

2. Recommendations

2.1 The Council is asked to:-

- (a) Approve the capital programme described in this report and summarised at Appendices Two to Six, subject to any amendments proposed by the City Mayor;
- (b) For those schemes designated immediate starts, delegate authority to the lead director to commit expenditure, subject to the normal requirements of contract procedure rules, rules concerning land acquisition and finance procedure rules;
- (c) Delegate authority to the City Mayor to determine a plan of spending for each policy provision, and to commit expenditure up to the maximum available;
- (d) For the purposes of finance procedure rules:
 - Determine that service resources shall consist of service revenue contributions; HRA revenue contributions; and government grants/third party contributions ringfenced for specific purposes (but see below for LLEP investment programmes);
 - Designate the operational estate capital maintenance programme, highways maintenance programme and transport improvement programme as programme areas, within which the director can reallocate resources to meet operational requirements.

- (e) As in previous years, delegate to the City Mayor:
- Authority to increase any scheme in the programme, or add a new scheme to the programme, subject to a maximum of £10m corporate resources in each instance;
 - Authority to reduce or delete any capital scheme, subject to a maximum of 20% of scheme value for “immediate starts”; and
 - Authority to transfer any “policy provision” to the “immediate starts” category.
- (f) In respect of Government investment programmes for which the Council receives grant as the accountable body to the Leicester and Leicestershire Enterprise Partnership (LLEP):-
- Delegate to the City Mayor approval to accept Government offers of funding, and to add this to the capital programme;
 - Delegate to the Strategic Director, City Development and Neighbourhoods, in consultation with the Director of Finance, authority to allocate the funding to individual schemes (in effect, implementing decisions of the LLEP);
 - Agree that City Council schemes funded by the programme can only commence after the City Mayor has given approval;
 - Delegate to the Director of Finance authority to reallocate programme funding between schemes, if permissible, to ensure the programme as a whole can be delivered; and
 - Note that City Council contributions to schemes will follow the normal rules described above (i.e. nothing in this paragraph permits the City Mayor to supplement the programme with City Council resources outside of normal rules).
- (g) Delegate to directors, in consultation with the relevant deputy/assistant mayor, authority to incur expenditure in respect of policy provisions on design and other professional fees and preparatory studies, but not any other type of expenditure;
- (h) Approve the capital strategy at Appendix 7.

3. Proposed Programme

Key Policy Issues

- 3.1 In preparing the 2022/23 capital programme, similar to previous years the key focus is to deliver strategic objectives and meet (as far as possible) a level of need which considerably exceeds the level of resources the Council has available.
- 3.2 The resulting capital programme is primarily focussed around some key pledges of the Council. The key pledges are:
- A fair city
 - Connecting Leicester
 - Homes for all
 - Lifelong learning
 - A city to enjoy
- 3.3 The capital programme for 2022/23 is a one year programme for the reasons stated above. Nonetheless, it complements the existing programme and explicitly aims to support the City Mayor's delivery plan.
- 3.4 When the outturn for 2020/21 was approved, sums were set aside to assist with the aftermath of the pandemic. This included £20m set aside for potential match funding for "levelling up" schemes and a further £10m for schemes supporting recovery. In the event, our levelling up grant application to the Government was wholly successful, but will only require half of the £20m set aside. The remainder is available to support the capital programme. Some of the recovery monies are being utilised for schemes in this programme, such as assisting retail and to support New Ways of Working within the Council. This is further detailed in the financial implications to this report.
- 3.5 It is important to note that the council's commitment to tackling the climate emergency is most obviously but not exclusively addressed within the Connecting Leicester and the Transport Improvement Works Programmes.
- 3.6 However, addressing the energy and bio-diversity requirements of all our capital projects is central to the entire capital programme. Recent years' capital projects have included energy saving and generating elements across the corporate estate, as well as a raft of energy efficiency measures in our schools and on our housing estates. The Council is currently working to obtain further government grant funding to expand such schemes.
- 3.7 Similarly, our commitment to invest in the whole city cuts right across our capital programme. The housing, children's and transport capital

investment programmes represent the largest components of this and likely future capital programmes. These capital investment strands will benefit the entire city from our outer estates to the city centre.

Resources

- 3.8 Resources available to the programme consist primarily of Government grant and capital receipts (the HRA programme is also supported by tenants' rent monies). Most grant is unringfenced, and the Council can spend it on any purpose it sees fit.
- 3.9 Appendix One presents the unringfenced resources available to fund the proposed programme, which total some £43m. The key funding sources are detailed below.
- (a) £5.8m of general capital receipts and £0.7m of Right to Buy Receipts;
 - (b) £13.6m of unringfenced grant funding;
 - (c) £10.4m of Earmarked Reserves set aside to support schemes in the Levelling Up programme, which are surplus to requirement, as a result of being successful in the bid for government grant.
 - (d) £12.5m of monies we already have, primarily from savings achieved in previous programmes. This figure is net of £0.94m which will be used to support phase 2 of the Leisure Centre Capital Programme in line with a decision on 27th October 2021.
- 3.10 The Council has a policy of not committing capital receipts until they are received. This increases the resilience of the capital programme at a time when revenue budgets are under severe pressure. £5.8m of general capital receipts are available for 2022/23 based on receipts received or due at the time of writing. Subsequent receipts will be available to fund the 2023/24 programme.
- 3.11 The exception to not committing receipts in advance is the expected receipts from the sale of council housing. Where tenants exercise their "Right to Buy" the RTB receipts are layered, with different layers being available for different purposes. A sum of £0.7m will be available for general purposes: this is predictable. Further tranches are available to us but must be used for new affordable housing or returned to the government.
- 3.12 For some schemes the amount of unringfenced resources required is less than the gross cost of the scheme. This is because resources are ringfenced directly to individual schemes. Ringfenced resources are shown throughout Appendix Two and include the following:
- (a) Other grants and match funding, such as government grant and contributions made to support the delivery of specific schemes;

- (b) Borrowing. Because borrowing has an impact on the revenue budget, it is only used for reasons detailed in capital strategy at Appendix 7 of this report;
- (c) Earmarked reserves, such as the Covid Recovery Reserve and the Transformation Fund

3.13 Finance Procedure Rules enable directors to make limited changes to the programme after it has been approved. For these purposes, the Council has split resources into corporate and service resources. These are similar to, but not quite the same as, ringfenced and unringfenced resources. Whilst all unringfenced resources are corporate, not all ringfenced monies are service resources. Borrowing, for instance, is treated as a corporate resource requiring a higher level of approval.

3.14 Directors have authority to add schemes to the programme, provided they are funded by service resources, up to an amount of £250,000. This provides flexibility for small schemes to be added to the programme without a report to the Executive.

Proposed Programme – Immediate Starts

3.15 Schemes classified as immediate starts can commence as soon as required, once the Council has approved the capital programme. No further approval is necessary. The whole programme is summarised at Appendix 2. Responsibility for the majority of projects rests with the Strategic Director of City Development and Neighbourhoods. The exceptions are the children's homes refurbishments and the Children's Capital Improvement Programme which are the responsibility of the Strategic Director of Social Care and Education.

3.16 £6.1m is provided for Estates and Building Services. This area is focussed on the Council's corporate estate.

- (a) £252,000 is provided to replace the Air Handling Units at the **African Caribbean Centre Ventilation**. The new system will be more efficient, cost effective and would provide suitable ventilation throughout the building.
- (b) £680,000 is provided to support the **Changing Places – Disabled Toilet Facilities** scheme. The Council is contributing £200,000 as match funding and is expecting to receive £480,000 in government grant. The project focusses on provision of larger accessible toilets for severely disabled individuals, with equipment such as hoists, privacy screens, adult-sized changing benches, peninsula toilets and space for carers.

- (c) £1m is provided for the **Malcolm Arcade Refurbishment** to create a lighter more vibrant atmosphere with the intention to entice new businesses and customers. Refurbishment works will include a roof replacement, which will help to reduce maintenance costs and ensure the building is watertight. Other works will be updates to the floors, walls, staircase, lighting, doors and windows.
- (d) £400,000 is provided for **Feasibility Studies**. This will enable studies to be done, typically for potential developments not included elsewhere in the programme or which might attract grant support, without requiring further decisions.
- (e) £3.8m has been provided to support the annual **Operational Estate Capital Maintenance Programme**. This will support works to the properties the Council uses. This is a rolling annual programme and spending is prioritised to reflect asset condition and risk. The proposed programme is shown at Appendix 4, but may vary to meet emerging operational requirements.

3.17 £5.4m is provided for the Housing General Fund.

- (a) £100,000 is provided in 2022/23 to continue the programme of **Repayable Home Repair Loans**. These grants aid vulnerable, low income home owners to carry out repairs or improvements to their homes, to bring properties up to decent home standards. Any loan will remain in place until a change of ownership or sale of the property, after which repayment of the loan is required.
- (b) £1.9m has been provided for **Disabled Facilities Grants** to private sector householders. This is an annual programme which has existed for many years. These grants provide funding to eligible disabled people for adaption work to their homes, and help them maintain their independence.
- (c) £3.4m has been made available to fund the annual **Fleet Replacement Programme** as part of a rolling programme. This programme is funded from borrowing, which is repaid from existing budgets.
- (d) £50,000 continues to be made available to top up **the Long Term Empty Home Acquisitions** pot in 2022/23. The Empty Homes Team gives advice and assistance to owners, helping them bring homes back into occupation. As a last resort, when all avenues have been exhausted, we have to use compulsory purchase. £50,000 covers the incidental costs associated with acquisition where CPO or negotiated purchase is required, where such costs cannot be recouped from the sale proceeds.

3.18 £0.8m is provided for Neighbourhoods and Environmental Services.

- (a) £592,000 is provided for the **Library Self-Access Rollout** scheme encompassing nine Leicester libraries, to enable customers to access library facilities outside of staffed hours. The rollout follows on from the pilot project implemented during 2021/22 at two libraries. The scheme is being funded by the transformation fund earmarked reserve.
- (b) £200,000 is provided for **Grounds Maintenance Equipment** to replace ageing machinery with up to date, energy efficient models to provide continued maintenance of our parks and open spaces. The replacement of this equipment is met from borrowing, and a revenue budget exists for this purpose.

3.19 £11.3m is provided for Planning, Development and Transportation.

- (a) £4m is provided for the **Connecting Leicester** scheme to support the continuation and expansion of the City Mayor's programme to enhance the city centre and local centres through improvements to public realm and accessibility by modes other than use of private cars. A work programme will be determined in due course and the priority areas are as follows: St Martin's; Queens Road; Granby Street; Braunstone Gate.
- (b) £100,000 has been provided for the **Front Walls Enveloping Scheme** and is a continuation of previous schemes. It involves the enclosure of small spaces in front of housing. Enveloping schemes can make a significant improvement to local neighbourhoods and enable occupiers to tend house fronts more effectively.
- (c) £250,000 is included as part of the continued rolling programme to replace **Festive Decorations**. This is a higher than usual amount in order to make a step improvement in displays, which will assist economic recovery. It will be funded from the covid recovery reserve.
- (d) £300,000 is provided to continue the **Flood Risk Prevention** scheme into 2022/23. The programme supports the Local Flood Risk Management Strategy and action plan, and the delivery of our statutory role to manage and reduce flood risk in collaboration with the Environment Agency & Severn Trent Water.
- (e) £400,000 has been provided for **Local Environmental Works** in wards. This scheme will focus on local neighbourhood issues including residential parking, local safety concerns, pedestrian

routes, cycle ways and community lighting to be delivered after consultation with ward members.

- (f) £1.6m is provided for **Strategic Sites Development** to continue with the Council's ongoing development programme and commitment to creating more homes. The sites included are Ashton Green, Western Park Golf Course and Land at Beaumont Park. This programme will enable the continuation of strategic plans for development of key sites for future homes to be built. This programme will initially be funded from prudential borrowing and repaid with future capital receipts that it generates.
- (g) £2.2m is provided as part of the continued **Highway Capital Maintenance Programme**. This is a rolling annual programme and spending is prioritised to reflect asset condition, risk and local neighbourhood priorities. The proposed programme is shown at Appendix 5. £50,000 has also been included to continue the successful street branding programme.
- (h) £2.6m is provided in 2022/23 to continue the rolling programme of works constituting the **Transport Improvement Programme**. Some of the priority areas include:
 - Delivering cross cutting cycling, walking and public transport benefits.
 - Local safety schemes
 - 20mph schemes in Neighbourhoods
 - Delivery of the Local Transport Plan

3.20 £1.2m is provided for Tourism, Culture and Inward Investment.

- (a) £300,000 is provided for the **Ugandan Asians – 50 Year Anniversary Commemoration** for commemorative works (to be determined after consultation with the local community) to celebrate the contributions of Ugandan Indians who first arrived in the UK 50 years ago.
- (b) £850,000 is provided for **Retail and Shop Front Improvements**. The funds will enable the continuation of the retail area improvement scheme. The scheme will continue with the provision of grants such as shop front grants to business to support business growth and café seating grants to increase footfall in the city Centre and neighbourhoods. Furthermore, improvements will also entail enhancing retail areas through new paving, bollards, landscaping, roofing, and shop fronts. It will be funded from the covid recovery reserve.

3.21 £8.4m is provided for Social Care and Education, Children's Services.

- (a) £850,000 is provided for **Children's Homes Refurbishments** at the following Children's Homes: Barnes Heath House, Dunblane Avenue and Wigston Lane. Works will include a ground floor extension at Barnes Heath House, the refurbishment of kitchens and bathrooms and increasing storage space.
- (b) £7.5m has been provided to continue with the **Children's Capital Improvements Programme** within our schools. The programme will include routine maintenance in our schools and spending is prioritised to reflect asset condition and risk. This will be a 2 year programme to allow for better forward planning. The proposed programme is shown at Appendix 6: detailed schemes will be developed following consultation with schools.

Proposed Programme – Policy Provisions

3.22 Policy provisions are sums of money which are included in the programme for a stated purpose, but for which a further report to the Executive (and decision notice) is required before they can be spent. Schemes are usually treated as policy provisions because the Executive needs to see more detailed spending plans before full approval can be given.

3.23 Executive reports seeking approval to spend policy provisions must state whether schemes, once approved, will constitute projects, work programmes or provisions; and, in the case of projects, identify project outcomes and physical milestones against which progress can be monitored.

3.24 Seven policy provisions have been identified as part of this programme:

- (a) £0.6m for **investment in multi-use games areas (MUGAs)** over the next two years to improve outdoor game areas and ballcourts, many of which have fallen into disrepair. An inventory of existing provision will be made together with its condition and a priority list of works will be drawn up. This may include new provision where there is a deficiency. Sponsorship will also be sought. If the scheme is successful, it is hoped to provide a sum of around £0.3m per year in future years.
- (b) £2.2m is set aside for the **Education System Re-tender**. The Council is preparing to retender its core education IT system, and the money may be required to cover system implementation costs if a new system supplier is selected.

- (c) £1.8m will be available to support potential **Strategic Property**

Acquisitions of land and buildings within the City. Such acquisitions are likely to support economic regeneration or enhance the performance of the corporate estate.

- (d) £3m is set aside to support **New Ways of Working** as a result of the pandemic. Potential schemes could involve re-purposing buildings for more agile working and proposals will be brought for consideration once they have been determined.
- (e) 3.7m is set aside to support further improvements at **Leicester Museum and Art Gallery** with the aim of improving the overall visitor experience through development of facilities, improved visitor flow by opening new routes and the potential to increase gallery space.
- (f) A **Programme Contingency** of £3.8m has been set aside for cost pressures arising from construction inflation, or (if not needed for this purpose) for any emerging capital needs such as potential match funding for any new government programmes.
- (g) £7.3m has been set aside for **Phase 3 of the Outdoor Market Programme** of improvements to the outdoor market and surrounding public realm. A further detailed report will be prepared on the expected scope of works and detailed costing.

Capital Strategy

- 3.25 Local authorities are required to prepare a capital strategy each year, which sets out our approach for capital expenditure and financing at high level.
- 3.26 The proposed capital strategy is set out at Appendix 7.

Consultation

- 3.27 This report will be subject to consultation with stakeholders along with the revenue budget. Comments received will be reflected in the final report to Council.

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

4.1 Financial implications

- 4.1.1 This report is exclusively concerned with financial matters.
- 4.1.2 There is some proposed prudential borrowing in the programme for replacement of vehicles of £3.4m and replacement grounds maintenance machinery for £0.2m. The anticipated revenue costs arising will be £0.3m per year, for which revenue budget exists. This borrowing is affordable,

sustainable and prudent (this is further described in the Treasury Strategy on your agenda).

4.1.3 No schemes are expected to lead to higher ongoing costs and some will lead to savings.

4.1.4 At the end of 2020/21, the Council set aside £10m to support capital expenditure which facilitated covid recovery, such as rejuvenating the local economy. This programme commits £4.4m, as shown in the table below:

	<u>£000</u>
African Caribbean Centre - Ventilation	252
Festive Decorations – Enhanced Programme	250
Retail and Shop Front Improvements	850
New Ways of Working	3,000
Total Covid Recovery Funds	4,352

(Other sums are being committed during 2021/22).

4.2 Legal implications

4.2.1 As the report is exclusively concerned with financial matters, there are no direct legal implications arising from the report. In accordance with the constitution, the capital programme is a matter that requires approval of full Council. The subsequent letting of contracts, acquisition and/or disposal of land etc all remain matters that are executive functions and therefore there will be the need to ensure such next steps have the correct authority in place prior to proceeding. There will be procurement and legal implications in respect of individual schemes and client officers should take early legal advice.

Emma Jackman, Head of Law (Commercial, Property & Planning)

4.3 Equalities implications

4.3.1 Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions they have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, 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.

- 4.3.2 Protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.
- 4.3.3 People from across all protected characteristics will benefit from the improved public good arising from the proposed capital programme. However, as the proposals are developed and implemented, consideration should continue to be given to the equality impacts of the schemes in question, and how they can help the Council to meet the three aims of the Public Sector Equality Duty.
- 4.3.4 The capital programme includes schemes which improve the city's infrastructure and contribute to overall improvement of quality of life for people across all protected characteristics. By doing so, the capital programme promotes the PSED aim of fostering good relations between different groups of people by ensuring that no area is disadvantaged compared to other areas as many services rely on such infrastructure to continue to operate.
- 4.3.5 Some of the schemes focus on meeting specific areas of need for a protected characteristic: disabled adaptations within homes (disability), home repair grants which are most likely to be accessed by elderly, disabled people or households with children who are living in poverty (age and disability), and provision of funds for festive decorations (religion and belief).
- 4.3.6 Other schemes target much larger groups of people who have a range of protected characteristics reflective of the diverse population within the city. Some schemes are place specific and address environmental issues that also benefit diverse groups of people. The delivery of the capital programme contributes to the Council fulfilling our Public Sector Equality Duty (PSED). For example, schemes which support people in being able to stay in their homes, to continue to lead independent lives, and to participate in community life help promote equality of opportunity, another one of the aims of the PSED.
- 4.3.7 Where there are any improvement works to buildings or public spaces, considerations around accessibility (across a range of protected characteristics) must influence design and decision making. This will ensure that people are not excluded (directly or indirectly) from accessing a building, public space or service, on the basis of a protected characteristic. All schemes should consider the PSED and conducting Equality Impact Assessments where relevant in order to inform the process.

Kalvaran Sandhu, Equalities Manager

4.4 Climate Emergency implications

- 4.4.1 The city council declared a climate emergency in February 2019 and has now published its new Climate Emergency Strategy & Action Plan, setting out the ambition to make Leicester a carbon neutral city. The council is one of the largest employers and land owners in the city, with carbon emissions of 28,085tCO₂e from its buildings and schools in 2020/21, and has a high level of influence in the rest of the city. The council has a vital role to play in reducing emissions from its buildings and operations, and leading by example on tackling the climate emergency in Leicester. The report notes the importance of tackling the climate emergency through the capital programme, with many of the projects outlined playing a positive role in reducing carbon emissions in the city.
- 4.4.2 There is not sufficient information within this report to provide specific details of climate change implications for individual projects, which may have significant implications and opportunities. Detailed implications should therefore be produced for individual projects as and when plans are finalised. At a high level, there are some general principles that should be followed during the planning, design and implementation of capital projects, as detailed below. A toolkit is also being developed to support the achievement of reduced carbon emissions in council capital construction and renovation projects.
- 4.4.3 New buildings should be constructed to a high standard of energy efficiency, and incorporate renewable energy sources where possible, with projects aiming to achieve carbon neutral development or as close as possible to this. Maintenance and refurbishment works, including replacement of systems or equipment, should also seek to improve energy efficiency wherever possible. This will reduce energy use and therefore bills, delivering further benefits. Major projects will also need to meet Climate Change policy CS2 in the Leicester City Core Strategy planning document, which requires best practice in terms of minimising energy demand for heating, ventilation and lighting, achieving a high level of fabric efficiency, and the use of low carbon or renewable sources of energy.
- 4.4.4 Projects involving procurement, including for construction works, should follow the Council's sustainable procurement guidelines. This includes the use of low carbon and sustainable materials, low carbon equipment and vehicles and reducing waste in procurement processes. Transport projects should seek to enable a greater share of journeys to be safely and conveniently undertaken by walking, cycling or public transport wherever possible, and many of the planned works will directly contribute to this. Flood risk and environmental works are also a key part of increasing resilience to a changing climate in the city.

Aidan Davis, Sustainability Officer

4.5 Other implications (You will need to have considered other implications in preparing this report. Please indicate which ones apply?)

Equal Opportunities	Yes	Paragraph 4.3
Policy	Yes	The capital programme is part of the Council's overall budget and policy framework, and makes a substantial contribution to the delivery of Council policy.
Sustainable and Environmental	Yes	Paragraph 4.4
Crime and Disorder	No	
Human Rights Act	No	
Elderly/People on Low Income	Yes	A number of schemes will benefit elderly people and those on low income.

5. Background information and other papers:

6. Summary of appendices:

Appendix 1 – Corporate & Unringfenced Capital Resources.

Appendix 2a – Immediate Starts – Estates and Building Services

Appendix 2b – Immediate Starts – Housing General Fund

Appendix 2c – Immediate Starts – Neighbourhood and Environmental Services

Appendix 2d – Immediate Starts – Planning, Development and Transportation

Appendix 2e – Immediate Starts – Tourism, Culture and Inward Investment

Appendix 2f – Immediate Starts – Social Care and Education – Children's Services

Appendix 3 – Policy Provisions.

Appendix 4 – Operational Estate Maintenance Capital Programme

Appendix 5 – Highways Maintenance Capital Programme

Appendix 6 – Children's Capital Improvement Programme

Appendix 7 – Capital Strategy 2022/23.

7. Is this a private report (If so, please indicate the reasons and state why it is not in the public interest to be dealt with publicly)? No

8. Is this a “key decision”? If so, why? No – it is a proposal to the Council.

Report Author: Ben Matthews

Date:

DRAFT

Appendix One

Capital Resources

	22/23 <i>{£000}</i>	23/24 <i>{£000}</i>	Total <i>{£000}</i>
<u>Resources Brought Forward</u>			
Previous years' savings	12,534		12,534
Levelling Up reserve	10,400		10,400
Total One Off Resources	22,934		22,934
<u>Capital Receipts</u>			
General Capital Receipts	5,819		5,819
Council Housing - Right to Buy Receipts	700		700
Total Receipts	6,519	0	6,519
<u>Unringfenced Capital Grant</u>			
School Places - Basic Need Grant	1,563		1,563
Education maintenance	4,500	3,000	7,500
Integrated Transport	2,576		2,576
Transport maintenance	2,000		2,000
Total Unringfenced Grant	10,639	3,000	13,639
TOTAL UNRINGFENCED RESOURCES	40,092	3,000	43,092
Ringfenced resources	12,588		12,588
TOTAL CAPITAL RESOURCES	52,680	3,000	55,680

Immediate Starts – Estates and Building Services

	Division	Scheme Type	Corporate Programme Funding	Ringfenced Funding	Total Approval
			{£000}	{£000}	{£000}
<u>Estates and Building Services</u>					
African Caribbean Centre - Ventilation	CDN (EBS)	PJ	-	252	252
Changing Places – Disabled Toilet facilities	CDN (EBS)	PJ	200	480	680
Malcolm Arcade Refurbishment	CDN (EBS)	PJ	1,000	-	1,000
Feasibility Studies	CDN (EBS)	WP	400	-	400
Operational Estate Maintenance	CDN (EBS)	WP	3,822	-	3,822
TOTAL			5,422	732	6,154

Key to Scheme Types : PJ = Project ; WP = Work Programme

Summary of Ringfenced Funding

	{£000}
COVID Recovery Fund Reserve	252
Changing Places Toilets (CPT) Fund	480
TOTAL RINGENCED FUNDING	732

Immediate Starts – Housing General Fund

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Housing General Fund</u>					
Empty Homes Acquisition Programme	CDN (HGF)	PV	50		50
Repayable Home Repair Loans	CDN (HGF)	WP	100	-	100
Disabled Facilities Grant	CDN (HGF)	WP	-	1,861	1,861
Fleet Replacement Programme	CDN (HGF)	WP	-	3,396	3,396
TOTAL			150	5,257	5,407

Key to Scheme Types : WP = Work Programme ; PV = Provision ;
Oth = Other

Summary of Ringfenced Funding

	{£000}
Disabled Facilities Grant	1,861
Prudential Borrowing	3,396
TOTAL RINGENCED FUNDING	5,257

Immediate Starts – Neighbourhood and Environmental Services

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Neighbourhood and Environmental Services</u>					
Library Self-Access Rollout	CDN (NES)	PJ	-	592	592
Grounds Maintenance Equipment	CDN (NES)	WP	-	200	200
TOTAL			0	792	792

Key to Scheme Types : PJ = Project ; WP = Work Programme ;

Summary of Ringfenced Funding

	{£000}
Transformation Fund (Earmarked Reserve)	592
Prudential Borrowing	200
TOTAL RINGENCED FUNDING	792

Immediate Starts – Planning, Development and Transportation

	Division	Scheme Type	Corporate Programme Funding	Ringfenced Funding	Total Approval
			{£000}	{£000}	{£000}
<u>Planning, Development and Transportation</u>					
Connecting Leicester Programme	CDN (PDT)	PJ	4,000	-	4,000
Front Walls Enveloping Scheme	CDN (PDT)	WP	100	-	100
Festive Decorations – Enhanced Programme	CDN (PDT)	WP	-	250	250
Flood Risk Prevention	CDN (PDT)	WP	300	-	300
Local Environmental Works	CDN (PDT)	WP	400	-	400
Strategic Sites development	CDN (PDT)	WP	-	1,557	1,557
Highway Capital Maintenance	CDN (PDT)	WP	2,152	-	2,152
Transport Improvement Works	CDN (PDT)	WP	2,556	-	2,556
TOTAL			9,508	1,807	11,315

Key to Scheme Types : PJ = Project ; WP = Work Programme ;

Summary of Ringfenced Funding

	{£000}
COVID Recovery Fund (Earmarked Reserve)	250
Future Earmarked Capital Receipts	1,557
TOTAL RINGENCED FUNDING	1,807

Immediate Starts – Tourism, Culture and Inward Investment

	Division	Scheme Type	Corporate Programme Funding	Ringfenced Funding	Total Approval
			<i>{£000}</i>	<i>{£000}</i>	<i>{£000}</i>
<u>Tourism, Culture and Inward Investment</u>					
Ugandan Asians – 50 Year Anniversary Commemoration	CDN (TCI)	PJ	150	150	300
Retail and Shop Front Improvements	CDN (TCI)	WP	-	850	850
TOTAL			150	1,000	1,150

Key to Scheme Types : PJ = Project ; WP = Work Programme ;

Summary of Ringfenced Funding

	<i>{£000}</i>
Other Contributions	150
COVID Recovery Fund (Earmarked Reserve)	850
TOTAL RINGENCED FUNDING	1,000

Immediate Starts – Social Care and Education – Children’s Services

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Social Care and Education – Children’s Services</u>					
Children's Homes Refurbishments	SCE (ECS)	PJ	850	-	850
Children's Capital Improvement Programme	SCE (ECS)	WP	7,508	-	7,508
TOTAL			8,358	0	8,358

Key to Scheme Types : PJ = Project ; WP = Work Programme ;

Appendix 3

Policy Provisions

	Division	Scheme Type	Corporate Programme Funding	Ringfenced Funding	Total Approval
			{£000}	{£000}	{£000}
<u>Policy Provisions</u>					
Investment in multi-use game areas (MUGAs)	CDN (NES)		600	-	600
Education System Re-tender	SCE (ECS)		2,200	-	2,200
Strategic Property Acquisitions	CDN (PDT)		1,840	-	1,840
New Ways of Working	CDN (CRS)		-	3,000	3,000
Leicester Museum and Art Gallery (LMAAG)	CDN (TCI)		3,738	-	3,738
Programme Contingency	All Divisions		3,826	-	3,826
Outdoor Market phase 3	CDN (TCI)		7,300	-	7,300
TOTAL			19,504	3,000	22,504
GRAND TOTAL – ALL SCHEMES			43,092	12,588	55,680

Summary of Ringfenced Funding

	{£000}
COVID Recovery Fund (Earmarked Reserve)	3,000
TOTAL RINGENCED FUNDING	3,000

Operational Estate Maintenance Capital Programme

Description	Amount £000's
Building Works - Essential maintenance at the Council's operational and investment buildings and parks. Works include replacing life expired pool liner with tiles, changing room refurbishments, maintenance work at the Haymarket Centre, and stabilisation and repair works required at the Council's parks.	2,177
Compliance Works - Generally consisting of surveys to gain condition data across the estate and works arising from the legionella risk assessments.	70
Electrical Works - Replacement fuse boards, fire alarms and mains distribution panels.	155
Heritage Works - Full condition survey and repairs at Glenfield Tunnel	60
Mechanical Works - Replacement anti flood valve and ventilation works required at the Council's leisure centres.	70
Security Works - Alarm system replacements and provision for other security works.	410
Sustainability Works - Energy monitoring systems across the Council's estate	120
Town Hall - external works (including repairing balcony) and interior works (including balustrade reseating)	400
Emergency Provision – Provision for emergency reactive works that could be required across the Council's estate	360
TOTAL	3,822

Proposed Highways Maintenance Capital Programme

Description	Amount £000's
Major Public Realm & Transport Improvement Schemes - Public realm and transport maintenance works associated with transforming cities and active travel fund	100
Principal Roads – Uppingham Road, Thurmaston Lane/Victoria Road East Roundabout	450
Classified Non-Principal Roads – Saffron Lane continuation (The Fairway to Pork Pie Roundabout), Barkby Road, Swain Street	630
Unclassified Neighbourhood Roads – Scraptoft Lane (Bowhill Grove to Thurncourt Road)	200
LEAN Carriageway & Pothole Repairs – Target large carriageway pothole repairs to provide longer term repairs in readiness for surface dressing.	130
Footway Relays and Reconstructions – Focus on local neighbourhood priorities; Narborough Road continuation and Melton Road Cycleway.	215
Strategic Bridge Deck Maintenance & Replacement Works Friday Street bridge	135
Bridge Improvement & Maintenance Works – Parapet replacements, structural maintenance works and technical assessment review project.	200
Traffic Signal Installations Renewals and Lighting Column Replacements – Signalling Upgrades, Lamp Column Replacements, Illuminated Bollards and Sign Replacements.	240
DfT / Whole Government Accounting Lifecycle Asset Management Development Project – Strategic asset management development, data analysis, lifecycle planning and reporting in support of DfT Challenge Funding bidding linked to asset management performance.	300
TOTAL *	2,600

*This scheme is deliberately over-programmed to manage risks from scheme co-ordination clashes and other factors affecting timing of works.

Children's Capital Improvement Programme

Description	Amount £000's
Building Works - Typical works include roof replacements, sports hall floor replacements and window replacements.	3,823
Compliance Works - This work stream will mainly be used to ensure the playing fields and pavilions used by schools are fully compliant with current regulations and to conduct health and safety works.	70
Mechanical Works - schemes being undertaken within the programme typically consist of re-piping heating systems and end of life ventilation replacements	685
Safeguarding Works - building works to ensure sites are secure.	750
Fire Risk Reduction Works - this is to continue with priority works identified within the fire risk assessments for schools.	780
Legionella Risk Reduction Works - Schemes typically include removal of cold water storage tanks to reduce the risk of legionella and other works that arise from the risk assessments carried out.	140
Asbestos Risk Reduction Works - Schemes consist of asbestos removal identified within the management surveys.	240
Sustainability Works - Replacement of the system that monitors energy usage, to allow for carbon reduction.	120
Individual Access Needs Works - This is a provision to allow works to be carried out to enable children with additional needs to access mainstream school.	420
Emergency Provision - This is provision within the programme to allow for emergency unforeseen works to be carried out.	480
TOTAL	7,508

Capital Strategy 2022/23

1. Introduction

- 1.1 It is a requirement on local authorities to prepare a capital strategy each year, which sets out our approach to capital expenditure and financing at a high level. The requirement to prepare a strategy arises from Government concerns about certain authorities borrowing substantial sums to invest in commercial property, often primarily for yield and outside the vicinity of the Council concerned (something the Council has never done).
- 1.2 There is also a requirement on local authorities to prepare an investment strategy, which specifies our approach to making investments other than day to day treasury management investments (the latter is included in our treasury management strategy, as in previous years). The investment strategy is presented as a separate report on your agenda.
- 1.3 This appendix sets out the proposed capital strategy for the Council's approval.

2. Capital Expenditure

- 2.1 The Council's capital expenditure plans are approved by the full Council, on the basis of two reports:-
- (a) The corporate capital programme – this covers periods of one or more years, and is always approved in advance of the period to which it relates. It is often, but need not be, revisited annually (it need not be revisited if plans for the subsequent year have already been approved);
 - (b) The Housing Revenue Account (HRA) capital programme – this is considered as part of the HRA budget strategy which is submitted each year for approval.
- 2.2 The capital programme is split into:-
- (a) Immediate starts – being schemes which are approved by the Council and can start as soon as practical after the council has approved the programme. Such schemes are specifically described in the relevant report;
 - (b) Policy provisions, which are subsequently committed by the City Mayor (and may be less fully described in the report). The principle here is that further consideration is required before the scheme can start.
- 2.3 The corporate capital programme report sets out authorities delegated to the City Mayor. Decisions by the City Mayor are subject to normal requirements in the constitution (e.g. as to prior notice and call-in).

- 2.4 Monitoring of capital expenditure is carried out by the Executive and the Overview Select Committee. Reports are presented on 3 occasions during the years, and at outturn. For this purpose, immediate starts have been split into three categories:-
- (a) **Projects** – these are discrete, individual schemes such as a road scheme or a new building. These schemes are monitored with reference to physical delivery rather than an annual profile of spending. (We will, of course, still want to make sure that the overall budget is not going to be exceeded);
 - (b) **Work Programmes** – these will consist of minor works or similar schemes where is an allocation of money to be spent in a particular year.
 - (c) **Provisions** – these are sums of monies set aside in case they are needed, but where low spend is a favourable outcome rather than indicative of a problem.
- 2.5 When, during the year, proposals to spend policy provisions are approved, a decision on classification is taken at that time (i.e. a sum will be added to projects, work programmes or provisions as the case may be).
- 2.6 The authority does not capitalise expenditure, except where it can do so in compliance with proper practices: it has never applied for directions to capitalise revenue expenditure.
- 2.7 The table below forecasts the past and forecast capital expenditure for the current year and 2022/23. It therefore, includes latest estimates of expenditure from the 2021/22 programme that will be rolled forward.

Department / Division	2021/22 Estimate £m	2022/23 & Beyond Estimate £m
All Departments (Programme Contingency)	0	3.8
Corporate Resources	0.1	3.1
Smart Cities	0.2	-
Planning, Development & Transportation	45.9	72.5
Tourism, Culture & Inward Investment	11.1	33.3
Neighbourhood & Environmental Services	2.5	4.3
Estates & Building Services	35.7	8.2
Adult Social Care	1.3	8.0
Children's Services	13.9	33.4
Public Health	1.0	0.1
Housing General Fund	4.9	9.5
Total General Fund	116.6	176.2
Housing Revenue Account	103.1	125.1
Total	219.7	301.3

- 2.8 The Council's Estates and Building Services Division provides professional management of non-housing property assets. This includes maintaining the properties, collecting any income, rent reviews, ensuring that lease conditions are complied with and that valuations are regularly updated at least every 5 years. A capital programme scheme is approved each year for significant improvements or renovation.
- 2.9 The Housing Division provides management of tenanted dwellings. Apart from the new build, the HRA capital programme is almost entirely funded from tenants' rents. The criteria used to plan major works are in the table below:-

Component for Replacement	Leicester's Replacement Condition Criteria	Decent Homes Standard: Maximum Age
Bathroom	All properties to have a bathroom for life by 2036	30 - 40 years
Central Heating Boiler	Based on assessed condition	15 years (future life span of new boilers is expected to be on average 12 years)
Chimney	Based on assessed condition	50 years
Windows & Doors	Based on assessed condition	40 years
Electrics	Every 30 years	30 years
Kitchen	All properties to have an upgraded kitchen by 2036	20 - 30 years
Roof	Based on assessed condition	50 years (20 years for flat roofs)
Wall finish (external)	Based on assessed condition	80 years
Wall structure	Based on assessed condition	60 years

3. Financing Capital Expenditure

- 3.1 Most capital expenditure of the Council is financed as soon as it is spent (by using grants, capital receipts, revenue budgets or the capital fund). The Council will only incur spending which cannot be financed in this way in strictly limited circumstances. Such spending is termed "prudential borrowing" as we are able to borrow money to pay for it. (The treasury management strategy explains why in practice we don't need to borrow on the external market: we must still, however, account for it as borrowing and make "repayments" from revenue each year). Circumstances in which the Council will use "prudential borrowing" are:-
- (a) Where spending facilitates a future disposal, and it is estimated that the proceeds will be sufficient to fully cover the initial costs;
 - (b) Where spending can be justified with reference to an investment appraisal (this is further described in the separate investment strategy).

This also includes social housing, where repayment costs can be met from rents;

- (c) Other “spend to save” schemes where the initial cost is paid back from revenue savings or additional income;
- (d) Where, historically, the Council has used leasing for vehicles or equipment, and revenue budgets already exist to meet the cost;
- (e) “Once in a generation” opportunities to secure significant strategic investment that will benefit the city for decades to come.

3.2 The Council measures its capital financing requirement, which shows how much we would need to borrow if we borrowed for all un-financed capital spending (and no other purpose). This is shown in the table below:-

	2021/22 Estimate £m	2022/23	2023/24	2024/25
HRA	269	283	295	308
General Fund	272	270	258	252

(The table above excludes PFI schemes).

3.3 Projections of actual external debt are included in the treasury management strategy, which is elsewhere on your agenda.

4. **Debt Repayment**

4.1 As stated above, the Council usually pays for capital spending as it is incurred. However, this has not always been the case. In the past, the Government encouraged borrowing and money was made available in Revenue Support Grant each year to pay off the debt (much like someone paying someone else’s mortgage payments).

4.2 The Council makes charges to the general fund budget each year to repay debt incurred for previous years’ capital spending. (In accordance with Government rules, no charge needs to be made to the Housing Revenue Account: we do, however, make charges for newly built and acquired property).

4.3 The general underlying principle is that the Council seeks to repay debt over the period for which taxpayers enjoy the benefit of the spending it financed.

4.4 Where borrowing pays for an asset, debt is repaid over the life of the asset.

4.5 Where borrowing pays for an investment, debt is repaid over the life of the Council’s interest in the asset which has been financed (this may be the asset life, or may be lower if the Council’s interest is subject to time limits). Where borrowing funds a loan to a third party, repayment will never exceed the period of the loan.

4.6 Charges to revenue will be based on an equal instalment of principal, or set on an annuity basis, as the Director of Finance deems appropriate.

- 4.7 Debt repayment will normally commence in the year following the year in which the expenditure was incurred. However, in the case of expenditure relating to the construction of an asset, the charge will commence in the year after the asset becomes operational or the year after total expenditure on the scheme has been completed.
- 4.8 The following are the maximum asset lives which can be used:-
- (a) Land – 50 years;
 - (b) Buildings – 50 years;
 - (c) Infrastructure – 40 years;
 - (d) Plant and equipment – 20 years;
 - (e) Vehicles – 12 years.
- 4.9 Some investments governed by the treasury strategy may be accounted for as capital transactions. Should this require debt repayment charges, an appropriate time period will be employed. Share capital has a maximum “life” of 20 years.
- 4.10 Authority is given to the Director of Finance to voluntarily set aside sums for debt repayment, over and above the amounts determined in accordance with the above rules, where he/she believes the standard charge to be insufficient, or in order to reduce the future debt burden to the authority.
- 4.11 In circumstances where the investment strategy permits use of borrowing to support projects which achieve a return, the Director of Finance may adopt a different approach to debt repayment to reflect the financing costs of such schemes. The rules governing this are included in the investment strategy.
- 4.12 The ratio of financing costs to net revenue budget is estimated to be:-

	2021/22	2022/23	2023/24
	%	%	%
General Fund	2.2	2.4	2.4
HRA	11.3	11.4	11.8

5. **Commercial Activity**

- 5.1 The Council has for many decades held commercial property through the corporate estate. It may decide to make further commercial investments in property, or give loans to others to support commercial investment. Our approach is described in the investment strategy, which sets the following limitations:-
- (a) The Council will not make such investments purely to generate income. Each investment will also benefit the Council’s service objectives (most probably, in respect of economic regeneration and jobs). It will, however, invest to improve the financial performance of the corporate estate;
 - (b) The Council will not make investments outside of the LLEP area (or just beyond its periphery) except as described below. We would not, for instance, borrow money to buy a shopping centre 100 miles from Leicester;

- (c) There is one exception to (b) above, which is where the investment meets a service need other than economic regeneration. An example might be a joint investment in a solar farm, in collaboration with other local authorities; or investment in a consortium serving local government as a whole. In these cases, the location of the asset is not necessarily relevant.
- 5.2 Such investments will only take place (if they are of significant scale) after undertaking a formal appraisal, using external advisors if needs be. Nonetheless, as such investments also usually achieve social objectives, the Council is prepared to accept a lower return than a commercial funder might, and greater risk than it would in respect of its treasury management investments. Such risk will always be clearly described in decision reports (and decisions to make such investments will follow the normal rules in the Council's constitution).
- 5.3 Although the Council accepts that an element of risk is inevitable from commercial activity, it will not invest in schemes whereby (individually or collectively) it would not be able to afford the borrowing costs if they went wrong. As well as undertaking a formal appraisal of schemes of a significant scale, the Council will take into account what "headroom" it may have between the projected income and projected borrowing costs.
- 5.4 In addition to the above, the Council's treasury strategy may permit investments in property or commercial enterprises. Such investments may be to support environmental and socially responsible aims, and are usually pooled with other bodies. For the purposes of the capital strategy, these are not regarded as commercial activities under this paragraph as the activity is carried out under the treasury strategy.
6. **Knowledge and Skills**
- 6.1 The Council employs a number of qualified surveyors and accountants as well as a specialist team for economic development who can collectively consider investment proposals. It also retains external treasury management consultants (currently Arlingclose). For proposed investments of a significant scale, the Council may employ external specialist consultants to assist its decision making.

Health and Wellbeing Scrutiny Commission

Work Programme 2021-22

Meeting Date	Topic	Actions arising	Progress
13 rd July 2021	<ol style="list-style-type: none"> 1. COVID19 Update & Vaccination Progress Update 2. Consultation Response to UHL Reconfiguration 3. Strategy on how to deal with the effects of Long COVID 	<ol style="list-style-type: none"> 1. Standing item as required for this cycle. 2. Latest update from CCGs is that a response will be ready by July. Likely that this will be discussed in detail at Joint Health (Committee administration has passed to City) 3. Item requested following information on hospital readmissions – Long COVID paper expected from UHL and an ASC perspective of Long COVID in City care homes. 	<ol style="list-style-type: none"> 3. Update to be received in 6 months.
1 st September 2021	<ol style="list-style-type: none"> 1. Community Pharmacy Service 2. Update from Chair of ICS Board 3. COVID19 Update & Vaccination Progress Update 4. Update on Sexual Health Services / Contraception 	<ol style="list-style-type: none"> 1. Verbal update from CCGs on the launch of this service. 3. CCGs to investigate the GP lists numbers/shortfall and focus on trends in the city centre area. 4. Update report expected on an annual basis, which will also include a service update on the Pre-exposure to HIV (PrEP) service 	<ol style="list-style-type: none"> 1. Update requested for Jan 2022 once quarterly data has been collected.
2 nd November 2021	<ol style="list-style-type: none"> 1. School Nursing Provision 2. Access to GP services and Community Pharmacy Services Update 3. ICS Update – Locality Based Plans 4. COVID19 Update & Vaccination Progress Update 	<p>Item 1 is a proposed joint item with CYPE</p> <p>Item 2 was deferred from the Sept meeting following engagement conducted by CCGs in May.</p> <p>Item 3 will consider the locality-based provision for the city.</p>	

Meeting Date	Topic	Actions arising	Progress
14 th December 2021	1. UHL Financial Adjustment Update 2. COVID19 Update & Vaccination Progress Update 3. Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan 4. Alcohol Strategy Matters Arising: GP lists/CCG exercise; this is being actioned separately.	UHL accounts considered at this meeting via an initial verbal update; there is a delay until March 2022 for accounts to be released. Item 3 will bring a greater focus on the link between food and health. An update was requested in six months' time.	
25 th January 2022	1. Long COVID Update 2. ICS Update 3. Community Pharmacy Service 4. COVID19 Update & Vaccination Progress Update 5. 3-year-old oral health survey 6. Draft General Fund Revenue Budget & Draft Capital Programme 2022-23	Item 1 will be considered in more detail at the joint special mental health meeting. A fuller update on Item 3 was touted for this meeting due to having further information with quarterly data included, following September's initial update on the service. Item 5 will include information on the ICS constitution and a potential delay to the legislation.	
Mental Health Services Meeting	The Step Up to Great Mental Health Consultation and the findings of the LPT CQC inspection is likely to be held as a special meeting under Joint Health Scrutiny, for the middle of February 2022.		

Meeting Date	Topic	Actions arising	Progress
23 rd March 2022	<ol style="list-style-type: none"> 1. UHL Financial Adjustment Update 2. COVID19 Update & Vaccination Progress Update 3. Tobacco Control (Public Health) 4. 0-19 Commissioning Update 5. Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population) 6. Final Review Report – BLM and NHS Workforce 7. Results of the survey on the health, care, and wellbeing plan 8. Local Plan 	<ol style="list-style-type: none"> 1. A Member briefing for the accounts will be held in March 2022. 	

Forward Plan Items

Topic	Detail	Proposed Date
Health & Care section of Forward Plan - No decisions due to be taken under this heading for the current period (on or after 1 Dec 2021)		
COVID19 Update and Vaccinations Update	Standing item on the agenda. Regular information requested in between meetings to show trends.	All meetings
0-19 Commissioning Update	Planned for January 2021 but current contract extended by a year due to COVID	March 2022

Topic	Detail	Proposed Date
Update on Sexual Health Services / Contraception and PrEP (Pre-exposure to HIV) service	Initial sexual health services presentation given in Sept 2021. Commission requested an annual report on both items going forward.	Completed in Sept 2021; tbc Sept 2022
Final Review Report – BLM and Health	First Task Group meeting in March 2021. Second meeting tbc in June 2021.	March 2022
Manifesto Commitment Updates	Raised in March 2021 at OSC and may be discussed at all Commission meetings in the future.	Early 2022
CCG Step Up to Great Mental Health Consultation	Both items to be considered at a joint health meeting in Feb 2022.	Feb 2022
LPT Improvement Plan Update		
Updates on Obesity (including Childhood Obesity) and Dietary Advice Options and Co-ordination with Food Plan	Completed in April 2021, an update requested in the next cycle of meetings, to include a further report on options in relation to enhanced dietary advice and coordination with the Food Plan be submitted in due course.	Earlier in the cycle – late 2021
Consultation Response to UHL Reconfiguration; now Updates on Reconfiguration Proposals	Consultation response covered at both HWB and JHOSC in July 2021. Updates expected on; birthing unit, budget changes for the reconfiguration, backlog of repairs, primary urgent care locations.	Covered in July 2021, with progress updates expected at future meetings.
Health Inequalities Update – Action Plan (including the inequality impact of COVID19 on the local population)	Mentioned in the January 2021 minutes, following the LLR health inequalities item. Followed up with a LLR Framework and Action Plan Update in April 2021, with a request for a further update in 2022 regarding; implementation, statement of intent and action plan.	Spring 2022
UHL Financial Adjustment - Update	Further information on the Development Programme from Deloitte and involvement in board selection processes – audit reports delayed from Dec to March.	On or around March 2022

Topic	Detail	Proposed Date
Review of contracts for vending machines and other food services at the Council's Leisure Centres	Requested as an item in the January 2021 meeting and discussed as part of April 2021's Obesity Item with agreement that the initiative to remove unhealthy snacks from leisure centres and other council premises vending machines be supported.	December 2021 – co-ordinating with Obesity items. Complete; current contracts terminated.
COVID Hospital Readmissions – now Long COVID	Was initially a standing item on hospital readmission data, which has now been directed into a wider focus on Long COVID (UHL to lead on this)	Completed in July 2021; update report in 6 months (Jan 2022)
Integrated Care Services (ICS)	Item based on the recent changes in March 2021	Jan 2022
Draft Revenue Budget	Standard report to go to all Commissions	January 2022
Air Quality Pollution	Joint item with EDTCE	TBC 2022
School Nursing Provision	Joint item with CYPE Scrutiny	November 2021
Community Pharmacy Service	Initial update given in September 2021 with an update on evaluation data requested in three months' time.	November 2021 January 2022
Health and Wellbeing Strategy	Progress update since it was launched in 2019	TBC
Results of the survey on the health, care, and wellbeing plan	Leicester health, care, and wellbeing delivery plan - to improve future health outcomes of the people of Leicester.	March 2022
Tobacco Control	Public Health Paper	March 2022

