

Leicester
City Council

MEETING OF THE CHILDREN, YOUNG PEOPLE AND EDUCATION SCRUTINY COMMISSION

DATE: TUESDAY, 24 JANUARY 2023

TIME: 5:30 pm

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

Members of the Commission

Councillor Batool (Chair)

Councillor Willmott (Vice-Chair)

Councillors Khan, Dr Moore, Riyait and Thalukdar

(1 unallocated Labour place)

(1 unallocated Conservative/non-grouped place)

Co-opted Members (Voting)

Carolyn Lewis

Church of England Diocese

Mr Mohit Sharma

Standing Invitees (Non-Voting)

Youth Representatives

Jennifer Day

Teaching Unions representative

Janet McKenna

UNISON Branch Secretary

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

For the Monitoring Officer

Officer contacts:

Tel: 0116 454 5843, e-mail: jacob.mann@leicester.gov.uk
Leicester City Council, City Hall, 3rd Floor Granby Wing, 115 Charles Street, Leicester, LE1 1FZ

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, Democratic Support Officer on 0116 454 5843.

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USEFUL ACRONYMS IN RELATION TO OFSTED AND EDUCATION AND CHILDREN'S SERVICES

(updated November 2015)

Acronym	Meaning
APS	Average Point Score: the average attainment of a group of pupils; points are assigned to levels or grades attained on tests.
ASYE	Assessed and Supported Year in Employment
C&YP	Children and Young People
CAMHS	Child and Adolescent Mental Health Service
CFST	Children and Families Support Team
CICC	Children in Care Council
CIN	Children in Need
CLA	Children Looked After
CLASS	City of Leicester Association of Special Schools
COLGA	City of Leicester Governors Association
CPD	Continuing Professional Development
CQC	Care Quality Commission
CYPF	Children Young People and Families Division (Leicester City Council)
CYPP	Children and Young People's Plan
CYPS Scrutiny	Children, Young People and Schools Scrutiny Commission
DAS	Duty and Advice Service
DCS	Director of Children's Services
EAL	English as an Additional Language
EET	Education, Employment and Training
EHA	Early Help Assessment
EHCP	Education Health and Care Plan
EHP	Early Help Partnership
EHSS	Early Help Stay Safe
EIP	Education Improvement Partnership

ELG	Early Learning Goals: aspects measured at the end of the Early Years Foundation Stage Profile
EY	Early Years
EYFS	Early Years Foundation Stage: (0-5); assessed at age 5.
EYFSP	Early Years Foundation Stage Profile
FS	Foundation Stage: nursery and school Reception, ages 3-5; at start of Reception a child is assessed against the new national standard of 'expected' stage of development, then teacher assessment of Foundation Stage Profile areas of learning
FSM	Free School Meals
GCSE	General Certificate of Education
GLD	Good Level of Development
HMCI	Her Majesty's Chief Inspector
HR	Human Resources
ICT	Information, Communication and Technology
IRO	Independent Reviewing Officer
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
KS1	Key Stage 1: National Curriculum Years (NCYs) 1 and 2, ages 5-7; assessed at age 7.
KS2	Key Stage 2: NCYs 3, 4, 5, and 6, ages 7-11; assessed at age 11.
KS3	Key Stage 3: NCYs 7, 8 and 9, ages 11-14; no statutory assessment.
KS4	Key Stage 4: NCYs 10 and 11, ages 14-16; assessed at age 16.
KTC	Knowledge Transfer Centre
LA	Local Authority
LADO	Local Authority Designated Officer
LARP	Leicester Access to Resources Panel
LCCIB	Leicester City Council Improvement Board
LCT	Leicester Children's Trust
LDD	Learning Difficulty or Disability
LESP	Leicester Education Strategic Partnership
LLEs	Local Leaders of Education
LP	Leicester Partnership

LPP	Leicester Primary Partnership
LPS	Leicester Partnership School
LSCB	Leicester Safeguarding Children Board
LSOAs	Lower Super Output Areas
MACFA	Multi Agency Case File Audit
NCY	National Curriculum Year
NEET	Not in Education, Employment or Training
NLEs	National Leaders of Education
NLGs	National Leaders of Governance
OFSTED	Office for Standards in Education, Children's Services and Skills
PEPs	Personal Education Plans
PI	Performance Indicator
PVI	Private, Voluntary and Independent
QA	Quality Assurance
RAP	Resource Allocation Panel
RI	Requires Improvement
SA	Single Assessment
SALT	Speech and Language Therapy
SCR	Serious Case Review
SEN	Special Educational Needs
SEND	Special Educational Needs and Disabilities
SIMS	Schools Information Management Systems
SLCN	Speech, Language and Communication Needs
SLEs	Specialist Leaders of Education
SMT	Senior Management Team
SRE	Sex and Relationship Education
TBC	To be Confirmed
TFL	Tertiary Federation Leicester
TP	Teenage Pregnancy
UHL	University Hospitals Leicester
WIT	Whatever it Takes
YOS	Youth Offending Service

YPC	Young People's Council
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PUBLIC SESSION

AGENDA

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If the emergency alarm sounds, you must evacuate the building immediately by the nearest available fire exit and proceed to the area outside the Ramada Encore Hotel on Charles Street as directed by Democratic Services staff. Further instructions will then be given.

- 1. APOLOGIES FOR ABSENCE**
- 2. DECLARATIONS OF INTEREST**

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

- 3. MINUTES OF THE PREVIOUS MEETING**

**Appendix A
(Pages 1 - 6)**

The minutes of the meeting of the Children, Young People, and Education Scrutiny Commission held on 6 December 2022 are attached and Members are asked to confirm them as a correct record.

- 4. CHAIR'S ANNOUNCEMENTS**
- 5. PETITIONS**

The Monitoring Officer to report on the receipt of any petitions.

- 6. QUESTIONS, REPRESENTATIONS, AND STATEMENTS OF CASE**

The Monitoring Officer to report on any questions, representations, or statements of case received.

- 7. DRAFT REVENUE BUDGET 2023/24 AND DRAFT CAPITAL PROGRAMME 2023/24**

**Appendix B
(Pages 7 - 72)**

The Director of Finance submits the following reports setting out the City Mayor's proposed Draft Revenue Budget 2023/24 and Draft Capital Budget 2023/24. The Commission is recommended to consider and comment on the Children, Young People and Education element of the budgets. The Commission's comments will be forwarded to the Overview Select Committee

as part of its consideration of the reports before they are presented at the Council meeting on 22 February 2023

8. PUBLIC HEALTH REPORT - THE IMPACT OF COVID-19 ON CHILDREN AND YOUNG PEOPLE IN THE EAST MIDLANDS **Appendix C
(Pages 73 - 120)**

The Director of Public Health submits a report by the Office for Health Improvement and Disparities into the impact of the Covid-19 pandemic on children and young people in the East Midlands.

Commission Members are asked to note the contents of the report and consider it's implications for Children's and Education Services in Leicester.

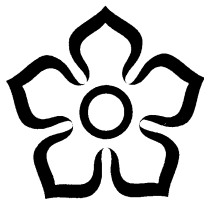
9. RESIDENTIAL CHILDREN'S HOMES - VERBAL UPDATE ON CONSULTATION

The Strategic Director of Social Care and Education will present a verbal update on the consultation for the proposed expansion of Children's Homes in the city.

10. WORK PROGRAMME **Appendix D
(Pages 121 - 124)**

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

11. ANY OTHER BUSINESS



Leicester
City Council

Appendix A

Minutes of the Meeting of the
CHILDREN, YOUNG PEOPLE AND EDUCATION SCRUTINY COMMISSION

Held: TUESDAY, 6 DECEMBER 2022 at 5:30 pm

P R E S E N T :

Councillor Batool (Chair)
Councillor Willmott (Vice Chair)

Councillor Khan

Councillor Dr Moore

Standing Invitees (Non-Voting)

Henry Zawadzki
Jennifer Day

Youth Representative
Union Representative

Also Present

Councillor Russell – Deputy City Mayor

* * * * *

41. APOLOGIES FOR ABSENCE

Apologies were received from Councillor Riyait, Janet McKenna, and Mohit Sharma.

42. DECLARATIONS OF INTEREST

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

There were no declarations of interest.

43. MINUTES OF THE PREVIOUS MEETING

AGREED:

1. That the minutes of the meeting of the Children, Young

44. PETITIONS

The Monitoring Officer reported that none had been received.

45. QUESTIONS, REPRESENTATIONS, AND STATEMENTS OF CASE

The Monitoring Officer reported that none had been received.

46. CHILDREN OUT OF SCHOOL REPORT

The Strategic Director of Social Care and Education submitted a report to provide an overview about the provision of education to children who were not on the roll of a state-maintained school, also those who were on roll but attending alternative provision, and the statutory responsibilities and processes of the local authority.

The Principal Education Officer presented the item, it was noted that:

- It was a parental duty to ensure that their children had access to education, and the Council's powers and responsibilities around children out of school were limited.
- There had been a significant increase since the pandemic of children being electively home educated.
- The Council took action to follow up on those children who were missing from education.
- There were 14 independent schools in the city, the Council now received the data of who was coming onto and off of those school rolls.
- There was a new duty to ensure that independent schools had appropriate safeguarding audits in place. There were specific inspections around safeguarding.
- There were also responsibilities around monitoring those moving schools, applying for schools when emigrating, or leaving the city.

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

- There was a through approach in finding children whose cases needed to be followed up.
- The largest change on numbers in previous years was the numbers being electively home educated. There had been a fluctuation in independent school numbers as well.
- The level in movement in numbers was now more dynamic than in previous decades.
- The start of the school year was a hotspot point for parents to withdraw their children from school rolls.

- These figures were not published on a national level so comparison with other authorities was not currently possible. However, DfE were expected to soon be publishing more data in this area which could lead to comparison.
- The increase in those being electively home educated seemed to be a national trend.
- There was now only one independent school which had not provided a safeguarding audit, an escalation process was ongoing. This could lead to the school being identified to the Independent Schools Inspectorate.
- The Council had no role in regulating the provision of online education. It was anticipated regulatory powers may be brought in with the upcoming Online Safety Bill.
- The DfE were not currently providing any additional funding for these new responsibilities despite the expectation of new burden funding, there was widespread concern about this. Efforts were ongoing to manage the increased demand with lesser resources.
- Current guidance suggested the Council do an annual check on each home educated child.
- There was evidence that there were home educating groups to allow contact with peers. Is there was no evidence of socialisation for children then that would be of concern from the Council regarding this.
- There was no obligation for parents home educating to follow any given curriculum.

AGREED:

1. That the Commission expresses concern over the lack of new burden funding for the additional responsibilities around monitoring children out of school.
2. That the Commission asks for a verbal update at a future meeting regarding the outstanding safeguarding audit from the independent school

47. YOUTH JUSTICE PLAN 2022-23

The Strategic Director of Social Care and Education submitted a report on the Youth Justice Plan for 2022-23.

The Deputy City Mayor for Social Care and Anti-Poverty introduced the item, noting that the recent Youth Service Awards had shown several examples of the positive impact of the Council's work with young people in the criminal justice system.

The Strategic Director of Social Care and Education noted that due to the timetables set out by the National Youth Justice Board, the Plan had already been submitted and approved by the Board several months ago. Comments to build into the Plan for 2023-24 were welcomed.

The Head of Service for Early Help presented the item, it was noted that:

- The format of the Plan had to be changed to fit the new template set out by the Board. However, the focus was still on examining the approach of Services, the performance of Services, and the financial picture. Celebrating achievements and sharing ambitions were a key part of the Plan.
- Local successes included inroads in reducing the numbers of CLA entering the criminal justice system.
- The prevention agenda remained a high priority.
- The REACH Team pilot focused on reducing school exclusions. This had been successful and further funding had been received.
- There had been an emphasis on participation to ensure co-production.
- KPIs were measured by the Government.
- During the pandemic there were issues with post-16 employment retention due to casual contracts being ended quickly.
- Another area of emphasis was work with victims, including meditation sessions.

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

- The numbers of young people committing crime in Leicester was consistently reducing.
- There was extensive work with schools to help raise awareness for the support available for vulnerable young people but also to make clear the consequences of crime.
- Officers were not fond of the new template set out by the Board.
- There had been a number of campaigns focusing on gang crime.
- There had been a task and finish group into disproportionality in young people entering the criminal justice system. The group found that black males were more likely to enter the system at a earlier age and receive a more significant outcome. There was also a disproportion of white males in the system.
- The Board gave the Council a grant, often late in the year. This year there had been an uplift of £90k in the grant. There was also additional funding for prevention work. This work was becoming increasingly dependent on grants from Government and other partners as opposed to being funded from the general fund. This made it difficult to have a longer-term approach.
- The area of evidence-based interventions required more investment, however work with partners helped to ensure more efficient work.
- There had been no additional funding to help with regard to the recent issues in the east of the city.
- The Service used the Lundy model of participation and had a strong co-production arm.

AGREED:

1. That the Commission requests that Officers enquire with the National Youth Justice Board to see comparison data with local comparator

Council's on serious youth violence and exploitation.

2. That the Commission requests that Officers provide the findings of the task and finish group into disproportionality to Commission Members.

48. JOURNEY TO EXCELLENCE: ONE YEAR ON FROM THE OFSTED INSPECTION OF LOCAL AUTHORITY SERVICES (ILACS)

The Strategic Director of Social Care and Education submitted a report updating the Commission on the follow on steps for Children's Services from the OFSTED inspection in 2021.

The Strategic Director of Social Care and Education presented the item, it was noted that:

- Every 3 years there was a full ILACS inspection which produced a grade, in other years there would be joint targeted inspections, focused visits, and annual engagement meetings.
- A new inspection framework for SEND Services had recently been signed off.
- The Youth Justice Service was subject to inspections by the Probation Service.
- The outcome of the previous ILACS inspection in 2021 was a 'good' rating. Despite this there was still an ambition to improve Services, not to get an improved outcome of the next inspection but to provide the best Service possible.
- An Excellence Board had been created to bring partners together to focus on improving Services. The previous President of the Association of Directors of Children's Services had agreed to Chair the Board, and north Tyneside Council would also support the Council.
- There were challenges with the increased demand for Social Care and Early Help, financial pressures, and the shortage of qualified Social Workers. Work was ongoing to look at how work was allocated to see if there could be less dependency on qualified Social Workers.
- There would be a focus on Early Help so that less support would be needed later down the line. Other Councils with the 'outstanding' rating had that focus on early intervention. The concern was around the lack of resources for this.
- The joint targeted inspection originally scheduled for December had been postponed, a focused visit would instead be held on the week commencing 12 December 2022. A narrative report will be published on 30 January 2023.
- There was always 1 week notice ahead of inspections.

The Chair thanked Officers and wished everyone the best of luck for the joint targeted inspection.

AGREED:

That the Commission notes the update.

49. COMMISSIONING APPROACH TO SEND TRANSPORT - UPDATE

The Strategic Director of Social Care and Education submitted a report providing the Commission with an update on the commissioning programme for Special Education Needs and Disabilities (SEND), including the Taxi re-procurement exercise to ensure new contracts were in place with effect from 1 April 2022 and progress on managing demand and reducing reliance on the use of taxis.

The Director of SEND and Early Help presented the item, it was noted that the new taxi provision was now in place.

In response to a question from the Chair, it was noted that there was no evidence could be provided of collusion in the dynamic purchasing system.

The Chair requested a report on who the contractors were for the last 5 years, how many were engaged, and what the criteria for contractors was.

AGREED:

That the Commission requests that Officers provide Commission Members with information on who has received SEND taxi contracts in the last 5 years, how many companies were engaged, and what the criteria for the contracts was.

50. WORK PROGRAMME

Members of the Commission were invited to consider content of the work programme and were invited to make suggestions for additions as appropriate to be brought to future meetings.

51. ANY OTHER BUSINESS

The Director of SEND and Early Help presented a brief verbal update on the situation regarding residential amenity at Ash Field Academy. It was noted that the consultation had been extended for a further 2 weeks and would now end on 9 January 2023. A copy of the report was also attached to the consultation. School Governors had been contacted regarding the possibility of opening up the provision, they stated that a decision on funding needed to be made first.

There being no other business, the meeting closed at 7.10pm.

Council

Date: draft for 22nd February 2023

Revenue Budget 2023/24

Lead director: Director of Finance

DRAFT



City Mayor

Useful information

■ Ward(s) affected:

■ Report author: Catherine Taylor/Mark Noble

■ Author contact details: catherine.taylor@leicester.gov.uk
mark.noble@leicester.gov.uk

■ Report version number: 1

1. Purpose

- 1.1 The purpose of this report is to present the City Mayor's proposed budget for 2023/24 and to describe the future financial outlook.
- 1.2 The proposed budget is described in this report, subject to any amendments the City Mayor may wish to recommend when he makes a firm proposal to the Council.

2. Summary

- 2.1 The medium term financial outlook is the most severe we have known, in our twenty six years as a unitary authority. We are facing restricted Government funding at a time of increasing costs, which will inevitably lead to painful spending cuts.
- 2.2 The background to this severe outlook is:
 - (a) a "decade of austerity" between 2010 and 2020 in which services other than social care had to be reduced by 50% in real terms. This has substantially reduced the scope to make further cuts;
 - (b) the covid-19 pandemic where we set "stop gap" budgets whilst we dealt with the immediate emergency. Budgets in 2021/22 and 2022/23 were supported by reserves of £17m and £24m respectively;
 - (c) the recent spike in inflation, which has led to significant pressures particularly in respect of pay, energy and packages of social care;
 - (d) the Autumn Statement in November, which provided no new money for inflation. Whilst some additional money has been made available for social care, it is insufficient to meet our forecast cost growth. This money has in large part been recycled, from savings arising from delayed reforms limiting the costs of care to individuals;
 - (e) a new round of austerity (also announced in the Autumn Statement) which will lead to further cuts to local authority funding from 2025/26.
- 2.3 As yet, we only have national information, and have had to prepare a draft budget without the benefit of our own local funding settlement. This has required us to make assumptions based on a share of national amounts. We have also had to make more contingencies than usual reflecting uncertain costs (e.g. the direction of energy prices) and paucity of information (e.g. any residual costs arising from the deferral of adult social care reforms). At the time of writing, we do not know whether our finance settlement will cover one or two years.

- 2.4 The “fair funding” review of local government finance has been continuously delayed, meaning that most of the data on which our funding is based is now at least 10 years old (and disregards, for instance, increases in the city’s population).
- 2.5 The Council’s approach to achieving budget reductions is to make savings in a planned way, using our reserves to avoid the crisis cuts which many authorities have (and are) facing. This is our “managed reserves” strategy. Our approach leaves us in the fortunate position of starting 2023/24 with an estimated £55m of reserves which will help us plan the reductions we need.
- 2.6 The budget you are asked to approve will exceed our income in both 2023/24 and 2024/25, and will therefore be supported by reserves for a further two years. The precise sums shown in this draft report are provisional (we do not have the finance settlement) but the gap between income and expenditure will be substantial – current estimates are included in the report. The reserves required to balance the budget would exceed those required in the last two years. However, we do not have enough money – we estimate reserves will run out part way through 2024/25. Thus, the achievement of significant savings is essential to live within our means. Furthermore, without savings we will have nothing to shield us from the immediate impact of government cuts in 2025/26.
- 2.7 The budget reflects savings of £6m per year across all departments, which will already have been reported by the time Council considers the budget in February (the most recent tranche is being reported to Overview Select Committee in December). Nonetheless, delivery of savings is a continuous process, which does not start or stop at budget setting. The City Mayor will continue to approve savings during the next 12 months, which will reduce the budget gap in 2024/25 (and the level of reserves required in 2023/24, which then become available to offset the gap in 2024/25). Decisions to make savings will be taken in the normal manner and published on the Council’s website. There is no doubt that painful cuts will be required over the coming years.
- 2.8 Increases to budgets for growth pressures have been made only where absolutely essential to maintain service provision. In practice, this amounts to £27m in 2023/24, of which the largest amount is for adult social care. Provisions have also been made for key inflationary pressures such as energy costs.
- 2.9 Like social care authorities up and down the country, our costs of providing care are increasing faster than government support. Unfunded social care pressures present a severe threat to the financial sustainability of the Council and are the key risk described in this report.
- 2.10 The budget proposes a tax increase of just under 5%, which is the maximum we believe we will be allowed to set without a referendum.
- 2.11 The medium term outlook is attached as Appendix Four and shows the escalating scale of the financial pressures facing the council.

3. **Recommendations**

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

- (a) approve the budget strategy described in this report;
- (b) approve a formal budget resolution, which sets the council tax level for 2023/24 and the council tax premia for 2023/24 and 2024/25;
- (c) approve the budget ceilings for each service, as shown at Appendix One to this report;
- (d) approve the scheme of virement described in Appendix Two to this report;
- (e) note my view on the adequacy of reserves and the estimates used in preparing the budget;
- (f) note the equality implications arising from the proposed tax increase, as described in paragraph 11 and Appendix Three;
- (g) note the medium-term financial strategy and forecasts presented at Appendix Four, and the significant financial challenges ahead.

4. **Budget Overview**

- 4.1 The table below summarises the proposed budget for 2023/24 (summary projections for a three-year period are included in the medium term strategy at Appendix Four):

	2023/24 £m
Service budget ceilings	359.9
Corporate Budgets	
Energy costs provision	9.7
Capital Financing	2.5
Miscellaneous Corporate Budgets	1.9
Contingency	4.0
Total forecast spending	378.0
Rates retention scheme:	
Business rates income	73.6
Top-up payment	55.7
Revenue Support Grant	29.9
Other resources:	
Council Tax	143.4
Collection Fund surplus	3.3
Social Care grants	30.4
Other grants	8.6
Total forecast resources	344.9
Underlying gap in resources	33.1
Proposed funding from reserves	(33.1)
Gap in resources	NIL

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

5. **Construction of the Budget and Council Tax**

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

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

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

5.3 The draft budget is based on a proposed Band D tax for 2023/24 of £1,833.00, an increase of just under 5% compared to 2022/23.

5.4 The tax levied by the City Council constitutes only part of the tax Leicester citizens have to pay (albeit the major part – 84% in 2022/23). Separate taxes are raised by the Police and Crime Commissioner and the Combined Fire Authority. These are added to the Council's tax, to constitute the total tax charged.

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

5.6 The Police and Crime Commissioner and Combined Fire Authority will set their precepts in February 2023. The formal resolution will set out the precepts issued for 2023/24, together with the total tax payable in the city.

6. **Departmental Budget Ceilings**

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

- (a) The starting point is last year's budget, subject to any changes made since then which are permitted by the constitution (e.g. virement);
- (b) An allowance is made for non-pay inflation on a restricted number of budgets. Our general rule is that no allowance is made, and departments are expected to manage with the same cash sum that they had in the previous year. Given the recent surge in inflation, this is now going to prove very challenging, but due to the overall budget outlook the usual position has been maintained. In practice, we believe over £5m of inflationary pressures will need to be absorbed. Exceptions are made for the budgets for independent sector adult social care (2%) and foster care (2%) but as these areas of service are receiving growth funding, an inflation allowance is merely academic (we pay from one pot rather than another). Budgets for the waste PFI contract have been increased by RPI, in line with contract terms;
- (c) Unavoidable growth has been built into the budget, as described in the sections below;

- (d) As discussed in the summary, action is being taken to reduce budgeted spend, and where decisions have already been taken budget ceilings have been reduced (this process will continue up to approval of the final budget).
- 6.2 The proposed budget ceilings are set out in Appendix One.
- 6.3 The local government pay award for 2022/23 has recently been finalised, averaging 6.4%. A provision is held centrally to fund this (and is shown within the “service budgets” line in the table above, as it will be transferred to the relevant budget ceilings for the final budget). The draft budget assumes a 5% pay award in 2023/24, also held centrally.
- 6.4 Additionally, and unusually, £9.7m has been set aside in a central contingency for increased energy costs, but has not yet been allocated to budget ceilings pending greater certainty over the final amounts
- 6.5 The role of the Council is to determine the financial envelopes within which the City Mayor has authority to act. Notwithstanding the way the budget has been constructed, the law does not enable the Council to determine how the City Mayor provides services within these envelopes: this is within his discretion.

Adult Social Care

- 6.6 Adult social care services nationally have been facing severe cost pressures for some years, and these are expected to continue.
- 6.7 The budget for 2022/23 reflected a level of uncertainty caused by the pandemic (which dampened demand for services without providing any indication whether future demand would remain dampened, return to normal or catch up for previous under-demand). As a consequence, the budget report for 2022/23 indicated that the figures would be reviewed in-year: after this was completed the budget was reduced by £9m. We now anticipate cost growth of £19m in 2023/24 (compared to the revised budget for 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, and pressure on providers due to National Living Wage increases.
- 6.8 The government has generally responded to growth pressures on an ad-hoc basis, making one-off resources available year by year. This has made planning extremely difficult.
- 6.9 In the Autumn Statement, the government announced that planned reforms to the way social care is funded (chiefly limiting the amount individuals would have to contribute) will be delayed for at least two years. At the time of writing, it is not clear whether there will be any residual costs from deferral of the plans, and a provision of £5m per year is held centrally until more clarity is available.
- 6.10 The Autumn Statement announced additional funding for pressures in adult social care, in a combination of the Better Care Fund paid via the NHS, and additional social care grant paid directly to local authorities. While the distribution of this funding is not yet known, we estimate that our share could be some £12.7m in 2023/24, rising to over £19m in 2024/25. [In the draft budget, these amounts are

held as corporate resources, and are not shown in service budget lines]. The Government has funded these grants chiefly from the savings arising from deferring the reforms.

- 6.11 The proposed budget includes growth of £18.8m in 2023/24 for increased packages of support, estimated to rise to £32.4m by 2024/25 (considerably in excess of the increased support). These increases were calculated as 6% of the estimated net ASC budget in 2023/24, falling to 4% in 2024/25 (the latter being consistent with national estimates made by the Local Government Association). These increases are less than suggested by past experience, and spending within them will prove challenging. The director is taking action to change and improve support designed to reduce people's need for formal care, social work assessment, and commissioning practice to ensure we can live within these allowances, but it remains a risk. The risk is compounded by the fact that we have a backlog of reviews of clients' needs, due to difficulty in recruiting staff to carry them out.
- 6.12 The above estimates of growth are based on a national living wage of £10.42 in 2023/24, as announced on 17th November.

Education and Children's Services

- 6.13 In common with authorities across the country, increased demand for children's social care services has created substantial budget pressure for many years.
- 6.14 A forecast of placement costs in 2023/24 and 2024/25 has been made, and £3.0m added to the budget for 2023/24. The forecast builds on a budget that is already under pressure (it is expected to overspend in 2022/23). It assumes a net 10 children per year enter the care system from 2023/24 (against the backdrop of a worsening economic situation), with each new entrant costing an average £39,000 per year and leavers reducing cost by an average £50,000 per year.
- 6.15 Work is continuing to take place to reduce placement costs:
- (a) Regular review of long-term, emergency and high cost placements;
 - (b) Work with partners to agree joint funding solutions for complex, high-need children;
 - (c) Development of additional internal residential homes to mitigate against independent sector price increases;
 - (d) Development of an advanced foster carer scheme for children with more complex needs.
- 6.16 The cost of placements will continue to be monitored through routine budgetary control reports.
- 6.17 The department continues to experience cost pressures from growth in demand for education, health and care plans (EHCPs), which then also lead to increased demand for personal transport. The most significant aspect of cost is the use of taxis by some 800 to 900 children with special needs, which are costing over £10m per year (2022/23). Taxi costs have been increasing due to fuel cost increases, a limit in the number of firms which are prepared to undertake this work and their pricing. An additional £1.5m is included in the 2023/24 budget, but this will still leave a shortfall against spend on current trends. The department is seeking to

tackle this by promoting personal budgets as a default option: both to promote the independence of children and to demonstrate value for money (taxi cost on average 5 times the amount of a personal budget). The department is also seeking to review in-house fleet options.

- 6.18 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. In common with most authorities, the Council has a deficit on its DSG reserve estimated to stand at £9m by the end of 2022/23 resulting from unavoidable overspends (in fact, most authorities are in a significantly worse position). The budget is prepared on the assumption that we will continue to run such a deficit by virtue of a “statutory override”, which was originally planned to end in March 2023. If this is not extended, the deficit will reduce our general fund reserves, and hence our ability to balance this and future budgets. Indications are, however, that it will be extended. We are preparing a deficit recovery plan, which all authorities with deficits are required to do but it is unclear how the situation is retrievable without further Government support, given the relentless increase in the number of children with EHCPs, a pattern seen across the country.

City Development and Neighbourhoods

- 6.19 The department’s costs are reasonably predictable, when compared to social care. The pandemic made a dent in the department’s income budgets, and there continue to be some limited shortfalls. £1.1m was set aside for further temporary shortfalls in 2023/24 when we set the budget for 2022/23, although it is hoped it will not all be required.
- 6.20 Growth of £1m has been added to the budget to meet costs of accommodation for increasing numbers of families presenting as homeless (a pressure of £0.8m in 2022/23), and for shortfalls in planning income. There is a plan to address the needs of homeless families through the Housing Revenue Account, which will provide partial relief.

Health and Wellbeing

- 6.21 The Health and Wellbeing Division has been at the centre of the authority’s response to Covid 19, and the pandemic is expected to have a lasting impact on mental and other aspects of the population’s health. The cost of living crisis is also likely to increase the need for services.
- 6.22 The division, together with a number of services provided by other departments, is paid for from the public health grant. This grant is ring-fenced for defined public health purposes wherever they are provided in the Council. General Fund monies have also been spent on public health services, both before and after 2013/14 when the function transferred from the NHS.
- 6.23 The future of public health grant is unclear. It is not known whether it will remain as a separate grant when local government funding reforms are eventually introduced; previous proposals have suggested it will be included in general funding arrangements.

- 6.24 The department is able to live within its resources in 2023/24, and no budget growth is proposed.

Corporate Resources Department

- 6.25 The department primarily provides internal support services together with leading on good corporate governance, but also some public facing services such as benefits, collection of council tax and customer contact. Since 2022/23, it has also been responsible for sports services (although given the clear links with public health, we continue to include these services with Health and Wellbeing in Appendix One). The department has made considerable savings in recent years in order to contribute to the Council's overall savings targets. It has nonetheless achieved a balanced budget each year.
- 6.26 Whilst the budget is broadly balanced, a number of factors may lead to budget pressures in the department, most notably in respect of Revenue and Customer Services (where the cost-of-living crisis is expected to generate significant increases in customer contact from people struggling financially). Sports Services is continuing to suffer reduced income in the aftermath of the pandemic: whilst membership subscriptions now exceed pre-pandemic levels, casual income has failed to recover. However, the department will manage within its budget and no growth is required in 2023/24.

7. Corporately held Budgets and Provisions

- 7.1 In addition to the services' budget ceilings, some budgets are held corporately. These are described below.
- 7.2 The budget for **capital financing** represents the cost of interest and debt repayment on past years' capital spending, less interest received on balances held by the council. The net cost has reduced recently due to increasing interest rates leading to better returns on balances (while the majority of our borrowing is on fixed rates and is not immediately affected by interest rate variations). As we spend our reserves, however, interest received will fall.
- 7.3 A **contingency** of £4m has been included in the budget to manage significant pressures that arise during the year. These are further described in paragraph 12 below.
- 7.4 **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.
- 7.5 For this draft budget, central provisions are also held for the costs of pay awards, increasing energy costs, any residual costs from adult social care reforms, and for the costs of additional waste to be disposed of. These will be allocated to departmental budget lines when there is more clarity about the costs. Growth of

£1m has been added for the costs of repurchase when the current waste contract ends in 2028. This is a substantial planning exercise.

8. **Resources**

8.1 At the time of writing, the local government finance settlement for 2023/24 has not been published, and is expected just before Christmas 2022 (as late as it has ever been). Current estimates of government funding we will receive are therefore based on information included in the government's fiscal statements, and are liable to change.

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

Business rates and core grant funding

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

8.4 Forecasts for business rates are particularly sensitive to assumptions about the current economic downturn. In addition, a rates revaluation will take effect from April 2023, which will redistribute funding between areas of the country. In the Autumn Statement, the Government announced new reliefs in addition to the usual transitional relief which follows a revaluation: these include a new small business scheme; and improved relief for retail, hospitality and leisure businesses.

8.5 In addition to new relief schemes, Government decisions in recent years have reduced the amount of rates collected from businesses, by limiting annual increases in the multiplier used to calculate rates. It has done so again in 2023/24 by freezing the multiplier at 2022/23 levels (in practice, at current rates of inflation, this represents a significant real terms reduction for businesses).

8.6 The government's practice is to compensate authorities for lost income due to changes to the scheme. So many changes have been made in recent years that by 2022/23 compensation made up around a third of the "rates" income received by the Council. This proportion will rise further in 2023/24: given the multiplicity of changes this year (and the fact that any one ratepayer can be affected by more than one of them), and the unknown impact of revaluation, calculating our likely income is a particularly hazardous enterprise. The estimates in this draft report are the best we can make at present. In practice, we believe that the system of business rates is becoming unsustainable in its current form.

8.7 The figures in the draft budget assume no significant growth or decline in "rates" from the current position, apart from inflationary increases. In effect, we are assuming we will get £ for £ compensation for all changes the Government is

making which affect payable rates. These figures will be revised for the final budget to be approved in February.

- 8.8 Other funding streams in 2022/23, including the £7m Services Grant, were introduced as one-off grants that are not included in funding baselines, allowing the Government more scope to reallocate the funding in future years. While we do not know the future of these funding streams, the draft budget assumes that any changes will have a neutral overall effect, apart from an expected reduction to reflect the cancellation of the recent increase in employers' National Insurance Contribution rates.

Council tax

- 8.9 Council tax income is estimated at £143.4m in 2023/24, based on an assumed tax increase of just below 5% (the maximum allowed without a referendum). The proposed tax increase includes an additional "social care levy" of 2%, designed to help social care authorities mitigate the growing costs of social care. Since our tax base is relatively low for the size of population, the levy raises just £2.7m per year.
- 8.10 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.
- 8.11 Since 2013, we have been able to charge additional council tax as a premium on some empty properties. This was introduced to provide an incentive to get empty homes back into use. The scheme has changed several times since its introduction, and further changes are planned from April 2024, subject to legislation in Parliament:
- Authorities will be able to charge the premium on properties empty for over 1 year (instead of 2 years as at present)
 - For the first time, empty homes' premium can be charged on furnished empty properties (often referred to as second homes) as well as unfurnished properties.
- 8.12 In February, the Council will be asked to approve the premia to be charged on empty properties for the next two years. The exact wording will set out the terms of any exemptions to the general policy (we will, in particular, consider members of the armed forces who may have particular accommodation needs):

	Premium 2023/24	Premium 2024/25
Unfurnished properties empty for:		
Over 1 year	NIL	100%
Over 2 years	100%	100%
Over 5 years	200%	200%
Over 10 years	300%	300%
Furnished empty properties (second homes)	NIL	100%

Other grants

- 8.13 The majority of grant funding is treated as income to the relevant service departments and is not shown separately in the table at paragraph 4.1. Grants held corporately include:
- **New Homes Bonus**, which provides additional funding where new homes are built or long-term empty properties return to use. It has become less generous in recent years, and is expected to be phased out entirely. The draft budget assumes that any replacement will have a neutral effect on our budget.
 - **Social Care Grant**, which has been provided each year since 2016/17 to reflect national cost and demographic pressures. In 2022/23, our share of this funding was £17.7m. In the Autumn Statement on 17th November, additional social care grant funding was announced, totalling £1.9bn nationally in 2023/24 and rising to £2.8bn in 2024/25. We do not yet know how this will be allocated to authorities; the budget assumes a share similar to previous social care funding allocations.

Collection Fund surplus / deficit

- 8.14 Collection fund surpluses arise when more tax is collected than assumed in previous budgets. Deficits arise when the converse is true.
- 8.15 The Council has an estimated **council tax collection fund surplus** of £1.3m, after allowing for shares to be paid by the police and fire authorities. This largely relates to reductions in the cost of the council tax support scheme: employment rates remain high since the pandemic.
- 8.16 The Council has an estimated **business rates collection fund surplus** of £4.4m. Because of changes to reliefs in recent years that were funded by government grants, the actual collection fund position is distorted and various technical accounting adjustments (that will balance out over the years) are required. For clarity, this budget presents the net underlying figure. The net balance is largely the result of lower than expected appeals against property valuations at the last revaluation in 2017.
- 8.17 For both council tax and business rates, there is a further adjustment relating to deficits from the pandemic period in 2020/21, when collection across the country was severely affected.

9. Managed Reserves Strategy

- 9.1 Since 2013, the Council has employed a managed reserves strategy, contributing money to reserves when savings are realised and drawing down reserves when needed. This policy has bought time to more fully consider how to make the recurrent cuts which have been necessary in nearly every budget year.
- 9.2 As at April 2022, resources available for the strategy totalled £79.2m. Of this, £24.1m is likely to be required to balance the 2022/23 budget, taking account of expected pressures since the start of the year (and described in budget monitoring

reports to Overview Select Committee). This will leave an estimated £55m for future years.

- 9.3 Unless further savings are found, the draft budget will require £33.1m of support from reserves in 2023/24, leaving just £22m to offset pressures in 2024/25. This indicates that substantial cuts will be required to balance the budget in that year:

	£m
Available to support budget as at 1/4/2022	79.2
Required in 2022/23	(24.1)
Estimated amount required for 2023/24 budget	(33.1)
Balance Remaining for 2024/25	22.0

10. Earmarked Reserves

- 10.1 In addition to our general reserves, the Council also holds earmarked reserves which are set aside for specific purposes. These include ringfenced funds which are held by the Council but for which we have obligations to other partners or organisations; departmental reserves, which are held for specific services; and corporate reserves, which are held for purposes applicable to the organisation as a whole.
- 10.2 Appendix 5 gives a summary of earmarked reserves as at 31st March 2022.
- 10.3 The planned use of earmarked reserves will be monitored through the regular revenue budget monitoring process, and reported to members throughout the 2023/24 financial year.

11. Budget and Equalities

- 11.1 The Council is committed to promoting equality of opportunity for its residents; both through its policies aimed at reducing inequality of outcomes, and through its practices aimed at ensuring fair treatment for all and the provision of appropriate and culturally sensitive services that meet local people's needs.
- 11.2 In accordance with section 149 of the Equality Act 2010, the Council must "have due regard", when making decisions, to the need to meet the following aims of our Public Sector Equality Duty :-
- (a) eliminate unlawful discrimination;
 - (b) advance equality of opportunity between those who share a protected characteristic and those who do not;
 - (c) foster good relations between those who share a protected characteristic and those who do not.
- 11.3 Protected groups under the public sector equality duty are characterised by age, disability, gender reassignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

- 11.4 When making decisions, the Council (or decision maker, such as the City Mayor) must be clear about any equalities implications of the course of action proposed. In doing so, it must consider the likely impact on those likely to be affected by the recommendation; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.
- 11.5 The budget does not propose any service changes which will have an impact on residents. Where appropriate, an individual Equalities Impact Assessment for any service changes will be undertaken when these decisions are developed.
- 11.6 The budget does recommend a proposed council tax increase for the city's residents. The City Council's proposed tax for 2023/24 is £1,833.00, an increase of just below 5% compared to 2022/23. 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 impact of alternative options.
- 11.7 A number of risks to the budget are addressed within this report (section 12 below). If these risks are not mitigated effectively, there could be a disproportionate impact on people with particular protected characteristics and therefore ongoing consideration of the risks and any potential disproportionate equalities impacts, as well as mitigations to address disproportionate impacts for those with particular protected characteristics, is required.

12. Risk Assessment and Estimates

- 12.1 Best practice requires me to identify any risks associated with the budget, and Section 25 of the Local Government Act 2003 requires me to report on the adequacy of reserves and the robustness of estimates.
- 12.2 In the current climate it is inevitable that the budget carries significant risk. In my view, although very difficult, the budget for 2023/24 is achievable subject to the risks and issues described below.
- 12.3 The most significant risks in the 2023/24 budget include:
- (a) Inflation, which has risen sharply and at the time of writing is over 10% per year, and has put extreme pressure on pay and other costs. In addition, inflationary pressures on household budgets are likely to increase demand for a range of services across the Council. Economic forecasts expect inflation to reduce during 2023, although it is likely to remain higher than in recent years. If inflation remains higher than forecast, it will further increase costs in 2023/24 and in subsequent years;
 - (b) Energy costs are a particular inflationary pressure - they have increased sharply recently and remain difficult to predict;
 - (c) Adult Social Care spending pressures, specifically the risk of further growth in the cost of care packages. Growth provided in the budget is less than previous practice suggests is needed, and management action will be required to prevent overspending;

- (d) The costs of looked after children, which have seen growth nationally;
- (e) The costs of special needs transport, where the forecasts also require management action to avoid overspending.

12.4 The budget seeks to manage these risks as follows:

- (a) A minimum balance of £15m of reserves will be maintained;
- (b) Provisions have been made in the budget for likely pressures on pay and energy costs, and will be kept under review during the year. Provisions of £5m per year have also been made for any residual costs from the deferral of adult social care reform;
- (c) A contingency of £4m has been included in the budget for 2023/24;
- (d) As a last resort, managed reserves could be used, but this increases pressure in 2024/25.

12.5 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 2023/24, more exceptions than usual have been made, and it is believed that services will be able to manage without an allocation).

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

13.1 **Financial Implications**

This report is exclusively concerned with financial issues.

13.2 **Legal Implications**

13.2.1 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.

13.2.2 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.

13.2.3 As well as detailing the recommended council tax increase for 2023/24, 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.

13.2.4 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 representatives of ratepayers.

13.2.5 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 11. 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 Three.

13.2.6 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
13th December 2022

Budget Ceilings (provisional)

	Latest budget restated	Savings agreed	Growth planned in budget	National Insurance adjustments	Non pay inflation	Budget ceiling 23/24
<u>1. City Development & Neighbourhoods</u>						
<u>1.1 Neighbourhood & Environmental Services</u>						
Divisional Management	239.3			(0.6)		238.7
Regulatory Services	2,033.7			(14.4)		2,019.3
Waste Management	18,148.5	(30.0)		(1.8)	3,317.5	21,434.2
Parks & Open Spaces	4,218.7	(65.0)		(35.9)		4,117.8
Neighbourhood Services	5,508.4	(26.0)		(11.6)		5,470.8
Standards & Development	1,680.1	(59.0)		(9.4)		1,611.7
<i>Divisional sub-total</i>	31,828.7	(180.0)	0.0	(73.7)	3,317.5	34,892.5
<u>1.2 Tourism, Culture & Inward Investment</u>						
Arts & Museums	4,242.3	(182.2)		(7.2)		4,052.9
De Montfort Hall	433.0	(40.0)		(6.3)		386.7
City Centre	171.1			(0.7)		170.4
Place Marketing Organisation	369.3			(1.0)		368.3
Economic Development	14.7	(56.0)		(3.8)		(45.1)
Markets	(216.4)	(20.0)		(1.7)		(238.1)
Adult Skills	(870.4)					(870.4)
Divisional Management	184.7			(1.0)		183.7
<i>Divisional sub-total</i>	4,328.3	(298.2)	0.0	(21.7)	0.0	4,008.4
<u>1.3 Planning, Transportation & Economic Development</u>						
Transport Strategy	9,778.3	(45.0)		(14.3)		9,719.0
Highways	2,809.6	(305.0)		(28.5)		2,476.1
Planning	985.6			(10.5)		975.1
Divisional Management	138.2			(0.8)		137.4
<i>Divisional sub-total</i>	13,711.7	(350.0)	0.0	(54.1)	0.0	13,307.6
<u>1.4 Estates & Building Services</u>	5,419.2	(1,046.2)		(29.3)		4,343.7
<u>1.5 Housing Services</u>	3,308.9	(174.0)	1,000.0	(25.8)		4,109.1
<u>1.6 Departmental Overheads</u>	827.6	(256.0)		(2.0)		569.6
DEPARTMENTAL TOTAL	59,424.4	(2,304.4)	1,000.0	(206.6)	3,317.5	61,230.9

Budget Ceilings (provisional)

	Latest budget restated	Savings agreed	Growth planned in budget	National Insurance adjustments	Non pay inflation	Budget ceiling 23/24
<u>2.Adults</u>						
<u>2.1 Adult Social Care & Safeguarding</u>						
Other Management & support	744.8			(2.6)		742.2
Safeguarding	228.6			(0.9)		227.7
Preventative Services	6,910.0			(16.6)		6,893.4
Independent Sector Care Package Costs	130,634.6		18,743.0		2,723.1	152,100.7
Care Management (Localities)	7,874.0			(24.7)		7,849.3
Divisional sub-total	146,392.0	0.0	18,743.0	(44.8)	2,723.1	167,813.3
<u>2.2 Adult Social Care & Commissioning</u>						
Enablement & Day Care	3,091.6			(13.3)		3,078.3
Care Management (LD & AMH)	5,252.1			(20.3)		5,231.8
Preventative Services	1,024.1			(0.3)		1,023.8
Contracts, Commissioning & Other Support	6,298.3			(18.4)		6,279.9
Departmental	(33,696.3)	(339.0)		(2.8)		(34,038.1)
Divisional sub-total	(18,030.2)	(339.0)		(55.1)		(18,424.3)
DEPARTMENT TOTAL	128,361.8	(339.0)	18,743.0	(99.9)	2,723.1	149,389.0
<u>3. Education & Children's Services</u>						
<u>3.1 Strategic Commissioning & Business Support</u>						
	2,315.6	(114.0)		(10.5)		2,191.1
<u>3.2 Learning Quality & Performance</u>						
Raising Achievement	373.0			(3.1)		369.9
Learning & Inclusion	1,285.4	(29.1)		(6.0)		1,250.3
Special Education Needs and Disabilities	16,009.6		1,500.0	(29.1)		17,480.5
Divisional sub-total	17,668.0	(29.1)	1,500.0	(38.2)	0.0	19,100.7
<u>3.3 Children, Young People and Families</u>						
Children In Need	14,363.6	(456.4)		(34.9)		13,872.3
Looked After Children	40,569.0	(15.0)	3,000.0	(29.3)	210.3	43,735.0
Safeguarding & QA	2,513.8	(26.7)		(7.7)		2,479.4
Community Safety	877.6			(2.2)		875.4
Early Help Targeted Services	5,723.7	(1.5)		(17.4)		5,704.8
Early Help Specialist Services	3,192.8	(8.9)		(13.6)		3,170.3
Divisional sub-total	67,240.5	(508.5)	3,000.0	(105.1)	210.3	69,837.2
3.4 Departmental Resources	1,455.1	(61.0)		(2.4)		1,391.7
DEPARTMENTAL TOTAL	88,679.2	(712.6)	4,500.0	(156.2)	210.3	92,520.7

Budget Ceilings (provisional)

	Latest budget restated	Savings agreed	Growth planned in budget	National Insurance adjustments	Non pay inflation	Budget ceiling 23/24
<u>4. Health and Wellbeing</u>						
Adults' Services	8,985.7					8,985.7
Children's 0-19 Services	8,819.3					8,819.3
Lifestyle Services	1,216.5	(140.0)		(3.3)		1,073.2
Staffing & Infrastructure & Other	2,508.5	(100.0)		(10.0)		2,398.5
Sports Services	1,915.0			(15.5)		1,899.5
DEPARTMENT TOTAL	23,445.0	(240.0)		(28.8)		23,176.2
<u>5. Corporate Resources Department</u>						
<u>5.1 Delivery, Communications & Political Gover</u>	5,557.2	(133.5)		(19.2)		5,404.5
<u>5.2 Financial Services</u>						
Financial Support	4,843.7			(23.5)		4,820.2
Revenues & Benefits	6,640.5	(172.0)		(29.1)		6,439.4
Divisional sub-total	11,484.2	(172.0)	0.0	(52.6)	0.0	11,259.6
<u>5.3 Human Resources</u>	3,794.3			(15.4)		3,778.9
<u>5.4 Information Services</u>	10,522.1	13.0		(29.2)		10,505.9
<u>5.5 Legal Services</u>	3,456.7			(21.5)		3,435.2
DEPARTMENTAL TOTAL	34,814.5	(292.5)		(137.9)		34,384.1
TOTAL -Service Budget Ceilings	334,724.9	(3,888.5)	24,243.0	(629.4)	6,250.9	360,700.9
Public Health grant						(28,384.2)
Provision for waste costs						2,000.0
Provision for residual care reform costs						5,000.0
Provision for pay awards						20,600.0
Total forecast service spending						359,916.7

Scheme of Virement

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

Budget Ceilings

2. Directors are authorised to vire sums within budget ceilings without limit, providing such virement does not give rise to a change of Council policy.
3. Directors are authorised to vire money between any two budget ceilings within their departmental budgets, provided such virement does not give rise to a change of Council policy. The maximum amount by which any budget ceiling can be increased or reduced during the course of a year is £500,000. This money can be vired on a one-off or permanent basis.
4. Directors are responsible, in consultation with the appropriate Assistant Mayor if necessary, for determining whether a proposed virement would give rise to a change of Council policy.
5. Movement of money between budget ceilings is not virement to the extent that it reflects changes in management responsibility for the delivery of services.
6. The City Mayor is authorised to increase or reduce any budget ceiling. The maximum amount by which any budget ceiling can be increased during the course of a year is £5m. Increases or reductions can be carried out on a one-off or permanent basis.
7. The Director of Finance may vire money between budget ceilings where such movements represent changes in accounting policy, or other changes which do not affect the amounts available for service provision.
8. Nothing above requires the City Mayor or any director to spend up to the budget ceiling for any service.

Corporate Budgets

9. The following authorities are granted in respect of corporate budgets:
 - (a) the Director of Finance may incur costs for which there is provision in miscellaneous corporate budgets, except that any policy decision requires the approval of the City Mayor;
 - (b) the Director of Finance may allocate the provisions for pay awards, additional waste and energy cost pressures;
 - (c) The City Mayor may determine how the contingency can be applied and the provision for residual ASC reforms.

Earmarked Reserves

10. Earmarked reserves may be created or dissolved by the City Mayor. In creating a reserve, the purpose of the reserve must be clear.
11. Directors may add sums to an earmarked reserve, from:

- (a) a budget ceiling, if the purposes of the reserve are within the scope of the service budget;
 - (b) year-end budget underspends, subject to the approval of the City Mayor.
- 12. Directors may spend earmarked reserves on the purpose for which they have been created.
- 13. When an earmarked reserve is dissolved, the City Mayor shall determine the use of any remaining balance.

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Equality Impact Assessment**1. Purpose**

- 1.1 This appendix presents the equalities impact of a proposed 4.99% council tax increase. This includes a precept of 2% for Adult Social Care, as permitted by the Government without requiring a referendum.
- 1.2 The alternative option for comparison is a freeze on council tax at 2022/23 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 2022, there were 133,370 properties liable for Council Tax in the city¹ (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-	305	£0.93	£0.19
A	78,707	£1.12	£0.22
B	26,640	£1.31	£0.26
C	15,547	£1.49	£0.45
D	6,636	£1.68	£0.63
E	3,377	£2.05	£1.01
F	1,522	£2.42	£1.38
G	600	£2.80	£1.75
H	36	£3.36	£2.31
Total	133,370		

¹ This number is expected to reduce in the final budget for 2023/24 as more student exemptions will be registered

- 3.2 In most cases, the change in council tax (around £1.31 per week for a band B property with no discounts; and just 26p per week if eligible for the full 80% reduction under the CTSS) is a small proportion of disposable income, and a small contributor to any squeeze on household budgets. A council tax increase would be applicable to all properties - the increase would not target any one protected group, rather it would be an increase that is applied across the board. However, it is recognised that this may have a more significant impact among households with a low disposable income.
- 3.3 Households at all levels of income have seen their real-terms income decline due to cost of living increases, and wages that have failed to keep up with inflation. These pressures are not limited to any protected group; however, there is evidence that low-income families spend a greater proportion of their income on food and fuel (where price rises have been highest), and are therefore more affected by current price increases.
- 3.4 The government has confirmed that pensions and most benefit rates will increase by inflation in April. However, this does not apply to Local Housing Allowance (LHA) rates for those renting in the private sector. This will put further pressure on lower-income renters if their rents increase. [NB council and housing association tenants are not affected by this as their rent support is calculated differently and their full rent can be compensated from benefits].

4. **Alternative options**

- 4.1 The realistic alternative to a 5% council tax increase would be a lower (or no) increase. It should be noted that the proposed increase is significantly below inflation, and therefore represents a real-terms cut in council tax payable and therefore our income. A reduced tax increase would represent a permanent diminution of our income unless we hold a council tax referendum in a future year. In my view, such a referendum is unlikely to support a higher tax rise. It would therefore require a greater use of reserves and/or more cuts to services in 2024/25.
- 4.2 The budget situation is already extremely difficult, and it seems inevitable that further cuts will have severe effects on front-line services. It is not possible to say precisely where these future cuts would fall; however, certain protected groups (e.g. older people; families with children; and people with disabilities) could face disproportionate impacts from reductions to services.

5. **Mitigating actions**

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

5.2 The Household Support Fund has been extended to March 2024 and will continue to provide food vouchers, water and energy bill support and white goods to vulnerable households.

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.

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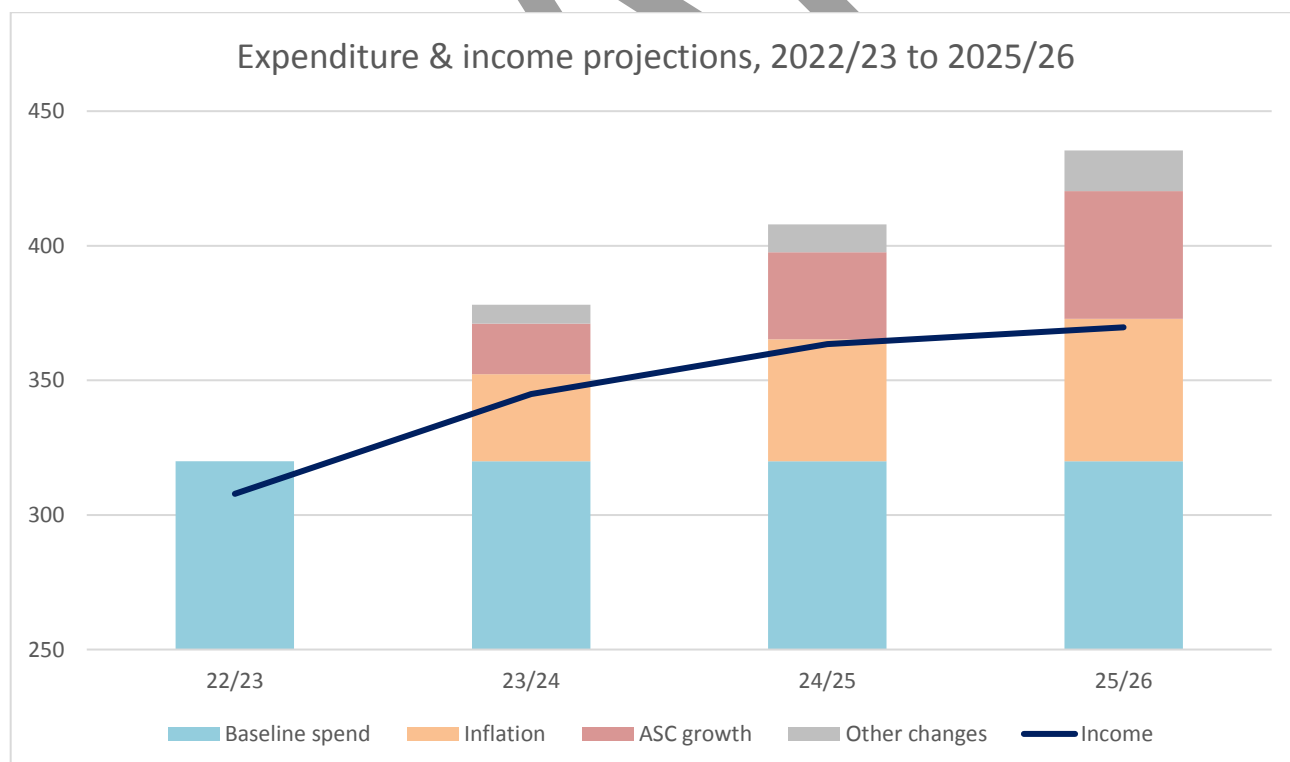
Analysis of impact based on protected characteristic

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>While employment rates remain high, earnings have not kept up with inflation in recent months so working families are likely to already be facing pressures on household budgets. Younger people, and particularly children, were more likely to be in poverty before the current cost-of-living crisis and this is likely to have continued.</p>	Working age households and families with children – incomes squeezed through reducing real-terms wages.	Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on managing household budgets.
Disability	<p>Disabled people are more likely to be in poverty. In addition, many disabled people are disproportionately affected by household fuel costs and may have limited opportunities to reduce usage.</p> <p>The tax increase could have an impact on such household incomes. 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>	Further erode quality of life being experienced by disabled people.	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.
Gender Reassignment	No disproportionate impact is attributable specifically to this characteristic.		
Pregnancy & Maternity	No disproportionate impact is attributable specifically to this characteristic (although see below for childcare costs; and the impacts on lone parents).		

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

Medium Term Financial Outlook 2023/24 – 2025/26

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, and depend heavily on government decisions about future funding of services.
2. Our central forecasts for the period up to 2025/26 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 over 35% (in cash terms) while income projections rise by only 20% assuming there is no change in Government policy.
 - **In recent years, the biggest factor in these increases has been the rising cost of adult social care, as illustrated in the chart below.** These increases have been seen nationally for several years, 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, demographic pressures and pressures on fee levels). The rate of growth is likely to accelerate.



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 over £50m, or 70%, 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.

- **Since the 2022/23 budget was set, sharp increases in inflation have added over £25m to our costs.** In particular, energy costs and pay awards have been far higher than predicted.
 - **Other budget areas have already seen significant cuts in the last decade.** Expenditure on services other than adults' and children's social care fell from £192m in 2010 to £106m in 2020.
3. The 2022/23 budget was balanced by using £24m of reserves. On current projections, sufficient reserves remain to balance the 2023/24 budget and provide partial support to the 2024/25 budget. Ongoing savings will need to be found to ensure the longer-term financial stability of the Council.
 4. Departments are working on achieving savings where possible. This is a continuous process and identified savings will be made throughout the course of the year.
 5. A summary of the central budget projections for the next three years is set out below:

	2023/24 £m	2024/25 £m	2025/26 £m
Net service budget (including inflation)	369.6	394.9	417.6
Corporate and other centrally held budgets	4.4	5.0	5.8
Contingency	4.0		
Planning provision		8.0	12.0
Expenditure total	378.0	407.9	435.4
Business rates income	73.6	76.4	77.6
Top-up payment	55.7	57.9	58.9
Revenue Support Grant	29.9	29.9	29.9
Council Tax	143.4	153.5	157.5
Collection Fund surplus	3.3		
Social Care grants	30.4	37.1	37.1
Other grants	8.6	8.6	8.6
Income Total	344.9	363.4	369.6
Indicative Budget gap	33.1	44.5	65.8

6. The largest area of uncertainty in the forecasts surrounds the amount of government funding that will be available in 2025/26 which falls into a new government planning period. We have been warned to expect a new period of austerity.

7. The planned review of local government funding allocations (the "Fair Funding Review") is now likely to be delayed until 2025. We do not know what the outcome of any review will be, but the delay means that authorities are still funded on a formula

that is at least a decade out of date; and lower income areas (including Leicester) are still disproportionately affected by the way funding cuts were implemented from 2013 to 2016. In particular, no recognition is given to the city's increase in population and this is to some extent still driven by the **2001** census figures. The independent Institute for Fiscal Studies has commented that "Indeed, the issues with police, local government and public health funding allocations are so significant that the amounts allocated to different places are essentially arbitrary."

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

	Assumptions – central scenario	Risks & alternative options modelled
Expenditure		
Pay costs	We assume a pay award averaging 5% in 2023/24, 3% in 2024/25 and 2.5% in 2025/26, as general inflation is expected to reduce.	Inflation has been rising in recent months, reaching 11.1% (CPI) in October 2022. Forecasts suggest it is likely to begin to reduce later in 2023; if it remains high, there will be additional pressures on pay awards and non-pay inflation, partially offset by an increase in interest on investments.
Energy costs	Assumed that gas prices we pay will increase by 300% in April 2023, whilst electricity prices will rise by 40% in October 2023. Costs for 2024/25 are highly uncertain. An indicative increase of 30% has been included.	
Non-pay inflation	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, energy and the waste management contract; an allowance is built in for these increases. An allowance has also been made from 2023/24 for SEN transport.	
Adult social care costs	Demographic pressures and increasing need lead to cost pressures of 6% of the ASC budget in 2023/24 and 4% in 2024/25. This will require action in the Department to remain within these spending totals Increases in the National Living Wage will also add to costs. Forecasts for 2025/26 are particularly volatile; an indicative £15m additional budget has been included for the year.	
Other service cost pressures	Departments are expected to find savings to manage cost pressures within their own areas. From 2024/25 onwards, an £8m planning provision has been included (twice the normal amount) to meet unavoidable costs that cannot be managed within departments. This subsequently increases by £4m in 2025/26.	Costs relating to children who are looked after have been increasing nationally, and are a particular risk for future years. Home-to-school transport costs are also an area of significant pressure, and will require action to remain within budgets.

Income		
Council Tax	<p>Band D Council Tax will increase by 4.99% per year (3% base increase plus 2% for the Adult Social Care precept), for 2023/24 and 2024/25; and then revert to 2.99% for 2025/26.</p> <p>Council tax baseline increases by 500 Band D properties per year.</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 2023/24, and new reliefs announced in November 2022, are fully funded.</p> <p>Authorities are fully compensated for the effect of the 2023 rates revaluation.</p> <p>No significant movements in the underlying baseline for business rates.</p>	<p>Business rates are particularly sensitive to economic conditions.</p> <p>We believe that the national business rates system in its current form is becoming unsustainable. The local government business rates retention system is being “patched up” considerably as a result. Long term stability seems unlikely.</p>
Government grant	<p>Government funding for 2023/24 and 2024/25 follows the plans set out in the CSR as adjusted by the Autumn Statement in November 2017, with no significant distributional changes.</p> <p>We assume (in line with government statements) that existing RSG and top-up payments continue; but the Services Grant and New Homes Bonus may be redistributed. We have assumed our share of this based on previous funding allocations; this implicitly assumes a broadly neutral effect of any funding changes.</p> <p>We have assumed that new social care grant funding is allocated on the same basis as in Government social care formulae.</p> <p>For 2025/26, we assume a cash flat settlement for centrally-funded elements including social care funding and RSG (with no allowance for inflation). The Autumn Statement implied real terms cuts of 0.7% for unprotected departments, which would include local government.</p>	<p>We do not yet have the details of local government funding for 2023/24 and 2024/25.</p> <p>Local government may be treated less favourably than other unprotected departments. The 2025/26 settlement may lead to grant cuts in cash terms.</p>

Earmarked Reserves

	Balance at 31st March 2022
	£000
Ring-fenced Reserves	
DSG not delegated to schools	-
School Balances	30,095
School Capital Fund	2,491
Education & Skills Funding Agency Learning Programme	971
Arts Council National Portfolio Organisation Funding	319
NHS Joint Working Projects	25,013
Schools Buy Back	1,915
Covid-19 Collection Fund Compensation Grants*	13,397
Total Ring-fenced Reserves	74,201
Corporate Reserves	
Capital Programme Reserve	98,834
Managed Reserves Strategy	83,270
BSF Financing	9,034
Insurance Fund	11,495
Severance Fund	4,827
Service Transformation Fund	5,195
Welfare Reserve	2,551
Anti- Poverty Reserve	3,000
Total Corporate Reserves	218,206
Earmarked Reserves Departmental	
Financial Services Reserve	5,119
ICT Development Fund	10,480
Delivery, Communications & Political Governance	2,440
Housing	2,802
City Development (Excl Housing)	12,672
Social Care Reserve	9,998
Health & Wellbeing Division	5,631
Other Departmental Reserves	464
Total Other Reserves	49,606
Total Earmarked Reserves	342,013

Draft Capital Programme 2023/24

Decision to be taken by: Council

Date of meeting: 22 February 2023

Lead director: Amy Oliver, 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 2023/24.
- 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 For the past three years the Council has set a one year capital programme, due to uncertainty over future resources. This uncertainty remains, and currently includes:
 - The revenue budget outlook, which requires significant savings
 - Volatility and inflationary pressures in the construction industry
 - The Council's technical capacity to support a large programme

We are therefore presenting another one year programme, of limited scale. This will enable capacity to be focussed on key schemes and allow time to see the long-term impact of inflation.

Schemes already approved and in the current programme will continue.

- 1.4 The report seeks approval to the "General Fund" element of the capital programme, at a cost of £46m. In addition to this, the HRA capital programme (which is elsewhere on your agenda) includes works estimated at £29m, £15m of which relates to the affordable homes programme.

- 1.5 The table below summarises the proposed spending for capital schemes starting in 2023/24, as described in this report:-

	<u>£m</u>
<u>Proposed Programme</u>	
<u>Schemes – Summarised by Theme</u>	
Grant Funded Schemes	23.7
Highways & Infrastructure	5.3
Libraries	1.0
Own buildings	4.7
Parks & Play Areas	2.6
Routine Works	5.7
Feasibility and Contingencies	3.0
Total New Schemes	46.0
<u>Funding</u>	
Monies ringfenced to Schemes	44.1
Unringfenced Resources	2.1
Total Resources	46.2

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

	<u>£m</u>
General Fund	46.0
Housing Revenue Account	29.0
Total	75.0

- 1.7 The Council's total capital expenditure now forecast for 2023/24 and beyond is expected to be around £400m, including the HRA and schemes approved prior to 2023/24.

- 1.8 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.

1.9 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 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 Five, 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 & children's 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 reduction 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 up to a maximum of £250k per scheme 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 6.

3. Proposed Programme

Key Policy Issues

- 3.1 The key focus of the 2023/24 capital programme is to deliver strategic objectives as far as possible. It is a limited one year programme, but nonetheless complements the existing programme and aims to support the City Mayor's delivery plan.
- 3.2 The programme is based on key themes, shown at paragraph 1.5 above.
- 3.3 The programme supports the Council's commitment to tackling the climate emergency, most obviously but not exclusively within the Transport Improvement Works, Operational Estate and Children's capital maintenance programmes.
- 3.4 Similarly, our commitment to invest in the whole city cuts right across our capital programme. Capital investment will benefit the entire city from our outer estates to the city centre.

Resources

- 3.5 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.
- 3.6 Appendix One presents the resources available to fund the proposed programme, which total some £46.2m. The key unringfenced funding sources are detailed below.
 - (a) £2.1m of general capital receipts and £0.7m of Right to Buy Receipts;
 - (b) £21.7m of unringfenced grant funding. Some of these figures are estimated in the absence of actual allocations from the Government (the figure for 2024/25 represents a first call on that year to enable school schemes to be planned);
 - (c) £19.6m of resources brought forward, consisting of money set aside in previous years for covid recovery schemes which has been reprioritised, money for schemes which have now been funded from section 106 contributions, savings from completed programmes and previous years' underspends.
- 3.7 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. £2.1m of general capital receipts are available for 2023/24 based on receipts received or

due at the time of writing. Subsequent receipts will be available to fund the 2024/25 programme.

- 3.8 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.
- 3.9 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) 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 6 of this report;
 - (c) Earmarked reserves, such as the Transformation Fund
- 3.10 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.
- 3.11 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

3.12 The whole programme is summarised at Appendix 2. Responsibility for the majority of projects rests with the Strategic Director of City Development and Neighbourhoods.

3.13 £23.7m is provided for grant funded schemes. These schemes are funded either from unringfenced grant (where we have discretion) and ringfenced resources.

(a) £15.9m has been provided to continue with the **Schools Capital Improvements Programme**. The programme will include routine maintenance 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 5: detailed schemes will be developed following consultation with schools.

(b) £3.3m 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 4.

(c) £2.6m is provided in 2023/24 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

(d) £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

(e) £150,000 is provided for **Grounds Maintenance Equipment** to replace ageing machinery with up to date, energy efficient models. The replacement of this equipment is met from borrowing, and a revenue budget exists for this purpose.

3.14 £5.3m is provided for Highways & Infrastructure.

(a) £3m has been set aside for **St Margaret's Gateway**. The Council was successful in bidding for levelling up funds in 2021, and further money has now been made available to improve this gateway into the city.

- (a) £1.8m is provided for additional **Highways Transport and Infrastructure** works. This money will enhance the city centre and local centres through improvements to public realm, and improve accessibility by modes other than use of private cars.
- (b) £460,000 has been provided to replace the existing **St Nicholas Wall** due to its current condition. The works will be undertaken following engagement and agreement with Historic England.

3.15 £1m is provided for Libraries.

- (a) £1m is provided for **Library Investment**, to transform local libraries into facilities capable of delivering multiple customer facing services.

3.16 £4.7m is provided for the Council's own buildings.

- (a) £4m has been provided to support the annual **Operational Estate Capital Maintenance Programme** of works to properties that the Council occupies for its own use. This is a rolling annual programme and spending is prioritised to reflect asset condition and risk. The proposed programme is shown at Appendix 3, but may vary to meet emerging operational requirements.
- (b) £400,000 has been provided for **Decarbonisation of Malcolm Arcade**. Carbon reduction measures such as improvements to natural ventilation, solar panels and natural light improvements will be undertaken.
- (c) £195,000 is provided to complete the final phase of the district heating programme, **connecting Aikman Avenue** to the existing district heating network.
- (d) £100,000 has been provided for additional car parking spaces at **Phoenix Arts** following the expansion of the cinema and arts centre.

3.17 £2.6m is provided for Parks & Play Areas.

- (a) £2.5m has been provided to support the improvement of the Council's **Multi Use Games Areas (MUGA's)**. This will help increase physical activity and participation in recreational sport across the city.
- (b) £150,000 has been provided for **Spinney Hill Park Play Area Refurbishment**. The works will include resurfacing and the replacement of play equipment.

3.18 £5.7m is provided for Routine Works.

- (a) £3.8m has been made available for the annual **Fleet Replacement Programme**. Wherever possible, ultra low emission vehicles (ULEVs) will be sought to support the Council's climate emergency response. In previous years, this programme has been funded by borrowing, but in 2023/24 it will be funded from corporate resources to reduce revenue budget pressures.
- (b) £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.
- (c) £400,000 has been provided for the compulsory purchase and statutory works at **St Paul's Church**, as part of the Council's obligation to prevent irreparable damage to listed buildings. Whilst these works will initially need to be funded by the Council, on completion the Council will be able to sell the building to recoup these costs.
- (d) £300,000 is provided to continue the **Flood Risk Prevention** scheme into 2023/24. 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) £200,000 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.
- (f) £200,000 is provided in 2023/24 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.
- (g) Following the success of the current scheme, £185,000 has been put aside for the extension of the **Heritage Interpretation Panels Programme**. This scheme uses digital technology to interpret heritage stories in new ways, e.g. via mobile devices.

- (h) £130,000 will pay for specialist equipment to fell trees affected by **Ash Die Back** that pose a risk to the public.
- (i) £50,000 has been provided for a **Historic Building Grant Programme**. This will provide match funding to city residents and organisations to support the repair of historic buildings and the reinstatement of lost original historic features.
- (j) £50,000 continues to be made available for **Acquisition of Long Term Empty Homes**. 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.

3.19 £3m is provided for feasibility and contingencies:.

- (a) £1.5m 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.
- (b) A **Programme Contingency** of £1.5m 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 match funding for new government programmes.

Proposed Programme – Policy Provisions

3.20 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.

3.21 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.

3.22 Some of the schemes described above will be treated as policy provisions. These are denoted as such in Appendix Two.

Capital Strategy

3.23 Local authorities are required to prepare a capital strategy each year, which sets out our approach for capital expenditure and financing at high level.

3.24 The proposed capital strategy is set out at Appendix 6.

Consultation

3.25 To be added later following consultation.

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 proposed prudential borrowing in the programme for replacement grounds maintenance machinery for £150k. The anticipated revenue costs arising will be £13k 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).

4.2 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.

Kamal Adata, City Barrister & Head of Standards

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 realm 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 Facilities Grants (disability), home repair grants which are most likely to be accessed by elderly, disabled people (age and disability), and the Children's Capital Improvement Programme (age).
- 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, based on a protected characteristic. All schemes should consider the PSED and conducting Equality Impact Assessments where relevant 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 is delivering its Climate Emergency Strategy & Action Plan, which sets an ambition for the council and city to achieve net zero carbon emissions. The council is one of the largest employers and landowners in the city, with a carbon footprint of 16,852 tCO₂e from its own operations. The council therefore has a vital role to play in reducing emissions from its operations, working with its partners 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 a number of the projects outlined directly 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 - A City to Enjoy

Appendix 2b – A Fair City

Appendix 2c – Health and Care

Appendix 2d – Lifelong Learning

Appendix 2e – Sustainable Leicester

Appendix 2f – Operational Estate

Appendix 2g – Routine Works

Appendix 2h – Other

Appendix 3 – Operational Estate Maintenance Capital Programme

Appendix 4 – Highways Maintenance Capital Programme

Appendix 5 – Children's Capital Improvement Programme

Appendix 6 – Capital Strategy 2023/24

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

DRAFT

Appendix One

Capital Resources

	23/24 {£000}	24/25 {£000}	Total {£000}
<u>Resources Brought Forward</u>			
Previous years' savings	19,630	-	19,630
Total One Off Resources	19,630	-	19,630
<u>Capital Receipts</u>			
General Capital Receipts	2,082	-	2,082
Council Housing - Right to Buy Receipts	700	-	700
Total Receipts	2,782	-	2,782
<u>Unringfenced Capital Grant</u>			
Education maintenance	9,855	6,000	15,855
Integrated Transport	2,576	-	2,576
Transport maintenance	3,262	-	3,262
Total Unringfenced Grant	15,693	6,000	21,693
TOTAL UNRINGFENCED RESOURCES	38,105	6,000	44,105
Ringfenced resources	2,131	-	2,131
TOTAL CAPITAL RESOURCES	40,236	6,000	46,236

Appendix 2a

Grant Funded Schemes

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Grant Funded Schemes</u>					
Children's Capital Maintenance Programme	CDN (EBS)	WP	15,857	-	15,857
Highway Capital Maintenance	CDN (PDT)	WP	3,262	-	3,262
Transport Improvement Works	CDN (PDT)	WP	2,576	-	2,576
Disabled Facilities Grants	CDN (HGF)	WP	-	1,861	1,861
Grounds Maintenance Equipment	CDN (NES)	WP	-	150	150
TOTAL			21,695	2,011	23,706

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

Summary of Ringfenced Funding

	{£000}
Disabled Facilities Grant	1,861
Prudential Borrowing	150
TOTAL RINGENCED FUNDING	2,011

Highways, Transport & Infrastructure

	Division	Scheme Type	Corporate Programme Funding	Ringfenced Funding	Total Approval
			<i>{£000}</i>	<i>{£000}</i>	<i>{£000}</i>
<u>Highways, Transport & Infrastructure</u>					
St Margaret's Gateway	CDN (PDT)	PP	3,000	-	3,000
Highways, Transport & Infrastructure	CDN (PDT)	PP	1,800	-	1,800
St Nicholas Wall	CDN (EBS)	PJ	460	-	460
TOTAL			5,260	-	5,260

Key to Scheme Types : PJ = Project ; PP = Policy Provision

Libraries

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Libraries</u>					
Library Investment	CDN (NES)	PP	1,000	-	1,000
TOTAL			1,000	-	1,000

Key to Scheme Types : PP = Policy Provision ; WP = Work Programme

Own Buildings

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Own Buildings</u>					
Operational Estate Maintenance	CDN (EBS)	WP	4,000	-	4,000
Malcolm Arcade - Decarbonisation	CDN (EBS)	PJ	400	-	400
Aikman Avenue District Heating	CDN (EBS)	PJ	195	-	195
Phoenix Arts Car Park	CDN (EBS)	PJ	100	-	100
TOTAL			4,695	-	4,695

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

Parks & Play Areas

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Parks & Play Areas</u>					
Multi Use Games Areas (MUGAs)	CDN (NES)	PJ	2,500	-	2,500
Spinney Hill Park Play Area Refurbishment	CDN (NES)	PJ	150	-	150
TOTAL			2,650	-	2,650

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

Routine Works

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Routine Works</u>					
Fleet Replacement Programme	CDN (HGF)	WP	3,795	-	3,795
Local Environmental Works	CDN (PDT)	WP	400	-	400
St Paul's Church	CDN (EBS)	PJ	400	-	400
Flood Risk Prevention	CDN (PDT)	WP	300	-	300
Front Walls Enveloping	CDN (PDT)	WP	200	-	200
Repayable Home Repair Loans	CDN (HGF)	WP	200	-	200
Heritage Panels	CDN (TCI)	WP	185	-	185
Ash Die Back Equipment	CDN (NES)	PJ	130	-	130
Historic Building Grant Fund	CDN (PDT)	WP	50	-	50
Empty Homes Acquisition Programme	CDN (HGF)	PV	50	-	50
TOTAL			5,710	-	5,710

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

Feasibilities and Contingencies

	Division	Scheme Type	Corporate Programme Funding {£000}	Ringfenced Funding {£000}	Total Approval {£000}
<u>Feasibilities and Contingencies</u>					
Programme Contingency	All Divisions	PP	1,500	-	1,500
Feasibility Studies	CDN (Various)	WP	1,345	120	1,465
TOTAL			2,845	120	2,965

Key to Scheme Types : PP = Policy Provision ; WP = Work Programme

Summary of Ringfenced Funding

	{£000}
Transformation Fund (Earmarked Reserves)	120
TOTAL RINGENCED FUNDING	120

GRAND TOTAL – ALL SCHEMES

43,855	2,131	45,986
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Appendix 3**Operational Estate Maintenance Capital Programme**

Description	Amount £000's
Accessibility Works - To review the accessibility of complex sites in line with the Equalities Act.	55
Building Works - Essential maintenance at the Council's operational and investment buildings. Key works include a roof replacement and lifecycle replacements in line with lease agreements.	818
Compliance Works - Generally consisting of surveys to gain condition data across the estate and works arising from the various risk assessments that are undertaken.	440
Electrical Works - Replacement fuse boards, fire alarms, mains distribution panels and lighting works.	345
Mechanical Works - Ventilation and plumbing works required at the Council's neighbourhood centres and open spaces.	99
Sustainability Works - to carry out works to aid the decarbonisation of the Council's estate. Including works to support the energy efficiency technology programme that is in the current capital programme.	1,969
Emergency Provision – Provision for emergency reactive works that could be required across the Council's estate	274
TOTAL	4,000

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 – Broad Avenue (The Langhill to Gwendolen Road), Victoria Road East (Gipsy Lane to Hastings Road)	500
Classified Non-Principal Roads – Saffron Lane continuation (Burnaston Road to Pork Pie Island), University Road (Welford Road to Regent Road)	365
Unclassified Neighbourhood Roads – Regent Road (Welford Road to Waterloo Way)	135
LEAN Carriageway & Pothole Repairs – Target large carriageway pothole repairs to provide longer term repairs in readiness for surface dressing.	410
Footway Relays and Reconstructions – Focus on local neighbourhood priorities; Narborough Road continuation, Melton Road footway improvements, Outer estate footway improvement schemes and cycleway resurfacing schemes.	627
Strategic Bridge Deck Maintenance & Replacement Works Friday Street bridge and Burleys Way feasibility study.	185
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.	500
TOTAL	3,262

Children's Capital Improvement Programme

Description	Amount £000's
Building Works - Typical works include roof replacements, sports hall floor replacements, playground resurfacing and window replacements.	5,060
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.	2,165
Mechanical Works - schemes being undertaken within the programme typically consist of re-piping heating systems and end of life ventilation replacements	1,185
Safeguarding Works - building works to ensure sites are secure.	400
Sustainability Works - to carry out works to aid the decarbonisation of the Council's estate. Including works to support the energy efficiency technology programme that is in the current capital programme.	6,407
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.	195
Emergency Provision - This is provision within the programme to allow for emergency unforeseen works to be carried out.	445
TOTAL	15,857

Capital Strategy 2023/24

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 2023/24. It therefore, includes latest estimates of expenditure from the 2022/23 programme that will be rolled forward.

Department / Division	2022/23 Estimate £m	2023/24 & Beyond Estimate £m
All Departments	-	7.7
Corporate Resources	0.2	3.0
Planning, Development & Transportation	59.2	106.1
Tourism, Culture & Inward Investment	12.7	39.0
Neighbourhood & Environmental Services	1.8	3.9
Estates & Building Services	20.8	24.6
Adult Social Care	0.6	6.4
Children's Services	15.8	29.0
Public Health	2.1	2.5
Housing General Fund	5.5	13.2
Total General Fund	118.7	235.4
Housing Revenue Account	34.3	172.4
Total	153.0	407.8

- 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 new build and acquisitions, 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:-

	2022/23 Estimate £m	2023/24	2024/25	2025/26
HRA	265	301	316	336
General Fund	266	262	259	254

(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.
- 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:-

	2022/23 %	2023/24 %	2024/25 %
General Fund	1.1	0.5	0.5
HRA	11.4	13.6	14.9

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.



The impact of COVID-19 on children and young people in the East Midlands

October 2022

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What has happened, what we know and next steps

The outbreak, spread and response to Covid-19 from March 2020 has impacted on everyone and all aspects of life. While children and young people (CYP) of all ages have been diagnosed with COVID-19, symptoms are generally mild and severe illness is rare.¹ However, the wider impact of the pandemic on their education, mental and physical wellbeing, access to services and life circumstances has been profound. Schools were closed, expected health care appointments did not take place, and children's mental health deteriorated. There is evidence that children were disproportionately affected² with some having been more vulnerable than others to the effects of the pandemic, particularly those with pre-existing vulnerabilities.²

In July 2022 life for babies, children and young people seems to be largely back to normal. The country is now focussing on system wide recovery and responding to the long-lasting impacts of the pandemic. Early identification, intervention and prompt treatment are particularly important for children and young people, as poor health in childhood can have lifelong consequences.

This report presents a broad overview of the impacts of the pandemic on babies, children, and young people, highlighting the longer-term and ongoing areas of concern. This report does not encompass everything. Evidence of many of the impacts of the pandemic on babies, children and young people are still emerging and many are yet unknown.

Alongside a collection of literature on the effect of the pandemic this report presents data from the indicators of child and maternal health and wellbeing from the Office of Health Improvement and Disparities (OHID) Fingertips and the Wider Impacts of COVID-19 on Health tool (WICH). Many of these indicators are derived from pre-pandemic data (2019/20) and are included as a baseline from which to measure ongoing impact. More data is expected to become available over time. The report includes national data and regional data where available.

The aim of the report

This report is not an endpoint but a beginning to give those involved in planning, making decisions, and working with babies, children and young people an overview and a starting point for prioritising effort.

Next steps

It is expected that the report will be built upon with a series of focussed briefings on babies, children and young people which can help local partners to work together on monitoring and improving their outcomes.

Acknowledgements

The report has used a report by the London region of Public Health England in 2021 as a template. Thanks go to the original authors of that publication from healthcare public health, dental public health and Wellbeing and Workforce Teams, which had large contributions from Dr Marilena Korkodilos, Robert Marr, Jennifer Beturin-Din, Nicky Brown, Dan Devitt, Dr Katherine Kaczmarczyk, Dr Huda Yusuf, Sally Hudd, Emma Blair and Gina Zelent.

This report has been localised and updated for the East Midlands` region by Christine Nolan, Dr Frances Mason, Tammy Coles, Elizabeth Adamson and Zachary Gleisner from the Health and Wellbeing and Local Knowledge and Intelligence Teams in the Office for Health Improvement and Disparities (OHID) Midlands. Contributions and advice on updating and localisation came from other members of the Midlands Health and Wellbeing team, the Local Knowledge and Intelligence Team, The UK Health Security Agency (UKHSA) sexual health team, the Healthcare Public Health and Dental Public Health teams and a number of commissioning colleagues in NHS England and NHS Improvement Midlands. Many thanks to all those who gave advice and guidance.

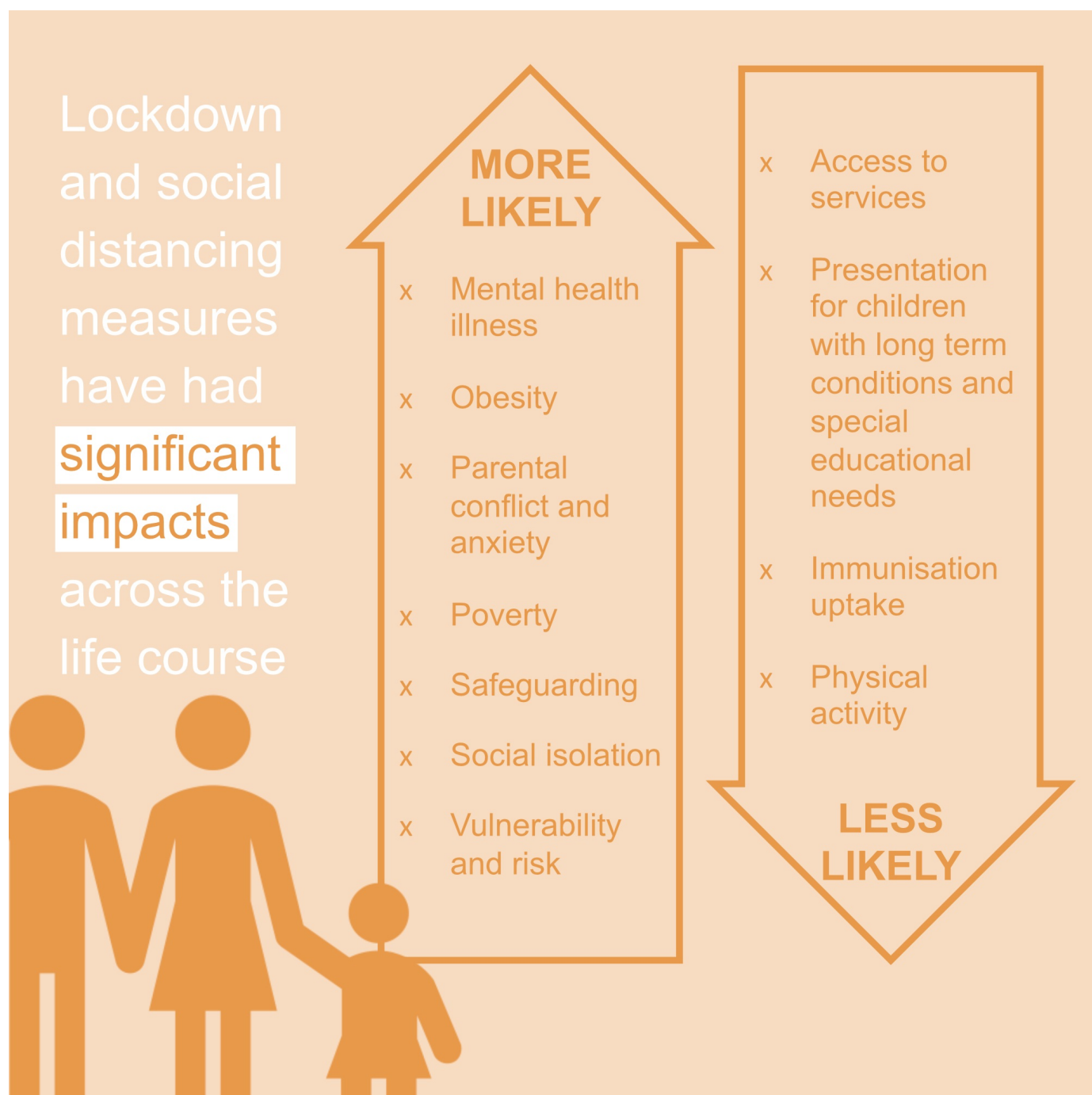
Children and young people in the East Midlands - A snapshot

Indicator	England	East Midlands
Infant mortality (2018 - 20) <i>Crude rate per 1,000</i>	3.9	4.2
Smoking status at time of delivery (2020/21) <i>Crude rate per 1,000</i>	9.6	12.6
Overweight including obese 10-11 year olds (2019/20) <i>Proportion (%)</i>	35.2	34.9
School readiness at the end of Reception aged 5 years (2018/19) <i>Proportion (%)</i>	71.8	70.3
MMR vaccination one dose 2 years (2020/21) <i>Proportion (%)</i>	90.3	92.4
Children with one or more decayed, missing or filled teeth (2016/17) <i>Proportion (%)</i>	23.3	25.1
16-17 year olds not in education, employment or training (NEET) (2020) <i>Crude rate per 1,000</i>	5.5	6.2
Under 18 conception rate (2020) <i>Crude rate per 1,000</i>	13.0	12.5
First time entrants to the youth justice system (2021) <i>Crude rate per 100,000</i>	146.9	155.4
Hospital admissions as a result of self-harm (10-24 years) (2020/21) <i>Directly standardised rate per 100,000</i>	421.9	411.4
Physically active children and young people (2020/21) <i>Proportion (%)</i>	44.6	44.9

The wider impacts of COVID-19 on child health

Why it matters

- Although CYP are generally less clinically vulnerable to COVID-19 than adults, the wider effects of COVID-19 have disproportionately and negatively affected them¹
- CYP have experienced additional harm due to social isolation; lack of protective school placements; increased anxiety and poor mental health; and a reduction/change to access to healthcare from the NHS, education and social services during the pandemic. These additional harms were particularly experienced by the most vulnerable children in our society²
- The risks to children's health, wellbeing and futures are profound and, for some children, lifelong^{3,4,5}



References

1. The Lancet Child and Adolescent Health (Nov 2020) 'Growing up in the shadow of COVID-19'
2. BMJ Paediatrics (2020) 'Wider collateral damage to children in the UK because of social distancing measures designed to reduce the impact of COVID-19 in adults'
3. Scottish Government (June 2021) 'COVID-19 children, young people and families evidence summary'
4. United Nations (April 2020) 'The impact of COVID-19 on children'
5. UNICEF UK (2020) 'Children in lockdown: What Coronavirus means for UK children'

The wider impacts of COVID-19 on child health

The indirect impact of the COVID-19 pandemic and the measures to curb it have had a huge impact on all aspects of children and young people's lives

"After paying my bills I have been left with about £50 a week to live on and feed my children, some weeks I have gone hungry so that they could eat"

"While most children will be delighted to return to school, we should also remember there will be some who may have preferred learning from home"

"The services we rely on for support... were deemed non-essential and closed down for six months"

"Lockdown has not helped with my mental health, it's emotionally draining, like I'm always tired and I've got a constant headache"

"I've got children on a Child Protection Plan who are now at home and not coming into school ... That's what's keeping me awake at night"

"Studying has been very difficult at home as I can't get concentrated. Feeling alone everyday"

"In lockdown instead of focusing on remote learning for my yr12 exams I was focusing on filling out DWP paperwork for my mum who lost her job due to coronavirus"



References

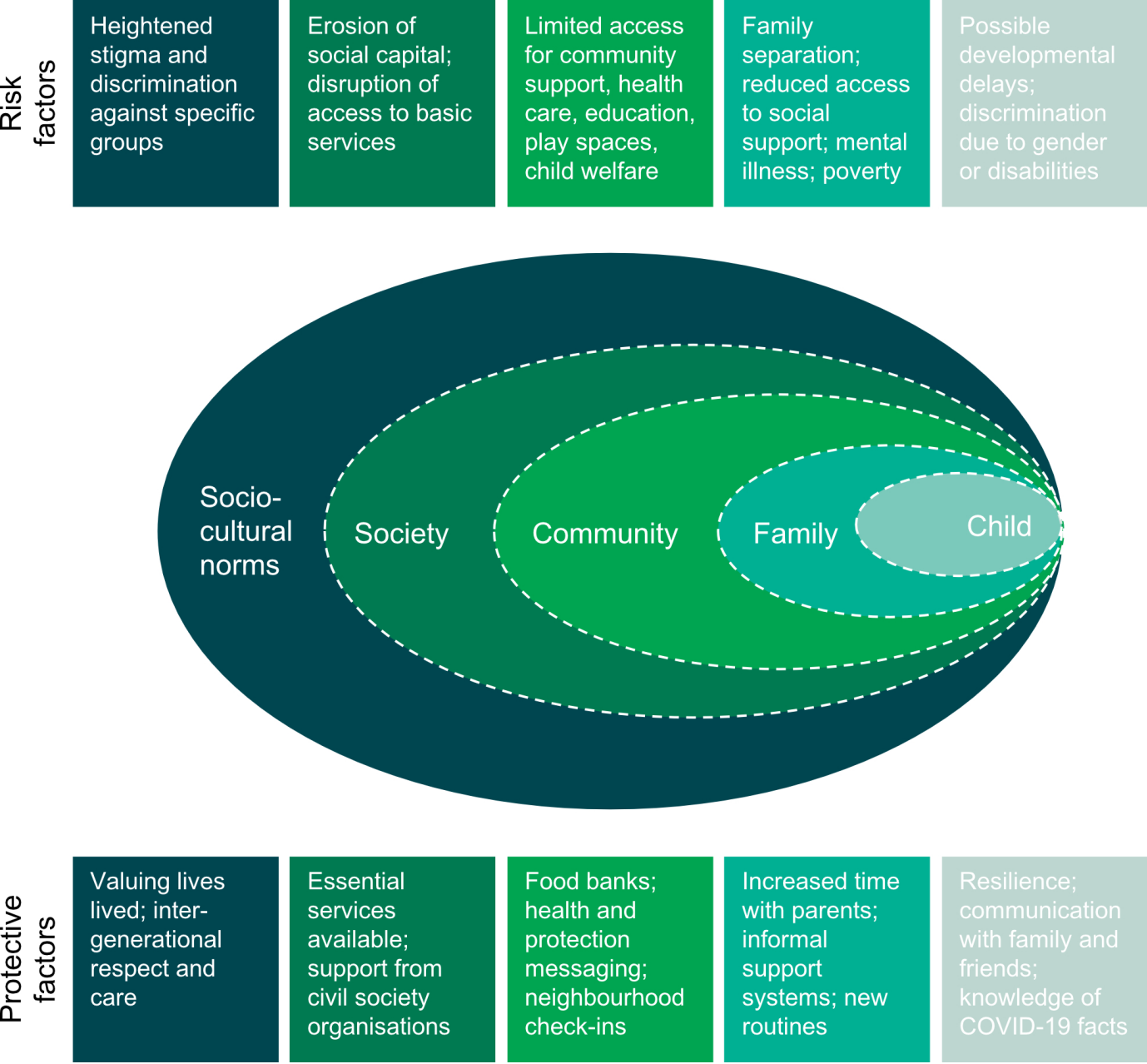
1. CPAG (Dec 2020) 'Poverty in the pandemic update'
2. APPG for SEND (2021) 'Forgotten. Left Behind. Overlooked'
3. EIF (2020) 'COVID-19 and early intervention: Understanding the impact, preparing for recovery'
4. Children's Commissioner (2021) 'Welcoming the return to school of children after lockdown'
5. Children's Commissioner (2021) 'The state of children's mental health services 2020/21'
6. Children's Commissioner (2020) 'Stress among children in England during the coronavirus lockdown'
7. Children's Commissioner (2020) 'Childhood in the time of COVID-19'

Risk and protective factors for children and young people’s wellbeing

Risk and protective factors

The measures used to prevent and control the spread of COVID-19 led to disruptions to families, friendships, daily routines and the wider community dynamic, which put CYP’s wellbeing and development at risk.¹ Figure 1 summarises the likely risk and protective factors for CYP’s wellbeing during the pandemic.

Figure 1: Socio-ecological impact of COVID-19: protective and risk factors



References

1. The alliance for child protection in humanitarian action (2020) 'technical note: Protection of children during the coronavirus pandemic (v2)'

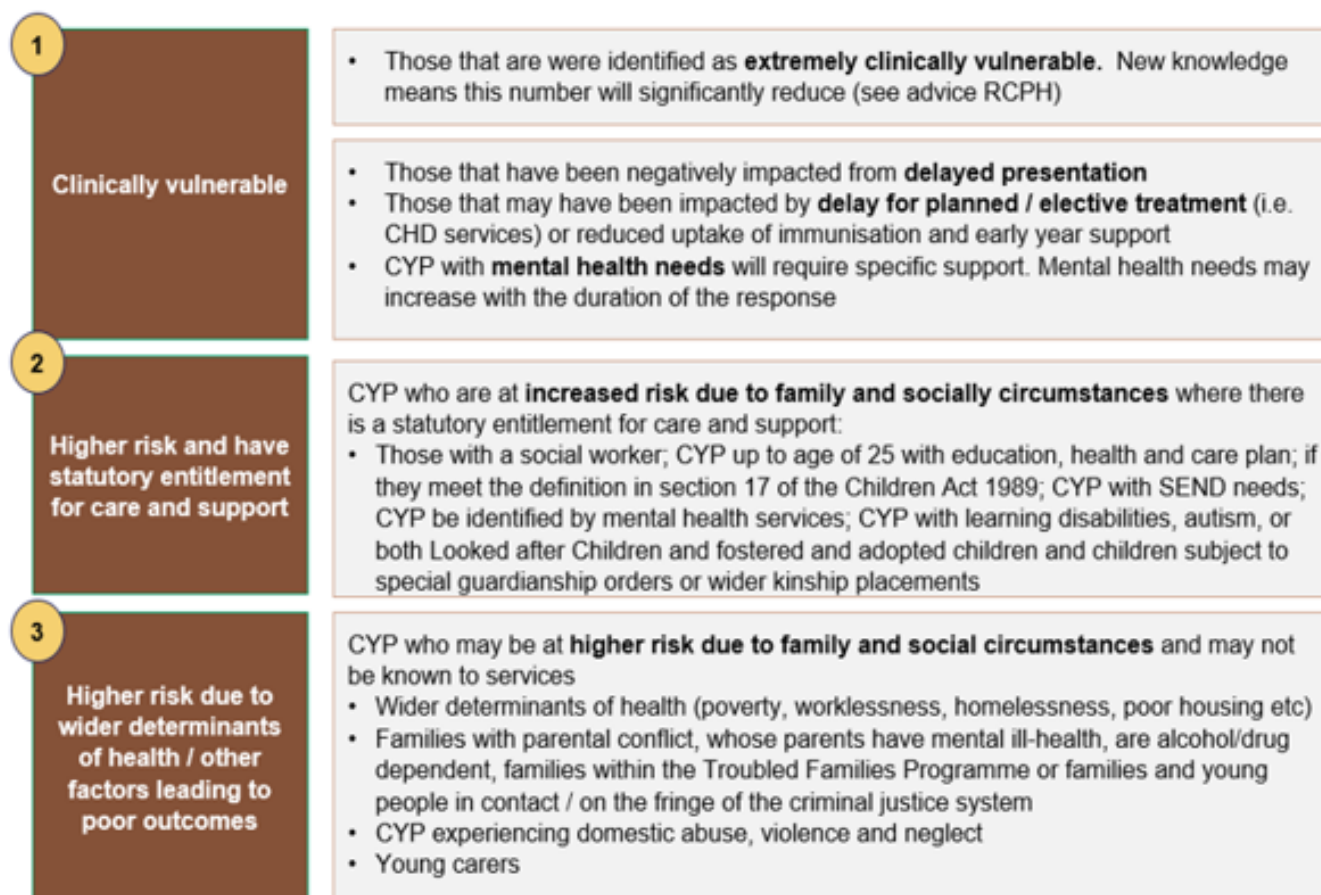
Vulnerability in Children and Young People

Prior to the onset of the COVID-19 pandemic in the UK, CYP with vulnerabilities were experiencing poorer health outcomes than those without. The wider impact of the pandemic is likely to have exacerbated these vulnerabilities and increased the number of children experiencing vulnerabilities, either temporarily or in the longer term.

In 2020, Public Health England, NHS England and partners developed a framework¹ for vulnerability to support 'child and young person-centred recovery' from COVID-19 across 3 broad groups:

1. **Clinically vulnerable:** Children who are clinically vulnerable to COVID-19 due to underlying health conditions or those children for who the pandemic has delayed or curtailed their access to health services.
2. **Higher risk and have statutory entitlement for care and support:** Children and families who are at increased risk due to family and social circumstances where there is a statutory entitlement for care and support (education, health and care plan and those with a social worker)
3. **Higher risk due to wider determinants of health / other factors leading to poor outcomes:** Children who at a higher risk due to being negatively impacted through wider determinants of health and/or family and social circumstances.

Importantly, these groups are not discrete and CYP may be in more than one group. Furthermore, CYP not previously identified as vulnerable may have become so, as the economic and social impacts of the pandemic have been felt in the family setting.



The impact of COVID-19 on child poverty

Definition

- Poverty is defined in different ways and there is no perfect definition. The proportion of children living in poverty can look quite different depending on the measure used¹
- A commonly used definition for absolute poverty is people living in households with income below 60% of the (inflation-adjusted) median in some base year, usually 2010/11.¹

Why it matters

- A child born into poverty is more likely to have a low birthweight, to die in infancy and to have poor physical and mental health as a child²
- Poverty has lifelong impacts. Poverty is strongly associated with doing less well at school and with a range of social and cognitive poorer outcomes, partly due to families having less money to spend on children, and partly because of parental stress and anxiety.³ Poverty is associated with poor housing, poor employment opportunities and shorter lives, with more years spent in disability.⁴

Click on the infographics to be taken to the data source



Child poverty in the East

Midlands in 2020/21

- 12.3% of children in the East Midlands aged less than 16 years lived in absolute poverty in the three years to 2020/21, better than the England average. This ranged from 8.9% in Leicestershire to 22% in Leicester. These are calculated before housing costs⁵

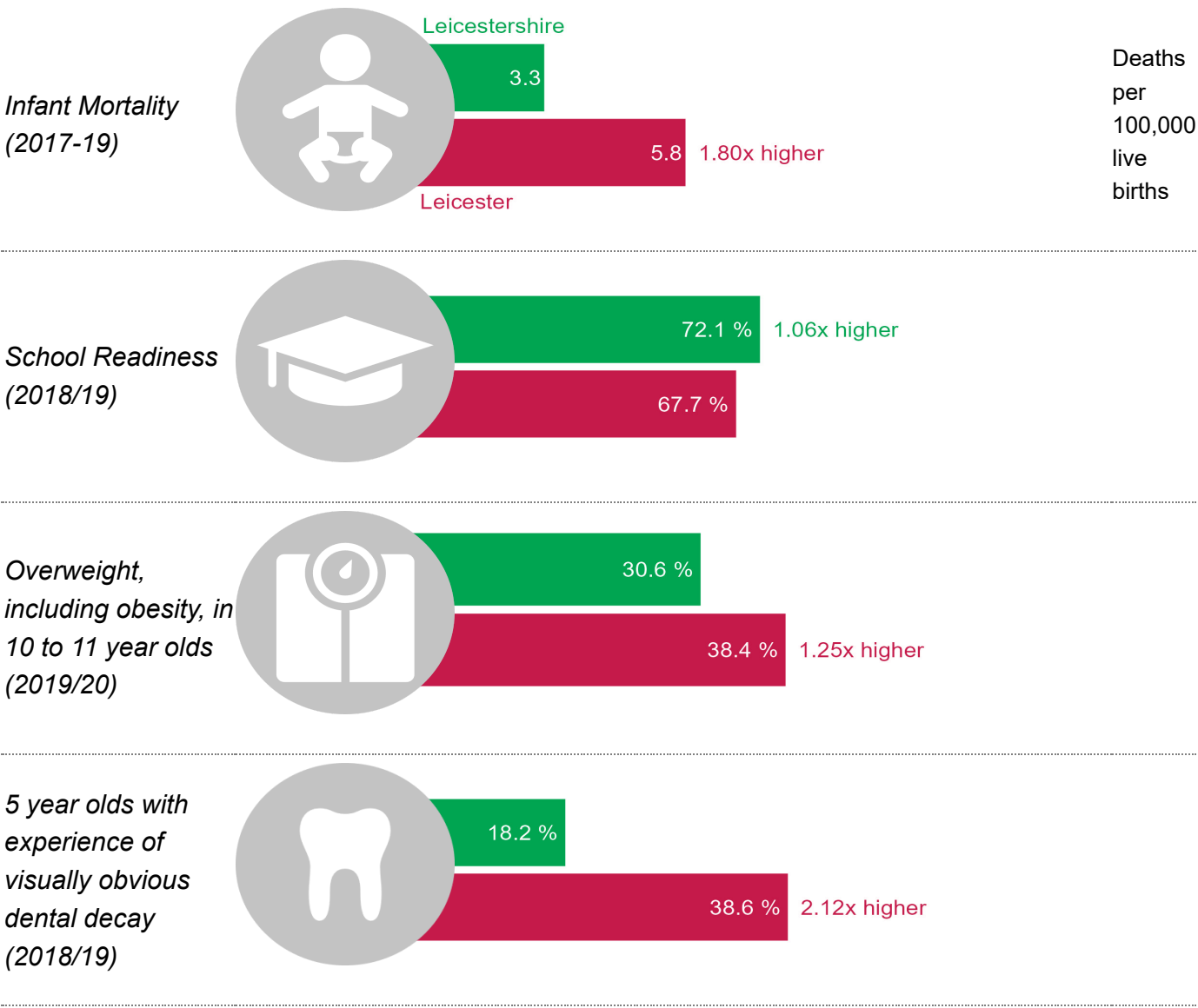


Inequalities

- Children are the most likely of all age groups to live in poverty⁶
- Poverty is unequally distributed; a higher percentage of children from households where the head of the household is from an ethnic minority background are in the lowest quintile for disposable household income. This is also the case if someone in the household is disabled, the child is in a single parent or large family (3 or more children).⁷
- Poverty is also associated with household circumstances that make children more vulnerable, for example where parents have mental health or substance misuse needs.⁸

Child poverty and outcomes for children and young people across the East Midlands going into the pandemic

The charts below compare pre-pandemic outcomes for CYP in Leicestershire (which had the second lowest proportion of child poverty in the East Midlands before housing costs in 2020/21 (8.9%)) to Leicester (which had the highest proportion of child poverty (22%) in the East Midlands). Rutland, which had the lowest proportion in the region, has limited data for the below indicators due to small sample size.



The impact of COVID-19 on child poverty in the East Midlands

The impact of COVID-19

- Prior to the pandemic, 17.4% of children in England were living in absolute low-income families.¹
- The impacts of the COVID-19 pandemic have been harder for those in lower income brackets, who have been more likely to be made redundant, lose income, be infected with (and die from) COVID-19 and less able to support children with home schooling²

Employment

- The employment rate of young people declined the most compared with other age groups in the early stages of the pandemic.³

Lockdown measures

- Lockdown measures disproportionately affected low income families with young children⁴
- Over a third of low income families with children increased their spending during 2020, while 40% of high income families without children reduced theirs⁴

Benefits

- During the pandemic, the expanded social safety net (increase of universal credit payments by £20 week) may have prevented a rise in poverty for children in 2020/21. This was withdrawn in October 2021¹
- During the pandemic, there has been an increase in households claiming universal credit. In the East Midlands, the number of households claiming Universal Credit increased by 11.1% to 268,491 between March 2020 and November 2020 with 46.1% of these households with children⁵
- In the Midlands as a whole (East and West), the number of households claiming Universal Credit increased by 80% to 819,485 between March 2020 and May 2021 - nearly half of which had children⁵

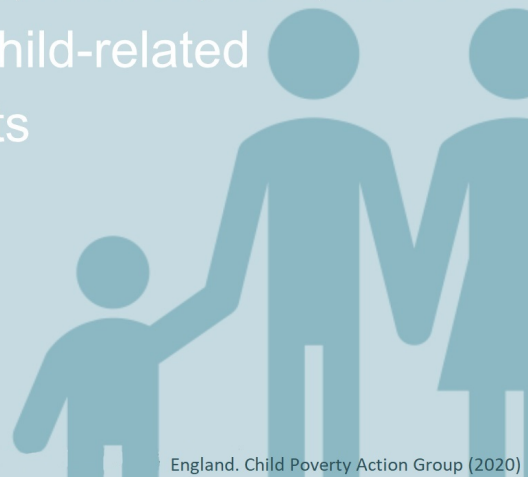
Food poverty

- Emergency food parcels issued by The Trussell Trust foodbanks (one of many providers and therefore an underestimate of need) in the East Midlands increased 1.4 times from 101,788 in 2019/20 to 138,767 in 2020/21. This decreased to 126,877 in 2021/22⁵
- Food parcels issued to children also increased 1.4 times, from 39,285 in 2019/20 to 54,074 in 2020/21, decreasing to 46,381 in 2021/22⁵
- 11% of households with children in the UK have low/very low food security⁶

Long-term

- Lost learning will cause the greatest damage to the qualifications and job prospects of pupils who are already disadvantaged⁴

As a result of the pandemic, nearly 6 in 10 families said they are struggling to cover the cost of 3 or more basic essentials, including food, utilities, rent, travel or child-related costs



England. Child Poverty Action Group (2020)

References

1. DWP (2020) 'Households below average income: for financial years ending 1995 to 2020'
2. Child Poverty Action Group (2020) 'Poverty in the pandemic'
3. Whitehead M. BMJ (2021) 'Poverty, health and COVID-19'
4. DWP (2022) 'Households on universal credit dashboard'
5. The Trussell Trust. End of year statistics
6. DWP (2021) 'Family Resources Survey: financial year 2019 to 2020'

The impact of COVID-19 on pregnancy, birth and early life

Why it matters

Antenatal health determines not only the health of the newborn, but also impacts adult health and disease risk¹

The impact of COVID-19

- Pregnant women are at a higher risk of becoming seriously ill as a result of COVID-19 infection²
- Alterations to the immune system during pregnancy mean that pregnant women may be more vulnerable to severe infection and at increased risk of requiring admission to an intensive care unit or needing invasive ventilation^{3,4}
- A national surveillance study in 2020⁴ found that of pregnant women admitted to hospital in the UK with COVID-19:
 - Most women were in the late second or third trimester
 - One in 10 women needed respiratory support in a critical care setting and one in 100 died
- Pregnant women with COVID-19 are at increased risk of delivering preterm and their babies being admitted to the neonatal unit. But overall rates of spontaneous preterm births are not high. Stillbirth and neonatal death rates are low in women with suspected or confirmed COVID-19⁴
- The MBRRACE-UK rapid report⁵ highlighted two instances where women died by suicide, where referrals to perinatal mental health teams were refused or delayed because of restrictions related to COVID-19

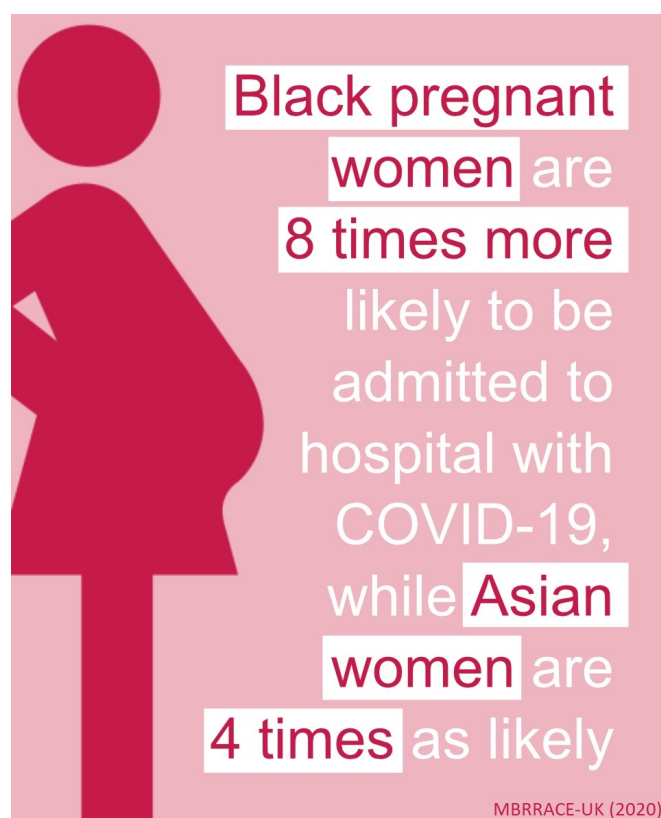
Risk factors for COVID-19 admission

Pregnant women who were more likely to be admitted to hospital for COVID-19 included those:

- Aged 35 years or older
- Who had a BMI of 30 or more
- Who had pre-existing co-morbidity, such as high blood pressure and diabetes⁴

Inequalities

- Pregnant women from ethnic minority backgrounds or living in areas or households of increased socio-economic deprivation were more likely than other women to be admitted to hospital for COVID-19⁴
- The MBRRACE-UK rapid report⁵ highlighted that of the eight women who died from COVID-19 seven (88%) were from ethnic minority backgrounds



References

1. EBCOG Scientific Committee (2015) The public health importance of antenatal care
2. NHS (2021) 'Pregnancy and coronavirus'
3. RCOG guidelines (2020) 'COVID-19 infection in pregnancy'
4. BMJ (2020) 'Characteristics and outcomes of pregnant women admitted to hospital with confirmed SARS-CoV-2 infection in the UK: national based cohort study'
5. MBRRACE (2020) 'Rapid report: Learning from SARS-CoV-2-related and associated maternal deaths in the UK'

The impact of COVID-19 on infant and child deaths

Why it matters

- Infant, child and adolescent death rates in the UK have declined and continue to fall. However, the UK has one of the worst child mortality rates in Western Europe¹
- Too many CYP are still dying unnecessarily. In 2019, of all deaths among CYP aged 0 to 19 years in the UK, 33.7% were considered avoidable (1,590 deaths out of 4,717) with an age-standardised mortality rate of 10.5 deaths per 100,000. Overall, avoidable deaths in CYP made up 1% of the total number of avoidable deaths in the UK²

The impact of COVID-19 on infant and child deaths

Direct impact

- Most childhood cases of COVID-19 are mild and self-limiting with few recorded child deaths³

- Between March 2020 and February 2021:
 - There were 25 deaths in children and young people due to SARS-CoV-2 infection (mortality rate, two per million), 16 of which had 2 or more comorbidities³
 - The case-fatality rate in children with COVID-19 was <0.1%³
 - There was no evidence of excess child mortality⁴

Wider impact

- The COVID-19 pandemic may have increased infant and child mortality indirectly as a consequence of strained health systems, household income loss and disruptions to care-seeking and preventative interventions like vaccination⁵

Health seeking behaviours

- A British Paediatric Surveillance Unit (BPSU) snapshot survey in April 2020 found that delay in taking children to the emergency department during lockdown may have contributed to the deaths of nine children⁶

Serious incidents and harm

- Serious incident notifications involve death or serious harm to a child where abuse or neglect is known or suspected, and also deaths of children in care and children in regulated settings. Between April and September 2020 Ofsted received 285 serious incident notifications across England, a 27% increase on the same period in 2019/20. Of these notifications, 119 related to child deaths, an increase from 89 in the same period of 2019/20⁷
- Nationally, there was a 20% rise in babies being killed or harmed during the first lockdown. Sixty-four babies were deliberately harmed in England - eight of whom died⁸



References

1. Nuffield Trust (2022) 'Stillbirths and neonatal and infant mortality'
2. ONS (2019) 'Avoidable mortality in the UK'
3. C Smith et al (2021) 'Deaths in children and young people in England after SARS-CoV-2 infection during the first pandemic year'
4. Ladhani S and others. Arch Dis Child (2020) 'COVID-19 in children: analysis of the first pandemic peak in England'
5. UNICEF (2021) 'Child mortality and COVID-19'
6. BPSU (2020) 'snap-shot' survey - delayed presentations to hospitals'
7. Ofsted (January 2021) 'Serious incident notifications'
8. Ofsted (2020) 'Amanda Spielman at NCASC 2020'

The impact of COVID-19 on infant and child deaths

Deaths by suicide

- A review of child suicides in England during the COVID-19 pandemic raised a concerning signal that child suicide deaths may have increased during the first 56 days of lockdown in March to May 2020, but that the risk remained low and the numbers were too small to reach definitive conclusions^{1,2}
- Factors related to COVID-19 or lockdown were thought to have contributed to 12 (48%) of the 25 post-lockdown deaths. Amongst the likely suicide deaths reported after lockdown, restriction to education and other activities, disruption to care and support services, tensions at home and isolation appeared to be contributing factors¹

Road traffic fatalities

- One positive effect of the measures implemented to control the spread of COVID-19 was the reduction of traffic on both urban and interurban roads; this resulted in a marked fall in the number of traffic-related injuries and fatalities during lockdowns³
- In 2020 (including a total of 4 months of national lockdowns - April to June and November), there were an estimated 1,460 people killed in reported road accidents. This is a decrease of 22% compared to the equivalent period of 2019. This decrease is statistically significant at the 95% confidence level. In contrast, child fatalities (aged 0-16) increased in 2020 compared to 2019 (52 vs. 49 child fatalities, respectively)⁴

Risk factors

- Social deprivation has a detrimental effect across all causes of child death^{6,7}
- The most common modifiable factors recorded by CDOPs for all child death reviews in order of frequency were⁸:
 1. Smoking by a parent or carer
 2. Quality of service delivery
 3. Unsafe sleeping arrangements
 4. Substance and/or alcohol misuse by a parent or carer
 5. Maternal obesity during pregnancy
 6. Challenges with access to services

7. Poor communication and information sharing
8. Domestic abuse
9. Poor home environment
10. Consanguinity (parents are known blood relatives to each other)
11. Mental health condition in a parent or carer

During the first lockdown **delays seeking healthcare** were linked to **more child deaths** than COVID-19



References

1. National Child Mortality Database (2020) 'Child suicide rates during the COVID-19 pandemic in England: Real-time surveillance'
2. Public Health England (2020) 'COVID-19 mental health and wellbeing surveillance report'
3. ETSC (2020) 'The impact of COVID-19 lockdowns on road deaths in April 2020'
4. Department for Transport (2021) 'Reported road casualties in Great Britain, annual report: 2020'
5. BMJ (2020) 'Clinical characteristics of children and young people admitted to hospital with COVID-19 in United Kingdom'
6. National Child Mortality Database (2020) 'Report on deprivation announced'
7. PHE (2016) 'Reducing child mortality in London'
8. National Child Mortality Database (2021) 'Second Annual Report'

The impact of COVID-19 on the early years

Why it matters

- Experience and development in the early years are crucial to CYP's long-term outcomes in later life including in educational attainment, physical, mental and emotional wellbeing
- Access to high quality early education and childcare plays a vital role in improving the life chances of CYP and consequently in reducing health inequalities.² There is good evidence of children's learning and development in the early years having been affected by the pandemic.³

The impact of COVID-19 on the early years

Early years settings

- In 2019, around 78% of children aged two to four years old in England accessed formal education or childcare.⁴ Comparatively, only 7% of parents of two to four years old reported to have continued attending these settings. Lower attendance at early years settings continued throughout 2020 and 2021. In January 2022, attendance at setting was at around 84% of the expected level⁵
- The pandemic may have harmed the financial viability of some early years settings, and thus availability of early education for some children. In 2020, a third of early years settings were worried that financial problems might mean they would have to close. Between August 2020 and March 2021, the number of registered childminders in England reduced by 1800 (a 5% reduction), continuing an existing downward trend.⁶

- The reduced attendance at early years settings is likely to have had implications for the wellbeing, learning and development of children including:
 - Exacerbating existing inequalities
 - Widening of the attainment gap
 - Increased risk of mental disorders and of safeguarding issues⁵

Health visiting services

- Health visiting services provide vital support to all families with babies and small children as part of the Healthy Child Programme⁷ to ensure that they get the best start in life. COVID-19 placed significant pressure on health visiting services⁸
- At some points in the pandemic, health visiting teams were reduced by up to 50-70% in some areas in England due to widespread staff redeployment.⁸ Across both the East and West Midlands, several local health authorities reported they redeployed 20% to 30% of their health visiting workforce. The remaining staff experienced higher caseloads and a significant proportion of child safeguarding work⁸

Health inequalities

- During the pandemic, children from disadvantaged backgrounds had less access to resources, learning and play space at home and some struggled to settle back into their early years settings as a result. Some early years providers reported deterioration in behaviour for disadvantaged children⁹
- Surveys carried out by the Sutton Trust reported negative impacts on the child's physical, social and emotional development¹⁰

Positive early experiences
improve readiness to
learn and life chances



References

1. Dyson A. and others (2010) 'Childhood development, education and health inequalities. Task group report to the strategic review of health inequalities in England post 2010 (Marmot Review)'
2. Stewart K. and Walfogel J. (2017) 'Closing gaps early: The role of early years policy in promoting social mobility in England'
3. Ofsted. (July 2022) 'Education recovery in early years providers. Summer 2022'
4. Department for Education (2019) 'Official Statistics: Childcare and early years survey of parents: 2019'

5. Explore education statistics - GOV.UK (2022) 'Attendance in education and early years settings during the coronavirus (COVID-19) pandemic, Week 6 2022'
6. Ofsted (2021) 'Childcare Providers and Inspections as at 31 March 2021'
7. GOV.UK (2009) 'Healthy Child Programme'
8. Conti, G. and Dow, A. (2020) 'The impacts of COVID-19 on health visiting in England: First results'
9. Ofsted (2020) 'COVID-19 series: Briefing on early years, November 2020'
10. The Sutton Trust (July 2020) 'Covid 19 and Social Mobility. Impact Brief 4 Early Years'

The impact of COVID-19 on the early years

Mental health and wellbeing

- Parents/caregivers of younger children reported experiencing more anxiety, stress and depression as a result of COVID-19 and lockdown¹
- This was particularly the case for those who were facing financial difficulties. Findings from the 'Babies in Lockdown' survey showed a negative correlation between income and anxiety, with 55% of respondents earning the least reporting feeling 'a lot' more anxious compared to 32% of those earning the most. A similar trend was also seen across parents of different ages, with younger parents reporting feeling more anxious²
- Providing responsive and nurturing care which is crucial to healthy brain and emotional development during the early years period is likely to have been more challenging and problematic without the usual support available³



Increased vulnerability

- An increase in financial hardship is a potential stressor that could lead to tensions, mental and emotional health issues; these conditions are linked to an increased risk of physical, emotional, and domestic abuse and neglect⁴
- Reduced capacity in health visiting services and limited face-to-face contacts (following COVID-19 restrictions) coupled with limited access to early years settings may have resulted in emerging needs and vulnerabilities of families and children being missed during the pandemic⁵

References

1. Co-SPACE Study (2021) 'Changes in parents/carers' ability to balance childcare and work between March 2020 to February 2021'
2. Best Beginnings, Home-Start UK and the Parent-Infant Foundation (2020) 'Babies in lockdown: Listening to parents to build back better'
3. NCB (2020) 'A vision for recovery: Early years recovery briefing'
4. NSPCC evidence team (2020) 'Isolated and struggling'
5. NCB (2020) 'Early years recovery briefing'

The impact of COVID-19 on children and young people in educational settings

Why it matters

- School attendance is very important for CYP and is critical to reduce inequality, improve life chances and enhance physical and mental health¹

School closures

- In order to reduce the spread of COVID-19, educational institutions were closed at different times during the pandemic. Face to face provision was provided for children of key workers and vulnerable children. Remote schooling was provided for all other children¹

Timeline

20/03/20	All school and childcare facilities are closed to most children
01/06/20	Partial opening of primary schools for children in nursery, reception, Year 1 and 6
15/06/20	Partial opening of secondary schools for children in Year 10 and 12 GSCE
02/09/20	Full reopening of school and childcare facilities
05/01/21	Closure of primary and secondary schools to most children. Early years settings open as normal
08/03/21	Schools, colleges and further education settings open to all students

The impact of COVID-19 on CYP in educational settings

There are significant educational, developmental and mental health impacts caused by school closures, particularly for younger and more vulnerable CYP,¹ including:

Educational achievement

- Time out of school has a detrimental effect on children's cognitive and academic development and their long-term productivity²
- Emergent learning problems may be missed, potentially missing opportunities for early intervention²
- Progress made to narrow the attainment gap in the last decade could reverse. The median estimate indicates that the gap could widen by 36%³

Wellbeing

- School closures cause deterioration in children's mental health:
 - Evidence suggests that the mental health of adolescents is particularly affected²
 - Social isolation and lack of contact with peers is likely to be particularly harmful for adolescents²
- Levels of physical activity are likely to be lower as a result of remote schooling²
- For children with special educational needs (SEN), school also provides an environment in which other interventions can be offered. These include interventions such as speech and language therapy or occupational therapy

References

1. Department for Education (2020) 'Remote Education Temporary Continuity (No.2) Direction: explanatory note'
2. SPI-M and DfE (2020) 'Benefits of remaining in education: Evidence and considerations'
3. EEF (2020) 'Impact of school closures on the attainment gap'

The impact of COVID-19 on children and young people in educational settings

The impact of COVID-19

Inequalities

- The unequal provision of remote schooling for children has exacerbated existing inequalities for students across socio-economic groups¹
- Compared with children from more affluent backgrounds, children from disadvantaged backgrounds were disproportionately affected by school closures in the following ways:
 - Greater loss of learning time
 - Less access to online learning and educational resources
 - Less access to private tutoring and additional educational resources
 - Inequalities in the exam grading systems by the use of teacher assessed grades²
- Children with special educational needs and their families were particularly disadvantaged through school closures²

Families

- Schools offer an important physical space for children to have time away from home. The financial insecurity of some families during lockdown, combined with family members all at home in close proximity has made life more challenging for some children¹

Safeguarding and vulnerable children

- Vulnerable children are likely to be most affected by school closures¹
- Under normal circumstances, schools are vital for detecting early signs of abuse and neglect. During the first lockdown there was a reduction in child protection referrals and an increase in reports of domestic violence and abuse to children¹
- School closures may have increased children's use of the internet which is associated with some negative consequences such as: increased susceptibility to digital dependency; online abuse; bullying; exposure to violent content and pornography¹



References

1. SPI-M and DfE (2020) 'Benefits of remaining in education: Evidence and considerations'
2. Institute of Health Equity (2020) 'Build back fairer: The COVID-19 Marmot Review'
3. Centre for Economic Performance (2020) 'COVID-19 school shutdowns: What will they do to our children's education?'

The impact of COVID-19 on safeguarding

Why it matters

- Safeguarding is the action that is taken to promote the welfare of CYP to protect them from harm¹
- Working Together to Safeguard Children 2018 states a requirement of all agencies to work together to promote the welfare of CYP¹. Local safeguarding partnerships (including local authorities, health and police) provide a local framework that makes arrangements to work together to safeguard and promote the welfare of local children including identifying and responding to their needs and working together to share information.
- Safeguarding in CYP means:
 - Protecting children from abuse and maltreatment
 - Preventing harm to children's health or development
 - Ensuring children grow up with the provision of safe and effective care
 - Taking action to enable all CYP to have the best outcomes¹

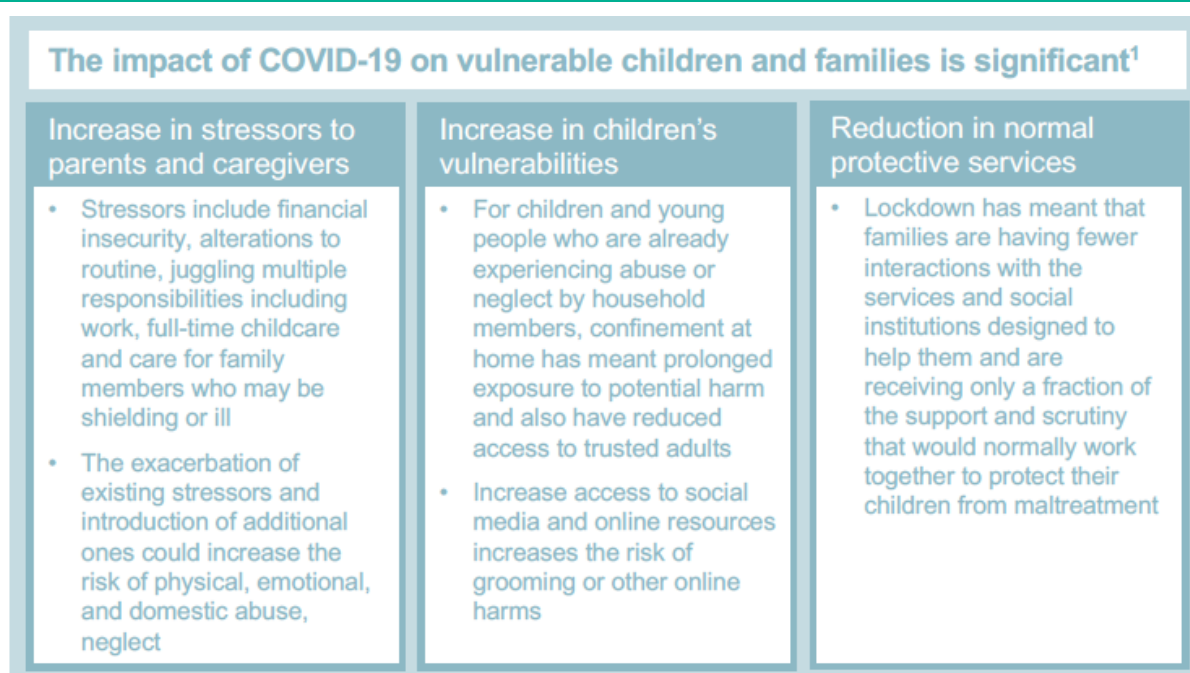


The impact of COVID-19 on safeguarding

The impact of COVID-19 on vulnerable children and families is significant:

- The pandemic put specific pressures on the social care sector and exacerbated existing pressures²
- The number of children referred to children's social care services for support fell by almost a fifth between April and June 2020³
- Referrals to children's social care from 1 April to 30 June 2020 increased by 31% in a UK tertiary centre compared with data from the same period in 2018 and 2019⁴
- Referrals for child protection medical examinations reduced by 39.7% from 2018 to 2020 and 37.3% from 2019 to 2020 at Birmingham Community Healthcare NHS Trust⁵
- Fewer referrals were initiated by school staff in 2020, 12 (26%) compared with 36 (47%) and 38 (52%) in 2018 and 2019⁵
- During the first half of 2020-21:
 - There were 285 serious incident notifications, an increase of 27% on the same period in 2019-20
 - 35.8% of serious incidents related to children under the age of one⁶
- There were 119 serious incident notifications relating to child deaths in 2020-21, an increase from 89 in the same period of 2019/20⁶
- Between 23rd March and 23rd April 2020 ten babies were reviewed with non-accidental head injuries at Great Ormond Street, 15 times higher than the average for the same period over the previous three years (0.67 cases per month)⁷

The impact of COVID-19 on safeguarding



Inequalities

- Risk factors that increased CYP and their families' vulnerability to abuse and neglect during the pandemic included^{2,3}:
 - Poverty
 - Living in temporary accommodation or having a lack of space, for example the sharing of one room (multiple occupancy)
 - Being isolated due to poor support networks during lockdown
 - Lack of contact with professional support systems such as schools, health visitors and social care
 - Digital exclusion (lack of access to a computers, tablet or mobile phone) to connect with friends, family or professional networks
 - Ethnic minority backgrounds
 - Refugees and asylum seekers
 - Being homeless
 - Families with a disability or long term condition

References

1. NSPCC Learning (2020) 'Social isolation and the risk of child maltreatment in lockdown and beyond'
2. Public Health England (2017) 'Health profile for England. Chapter 5 inequality in health'
3. Public Health England (2020) 'No child left behind. A public health approach to vulnerability in childhood'

The impact of COVID-19 on children with special educational needs and disabilities

Why it matters

- The challenges already faced by CYP with special educational needs and disabilities (SEND) and the parents and carers who support them have been exacerbated by the COVID-19 pandemic¹
- A small group of CYP with SEND, specifically those with complex respiratory and neurological disorders, are clinically extremely vulnerable and at greater risk of morbidity and mortality if they contract the virus²

The impact of COVID-19 on CYP with SEND

Children with SEND may have been disproportionately impacted by the pandemic. The impacts for some CYP at some points in the pandemic may have included:

Reduced access to healthcare

- Reduced access to services and disruption of healthcare such as cancellation of routine rehabilitation appointments^{3,4}
- Delays for new equipment such as leg gaiters to enable physical therapy at home⁴

Reduced access to support

- Social care being unable to respond effectively, such as closure of day centres and an increased reliance on family and informal carers³
- Funding stopped for normal support services without any alternatives³
- Support stopped or reduced³
- Absence of trusted key worker staff⁴

Education

- In October 2021, CYP with education, health and care plans (EHCPs) continued to have lower levels of attendance in primary and secondary schools compared to their peers, especially for pupils with SEND who attend special schools⁵
- Education learning materials for CYP who were learning from home were inaccessible or inappropriate⁶
- Some of the specialist resources and support that are available for CYP with SEND at school could not be replicated at home⁴
- Social aspects of education were affected by the learning at home during lockdown⁴
- Delays to the EHCP process may have had a detrimental effect on CYP's education⁴

Inequalities

- CYP with SEND are more likely to live in disadvantaged households, so are less likely to have internet access and the ability to use digital materials⁶

Many disabled people and their families have felt abandoned and forgotten during the pandemic



The impact of COVID-19 on children with special educational needs and disabilities

Difficulties with systems of control

- Difficulties practicing social distancing^{1,2}
- Communication problems associated with the use of face coverings experienced by CYP who are deaf or hard of hearing¹

Mental wellbeing

- The mental health of CYP and their families has been impacted¹
- Impact of the sudden changes to routines on CYP with autism¹

Transition to adult services

- The inability to visit new settings due to their closures impacted heavily on young people's transition¹

Inequalities

- Families with disabled children are more likely be on lower incomes due the difficulty of combining working and caring³

The annual cost of bringing up a disabled child is **3x higher** than that of a non-disabled child



England. Scope (2019)

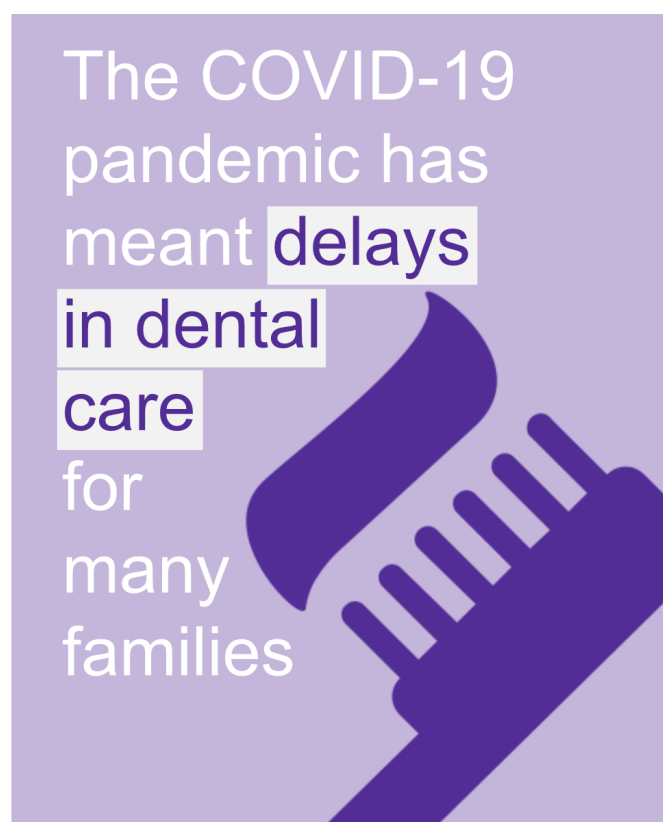
References

1. APPG for SEND (2021) 'Forgotten. Left Behind. Overlooked'
2. LSE (2021) 'Disabled people and the impact of COVID-19'
3. SCOPE (2019) 'The disability price tag'

The impact of COVID-19 on oral health

Why it matters

- Good oral health is essential to children's physical, social, educational and psychological wellbeing
- The impacts of poor oral health disproportionately affect the most socially disadvantaged children highlighting oral health inequalities¹
- In 2019, in the East Midlands, 24.7% of five year olds had tooth decay and there is variation between local authorities, ranging from 38.6% in Leicester to 17.1% in Derbyshire²
- The prevalence of tooth decay varies by ethnic group, with experience of decay being highest amongst five year olds from 'other ethnic groups' (44.3%) and the Asian/Asian British ethnic group (36.9%)²
- Tooth extraction is the most common reason for hospital admission for children aged six to 10 years.¹



The impact of COVID-19 on CYP oral health

- From 25th March - 20th June 2020 all non-urgent dental care was paused. As a result, CYP could not access routine dental care, but could access urgent dental care
- The pandemic has exacerbated existing oral health inequalities³

Reduced access to routine and preventative dental care

- Children have had long periods with limited access to routine dental care and preventative advice due to COVID-19, increasing the risk of dental disease⁴
- The COVID-19 pandemic has resulted in fewer children in the East and West Midlands being seen by dental professionals. The percentage of child population seen across the Midlands in the year to 31 March 2020 was 58.6%. In the year to 31 March 2021, this had dropped to 22.2%. Data suggests that the largest drop in access seems to have been within the 0-4 age group which in the year to March 2021 was well below 50% of the year to March 2020 figure. From a low point in 31 March 2021 the percentage of child population seen in the Midlands in the previous 12 months to December 2021 has recovered to 42.7% of the child population⁵
- Due to school closures, there was limited access to prevention including supervised tooth brushing and fluoride varnish programmes
- For children who cannot manage treatment in the dental chair, treatment under GA is the main way their oral health is restored
 - Untreated tooth decay can result in sleepless nights, difficulty concentrating on schoolwork and increased stress for parents¹
- Reduced face-to-face contact also made identifying any safeguarding concerns more difficult.

References

1. Public Health England (2022) 'Child oral health: applying All Our Health'
2. Public Health England (2020) 'National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019'
3. General Dental Council (2020) 'The impacts of COVID-19 on oral health and dentistry'
4. NHS England (2022) 'Letters, updates and additional guidance for dental teams'
5. [95](https://app.powerbi.com/view?r=eyJrljoiYTRIMzJiYTETMTgwMi00ZTdiLTgzMWU0ZGM5Y2NmMTI5MGE4IiwidCI6ImZyZWZmLWJiZmUtNDAxYS00ODAzLTY3Mzc0OGU2MjllMlMlMi0j9>NHS Digital (2021) 'NHS Dental Statistics for England Dashboard'</div><div data-bbox=)

The impact of COVID-19 on oral health

- Health visitors and school nurses play a valuable role in giving oral health advice, especially to vulnerable families. These duties and community outreach activities were limited at some points during the pandemic²

Wider impact

- It is very likely that disruption of dental care provision has disproportionately impacted more disadvantaged children and existing health inequalities will have been widened¹
- De-prioritising dental treatment under GA has increased pressure on dental services³

Eating behaviours

- Children increased snacking of sugary food occurred in lockdown,⁴ increasing their risk of tooth decay



References

1. BMJ (2020) 'COVID-19 and the impact on child dental services in the UK'
2. NHS England (2022) 'Letters, updates and additional guidance for dental teams'
3. BMJ (2020) 'COVID-19 and community dental services: The challenges ahead'
4. Sustain (2021) 'COVID-19 and children's food: Parents' priorities for building back better'

The impact of COVID-19 on children and young people's nutrition

Why it matters

- Eating well is essential for physical and mental wellbeing, growth and the development of children¹
- Poor diet is now the biggest risk factor for preventable ill health including obesity, diabetes, coronary heart disease and tooth decay²
- Healthy food behaviours in childhood and teenage years can set patterns for later life²
- The National Child measurement Programme (NCMP) annual report published on 16 November 2021³ shows the largest increases in childhood obesity prevalence across the country since the programme's inception in 2006/07. Obesity rates in both Reception-aged and Year 6 school children increased by around 4.5 percentage points between 2019-20 and 2020-21, this is the highest annual rise since the NCMP began in 2006/07, the previous highest rise was less than 1 percentage point.

The impact of COVID-19 on CYP's nutrition

- The COVID-19 pandemic left more people than before struggling to afford or access nutritious food. This is associated with negative health and educational outcomes that include:
 - Nutrient deficiencies
 - Increased risk of obesity
 - Increased risk of tooth decay
 - Poor mental health
 - Poor academic performance⁴

Food behaviours

- Eating behaviours changed during the pandemic; CYP ate more junk food and snacks, but fewer fruit and vegetables. These behaviours were more prevalent among children from more deprived households¹

- Possible reasons for changes in eating behaviour included:
 - Change of routine
 - Lack of available food
 - Using food as a coping strategy
 - Increase cost of food
 - Families buying cheaper, often less healthy food⁵

Inequalities

- Low-income families are most likely to have poor diets and experience worse health outcomes⁶
- The pandemic exacerbated this further due to negative impacts on household income, increased use of food banks, closure of schools, skipping meals, food shortages and increases in food prices⁶
- Families with children have been significantly affected by the pandemic with 38% of households needing support from a food bank during April 2020, this is an 89% increase compared to the previous year⁷



References

1. 'National food strategy' 2020
2. Weichselbaum, Nutrition Bulletin (2014) 'Diet, nutrition and schoolchildren: An update'
3. NHS Digital (2021) 'National Child Measurement Programme, England, 2020/21 School Year'
4. Food Foundation (2021) A Crisis Within a Crisis: The Impact of Covid-19 on Household Food Security
5. Child Poverty Action Group (2020) 'Poverty in the pandemic'
6. FSA (2021) 'Renew Normal: Food in a pandemic'
7. DWP (2022) 'Universal Credit: Households'
8. The Trussell Trust (2021) 'Mid-Year Stats'

The impact of COVID-19 on children and young people's nutrition

- Mid-year statistics from the Trussell Trust show a 24.5% rise (N=56,387) in the number of food parcels given in the East Midlands from April - September 2021 compared with the same period in 2019 (N=45,283), a slight reduction on 2020 figures (N=66,181)⁸

Food insecurity

- Increases in food prices, lack of special offers and older children returning home created extra financial burdens on family budgets¹
- About 2.2 million households in the UK experienced food insecurity in 2019/20^{2,3}, with roughly 1.4 million children living in households that were food insecure^{2,4}
- Food insecurity levels in May 2020 were 250% higher than pre COVID-19 levels⁵
- The proportion of households that are food insecure is increased among:
 - Single parents
 - Families with more than 3 children
 - Families with an adult or child with disabilities or health issues
 - Black or other minority ethnic groups²

Free school meals

- 19.7% of pupils were eligible for free school meals at October 2020. This was an increase from 17.3% in January 2020. This amounts to 1.63 million children, an increase from 1.44 million in January 2020. Of those 1.63 million, 302,400 have become eligible for free school meals since the first national COVID-19 lockdown was announced. Over the same period in 2019, prior to the pandemic, 208,500 children became eligible for free school meals⁶



References

1. Child Poverty Action Group (2020) 'Poverty in the pandemic'
2. DWP (2021) 'Family Resources Survey 2019/20'
3. ONS (2021) 'Families and Households in the UK: 2020'
4. ONS (2021) 'Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2020'
5. The Food Foundation (May 2020) 'Food Insecurity Tracking Survey - Round 4'
6. Explore Education Statistics (2021) 'Free School Meals: Autumn Term'

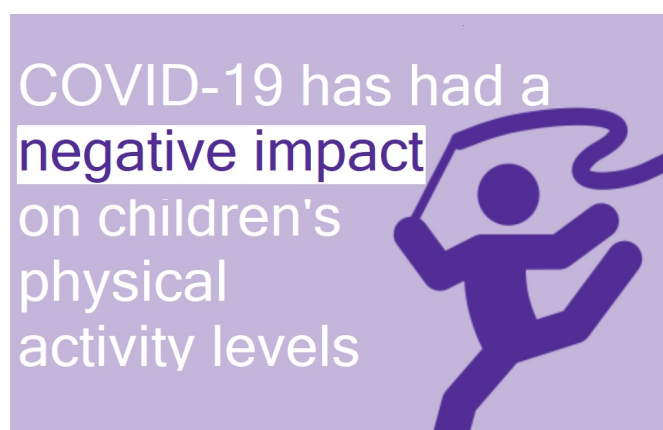
The impact of COVID-19 on children and young people's physical activity

Why it matters

- Regular physical activity has cumulative health benefits for children that include:
 - Improved bone health and development
 - Improved cardiovascular fitness
 - Maintaining a healthy weight
 - Positive mental health and wellbeing outcomes¹
- Physical activity also contributes to a wider range of social benefits for individuals and communities, throughout the life stage¹
- Current guidelines state that CYP should engage with an average of 60 minutes of physical activity per day each week¹

The impact of COVID-19 on CYP physical activity

- The COVID-19 pandemic resulted in school closures, and thus the pausing of recreational sports and athletics activities which removed physical activity routines for CYP, disrupting the amount and type of activity undertaken by CYP²
- The most popular way to stay active during periods of local and national lockdown included walking, cycling and fitness activities³



Physical activity levels

- 7% of children aged 7 to 16 years in England reported being physically inactive during the first national lockdown (March - June 2020)⁴
- 44.9% of CYP in the East Midlands were physically active in 2020/21, which is similar than the England average (44.9%)⁵
- There was a 2.3% decrease in the number of active CYP between May to July 2020 compared to 2019⁶
- When children returned to school in September 2020, 75% of teachers across England surveyed by the Youth Sport Trust reported noticeable low levels of physical fitness among their pupils²

Inequalities

- Certain groups were more affected than others during the pandemic:
 - Boys in years 5 to 6 (aged 9 to 11)
 - CYP from ethnic minority backgrounds
 - CYP from most affluent background had the largest decrease in activity levels although activity levels for CYP from the least affluent background remains lower⁶
- Over one third of CYP reported that they had less chance to be active as they were not at school²
- CYP from low income families are more likely to rely on school playgrounds for exercise and are less likely to have access to space or additional resources to support mental or physical wellbeing³
- 61% of clinically vulnerable CYP, including those with a disability, reported a reduction in physical activity levels for June to July 2020. Reasons included shielding, lack of access to facilities and lack of equipment⁷

The impact of COVID-19 on children and young people's physical activity

Attitudes to physical activity

The social component of physical activity is a key factor in CYP's enjoyment of being active:

- 37% of children aged six to 15 years said in June 2020 that they saw sport and physical education as more important now than before the first national lockdown¹
- Despite restrictions easing between May and July 2020, some CYP reported less enjoyment from taking part in physical activity, feeling less confident and less competent as they returned to activities they had not been able to do, which may explain delay in returning or dropping out²

Restricted opportunities

- The Youth Support Trust survey in September 2020 found that 22% of Key Stage 3 and 26% of Key Stage 4 teachers delivered less or no physical education compared to before the pandemic¹
- Logistical issues relating to the implementation of COVID-19 guidance was reported as a key barrier and concern for secondary schools¹
- Opportunities to be active were restricted in the 2021 lockdown; indoor and outdoor facilities remained closed and the timing of the lockdown coincided with colder, darker months^{3,4}

References

1. Youth Sport Trust (2020) Returning to school after COVID restrictions. The view from PE and school leads
2. Sport England (2021) 'Active lives children and young people survey academic year 2019-20 COVID-19 report'
3. Sport England (April 2021) 'Understanding the impact of COVID-19'
4. Gov.uk (2020) 'Prime Minister Announces National Lockdown - Government News'

The impact of COVID-19 on children and young people's mental health

Why it matters

- Mental health illnesses are a leading cause of health-related disabilities in CYP and can have adverse and long-lasting effects¹
- Poor mental health and wellbeing is a significant contributory factor to poor education, health and social care outcomes including poor physical health, reduced educational attainment, and relationships alongside increased risks of smoking, substance and alcohol misuse, involvement with youth justice services, increased risk of self-harm, eating disorders and suicide ideation²

The impact of COVID-19 on CYP's mental health

- Some CYP have experienced greater negative impacts on their mental health and wellbeing. These groups include: girls; young carers; CYP from poorer households; CYP with pre-existing mental health needs; CYP with SEND and neurodevelopmental conditions; and CYP from black and minority ethnic groups^{3,4}



Wellbeing

England's Mental Health of Children and Young People (MHCYP) survey⁵ found:

- A 48% increase in probable mental health conditions reported in 5 to 16 year olds in England: 2017 (10.8%), 2020 (16.0%)
- Young women had the highest prevalence of probable mental health problems (27.2%)
- 1 in 10 (5.4% of children and 13.8% of young people) often or always felt lonely
- 21.6% of children and 29.0% of young people with probable mental health conditions had no adult at school or work to whom they could turn during lockdown

Parents and carers reported that, on average, children's and young people's emotional difficulties decreased during 2021 as Covid-19 related restrictions eased. However, some groups continued to show elevated emotional difficulties despite eased restrictions: CYP living in low income households, and those with Special Educational Needs or neurodevelopmental disorders⁶. The mental wellbeing of children is often impacted by that of their families. As adults struggled with their mental wellbeing and mental health in the pandemic^{7,8} this is likely to have had an impact on children and young people.

Behavioural difficulties

- Behavioural and restless/attention difficulties increased throughout the pandemic up until February 2021, particularly for primary school children (4 to 10 years old)³

The impact of COVID-19 on children and young people's mental health

Disabilities

- The mental health of CYP with disabilities was impacted by the pandemic. Anxiety was frequently reported¹

Eating disorders

- The national referral statistics for eating disorders in England show a doubling in the number of urgent referrals during 2020 and a smaller increase in non-urgent referrals²

Self harm and suicide

- The incidence of self-harm recorded in primary care was substantially lower than expected for 10-17 year olds in April 2020 but returned to pre-pandemic levels by September 2020²
- There were concerns that child suicide deaths may have increased between 23rd March to 17th May 2020, although the numbers (25 deaths) were too low to be definitive.^{2,3} Contributing factors reported included restriction to education and other activities, disruption to care and support services, tensions at home and isolation³

Health service use

In 2021, the Royal College of psychiatrists' analysis⁴ found:

- 80,226 more CYP were referred to mental health services between April and December 2020, up by 28% on 2019 to 372,438
- 600,628 more treatment sessions were given to CYP, up by a fifth on 2019 to 3.58 million
- 18,269 CYP needed urgent or emergency crisis care, an increase of 18% on 2019

The pandemic has led to an unprecedented and ongoing demand for mental health services for children and young people most notably for eating disorders.⁵

Schools are **vital** to meeting the mental health needs of children and young people



The impact of COVID-19 on young people's sexual health

Why it matters

- Sexual health education and the provision of sexual and reproductive health services make an important contribution to both individual and populations' health¹
- Sexually transmitted infections (STIs) are a major public health concern, which impact the health and wellbeing of individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, common STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage²
- Young people aged 15-24 experience the highest diagnosis rates of the most common STIs³

The impact of COVID-19 on young people's sexual health

COVID-19 has highlighted how difficult it can be for young people to access Relationships, Sex and Health Education (RSHE) and healthcare:

Remote education

- Relationships, Sex and Health Education (RSHE) providers were unable to deliver sessions so some young people experienced over a year without any school-based education on critical topics such as healthy relationships, consent and looking after their sexual health⁴
- There is evidence to suggest that during the pandemic, young people may have experienced greater difficulty, or hesitated to use, online services and testing⁵
- The closure of schools meant that the Free Period Products scheme was no longer available at schools and a relatively small number of schools signed up⁴
- The combination of lack of access to RSHE and delay in sexual debut due to lockdown periods could have implications for some young people's sexual wellbeing, leaving them vulnerable to adverse circumstances⁶

Access to services

- Young people have been disproportionately impacted by service disruption and have experienced difficulties in accessing sexual health services, free condoms, and contraception.⁵ The pandemic response led to a reprioritisation and disruption in provision of, and patient access to, sexual health services (SHS):
 - In England, from January to June in 2020, there was a 30% reduction in tests for chlamydia, gonorrhoea and syphilis at SHS compared to the same period in 2019
 - Nationally, the number of bacterial STI and HIV tests in SHS declined sharply between January and April 2020, by 71% for STIs and 77% for HIV
 - Compared to 2019, the number of new STI diagnoses in 2020 among young people aged 15 to 24 years in England decreased by 34%⁷
 - The proportion of bacterial STI and HIV tests accessed via internet services has increased substantially since April 2020⁷
 - Internet testing for chlamydia increased by 50.4% in the East Midlands in 2020.⁸ However, there is evidence to suggest that, during the pandemic, young people may have experienced greater difficulty, or hesitated to use, online services and testing.⁵
 - There was a disproportionately larger reduction across the country in attendances at a SHS in young people aged less than 18 years compared with those aged 18 and over during the weeks preceding and following lockdown in March 2020⁹

References

1. Nuffield Trust (2021) 'Effectiveness of sexual health services'
2. PHE (2019) 'Health matters: Preventing STIs'
3. PHE (2020) 'Sexually transmitted infections and screening for chlamydia in England'
4. Brook (2020) 'Inside out. Young people's health and wellbeing'
5. Dema et al (2020) 'Initial impacts of the COVID-19 pandemic on sexual and reproductive health service use and unmet need in Britain: findings from a quasi-representative survey (Natsal-COVID)'
6. Mercer and others. BMJ (2021) 'Impacts of COVID-19 on sexual behaviour in Britain: findings from a large, quasi-representative survey (Natsal-COVID)'

7. PHE (2020) 'The impact of the COVID-19 pandemic on prevention, testing, diagnosis and care for sexually transmitted infections, HIV and viral hepatitis in England'
8. PHE (2020) 'Sexually transmitted infections and screening for chlamydia in England'
9. Thompson-Glover F and others. BMJ Sexually Transmitted Infections (2020) 'COVID-19 and young people's sexual health'

The impact of COVID-19 on young people's sexual health

Health inequalities

- Lockdown disproportionately impacted on young women's access to contraception in England, 18% of 19 year olds were not able to access their usual contraception⁴
- The closure of smaller clinics and poor transport connections affect young people reliant on public transport⁴
- Young people with vulnerabilities such as mental health concerns, learning disabilities and language barriers may struggle with navigating new ways of accessing sexual healthcare, exacerbated by the interruption of their usual professional carer support¹
- Young people who identify as part of the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community, particularly trans and non-binary young people, are at a higher risk of experiencing depression, anxiety, substance misuse and suicide compared to heterosexual and cisgender populations. Covid-19 is likely to have exacerbated these inequalities.^{2,3}
- Online services and postal delivery of STI tests may deter young people with the lack of a private postal address⁴

Barriers to accessing services

Barriers for young people accessing SHS include:

- Service changes e.g. cessation of walk in services, closing of outreach provision, changes to clinic opening times
- Limited access to public transport
- Concern around COVID-19 exposure
- Fear of judgement by adults if they have not adhered to social distancing guidance
- Remote methods of managing patients may present problems of confidentiality and privacy for young people living at home
- Limited access to online devices, lack of credit/data on mobile phones and a poor household internet connection
- Young people may experience greater difficulty in finding, accessing and engaging with relevant online sexual health information^{1,5}

References

1. Thompson-Glover F and others. BMJ Sexually Transmitted Infections (2020) 'COVID-19 and young people's sexual health'
2. C Ormiston and F Williams (2021) 'LGBTQ youth mental health during COVID-19: unmet needs in public health and policy'
3. Brook (2020) 'Inside out. Young people's health and wellbeing'
4. McGown and others. BMJ (2021) 'Life under COVID-19 for LGBTQ+ people in the UK: systematic review of UK research on the impact of COVID-19 on sexual and gender minority populations'
5. BASSH (2020) 'COVID-19 and young people's sexual health'

The impact of COVID-19 on children and young people's access to health services

Why it matters

- Access to healthcare is important throughout childhood to promote health and identify and treat health problems
- The disruption to health services and reduced capacity to treat CYP for conditions other than COVID-19 is likely to have affected the health of young people both directly¹ and as the children of those parents or carers who are affected
- The delivery plan for tackling the Covid 19 backlog of elective care acknowledged key challenges facing elective recovery such as growing waiting lists and capacity issues and the negative impact on patients including CYP
- Long waits before accessing planned care can have lifelong consequences on the development of children and young people. Long waits have an impact on their ability to access education and live full and active lives exacerbating existing inequalities

The impact of COVID-19 on CYP's access to health services

Community care

- The pandemic has exacerbated pressures on community services. NHSEI data from January 2022 estimates that nationally there were over 900000 children and adults waiting as part of the community services backlog. For community CYP services the most significant waits nationally were in speech and language therapy, community paediatrics, occupational therapy, physiotherapy and neuro-developmental assessments for those with suspected autism and ADHD²
- During the COVID-19 pandemic, the redeployment and reprioritisation of some community services staff meant that some local teams reduced in size and individual case loads increased.

- For health visitors face-to-face contacts and home visits were also limited at some points in the pandemic meaning the needs of many children may have been missed, including:
 - The identification of children in homes at risk of domestic violence and abuse
 - The identification of children with growth, development and special educational needs and disabilities
 - Opportunities to support breastfeeding³

Primary care

- Primary care services provide the first point of contact in the healthcare system acting as the front door of the NHS for CYP and their families. In the early months of the pandemic the number of CYP seen by GPs fell rapidly alongside a large decrease in referrals to hospital care.⁴ NHS appointment data has showed a recovery in appointments however face to face appointments are still at a lower level than before the pandemic. The impact of different appointment modes for CYP is not yet known

References

1. NHS England (2022) Delivering plan for tackling the COVID-19 backlog of elective care'
2. Community Network (2022) 'Hidden waits: the lasting impact of the pandemic on children's services in the community'
3. Conti G., Dow A. (2020) 'The impacts of COVID-19 on Health Visiting in England, September 2020'
4. NHS digital (2022) 'NHS digital Appointments in General Practice August 2022'

The impact of COVID-19 on children and young people's access to health services

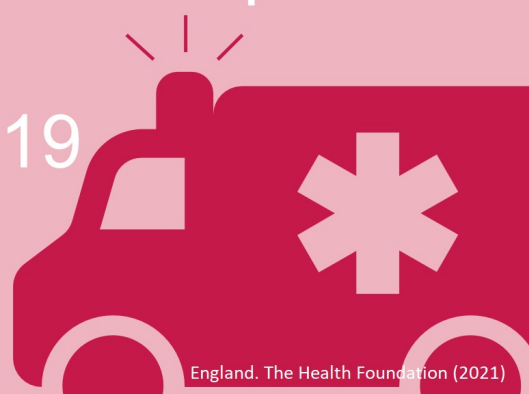
Secondary care

The impact of the Covid 19 pandemic on CYPs secondary care use was significant particularly at the start of the pandemic:

- In a Royal College of Paediatrics and Child Health (RCPCH) survey of clinical leads between April and July 2020:
 - Overall, children's presentation to most health services dropped during lockdown
 - Many respondents were worried about the children they weren't seeing
 - Delayed presentations were reported, the top being delayed presentation of diabetes, safeguarding concerns, mental health issues and sepsis¹
- Disruptions to planned outpatient visits, operations or healthcare have prompted anxiety for families and may have led to increased morbidity for some children²
- A BPSU snapshot survey in April 2020 found:
 - Late presentations during labour resulted in adverse maternal/neonatal outcomes
 - Early hospital discharges after birth due to COVID-19 before feeding had been established resulting in infants returning with feeding difficulties and severe dehydration
 - Delay in taking children to the emergency department during lockdown may have contributed to the deaths of nine children³
- 200,000 CYP in England were identified as Clinically Extremely Vulnerable (CEV).⁴ In April 2020, A&E attendances for CEV people under the age of 30 were 66% lower than in April 2019.⁵ It is likely that CEV CYP experienced particular challenges in access to health and care services
- During the various lockdowns, the availability and delivery of secondary care services was reduced for specific groups of CYP, increasing the existing inequalities in place. For example, those with disabilities⁶, SEND⁷ and other additional needs^{8,9}.

- The NHS delivery plan for tackling the covid 19 backlog of elective care (2022) outlines the ongoing challenges in CYP elective care. Elective activity data suggests that CYP elective activity from the start of the pandemic to April 2022 was behind elective activity for adults with CYP waiting lists increasing at a faster rate than for adults.

A&E visits by CYP during the pandemic were **62% lower** than the same period in 2019



England. The Health Foundation (2021)

References

1. RCPCH (2020) 'The impact of COVID-19 on child health services'
2. Ashikkali L and others (2020) 'The indirect impact of COVID-19 on child health'
3. BPSU (2020) 'snap-shot' survey - delayed presentations to hospitals'
4. ONS (5th August 2020) 'Coronavirus and shielding of extremely clinically vulnerable people in England'
5. The Health Foundation (2020) 'How has hospital use among those CEV to COVID-19 been impacted by the pandemic?'
6. Disabled Children's Partnership (2021) 'The Longest Lockdown'
7. Ofsted (Nov 2020) 'COVID-19 series: briefing on local areas' SEND provision'

8. The Health Foundation (2020) 'Build Back Fairer: The COVID-19 Marmot Review'
9. RCSLT (2021) 'Building Back Better: Speech and Language Therapy Services after COVID-19'

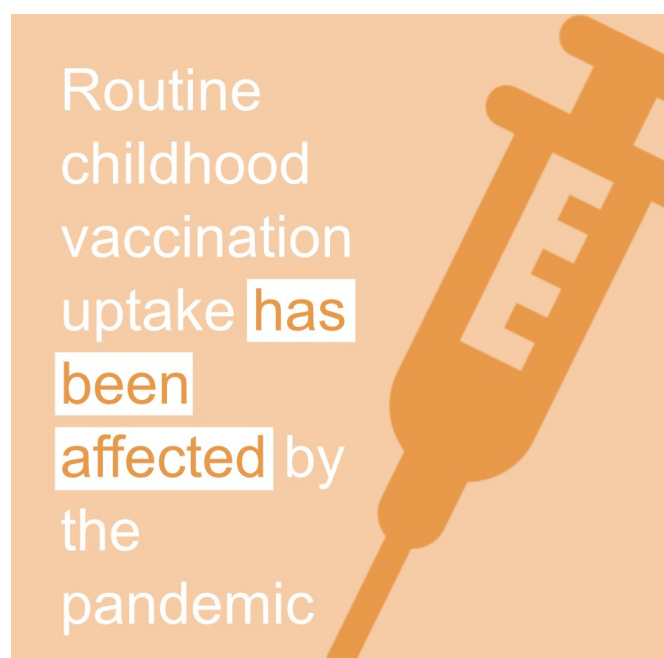
The impact of COVID-19 on vaccination uptake

Why it matters

- Immunisation is vital in protecting children from serious disease and death from infections such as pertussis, diphtheria, measles, meningitis and pneumonia¹
- It is important to maintain the best possible vaccine uptake to prevent a resurgence of these infections¹
- Many vaccine preventable diseases are more infectious than COVID-19, for example measles is around six times more infectious¹

Inequalities

- Vaccine uptake is lower in:
 - Deprived populations
 - Ethnic minority groups
 - CYP with learning disabilities
 - Lone parent families
 - Large families⁴



The impact of COVID-19 on vaccination

- The number of MMR (measles, mumps, and rubella) vaccines delivered in England dropped by 20% during the first three weeks of the lockdown⁵
- There was a substantial decrease in children receiving routine childhood immunisations in 2020 compared to 2019. Across the country, since April 2020, fewer infants have completed the full course of three Hexavalent vaccines by six months of age and fewer children have received MMR1 by 18 months of age⁶
- In 2021, in England, overall vaccination counts for Hexavalent and MMR vaccine remained lower at 4.9% and 8.7% lower on week 13 in 2021 compared to week 13 in 2019. However, vaccination counts were 8.5% and 29.9% higher during week 13 in 2021 compared to week 13 in 2020, respectively⁶
- The pandemic led to reduced uptake. This tended to be more marginal and short lived for GP delivered immunisations compared to school delivered immunisations
- Only 54.4% of boys and 59.2% of girls got the priming dose of HPV vaccine in 2019/20 compared with a rate of 88% in girls the previous academic year⁷. The routine school aged vaccination was offered in 2020/21 with an offer to catch up on cohorts which had missed out. Although coverage increased significantly in 2020/21 from the previous year it is still not back up to pre-pandemic levels⁸

References

1. NICE (2020) 'Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19'
2. AJPH (1985) 'Benefits, risks and costs of immunisation for measles, mumps and rubella'
3. Vaccine (2016) 'The economic cost of measles'
4. PHE (2021) 'National Immunisation Programme: health equity audit'
5. BMJ (2020) 'Routine vaccination during the COVID-19 response'
6. PHE (2021) 'Impact of COVID-19 on vaccination counts to week 13 in 2021'
7. Public Health England (2020) 'HPV vaccination coverage in adolescent females and males in England: 2019 to 2020'
8. UK Health Security Agency (Dec 2021) 'HPV vaccination coverage in adolescent females and males in England: 2020 to 2021'

The impact of COVID-19 on vaccination uptake

Barriers to vaccination

- The COVID-19 pandemic may have led to missed opportunities for routine vaccination uptake in CYP due to:
 - Lack of clarity around whether vaccination services were operating as usual. When schools were closed less convenient community settings were offered
 - Parental difficulties in organising vaccination appointments
 - Parental concerns about contracting COVID-19 while attending general practice¹



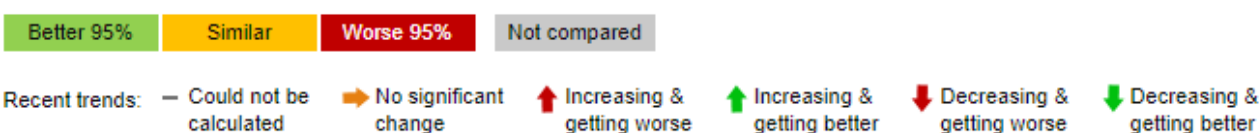
References

1. PLOS (2020) 'Parents' and guardians' views and experiences of accessing routine vaccinations during the COVID-19 pandemic'
2. PHE (2021) 'Impact of COVID-19 on childhood vaccination counts to week 4 in 2021, and vaccine coverage to December 2020 in England: interim analyses'
3. OHID public health profiles

Appendix 1: Fingertips data for the East Midlands

Infant Mortality

- Infant mortality is considered an important indicator of both maternal and newborn health and care¹
- The Department of Health and Social Care's ambition is to halve the number of stillbirths and neonatal deaths in England by 2030²
- In 2018 - 20, 607 babies in the East Midlands did not live to see their first birthday, about 5.5 babies every week³
- The infant mortality rate was 2.3 times higher in Nottingham (6.1 per 1,000) compared to Lincolnshire (2.6 per 1,000)³



Infant mortality rate 2018 - 20

Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	7,111	3.9		3.8	4.0
East Midlands region	—	607	4.2		3.8	4.5
Nottingham	—	68	6.1		4.7	7.7
Leicester	—	80	5.8		4.6	7.3
Derby	—	50	5.5		4.1	7.3
Nottinghamshire	—	101	4.3		3.5	5.2
West Northamptonshire	—	58	4.2		3.2	5.4
Derbyshire	—	88	4.0		3.2	5.0
North Northamptonshire	—	40	3.5		2.5	4.7
Rutland	—	3	3.4		0.7	10.0
Leicestershire	—	65	3.3		2.5	4.1
Lincolnshire	—	54	2.6		2.0	3.5

References

1. PHE (2015) 'Reducing infant mortality: an evidence based review'
2. DHSC (2015) 'New ambition to halve rate of stillbirths and infant deaths'
3. OHID child and maternal health profiles

Infants receiving a 6 to 8 week review

- All babies should have a routine physical exam between 6 to 8 weeks¹
- The review is an opportunity for support with breastfeeding if required, allows an assessment of the mother's mental health and reinforces the discussions and messages from the new birth visit¹
- It is an opportunity to ensure the mother has had a six-week postnatal check, and to remind the parents about vaccinations for their baby¹
- Support to the mother around receiving benefits she is entitled to can be discussed and offered¹
- From 2020/21, 85.8% of babies in the East Midlands received a 6 to 8 week review²
- The proportion of babies that received a review was 1.3 times higher in Derby (98.8%) compared to Leicestershire (75.1%)²

Better 95%
Similar
Worse 95%
Not compared

Recent trends:
 — Could not be calculated
➡ No significant change
⬆ Increasing & getting worse
⬆ Increasing & getting better
⬇ Decreasing & getting worse
⬇ Decreasing & getting better

Proportion of infants receiving a 6 to 8 week review 2020/21

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	—	449,298	80.2*		80.1	80.4
East Midlands region	—	39,126	85.8		85.4	86.1
Derby	—	2,830	98.8		98.3	99.1
Nottinghamshire	—	6,826	90.7		90.1	91.4
Lincolnshire	—	5,928	90.4		89.7	91.1
Nottingham	—	2,484	78.0		76.5	79.4
Derbyshire	—	5,203	77.2		76.2	78.2
Rutland	—	214	76.4		71.1	81.0
Leicester	—	3,264	75.1		73.8	76.3
Leicestershire	—	4,813	75.1		74.0	76.1
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

References

1. Department of Health (2009) 'Healthy child programme'
2. OHID child and maternal health profiles

MMR Vaccination one dose in children aged 2 years

- Immunisation is vital in protecting children from serious disease and death from infections¹
- The number of MMR (measles, mumps and rubella) vaccines delivered in England dropped 20% during the first lockdown²
- Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases³
- Coverage is closely correlated with levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise³
- 92.4% of two year olds in the East Midlands received one dose of MMR in 2020/21³
- The proportion of 2 year olds who were vaccinated was 1.1 times higher in Leicestershire (96.1%) compared to Nottingham (87.3%)³

Better 95% Similar Worse 95% Not compared

Recent trends: — Could not be calculated → No significant change ↑ Increasing & getting worse ↑ Increasing & getting better ↓ Decreasing & getting worse ↓ Decreasing & getting better

Population vaccination coverage - MMR for one dose (2 years old) **New data** 2020/21

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↓	569,675	90.3		90.2	90.4
East Midlands region	↓	46,731	92.4		92.1	92.6
Leicestershire	→	7,120	96.1		95.6	96.5
Derbyshire	↓	7,105	95.2		94.7	95.7
Nottinghamshire	→	7,474	92.9		92.3	93.4
Lincolnshire	↓	6,350	90.5		89.8	91.2
Leicester	↓	4,112	89.8		88.9	90.7
Derby	→	3,107	89.2		88.1	90.2
Nottingham	→	3,398	87.3		86.2	88.3
North Northamptonshire	—	-	*		-	-
Rutland	—	-	*		-	-
West Northamptonshire	—	-	*		-	-

References

1. NICE (2020) 'Clinical guidance for healthcare professionals on maintaining immunisation programmes during COVID-19'
2. BMJ (2020) 'Routine vaccination during the COVID-19 pandemic'
3. OHID child and maternal health profiles

A&E Attendances in children aged 0 to 4 years

- CYP are more frequent users of A&E than adults¹
- A&E attendances in children aged 0-4 years are often preventable¹
- Whilst emergency admissions for CYP continued to increase over the past 10 years, there was a decrease in attendance during lockdown^{1,2}
- In 2019/20, 166,435 children aged 0 to 4 years in the East Midlands attended A&E³
- A&E attendances were 1.9 times higher in Nottingham (740.4 per 1,000) compared to Rutland (397.6 per 1,000)³



Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

A&E attendances (0-4 years) 2019/20

Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬆	2,177,170	659.8		658.9	660.7
East Midlands region	⬆	166,435	616.8		613.9	619.8
North Northamptonshire	—	20,925	981.5		968.2	994.9
Nottingham	—	15,055	740.4		728.6	752.3
Derby	➡	11,025	675.5		663.1	688.4
Derbyshire	⬆	25,035	627.0		619.3	634.8
Lincolnshire	⬇	23,435	601.1		593.5	608.9
Leicestershire	➡	21,175	571.9		564.3	579.7
Nottinghamshire	—	24,100	545.6		538.8	552.6
Leicester	⬇	13,050	533.8		524.7	543.0
West Northamptonshire	—	11,890	467.5		459.1	476.0
Rutland	➡	740	397.6		368.5	426.2

References

1. The Nuffield Trust (2017) 'Emergency hospital care - children and young people'
2. RCPCH (2020) 'The impact of COVID-19 on child health services'
3. OHID wider impacts of COVID-19 on health

School readiness at the end of reception

- School readiness at age five has a strong impact on future educational attainment and life choices¹
- In a YouGov survey, on average early years and primary school teachers report that 43% of pupils arriving at their school are not school ready²
- In 2018/19, 38,343 five year olds living in the East Midlands achieved a good level of development at the end of Reception³
- 29.7% of children aged five years in the East Midlands were not school ready³
- The proportion of children aged 5 years who achieved a good level of development at the end of reception was 1.2 times higher in Rutland (77.8%) compared to Nottingham (66.9%)³



Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

School readiness: percentage of children achieving a good level of development at the end of Reception 2018/19 Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬆	458,847	71.8		71.7	71.9
East Midlands region	⬆	38,343	70.3		69.9	70.7
Rutland	➡	305	77.8		73.4	81.6
Leicestershire	⬆	5,539	72.1		71.1	73.1
Derbyshire	➡	5,800	70.8		69.8	71.8
Derby	⬆	2,303	70.7		69.1	72.2
Nottinghamshire	⬆	6,585	70.5		69.6	71.4
Lincolnshire	➡	5,539	69.6		68.6	70.6
Leicester	⬆	3,185	67.7		66.4	69.0
Nottingham	⬆	2,502	66.9		65.4	68.4
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

References

1. PHE (2015) 'Improving school readiness. Creating a better start for London'
2. YouGov (2020) 'Kindred² - School readiness'
3. OHID wider impacts of COVID-19 on health

Children receiving a free school meal

- Free school meals (FSM) are a key source of nutrition for deprived children and improve attendance, concentration and academic performance¹
- COVID-19 has caused a sharp rise in food insecurity. 14% of parents or guardians experienced food insecurity between March and August 2020. Four million people, including 2.3 million children, live in these households¹
- COVID-19 has increased the demand for FSM²; this is not reflected currently in available routine data
- In 2018, 84,826 school aged children in the East Midlands were eligible for a FSM³
- The proportion of school aged children eligible for free school meals was 4.9 times higher in Nottingham (22.9%) compared to Rutland (4.7%)³



Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

Free school meals: % uptake among all pupils (School age) 2018

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬇	1,099,810	13.5	<div style="width: 13.5%;"></div>	13.5	13.5
East Midlands region	⬇	84,826	12.2	<div style="width: 12.2%;"></div>	12.1	12.2
Nottingham	⬇	10,483	22.9	<div style="width: 22.9%;"></div>	22.6	23.3
Derby	⬇	6,824	15.8	<div style="width: 15.8%;"></div>	15.5	16.2
Leicester	⬇	8,712	15.6	<div style="width: 15.6%;"></div>	15.3	15.9
Derbyshire	⬇	13,638	12.7	<div style="width: 12.7%;"></div>	12.5	12.9
Lincolnshire	⬆	13,205	12.5	<div style="width: 12.5%;"></div>	12.3	12.7
Nottinghamshire	⬇	13,692	11.4	<div style="width: 11.4%;"></div>	11.2	11.6
Leicestershire	⬇	7,353	7.6	<div style="width: 7.6%;"></div>	7.4	7.7
Rutland	➡	262	4.7	<div style="width: 4.7%;"></div>	4.2	5.3
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

References

- Food for life (October 2020) 'Protecting vulnerable children's diets'
- Food Foundation (October 2020) 'Demand for free school meals rises sharply as the economic impact of COVID-19 on families bites'
- OHID wider impacts of COVID-19 on health

Overweight (including obese) Children and Young People

- Childhood obesity is one of the biggest public health challenges facing the UK¹
- Being overweight or obese in childhood has profound impacts on the health and life chances of children¹
- The data in this report have highlighted the significant challenges some families and carers have experienced during the pandemic
- The National Child measurement Programme (NCMP) annual report published on 16 November 2021³ shows the largest increases in childhood obesity prevalence across the country since the programme's inception in 2006/07. Obesity rates in
- In 2019/20, about 2 in five 10 to 11 year olds in the East Midlands were overweight or obese³
- The proportion of 10-11 year olds who were overweight or obese was 4.9 times higher in Nottingham (22.9%) compared to Rutland (4.7%)³
- For children with severe obesity, the Midlands has some of the worst rates. Children in the most deprived parts of the region are more than twice as likely to be obese as their peers living in the richest areas³



Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

Reception: Prevalence of overweight (including obesity) 2019/20

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬆	91,723	23.0		22.8	23.1
East Midlands region	➡	8,410	22.0		21.6	22.5
Lincolnshire	⬆	1,680	25.6		24.6	26.7
Nottingham	➡	875	25.2		23.8	26.7
Rutland	➡	75	23.1		18.1	27.1
Nottinghamshire	➡	1,435	22.0*		21.0	23.0
Derby	➡	445	21.5*		19.8	23.4
Derbyshire	➡	1,000	21.4*		20.2	22.6
Leicester	➡	850	19.4		18.3	20.6
Leicestershire	⬇	1,265	19.0		18.1	20.0
North Northamptonshire	—	-	-		-	-
West Northamptonshire	—	-	-		-	-

Year 6: Prevalence of overweight (including obesity) 2019/20

Proportion - %

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬆	172,831	35.2		35.1	35.3
East Midlands region	⬆	14,185	34.9		34.4	35.3
Nottingham	➡	1,435	40.8		39.2	42.4
Derby	➡	1,245	38.9		37.2	40.6
Leicester	➡	1,760	38.4		37.0	39.8
Lincolnshire	➡	2,445	36.4		35.2	37.5
North Northamptonshire	➡	560	34.4*		32.1	36.7
Nottinghamshire	⬆	2,220	33.8		32.7	34.9
Derbyshire	➡	1,675	32.8*		31.5	34.1
Leicestershire	➡	2,020	30.6		29.5	31.7
West Northamptonshire	➡	745	30.5*		28.7	32.3
Rutland	➡	85	26.6		22.0	31.7

References

1. Korkodilos M. BACAPH (2021) 'The health and wellbeing of children and young people in England'
2. Jenssen P et al. Paediatrics (2021) 'COVID-19 and changed in child obesity'
3. OHID wider impacts of COVID-19 on health

Teenage pregnancies

- Although the teenage pregnancy rate has reduced, it still remains higher than a number of other western European countries. About 75% of teenage pregnancies are unplanned and half (46.6%) end in abortion¹
- Teenage pregnancy is associated with poorer outcomes for both young parents and their children. These include living in poverty, higher risk of mental health problems in mothers, higher risk of infant mortality and lower breastfeeding rates in babies born to teenage mothers compares to older mothers^{1,2}
- In 2020, 12.5% of girls aged less than 18 years in the East Midlands became pregnant³
- The rate of teenage pregnancies was 3.4 times higher in Nottingham (19.3%) compared to Rutland (5.7%)³



Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing & getting worse ⬆ Increasing & getting better ⬇ Decreasing & getting worse ⬇ Decreasing & getting better

Under 18s conception rate / 1,000 2020

Crude rate - per 1,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	⬇	11,878	13.0	<div style="width: 100%;"></div>	12.8	13.2
East Midlands region	⬇	969	12.5	<div style="width: 100%;"></div>	11.7	13.3
Nottingham	➡	93	19.3	<div style="width: 100%;"></div>	15.6	23.7
Derby	⬇	67	15.3	<div style="width: 100%;"></div>	11.9	19.4
Lincolnshire	⬇	162	14.1	<div style="width: 100%;"></div>	12.0	16.4
North Northamptonshire	⬇	83	13.7	<div style="width: 100%;"></div>	10.9	17.0
Nottinghamshire	⬇	168	13.0	<div style="width: 100%;"></div>	11.1	15.1
Leicester	⬇	70	11.4	<div style="width: 100%;"></div>	8.9	14.5
Leicestershire	➡	124	10.8	<div style="width: 100%;"></div>	9.0	12.8
Derbyshire	⬇	129	10.3	<div style="width: 100%;"></div>	8.6	12.2
West Northamptonshire	⬇	68	9.9	<div style="width: 100%;"></div>	7.7	12.6
Rutland	➡	5	5.7	<div style="width: 100%;"></div>	1.9	13.3

References

- Korkodilos M. BACAPH (2021) 'The health and wellbeing of children and young people in England'
- Nuffield Trust (2021) 'Teenage pregnancy'
- OHID wider impacts of COVID-19 on health

Hospital admissions for asthma in children aged less than 19 years

- Asthma is the most common long term medical condition in children and is the most common reason for urgent hospital admissions in children¹
- About 1 in 11 children are receiving treatment for asthma²
- In 2020/21, 600 CYP aged under 19 years in the East Midlands were admitted to hospital for asthma³
- Hospital admissions were 2 times higher in Leicester (84.6 per 100,000) compared to Nottinghamshire (42.4 per 100,000)³

Better 95%
Similar
Worse 95%
Not compared

Recent trends:
 — Could not be calculated
 → No significant change
 ↑ Increasing & getting worse
 ↑ Increasing & getting better
 ↓ Decreasing & getting worse
 ↓ Decreasing & getting better

Hospital admissions for asthma (under 19 years) 2020/21

Crude rate - per 100,000

Area	Recent Trend	Count	Value		95% Lower CI	95% Upper CI
England	↓	9,425	74.2		72.7	75.7
East Midlands region	↓	600	56.6		51.9	61.1
Leicester	→	75	84.6		67.6	107.3
Lincolnshire	↓	105	67.7		56.6	83.4
West Northamptonshire	—	60	61.7		48.0	80.6
Nottingham	—	45	60.6		46.5	84.2
Derbyshire	↓	95	58.4		47.8	72.1
Derby	↓	35	55.8		36.2	73.8
North Northamptonshire	—	40	47.6		33.0	63.4
Leicestershire	→	65	43.0		32.0	53.3
Nottinghamshire	—	75	42.4		32.4	51.9
Rutland	—	-	*		-	-

References

- NHS England (2019) 'Childhood asthma'
- Asthma UK (2019) 'Asthma facts and statistics'
- OHID wider impacts of COVID-19 on health

Vulnerable Children and Young People - Overview

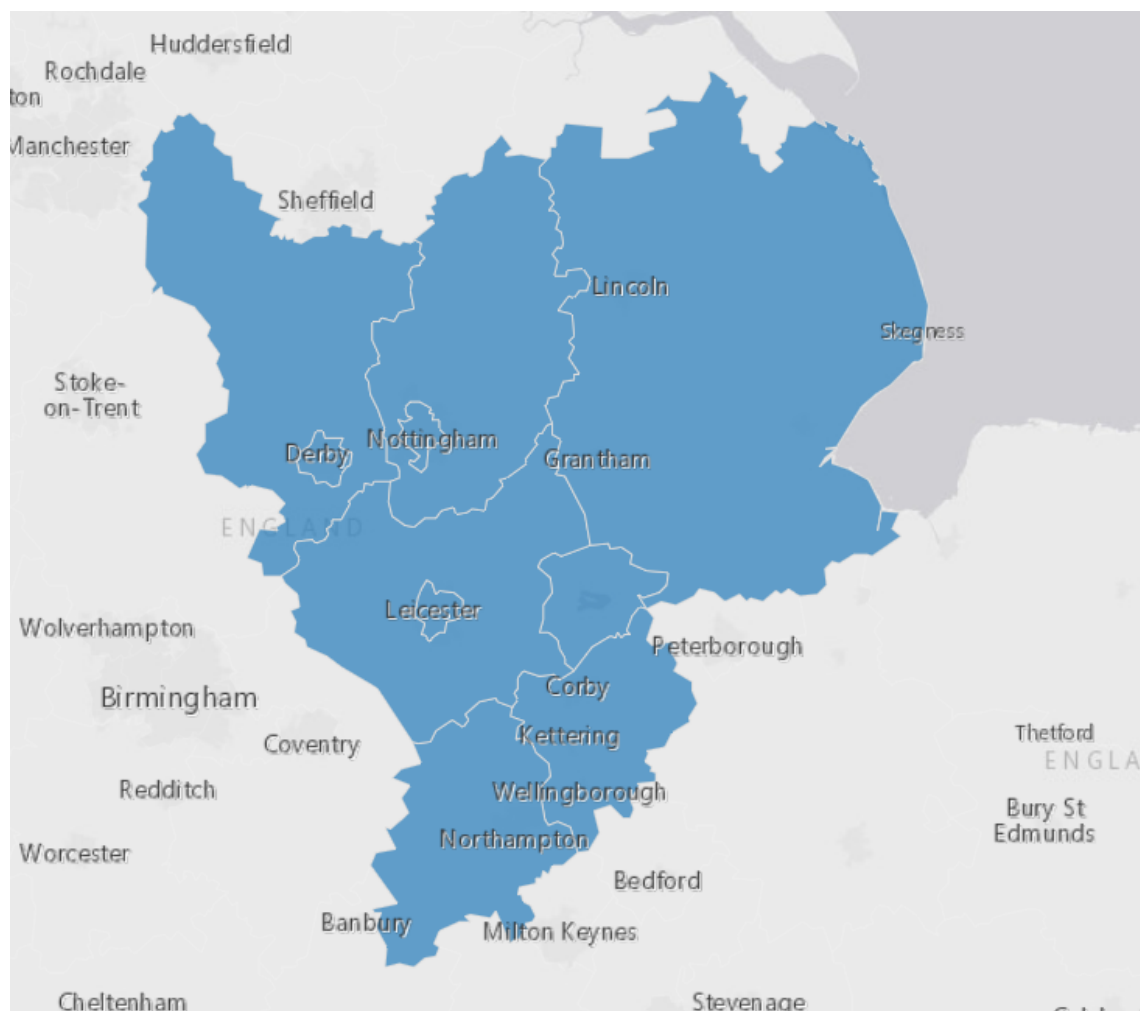
Indicator	Period	England	East Midlands region	Derby	Derbyshire	Leicester	Leicestershire	Lincolnshire	Northamptonshire	Nottingham	Nottinghamshire	Rutland
Children in care	2021	67	64	108	58	74	49	46	66	99	59	43
Average Attainment 8 score of children in care	2020	21.4	21.5	*	24.8	22.9	24.3	16.6	24.0	17.9	20.9	*
Looked after children aged <5: Rate per 10,000 population aged <5	2017/18	34.9	35.9	65.0	36.6	41.8	24.8	30.8	42.0	36.0	28.7	*
Looked after children aged 10-15	2021	76.9*	71.2	119.0	61.6	89.6	51.1	48.4	78.8	124.0	64.6	48.0
Percentage of looked after children whose emotional wellbeing is a cause for concern	2020/21	36.8	40.8	42.3	53.7	37.3	38.1	48.4	28.2	43.5	41.1	60.0
Children providing unpaid care (aged 0-15)	2011	1.11	1.13*	1.13	1.09	1.14	0.94	1.49	1.02	1.23	1.10	0.90
Children providing 20+ hours/week of unpaid care (aged 0-15)	2011	0.21	-	0.22	0.17	0.26	0.17	0.27	0.15	0.26	0.19	0.04
Under 16s conception rate / 1,000	2020	2.0	2.1	2.8	1.8	1.7*	2.4	2.1	-	4.4	2.5	*
Under 18s conception rate / 1,000	2020	13.0	12.5	15.3	10.3	11.4	10.8	14.1	-	19.3	13.0	5.7
Teenage mothers	2020/21	0.6	0.7	0.9	0.6	0.7	0.5	0.7	0.4	0.8	0.8	0.0
First time entrants to the youth justice system New data	2021	146.9	155.4	248.9	95.3	188.2	106.7	106.0	172.4	446.9	124.5	*
Homelessness - households owed a duty under the Homelessness Reduction Act (main applicant 16-24 yrs)	2020/21	2.6	2.4	5.1	1.8*	4.3	1.7*	2.4*	-	5.5	1.2*	1.2
Hospital admissions as a result of self-harm (10-24 years)	2020/21	421.9	411.4	364.7	576.9	196.0	245.9	354.0	686.9	309.4	459.7	309.9
Hospital admissions as a result of self-harm (10-14 yrs)	2020/21	213.0	174.4	232.3	309.6	43.5	96.0	153.5	221.3	132.9	152.0	*
Hospital admissions as a result of self-harm (15-19 yrs)	2020/21	652.6	599.6	501.2	789.5	272.3	376.9	565.2	960.0	417.2	671.6	401.8
Hospital admissions as a result of self-harm (20-24 yrs)	2020/21	401.8	455.5	354.8	631.3	264.5	267.7	346.8	856.2	381.3	558.4	*
Young people providing unpaid care (aged 16-24)	2011	4.8	4.7*	5.1	5.4	5.3	4.1	4.6	4.5	3.9	4.9	3.6
Young people providing 20+ hours/week of unpaid care (aged 16-24)	2011	1.3	1.2*	1.6	1.3	1.4	0.9	1.3	1.1	1.2	1.3	0.5
Children on child protection plans: Rate per 10,000 children <18	2020/21	41.4	46.1	77.1	57.9	46.6	34.8	25.0	41.8	86.3	41.4	10.2

References

1. OHID wider impacts of COVID-19 on health

Appendix 2: Geographical Boundaries

The East Midlands is made up of ten local authorities: Derby, Derbyshire, Leicester, Leicestershire, Lincolnshire, North Northamptonshire, West Northamptonshire, Nottingham, Nottinghamshire, and Rutland. In April 2021, North Northamptonshire and West Northamptonshire were formed when Northamptonshire County Council was transformed into two new unitary authorities.



Children, Young People and Education (CYPE) Scrutiny Commission

WORK PROGRAMME 2022 - 23

Meeting Date	Meeting Items	Actions Arising	Progress
14 June 2022	1) Provision of Taxi Framework for Vulnerable People 2) Review of High Needs Block – SEN Support for Pupils in Mainstream 3) Education White Paper – high level assessment		
6 September 2022	1) SEND Green Paper – consultation response 2) New SEND inspection framework - update	THIS MEETING WAS ADJOURNED DUE TO IT BEING INQUORATE	
25 October 2022	1) Virtual School 2) SEND Pupil Place Planning 3) SEND Inspection Framework 4) SEND Accelerated Progress Plan (verbal update) 5) SEND Green Paper Consultation Response (for information) 6) Ashfield Academy Consultation 7) Fostering Annual Report (for information only) 8) Adoption Annual Report (for information only) 9) Verbal update on Covid-19 in schools		

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Appendix D

Meeting Date	Meeting Items	Actions Arising	Progress
Tuesday 6th December 2022	1) Children not in state-maintained schools 2) Youth Justice Plan 3) Journey to Excellence: One Year on from the Ofsted Inspection of Local Authority Services (ILACS) 4) Update – Commissioning approach to SEND transport		
Tuesday 24th January 2023	1) Draft General Fund 2023/24 Revenue Budget & Draft Capital Programme 2) Impact on children's learning of the impact of Covid (Primary schools) 3) Residential children's homes – verbal update on consultation		
Tuesday 21st March 2023	1) Impact on children's learning of the impact of Covid (Secondary schools) 2) Ash Field Academy Residential Consultation Report 3) Family hubs		

Draft Forward Plan / Suggested Items for 2022/23

Topic	Details / Progress	Proposed Date
Performance Reporting and data monitoring, including Quarterly and Qualitative Reports	The commission to receive regular 'Quarterly Quality Assurance & Performance' Reports - (<i>'Performance Book' and 'Dashboard' is sent to members as background information</i>). <u>Note:</u> a request for the sharing of LADO reports to resume, was given in the Oct 2021 meeting by outside representatives.	STANDING ITEM – as appropriate
COVID19 Update and Vaccinations in Schools	This was requested as a standing item by Chair following the Oct 2021 meeting.	STANDING ITEM – as appropriate
Safeguarding Partnership Annual report	To receive a report for members consideration.	tbc
School Attendance Annual Report (incorporating update on Children Missing Education and Elective Home Education)	To receive a report on progress for members consideration	tbc
Report on Multisystemic Therapy-Child Abuse and Neglect (MST-CAN) & Functional Family Therapy (FFT) intervention programmes (Annual Report)	To receive a report on progress for members consideration	Oct 2022?
Adventure playgrounds	Item carried over from the previous work programme.	tbc
School Nursing Provision	Potential joint Item with Health and Well-being Scrutiny Commission	HWB on 1 December.
Update – SEND bandings moderation process. Tracie Rees and Sophie Maltby	Deferred from December 2022 meeting	
Ash Field Academy Banding Update: Tracie Rees	Deferred from December 2022 meeting	

