Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **TUESDAY, 25 FEBRUARY 2014**
TIME: **6:30 pm (Please note change of time)**
PLACE: **THE TEA ROOM - FIRST FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER**

Members of the Commission

Councillor Cooke (Chair)
Councillor Sangster (Vice-Chair)

Councillors Chaplin, Cleaver, Desai, Grant, Singh and Westley

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

G. J. Carey

For Monitoring Officer

Officer contacts:
Graham Carey (Democratic Support Officer):
Tel: 0116 454 6356, e-mail: Graham.Carey@leicester.gov.uk
Anita Patel (Members Support Officer):
Tel: 0116 454 6342, e-mail: Anita.Patel@leicester.gov.uk)
Leicester City Council, Town Hall, Town Hall Square, Leicester LE1 9BG

INFORMATION FOR MEMBERS OF THE PUBLIC

ACCESS TO INFORMATION AND MEETINGS

You have the right to attend Cabinet to hear decisions being made. You can also attend Committees, as well as meetings of the full Council. Tweeting in formal Council meetings is fine as long as it does not disrupt the meeting. There are procedures for you to ask questions and make representations to Scrutiny Commissions, Community Meetings and Council. Please contact Democratic Support, as detailed below for further guidance on this.

You also have the right to see copies of agendas and minutes. Agendas and minutes are available on the Council's website at www.cabinet.leicester.gov.uk or by contacting us as detailed below.

Dates of meetings are available at the Customer Service Centre, 91 Granby Street, Town Hall Reception and on the Website.

There are certain occasions when the Council's meetings may need to discuss issues in private session. The reasons for dealing with matters in private session are set down in law.

WHEELCHAIR ACCESS

Meetings are held at the Town Hall. The Meeting rooms are all accessible to wheelchair users. Wheelchair access to the Town Hall is from Horsefair Street (Take the lift to the ground floor and go straight ahead to main reception).

BRAILLE/AUDIO TAPE/TRANSLATION

If there are any particular reports that you would like translating or providing on audio tape, the Democratic Services Officer can organise this for you (production times will depend upon equipment/facility availability).

INDUCTION LOOPS

There are induction loop facilities in meeting rooms. Please speak to the Democratic Services Officer at the meeting if you wish to use this facility or contact them as detailed below.

General Enquiries - if you have any queries about any of the above or the business to be discussed, please contact Graham Carey, Democratic Support on 0116 229 8813 or email graham.carey@leicester.gov.uk or call in at the Town Hall.

Press Enquiries - please phone the Communications Unit on 0116 454 4150

PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING

The minutes of the meeting held on 14 January 2014 have been circulated and the Commission will be asked to confirm them as a correct record.

The minutes can be found on the Council's website at the following link:-

http://www.cabinet.leicester.gov.uk:8071/ieListMeetings.aspx?CId=737&Year=0

4. PETITIONS

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

5. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

6. WORK PROGRAMME

Appendix A (Page 1)

The Scrutiny Support Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2013/14. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

7. CORPORATE PLAN OF KEY DECISIONS

Appendix B (Page 13)

The Commission is recommended to note the items that are relevant to its work in the Corporate Plan of Key Decisions that will be taken after 1 March 2014.

8. CITY MAYOR'S DELIVERY PLAN - UPDATE **Appendix C (Page 21)**

To receive a report for information from the Divisional Director of Public Health on the changes to the revised City Mayor's Delivery Plan 2013/14 in relation to Public Health issues.

Details for these changes are highlighted in the report and an extract of the Section in City Mayor's Delivery Plan for a Healthy and Active City is also attached for information at **Appendix C- 1** (**Page 25)**.

Members are asked to note the changes.

9. DRAFT SCOPING REPORT FOR SCRUTINY REVIEW **Appendix D (Page 29)**

To receive the draft scoping report for a proposed scrutiny review on 'Mental Health Services specifically for Young Black/Black British Men (specifically African, African Caribbean) in Leicester.'

Members are requested to make comments on the draft and approve the terms for the review.

10. GENERAL FUND BUDGET 2014/15 TO 2015/16 **Appendix E (Page 41)**

To receive a report from the Strategic Director for Adult Social Care and Health. The original intention for considering this report was to allow the Commission to submit comments for subsequent consideration by the Overview Select Committee (OSC) at its meeting on 13th February. The report was not available for the Commission's last meeting on 14 January 2014.

The OSC consider comments received from scrutiny commissions that had met prior it meeting and have reported their views to the City Mayor, prior to the City Mayor making his final proposals to the Council meeting on 26th February, 2014 when the final budget will be approved.

Members are asked to note the report. A copy of a presentation on a briefing for Members on the Public Health Budget is also attached for information at **Page No 95**.

11. UPDATE ON PROGRESS WITH MATTERS CONSIDERED AT A PREVIOUS MEETING **Appendix F (Pages 109 onwards)**

To following updates on matters that were considered at previous meetings of the Commission are submitted for information:-

Congenital Heart Disease Review

The update reports listed below in relation to the Congenital Heart Disease Review.

a) Notes of a Meeting between NHS England and Local Authorities held on 8 January 2014. **Appendix F 1 (Page 109)**

The document can be found at the following link:

http://www.england.nhs.uk/wp-content/uploads/2014/01/jh16-note-hw-080114.pdf

b) 15th NHS England Bulletin – 13 January 2014 **Appendix F 2 (Page 119)**

c) 16th NHS England Bulletin – 27 January 2014 **Appendix F 3 (Page 123)**

d) 17th NHS England Bulletin - 10 February 2014 **Appendix F 4 (Page 127)**

Documents mentioned in Bulletins can be accessed at following link:-

http://www.england.nhs.uk/category/publications/blogs/john-holden/

East Midlands Region Health Scrutiny Network Event

To receive feedback from the East Midlands Region Health Scrutiny Network Event that was hosted by Leicester City Council on 17 February 2014.

12. ANY OTHER URGENT BUSINESS

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

CURRENT / ONGOING / FUTURE ISSUES – Updated Feb 2014

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
Standing Items - Accountability of Deputy City Mayor – lead for Health issues, Councillor Rory Palmer	1) The broad issues around the implementation of NHS & Public Health White Paper (Deb Watson/Rod Moore) 2) Public Health Work by the City Council & Health & Wellbeing Board (Deb Watson/Rod Moore) 3) Implementation of the Health and Social Care Act (Deb Watson / Tracie Rees) 4) Public Health Budget (Deb Watson / Tracie Rees/Rod Moore) 5) Commissioning Process for Patient Representative Body - HealthWatch (Tracie Rees) 6) Leicester City Council City Mayors Forward Plan (Cllr Palmer/Deb Watson / Tracie Rees) 7) Leicester City Clinical Commissioning Group (Simon Freeman/Richard Morris)	
9 April 2013, (agenda 26/03/13)	1) **Draft Work Plan 2013/14** (Cllr Cooke/Anita) – work in progress	**Action** - Discussed in private planning session 18th September to enable effective scrutiny
	2) **The Francis Report** – Implications for Health Scrutiny Commission and lessons to be learnt a) An overview of the Francis Report and the implications for the local authority (Rod Moore) b) Responses from LCCCG on the Francis Report (Richard Morris) c) Responses from UHL on the Francis Report (Stephen Ward)	**Actions:** a) Agreed, an external review of the council's scrutiny arrangements for scrutinising the provision of health services in the city. Agreed 'Fit For Purpose' Review to be led by CfPS expert advisor. b) To explore health commission members to receive mandatory training Liaise with John/legal re: constitution.

Appendix A

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
		Actions (conti).. c) Discussed francis report and health scrutiny forward planning. d) Review engagement arrangements with partners involved in health scrutiny e.g. LLR Joint Committee and OSC (part of Fit for Purpose Review) e) To review the development and delivery plans of partner organisations/bodies in light of the Francis Report recommendations (ongoing)
	3**) LINKS** (Local Involvement Network for Patients) – The Emergency Pathways (Michael Smith/Sue Mason) 4) Regulations on new Health & Wellbeing Board – Implications for Health Scrutiny (Pretty Patel)	**Actions:** a) Private Policy meeting taken place b) Healthwatch to reassure the commission that the Emergency Pathways work will continue. c) Contact LPT re: views on LINKs treatment during Bradgate Unit visit (pending)
	5) **Healthwatch** and Scrutiny – Framework (Tracie /Jo Clinton)	**Action** – Healthwatch to bring a paper on draft protocol, setting out how it will actively

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
		engage with the scrutiny commission.
	7**) Councils Forward Plan**	Noted.
28th May 2013 (agenda 14/05/13)	**1) University Hospitals of Leicester (UHL)** 1a) UHL - Strategic Direction Presentation (Stephen Ward/John Adler) 1b) UHL Annual Quality Accounts (Sharon Hotson, UHL) 1c) UHL Unannounced Hospital Visits – feedback report (Richard Morris) 1d) Urgent Care Centre (A&E) at Leicester Royal Infirmary, to monitor progress on the pilot programme to refer non urgent cases to GP (Richard Morris)	**Actions:** 1a) The Strategic Direction report was noted. 1b) The Quality Accounts 2013/14 report noted and comments to be sent to UHL (done) 1b) HSC members invited to visit the hospital to see how services are provided (to be arranged). 1c) Report noted. HSC to receive further updates on future visits. 1d) Report noted. Further update to HSC in 6 months.
	2) NHS 111 Non-Emergency Helpline – Information/update report on plans for this emergency helpline to go live in Leicestershire on 25th June 2013 (Richard Morris)	**Action:** The report was noted and comments made by HSC to be taken into account by the West Leicestershire CCG when implementing the NHS 111 System (Richard to action).
	3) Public Health Structure – to include organisation chart, posts and functions, plus current areas of work, budgets and schedule of commissioning	**Action:** Private session to be arranged to discuss functions and commissioned services.

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
	areas and timescales (Rod Moore)	Report noted.
	4) Healthwatch – Protocols of how HW will actively engage with and support the commission in its scrutiny of health issues (Vandna Gohill, VAL/ Jo Clinton)	Report noted.
	5) Drugs and Alcohol Scrutiny Review – draft report of findings for members of the commission to discuss/approve (cllr Sangster/Anita)	**Actions:** - Draft report and recommendations endorsed. Final report to go to OSC, then to the City Mayor. - Chair to discuss procedures and mechanisms for council to commission drug and alcohol services.
	6) Work Plan 6a) Draft Work Programme 2013/14 – update/suggestions from commission members (cllr Cooke/Anita) 6b) Summary of Work Completed 2012/13 – for information, commission contribution to Scrutiny Annual Report (cllr Cooke/Anita)	6a ongoing & 6b noted.
	7) City Mayor's Delivery Plan – Leicester City Council 2013/14, referred from Overview Select Committee for comments (Rod Moore)	**Actions:** - Chair to arrange private session for further discussion on the Plan. - HSC reserved the right to submit comments

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
		at a later date. - HSC request progress report in 6 months - Joint scrutiny reviews with Adult Social Care SC is supported.
	8) Items for noting: a) Health & Wellbeing Board – minutes of last meeting b) Council's Forward Plan c) Glenfield Hospital Heart Unit Review – verbal update (cllr Cooke)	All noted.
17th July 2013 (agenda 25/06/13)	1) East Midlands Ambulance Service "Being the Best" Report (Karlie Thompson) 2) Update on Glenfield Hospital Heart Unit Review (Cllr Cooke) 3) 'Alcohol Awareness Social Marketing' consultation proposals (Julie/Rod) 4) Development Training Session for HSC members to cover the following: a) 'Better Understanding of the New Structures of the NHS' (Rod) c) Feedback from Derbyshire CfPS Workshop 8th July on 'Developing Relationships with Public Health England and NHS England, including lessons from the Francis Report' (Anita/Rod) 5) External Review of Health Scrutiny Arrangements (Cllr Cooke/Anita)	1) **Action:** Six monthly updates n order to monitor progress Re: detailed management performance criteria and data (Anita add to w/p) 2) **Action:** Update to September meeting. 3**) Action**: Feedback to September meeting 4c) **Action:** Proposal for Leicester to be offered as a venue for a future regional event (Anita to liaise with CfPS) **5) Action:** Engaged expert advisor from CfPS.

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
6th August 13	1) Glenfield Heart Unit – NHS ENGLAND new review process to discuss. **SPECIAL MEETING ARRANGED FOR THIS ITEM ONLY**	**Actions:** HSC to monitor progress
3rd September 2013 (agenda 14/08/13)	1) Council's Procurement Plan – Health & Wellbeing Topics (Neil Bayliss) 2) Access for All Document – referred by Overview Select Committee to all scrutiny commissions for comments (Paul Lenard-Williams) 3) Alcohol Awareness – Project feedback (Julie) 4) LCCCG Response to Francis Report – Update (Simon Freeman) 5) UHL Emergency Floor Scheme Report – (Stephen/Mark) RE: to brief the Commission on UHL Emergency Floor scheme and the associated enabling scheme under which it is proposed to move temporarily some outpatient services from Leicester Royal Infirmary to Leicester General Hospital. 6) Leicestershire Partnership NHS Trust 7) Items for noting: a) Glenfield Heart Unit NHS England Review – Update b) External Review of Health Scrutiny Arrangement – Update	**Item 1** – Further breakdown of Commissioning Contracts re: Public Health budgets to future meeting – Nicola Hobbs/Rod Moore **Item 2** – Deferred to future meeting **Item 3** – Project not started, deferred to future meeting. **Item 4** – An update to further responses by the CCG still to be reported to future meeting. **Item 5** – Noted and agreed in principle. **Item 6** – Viv Addey submitted a letter of representation on concerns about the number of recent suicides of people in Bradgate Unit calling for an independent inquiry into the failing. **Outcome:** HSC members voiced their concerns /disappointment for the failings at Bradgate Unit and at LPT.

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
18th September 2013 **PRIVATE SESSION FOR HSC MEMBERS**	*Private session planned to discuss the work programme to enable effective scrutiny and give members the opportunity to shape and direct the commission's activities.* To be led by the Chair, assisted by Brenda Cook, expert health scrutiny advisor, and Anita Patel/Graham Carey	Notes taken and submitted to HSC meeting. Work plan to be updated / progressed as part of the Fit for purpose review outcomes.
15th October 2013 (agenda 01/10/13)	1) **Procurement & Commissioning Public Health Budget** – Further breakdown of Commissioning Contracts to better understand Public Health budgets and who provides services (Nicola Hobbs/Rod Moore) **2) Access for All** – Deferred from last meeting (Paul Leonard-Williams) 3) **Work Programme** – Update from 18th September private members session (Chair/Anita) 4) **Glenfield Heart Unit Review** Update - NHS England letter and Response from Cllr Cooke RE NHS England Review Team request to visit Joint Health Scrutiny (Chair/Anita) 5**) Leicestershire Partnership NHS Trust** – Update on Progress to improve services and feedback from minutes of last meeting RE Bradgate MHU. (tbc) 6) **'Fit for Purpose' Health Scrutiny Review –** Progress update (Chair/Anita) 7) **Alcohol Awareness Project** – feedback on progress (Julie/Rod) 8**) NHS 111 Service** – Update on progress (Dr Johri/Richard Morris)	1) Further reports on commissioning items to future meetings. 2) report noted 3) Updating work programme - in progress 4) Meeting with John Holden, NHS England Review team lead on 25th Oct 5) to be invited to October meeting to report progress. 6) In progress 7) report noted 8) NHS 111 Equality Impact Assessment report for local service – to Oct mtg.

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
26th November 2013 (agenda 13/11/13)	1) Francis Report Recommendations - Progress Reports from UHL, LCCCG, LPT, LCC Public Health 2) Closing the Gap – Review of progress (Adam Archer/Rod) 3) Hospital Unannounced Visits – Reports from CCG (Richard Morris) 4) UHL Emergency Department Assessment Service and CQC planned inspection – Progress Reports (Mark / Richard) 5) Winter Care Plan Review – Update (Cllr Chaplin) 6) Bradgate Adult Mental Health Unit – LPT update report and CQC latest inspection report (Cheryl Davenport) 7) Oral Health in the City, Dental Health Policy and Strategy (Jasmine Murphy) 8) Health Visitors report (Rod/Jo) 9) Responses to Scrutiny Review Reports (MHR and VCS) from UHL, CCG, LPT and City Counciil 10) Congenital Heart Disease Review – Update (Chair) 11) East Midlands Regional Health Scrutiny Network – update (Chair) 12) External Scrutiny Review 'Fit for Purpose' by CfPS – update (Chair)	

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
14th January 2014	1) East Midlands Ambulance Service "Being the Best" Progress Report 2) NHS Complaints Procedures – process of CCG, UHL, LPT, EMAS and Leicester City Council 3) Bradgate Mental Health Unit, LPT, CQC inspector to be invited to provide a progress report. 4) Closing the Gap, Performance Indicators on Carers, follow up information requested. 5) NHS 111, local Equality Impact Assessment document, for information. 6) Francis Report, Health Secretary of State response to Francis (CfPS), for information. 7) Overview of CCG Mental Health Scoping Document, for information. 8) Public Health Budgets and Commissioning 9) External 'Fit for Purpose' Health Scrutiny Review – update	
25th February 2014	**5.30pm to 6.30pm – session for HSC members** Private development session for members led by Brenda Cook, CfPS **6.30pm to 7.30pm – main meeting** 1) City Mayors Plan Update (Rod Moore) 2) Draft Scoping Report for Review of Mental Health Services focussed on Black/Black British Men in Leicester (Mark Wheatley / Ballu Patel) 3) 2014/15 Budget, including Public Health Budget (Mark Noble / Rod Moore)	

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
8th April 2014		
20th May 2014		

Suggested Items for above Work Plan:

- Public Health Team – Structures, responsibilities, budgets and outputs
- Leicestershire Partnership NHS Trust – The Agnes Unit and Bradgate Unit (follow up)
- Better Care Together
- Health Variations – Public Health Team
- NHS Reconfiguration – G.P practices fit for purpose
- NHS Commissioning
- LPT/UHL – to review and monitor their performance data / complaints data
- Lead Commissioners of Health Services across the city – work plans
- Annual Reports – LOROs, UHL, ICAS, LPT NHS TRUST and HEALTHWATCH
- ICAS and HEALTHWATCH – Regular Reports
- Hospital Discharges

Health & Wellbeing Scrutiny Commission
PROPOSED DRAFT WORK PROGRAMME 2013/14

DATE OF COMMISSION MEETING	PROPOSED TOPICS / ITEMS AND LEADS	ACTIONS / OUTCOMES
	- Homelessness Strategy – Implementation - Capital Programme – monitoring role - Forward Plan – monitoring role - Corporate Strategies – monitoring role - Stickle Cell Anemia Services - BME groups – targeting of specific health services - HIV/AIDs Services - Mental Health Services for BME e.g. Aqwaabaa	

Leicester City Council

CORPORATE PLAN OF KEY DECISIONS

On or after 1 March 2014

What is the plan of key decisions?

Each month, the Council publishes a forward plan to show all the key decisions, which are currently known about, that are intended to be taken by the Council's Executive (City Mayor, Deputy City Mayor and Assistant City Mayors) over the next few months. Each plan runs from the first of each month.

What is a key decision?

A key decision is an executive decision which is likely:

- to result in the Council incurring expenditure which is, or the making of savings which are, significant having regard to the Council's budget for the service or function to which the decision relates; or
- to be significant in terms of its effects on communities living or working in two or more wards in the City.

In addition to the key decisions, the City Mayor and the Executive also take other non-key decisions. Details of these can be found at www.cabinet.leicester.gov.uk/mgdelegateddecisions.aspx?bcr=1

What information is included in the plan?

The plan identifies how, when and who will take the decision and in addition who will be consulted before the decision is taken and who to contact for more information or to make representations.

The plan is published on the Council's website.

Prior to taking each executive decision, please note that the relevant decision notice and accompanying report will be published on the Council's website and can be found at www.cabinet.leicester.gov.uk/mgdelegateddecisions.aspx?bcr=1

Corporate Plan of Key Decisions

On or after 1 March 2014

Contents

1. A place to do business

What is the Decision to be taken?	CITY DEAL FUNDING Decision required on City Council to act as accountable body for city deal funds. No definite figures available at this stage.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	A number of key stakeholders have been engaged during preparation of the City Deal – LLEP, county and district councils, businesses.
Who can I contact for further information or to make representations	AndrewLSmith@leicester.gov.uk

2. Getting about in Leicester

What is the Decision to be taken?	BUS LANE ENFORCEMENT - AYLESTONE QUALITY BUS CORRIDOR Decision to implement Bus Lane Enforcement on the Aylestone Road corridor bus lanes.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Done as part of Aylestone Bus Corridor Scheme.
Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk

What is the Decision to be taken?	CONNECTING LEICESTER STREET IMPROVEMENT SCHEME/S Approval of funding for second phase of Connecting Leicester street improvement projects. Up to £4.9m. from resources set aside for the Economic Action Plan. Note, the precise amount for which approval will be sought depends upon the scope of the schemes brought forward.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Consultation through Connecting Leicester initiative and TRO process.
Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk

3. A low carbon city

No key decisions are currently scheduled to be taken during this current period.

4. The built and natural environment

What is the Decision to be taken?	TOWNSCAPE HERITAGE INITIATIVE Scheme and funding approval. £2m, being £0.5m from resources set aside for the Economic Action Plan and £1.5m anticipated Heritage Lottery Fund grant.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Requirement for external consultation. Community engagement included in the project.
Who can I contact for further information or to make representations	AndrewL.Smith@leicester.gov.uk

5. A healthy and active city

No key decisions are currently scheduled to be taken during this current period.

6. Providing care and support

What is the Decision to be taken?	DEVELOPMENT OF AN INTERMEDIATE CARE FACILITY To consider the options for the development of intermediate care facilities In Leicester.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	N/A
Who can I contact for further information or to make representations	Ruth.Lake@leicester.gov.uk

What is the Decision to be taken?	REVIEW THE POTENTIAL OPTIONS FOR PROVIDING THE MOBILE MEALS SERVICE IN FUTURE To consider the outcome of a consultation exercise regarding the future of the Mobile Meals Services.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Formal consultation started with the existing service users on 9th July 2013. http://consultations.leicester.gov.uk/adult-

	social-care-health-and-housing/mobile-meals
Who can I contact for further information or to make representations	Tracie.Rees@leicester.gov.uk

What is the Decision to be taken?	THE REDESIGN OF ADULT SOCIAL CARE PREVENTATIVE SERVICES The re-design will inform future procurement activities.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Formal consultation will be required with existing Service Providers. http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/proposed-changes-to-advocacy-services http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/proposed-change-to-counselling-services
Who can I contact for further information or to make representations	Tracie.Rees@leicester.gov.uk

What is the Decision to be taken?	RESIDENTIAL CARE FEES REVIEW To consult with the providers of residential care on the level of fees to be paid for 2012/13, 2013/14 and 2014/15.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Consultation in progress with external providers. http://www.leicester.gov.uk/your-council-services/social-care-health/adults/services-for-adults-and-older-people/care-homes/care-homes-consultation-2013/
Who can I contact for further information or to make representations	Tracie.Rees@leicester.gov.uk

What is the Decision to be taken?	THE FUTURE OF DOUGLAS BADER DAY CARE CENTRE To consider the outcome of a consultation exercise regarding the future of the service.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014

Who will be consulted and how?	Formal consultation started with the existing service users on 17th September 2013. http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/douglas-bader-day-centre-consultation-proposal http://consultations.leicester.gov.uk/
Who can I contact for further information or to make representations	Tracie.Rees@leicester.gov.uk

What is the Decision to be taken?	REVIEW OF HOUSING RELATED SUPPORT FOR ADULT SOCIAL CARE USERS
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Formal consultation in progress with Service Users and Providers. http://consultations.leicester.gov.uk/adult-social-care-health-and-housing/changes-to-hrs/consult_view
Who can I contact for further information or to make representations	Tracie.Rees@leicester.gov.uk

What is the Decision to be taken?	HOME MAINTENANCE SUPPORT FOR LOW INCOME OWNER OCCUPIERS Finance from Housing General Fund Revenue Budget.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Consultation ends 28 March 2014.
Who can I contact for further information or to make representations	Ann.Branson@leicester.gov.uk

7. Our children and young people

No key decisions are currently scheduled to be taken during this current period.

8. Our neighbourhoods and communities

What is the Decision to be taken?	PROPOSALS FOR FUTURE USE OF LOWER HASTINGS STREET AND LOUGHBOROUGH ROAD HOSTEL BUILDINGS

Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Ward Members and Local Residents Group.
Who can I contact for further information or to make representations	julia.keeling@leicester.gov.uk

What is the Decision to be taken?	TRANSFORMING NEIGHBOURHOOD SERVICES PROJECT: CHANGES TO SERVICE DELIVERY IN SOUTH AREA PILOT Informed by the community engagement exercise undertaken in October, a decision is sought on the content of proposals for reconfiguring neighbourhood service delivery in the South of the city (4 wards) and on the consultation process. This decision relates to the refocussing of service delivery.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Public consultation underway. http://consultations.leicester.gov.uk/city-development-and-neighbourhoods/tns-south
Who can I contact for further information or to make representations	Liz.Blyth@leicester.gov.uk

What is the Decision to be taken?	DEVELOPMENT OF A COMMUNITY SPORTS ARENA The expected financial parameters have not yet been confirmed.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Consultation with a range of stakeholders.
Who can I contact for further information or to make representations	Liz.Blyth@leicester.gov.uk

What is the Decision to be taken?	ILLUMINATING CULTURE - THE CITY OF CULTURE PROGRAMME FOR 2014 and 2015 The expected financial parameters have not yet been confirmed.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Consultation with a range of stakeholders.
Who can I contact for further information or to make	Liz.Blyth@leicester.gov.uk

representations	

9. A strong and democratic council

What is the Decision to be taken?	SUPPORTING THE VOLUNTARY AND COMMUNITY SECTOR (VCS) To approve future arrangements for supporting the VCS, engaging with the VCS to support cohesion and to support volunteering in the city. The current revenue budget in scope of the review is £582,200. There are no previously agreed savings required to be delivered from this budget, but the review is included in the Council savings review programme.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Public Consultation was carried out between 28.10.13 until 17.01.14 and has now closed. Results are currently being analysed.
Who can I contact for further information or to make representations	Miranda.Cannon@leicester.gov.uk

What is the Decision to be taken?	HRA BUDGET AND CAPITAL PROGRAMME FOR 14/15
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Tenants and Leaseholders Forum.
Who can I contact for further information or to make representations	Ann.Branson@leicester.gov.uk

What is the Decision to be taken?	CAPITAL PROGRAMME 2014/15 To recommend a capital programme for 2014/15 to the Council.
Who will decide?	City Mayor/Executive
When will they decide?	Not before 1 Mar 2014
Who will be consulted and how?	Consultation with Scrutiny prior to the Council meeting.
Who can I contact for further information or to make representations	Alison.greenhill@leicester.gov.uk

Appendix C

Leicester City Council

Health and Wellbeing Scrutiny Commission

Tuesday 25 February 2014

City Mayor's Delivery Plan 2013-14.

Revised edition December 2013

1. Introduction

The City Mayor's Delivery Plan 2013-14 has been subject to revision and the purpose of this note is to highlight the changes that have been made. The revised version of the plan relating to 'A Healthy and Active City' is attached.

2. City Mayor's Delivery plan

The Health and Wellbeing Scrutiny Commission considered the City Mayor's Delivery Plan and accompanying briefing note at its meeting of 28 May 2013. The purpose of the plan is to demonstrate transparency and to capture the most critical current activity across all areas of the Council's work.

The plan is organised around the Council's nine priority themes for Leicester:

- A place to do business
- Getting about in Leicester
- A low carbon city
- The built and natural environment
- A healthy and active city
- Providing care and support
- Our children and young people
- Our neighbourhoods and communities
- A strong and democratic council

3. Revisions

There were only four minor changes to the "Healthy and Active City" section of the plan, three of which were to simply improve the description of the performance measures and one involved inserting some additional wording – as follows:

Page 25 - Inserted 'cultural activities' to last bullet point

Page 27 - Improved description of performance measure re: alcohol-related hospital admissions

Page 27 - Improved description of performance measure re: children in reception year and in year 6 who are obese

Page 27 - Improved description of performance measure re: breastfeeding

The full list of changes made to the revised edition is provided in the table below.

Page	Amendments
10	Minor change to description of the theme: A thriving city centre
10	Amended error in date for redesigning signage in the city
11	Amended error in date for developing the city's brand identity
12	Belgrave Hall and Gardens added to heritage open days and target amended.
12	Two new performance measures added re: NEET and adult skills.
13	Amendment to paragraph 5 of introduction to emphasise accessibility.
13	Extra priority added re: accessibility.
15	New objective added re: Access for all
16	Improved description of performance measure re: potholes
16	Improved description of target re: casualties from road traffic accidents
16	Improved description of target re: people killed or serious injured in road traffic accidents
21	Change to description of priority two
22	Amended second theme: Promoting high quality design
23	Corrected target on Green Flag sites
25	Inserted 'cultural activities' to last bullet point
27	Improved description of performance measure re: alcohol-related hospital admissions
27	Improved description of performance measure re: children in reception year and in year 6 who are obese
27	Improved description of performance measure re: breastfeeding
33	Third performance measure amended in line with national approach
33	Corrected fourth target on adoption
33	Removed performance measures which are not relevant to national framework
34	Clarified description of sixth performance measure on youth offending
34	Third performance measure amended due to national measures; split into two for reading and writing.
35	New indicator added re: Housing Options
35	Improved description of the first performance measure on personal budgets
35	Improved description of the fifth performance measure about work placements
35	Improved description of the eighth performance measure and targets about carers
35	Improved description of the ninth performance measure about carers' breaks
40	Clarified third performance measure and target on teenage pregnancy
40	Clarified sixth performance measure on readiness for school
40	Changed performance measure on progress in English due to government changes: split into separate measures for reading and writing
41	Amended second paragraph on neighbourhood services
43	Amended error in date for garden waste collection
43	Amended error in date for household waste recycling centre

44	Amended target for integrated neighbourhood services
44	Clarified description of seventh performance measure on community events
51	Clarified description on use of council website
51	Clarified description of social media and target raised
51	Deleted measure on Meet the Mayor as difficult to capture data accurately

4. Conclusion

The changes to the original plan have been made to correct errors, clarify expression and to make needed amendments or additions where these were necessary.

5. Recommendation

The Commission is asked to note the revised version of the City Mayor's Delivery Plan in relation to the section on the "Healthy and Active City".

Rod Moore
Divisional Director of Public Health
12 February 2014

A healthy and active city

Good health is an important strategic issue for Leicester. This is because, on average, the health of people in Leicester is worse than the rest of the country. In our more deprived communities, health is considerably worse and these health inequalities between rich and poor are not reducing over time. Health indicators such as life expectancy tell us that, although health is improving in Leicester, it is improving at a slower rate than in the rest of the country. The gap between Leicester and the rest of the country continues slowly to widen.

In April 2013, Leicester City Council will take responsibility for leading efforts to improve public health. Good health is largely driven by social and economic circumstances. It is supported by healthy lifestyles, the take up of preventative care (such as screening or immunisation) and supportive social and economic factors such as good educational attainment, high skill levels, employment, decent housing, a clean environment and safe communities. A combination of health improvement initiatives, better health care and improvements in social, economic and environmental circumstances influence better health. There are no quick fixes and action taken in other parts of this plan will, over the longer term, result in improvements in health outcomes. But we also need to accelerate improvements in the short term. For improvements in both the short and longer term, we need to make sustained efforts to:

- engage individuals and communities
- use evidence of effectiveness to guide what we do
- target our efforts to where they can have greatest effect
- evaluate what we do to ensure the best use of resources.

It is also important that we seize the opportunities provided by the new relationship between the city council and the commissioners of health care through the Health and Wellbeing Board and through the council's scrutiny processes.

According to the director of public health's 2010 annual report for Leicester, the impact of substantial reductions in public spending and organisational change is likely to be negative. The council will continue to monitor such impacts, including those arising from our own budget reductions, in order to minimise the effects on those with the poorest health.

Summary of priorities

- Lifestyle factors
  - reducing smoking
  - improving the take up of physical activity, including walking, cycling and participation in sport
  - improving diet and the maintenance of a healthy weight
  - reducing harmful consumption of alcohol
- Care services
  - improving access, take up and quality of services, especially preventative care provided by GPs and primary care, and early treatment, immunisation and screening
- Wider factors that influence health over the long term
  - educational attainment, skills, employment, cultural activities, housing, transport and crime.

In addition to the developmental priorities outlined above, constant surveillance and vigilance is also required to ensure that the health of the population is protected from communicable disease and any new or emerging threats to health.

Council activity

Themes and objectives	Key projects and activities	By when	Relevant documents and strategies
Taking on new responsibilities for health partnerships and public health	• Ensuring the Health and Wellbeing Board continues to develop in shadow form up to April 2013 and that it becomes formally established as an effective system leader for health and wellbeing in Leicester	• April 2013	Health and Wellbeing Strategy
	• Assessing health needs and using this information to enable NHS commissioners and local authority commissioners to plan services to meet the needs of the people of Leicester	• Ongoing	
	• Agreement of Joint Health and Wellbeing Strategy by the Health and Wellbeing Board	• April 2013	
	• Plan and implement the transfer of the local public health function from the NHS to Leicester City Council	• April 2013	
	• Work with the recently procured local HealthWatch to ensure it has a strong, local voice for patients and the public	• End of 2013	
Campaigns and actions to tackle health inequalities and improve public health in the city	• Work with colleagues in the council's communications team to establish a programme of social marketing campaigns and activity in readiness for the formal transfer of public health responsibilities to the council in April 2013. Campaigns to include alcohol harm reduction, 'Be Clear on Cancer' early awareness and smoking and tobacco control	• From April 2013	Alcohol Harm Reduction Strategy and Action Plan
	• Programmes to reduce the prevalence and impact of smoking, tobacco and alcohol related harm in the city	• Review 2013	
	• Programmes of inspection, test-purchasing and investigation to reduce the supply of illicit tobacco and alcohol in Leicester generally and the supply of tobacco and alcohol to young people	• Review 2013	Food and Physical Activity Action Plan
	• Building on the Change4Life programme, establish a new city partnership approach to encourage healthier eating, including the active engagement of the food industry, supermarkets, small businesses and other stakeholders	• Review 2013	
	• Deliver our Leicester Gets Active 4 Life campaign targeting everyone aged 14 and over	• Review 2013	Strategy for Promoting Healthy Weight and Healthy Lives 2009-13
	• Work in partnership with other agencies, internal and external, to deliver new and improved low cost opportunities for physical activity	• Review 2013	Leicester Sports Partnership Trust Action Plan 2011-13
	• Work to sustain the progress made in recent years in improving the take up of breastfeeding	• Review 2013	

Performance measures and targets

The performance for 2012/13 will be reported in early summer 2013 and will provide a baseline for the targets in this plan. These targets have been set based on past performance where data is available. If necessary they will be revised.

Performance measure	Targets
Number of people who are supported to stop smoking for 4 weeks	2013/14 – 2,587
A reduction in the rate of alcohol-related hospital admissions per 100,000 population	2,050 or lower
A reduction in the percentage of children in reception year who are obese and the percentage of children in year 6 who are obese	School year 2012/13 Reception year – 10.8% or less Year 6 – 20.9% or less
An increase in the percentage of babies who are breastfed at 6 to 8 weeks of age	2013/14 – increase to 56% or higher
Number of people referred to the exercise referral scheme	2013/14 – 2,050
% of people aged 16 and over who participate in 30 minutes of sport or physical activity three times each week	2013/14 – 18%
Number of free swims by young people in school term time	2013/14 – 14,500
Number of people playing football at Football Investment Strategy sites	2013/14 – 150,000
Number of people participating in projects that promote sport and physical activity	2013/14 – 110,000
Unlawful supply of alcohol and tobacco: Advice visits Number of inspections and test purchases % of non-compliances detected Number of formal actions taken against suppliers	 2013/14 – 100 2013/14 – 150 2013/14 – 12% 2013/14 – 10

Appendix D

DRAFT

Leicester City Council

Leicester City Council Scrutiny Review

Mental Health Services specifically for Young Black/Black British Men (specifically African, African Caribbean) in Leicester.

Health & Wellbeing Scrutiny Commission

25th February 2014

Background to scrutiny reviews

Getting the right topics for scrutiny reviews is the first step in making sure scrutiny provides benefits to the Council and the community.

This scoping template has been designed to assist in thinking through the purpose of a review and the means of carrying out the review. This scoping document needs to be completed by the member proposing the review but advice can be sought from a Scrutiny Officer (contact details below).

In order to be effective, every scrutiny review must be properly project managed. This is to make sure that the review achieves its aims and has measurable outcomes. One of the most important ways to make sure that a review goes well is to ensure that it is well defined at the outset. This way the review is less likely to get side-tracked or be overambitious in what it hopes to tackle. The Commission's objectives should, therefore, be as SMART (Specific, Measurable, Achievable, Realistic & Time-bound) as possible.

This template includes a section for the Department to complete to allow the Scrutiny Commission and OSC to consider any additional factors that may influence the proposed review. It also includes a section on public and media interest in the review which should be completed in conjunction with the Council's Communications Team. This will allow the Commission to be properly prepared for any media interest and to plan the release of any press statements.

Scrutiny reviews will be facilitated by a Scrutiny Officer.

Evaluation

Reviewing changes that have been made as a result of a scrutiny review is the most common way of assessing effectiveness. Any scrutiny review should consider whether an on-going monitoring role for the Commission is appropriate to the topic under review.

For further information please contact the Scrutiny Team on (0116) 454 6342

1. Title of Proposed Scrutiny Review

Review of Mental Health Services for Young Black/Black British Men (specifically African, African Caribbean) in Leicester.

Proposed by - Councillor Michael Cooke, Chair of Health and Wellbeing Scrutiny Commission

2. Rationale

Members should outline the background to this review and why it is an area worthy of in-depth investigation.

Leicester has a diverse population. Around 50% of Leicester residents are from Black, Minority Ethnic (BME) backgrounds, compared with 14% in England. Thirty-seven per cent of the Leicester population are from South Asian, 6% are from Black/Black British ethnic backgrounds and 4% are classified as mixed and 3% are from other ethnic origins. The BME age profile is younger than the White/White British population, with proportionately more in the younger age groups and fewer aged over 60 years. The 2011 Census reported that 68% of foreign born residents of Leicester were aged between 15 and 44 years when they arrived and 26% were aged 14 years or younger on arrival.

Ethnicity is an important issue in mental health because there are variations between ethnic groups in underlying morbidity, diagnosis and management. People from BME ethnic backgrounds are over-represented in compulsory detention under the Mental Health Act and in incidents of violence, restraint and seclusion in psychiatric inpatient settings. The Leicester JSNA reported that the BME population is, on average, three times more likely to experience psychosis than the white British population. In the South Asian population the rates of severe mental illness with an admission to hospital are lower than the Leicester average, and they are almost twice as high in the black community. Local analysis of the Count Me In Census reports for 2006-10 show that Black/Black British groups are over represented as inpatients in local secondary care mental health facilities (JSNA, 2012, p37). People from BME backgrounds are generally under-represented in the take up of counselling and psychotherapy services, and tend to be less involved in the planning and delivery of mental health services. Some evidence suggests that people from BME backgrounds are dissatisfied with the services that they receive.

There has been a range of policy guidance for commissioners and service providers aiming at addressing issues such as those described above, which were brought into sharper focus by the National Inquiry into the death in 1998 of David Bennett a 38 year old African-Caribbean man who died in a medium secure psychiatric unit after being restrained by staff. These include Delivering Race Equality: A Framework for Action (2004), Delivering Race Equality in Mental Health Care(2005), an action plan for achieving equality and tackling discrimination in mental health services, and the Race Relations (Amendment) Act 2000 itself provides legislation and guidance.

The review will assess the progress made with the development of mental health services for young Black/Black British men in Leicester.

3. Purpose and Objectives of Review

Members should consider what the objectives of the review are

Purpose:

1. To review the extent of mental ill health in young men from Black/Black British ethnic backgrounds in Leicester.
2. To review the adequacy and effectiveness of services in Leicester in terms of access, take-up and outcomes for Black/Black British young men.

Objectives of the review:

1. To understand the context of mental health in Leicester, focusing on the needs of young men from Black/Black British ethnic backgrounds.
2. To understand the local commissioning arrangements for mental health services and to establish whether the needs of Black/Black British young men are being adequately addressed as part of an overall strategy for mental health care in Leicester.
3. To review services available in Leicester with regard to access, take-up and outcome by young men from Black/Black British ethnic backgrounds in Leicester, compared to other groups and the population generally, and the reasons presented for any variation.
4. To review whether patients and their carers are adequately involved in planning and decision making concerning their care.
5. To identify significant gaps or issues and to make recommendations to the Boards of commissioning organisations.

4. Methodology/Approach

Members should consider how the objectives of the review will best be achieved and what evidence will need to be gathered from officers and stakeholders, including outside organisations and experts.

The Health and Wellbeing Scrutiny Commission will:

1. Refine the scope of the Scrutiny Review including a working definition of young Black/Black British men.
2. Establish the context of the review by collecting evidence of the mental health needs of young Black/Black British men in Leicester
3. Review the current commissioning strategy to understand whether the identified mental health needs of young Black/Black British men are being adequately addressed
4. Review evidence of the access, take-up and outcome pertinent to young men from Black/Black British ethnic backgrounds in receipt of mental health care in Leicester.
5. Establish the extent to which the views of young men from Black/Black British ethnic backgrounds, and their carers, have been taken into account with regard to mental health care planning and decision making
6. Make recommendations to Boards of commissioning organisations.

The Health and Wellbeing Scrutiny Commission will take account of the Guidance Briefing 'No Health Without Mental Health: A Guide for Overview and Scrutiny Committees, produced on behalf of the Mental Health Strategic Partnership, **See Appendix B**

5. Expected length of the review

Members should anticipate the likely length of the review being proposed.

Three months from commencement?

6. Additional resource/staffing requirements

All scrutiny reviews are facilitated by Members Support/Scrutiny Support Officers. Members should anticipate whether any further resource is required, be this for site visits or independent technical advice.

1) Technical support regarding mental illness, and 2) **See Appendix A** (resource references list)

7. Risks

Members should consider whether there are any additional risks to undertaking this scrutiny review, for example whether there is a similar review being undertaken by the Executive or whether a national or local change in policy or service may supersede the need for this review.

None known

8. Further Supporting Evidence

Members should consider whether they would like to add further information to support the case for a scrutiny review.

(see section 1) and There is a stigma attached to mental health problems in different communities – particularly those who experience disproportionately high levels of mental illness, or those where the stigma of mental illness remains most significant, for example, the 'Time to Change Campaign' is launching a pilot project to support young African and African Caribbean men, with the aim of reducing the stigma and discrimination experienced in statutory services.

Before approving this scoping document the Scrutiny Commission should ensure the following boxes should be completed in conjunction with the relevant officers:

9. Likely publicity arising from the review

Members will wish to anticipate whether the topic being reviewed is high profile and whether it will attract media interest. If so, this box should be completed with help from the relevant officer in the Council's PR and Media Team.

Media interest possible

10. Divisional Comments

Scrutiny's role is to influence others to take action. It is, therefore, important for the Scrutiny Commission and OSC to understand the Division's view of the proposed review. The following box should be completed in sufficient time for the Commission to consider as part of its deliberations whether to proceed with the review.

Given that Leicester has a diverse population it would seem appropriate to investigate evidence of disparity amongst BME populations in terms of access, take up and outcome with regard to mental health services. In doing this there will be requirement to evidence how services are currently provided, the improvements which should be made and possible remedial actions.

The Department agrees to assist in the proposed review.

Departmental Comments Completed by _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Job Title _

APPENDIX A

The following are suggest initial resources to which the Health Care Scrutiny Commission may wish to refer:

Independent Inquiry into the death of David Bennet, last accessed 11th February 2014 at http://image.guardian.co.uk/sys-files/Society/documents/2004/02/12/Bennett.pdf

Mental Health Needs Assessment of Black and Minority Ethnic Communities in LLR, last accessed 11th February 2014 at http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/jspna-reports/pre-2011-needs-assessments/

Mental Health Needs Assessment of Working-Age Adults in Leicester, last accessed 11th February 2014 at http://www.leicester.gov.uk/your-council-services/social-care-health/jsna/jspna-reports/pre-2011-needs-assessments/

Annual Report of the Director of Public Health 2008-09, last accessed 11th February 2014 at http://www.leicestercity.nhs.uk/Library/PublichealthAnnualReport20089.pdf

Breaking the Circles of Fear – a review of the relationship between mental health services and African and Caribbean communities. Published by The Sainsbury Centre for Mental Health in 2002, last accessed 11th February 2014 at http://www.centreformentalhealth.org.uk/pdfs/Breaking_the_Circles_of_Fear.pdf

'Inside Outside' – Improving Mental Health Services for Black and Minority Ethnic Communities in England. Published by the National Institute for Mental Health in England (NIMHE) in 2003 last accessed 11th February 2014 at http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4019452.pdf

No Health Without Mental Health: a guide for Overview and Scrutiny Committees

Mental health problems account for almost one quarter of the ill health in the UK and their prevalence is rising, with the World Health Organisation predicting that depression will be the second most common health condition worldwide by 2020. Poor mental health affects people of all ages, yet, with effective promotion, prevention and early intervention its impact can be reduced dramatically. There is often a circular relationship between mental health and issues such as housing, employment, family problems or debt.

Councillors will frequently engage with people at risk of or experiencing mental health problems through surgeries, casework and community activity. Members of Overview and Scrutiny Committees also have an opportunity to influence the council's strategic approach to mental health.

Following the publication of the implementation framework for the Government's mental health strategy, this briefing sets out the crucial role of Overview and Scrutiny Committees in ensuring that action is taken locally to achieve the strategy's objectives and improve mental health for all and the quality of support offered to people using mental health services.

This is one of a series of briefings produced on behalf of the Mental Health Strategic Partnership with funding from the Department of Health

What can Overview and Scrutiny Committees do?

The recommendations below build on the Implementation Framework's key actions for Overview and Scrutiny Committees.

- **Scrutinise efforts to improve mental health and wellbeing,** including whether services deliver evidence-based care, and whether they receive 'parity of esteem' or equal priority with physical healthcare. OSCs can also scrutinise the wider determinants, and effects, of mental health and wellbeing. For example, council decisions about upgrading social housing stock, how to prioritise overcrowded residents, or using bailiffs to collect rent arrears directly impact on mental health. When setting the annual work plan, consider the mental health angle of agreed priorities for investigation.

- **Ensure the Health and Wellbeing Board has a focus on mental health,** through the Chair of Health Scrutiny who can champion mental health in their statutory role. Monitor the transition of public health responsibilities to the Local Authority, to ensure mental wellbeing is embedded from the start. This could include offering mental health training to council stadd and managers and supporting the Time to Change campaign.

- **Monitor efforts to meet the public sector equality duty,** ensuring that risks relating

to outcomes for people with mental health problems are identified, and that suitable action is taken to address them. This could include monitoring how marginalised groups are accessing mental health services, or preventative services such as parenting interventions, and ensuring that services are accessible to people living in all parts of their local area.

- **Involve mental health organisations, people with mental health problems and carers in scrutiny work.** This can include considering different ways for people to get involved, for example as witnesses in person, in the provision of information, or acting as independent advisors or co-optees on scrutiny reviews. OSCs should be particularly mindful of those who are less likely to come forward readily, for example children and people detained under the Mental Health Act.

- **Encourage all elected members to discuss mental health and wellbeing with their constituents,** including those commonly excluded from such discussions, such as people detained under the Mental Health Act. To equip councillors to support constituents with mental health problems, provide information and training to all local councillors, eg a Members' Seminar run by a local voluntary mental health organisation.

Facts and figures

At any one time, at least one person in six is experiencing a mental health condition (McManus *et al.,* 2009). Depression and anxiety affect about half of the adult population at some point in their lives.

Mental health conditions account for 23% of the burden of disease but just 13% of NHS spending. Three-quarters of people affected never receive any treatment for their mental health condition (LSE, 2012).

Mental ill health costs some £105 billion each year in England alone. This includes £21bn in health and social care costs and £29bn in losses to business (Centre for Mental Health, 2010).

Half of all lifetime mental health problems emerge before the age of 14 (Kim-Cohen *et al.,* 2003; Kessler *et al.*, 2005).

People with a severe mental illness die up to 20 years younger than their peers in the UK (Chang et al, 2011; Brown *et al.*, 2010). The mortality rate among people with a severe mental illness aged 18-74 is three times higher than that of the general population (HSCIC, 2012).

People with mental health conditions consume 42% of all tobacco in England (McManus *et al.,* 2010). The single largest cause of increased levels of physical illness and reduced life expectancy is higher levels of smoking (Brown *et al.,* 2010).

Objectives from the strategy

The Government's mental health strategy for England, No Health Without Mental Health, set out six key objectives for better mental health and improved mental health care. It can be found at: http://www.dh.gov.uk/en/Healthcare/Mentalhealth/MentalHealthStrategy/index.htm.

The six objectives are:

More people will have good mental health

More people of all ages and backgrounds will have better wellbeing and good mental health.
Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.

More people with mental health problems will recover

More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.

More people with mental health problems will have good physical health

Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.

More people will have a positive experience of care and support

Care and support, wherever it takes place, should

offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.

Fewer people will suffer avoidable harm

People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.

Fewer people will experience stigma and discrimination

Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

The unique role of service user organisations

There are approximately 900 mental health service user groups across the country, ranging from small-scale support groups to larger organisations that offer peer support and advocacy. These groups can be a major resource for OSCs wishing to understand the needs of mental health service users, including those from black and minority ethnic communities, whose experiences of mental health and mental health services can be very different to those of the majority population. Many of these groups are members of the National Survivor and User Network (NSUN) whose web site provides details of local groups: www.nsun.org.uk, and Rethink Mental Illness: www.rethink.org. Many local Minds are also co-run by people with mental health problems, or host peer-support groups, which can be crucial resources for OCSs: www.mind.org.uk.

Making 'parity' a reality

The Government has stated that mental health should be treated with 'parity of esteem' to physical health across the health and social care system. Health scrutiny committees will be well placed to identify challenges and opportunities in their areas to make this a reality. This could include monitoring the provision of psychological therapies for children and adults and the waiting times that exist for these as compared to the waits for other health servces. The Government's Improving Access to Psychological Therapies (IAPT) scheme is extending the provision of NICE-approved therapies across England. Funding for psychological therapy services, however, is determined locally and the development of IAPT services remains variable, meaning choice and quality can be patchy. Committees may wish to ask: What are typical local waiting times for access to psychological therapy services?

- Do local IAPT services offer therapies to children and older adults as well as people of working age? Are black and minority ethnic groups able to access IAPT services?
- What is the recovery rate for local IAPT services and how does this compare with the national average?
- What range of different psychological therapies is offered locally?

Integrating physical and mental health

People with long-term physical conditions have higher than average rates of mental ill health. People with co-existing mental health conditions have poorer outcomes (including higher mortality rates) from a range of long-term conditions including heart disease and diabetes.
People living with severe mental illness, meanwhile, have a premature mortality rate three times higher than the general population (HSCIC, 2012).
OSCs may wish to scrutinise local health services' responses to these co-morbidities. Key questions may include:

- Do all local hospitals have access to a liaison psychiatry service? Liaison psychiatry teams offer mental health support to patients in general hospitals and have been shown to reduce both the number and length of hospital admissions (Parsonage and Fossey, 2011).

- Do local smoking cessation services offer a tailored response to people with mental health conditions? For many people with a long-term mental illness, both their health condition and the medication they are given for it can affect their ability to give up smoking.

- Do people with long-term conditions get asked about their mental health and offered psychological therapy when it is required? People with diabetes and other long-term illnesses have better outcomes if their mental health is properly managed (Naylor *et al.,* 2012)

Case study: Tower Hamlets

In 2011, the Overview and Scrutiny Committee in Tower Hamlets conducted a review into safeguarding adults at risk of abuse. Due to the high prevalence of mental health conditions in the borough, the working group included a specific focus on mental health throughout, inviting Mind in Tower Hamlets and Newham to give evidence at one session and raising issues at other evidence sessions and site visits. As a result of the review recommendations and the work bringing different local groups together, an abuse awareness programme previously only offered to older people has been successfully rolled out for mental health service users.

Acknowlegements

The Mental Health Strategic Partnership would like to thank Cllrs Helen McStravick, Christopher Leaman, Amy Whitelock and Edward Davie for their support and advice in writing this briefing paper.

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Parsonage, M., and Fossey, M. (2011) *Economic evaluation of a liaison psychiatry service*. London: Centre for Mental Health

HM Government (2011) No Health Without Mental Health. London: Department of Health

HM Government (2012) No Health Without Mental Health: Implementation Framework. London:

Contact us

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Centre for Mental Health
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Email: contact@centreformentalhealth.org.uk
Website: www.centreformentalhealth.org.uk

Mental Health Foundation
Tel: 020 7803 1100
Email: info@mhf.org.uk
Website: www.mentalhealth.org.uk

Mental Health Helplines Partnership
Tel: 0300 330 7777
Email: admin@mhhp.org.uk
Website: http://www.mhhp.org.uk

Mental Health Providers Forum
Tel: 020 3137 5670
Email:info@mhpf.org.uk
Website: http://www.mhpf.org.uk

Mind
Tel: 020 8519 2122
Email: contact@mind.org.uk
Website: http://www.mind.org.uk

National Survivor User Network
Tel:0845 602 0779
Email: info@nsun.org.uk
Website: http://www.nsun.org.uk

Rethink Mental Illness
Tel: 0300 5000 927
Email: info@rethink.org
Website: www.rethink.org

Appendix E

Leicester City Council

Report to Scrutiny Commission

Health and Wellbeing Scrutiny Commission

Date of Commission meeting: 25th February 2014

General Fund Budget 2014/15 to 2015/16

Report of the Director of Adult Social Care & Health

Useful Information:

- Ward(s) affected: All
- Report author: Mark Noble, Rod Pearson
- Author contact details
  - Email: rod.pearson@leicester.gov.uk
  - Telephone: 0116 2544002

1. Introduction

At its meeting on 16th January, the Overview Select Committee (OSC) requested scrutiny commissions to consider the draft budget proposals for 2014/15 to 2015/16. Your commission is asked to consider the budget of the Public Health portfolio.

2. Recommendation(s) to scrutiny

The original intention in sending out this report to the Health & Wellbeing Scrutiny Commission was to ask for any comments for subsequent consideration by the OSC committee at its meeting on 13th February. The OSC will consider any comments received from scrutiny commissions before reporting its views to the City Mayor, prior to the City Mayor making his final proposals to the Council. The Council will set the final budget on 26th February, 2014.

As the Health & Wellbeing Scrutiny Commission are meeting after the date of the OSC this report is for noting.

3. Supporting Information

The draft budget has been prepared against a background of the most severe Government funding cuts the Council has ever faced.

The Council has sought to address budget reductions strategically, and to avoid having to

make crisis cuts in services. Consequently, the budget approved in February, 2013, included a "managed reserves strategy" under which monies are contributed to reserves in 2013/14 and 2014/15; then drawn down in 2015/16 and 2016/17. This enabled the budget to be balanced until 2015/16, always providing agreed reductions are implemented, and gives time to consider the longer term savings needed more thoroughly. It is estimated that additional savings of £60m per year will be needed by 2017/18.

The extent of cuts required means that the budget is no longer a "once a year" activity. The Executive has launched a spending review programme, which will scrutinise a range of service areas over an extended period to the end of 2014. Budget reductions can be made at the same time as reviews are concluded and the findings approved. The findings of these reviews will be subject to scrutiny as and when they are prepared.

Consequently, no new spending reductions have been asked of departments as part of the preparation of this budget, which essentially rolls forward the strategy approved in February, 2013. The commission will wish to scrutinise the extent to which the agreed budget strategy has been delivered, and report this to the OSC.

Attached to this report are:

(a) The draft budget report to the Council. This is attached as Appendix A. Members are asked to note that this report covers the whole of the budget, and questions about corporate aspects of budget setting are best raised at the full OSC meeting;
(b) An extract from the budget monitoring report for period 6. This is attached as Appendix B and was considered by OSC in December. This extract includes the budget for services overseen by your commission;

4. Financial and legal implications

4.1 Financial implications

This report is exclusively concerned with financial issues

4.2 Legal and other implications

These are included in the draft report to Council.

5. Background information and other papers:

6. Summary of appendices: See above

7. Is this a private report ? No

Appendix A

Leicester
City Council

16th January 2014
26th February 2014

Overview Select Committee
Council

General Fund Revenue Budget 2014/15 to 2015/16

Report of the Director of Finance

1. **Purpose**

1.1 The purpose of this report is to request the Council to consider the Mayor's proposed budget for 2014/15 to 2015/16. The budget plan covers the same period as the Government's national spending plans but this report also identifies the subsequent impact.

1.2 The proposed budget is described in this report, subject to any amendments the Mayor may wish to recommend in February.

1.3 The draft of this report has been written in advance of the local government finance settlement (which is late) in order to ensure publication in December. To the extent that the settlement changes estimates made, it is proposed that this will either extend or shorten the duration of the managed reserves strategy described in this report.

1.4 The Select Committee is asked to consider this report and make any comments it sees fit to the City Mayor.

2. **Summary**

2.1 The budget for 2014/15 to 2015/16 is set in a context of the most severe Government funding cuts the Council has ever experienced.

2.2 Since the onset of funding cuts in 2011/12, the Council has approved plans to reduce its expenditure by £85m per year. Whilst there is no certainty beyond 2015/16, if the current trajectory of funding cuts continues, the Council will need to make reductions amounting to a further £60m per year by 2017/18. Indications from the Chancellor of the Exchequer are that the squeeze on public spending will in fact last until at least 2020.

2.3 It is difficult to calculate the total amount by which the Council's grant has been cut since 2010/11, due to changes both in local authorities' responsibilities and in the way funding is provided. However, on a like for like basis, cuts in the five years to 2015/16 amount to £100m, or some 38% of the grant received in 2010/11.

2.4 Budget planning in recent years has not been helped by the fact that the Government has increased the level of cuts previously announced, and extended the period over which cuts will be made. These decisions have been taken and announced incrementally.

2.5 Despite these challenges, the Council has sought to address budget reductions strategically, and to avoid having to make crisis cuts in services. This approach has a number of aspects:

(a) the budget approved in February 2013 included a "managed reserves strategy" under which monies will be contributed to reserves in 2013/14 and 2014/15; then drawn down in 2015/16 and 2016/17. This was designed to balance the budget in the years to 2015/16, and provide time to consider future cuts in a managed way;

(b) it is no longer sensible to see the budget as a "once a year" activity – spending needs to be managed continuously during the course of the year, and the City Mayor is taking decisions under delegated authority (where appropriate) which reduce recurrent spending and thus the future cuts required;

(c) the Executive has launched a Spending Review Programme, which will scrutinise a range of service areas over an extended period from autumn 2013 to the end of 2014. This makes use of the time bought by the managed reserves strategy to properly plan future savings. Once reviews have reported, spending reductions can be approved simultaneously, and the effect included in subsequent budgets.

2.6 Whilst the "goal posts" have moved since February 2013 due to subsequent Government announcements, particularly in relation to the very severe cuts proposed for 2015/16, the basic strategy has remained intact. This has meant that [apart from decisions arising from the Spending Review Programme,

which will be reflected in the final version of this report to the extent that they have been made by the end of January] services have not been asked to find further savings in this budget round.

2.7 Consequently, the budget the Council is being asked to approve primarily reflects decisions which have already been taken.

2.8 The budget proposes a tax rise of 1.99% in 2014/15, and assumes a rise of 2% in 2015/16. The Government has offered money to freeze the tax in 2014/15, which would continue to be paid in 2015/16. However, the amount received would be less than the amount raised by a tax rise; more pertinently, there is no certainty that the money would continue to be received from 2016/17.

2.9 Given the fact that the budget reflects decisions already taken, consultation has been tailored to reflect the scope of this year's exercise. The underlying strategy agreed in 2012/13 and 2013/14 was, however, the subject of considerable public consultation. It is also noted that:

(a) where Executive decisions are still required to enable any service to live within its budget, formal consultation will be carried out where appropriate (as is usual);
(b) formal consultation will be carried out on any proposals resulting from the Spending Review Programme, again where appropriate.

2.10 The Spending Review is likely to generate significant savings as reviews are concluded. However, it is estimated that the programme will not save more than £35m, and it is clear that further cuts will be required once the next Government determines its spending plans from 2016/17 onwards. It is intended to carry out a substantial public engagement exercise during 2014, to determine public priorities – this will be carried out before budget proposals are developed.

2.11 In the exercise of its functions, the City Council (or City Mayor) must have due regard to the Council's duty to eliminate discrimination, and advance equality of opportunity for protected groups and foster good relations between protected groups and others. The budget under consideration is a continuation of the status quo in terms of main policy commitments, and instead of policy changes, identifies financial pressures on existing plans and policies. There are no proposals for decision on specific courses of action that could result in changes of provision that could have an impact on different groups of people. Therefore, there are no proposals to carry out an equality impact assessment on the budget per se (this is further explained in paragraph 10). Where necessary, the City Mayor has considered equality

impact assessments for decisions affecting service quality. The Council is committed to promoting equality of opportunity for its residents; and regardless of where the legal duty 'bites', it is unarguable that huge cuts have had an impact, particularly on vulnerable residents. Consequently, at paragraph 10 below, an overview of the cumulative impacts is provided; together with some mitigating actions. These include setting aside £0.2m per annum in the budget to carry out further actions where necessary.

2.12 Government funding announced for 2014/15 and 2015/16 is a matter of particular concern, not solely because of the level of cuts, but also because of the disproportionate impact of the cuts on deprived authorities. This is further discussed in paragraph 11 below.

3. Recommendations

3.1 The Council will be asked to approve the budget strategy described in this report, the budget ceilings, and the council tax. Such approval will be subject to any changes proposed by the Mayor in February, and the final Council report will also be accompanied by a formal resolution containing the necessary statutory calculations.

4. **Budget Overview**

4.1 The table below summarises the proposed budget, and shows the forecast position for the following two years:

	2014/15 £m	2015/16 £m	2016/17 £m	2017/18 £m
Service budget ceilings	242.2	239.6	239.7	239.7
Provisions to be allocated to services	2.6	2.6	2.6	2.6
Corporate Budgets				
Capital Financing	13.4	13.9	14.1	14.1
Building Schools for the Future	1.0	1.0	1.0	1.0
Hardship awards	0.5	0.5	0.5	0.5
Miscellaneous	2.4	1.0	1.4	1.8
Contingency	3.0	3.0		
Energy cost reduction schemes	1.5			
Service transformation provisions	5.0			
Future Provisions				
Inflation		2.9	5.8	8.7
National Insurance increase			3.3	3.3
Severance			8.0	
Planning provision		3.0	6.0	9.0
Managed reserves policy	19.6	(3.8)	(25.3)	
TOTAL SPENDING	**291.3**	**263.8**	**257.0**	**280.6**
Resources – Local Taxation				
Council Tax	82.2	84.1	87.0	89.9
Business Rates	49.8	51.9	53.1	54.5
Collection Fund Surplus	2.4			
Resources – Grant				
Business rates top-up grant	43.6	44.8	46.2	47.9
Revenue Support Grant	107.4	76.0	50.0	26.4
New Homes Bonus	5.9	7.1	8.2	8.0
TOTAL RESOURCES	**291.3**	**263.8**	**244.5**	**226.6**

Projected tax increase		2.0%	3.0%	3.0%
Gap in Resources			12.5	54.0

4.2 Future forecasts, particularly beyond 2015/16, are volatile and will change.

4.3 The forecast gap in 2017/18 makes no allowance for inflation beyond 14/15 (see later) which would add a further £6m (making a funding gap of £60m in that year). Nor is allowance made for increasing demand on services.

5. Council Tax

5.1 The City Council's proposed tax for 2014/15 is £1276.55, an increase of 1.99% on 2013/14.

5.2 The tax levied by the City Council constitutes only part of the tax Leicester citizens have to pay (albeit the major part). Separate taxes are raised by the police authority and the fire authority. These are added to the Council's tax, to constitute the total tax charged.

5.3 The total tax bill in 2013/14 for a Band D property was as follows:

	£
City Council	1251.65
Police	173.87
Fire	58.38
Total tax	**1483.90**

5.4 The actual amounts people are paying in 2013/14, however, depends upon the valuation band their property is in and their entitlement to any discounts, exemptions or benefit. 80% of properties in the city are in band A or band B.

5.5 The formal resolution sets out the precepts issued for 2014/15 by the police and fire authorities together with the total tax payable in the city. [This will be prepared on budget setting day].

6. Construction of the Budget

6.1 In addition to council tax, the Council is being asked to approve the budget ceilings for each service, which are shown at Appendix One to this report. The budget ceilings act as maximum amounts the City Mayor can spend on each service, subject to his power of virement.

6.2 It has been the Council's past practice when preparing the budget to consult upon lists of specific growth and reduction proposals, which are subsequently

approved at the annual budget meeting. This approach is no longer appropriate for the following reasons:

(a) continuous changes to our funding, and increasing grant cuts imposed by central government, mean it is not sensible to wait until February each year to agree a plan of spending reductions. The Spending Review Programme is a natural outworking of this principle;
(b) the approach adopted in the 2013/14 budget has given departments a degree of budget certainty within which to manage – this approach has proved successful, and departments have dealt with many emerging budget pressures through management action during 2013/14;
(c) as reported in the 2013/14 budget report, case law confirms that the role of Council is to approve the overall budget level and council tax; the City Mayor is responsible for determining actions to enable each service to live within its budget.

6.3 In essence, therefore, the budget is the means by which the Council sets a financial framework within which the City Mayor has authority to act; and sets limits on the amount he is entitled to spend on any given service. The actions which have been taken, or will be taken, to enable the Mayor to live within the budget ceilings (should the Council approve the ceilings) are described at paragraph 7 below.

6.4 The way the budget has been constructed also has implications for consultation with the public and partners. In practice, most of the service decisions that will enable the Council to spend within its means have already been taken, either as part of the budget for 2012/13 and 2013/14, or separately by means of Executive decision and management action. The 2012/13 budget saw substantial savings made; this budget was preceded by the most substantial budget consultation the authority has ever carried out with the public. Changes to service policy which have reduced spending have also been the subject of consultation in their own right, and Executive decisions published.

6.5 The ceilings for each service have been calculated as follows:

(a) the starting point is last year's budget, subject to any transfers of function between services within the Council;
(b) to these, an allowance for inflation has been added amounting to 1.75% of spending on supplies and services, and a deduction made amounting to 1.75% of income;
(c) the effect of any growth and reductions from previous years' budgets is taken into account;

(d) [the ceilings will be adjusted to reflect the impact of decisions arising from the Spending Review Programme, if these have been taken by the end of January].

6.6 After the start of the year, budget ceilings will be further adjusted:

(a) to reflect the eventual pay award for employees. An estimate of 1% has been included in the budget;
(b) to allocate additional costs payable as a consequence of increases in employers' pension contributions following the 2013 actuarial revaluation;
(c) to reflect decisions taken under the Spending Review Programme.

6.7 Whilst the above exercise is essentially a mechanistic one, members are reminded that the 2013/14 budget for Education and Children's Services included one-off support of £4m to provide time to manage cuts in Early Intervention Grant. Thus, this department has been required to make additional savings in order to deal with the fallout of Government money – this is described further in paragraph 7 of this report.

6.8 Budget ceilings have also been created for the first time in respect of public health functions, which transferred to the Council in 2013/14 (due to the timing of the announcements, these services were included in the 2013/14 budget at net nil cost).

7. Spending Reductions

7.1 The purpose of this section of the report is to explain action which has been, or is being taken, to enable departments to manage within the proposed budget ceilings for 2014/15.

Adult Social Care

7.2 The key issues facing the service are as follows:

(a) the Government's proposals for care reform, much of which is medium term, but for which preparations are taking place now. The proposals will result in new duties, to be met from new grant sources – the details of the new grant income remain largely uncertain;
(b) the continuing pressure of increased need, particularly arising from demographic growth;
(c) financial pressure on service providers, who are essential for service continuity.

7.3 The care reform agenda has a number of aspects:

(a) from 2016/17, there will be a cap on the amount individuals are required to contribute to their own care amounting to £72,000 per lifetime for most people. This will require the Council to keep records for adults who currently fund their own social care and do not receive any publicly funded support. Government funding to support this will be received in 2015/16;

(b) new duties to support carers will give rise to additional costs, estimated at £0.5m in 2015/16 rising to £1.3m by 2018/19. Funding to support this is being received via the NHS, and is already budgeted (but will be transferred into the new Integration Transformation Fund from 2015/16 – see below);

(c) new rights to defer payment of fees until the death of a service user, and extended means test support;

(d) potential national changes in eligibility for social care. At present, each local authority sets its own threshold for eligibility. The Department of Health is currently consulting on the establishment of national criteria: whilst it is the Department's intention that this will entitle people with 'critical' or 'substantial' need to a service (as now in Leicester), the draft criteria do not deliver this.

7.4 The Independent Living Fund is expected to close in April 2015 (although the Government's plans have run into legal difficulties), and local authorities will be required to take on responsibility for people previously supported by the fund. It is expected that additional grant will be received from 2015/16 to meet this responsibility.

7.5 The forecast costs of these new responsibilities, and the anticipated new grant streams, are shown below:

	15/16 £000	**16/17 £000**
New costs		
Social Care Funding Reform	1,127	2,586
Independent Living Fund	1,233	1,233
Carers' Support	527	914
Total new costs	**2,887**	**4,733**
New Grant Streams	(3,102)	(3,819)
Net addition to budget	**(215)**	**914**

7.6 The table below shows the new spending pressures being faced by Adult Social Care Services in addition to the new responsibilities described above:

	14/15 (£000)	**15/16 (£000)**
Demographic Growth	545	1,324
Other pressures	5,060	3,355
Residential Care Fees, which are likely to need to increase by an amount in excess of inflation	560	960
Domiciliary Care Fees, which are likely to need to increase by an amount in excess of inflation		150
Deprivation of Liberty Safeguarding – demand for increased assessments	50	50
Additional support to direct payments users	200	300
Total	**6,415**	**6,139**

7.7 Of the items in the above table:-

(a) Demographic growth pressures arise from a growing and aging population which brings increased need and demand;

(b) Other pressures include the temporary impact of slippage in the delivery of previous budget savings, additional growth in the cost of care packages, and some earlier years' planned savings which cannot now be achieved;

(c) Above inflation increases in residential care fees will be needed, to reflect increases in the cost of care and the need to maintain a stable market. Likewise, domiciliary care costs will increase due to increases in the minimum wage and increasing overheads for providers;

(d) Deprivation of Liberty Safeguarding is a statutory service with increasing levels of demand;

(e) There are increasing numbers of people who are choosing to receive their personal budget for social care in the form of a direct payment in cash. This is a positive step because it enables people to have a greater choice in the support they receive as well as having direct control over their care arrangements. However these people frequently need help and guidance on how their needs can be met, and also help in directly employing personal assistants.

7.8 The Government has recognised the pressures on the adult social care system for some time, and additional support has been provided from within NHS budgets for a number of years. Implicitly, the Government is acknowledging that continuing cuts to local government are placing the sector under huge strain. It is worth noting (and the Government recognises this) that if statutory services are protected at local level, a time will come when these services could consume the entire authority budget if cuts continue at the current trajectory.

7.9 Actions have already been taken and continue to be taken to improve the efficiency of adult social care services and to reduce costs, including:

(a) Re-assessment and review of packages of care, including reductions to personal budgets where this is appropriate;
(b) Transferring people's care from high cost settings/services to more cost effective alternatives while continuing to meet the eligible needs;
(c) Re-procurement of services using the competitive process to drive up quantity and quality of provision and/or to drive down costs (e.g. domiciliary care);
(d) Review of relatively expensive in-house provision of services where more cost effective equivalent services are available to meet people's assessed needs (e.g. elderly persons' homes and older persons' mental health day care);
(e) Reshaping remaining in-house services (such as reablement) to improve efficiency;
(f) Review of the "resource allocation system", which allocates funding for personal budgets;
(g) Strengthening of checks and balances; with a quality assurance panel independently reviewing all high cost care packages, and all cases where a proposed care package is 10% above the indicative personal budget suggested by the resource allocation system; and
(h) Additional support to informal family carers to improve resilience, including the provision of short breaks to enable carers to provide care.

7.10 Implementation of the above actions is subject to full due process as appropriate in terms of consultation, assessment of impacts and decision making.

7.11 In its June 2013 Spending Review, the Government announced the creation of a £3.8bn per annum Integration Transformation Fund (ITF). This will be a pooled budget; to be created in 2015/16 from a number of existing funding streams, together with a further £1.9bn from the overall NHS budget. The money is intended to provide better integration between health and adult social care, but also to provide protection for adult social care services.

Explicitly, the Government has recognised the need to use some of this money to help deal with demographic pressures in adult care. Our best estimate is that the pool will receive £12m per year from 2015/16, over and above monies already set aside for adult social care. Discussions on the use of this fund are continuing with NHS colleagues locally, and we are required to submit a joint plan for Department of Health approval in April 2014. Appropriate planning for the future, including transformation supported by ITF monies, is clearly going to be key to delivering a sustainable financial future, and the Council's Spending Review Programme recognises this (the review of adult care is not being started until April 2014).

7.12 An addition of £2.2m has been made to the departmental budget for one year only in 2014/15. The balance of the pressures will be met by departmental reserves in that year. The position for 2015/16 needs to be resolved as part of ITF discussions.

Children's Services

7.13 The Education and Children's Services portfolio has faced substantial spending reductions since 2010/11, largely as a consequence of specific grant streams ceasing or being cut back rapidly. Unlike other departments, the department has needed to make savings in the 2014/15 budget as a consequence of continuing grant cuts.

7.14 The key issues faced by the service in planning for 2014/15 and beyond are as follows:

(a) to meet the continuing impact of Government grant cuts, as stated. Total pressures amount to £5.1m in 2014/15, of which £4.38m arises from cuts in Early Intervention Grant made in 2013/14 (the Council's budget for that year provided temporary finance to the department, to enable the impact to be managed); £0.35m in Education Services Grant; and £0.4m in youth offending grants. Further cuts in Education Services Grant, in excess of £1m, are likely in 2015/16;

(b) to cope with the rise in numbers of looked after children (for which budgetary provision has been provided in previous years), and increased responsibilities arising from young offenders now being classed as looked after children. These issues have placed social care budgets under pressures of £1.7m per annum;

(c) delivery of some major budget challenges approved in previous budgets. These include reorganisation of children's centres, the review of service interventions for the 0-19 age group, and a review of management across various divisions (requiring savings of £3.6m to be achieved in total);

7.15 Actions are already in progress to tackle these issues, which include:

(a) a review of interventions across the 0-19 age range has been completed, reducing non-priority work and delivering savings;
(b) specialist services at children's centres have already been reduced as a consequence of previous budget decisions. A public consultation was completed in November on proposals to reorganise and further reduce the level of services provided from children's centres whilst maintaining the full estate. This would save £3.3m, £1.7m more than the amount required in the 2013/14 budget, with the balance required to meet Early Intervention Grant cuts;
(c) organisational reviews will shortly take place to combine teams providing similar services; and to rationalise the working hours of part time youth workers;
(d) redesign of statutory social services based on the child's journey through the system, whilst securing better integration with locality based early help services. An organisational review is now in progress; and follows on from detailed work on referral taking, assessment practices and quality assurance activity undertaken by senior managers;
(e) an organisational review of the Youth Offending Service will take place shortly so that it can live within its reduced grant. It is anticipated that the savings required will be achieved almost entirely from vacant posts.

7.16 Further action will be taken:

(a) to agree with the Schools' Forum to use Dedicated Schools' Grant to fund early years teachers;
(b) to review support to adventure playgrounds, to provide wider access at reduced costs;
(c) to make savings in the special educational needs service;
(d) to review the school improvement service, reducing the core service whilst strengthening formal partnership structures;
(e) to cease certain miscellaneous budgets (sports development and key stage 4 foundation learning, and discretionary budget for one-off initiatives);
(f) combining teams where practical in localities, and utilising buildings more effectively.

7.17 Actions taken, or to be taken, are subject to full due process as appropriate including consultation as necessary, assessment of impacts and decision making.

7.18 To the extent that a full year saving cannot be achieved in 2014/15, the budget will be balanced using departmental reserves: it is anticipated that £1.8m will be required.

7.19 Further work will need to take place during 2014/15 to identify additional savings, if further cuts are made in Education Services Grant.

7.20 Children's services will be further reviewed as part of the Spending Review Programme, and a report will be prepared for the Executive.

City Development and Neighbourhoods

7.21 The department is delivering a major programme of strategic initiatives, including the market redevelopment, Connecting Leicester, and the Richard III Programme. It is able to manage within its overall budget for 2014/15 to 2015/16, and any new pressures arising are being (or will be) dealt with by management action. This is enabling the department (as the 2013/14 budget strategy intended) to focus its efforts on the Spending Review Programme. The main pressures arising in 2014/15 are as follows:

(a) real terms reduction in sports income of £400,000 per annum, as income has not kept pace with inflation. Compensating reductions in expenditure budgets of the service have been made;
(b) loss of £80,000 income to Community Services, due to falling usage by other City Council services – the service is making savings in its running costs, reflecting this reduced usage.

7.22 All management actions have been (or will be) assessed for equalities implications, and are not considered to present any at this stage.

7.23 After many years of growth in demand, it is pleasing to report that the cost of concessionary fares has now stabilised.

7.24 The department's services feature heavily in the Spending Review Programme. Key ones are:

(a) a review of neighbourhood services, seeking to co-locate and integrate services (area by area) against a background of needing to deliver cost reductions;
(b) review of sports and leisure provision;
(c) review of parks and open spaces, with particular reference to the sums spent on grounds maintenance;
(d) review of the Council's investment property portfolio, with a view to increasing net returns;

(e) review of technical services (encompassing highways maintenance, facilities management, property management and fleet management amongst the department's services).

7.25 It is anticipated that substantial savings will accrue from the above.

Housing Portfolio

7.26 This is a small portfolio with a net spend of £5m.

7.27 The key service, from a financial perspective, is prevention of homelessness, which has been subject to review as a consequence of 2012/13 budget decisions. The review is currently being implemented, and is expected to save £2m per annum from 2014/15 (there will remain a small shortfall against the original budget, as shown below).

7.28 The portfolio has expenditure pressures which need to be managed if it is to live within its budget ceilings in 2014/15. These are shown below:

	2014/15 £000	**2015/16 £000**	**2016/17 £000**
Homelessness strategy	215	215	215
Hostel rents		165	165
	215	380	380

7.29 Council hostel dwellers are not currently exempt from the benefit cap, something which ministers did not intend, but are unlikely to rectify in the near future. In 2014/15, this can be managed with support from discretionary housing payments. However, it is also anticipated that (regardless of who the landlord is) there will be a cap on the amount of hostel rent which can be taken into account for universal credit purposes. It is expected, therefore, that hostel rents will not be fully reimbursed at current levels, which creates a budget pressure for the Housing portfolio.

7.30 One off departmental monies will be used to balance the budget in 2014/15. A full review of services will take place during 2014/15 to find the balance on a recurrent basis.

7.31 A follow-up to the homelessness review will report in September 2014 (part of the Council's Spending Review Programme).

Public Health

7.32 In 2013/14, the Council became responsible for the delivery of public health services, the purpose of which is:

(a) to improve the health of the population;
(b) to ensure the health of the population is protected;
(c) to support improvements in health and care services.

7.33 Some new responsibilities are mandatory, whilst others are to be applied in response to local need. In practice, the Council has wide discretion to discharge its duties as it sees fit.

7.34 To enable the Council to deliver its responsibilities, a ringfenced grant of £22m will be received in 2014/15.

7.35 The budget contains provision for the delivery of a number of new services which were the responsibility of the NHS prior to 2013/14. However, transfer of responsibilities to the Council has provided the opportunity to look more holistically at what the Council does to promote health, and this work will continue. Spending of this grant will not follow the same configuration as for inherited services, recognising it would be sensible to invest in or protect some existing services which demonstrably have a beneficial impact on public health. This underlines the Council's commitment to public health in its broadest sense, and determination to improve health outcomes. In future, the whole of the Drugs and Alcohol Team budget (which currently receives a £0.6m general fund subsidy) will be met from public health grant.

7.36 The public health services inherited from the NHS are gradually being re-commissioned, as contracts come up for renewal, and savings made.

Corporate Support and Resources

7.37 The key challenge facing the Corporate Resources and Support Department is to be as cost effective as possible, in order to maximise the amount of money available to run public facing services. In this context, the department has reduced staffing by around 200 in recent years, and made savings of some £12m per annum.

7.38 The department will continue to face significant challenge to be cost effective, and features strongly in the Spending Review Programme. In particular, services are gearing up to be more streamlined to match anticipated reduced activity elsewhere.

7.39 The department is able to manage within its budget ceilings for 2014/15, having absorbed new spending pressures (thus freeing up time to pursue the Spending Review activity). Cost pressures absorbed include:

(a) a small shortfall of £48,000 per annum in telephone savings anticipated from the Lync project, which is being met by efficiencies elsewhere in IT Services;
(b) an additional £80,000 expected cost from job evaluation appeals in the Delivery, Communications and Political Governance Division, which has been met by securing additional savings in a review of corporate administration.

7.40 Additionally, there is risk to the budget in 2014/15 and 2015/16:

(a) continued reductions in the £4m grant received for benefit administration are envisaged, particularly as responsibility for universal credit transfers to DWP;
(b) the introduction of a medical examiner service from 2015 will change the way in which all deaths are certified. This scheme is expected to be funded out of new fees levied on the next of kin. However, fee levels will be set by central government with the consequent risk of a shortfall (currently projected at up to £0.4m per annum);
(c) the move out of New Walk Centre and the relocation of the data centre will put new pressures on IT support, particularly increases in mobile working.

7.41 Most of the department's services will be subject to periodic review during the period of the Spending Review Programme, with savings anticipated from continuing transformation as well as savings consequent to reductions elsewhere. The exception to this is IT Services, which will be subject to separate review and challenge from the perspective of what is currently available from modern IT offerings.

8. Corporately Held Budgets

8.1 In addition to the service budget ceilings, a number of budgets are held corporately. The key ones are described below (and shown in the table at paragraph 4).

8.2 The budget for **capital financing** represents interest and debt repayment costs on past years' capital spending and planned capital spending (mostly the former). This budget is not managed to a cash ceiling, and is effectively controlled by the Director of Finance. Costs which fall to be met by this budget are driven by the Council's approved treasury management strategy.

8.3 **Building Schools for the Future** (BSF) is a substantial programme of investment in secondary schools, partly funded by conventional finance and partly through the Private Finance Initiative (PFI). At the inception of the programme, the Council agreed to share the additional costs arising from this scheme with schools. All contracts for BSF have now been signed, and the programme will be substantially complete by 2015/16. The sum remaining in corporate budgets represents the Council's contribution to costs for schools in the later phases of the programme. Over time, this money will be added to the budget of the Education and Children's Services Department.

8.4 £0.5m per annum has been set aside for the costs of **hardship awards** to council tax payers who find it difficult to pay. In 2013/14, Government welfare reforms required the Council to introduce a council tax reduction scheme; this has resulted in low income taxpayers being required to contribute to their council tax for the first time.

8.5 The 2013/14 budget also provided for two one-off provisions to be made in 2014/15:-

(a) £5m for **service transformation**, making £6m in total between 2013 and 2015. This is intended to facilitate more radical options for service design which will enable us to reduce cost in later years, and is being used in conjunction with the Spending Review Programme;
(b) £1.5m (making £3m in total) to enable departments to invest in **energy reduction schemes**.

8.6 **Miscellaneous corporate budgets** include external audit fees, pensions costs of some former staff, levy payments to the Environment Agency, monies to mitigate the impact of budget reductions on protected groups under the Equality Act, bank charges, the carbon reduction levy and monies approved for the accommodation review. These budgets are offset by the effect of charges from the general fund to other statutory accounts of the Council, and remaining savings to be achieved through a review of employee terms and conditions (approved in earlier budgets). Charges to other statutory accounts have increased as a consequence of additional charges proposed to the HRA, as described in the report to Council on the HRA budget: this will help tenants to safeguard community services which the General Fund can no longer afford.

8.7 A **contingency** of £3m has been included in the budget for each of 2014/15 and 2015/16. This reflects the risk associated with the very substantial cost reduction programmes approved in earlier years' budgets which are still being implemented. Whilst this risk should largely crystallise in 2014/15, there

remain substantial risks in 2015/16, particularly in respect of adult care funding, and departments' ability to fund problems from within their own resources is reducing. Nonetheless, the contingency will only be used as a very last resort.

9. Future Provisions

9.1 This section of the report describes the future provisions shown in the table at paragraph 4 above. These are all indicative figures – budgets for these years will be set in February prior to the year in question.

9.2 The provision for **inflation** includes money for:

(a) an assumed 1% pay award each year, in line with current Government guidelines;

(b) a contingency for inflation on running costs. Following approval of the Council's budget in February 2013, inflation provision will no longer be made on the generality of goods and services, with departments left to absorb this themselves. Exceptions have been made for the few services where this is not feasible: waste disposal, and independent sector residential and domiciliary care. Additionally, a small contingency of £250,000 per annum will be kept for individual departments to bid for in exceptional circumstances.

9.3 Provision has also been made for an increase in the costs of **national insurance** in 2016/17. This arises from the Government's decision to replace the state second pension with a single flat rate scheme. Organisations which have previously "opted out" of the state second pension have received a rebate in their national insurance contributions; this includes local authorities, who have their own occupational pension scheme. This rebate will cease in 2016/17, at an estimated cost of over £3m per annum.

9.4 Provision has been made for further **severance** costs (see paragraph 14 below).

9.5 No provision has been made for any increase in the cost of employers' pension contributions beyond 2014/15. It was agreed as part of the 2013/14 budget that these would cease to be funded with effect from 2015/16, with departments left to meet the cost themselves.

9.6 A **planning provision** has been provided in future years to reflect the severe difficulties in making accurate forecasts and to manage uncertainty. This is reviewed on an annual basis.

10. **Budget and Equalities**

10.1 The Council is committed to promoting equality of opportunity for its local residents; both through its policies aimed at reducing inequality of outcomes experienced by local residents, 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.

10.2 Since April 2011, in accordance with section 149 of the Equality Act, the Council has been required by law to "have due regard" to the need to:

(a) eliminate discrimination;
(b) advance equality of opportunity between protected groups and others;
(c) foster good relations between protected groups and others.

10.3 Protected groups under the Equality Act 2010 are characterised by age, disability, gender re-assignment, pregnancy/maternity, race, religion or belief, sex and sexual orientation.

10.4 Advancing equality of opportunity under our public sector equality duty includes removing and minimising disadvantage, meeting the needs of protected groups which are different to others (particularly the disabled), and encouragement to participate in public life.

10.5 The approach in this budget is to set financial ceilings for each service which act as maxima above which the City Mayor cannot spend (subject to his power of virement). The ceilings set reflect the budget strategy approved by the Council in February 2013 – no additional savings targets have been allocated to services. Decisions to live within the ceilings have been, or are being, taken by managers or the City Mayor; and where necessary these decisions are subject to a full equality assessment. Hence, a specific impact assessment has not been done for the budget as a whole (because there are no specifically identifiable impacts).

10.6 However, the period of national spending restraint (and local spending cuts) that we are living through have, undoubtedly, had an impact on service users and city residents. Consequently, it is felt important that the cumulative impact of changes in recent years is summarised for members, and that mitigating measures for anticipated negative impacts are identified.

10.7 The impact of service changes over the last three years should be considered against the background of the socio-economic profile of the city's residents:

(a) the city's population is young compared to the rest of the country, and is increasing. 55% of the city's population is under the age of 34; the number of senior citizen households has declined from 23,000 in 2001 to 18,000 in 2011;
(b) the city has relatively low educational attainment and skills levels, particularly for disadvantaged children (notwithstanding improvements between 2001 and 2011). There remain 29% of adults in the city with no qualifications; and as of October 2013, there were 10,600 job seekers' allowance claimants;
(c) there is high and increasing ethnic diversity – 51% of residents classified themselves as white in the 2011 census, compared to 64% in the 2001 census;
(d) Leicester is a deprived city, ranking as the 25th most deprived in the country. However, unlike other cities in the country, there is no strong link between ethnicity and poverty. There are currently 34,000 people claiming housing benefit in the city, and 40,000 claiming council tax support. Whilst 44,000 people receive universal child benefit, 33,000 also receive income support in the form of child tax credit.

10.8 The effect of budget proposals on different groups of residents has been considered in each of the last three years. Since 2012/13, consideration has been informed by the public sector equality duty, which expanded the groups for which potential impacts had to be identified and assessed. In 2011/12, the only protected characteristics under the then current legislation were race, disability and gender.

10.9 Taking together all our budgets since 2011/12, there is a pattern in respect of how and which groups are affected. The focus of budget proposals has been to minimise frontline service impacts in general, and impacts on the most disadvantaged/deprived residents in particular. This includes:

(a) substantial reductions being made in management, administration and back office services;
(b) the generation of efficiency savings wherever possible;
(c) in many cases, targeting of services where reductions have been made, moving away from universal models of provision;
(d) service re-design.

10.10 Notwithstanding this, particular impacts have been seen in respect of **age (older people)** and **disability**. In part, these are transition issues arising from the programme of transforming adult social care, and reflect the fact that change is challenging for many service users. For instance, a move from direct, buildings based, service provision to personalised budgets (whilst a positive development) needs to be managed to minimise disruption to service

users. Transition issues also include re-focusing of voluntary sector provision; and integration of community services. However, service users have also been affected by reviews of service charges, and by restricting service eligibility to a more strict assessment of statutory entitlement. Reductions are also being made in (non-statutory) housing related support services. Additionally, relocation of universal services to new premises, and reduced subsidies for some bus routes inevitably have the most significant negative impact on the least mobile.

10.11 Particular impacts have also been seen in respect of **age (children)**. This has been an impact of substantial reductions in Government specific grants which existed prior to 2011/12 and can be seen, for instance, in targeting of services at children's centres, changes to travel support, and reshaping of services commissioned for the 0-19 age group.

10.12 Part of the Council's approach to its equality duty is to consider mitigating actions where negative impacts have been identified. A recent review of these actions shows that many of the anticipated negative impacts have in fact been reduced, or even removed, as a consequence of mitigating actions suggested at the time the budget proposals were made. This includes, for instance, amending proposals to change library services following user consultation, which has resulted in successful implementation with satisfied users; the provision of targeted information and individual support to adult social care users; achievement of efficiency savings as an alternative to closing bowling greens; and the continued promotion of the Duke of Edinburgh Award (for which Council funding ceased) by a regional body.

10.13 In addition to the above protected groups, it is believed that reductions have disproportionately affected those who most rely on public services due to low levels of income, despite the increased targeting of services towards those who need them. Thus, proposals to charge (or increase charges) for leisure provision, reduction in some play activity, and reduction in activity at children's centres will have an impact on those who use them most. However, changes affecting people on lower income need to be seen in the context of the wider impact of the economic downturn and the Government's welfare reforms; the latter has generally excluded older people from its remit, and had the most significant impact on the incomes of larger households in receipt of benefits. In Leicester:

(a) 13,000 council tax reduction scheme households have dependent children;
(b) 15,300 housing benefit households have dependent children;
(c) 1,300 households with children are subject to the 'bedroom tax';

(d) 200 households with dependent children are subject to benefit income capping.

10.14 It is believed that the impact of these measures will be felt more keenly than the impact of Council budget reductions, and are of course beyond the Council's control. Nonetheless, it is important to understand the range and impacts of financial constraints currently being placed on our residents.

10.15 The Council is taking a number of steps to help mitigate the impact of its budgets, and wider changes, on its citizens. Given the likelihood of considerably more cuts in our funding, these will become all the more vital in the coming years. These include:

(a) the setting aside of a provision of £0.2m per year for the Executive to spend on measures to mitigate the most significant impacts, particularly where these are cumulative on any given group (whether protected or not);
(b) a review of advice provision, as part of the Council's Spending Review Programme. It is recognised from the outset that there is not the same expectation of savings from this review as there is from the others, and one of its objectives is to develop (with partners) a 'core city advice framework';
(c) the setting aside of £0.5m per annum in the budget to support people unable to pay increased council tax charges due to hardship;
(d) a continued emphasis on supporting businesses who recruit apprentices to help promote employment and address skills levels. A key aim of the Economic Action Plan more generally is to improve employment opportunities and skills;
(e) administration of a number of programmes of discretionary relief, including discretionary housing payments;
(f) a rigorous approach to carrying out equality impact assessments for individual proposals affecting service provision (and the setting aside of a contingency in the budget to enable proposals to be modified if the impact on a protected group is too severe).

11. Government Grant

[Note: this section of the report is based on consultation information released by the Government and will be updated for settlement data]

11.1 As can be seen from the table at paragraph 4, government grant is a major component of the Council's budget. Figures for 2014/15 and 2015/16 have been announced and will fall substantially (figures beyond 2015/16 have been

estimated). Cuts the Government has already announced are illustrated below:-

	2013/14 £m	2014/15 £m	2015/16 £m	Cuts 13/14 to 15/16	Cuts 14/15 to 15/16
Revenue Support Grant	133.0	107.4	76.0	42.9%	29.2%
Top-Up Grant	42.2	43.6	44.8		
New Homes Bonus	3.9	5.9	7.1		
Grant Total	**179.1**	**156.9**	**127.9**	28.6%	18.5%

11.2 The system of local government finance changed substantially in 2013/14. In place of formula grant, which was allocated by need, the Government introduced the business rates retention system. This meant that money previously allocated by formula grant was split two ways:

(a) an amount retained by local authorities from business rates collected locally;
(b) an amount distributed by the Government as Revenue Support Grant (RSG).

11.3 Under business rates retention, 50% of rates income is retained by local government and 50% paid over to central government. However, the Government has recognised that some authorities receive much more in rates income than others. Consequently:-

(a) deprived authorities (including us) receive a “top-up” grant;
(b) affluent authorities make a “tariff” payment.

11.4 Nationally, top-up payments equal tariff payments – at aggregate level, therefore, 50% of business rates income remains with local authorities.

11.5 The amount which would otherwise have been distributed as formula grant, minus the Government’s estimate of locally retained rates, is now distributed to local authorities as RSG.

11.6 In determining cuts, the Government curiously still sees retained business rates as central government funding. Thus, when it announces that local authority funding will be cut by a certain percentage, the Government is applying this to the sum of RSG and locally retained rates (now known as the “settlement funding assessment”). Because business rate poundages increase each year (as do top-up and tariff payments) this means that RSG

bears the full brunt of the funding cuts calculated with reference to a much bigger figure. Hence the substantial percentage reductions seen above.

11.7 Overall income reductions in 2015/16 will considerably exceed those announced in the Government's spending plans announced in June 2013. There are 2 reasons for this:

(a) because some of the money set aside for local government is being held back for other purposes (including purposes for which the Government ought to be providing additional funding under the New Burdens Doctrine, such as social care reform), local authorities as a group are seeing much bigger reductions in their core funding;

(b) RSG is simply being scaled back from its 2013/14 levels. This, of course (and unlike the old formula grant) pays no regard to authorities' different abilities to raise council tax. Hence, the most deprived authorities are facing much greater reductions in their overall spending power than more affluent authorities. Reductions range from 2.7% (Wokingham) to 12.2% (Hackney) in 2015/16 alone. Leicester's comparable figure is 10.5%.

11.8 New Homes Bonus is a grant paid to authorities which roughly matches the council tax payable on new homes, and homes which have ceased to be empty on a long term basis. The grant is calculated with reference to a 2010/11 baseline, and will therefore grow each year until 2016/17; in 2017/18, 2011/12 will be used as the baseline, and the baseline will roll forward in the following years.

11.9 In June 2013, the Government proposed that (nationally) £400m of New Homes Bonus would be paid to local enterprise partnerships instead of councils, with effect from 2015/16. However, the Autumn Statement announced that this proposal would not be taken forward.

11.10 In addition to the grants shown above, there are two other grant streams. To the extent that these grants are received, they will contribute to the managed reserves strategy:-

(a) a "New Homes Bonus Adjustment" grant. New Homes Bonus is funded by "topslicing" money which would otherwise have been payable as RSG. The Government errs on the side of caution (from its perspective) and ensures enough has been deducted to cover the maximum expected cost. To the extent this is not required, it is refunded to local government. By its very nature, this grant is nigh on impossible to forecast. In 2013/14, £0.75m was received;

(b) a "Small Business Rate Relief Extension" grant. Small businesses pay less rates than large businesses; and this relief is more generous than it used to be under a temporary scheme to provide additional support for small businesses. This temporary scheme was due to end in 2012/13, and the business rate retention scheme was calibrated accordingly. It was, however, subsequently extended; and the Government has promised additional grant to compensate local authorities for loss of their 50% share of rates foregone. Details of how grant will be provided are extremely late – whilst a sum in excess of £1m is expected in 2013/14, with a 60% advance payment, nothing has been received at the time of writing. At present, the scheme is due to end in March 2015. Nothing has been budgeted for this grant.

11.11 We have no grant figures for years beyond 2015/16, and 2016/17 spending plans will be set after the general election. However, the current Government does anticipate national spending reductions to 2017/18 and beyond, and these are reflected in national spending plans (at aggregate level). The table at paragraph 4 assumes the national "settlement funding assessment" will fall by 12% in each of 2016/17 and 2017/18 (compared with 13% in 2015/16). Reality could be better or worse than this.

12. Local Taxation Income

12.1 Local tax income consists of three elements:

(a) the retained proportion of business rates;
(b) council tax;
(c) surpluses arising from previous collection of council tax and business rates.

12.2 Local government now retains 50% of the rates collected, as discussed above. In Leicester, 1% is paid to the Fire Authority, and 49% is retained by the Council.

12.3 Rates estimates have been made in advance of the Autumn Statement announcements. The Autumn Statement included the following:-

(a) a cap on the index linking of rates to 2% (which is less than inflation);
(b) new discounts for some small businesses with a rateable value of less than £50,000;
(c) discounts for businesses which occupy premises that have been empty for a long period of time.

12.4 Details of these new discounts have not been received at the time of writing, and the effect cannot therefore be quantified. The Government has committed to reimburse authorities for the additional costs, but we do not know how this will be done or whether grant will match loss on a pound for pound basis.

12.5 Revised rates estimates will be included when this report is considered by the Council, together with details of compensating grant.

12.6 Rates estimates have been based upon:

(a) the existing rateable value;
(b) changes in rateable value for known developments;
(c) provision for successful appeals; and
(d) an assumed real terms decline in our rates base after 2014/15, of 0.7% per annum (consistent with recent years).

12.7 The most difficult element in estimating rates income is the effect of appeals by rate payers, which can result in refunds going back a number of years. 49% of any such refunds fall to be paid by the Council, even where they relate to periods prior to introduction of the Business Rate Retention Scheme.

12.8 Any future academy conversions will have an impact on rates income, as academies are entitled to mandatory rate relief. Conversions to date have not had a significant impact (because voluntary aided schools were receiving relief prior to conversion). However, loss of any large schools in the future would cost the authority around £50,000 per school in lost rates.

12.9 The Council is part of a "pool" with the other authorities in Leicestershire. Pools are beneficial in cases where shire district councils' rates are expected to grow, as pooling increases the amount of rates which can be retained locally in these areas. Any additional retained rates will be available to spend on regional economic regeneration activities. 2013/14 was the first year of the pool, and it is not yet known whether or not a surplus has been created (this will depend to a large extent on outstanding appeals in the county area). The amount of rates collected by the City Council does not affect the economics of the pool.

12.10 The new discounts announced in the Autumn Statement may affect the pool surplus achievable in 2014/15.

12.11 Council tax income is estimated at £82.2m in 2014/15, based on a tax increase of 1.99%. This is higher than was envisaged when last year's budget was set, and reflects an increase in the taxbase. For planning

purposes, a tax increase of 2% has been assumed in 2015/16, and 3% thereafter.

12.12 For the fourth year running, the Government has offered the Council money to freeze its council tax:

(a) in 2011/12, the Government offered an annual grant, equivalent to a 2.5% increase, to freeze our tax. This was accepted, and the grant of £2.3m has been received ever since (although it has now been absorbed into the Business Rates Retention Scheme/Revenue Support Grant);
(b) in 2012/13, the Government again offered a grant equivalent to a 2.5% increase, but payable in 2012/13 only. This was not accepted, as it would have resulted in a loss of income from 2013/14 onwards;
(c) in 2013/14, the Government offered a more complicated deal, which would have resulted in money being received for a limited period (2013/14 and 2014/15). The period over which the money will be received has now been extended to 2015/16, but no guarantees of continuation have been provided beyond then;
(d) in 2014/15, the Government is making another complicated offer. In effect, if we froze grant, we would receive £1.1m in each of 2014/15 and 2015/16, with no guarantee beyond this. A 1.99% tax rise provides £1.6m per annum on a permanent basis.

12.13 The Government requires local authorities to hold a referendum if tax rises which exceed 2% are proposed. They have also indicated that the same limit will apply in 2015/16.

12.14 The table below compares the estimated income which would be received by the Council through implementing a tax increase of 1.99% in 2014/15, and compares this with the grant income receivable from a tax increase of 0%. Future tax rises remain as assumed above:

	Tax increase in 2014/15	Tax freeze in 2014/15
	£000	£000
2014/15	1,603	1,055
2015/16	1,641	1,055
2016/17	1,697	?
2017/18	1,754	?

12.15 The budget for 2014/15 includes a collection fund surplus arising from previous years' collection of council tax (£2.3m) and business rates (£0.1m). In previous years, surpluses in respect of business rates have not featured in the budget: as a consequence of the business rates retention scheme, they will now be routine feature of budget setting.

13. General Reserves and the Managed Reserves Strategy

13.1 It is essential that the Council has a minimum working balance of reserves in order to be able to deal with the unexpected. This might include:

(a) an unforeseen overspend;
(b) a contractual claim;
(c) an uninsured loss.

13.2 In the current climate, the Council also needs to guard against slippage in the achievement of budget savings.

13.3 The Council has agreed to maintain a minimum balance of £15m of reserves. The Council also has a number of earmarked reserves, which are further described in section 14 below.

13.4 In the 2013/14 budget strategy, the Council approved the adoption of a managed reserves strategy. This involved contributing monies to reserves in 2013/14 and 2014/15, and drawing down reserves in 2015/16 and 2016/17. In practice, this policy has "bought time" to more fully consider how we address the substantial cuts we are still facing.

13.5 As a consequence of the managed reserves strategy, the budget remains balanced until 2015/16. Forecast reserve balances are:-

	2014/15 £m	2015/16 £m	2016/17 £m
Brought forward	24.4	44.0	40.2
Planned increases	19.6		
Planned reductions		(3.8)	(25.3)
Carried forward	**44.0**	**40.2**	**15.0**
Less minimum required balance			(15.0)
Available balance			**0.0**

13.6 Clearly these forecasts are volatile, accumulating as the do the risk inherent in every expenditure and income forecast in this budget report. Any savings made from the Spending Review Programme in advance of 2015/16 can be used to continue this policy, and further mitigate the impact of future cuts.

14. Earmarked Reserves

14.1 Appendix Four shows the Council's earmarked revenue reserves as they stood on 31st March 2013, and as projected by March 2014. These have been set aside, sometimes over a number of years, for specific purposes. Of the ringfenced reserves:

(a) school monies and public health monies are ringfenced by law, and cannot be spent on other purposes;
(b) NHS monies have been given for specific purposes by the NHS.

14.2 The capital reserve is committed to fund the capital programme, and the forecast balance will be used to fund slippage. The actual balance will depend upon year end financing decisions, and whether expenditure is financed by revenue or capital grant.

14.3 The balance on the BSF reserve is significant, and has accumulated over many years from Government grant. This is now starting to be spent, will decline substantially in 2014/15, and be almost entirely spent in 2015/16 (a small amount will remain for IT renewals).

14.4 In 2011/12, the Council set up an earmarked reserve to meet the costs of severance, which was topped up with further contributions in 2012/13 and 2013/14. The balance on this reserve is projected to be £14m at the end of

2013/14, and it is believed that this will be sufficient to meet costs of severance arising from actions required to deliver this budget, and the Spending Review Programme. There is not sufficient funding to meet any additional severance costs required to achieve savings of £60m per annum by 2017/18 and it is estimated that a further £8m will be required in 2016/17.

14.5 The insurance fund exists to meet claims against the Council for which we act as our own insurer (there is a further "provision" for actual known claims which stood at £5.8m in March 2013).

15. Risk Assessment and Adequacy of Estimates

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

15.2 In the current economic climate, it is inevitable that the budget carries significant risk.

15.3 In my view, whilst very difficult, the budget for 2014/15 is achievable subject to the risks and issues described below. For budgetary control purposes, the budget of the Council is split into departments, with a strategic director accountable for spending within budget. Inevitably, some individual service reductions will not achieve the full expected savings, and issues will surface during the course of the year which will unexpectedly cost money. The Council has always, however, operated flexible budget management rules which enable pressures to be dealt with as they arise.

15.4 The paragraphs below deal with what I believe to be the most significant risks in the budget.

15.5 There is a significant risk that budget savings are not delivered, or take longer to deliver than anticipated. The cumulative impact of budget savings agreed since 2011/12 means that some £13m of savings remain to be implemented in 2014/15, plus any slippage in savings expected in earlier years.

15.6 Slippage can, to an extent, be managed; but will affect the managed reserves strategy discussed above. Failure to implement the full required savings at all will, however, affect our longer-term position.

15.7 The second significant risk is economic downturn, nationally or locally. This could result in:

(a) further cuts to Revenue Support Grant in 2015/16 (despite the 2 year settlement); or Revenue Support Grant for later years being less than current projections (this may happen even in a period of economic recovery, if the recovery is less strong than current Treasury/OBR forecasts);
(b) falling business rate income due to business failures;
(c) increased cost of council tax reductions for low income taxpayers;
(d) growing need for Council services;
(e) an increase in bad debts.

15.8 We also continue to be responsible for substantial demand-led services such as adult care and concessionary travel. The former is particularly susceptible to the impact of any new, high cost clients. In the medium term there remains work to do to put the adult social care budget on a sustainable footing, and risk remains until this is resolved.

15.9 The growth of academies will lead to loss of income for the Education and Children's Services Department, which cannot be readily compensated by cost reductions unless a critical mass of schools seek to become academies. Each pupil brings £116 to the Council in Education Services Grant, which would be lost when a school becomes an academy. Academy conversion will also lead to loss of business rates income.

15.10 The budget seeks to manage these risks as follows:

(a) a £3m contingency has been included in the 2014/15 budget and provisional 2015/16 budget. In addition to managing risk, this provides resource for the City Mayor to revisit any proposed service reductions, particularly if needed to satisfy our equality duties. Should the contingency prove insufficient, the managed reserves strategy will need to be revisited;
(b) a minimum balance of £15m reserves will be maintained;
(c) a planning contingency is included in the budget from 2015/16 onwards (£3m per annum accumulating).

15.11 Subject to the above comments, I believe the Council's general and earmarked reserves to be adequate. I also believe estimates made for pay, price, and capital financing are robust. (Whilst no inflation is provided for the generality of running costs in 2015/16, some exceptions are made, and it is believed that services will be able to manage without an allocation).

15.12 Strategic directors, supported by their heads of finance, believe the financial estimates in their budget proposals are robust.

16. **Comments received on the Draft Budget**

16.1 This section of the draft report will be completed once consultation has concluded.

17. **Borrowing**

17.1 Local authority capital expenditure is based on a system of self-regulation, based upon a code of practice (the "prudential code").

17.2 The Council complies with the code of practice, which requires us to agree a set of indicators to demonstrate that any borrowing is affordable, sustainable and prudent. To comply with the code, the Council must approve the indicators at the same time as it agrees the budget. The substance of the code pre-dates the recent huge cutbacks in public spending.

17.3 Since 2011/12, the Government has been supporting all new general fund capital schemes by grant. Consequently, any new borrowing has to be paid for ourselves.

17.4 Until 2012/13, the Council supplemented the national code with local indicators which measured the impact of unsupported borrowing. Changes to the system of local government finance, and to the way government supports capital schemes, has now rendered these obsolete.

17.5 Attached at Appendix Three are the prudential indicators which would result from the proposed budget. A limit on total borrowing, which the Council is required to set by law, is approved separately as part of the Council's treasury strategy.

17.6 The Council will continue to use borrowing for "spend to save" investment which generates savings to meet borrowing costs.

18. **Minimum Revenue Provision**

18.1 By law, the Council is required to charge to its budget each year an amount for the repayment of debt. This is known as "minimum revenue provision" (MRP). The purpose of this section of the report is to propose a policy in respect of calculating MRP.

18.2 Historic supported borrowing will be charged to revenue at a rate equal to 4% of outstanding debt.

18.3 For other borrowing, the policy statement members are asked to endorse is as follows:

(a) **basis of charge** – where borrowing pays for an asset, the debt repayment calculation will be based on the life of the asset; where borrowing funds a grant or investment, the debt repayment will be based upon the length of the Council's interest in the asset financed (which may be the asset life, or may be lower if the grantee's interest is subject to time limited restrictions); where borrowing funds a loan to a third party, the basis of charge will normally be the period of the loan;

(b) **commencement of charge** – debt repayment will normally commence in the year following the year in which the expenditure was incurred. However, in the case of expenditure incurred relating to the construction of an asset, the charge will commence in the year in which the asset becomes operational. The charge would normally be based on an equal instalment of principal, but could be set on an annuity basis where the Director of Finance deems appropriate;

(c) **asset lives** – the following maximum asset lives are proposed:

- Land – 50 years;
- Buildings – 50 years;
- Infrastructure – 40 years;
- Plant and equipment – 20 years;
- Vehicles – 10 years;
- Loan premia – the higher of the residual period of loan repaid and the period of the replacement loan;

(d) **voluntary set-aside** – authority to be given to the Director of Finance to set-aside sums voluntarily for debt repayment, where she believes the standard depreciation charge to be insufficient, subject to such decisions being reported annually as part of the revenue outturn.

19. Financial Implications

19.1 This report is exclusively concerned with financial issues.

19.2 Section 106 of the Local Government Finance Act 1992 makes it a criminal offence for any member with arrears of council tax which have been outstanding for two months or more to attend any meeting at which a decision affecting the budget is to be made unless the member concerned declares the arrears at the outset of the meeting and that as a result s/he will not be voting. The member can, however, still speak. The rules are more circumscribed for the City Mayor and Executive. Any executive member who has arrears outstanding for 2 months or more cannot take part at all.

20. **Legal Implications (Kamal Adatia, City Barrister)**

20.1 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.

20.2 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. Council can allocate more or less funds than are requested by the Mayor in his proposed budget.

20.3 As well as detailing the recommended council tax increase for 2014/15, 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.

20.4 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 also no specific statutory requirements to consult residents, although in the preparation of this budget the Council has undertaken tailored consultation exercises with wider stakeholders.

20.5 As set out at paragraph 2.11 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 section 10. 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. As a consequence, there are no service-specific 'impact assessments' that accompany the budget, and instead the Council has considered the cumulative impact of the budget proposals over time when applying "due regard" to approving this year's budget.

21. **Other Implications**

Other Implications	Yes/ No	Paragraph References within the report
Equal Opportunities	Y	Paragraph 10
Policy	Y	The budget sets financial envelopes within which Council policy is delivered
Sustainable and Environmental	N	The budget is a set of financial envelopes within which service policy decisions are taken. The proposed 2014/15 budget reflects existing service policy.
Crime & Disorder	N	
Human Rights Act	N	
Elderly People/People on Low Income	N	

22. **Background Papers**

23. **Report Author**

Mark Noble
Head of Financial Strategy
11th December 2013

BUDGET CEILINGS 2014/15

Appendix One

	Budget 2013/14 (as amended)	Full Year Effects	Inflation	Technical & Other Changes	Real budget changes	Budget Ceiling 2014/15
	{000}	{000}	{000}	{000}	{000}	{000}
1. City Development & Neighbourhoods						
1.1 Environmental & Enforcement Services						
Divisional Management	640.4					640.4
Street Scene Enforcement	1,413.1	(90.0)	(6.0)			1,317.1
Business Regulation	1,358.5		(2.0)			1,356.5
Building Control	188.8	(20.0)	(9.0)			159.8
Licensing & Pollution	387.6		(15.0)			372.6
Cleansing & Waste Management	17,864.3	(100.0)	311.0	352.0		18,427.3
Parks & Open Spaces	3,668.6	(40.0)	(45.0)			3,583.6
Community Safety	1,174.4		21.0			1,195.4
Car Parks	(630.6)	(102.0)				(732.6)
Divisional sub-total	26,065.1	(352.0)	255.0	352.0	0.0	26,320.1
1.2 Culture & Neighbourhood Services						
Arts & Museums	5,506.0	(321.0)	45.2			5,230.2
Library Services	3,334.4	(31.0)	18.0			3,321.4
Sports Services	2,860.2		(30.0)			2,830.2
Community Services	2,740.5	(450.0)	15.0			2,305.5
Divisional Management	1,657.9	(94.0)				1,563.9
Divisional sub-total	16,099.0	(896.0)	48.2	0.0	0.0	15,251.2
1.3 Planning, Transportation & Economic Development						
Transport Strategy	9,865.7	20.0	130.0			10,015.7
Traffic Management	2,169.1					2,169.1
Highways Design & Maintenance	6,462.3		110.0			6,572.3
Planning	1,213.3		(18.0)			1,195.3
Economic Regeneration & Enterprise	503.3	(72.0)	23.1			454.4
Divisional Management	309.7	38.0				347.7
Divisional sub-total	20,523.4	(14.0)	245.1	0.0	0.0	20,754.5
1.4 City Centre	479.5		6.2			485.7
1.5 Property Services						
Property Management	7,506.8	(340.0)	109.1			7,275.9
Environment team	294.7		5.1			299.8
Markets	(409.2)					(409.2)
Energy Management	246.6					246.6
Fleet Management (Trading)	(250.0)	(50.0)				(300.0)
Divisional sub-total	7,388.9	(390.0)	114.2	0.0	0.0	7,113.1
1.6 Departmental Overheads	853.0		2.0			855.0
DEPARTMENTAL TOTAL	**71,408.9**	**(1,652.0)**	**670.7**	**352.0**	**0.0**	**70,779.6**

BUDGET CEILINGS 2014/15

Appendix One

	Budget 2013/14 (as amended)	Full Year Effects	Inflation	Technical & Other Changes	Real budget changes	Budget Ceiling 2014/15
	{000}	{000}	{000}	{000}	{000}	{000}
2.Adults & Housing						
2.1 Adult Social Care & Safeguarding						
Management	600.7	(556.0)	0.9			45.6
Safeguarding & Emergency Duty Team	1,191.3		3.4			1,194.7
Independent Living	4,449.2	(450.0)	10.7			4,009.9
Assessments & Commissioning	59,729.4	(2,035.0)	812.8		2,200.0	60,707.2
Divisional sub-total	65,970.6	(3,041.0)	827.8	0.0	2,200.0	65,957.4
2.2 Care Services & Commissioning						
Care Services Management	239.8		3.7			243.5
Residential Care (In-House)	4,842.7	(2,373.0)	(36.6)		(1,072.0)	1,361.1
Day Opportunities (In-House)	4,423.6	(548.0)	(12.9)		37.0	3,899.7
Commissioned Services	11,339.5	(353.0)	156.7		1,035.0	12,178.2
Drugs & Alcohol Action Team	640.1			5,644.0		6,284.1
Directorate	302.3		0.4			302.7
Divisional sub-total	21,788.0	(3,274.0)	111.3	5,644.0	0.0	24,269.3
2.3 City Public Health & Health Improvement (see note)						
Sexual health	4,765.6				(573.0)	4,192.6
NHS Health Checks	981.0				120.0	1,101.0
Children 5-19	1,981.7				(180.0)	1,801.7
Smoking & tobacco	1,227.0					1,227.0
Substance Misuse	6,106.5			(5,644.0)		462.5
Physical Activity	667.5				325.0	992.5
Other public health	4,265.7				(590.0)	3,675.7
Grant income	(19,995.0)			19,995.0		0.0
Divisional sub-total	0.0	0.0	0.0	14,351.0	(898.0)	13,453.0
2.4 Housing Services	6,659.4	(1,000.0)	(48.7)			5,610.7
2.5 Public Health grant income	0.0			(19,995.0)	(2,000.0)	(21,995.0)
DEPARTMENT TOTAL	**94,418.0**	**(7,315.0)**	**890.4**	**0.0**	**(698.0)**	**87,295.4**

Note: For the 2013/14 budget process, Public Health funding was shown as a single line with a net nil spend (as all expenditure was covered by specific grant income); a notional split of expenditure was later added and is included above. For this year, the major areas of spend are shown separately. In addition, in-house service spend (of which the largest element is the Drugs & Alcohol Team) is shown under spending departments' budget lines to avoid double-counting of budgets.

BUDGET CEILINGS 2014/15

Appendix One

	Budget 2013/14 (as amended)	Full Year Effects	Inflation	Technical & Other Changes	Real budget changes	Budget Ceiling 2014/15
	{000}	{000}	{000}	{000}	{000}	{000}
3. Education & Children's Services						
3.1 Young People's Support						
Early Prevention	13,791.5	(1,961.0)	72.6		(2,470.0)	9,433.1
Youth Service	3,554.7	(158.0)	29.2		(603.0)	2,822.9
Attendance Service	928.2		(0.3)		0.0	927.9
Youth Offending Service	1,342.1		(16.6)		0.0	1,325.5
Divisional Budgets	(1,464.9)		(20.5)		1,910.0	424.6
Operational Transport	(111.6)				0.0	(111.6)
School Support Services	4,895.5	(96.0)	69.8		(80.0)	4,789.3
Divisional sub-total	22,935.5	(2,215.0)	134.2	0.0	(1,243.0)	19,611.7
3.2 Learning Services						
School Improvement	2,863.2	(10.0)	7.4		(343.0)	2,517.6
Removing Barriers	2,934.5	(27.0)	6.0		(400.0)	2,513.5
Divisional sub-total	5,797.7	(37.0)	13.4	0.0	(743.0)	5,031.1
3.3 Social Care & Safeguarding						
Fieldwork	8,209.7	(63.0)	28.4		(131.0)	8,044.1
Resources	26,899.9		269.2		(426.0)	26,743.1
Safeguarding Unit	1,807.8		1.9		(54.0)	1,755.7
Divisional sub-total	36,917.4	(63.0)	299.5	0.0	(611.0)	36,542.9
3.4 Adult Skills & Learning Service	(890.5)	1.0	0.0			(889.5)
3.5 Departmental Resources						
Departmental Resources	1,582.3		24.0		(1,926.0)	(319.7)
Education Services Grant	(6,624.0)		0.0		350.4	(6,273.6)
Early Intervention Grant	(382.6)	(4,000.0)	0.0		4,382.6	0.0
Divisional sub-total	(5,424.3)	(4,000.0)	24.0	0.0	2,807.0	(6,593.3)
DEPARTMENTAL TOTAL	**59,335.8**	**(6,314.0)**	**471.1**	**0.0**	**210.0**	**53,702.9**

BUDGET CEILINGS 2014/15

Appendix One

	Budget 2013/14 (as amended)	Full Year Effects	Inflation	Technical & Other Changes	Real budget changes	Budget Ceiling 2014/15
	{000}	{000}	{000}	{000}	{000}	{000}
4. Corporate Resources Department						
4.1 Delivery, Communications & Political Governance	8,557.5	(45.0)	53.2			8,565.7
4.2 Financial Services						
Financial Support	5,871.1	(465.0)	(17.2)			5,388.9
Revenues & Benefits	2,980.6	233.0	14.1			3,227.7
Divisional sub-total	8,851.7	(232.0)	(3.1)	0.0	0.0	8,616.6
4.3 Human Resources	3,168.2	(149.0)	(20.1)			2,999.1
4.4 Information Services	9,375.9	(1,115.0)	(23.8)			8,237.1
4.5 Legal Services	2,076.1		(28.0)			2,048.1
DEPARTMENTAL TOTAL	**32,029.4**	**(1,541.0)**	**(21.8)**	**0.0**	**0.0**	**30,466.6**
GRAND TOTAL	**257,192.1**	**(16,822.0)**	**2,010.4**	**352.0**	**(488.0)**	**242,244.5**

Appendix Two

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. Strategic 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. Strategic 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. Strategic 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 City Mayor may commit sums set-aside for energy cost reduction schemes;

(b) The City Mayor may commit sums set-aside as service transformation provisions;
(c) the Director of Finance may commit the council tax hardship fund;
(d) 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;
(e) the City Mayor may determine the use of the in-year budget contingency, including using it to supplement any budget ceilings (within the limit at paragraph 6 above) or corporate budgets;
(f) the Director of Finance may allocate the sum held for BSF.

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. Strategic 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) a carry forward reserve, subject to the usual requirement for a business case.

12. Strategic 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.

Appendix Three

Recommended Prudential Indicators

1. Introduction

1.1 This appendix details the recommended prudential indicators for general fund borrowing and HRA borrowing.

2. Proposed Indicators of Affordability

2.1 The ratio of financing costs to net revenue budget:

	2014/15 Estimate %	2015/16 Estimate %
General Fund	4.6	5.2
HRA	10.5	10.3

2.2 The estimated incremental impact on council tax and average weekly rents of capital investment decisions proposed in the general fund budget and HRA budget reports over and above capital investment decisions that have previously been taken by the Council are:

	2013/14 Estimate £	2014/15 Estimate £
Band D council tax	0.0	0.0
HRA rent	0.0	0.0

Appendix Three

3. Indicators of Prudence

3.1 The forecast level of capital expenditure to be incurred for the years 2013/14 and 2014/15 (based upon the Council capital programme, and the proposed budget and estimates for 2014/15) are:

Area of expenditure	**2013/14 Forecast £000s**	**2014/15 Estimate £000s**
Children's services	5,278	28,569
Young People	300	0
Social Care & Safeguarding	77	80
Learning Services	43	0
Early Prevention	150	643
BSF	82,357	54,537
Transport	13,688	10,238
Cultural & Neighbourhood Services	4,444	3,088
Environmental Services	910	3,230
Economic Regeneration	20,563	26,336
Adult Care	1,343	4,281
Property	15,251	7,941
Housing Strategy & Options	3,365	1,867
Total General Fund	147,769	140,810
Housing Revenue Account	26,075	25,513
Total	173,844	166,323

3.2 The capital financing requirement measures the authority's underlying need to borrow for a capital purpose is shown below. This includes PFI recognised on the balance sheet.

	2013/14 Estimate £000s	**2014/15 Estimate £000s**	**2015/16 Estimate £000s**
General Fund	357,462	373,504	374,459
HRA	218,566	220,626	219,026

4. Treasury Limits for 2013/2014

4.1 The Treasury Strategy, which includes a number of prudential indicators required by CIPFA's prudential code for capital finance, has been submitted as a separate report to the Council.

Appendix Four

Earmarked Reserves

	Year end balance 31st March 2013 £'000	Year end forecast 31st March 2014 £'000
Ring-fenced Reserves		
Schools Balances	24,651	24,651
DSG not delegated to schools	6,609	6,609
School Capital Fund	5,449	3,000
Schools Buy Back	1,136	900
NHS Joint Working Projects	12,957	7,355
Public Health	3,313	3,313
Total ring-fenced	**54,115**	**45,828**
Corporate reserves		
Capital Reserve	25,957	10,000
Building Schools for the Future - Financing	37,027	19,740
Severance	9,271	14,500
Insurance Fund	5,382	5,400
Job Evaluation (inc. Schools Catering)	1,225	1,225
Total corporate	**78,862**	**50,865**
Other		
IT Reserves	2,050	1,450
Connexions Closure	1,797	1,200
CDN departmental reserve	2,874	990
Strategic Initiatives	1,043	500
Social Care Replacement IT System	2,099	500
Hamilton Development - Bond	475	475
Housing-related Support reserve	609	348
Economic Action plan	1,129	328
Highways Maintenance	418	238
City Council Elections	100	200
Ward Committee funds	192	160
Corporate Governance divisional reserve	300	150
Childrens Services Funds	1,447	60
Cremator replacement fund	268	-
Preventing Homelessness	936	-
Adult Services departmental reserve	916	-
Community Cohesion Fund	92	-
HR Divisional Reserve	701	-
Other - Miscellaneous reserves	3,838	2,540
Total other	**21,284**	**9,139**
Total General Fund Earmarked Reserves	**154,261**	**105,832**

Appendix Five

Comments from Key Stakeholders

[This section will be completed when the final report is submitted to Council, after partners and trade unions have had a chance to comment].

Appendix Six

Forecast Departmental Budgets

	2014/15 £000s	2015/16 £000s
City Development and Neighbourhoods	70,780	70,380
Adult Social Care	87,295	85,244
Education and Children's Services	53,703	53,543
Corporate Resources	30,467	30,467
TOTAL	**242,244**	**239,634**

Appendix B

GENERAL FUND REVENUE BUDGET
BUDGET MONITORING SUMMARY 2013/14 - PERIOD 6

	Current Budget for Year	Forecast Outturn to Period 06	Forecast Variance over (under) spend
	£000	£000	£000
Environmental & Enforcement Services	26,065.1	26,064.8	(0.3)
Culture & Neighbourhood Services	16,099.0	16,099.1	0.1
Planning, Transportation & Economic Development	20,411.8	20,411.9	0.1
City Centre	479.5	479.5	0.0
Property Services	8,114.6	8,114.6	0.0
Departmental Overheads	853.0	851.1	(1.9)
City Development and Neighbourhoods	**72,023.0**	**72,021.0**	**(2.0)**
Adult Social Care & Safeguarding	65,748.0	68,648.8	2,900.8
Care Services & Commissioning	21,788.0	23,309.7	1,521.7
Housing Services	6,659.4	6,910.9	251.5
Adult Social Care, Health and Housing	**94,195.4**	**98,869.4**	**4,674.0**
Young People's Support	23,047.1	23,047.3	0.2
Learning Services	5,797.7	5,797.7	0.0
Social Care & Safeguarding	37,140.0	37,140.0	0.0
Adult Skills & Learning Service	(890.5)	(677.4)	213.1
Departmental Resources	(5,424.3)	(5,426.4)	(2.1)
Education & Children's Services	**59,670.0**	**59,881.2**	**211.2**
Delivery Communications & Political Governance	8,557.5	8,177.9	(379.6)
Financial Services	8,878.0	9,178.0	300.0
Human Resources	3,171.2	3,171.0	(0.2)
Information Services	9,341.0	9,341.0	0.0
Legal Services	2,076.1	2,091.7	15.6
Corporate Resources and Support	**32,023.8**	**31,959.6**	**(64.2)**
City Public Health & Health Improvement	**0.0**	**0.0**	**0.0**
Housing Benefits (Client Payments)	**527.6**	**527.6**	**0.0**
Total Operational	**258,439.8**	**263,258.8**	**4,819.0**
Miscellaneous	21,338.3	20,404.7	(933.6)
Capital Financing	14,408.9	13,456.0	(952.9)
Total Corporate Budgets	**35,747.2**	**33,860.7**	**(1,886.5)**
Net Recharges	(2,944.3)	(2,944.3)	0.0
Use of Reserves	12,126.3	12,126.3	0.0
TOTAL GENERAL FUND	**303,369.0**	**306,301.5**	**2,932.5**

City Public Health & Health Improvement

The City Council has newly acquired responsibility for public health following its transfer from the NHS. The cost of these functions is being met from a ringfenced grant of £20m. The Government was very late in announcing the extent of local authorities' responsibilities. There has therefore been some delay in implementing new programmes. However, the full grant will be spent.

Public Health Budget

Member Briefing

October 2013

Description of Key Services

The purpose of public health in the local authority is, as part of a wider system, to

- improve the health of the population
- ensure that the health of the population is protected, and to
- support improvements in health and care services

Responsibilities

- The Health and Social Care Act (2012) lays out specific responsibilities of the Local Authority with regard to public health and the Director of Public Health (DPH).
- Some responsibilities are mandatory either as a mandate of the Secretary of State for Health or as part of a universal system
- Other responsibilities are to be applied in relation to local need following assessment
- Prevention of ill health is important for the population and quality of life and will also drive future reductions in adult social care as well as NHS care.
- Public health is a vital part of the work of the Health and Wellbeing Board and the implementation of the Health and Wellbeing Strategy.

Mandatory services

- Commissioning sexual health services (open access contraceptive services, treatment of sexually transmitted infection, HIV prevention and identification but not HIV treatment, Terminations of Pregnancy and GP contraceptive services.
- Health protection (duty on DPH to ensure plans in place to protect health of population) including community infection prevention and control and the local authority role in dealing with health protection incidents, outbreaks and emergencies.
- Public Health advice, analysis and support to NHS commissioners (CCG's)
- Implementing the National Child Measurement Programme
- Commissioning NHS health checks for 40-74 year olds
- Joint Strategic Needs Assessment
- Pharmaceutical Needs Assessment

Other commissioning responsibilities

- tobacco control and smoking cessation services
- alcohol and drug misuse services
- Public health services for children and young people aged 5-19 (including Healthy Child Programme 5-19) and from 2015/16 all public health services for children and young people 0-19 years.
- interventions to tackle obesity, such as community lifestyle and weight management services
- locally-led nutrition initiatives
- increasing levels of physical activity in the local population
- public mental health services
- dental public health services
- accidental injury prevention
- population level interventions to reduce and prevent birth defects
- behavioural and lifestyle campaigns to prevent cancer and long-term conditions (e.g. diabetes, chronic obstructive pulmonary disease)
- local initiatives on workplace health
- local initiatives to reduce excess deaths as a result of seasonal mortality
- public health aspects of promotion of community safety, violence prevention and response
- public health aspects of local initiatives to tackle social exclusion
- local initiatives that reduce public health impacts of environmental risks.

Additional responsibilities

- Community acquired infection prevention and control
- Clinical Governance
- Oral health epidemiology and oral health promotion

Overview of health need

Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	124516	41.0	19.8	83.0		0.0
	2 Proportion of children in poverty ‡	22445	33.1	21.9	50.9		6.4
	3 Statutory homelessness ‡	56	0.5	2.0	10.4		0.0
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1768	52.1	58.4	40.1		79.9
	5 Violent crime	7849	25.8	14.8	35.1		4.5
	6 Long term unemployment	2236	10.8	5.7	18.8		0.9
Children's and young people's health	7 Smoking in pregnancy ‡	669	12.9	13.7	32.7		3.1
	8 Breast feeding initiation ‡	3887	74.6	74.5	39.0		94.7
	9 Obese Children (Year 6) ‡	677	20.6	19.0	26.5		9.8
	10 Alcohol-specific hospital stays (under 18)	38	54.3	61.8	154.9		12.5
	11 Teenage pregnancy (under 18) ‡	248	46.5	38.1	64.9		11.1
Adults' health and lifestyle	12 Adults smoking ‡	n/a	23.4	20.7	33.5		8.9
	13 Increasing and higher risk drinking	n/a	18.7	22.3	25.1		15.7
	14 Healthy eating adults	n/a	25.8	28.7	19.3		47.8
	15 Physically active adults ‡	n/a	8.5	11.2	5.7		18.2
	16 Obese adults ‡	n/a	23.4	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	21	8.1	13.6	26.8		2.7
	18 Hospital stays for self-harm ‡	1172	360.7	212.0	509.8		49.6
	19 Hospital stays for alcohol related harm ‡	7112	2370	1895	3276		910
	20 Drug misuse	2539	12.1	8.9	30.2		1.3
	21 People diagnosed with diabetes ‡	19959	7.0	5.5	8.1		3.3
	22 New cases of tuberculosis	205	67.3	15.3	124.4		0.0
	23 Acute sexually transmitted infections	2203	718	775	2276		152
	24 Hip fracture in 65s and over ‡	266	552	452	655		324
Life expectancy and causes of death	25 Excess winter deaths ‡	109	13.8	18.7	35.0		4.4
	26 Life expectancy – male	n/a	75.4	78.6	73.6		85.1
	27 Life expectancy – female	n/a	80.1	82.6	79.1		89.8
	28 Infant deaths ‡	33	6.4	4.6	9.3		1.2
	29 Smoking related deaths	400	247	211	372		125
	30 Early deaths: heart disease and stroke ‡	257	103.1	67.3	123.2		35.5
	31 Early deaths: cancer ‡	293	117.9	110.1	159.1		77.9
	32 Road injuries and deaths ‡	90	29.5	44.3	128.8		14.1

‡ Substantially similar to indicator proposed in the Public Health Outcomes Framework published January 2012

Progress

- **CVD mortality:** Premature mortality (under 75s) rate in Leicester is significantly worse than the England rate but has shown a steady improvement over the past 12 years from 164 deaths per 100,000 in 1997-9 to 91 in 2009-11.
- **Teenage pregnancy:** Leicester rates have reduced by 55% between 1998 (64.6 conceptions per 1,000 15-17 year old females) and 2011 (30 per 1,00) where nationally reduction has been 29% for same period. TP rate is now similar to the national average
- **Breast feeding:** Rates at 6-8 weeks in Leicester are better than the national rate and have shown an improvement from 53% in 2009/10 to 55% in 2012/13 cw England 44.7% to 47.2%
- **Childhood immunisations:** % of under 2 and under 5 year olds vaccinated in Leicester has also improved over the past few years and is higher than the national rate in DTP, MenC, MMR, Hib/MenC and PCV
- **Smoking prevalence:** Levels of smoking prevalence are falling nationally and the Leicester Lifestyle Survey suggests rates are falling locally too.
- **Alcohol-related hospital admissions:** Rates were worse than the national rate and saw an increase between 2002/3 and 2010/11 (to 2370 admissions per 100,000). In 2011/12 rates have improved to similar to the national rate (1992 per 100,000)

Ring-fenced public health grant

- Announced January 2013
  - 2013/14 £19,995k
  - 2014/15 £21,994k
  - The ring-fence has been extended to 2015/16
  - Further years to be announced
  - Required to report spend by type of expenditure
  - Nationally published public health outcomes framework
- Formal accountability rests with the Chief Executive of the local authority, but DH expects day-to-day responsibility for the grant to be delegated to the Director of Public Health (DH Dec 2011).

Other background

- Prior to 1st April 2013 the public health directorate of the PCT managed a portfolio of responsibilities different to those now covered by the ring-fenced grant.
- Some contracts managed by other PCT directorates and the PCT public health team managed other areas.
- Successful transition and work on-going.
- Since the transition was announced PCT management reductions forced redundancies in public health in 2011/12 and no developments have been funded recurrently.
- There have been no procurements for periods longer than one year.
- Non recurrent funding has been transferred to LCC at the end of the last three financial years.

Commissioning arrangements for Public Health

- These are now entirely within the processes and procedures of the City Council.
- The transferred commissioned activity is subject to a programme of review and re-procurement which reflect mandatory requirements, City Council priorities and partnership priorities as set out in the Leicester Health and Wellbeing Strategy, Closing the Gap.
- Decisions on policy and direction of commissioning are taken by the Executive with advice and options developed by the Director of Public Health.
- Currently the Lead Member for Health and the Executive are in the process of considering a range of issues in relation to the future use of the ring-fenced budget and thus future commissioning priorities.

Budget overview 2013/2014

Public Health Service	2013/14 £000
Transferred Commissioned Services	16,342
Public Health Staff	1,331
LCC & CCG Infrastructure	374
JSNA, Needs Assessment & Evaluation	200
Sub-Total	**18,247**
New Responsibilities and developments	677
Joint Health and Wellbeing Strategy	450
Areas of Potential Savings	(45)
Total Cost of Services for Public Health	**19,329**
Total DH Ring-Fenced Grant Funding	**(19,995)**
Transitional contingency	**(666)**

Summary

- Successful transition with some changes still to be worked through.
- Health of the population remains poor despite good progress on some short term indicators.
- Some new responsibilities require new funding.
- Some development needed in line with population need and to meet Health and Wellbeing Strategy agreed April 2013.
- Commissioning within the processes of the council.

Meeting with local authorities hosting congenital heart disease specialist units and associated Healthwatch organisations

8 January 2014

Introduction

Upper tier local authorities which host specialist congenital cardiology centres, and associated local Healthwatch organisations, met representatives of NHS England to discuss the new review of congenital heart disease. Lincolnshire County Council was also invited to the meeting. While not hosting a specialist service, Lincolnshire was one of the authorities that referred Safe and Sustainable to the Secretary of State for Health. A list of those invited and those who attended this meeting is attached at Annex A at the end of this report. The purpose of the meeting was for the review team to provide an update on their work, to establish a dialogue and to seek advice on how best to engage with local government more widely in the future.

Presentations

John Holden welcomed participants to the meeting and emphasised the importance of their contribution to ongoing thinking. He gave an update on the review but emphasised that the update should not contain surprises/new material. He noted that the aim was to build on work done to date where that was valuable. In those areas that were controversial or perhaps not fully worked through in the previous work, the new review would take a fresh look. John identified the different strands of work:

- alignment of three different sets of standards dealing with any ambiguity and ensuring that they reflect the model of optimum care;
- analysis using latest data focusing in the first instance on specialist inpatient care and later on other aspects of the congenital heart disease (CHD) service and other interdependent services;
- using the analysis to enable modelling of functions and form to meet capacity requirements;
- commissioning and change model – looking at how NHS England will commission for change ensuring that service specifications translate into practical improvements for patients;
- making sure that information about the performance of congenital heart services is provided in a way that is understandable and timely; and
- early diagnosis with better and less variable ante-natal and neo-natal detection rates.

John emphasised that the new review team are committed to making the process as open as possible. He highlighted the potential tension between pace and inclusivity. While some people would like the new review to complete its work rapidly, there is a need to ensure that there is engagement. He also noted that the timescale set for this work would need to take account of a number of factors including local Government elections. John presented the latest thinking on the timing of the consultation on standards which is likely to be late Spring 2014.

Michael Wilson then presented feedback to date from groups representing patients and public, clinicians and providers. He drew out some of the key messages being raised across groups and explained how the new review was responding.

There were opportunities during and after the presentations for questions and answers. We note these below.

Questions and answers

The review and timing

Q. If this is a new process, how can you justify importing work from the previous (i.e. Safe and Sustainable) process – as referred to in Professor Grant's letter to the Secretary of State for Health dated 31 July 2013?

A. We have made a judgement that to start from the beginning again would cause very significant delay and be very demoralising for those clinicians and others who gave up so much time to support the development of standards. But we are not taking previous work without questioning it. We have taken the Safe and Sustainable standards and looked at them afresh. Our medical director Bruce Keogh has reminded the standards groups of the need to identify best practice, rather than best fit with current provision. The standards groups are now working to finalise standards that cover the whole life course. This will form the basis of a consultation this year.

Q. What is the timetable for the new review?

A. By June 2014 we will have put in place many of the building blocks for the new arrangements but we will not have finished by then. Specifically, work will be well advanced on the standards, but we will not have got to the stage where we are specifying providers – and, depending on our findings on capacity requirements and the commissioning process selected, we may never do so. By the end of the year we hope to have an agreed specification which will inform future commissioning. We understand the need to work at

pace, but this cannot be at the expense of taking the time to get things right or the need for inclusivity.

Q. Are the new review team aware of the need to respect the restricted period of local Government elections in May 2014?

A. Yes. We do not intend to consult on this particular set of service specifications during the restricted period.

Q. Is the new review team adequately resourced?

A. We are taking steps to make sure that the review has the resources required. We have always recognised that this is an important piece of work but we need to increase our capacity to deliver at a pace that respects the need for widespread engagement at every stage of this process.

Q. Can the new review team be as open as possible on timing so that local stakeholders can plan effectively?

A. We understand that sharing information about timetable will help everyone to plan more effectively. There has been a broad consensus that the review needs to have the work on standards at its core. We have developed a reasonably detailed timeline for this work which we have shared today. The timetable for other parts of our work programme, for example, describing the form and functions of the future system will become more apparent as we move forward. Some of the work on the other objectives can be undertaken in parallel with the work on standards, but some will, necessarily, need to wait until the standards have been signed off.

Q. What is the likelihood that future work on commissioning / reconfigurations will be stopped because of the General Election in 2015?

A. We are not working in a vacuum and we need to take into account a range of factors nationally and locally, including elections. However, NHS England's Board is clear about its responsibility to improve outcomes for patients and this will always be at the heart of its work and the decisions it takes.

Scope

Q. Will National Institute for Cardiovascular Outcomes Research (NICOR) be looking at a range of determinants that impact congenital heart disease?

A. Yes, we have asked NICOR to undertake a new assessment for us on what the data is telling us and what factors influence outcomes. We have made it clear that we need to know where the data is and isn't showing there are correlations in relation to outcomes; and where it is not conclusive either way. We are also commissioning, separately, an evidence review which will look at determinants.

Q. Should we be encouraging pre-conception counselling in those social and community groups particularly affected with CHD?

A. We will consider this in relation to what we find out about the impact of different determinants.

Q. Will the new review team be looking at population forecasts?

A. Yes, we plan to look at this when we are considering future capacity. We will also look at other variables including changes in survival rates and advances in clinical practice.

Communication and engagement

Q. Most of the communication to date seems to have been aimed at health professionals. How is the new review team going to communicate with children and young people; parents and carers?

A. The new review team has set up an independently chaired Patient and Public group comprising a range of charities, support groups and umbrella bodies. We have ensured that all areas with congenital heart disease specialist units are represented. We are planning an engagement event with children and young people and also looking at what we can do to better connect with Black and Minority Ethnic (BAME) groups. In addition to that, John Holden's blog is aimed at a general audience.

Q. **How are the new review team going to ensure that Health and Wellbeing Boards and Oversight and Scrutiny Committees understand that the scope of the review covers adults as well as children?**

A. We are looking at how we communicate and what other methods over and above the blog we can use. We are working with the Local Government Association, Healthwatch and the Centre for Public Scrutiny to ensure that the relevant boards and committees are aware of the review process.

Q. **Will the new review team be including Health and Wellbeing Boards in their thinking on governance of their work?**

A. We recognise the important role Health and Wellbeing Boards play and have started to engage with them. Representatives are here today. We are looking at how we can best engage with Health and Wellbeing Boards in a manner that is appropriate to the review, and would welcome any suggestions local authorities might have.

Q. **Is the new review team going to work directly with Oversight and Scrutiny Committees (OSCs)?**

A. We recognise the important role OSCs play both in helping us to understand the issues from a local perspective, and in mitigating the risk of future challenge. We have already attended four different joint OSCs. We are looking at how we can best engage with OSCs in a manner that is appropriate to the review fair to all interested parties, and would welcome any suggestions local authorities might have. We are in discussion with the Centre for Public Scrutiny to help us to ensure that scrutiny committees are aware of the review.

Q. **There have been concerns expressed about the earlier work: that the membership of influential groups was not representative of the country as a whole, and was skewed towards London and the South. How will the new review avoid the same problems?**

A. We have ensured that doctors and managers from every hospital providing specialist congenital heart disease services have been invited to our engagement and advisory groups. In the case of the Clinical Advisory Panel, it is true to say that members, in particular from the Royal Colleges, tend to be from the South. But we need to remember that they are present as representatives of their Colleges and not their places of work, and that they

were typically elected to their position by College members. We are satisfied that we have taken appropriate steps to manage any risk of in-built bias.

Q. The last review found conflicts of interest. We need openness this time.

A. We have agreed a robust process for dealing with potential conflicts of interest and will in due course publish a register. We want to work in an environment of openness and will continue to ensure that we make publicly available notes of meetings and so on.

Q. Are you getting advice from geneticists?

A. In the work we are undertaking on early diagnosis we are speaking to specialists but, so far, not geneticists.

Q. Are you getting primary care input?

A. We are not speaking specifically to primary care providers. At the moment, the major part of our work focuses on the standards for hospital settings, not primary care.

Reconfiguration

Q. Will there be an opportunity for discussion about how services will be delivered locally and regionally?

A. The consultation which we are currently planning will focus on national standards and not on reconfiguration. The standards will set a consistent national expectation for patients, wherever they live. But we expect that there may be different regional and local approaches to how the standards are achieved.

Q. Might there be scope for services to be grouped together differently and to have centres of excellence?

A. NHS England is consulting on specialised services and how they might be delivered. The new review team will ensure that we link with the wider strategic programme.

Q. What are you going to do about access?

A. We have heard different views on access. Some people have said that they would be willing to travel as far as it takes to get the best service; others have said that they want the service as near as possible. What we want to ensure is that, wherever someone lives, they have access to an excellent service which is resilient to events. And that wherever that service is, patients and families are getting the support they need when they use the service.

Q. Will it be possible for people to choose where they are treated?

A. We have affirmed that patient choice still applies and we will make that clear in the standards.

Q. Will NHS England want to commission sub-nationally and if so could this be done for example through the 4 regional teams that cover the country?

A. We are considering the best approach for commissioning, and there may be a number of potential approaches, but the specification for services will be the same across the whole country.

Q. Previous reviews have fallen because there has been inadequate local engagement. If there is a consultation on reconfiguration, local bodies (including Oversight and Scrutiny Committees) and residents need to know the rationale

A. We agree. We are keen to work with local authorities to ensure that this happens.

Q. Will it be possible to have early engagement before consultation on any reconfiguration plans so that local government scrutiny can be mobilised?

A. We recognise the importance of local scrutiny and are keen at all stages to ensure that it is fully involved. We hope that local authorities here today will be able to help us to this end.

Attendees

Organisation	Name	Position
Birmingham City Council	Cllr Susan Barnett	Chair of the Health and Adult Social Care Overview & Scrutiny Committee.
Cambridgeshire County Council	Jane Belman	Scrutiny and Improvement Officer
Cambridgeshire County Council	Cllr Kevin Reynolds	Member of Adults Wellbeing and Health Overview and Scrutiny Committee
Leeds City Council	Steven Courtney	Principal Scrutiny Advisor to the Leeds Health Scrutiny Board
Leeds City Council	Cllr John Illingworth	Chair of Health Scrutiny at Leeds City Council
Leeds City Council	Cllr Lisa Mulherin	Executive Member for Health & Wellbeing
Leicester City Council	Cllr Michael Cooke	Chair of Health and Wellbeing Scrutiny Commission
Leicestershire County Council	Cllr Ernie White	Chair of the Health and Wellbeing Board
Lincolnshire County Council	Simon Evans	Health Scrutiny Committee
Lincolnshire County Council	Cllr Christine Talbot	Chairman Health Scrutiny Committee
Manchester City Council	Ged Devereux	Senior Strategy Manager, Public Health
Oxfordshire County Council	Claire Phillips	Senior Policy and Performance Officer
Southampton City Council	Cllr. Paul Lewzey	Back Bench member of the Health and Wellbeing Board
Southampton City Council	Jessica North	Senior Communications Officer, Public Health
Southampton City Council	Cllr Dave Shields	Cabinet member for Health also Chair of the Health & Wellbeing Board
Westminster City Council	Mark Ewbank	Scrutiny Officer

Healthwatch Birmingham	Paul Devlin	Chief Executive Officer
Healthwatch England	Shona Johnstone	Public Policy and Partnerships Manager
Healthwatch Leeds	Pat Newdall	Healthwatch officer
Healthwatch Leicester	David Barsby	Policy and Partnership Officer
Healthwatch Leicestershire	Eric Charlesworth	LLR representative on the UHL Board and the East Leicestershire and Rutland Clinical Commissioning Group
Healthwatch Liverpool	Edwin Morgan	Chair
Healthwatch Manchester	Neil Walbran	Chief Officer
Healthwatch Oxfordshire	Larry Sanders	Chairman
NHS England	Penny Allsop	Project Manager
NHS England	John Holden	Director of System Policy
NHS England	Claire McDonald	Engagement Advisor
NHS England	Jennie Smith	Project Co-ordinator
NHS England	Michael Wilson	Programme Director

The new Congenital Heart Disease review: 15th update – John Holden

13 January 2014 - 16:01

It's the first blog of 2014 and so I'd like to wish my reader(s) a Happy New Year.

Your feedback

A question was raised with us about membership of the Clinical Advisory Panel. The specific question was about representation for paediatric intensivists, but it raises a more general point about how the review gets comprehensive clinical advice. Members of the Clinical Advisory Panel have been selected to bring a breadth and depth of experience from the whole range of medical practice, so that we can benefit from an understanding of how similar issues are tackled not just in CHD but also in other specialities, and to ensure that we never consider CHD completely in isolation.

The Panel's role is to provide clear advice to the review, taking account of the best evidence available and also the wide range of clinical opinion. We have judged that to best achieve this, the Panel's membership must be limited to a manageable size.

Of course this creates a risk that some specialties or groups may feel they don't have a seat at the table. To ensure that every clinical group with an interest in the review's work has the opportunity to hear about the work and to contribute, the review has also established a clinician group with a very broad membership that includes representatives from:

- every English provider trust identified as providing any congenital heart surgery or cardiology intervention or with a specialist congenital cardiology centre
- Welsh, Scottish and Northern Irish hospitals providing specialist congenital heart services
- relevant professional colleges and societies covering the main clinical professions and specialist groups involved in delivering care for congenital heart disease.

We also had a meeting with Local Government (see below) at which, amongst other things, attendees pointed out to us that we don't say much about the role of Health & Wellbeing Boards (HWB). There is one HWB for every Local Authority, and its purpose is to bring together the relevant health, public health, social care professionals and other stakeholders to ensure a joined

up approach to meeting the needs of the local population. We will reflect on this feedback, and explain how we propose to make sure that HWBs can play their full part in the review.

Patients, families and their representatives

John Holden, Michael Wilson and Claire McDonald (our engagement adviser) held a meeting in Birmingham on 8 January 2014 to which we invited all those Local Authorities who host a congenital heart surgical centre, and representatives from national and local Healthwatch. The agenda is here and the slides we used for the meeting are here**.** We will provide a write up of the meeting shortly.

The next meeting of our Patient and Public Group is on **10 February 2014** in London. This is a change from the originally advertised date.

Clinicians and their organisations

The next meeting of our Provider Group (engagement with Chief Executives and other senior leaders of provider organisations) is on 15 January 2014 in London. The agenda for the meeting is here.

The next meeting of our Clinicians' Group is on **30 January 2014** in London.

We want to look at all possible sources of evidence that can aid our understanding of how best to deliver future congenital heart disease care. As part of this, we want to explore what evidence there may be in existing data and academic literature (including international comparisons). Therefore, we need to a) commission an analysis of the existing data and b) undertake a literature review.

For the analysis of existing data, I outlined in Blog 13 the work we are commissioning from NICOR, to see whether the information they collect could be used to help understand the relationship between certain factors and patient outcomes. For example, this might show whether there is any association between outcomes and type of procedure, patient ethnicity, distance from surgical centre, access to related services, and number of procedures carried out by a surgical centre. This work is in progress we will provide further updates in due course.

In addition, we have asked the NHS National Institute for Health Research (NIHR) to commission a literature review under their Health Services & Delivery Research (HS&DR) Programme. The NIHR is a large, multi-faceted and nationally distributed organisation, funded through the Department of Health to improve the health and wealth of the nation through research. The NIHR Health Services and Delivery Research (HS&DR) Programme funds research to produce evidence on the quality, accessibility and organisation of health services. This includes evaluations of how the NHS might improve delivery of services.

This programme is contracting with The University of Sheffield, School of Health and Related Research (ScHARR) who have expertise in academic literature reviews of health care service design and this team, on our behalf, will undertake a systematic review of the literature to understand how organisational factors may affect patient outcomes.

We have asked the reviewers to complete a conflicts of interest form. More information on NIHR, their HS&DR Programme and ScHARR can be found at the following links.

- The National Institute for Health Research (NIHR)
- The NIHR Health Services and Delivery Research (HS&DR) Programme

NHS England and other partners

On 7 January NHS England published on its website an "invitation to change proposals for specialised services".

The invitation is for patients, public and professionals to submit ideas of how changes could be made to specialised services. Clearly, as we are already well underway with this review, it would be a little odd to run a parallel process for congenital heart disease services, and so any ideas **regarding CHD services** which are submitted in response to invitation above will be forwarded to the new CHD review team to deal with

On 7 January 2014 the Board's Task & Finish Group met in London. The agenda and papers for the meeting are enclosed here. A note of the meeting will be available shortly.

The next meeting of our Programme Board is on 14 January 2014 in London. The papers for the meeting are now available to view here.

Categories: Home • John Holden • News

Tags: blog • CHD • congenital heart disease review • John Holden

News

The new Congenital Heart Disease review: 16th update – John Holden

27 January 2014 - 18:30

Your feedback

In the comments section of the blog and elsewhere, we've been asked what the review team will do about quality or safety concerns in any of the units currently providing congenital heart care. This is a big question with at least three distinct dimensions: first, the potential impact of continuing uncertainty on the quality of service provided by units; second, the way that we deal with any safety concerns raised with us in the course of the review; and third, the way that specialised services are commissioned and the steps NHS England will take as a commissioner to assure the quality and safety of those services. I will return to this topic in a future blog. For now, I want to make two specific points:

- There is a balance to be struck between acting quickly to stabilise a vulnerable service, versus spending enough time to conclude a review with sufficient engagement and ownership of the outcome so that it has a good prospect of successful implementation. If you have heard me speak at a meeting you will know that I make this point every time I'm on my feet – there is no "right" answer and we are striving to get the best balance we can between pace and inclusivity. I do not want the review to become part of the problem, prolonging the "limbo", but we only took on this responsibility in June 2013 and to simply continue where the last review left off would be unacceptable.
- We have a clear policy for dealing with any quality or safety concerns raised with us during the course of our review. I described this in blog 4, [26 July 2013]. We will always work with our national safety director and our area teams to make the Care Quality Commission (CQC) aware of these concerns: CQC host the Chief Inspector of Hospitals and have legal powers to assure essential levels of safety and quality.

Patients, families and their representatives

As I mentioned in the my last blog, Michael Wilson, Claire McDonald (our engagement adviser) and I held a meeting in Birmingham on 8 January 2014 to which we invited all those local authorities who host a congenital heart surgical centre, and representatives from national and local Healthwatch organisations. Outputs from that meeting (including a list of those people who attended) are now available here.

The next meeting of our Patient and Public Group is on **10 February 2014** in London.

Clinicians and their organisations

The Provider Group (engagement with Chief Executive and other senior leaders of provider organisations) met in London on **15 January 2014**. The slides we used for this meeting are available here. We will provide a write up of the meeting shortly.

The next meeting of the Clinicians' Group is on **30 January 2014** and a copy of the agenda is available to view here.

Professor Deirdre Kelly, who is chair of our Clinicians' Group, is making arrangements to visit each of the congenital heart units during the spring. She will be accompanied by Michael Wilson and/or other members of the review team. The purpose of the visits is simply to help Professor Kelly and colleagues to better understand the work of the units. The visits are NOT in any way a part of assessing, scoring or otherwise judging the performance, suitability or prospects of the units.

NHS England and other partners

On 9 December 2013, NHS England invited patients, patient groups, commissioners, clinicians and others to a special event on the future of specialised services as part of its wider 'Call to Action' project, which was launched in July 2013. A full report of the key themes which emerged during that event is now available to download. This will inform the development of a five year strategy outlining how specialised services are best provided to improve patient experience and outcomes, against a backdrop of financial challenges and rising demand. The detail of the strategy, taking account of this report, will be developed in early 2014.

The DRAFT minutes of the Board's Task and Finish Group meeting on 7 January 2014 are now available.

NHS England's Board held its regular meeting in public on Friday 24 January 2014 in London. One of the items considered was the routine update from Board Committees, including the new CHD review's "Task & Finish Group". A copy of the relevant Board paper is here, and a video recording of the discussion will be available shortly on the relevant section of the NHS England website.

The next meeting of our Programme Board is on **11 February 2014** and the agenda and papers for this meeting will be available on our webpages in due course.

Categories: Home • John Holden • News

Tags: blog • CHD • congenital heart disease review • John Holden

The new Congenital Heart Disease review: 17th update – John Holden

10 February 2014 - 12:58

Your feedback

I am often asked whether NHS England can accelerate work on the new review. With this in mind, we are always looking at ways to do several tasks at the same time. This could really help, so long as we avoid the mistake of prejudging the outcome (e.g guessing what we might hear from our consultation before it is complete). BUT – what we can't do is simply tweak the conclusions of *Safe & Sustainable*, which were overturned by the courts, criticised by the Independent Reconfiguration Panel, and which the Secretary of State said could not be implemented. We have had to start again, and make a fresh appraisal of any of the *Safe & Sustainable* work that we want to build on.

Over the last few blogs I have kept you up to date with the evidence gathering and analysis we are undertaking as part of this review. We have made further progress on our commission for NICOR, the literature review, and our own activity analysis. An update, including some very early findings, was presented at the Patient & Public Group meeting on 10 February (see link to slides below) . This will also be discussed at the Programme Board on Tuesday **11 February 2014** under Item 7 (see link to papers below).

The ScHARR team undertaking our literature review are beginning their search for papers and their full proposal can be found here, but in summary they are focusing on the following two questions:

1. What is the current evidence for the relationship between institutional and surgeon volume and patient outcomes and how is that relationship influenced by complexity of procedure and by patient case mix?
2. How are patient outcomes influenced by proximity to/co-location with other specialist clinical services (e.g. co-location of services such as specialist cardiac paediatric intensive care)?

If you know of any relevant papers, please provide us with the full references by email to england.congenitalheart@nhs.net - as soon as possible, preferably by Monday 17 February 2014

Patients, families and their representatives

The Patient and Public Group met in London on **10 February 2014** and the agenda for the meeting is available here. The slides used for this meeting are available here and we will provide a write up of the meeting shortly, with a list of attendees.

Clinicians and their organisations

The Clinicians' Group met in London on **30 January 2014** and the slides we used for the meeting are available here. We will provide a note of the meeting shortly, with a list of attendees.

NHS England and other partners

The next meeting of our Programme Board is scheduled for **Tuesday 11 February 2014** and the agenda and papers for the meeting are available here. In addition to the paper (Item 7) regarding our analytical work mentioned above, I would also like to draw your attention to the paper (Item 5) entitled "from draft standards to agreed specifications". This paper provides an update on progress to date in developing a set of standards to be incorporated into our commissioning specification, for full public consultation in late spring.

Our Board Task and Finish Group meeting due to take place on **12 February 2014 has been cancelled**; the meeting will be rescheduled.

NHS England will shortly consult on a service specification for "cardiac surgery" – probably late February 2014. You could be forgiven for thinking this is the output of our review of congenital heart disease services, but **IT IS NOT**. Instead, this specification outlines the service that all providers of cardiac surgery are expected to offer to their patients. We expect to consult on our service specifications for **congenital heart disease in June 2014**. You will hear more about this in the coming weeks as we develop our plans.

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