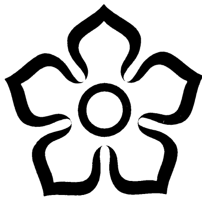

Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **TUESDAY, 16 DECEMBER 2014**
TIME: **5:30 pm**
PLACE: **THE TEA ROOM - FIRST FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER**

Members of the Commission

Councillor Cooke (Chair)
Councillor Cutkelvin (Vice-Chair)

Councillors Bajaj, Chaplin, Glover, Grant, Sangster and Wann

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, City Hall, 115 Charles Street, Leicester, LE1 1FZ

Information for members of the public

Attending meetings and access to information

You have the right to attend formal meetings such as full Council, committee meetings, City Mayor & Executive Public Briefing and Scrutiny Commissions and see copies of agendas and minutes. On occasion however, meetings may, for reasons set out in law, need to consider some items in private.

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- ✓ to respect the right of others to view and hear debates without interruption;
- ✓ to ensure that the sound on any device is fully muted and intrusive lighting avoided;
- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

If you have any queries about any of the above or the business to be discussed, please contact Graham Carey**, Democratic Support on (0116) 454 6356 or email graham.carey@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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

THE 6 PRINCIPLES OF EFFECTIVE SCRUTINY

In March 2014, the Health & Wellbeing Scrutiny Commission adopted 6 principles of effective scrutiny and subsequently agreed that these would be included on all agenda to enable anyone observing or attending meetings to be clear about the role of the Commission. These are:-

1. **To provide a 'critical friend' challenge to executive policy- makers and decision-makers.**

2. **To carry out scrutiny by 'independent minded governors' who lead and own the scrutiny process.**

3. **To drive improvements in services and finds efficiencies.**

4. **To enable the voice and concerns of the public and its communities to be heard.**

5. **To prevent duplication of effort and resources.**

6. **To seek assurances of quality from stakeholders and providers of services.**

TERMS OF REFERENCE OF SCRUTINY COMMISSIONS

Scrutiny Committees hold the executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview and Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its

Scrutiny Commissions may:-

i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.

ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.

iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to particular decisions, initiatives or projects.

iv. make recommendations to the City Mayor, Executive, committees and the

Council arising from the outcome of the scrutiny process.

v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and

vi. question and gather evidence from any person (with their consent).

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

SCRUTINY COMMISSIONS will:-

- Be aligned with the appropriate Executive portfolio.
- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member, who will be a standing invitee.
- Have their own work programme and will make recommendations to the Executive where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.
- Consider the training requirements of Members who undertake Scrutiny and seek to secure such training as appropriate.

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 **Appendix A and A1 (Pages 1 and15)**

The minutes of the meeting held on 4 November 2014 (Appendix A) and the Minutes of the Special Meeting held on the 25 November 2014 (Appendix A1) are attached 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 B (Page 27)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

7. DEVELOPMENT SESSION - LOCAL AUTHORITY HEALTH SCRUTINY — **Appendix C (Page 35)**

The Chair will lead a presentation on the Local Authority Health Scrutiny Guidance issued by the Department of Health in June 2014.

A briefing note on the guidance is attached and the Department of Health Guidance has been issued previously to Members and it requested that this document is brought to the meeting for this item. The document can also be downloaded from the link provided at the end of the briefing note.

8. CONGENITAL HEART DISEASE REVIEW

The Chair to report on the joint response of scrutiny and the executive to the NHS England consultation on the on draft standards and service specifications for congenital heart disease (CHD) services. The consultation ends on 8 December 2014. The response is not in the public domain at the time this agenda is published, but will be made available to Members when it has been submitted.

9. CITY MAYOR'S DELIVERY PLAN 2013/14 - REVIEW OF PROGRESS — **Appendix D (Page 41)**

The Divisional Director Public Health submits a report on the City Mayor's Delivery Plan 2013/14 which has been updated to review its progress.

10. SUBSTANCE MISUSE CONSULTATION — **Appendix E (Page 109)**

To recieve a report providing background information to the consultation process which started on 4 November2014 in relation to the Substance misuse services. Th eservcies have been identified as part of the Councils Spending Review Programme for 2016/17, and the city council is exploring whether £1million could be saved from the overall pooled substance misuse budget of £8.3 million.

In order to achieve a new service model within the reduced financial envelope the consultation exercise has been designed to gain the views of key stakeholders over the future design of services.

11. NHS LEICESTER CITY CLINICAL COMMISSIONING GROUP - PRIMARY CARE STRATEGY 2014-2019 — **Appendix F (Page 119)**

Leicester City Clinical Commissioning Group to submit a report on the CCG's Primary Care Strategy – 2014-19. The strategy sets out the vision for primary care over the next five years, describing a service delivery model that addresses the issues and challenges of today whilst transforming primary care

services so that they are fit for the future. There will also be presentation on the report at the meeting.

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

To receive updates on the following matters that were considered at previous meetings of the Commission:-

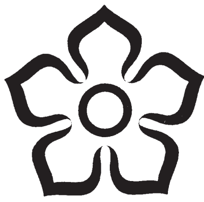
1) Air Quality Report –The report is scheduled to be submitted to the Economic Development Transport and Tourism Scrutiny Commission on 14 January 2015. Members of the Commission will be invited to attend the meeting for this item.

2) Care Quality Commission (CQC) – The Commission's Work Programme had included an item on this agenda for the CQC to outline its inspection programme and work. The CQC's Inspection Manager was unable to attend the meeting and alternative dates are being explored.

3) Joint Scrutiny with Adult Social Care Scrutiny Commission – The Chair has agreed to take the reports on the Better Care Fund, Dementia and a briefing on the Social Care Act to the Commission's scheduled meeting on 27 January, in view of the difficulty in arranging a Joint meeting of the two Commissions in January.

13. ANY OTHER URGENT BUSINESS

Appendix A



Minutes of the Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 4 NOVEMBER 2014 at 5:30 pm

PRESENT:

Councillor Cooke (Chair)
Councillor Cutkelvin (Vice Chair)

Councillor Bajaj   Councillor Sangster

*** ** ***

54. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Chaplin and Grant.

55. DECLARATIONS OF INTEREST

No such declarations were made.

56. MINUTES OF PREVIOUS MEETING

RESOLVED:

that the minutes of the meeting held on 23 September 2014 be approved as a correct record.

57. PETITIONS

The Monitoring Officer reported on the receipt of a petition submitted in accordance with the Council's procedures.

The petition, with 631 signatures, had been submitted to NHS England and then forwarded to the Council. The petition expressed concerns at the relocation of the Highfields Medical Centre without adequate consultation with the patients to the Merlyn Vaz Centre. NHS England had been asked for its views and their initial statement was circulated at the meeting for Member's information.

The Chair stated that following the publication of the agenda further legal advice had been received from the Monitoring Officer that, as the petition was originally submitted to NHS England and then shared with the Commission, it would not be appropriate to accept it as a formal petition to the Council. However the concerns raised in the petition were issues that the Commission could legitimately scrutinise under the health scrutiny regulations.

Having taken the legal advice, the Chair proposed that the Commission noted the concerns that were raised in the petition as a representation/statement of case. He also proposed to hold a special meeting of the Commission on 25 November 2014 to discuss the matters that have been raised. He intended to invite NHS England, Ward Councillors, representatives of the PPG to the meeting. He would also invite written representations to be submitted before 14 November. The meeting would focus on the lessons to be learnt and to see if there was a better way to deal with these sorts of issues in the future.

However, the remit for the meeting would only be concerned with the operational concerns raised in the petition such as the structural and service issues around the move to the new premises and the consequences of the move and NHS England's response. The clinical concerns raised in the petition about repeat prescriptions and telephone waiting times were not issues that the Commission could scrutinise, as these were essentially operational issues and were the responsibility of the Care Quality Commission.

RESOLVED:

> That the concerns raised in the petition be noted as a representation/statement of case and that the issues within the Commission's remit, as outlined by the Chair above, be considered at the Special Meeting of the Commission to be held on 25 November 2014.

58. QUESTIONS, REPRESENTATIONS, STATEMENTS OF CASE

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

59. WORK PROGRAMME

The Scrutiny Support Officer submitted a document that outlined the Health and Wellbeing Scrutiny Commission's Work Programme for 2014/15.

The Chair stated that he proposed to add the 'Spending Review of Substance Misuse Services' to the Commission's Work Programme and to consider this at the next meeting of the Commission in December. He understood that it was being proposed to save approximately £1m of the current budget of £8.3m and he wanted to the Commission to consider the consultation process that was being proposed.

RESOLVED:-

That the Work Programme be received and that the 'Spending Review of Substance Misuse Services' be added to the Work Programme for the next meeting.

ACTION The Scrutiny Policy Officer to add the 'Spending Review of Substance Misuse Services' to the Commission's Work Programme to be considered at the December 2014 meeting.

60. CORPORATE PLAN OF KEY DECISIONS

The Commission noted the items that were relevant to its work in the Corporate Plan of Key Decisions that would be taken after 1 November 2014.

61. DEVELOPMENT SESSION - LOCAL AUTHORITY HEALTH SCRUTINY

The Chair stated that this item would be rescheduled to the next meeting due to allow sufficient time to consider other items on the agenda in full.

ACTION The Scrutiny Policy Officer to arrange for the item to be on the agenda for the next meeting.

62. CITY MAYOR'S DELIVERY PLAN 2013/14 - REVIEW OF PROGRESS

The Divisional Director Public Health submitted a report on the City Mayor's Delivery Plan 2013/14 which had been updated to review its progress.

The Chair stated that he was deferring consideration of this item until the next meeting as there may be elements in all parts of the Delivery Plan that could impact upon health and not just those included in the section on 'A healthy and active City' and he wished to give members more time to consider possible issues.

He also stated that a report on 'Air Quality' was scheduled to be considered by the Economic Development Transport and Tourism Scrutiny Commission on 19 November 2014 and members of the Commission would be invited to attend the meeting as previously agreed. It was noted that both the Chair and Vice

Chair had asked for the report to have a strong public health thread running through the report as air quality was a determinant of health, particularly in relation to respiratory illness. The Chair has also asked that the research unit at Leicester University working on air quality be involved in the report.

RESOLVED:

That consideration of the City Mayor's Delivery Plan be deferred until the next meeting of the Commission.

ACTION
The Scrutiny Policy Officer to arrange for the item to be on the agenda for the next meeting of the Commission.

63. MENTAL HEALTH CHALLENGE PLEDGE

The Divisional Director Public Health submitted a briefing report which outlined the progress that has been made since the Council signed the Mental Health Challenge Pledge in January 2014.

The Deputy City Mayor presented the briefing report at the meeting and made the following comments and observations in addition to those made in the report:-

- It was proposed to elevate the lead officer for mental health to that of a divisional director as this would allow mental health issues to be discussed and fed into director level meetings on a more regular basis and would lead to more integration of the issues across all areas of Council working.

- The Deputy City Mayor supported co-production and felt there was a need to ensure all commissions were skilled in co-production as this provided added value to the services commissioned and resulted in better services being commissioned.

- The Assistant City Mayor Adult Social Care chaired the Mental Health Partnership Board and it was important that both he and the Chair of the Commission were involved in the work of the Board.

- The Commission's current review of mental health services to young black British men was a good example of reviewing an area of service that required change and which could otherwise be overlooked, as it was a discrete and specialised service.

- The publication of the NHS Five Year Plan was silent on a mental health plan. He had written to NHS England to with his concerns and

suggested that the Commission may wish to make their views known as well.

- Although much work had been done to tackle stigma and discrimination relating to mental health, further work and activity was still required to address these issues across the City.

- Both the Executive and Scrutiny function of the Council had been proactive in feeding in their concerns to the CAMHS review in relation to the level of service provided and that Councils should be engaged earlier in the process in such reviews.

- The Chief Constable was a national lead on mental health issues in policing and it was important to harness shared energy and commitment in the City involving external organisations and partners to achieve a focused outcome for mental health issues.

- Both he and the Deputy City Mayor would engage and support all councillors in their ward work on mental health issues.

Members of the Commission in discussing the report made the following comments and observations:-

- The elevation of the lead officer to that of a divisional director was welcomed and supported.

- There had been a positive start since signing the pledge which had given clarity around the Council's role in mental health issues and promoting the wider agenda of co-production to achieve better outcomes in mental health services. This required a strong leadership role to see better outcomes, policies and decisions being made. The benefits would only be achieved if commissioners of services outside the 'health' arena fully understood the health priorities and how they could contribute to them.

- The Council gave a number of grants to the voluntary and community sector to provide mental health services and the Council should continue to promote and urge the Clinical Commissioning Group and Leicestershire Partnership NHS Trust to involve this sector when commissioning their own mental health services.

- There was benefit in considering successful models of service delivery in other countries as there were some good examples of non-clinical models using family and community support and these should not be discounted.

- All councillors and staff needed to recognise that mental health issues were integrated throughout the whole of the services provided by the Council. All councillors had signed the mental health pledge and it was important that they continued to promote and develop the work outlined

in it.

Following further questions and comments from members it was noted that:-

- There would be a question in the public health survey next year relating to a person's mental health which would provide a useful 'snapshot' of issues. This question would not be repeated every year but periodically and, although not ideal, it would enable comparisons to be made over a period of time which would provide the opportunity to identify key lines of enquiry for possible changes to services in the future.

- Healthwatch would welcome involvement in working with the lead officer for mental health.

- Councillors could be involved by raising awareness of mental health issues at ward and community meetings as these were often attended by representatives of community groups and organisations.

- It had recently been announced that the allocation of the budget for mental health services would be doubled. In addition, the Council funded other services which all contributed and impacted upon mental health.

- The lead officer for mental health would be supported by public health staff and mental health was a priority area within the work of the public health team.

- Counselling services were available for Council staff and other initiatives were also provided to support the wellbeing of staff in their working environment.

The Chair in summary welcomed the report and the comments made by the Deputy City Mayor and stated that:-

- He echoed the good work that had been undertaken by the Executive and joint working of the scrutiny commissions with responsibility for adult, children and health in relation to the CAMHS review.

- There should be a formal 'job description' for the lead officer for mental health so that it provided a mandate and degree of authority for the work undertaken.

- He was one of 17 Mental Health Champions meeting on Birmingham on 17 November to share good practice.

- There should be regular 6 monthly updates on the Council's progress in delivering the Local Government Mental Health Challenge.

- It was disappointing that a seminar had been arranged by the Mental Health Partnership Board on 6 November that neither he nor the Deputy City Mayor had been invited to attend.

- Engagement with LGTB groups would be put onto the Commission's work programme to improve equality issues around reviews of mental health services.

- He was also disappointed that mental health did not form part of the NHS Five Year plan and he intended to enquire why this had been omitted.

RESOLVED:

1. That the update report be received and the Deputy City Mayor be thanked for his contribution in discussing the progress that had been made since signing the Local Government Mental Health Pledge.

2. That a further update reports be submitted at 6 monthly intervals.

3. A formal 'job description' for the lead officer for mental health should be prepared so that it provided a mandate and degree of authority for the work undertaken.

64. PHARMACEUTICAL NEEDS ASSESSMENT

The Divisional Director, Public Health, submitted a report on the public consultation currently being undertaken on the Draft Pharmaceutical Needs Assessment (PNA). The consultation started on 29 September 2014 and was originally scheduled to end on 28 November 2014, but it had now been extended to 12 December 2014, to ensure that everyone had the benefit of a 60 day consultation period in which to submit their comments. Members were requested to consider the conclusions and draft recommendations outlined in Section 13 of the consultation document and to give views on these and any matters within the scope of the PNA.

The Divisional Director stated that:-

- From 1 April 2013 every Health and Wellbeing Board in England had a statutory responsibility to keep an up to date statement of the needs for pharmaceutical services of the population in its area, known as the PNA.

- The first PNA must be issued by 1 April 2015 and then subsequently kept up to date by supplementary statements detailing any changes.

- The PNA did not cover pharmacies in hospitals or prisons.

- There appeared to be enough pharmacies for the total population and no one was required to travel excessive distances to access one. However, some pharmacies were outside the City boundary and those within the City were not evenly distributed resulting in clusters of pharmacies in localised areas.

The Healthwatch representative commented on the need for different language skills in pharmacies situated in the east and west areas of the City reflecting the different demographics of each area. It was also suggested that there was an opportunity for pharmacies to be utilised to give advice on such issues as healthy fasting for patients with multiple health conditions (based upon national guidance), travelling abroad and avoiding returning with communicable diseases, tuberculosis, rickets and oral health in children etc to reflect local requirements. An Equality Impact Assessment should also be prepared at the end of consultation process.

Following discussion of the report, the Divisional Director made the following responses and comments:-

- The provision of advice on specific topics could be included in the essential services contract with pharmacies. NHS England currently held the responsibility for all pharmacy contracts and there would need to be a shift in this responsibility to allow local authorities to have more control over the issues that were relevant to local health issues.

- The outcomes of the PNA would provide NHS England with the information necessary to assess whether there was a need for more pharmacies in the City.

- The pharmacies in Leicester were mixture of large national chains, some local chains and a number of independent operators. The distribution and clustering of pharmacies within the City had resulted from historical commercial decisions by the owners/operators of the pharmacies.

- There were a number of consultation meetings taking place and comments on the consultation could also be submitted through the Council's website.

Members' comments concerning pharmacies being utilised to provide additional specialist advice on health issues as a mechanism to contribute in helping to divert patients away from GPs and other health services in line with the aims of the Better Care Together Programme was noted and would be fed into the process.

The Chair commented that travelling 1-2 miles to access a pharmacy was more difficult in areas of deprivation were there was generally less access to the use of a car, a larger proportion of children in the population and a prevalence of more health inequalities.

RESOLVED:

1) That the consultation process for the PNA be considered appropriate.

2) That the Commission receive an executive summary of the outcome of the consultation process on the PNA outlining the recommendations and giving a synopsis of those consulted and the numbers of responses.

ACTION
The Scrutiny Policy Officer to add the item to the future work programme. The Divisional Director Pubic Health to make arrangements for the report to be submitted after the consultation process has been completed.

65. LEICESTER CITY CLINICAL COMMISSIONING GROUP ANNUAL REPORT

Richard Morris, Chief Corporate Affairs Officer, Leicester City Clinical Commissioning Group provided a presentation on their Annual Report 2013/14.

The report can be found at the following link:-

https://www.leicestercityccg.nhs.uk/about-us/strategies-and-reports/

It was noted that the annual report explained the work of NHS Leicester City Clinical Commissioning Group (CCG), which was legally licensed in April 2013, without conditions, as part of the government's reforms of the NHS. The CCG was one of a number of organisations to have taken over responsibility from the previous Primary Care Trust.

The report included progress on important targets in healthcare, the main achievements and spending over the last year. It also explained how the CCG have planned for the future to improve the health and life expectancy of people living in Leicester.

The following points and comments were also made:-

- This was the first statutory report to be produced by the CCG.

- CCG had benefitted from operating in shadow form in the year prior to becoming fully accredited in April 2013.

- The CCG had a budget of approximately £390m to operate and commission health services. The CCG did not commission GP services

or specialist health services; these were commissioned by NHS England.

- The CCG's four strategic priorities had been identified to improve the health of the City and to have the biggest impact on closing the life expectancy gap between Leicester and England. In addition to focusing on the major cause of early death in the City (cardiovascular and respiratory disease) the priority areas also focused on improving services for those with mental illnesses and for older people in the City.

- Notable achievements to date had been:-

  - Redesigning the diabetes pathway.

  - Over 20,000 resident aged 40 -74 years old and those at risk from serious health problems had received NHS Health Checks, which was one of the best performances in the country. As a result over 4,000 people with a previously undiagnosed condition, or at risk of developing one, were now receiving care and support to keep them healthier for longer and to reduce hospital admissions.

  - The 'Telehealth' scheme for patients with COPD; which enabled patients to stay at home, manage their condition better and avoid unwanted hospital stays. There were 150 patients in the pilot scheme and it was estimated that they had benefited from reducing the number of days these patients spent in hospital by 80%.

  - Improved training for GPs to recognise dementia early so that care could be provided sooner.

  - The introduction of a rapid response GP service to carry out urgent home visits for care homes and housebound patients with a view to treating them in the home rather than admitting the patient to A&E. This was part of a plan to reduce the number of unplanned A&E admissions by 540 a year.

  - Over, 1,000 end of life care plans had been created allowing patients to meet with death free of pain and in a preferred place of care.

  - A new assessment centre based at Leicester Royal Infirmary had successfully diverted approximately 22,000 patients away from A&E.

  - The GP in a car service, involving 3 GPs on duty on each day, paired a GP with a paramedic from East Midlands Ambulance Service to respond to emergency calls. More 800 patients were treated in their own homes, with reduced the stress and anxiety to

patients, and it also reduced the number of patients traveling to A&E.

  - The Better Care Fund for the local health economy had been approved and accepted and cited as a national model for partnership working between health and social care services.

- Continuing challenges faced by the CCG were:

  - Supporting the UHL NHS Trust to deliver the service people expected within the reduced financial budgetary framework;

  - Continuing to improve and constantly achieve the 4 hour waiting time performance target for A&E and the 18 weeks target from referral to treatment.

  - Improving the level of quality of care in the primary care sector services.

  - Taking the opportunities available within the Better Care Together Programme to deliver services differently.

RESOLVED:

That the report be received and noted.

66. NEW CONGENITAL HEART DISEASE REVIEW

The Chair provided feedback from the recent Consultation Meeting held in Birmingham on 9 October to which Scrutiny Chairs and Healthwatch representatives had also been invited.

The Chair also provided feedback on the NHS England roadshow event held in Leicester on 24 October 2014 together with and East Midlands' event held on 30 October 2014.

A copy of the Consultation Document issued for the review was previously circulated to Members for information. The consultation started on 15 September 2014 and will end on 8 December 2014. Comments on the consultation document should be submitted by 5pm on 8 December 2014.

The Chair stated that:-

- The event at Birmingham was attended by the NHS Review Team and outlined the position in relation to the national standards and the current progress with the review.

- The event had been useful to improve the understanding of the review and he felt that, whilst the initial engagement process had been good, the continuing engagement with parties appeared poorer. Also some of

the promotional work could be better as some of the venues and publicity for the events were poor.

- The Chair felt that the focus of the Commission's consideration of the review should be to determine if NHS England were fulfilling the obligations laid down on them by the findings issued by the Independent Review Panel.

- The Chair was attending the County Council's Health and Wellbeing Scrutiny Committee on 12 November 2014 when John Holden, the Review Director, was attending the meeting to discuss the Review.

- It appeared that UHL were developing discussions with Birmingham's Children's Hospital to develop a two site option for delivering congenital heart services.

Kate Shields, Director of Strategy, UHL NHS Trust stated that:-

- The Trust Board were committed retaining congenital cardiac services.

- One of the national standards would require the Trust to increase the number of operations from 200 to 500 per year and the Trust was in discussions with Birmingham Children's Hospital, Northampton Hospital and Burton on Trent's George Elliott Hospital to see if these could be achieved through a network approach.

- Co-location of services could be a crucial tipping point in the Review for the Trust; and the Trust was looking urgently on how the children's and adult's services could be separated.

- Informal discussions were taking place with NHS England in relation to the 2016/17 deadline to see whether there could be any leeway as the Trust would prefer to propose an interim solution in preparation for moving into a purpose built children's facility when the current redevelopment of Leicester Royal Infirmary site was completed.

- Communication with staff on the implications of the review and the Trust's response was ongoing but it was clear that staff wanted certainty in the direction of travel.

- The Trust were working in a collaborative manner to secure the best services for the future. Discussions with Northampton and Peterborough NHS hospital trusts, where patients traditionally travelled to Great Ormand Street Hospital in London, were on-going to develop the possibility of a South East Midlands Collaboration of Providers.

The Healthwatch representative indicated that he would like to see a due regard assessment of any proposals for the review to identify their impact of the different populations that would be affected.

In response, the Director of Strategy indicated that she would like to see the issue of equity have a higher priority in the review so that appropriate care could be provided as near to the patient's home as possible; as this would be beneficial to both patients and their families.

RESOLVED:

That the update on the Review be noted.

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

The Chair stated that the following items were all include in the Commission's Implementation Plan in response to the 'Fit For Purpose Review':-

a) The Commission's response to the Francis report.

b) An update on the proposal to introduce compulsory training for members of the Commission.

c) An update on the proposal to seek the Co-option of the Healthwatch representative onto the Commission.

It was intended to submit the Implementation Plan to the December/January meeting of the Health and Wellbeing Board to advise them of the steps which have already been taken and which are proposed to be taken in the future by the Commission in response to the Francis Report.

The Chair also reported that Deb Watson, Strategic Director for Adult Social Care and Public Health, was leaving the Council on 14 November 2014. He wished to record his appreciation and thanks for the work that she had undertaken to address health and wellbeing issues in the City. Her work in supporting the Commission personally and through her officers had also been greatly appreciated. The Chair expressed good wishes for her future.

RESOLVED:

That the report be noted and that the Commission endorse the Chair's comments in relation to the Strategic Director for Adult Social Care and Public Health leaving the Council.

68. ITEMS FOR INFORMATION / NOTING ONLY

The following item was noted by the Commission:-

Congenital Heart Services Review

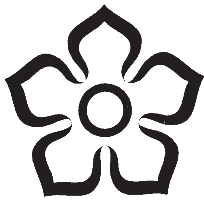
The 32nd and 33rd Update reports for the Review. It can be accessed at the

following link which will also allow access to previous update reports.

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

69. CLOSE OF MEETING

The Chair declared the meeting closed at 7.50 pm.



Minutes of the Special Meeting of the
HEALTH AND WELLBEING SCRUTINY COMMISSION

Held: TUESDAY, 25 NOVEMBER 2014 at 5:30 pm

PRESENT:

Councillor Cooke (Chair)
Councillor Cutkelvin (Vice Chair)

Councillor Chaplin Councillor Grant

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70. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Bajaj and Sangster, who was on other Council business. An apology for absence was also received from the Deputy City Mayor.

71. DECLARATIONS OF INTEREST

Members were asked to declare any interests they might have in the business on the agenda.

Councillor Cooke declared an Other Disclosable Interest in Minute No 72 as he had previously been the Chair of the LIFT Partnership Board when the Merlyn Vaz Centre was commissioned. He also had personal experienced from being a patient of a medical practice that had closed at short notice.

In accordance with the Council's Code of Conduct the interest was not considered so significant that it was likely to prejudice Councillor Cooke's judgement of the public interest. Councillor Cooke was not, therefore, required to withdraw from the meeting during consideration and discussion on the item.

72. RELOCATION OF THE HIGHFIELDS MEDICAL CENTRE

The Chair welcomed everyone to the meeting and stated that the Commission was primarily concerned with the closure of the Highfields' Practice. The closure of the Moira Street premises had been less problematic for patients moving to other practices.

The Chair outlined the following for the benefit of those attending:-

Background for the Review

At the last Commission meeting on 4 November 2014, the Commission had noted a petition, forwarded from NHS England, expressing patients concerns about the relocation of the Highfields' Medical Centre. The petition had 631 signatures and the signatories were concerned that the Highfields' Medical Centre had been relocated to the Merlyn Vaz Centre without adequate consultation with patients.

The Commission had also noted the legal advice that, as the petition was originally submitted to NHS England and then shared with the Commission, it would not be appropriate to accept it as a formal petition to the Council. However the concerns raised in the petition were issues that could legitimately be scrutinised under the health scrutiny regulations.

The Commission had, therefore, noted the concerns outlined in the petition as a representation/statement of case, and also agreed to hold a special meeting of the Commission to discuss the matters that had been raised and to hear evidence from interested parties.

Terms of the review

This review of the relocation of the Highfields' Medical Centre would focus on the lessons to be learnt and to see if there was a better way to deal with these types of issues in the future.

The legal advice indicated that the Commission should only be concerned with the structural and service issues around the move to the new premises, the consequences to patients of the move and the NHS England's response. The clinical concerns raised in the petition about repeat prescriptions and telephone waiting times were not issues that the Commission could scrutinise, as these were essentially operational issues which were the responsibility of the Care Quality Commission.

Participants in the Review

The Chair stated that the following interested parties had been invited to attend the meeting to present evidence or submit written representations and he would invite them to speak in the following order:-

NHS England
Leicester City Clinical Commissioning Group
Spinney Hills Ward Councillors
Healthwatch
Chair and Representatives of Patient Participation Group
The owner of the Highfields' Medical Centre
Practice Manager and GPs at Highfields' Medical Centre

The limited time available had not allowed individual patients to submit evidence at the meeting, but their written representations had been invited in advance of the meeting through the Patient Participation Group.

<u>NHS England</u>

An initial statement and a subsequent report had previously been circulated to Members of the Commission.

Ms Amanda Anderson, Medical and Pharmacy Contract Manager and Ms Lesley Harrison, Pharmacy and Medical Lead addressed the Commission on behalf of NHS England and in addition to the written submission stated:-

- NHS England would have undertaken a full and formal consultation process with patients if the relocation of the practice had been one that was planned in advance.

- NHS England's response in this instance was primarily based upon ensuring continued care for patients; given the short timescales involved.

- There were approximately 8,000 patients involved in the relocation who were registered with the practice. The practice had operated on two sites which were both owned by the senior partner in the practice. The senior partner had resigned from the practice and had retained ownership of the properties.

- The new partnership had been unable to agree terms for the lease of the buildings and the issue only became urgent when the owner of the buildings served a notice to quit on 28 August 2014 to vacate the buildings by 16 October 2014.

- The sequence of events from the first contact with the NHS England Area Team in March 2014 by Dr Sinah concerning the proposed lease was outlined in the report, which had previously been circulated to Members with the agenda. NHS England had given advice in relation to negotiating a new lease.

- NHS England was not aware that there was any intention to issue an eviction notice until after it had been served. Until that point, NHS England had been proceeding on the basis of contingency planning. Once the eviction notice had been served, NHS England had been involved in securing alternative accommodation for the practice at the Merlyn Vaz Centre and the Belgrave Health Centre. Both these buildings were LIFT buildings and NHS England had been involved in seeking approval from Community Health Properties (CHP) for the practice to use them.

- Since the relocation of the Highfields' Medical Practice, NHS England had been in contact with other medical practices in the area

to identify any consequential impact upon them. As a result, additional resources had been made available to one practice that was experiencing high volumes of new patient registrations to help with the registration costs and clinical patient checks.

- NHS England were not responsible for finding premises for any practice, but the Area Team had provided assistance in this instance in the interests of patients' welfare.

- The new premises used by the Highfields' Medical Practice were both purpose built LIFT buildings and offered a whole range of other services of care.

Following questions from Members, it was stated:-

- Although there was national guidance for consulting on proposed planned service changes, there was no guidance that covered situations such as this where an eviction notice had been served.

- NHS England had written to all patients affected by the re-location, but it was not possible to include definitive timescales as these were not known. NHS England felt that they had informed the patients at the earliest opportunity given the circumstances of the situation. The PPG had been contacted on10 October 2014 and it was not possible to inform the wider public at that stage as the information on the new premises to be used by the practice was not known at that time.

- The normal methods of consultation were not appropriate in this instance as the serving of an eviction notice was not an event that had been expected; particularly as it was envisaged that the owner of the property would still wish to receive an income from the properties.

- It had been decided to use the terminology of 'failed to reach an agreement on the lease' rather than refer to 'eviction' as NHS England did not want to exacerbate the situation. In hindsight, it was accepted that the letter could have been worded differently to express the 'urgency' of the situation.

- The letters to patients were sent through a shared service and should have been enclosed in an envelope and addressed to the householder, asking the person opening it to share the information with others in the household.

- The finding of alternative premises, which offered better facilities in the community, was seen as a benefit to the community.

- NHS England did not have details of medical practices that were located in non-NHS owned premises; as it was each practice's

responsibility to provide the premises in which to fulfil their contract with NHS England. The situation at the Highfields' Medical Practice was the first of its kind in the last 20 years and it was not possible to say that a similar situation may not occur again in the future.

- There was no guidance or statutory requirement to inform patients of changes in partners in a medical practice. These details would, however, be changed on patient leaflets issued by the medical practice and on the NHS Choices website.

- NHS England did not have access to individual patient identifiers, so it was not possible to identify the most vulnerable patients at risk as a consequence of the relocation. However, all patients have the choice to register with a practice if they reside in the qualifying boundary of the practice. All practices in the City currently had 'open patient lists' and were required to register patients within their catchment areas if requested to do so.

- Although partners within a practice may change, the medical practice still remained as the same legal entity.

- The period of notice for closing a practice depended upon the type of contract with NHS England, but generally the minimum period was 6 months. However, a sole partner practice was only 3 months. There was a statutory requirement for an individual doctor to give 28 days' notice to the Area Team if they intended to leave a practice.

- The relocation of the premises to the two LIFT buildings would incur higher costs than compared to a converted house. NHS England would be contributing more to the rental costs and so would the practice itself. The space used by the Highfields' Medical Practice in the Merlyn Vaz Centre was previously unoccupied, which had a cost impact to NHS England. The effects of providing more resources to the practice to occupy this space compared to the cost of the space being unoccupied, were broadly cost neutral to NHS England.

- Community Health Properties were part owned by the NHS.

- Public funds/grants would have been made available to improve and adapt the residential property for use as a medical centre. There was a claw-back provision to reclaim grants if there had not been sufficient use of the building during the agreement period.

- There were three types of contracts between those providing medical services and NHS England. These were General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS). Some contracts were time limited to between 2 – 5 years, but the General Medical Services Contracts were nationally negotiated contracts with no time limits.

- PMS Contracts were underpinned by statutory regulations and there were no provisions that required the continued use of premises throughout the period of the contract. Individual medical practices were responsible for negotiating and securing premises to enable them to discharge their responsibilities under the contact with NHS England.

- NHS England had processes in place to undertake reflective learning and implement any lessons learned to improve service provision in the future.

- There was national guidance for terms of reference of PPGs, but this was not an NHS function. The role and remit of a PPG was essentially in the gift of the individual practice and there was responsibility or requirement for the CCG or NHS England to oversee this relationship. Guidance was, however, issued to support practices in working with their PPG, but there was no formal remedy if a practice did not follow any advice that was given.

Members made the following comments:-

- The public perception and expectations may have been different if the letter to patients had referred to 'eviction' as the reason for urgency.

- The resignation of a doctor from a practice could fundamentally change the ability of the practice to fulfil its contract.

- There should be some provision to ensure the continued use of premises during the contract period.

Leicester City Clinical Commissioning Group

Richard Morris, Chief Corporate Affairs Officer, addressed the Commission on behalf of the Leicester City Clinical Commissioning Group and stated:-

- The CCG had no jurisdiction over GPs contracts or the premises used by them.

- The CCG recognised the fast moving and unusual circumstances in this case and had an interest in ensuring that patients continued to have high quality services delivered as close as possible to where they lived.

- It was disappointing that patients were not involved earlier; as this could have led to the situation being better managed.

- The CCG were not involved until later in the process. Had they been involved earlier, they might have been able to provide advice/support to give some additional leverage to the GP issues.

- The CCG had submitted an expression of interest to NHS England to participate in the proposals for co-commissioning of GP services with NHS England. Further guidance on this proposal was expected in January when CCGs would need to decide if they wished to make a formal application. The CCG were likely to pursue their application, but it was not known at what level of participation this was likely to be. Co-commissioning would give the CCG greater ability to take local factors into account on decisions in relation to GP services.

Spinney Hills Ward Councillors

Councillors Aqbany, Dr Chowdhury and Dawood addressed the Commission as Ward Members and stated:-

- They had concern that patients' interests had not been safeguarded.

- There were concerns that there was a lack of sincerity between the different parties involved in the issue.

- Jon Ashworth MP had been involved in the petition to NHS England on behalf of constituents , but had not been involved in the stakeholders briefing.

- All patients did not appear to have been treated in an equitable manner.

- The 8,000 patients registered at the practice did not all have the same opportunity of choice; particularly those who had mobility issues and found difficulty in walking to the Merlyn Vaz Centre. There were also parking issues with the new premises used by the practice.

- There should be an audit of how many medical practice premises were owned by GPs and a risk register produced.

- Although many patients had remained with the practice, they were not necessarily happy with the new arrangements.

- There were concerns that neighbouring practices did not have the capacity to take patients from the Highfields' Medical Practice.

Following questions from Members of the Commission, the following statements were noted:-

- The General Medical Council issued 'Good Medical Practice' guidance and whilst this included general issues of openness, integrity and transparency, there was no specific requirements covering situations where GPs did not respond to correspondence etc.

- 7,300 patients had chosen to remain with the Highfields' Medical

Practice. 500 had subsequently registered with other practices; 300 with one single practice and the remaining 200 were distributed amongst a number of practices in the Highfields and Belgrave areas. Of the latter, most practices had received around 20 new patients and one approximately 70 new patients. The single practice receiving 300 new patients had reported that the volume of new patient registrations was now tailing off. There was a view that those patients who wished to move to a new practice had now done so.

- None of the other surgeries in the area were turning patients away from registering.

Members further commented that:

- That patient choice was also affected by the capacity of other medical practices in the locality to take on additional patients.

- They considered that patients had not exercised their right to stay registered with the practice but had chosen at this stage not to leave the practice. Some patients may still be unaware of the new arrangements until they make their first appointment at the new premises.

Healthwatch

Karen Chouhan, Chair of Healthwatch Leicester, commented:-

- Healthwatch's main concern was the way in which patients had been treated and it was felt that those involved had ignored the care of patients.

- Healthwatch had previously undertaken some work on the operation of PPGs and felt that their value was diminished if their work was effectively controlled by the GPs in the practice.

- It would have been preferable for an Equality Impact Assessment to have been prepared to consider the impact of the relocation of the medical practice; particularly those who were vulnerable and who did not speak English as a first language. The new premises were not on a direct bus service and this also had implications for patients.

- If patients and the PPG had been involved earlier, it would have improved the handling of the situation.

Chair and Representatives of Patient Participation Group

Mr Shiraz Khan, Chair of the PPG, had submitted a statement which had previously been circulated to Members of the Commission. Mr Khan stated:-

- He felt the system had not helped him to promote patients concerns.

- He felt the PPG had not been adequately consulted on the proposals and the PPG should have been involved at an earlier stage.

- He outlined various approaches for meetings and dialogue with the practice which he felt had not been adequately addressed, if at all. He had first asked for a meeting with the GPs on 1 August 2014

- 8% of the patients at the Highfields' Medical Practice had signed the petition.

- The PPG were not aware that the practice was proposing to move until 10 September 2014 when a meeting was organised by the practice. He had been unable to attend this meeting and it was chaired by the practice manager. Patients subsequently received a letter on 29 September 2014 indicating that the practice was moving to new premises on 13 October 2014. He felt that this short period of 2 ½ weeks was not sufficient.

- There had been a number of new requests for individuals to take part in the PPG in September.

- The practice had changed the terms of reference of the PPG so that the PPG were not able to discuss issues with external bodies. He felt this had restricted the effectiveness of the PPG.

In response to a question, he stated that he had been consulted on the agenda for the meeting held on 10 September, but although he had made comments upon it, he had not been able to attend.

Vijay Gohel, a representative of the PPG, had submitted a statement which had previously been circulated to Members of the Commission. Mr Gohel stated:-

- He had recently joined the PPG but felt the doctors had done as much as they could to make the move as smooth as possible in the circumstances.

- The Moira Street premises were not suitable as a surgery and had a number of problems.

- There was insufficient parking for patients at the Merlyn Vaz Centre.

In response to a Member's question he stated that it would have been better if patients could have been informed of the proposed move at an earlier stage.

Dr Jatin Patel, (Previous partner and owner of the previous premises used by the Highfields' Medical Centre)

Dr Patel stated:-

- He had never intended to serve an eviction notice but it had become an inevitable consequence of the process.

- He did not believe the new partners had any serious intentions of signing the lease.

- NHS England had been aware that the lease was not being signed.

- His lawyer had sent a copy of the proposed lease to NHS England to see if it was suitable, but he had never received a reply. He considered the lease contained standard terms and conditions. It had been suggested that the lease contained a provision for the sale of goodwill, but this was incorrect.

- He had been forced to serve the eviction notice; otherwise the new partners could have become sitting tenants. He understood that a representative of the PPG had approached the new partners to indicate that he would have been willing to extend period to vacate the premises to allow a consultation process to take place.

Following questions from Members, Dr Patel stated:-

- He had believed that the new partners would sign the lease shortly after they had signed the contract with NHS England in relation to the practice.

- The lease put forward to the new partners was on the same notional rent that existed when he resigned from the practice, with a review after three years.

- With hindsight, he could have asked the new partners to sign the lease before signing the new contract, but he put the concerns of patients foremost.

- He had made some changes to the lease during the course of the initial negotiations upon it.

<u>Practice Manager and GPs at Highfields Medical Centre</u>

A statement on behalf of the Highfields' Medical Centre had previously been circulated to Members of the Commission

Mr Saiful Choudhury, Business Development Manager, and Drs Chirag Patel, Farouk Patel and Amit Sinha addressed the Commission and stated:-

- The practice had approximately 7,500 registered patients. 4,900 were registered at the Highfields site and the remainder at the Belgrave site.

- Of the 4,900 patients registered at the Highfields site, 20% were resident

within Highfields and 80% resided outside the area.

- 11% of the 4,900 patients registered at the Highfields site had previously visited the Merlyn Vaz Urgent Care Centre whislt the old premises were being used. 5% of the 4,900 patients were considered to be housebound and it had been anticipated that 4% of the 4,900 would relocate to other practices. There had already been more than 4% of patients relocating and concerns were expressed that other factors such as scare-mongering and uncertainty could be factors.

- The practice was still receiving requests for appointments with Dr Patel, who left the practice in April 2014.

- The new partners had readily signed the 'continuity of care' agreement.

- The PPG were involved from the point where the partners had felt they were unable to offer continuity of care. It was not certain at the meeting arranged for 10 September 2104 that the practice would be moving to the Merlyn Vaz Centre.

- The amended terms of reference had been submitted to the PPG and had been accepted by 13 of the 15 members at the meeting.

- The practice had been aware that attendance at the 10 September meeting was difficult but they had made every effort to get people to attend in view of the urgency of the matter.

- As part of the lease negotiations, the practice had offered to purchase both properties as an option. Moira Street was not really suitable for use as a surgery but both the premises were a package within the proposed lease.

Following questions from Members, it was stated that:-

- The communications with patients had been sensitive to the previous partner in the practice and it was felt that, given the demographics of the patients registered with the practice, any reference to 'eviction' could have resulted in a negative reaction.

- There had been no previous arreement to move to the Merlyn Vaz Centre, this had only become an option after the notice to quit had bene served.

The Chair commented that it may have been better at the outset to indicate that there was a problem in negotiating a lease and that the practice may need to move. This would have allowed an earlier dialogue and consultation with patients to produce a better outcome.

The Chair thanked everyone for their part in the meeting and for their openness in making their statements.

The Commission then considered the submissions and statements made to them and stated that they were disappointed that patients, in this case disadvantaged and vulnerable patients, had not been seen to be at the heart of services provided by the NHS; and there did not appear to be procedures and protocols in place that would address patients' needs sufficiently following the closure of a GP practice as a consequence of early retirement or loss of premises, as in this case.

The Commission RECOMMENDED that the principal partners responsible for supporting practice or patient relocations (NHS England, CCGs and local Councils) should agree a workable protocol to prevent a recurrence of what has happened at Highfields' Medical Centre.

Such a protocol should recognise the need for:-

a) A set timetable for delivery;

b) Early and honest patient engagement;

c) Sound financial practices for the use of privately owned GP surgeries/premises that give security of tenure for patient use;

d) Local democratic structures to be involved in the process;

e) Patient Participation Groups (PPGs) to have Terms of Reference that reflect national standards and rules;

f) Realistic timescales to implement tenancy contracts in NHS Local Improvement Finance Trust (LIFT) buildings owned by Community Health Properties – the time frame should not be longer than 2 months; and

g) An Equality Impact Assessment to be prepared to underpin the process.

The Commission also stated that to be effective all parties would need to work in the spirit of partnership.

The Commission FURTHER RECOMMENDED that Parts 2 and 3 of the residents' petition be referred to the Care Quality Commission (CQC) for investigation and appropriate action as these were not matters that could be dealt with by the City Council. The guidelines for scrutiny placed an obligation on the CQC to advise the Council of their decisions and actions taken.

73. CLOSE OF MEETING

The meeting closed at 8.25 pm.

Appendix B

Health & Wellbeing Scrutiny Commission

DRAFT Work Programme 2014 to 2015 (and 2015 to 2016) – updated 3rd December 2014

Meeting Date	Topic	Actions Arising	Progress
25th June 2014	*Special joint meeting with CYPS* LPT Proposed Relocation of CAMHS Inpatient Service (HSC members to join CYPS for this item)	Chairs to send a letter to LPT re: comments /outcomes	Letter sent.
1st July 2014	Introduction to Health Scrutiny and the Health Economy (Chair and Rod Moore)	Members development – can be updated for next year	
	Discussion on future Work Programme to include vcs stakeholder event outcomes, fit for purpose action plan and corporate plan of key decisions (Chair)	1) W/P to be updated 2) Visits to vcs orgs to be arranged. 3) Fit for Purpose Implementation Plan to progress to Executive	Planned to go to Executive Feb 2015
	Healthwatch Protocol – To confirm and sign (Chair and Surinder Sharma)	To progress with legal to co-opt place for healthwatch on health sc	
	Review of Mental Health Services for Black/Black British Young Men in Leicester – Update (Chair)	Draft report of findings to Dec / Jan meeting - tbc	delayed to Jan 2015
	Child & Adolescent Mental Health Service (CAMHS) Review (Chair)	To be raised at Health & Wellbeing Board	
	UHL and EMAS Quality Accounts 2013/14 (Chair)	Small working group set up to look at these Quality Accounts	Developed template / guidance paper to aid members
	Items for information: a) Health & Wellbeing Board b) CQC Programme of Inspections June to Sept 2014 c) Checking the Nation's Health, CfPS health scrutiny tool. d) New Guidance for Health Scrutiny – Dept of Health	Sept hsc meeting to allocate timeslot for members development session – led by Rod Moore Agreed to set up small working group to understand the changes and report back to hsc (chair and cllr chaplin)	1) Written advice received from legal officer 2) Jon has prepared draft summary for chair

8th July 2014 1st Briefing meeting	Briefing for members only re: Mental Health Services for Black British Young Men (age 18 to 25) in Leicester - *To determine the current service provision, highlighting the key issues, trends, comparable data, quality of services and good practice.*	Members information gathering session complete	
22nd July 2nd Review meeting	Review of Mental Health Services for Black British Young Men in Leicester – *to determine how service providers and commissioners address the issues/ problems*	Members evidence gathering session – partly complete	
30th September 3rd Review meeting	Review of Mental Health Services for Black British Young Men in Leicester – *to determine the processes and services provided by Police, Probation and Criminal Justice System.*	Members evidence gathering session - complete	
Nov 2014 4th Review meeting	Review of Mental Health Services for Black British Young Men in Leicester - *To determine how vcs community groups meet the needs of this specific group and to understand issues, concerns and gaps*	Date to be arranged for November 2014	
6th August 2014 (Agenda meeting 29th July 2014)	EMAS – HSC agreed in Jan 2014 to receive report in 6 months, on Trusts achievements in relation to key performance indicators. Future reports to identify the Trusts performance both within the context of Leicester City specifically compared to the East Midlands as a whole (CEO)	a) Further information requested re: paramedics having to pay their own 'blue light driving' course fees to determine if this issue needs to be pursued. b) Chair to send letter to EMAS.	a) Received information b) Letter sent and response received
	Public Health Annual Report – presentation for members on key issues (Rod Moore / Deb Watson)	a) Further information suggested:: 1) ward data / profiles 2) age profiles of those taking up various health screening measures.	Availability to be considered
	Department of Health new Guidance for Health Scrutiny – the changes and impacts (if any) to health scrutiny and the council. Liaise with legal. Feedback from chair following sub group work.	Item deferred to November meeting - To seek legal advice and to determine the changes and impacts. (Cllrs Cooke and Chaplin to meet)	Deferred to Dec meeting
	Nhs Quality Accounts – Feedback from Chair following sub group work.	a) Agreed format for receiving future Quality Accounts in early June each year and Chair to send letters to NHS Trusts.	To add to the forward plan work programme
	GP Service in the City – CCG briefing (Richard Morris)	Item deferred to September meeting on 'CCG Joint Commissioning with	

		NHS England'	
	Child & Adolescent Mental Health Service Review (CAMHS) – CCG to provide a briefing paper on the proposals / application (Richard Morris)	Item deferred to next meeting	
	Glenfield Heart Unit – Update on progress. (Healthwatch, UHL, Heartlink, NHS England, Lincoln Health Scrutiny Chair & East Midlands Health Scrutiny Chairs).	a) To receive update at next meeting Re: NHS England consultation timetable. b) Chair to send letter to John Holden nhs England and to Healthwatch and UHL.	
	DOH Annual Report – For members information	Noted.	
23rd September 2014	Checking the Nation's Health, cfps guidance. members development session led by Rod Moore	Scrutiny Officer to update the Fit for Purpose Implementation Plan to reflect the guidance.	
	Immunisation – Rod Moore	a) Public Health to feedback comments of the commission to NHS England b) Views of the commission to be fed back to the HW Board by the Divisional Director of Public Health	
	Nhs Health Checks – Rod to report on comparison data and progress so far.	a) Public Health to review table 1 and present in a more user friendly version in the future. b) Public Health to liaise with Healthwatch to discuss improving data capturing for specific groups c) Future meeting to receive report on Clinical effectiveness of the programme.	
	Mental Health Challenge (Pledge) – Rod / Mark	Item deferred to next meeting	
	Mental Health Services Scrutiny Review Young Black British Men in Leicester – verbal update on progress.	Scrutiny Officer to arrange next meeting to gather evidence.	
	Healthwatch Reports – briefing on current issues, including information on patients concerns & experiences (Karen / Surinder)	Chair and Scrutiny Officer to organise meeting between Healthwatch and HSC & ASC chairs	

		& vice chairs.	
	Implementation Plan for Fit for Purpose – Chair to provide update on progress.	a) Scrutiny Officer to update the Implementation Plan b) Scrutiny Officer to prepare Imp Plan & Papers for submission to HW Board December 2014 meeting	To Executive in Feb 2015
	Co-Commissioning of Primary Medical Care by Leicester City CCG (Richard Morris)	Leicester CCG to submit report on details for co-commissioning of primary care services in Leicester.	Expected early 2015
	Items for information: 1) NHS England latest John Holden Blog re: consultation timetable.		
4th November 2014	City Mayor's Delivery Plan – progress report (Rod / Miranda)	Deferred to next meeting	
	Mental Health Awareness / Challenge (Pledge) – progress report (Mark / Rod)	-further update report be submitted in 6 months intervals -a formal JD be prepared for lead officer for mental health work	
	Pharmaceutical Needs Assessment – presentation on consultation document (Rod)	-report back on consultation process once completed	
	Leicester City Clinical Commissioning Group Annual Report – Presentation (Richard Morris)	-Report noted -Detailed presentation be received at future meeting in 2015	
	Health Scrutiny new guidance from Department of Health – reporting the changes and impacts (Chair)	Deferred to next meeting	
	Glenfield Heart Unit – NHS England New Review, Consultation events.	-Update on the review be noted	A joint response from Cllrs Palmer and Cooke prepared.
25th Nov 2014 Special Mtg	Highfields Medical Surgery Relocation – witnesses to be invited to give evidence.	Review report of commission's findings to go to Executive	
16th Dec 2014	Substance Misuse Consultation and Budgets (Elaine / Kate)		
	City Mayor's Delivery Plan – report on progress (Cllr Palmer / Rod		

	Health Scrutiny new guidance from Department of Health – reporting the changes and impacts (Chair)		
	Possible Restructuring of the CCG arrangements – a report to be submitted (Richard Morris)		
	Congenital Heart Disease New Review – to report on progress (Chair)		
18th Dec 2014	Mental Health Services for Young Black British Men – invited orgs to give evidence		
27th Jan 15 JOINT ASC & HWSC meeting	Joint ASC & HWSC – proposed agenda items: 1) Better Care Fund 2) Dementia 3) Care Act Briefing 4) Care Quality Commission (item TBC)		
10th March 15 date to be confirmed	Co-Commissioning of GP Services – to provide an update report (Richard Morris / Sue Lock)		
	Effectiveness of Clinical Health Checks? – Rod/Ivan		
	Better Care Together, new Director to be invited – item tbc		
	Child Poverty, including Food Banks – item tbc		
	Healthwatch – to report on their role and work		
	Pharmaceutical Needs Assessment – report on outcome of consultation, who was consulted and responses and what is being recommended (Ivan)		
	NHS & Leicester City Council Complaints monitoring		

Health & Wellbeing Scrutiny Commission - Forward Planning 2014 – 2015 (and 2015 – 2016)

Topic	Detail	Proposed Date
JOINT / SHARED WORK WITH OTHER SCRUTINY COMMISSIONS		
Winter Care Plan item – invited by ASC (to include Befriending Service)	Response from the Executive and CCG to the report recommendations and evaluation of last winter's care – Lead Member: Cllr Rita Patel	25th September 2014
Better Care Fund	Joint with ASC	27th January 2015
Better Care Together 5 yr Plan	Joint with ASC	tbc
Health & Social Care Act	Joint with ASC	August 2014 / Jan 2015
Contracts, Commissioning & Procurement	Joint with ASC	tbc
Dementia Strategy	Joint with ASC	27th Jan 2015
Lack of support for carers	Joint with ASC	tbc
Care Quality Commission – to invite ASC	Anita to contact CQC to arrange date	tbc
Air Quality in Leicester – impact to health of residents (joint with EcDev scrutiny members)	Health scrutiny members to attend Ec Dev Scrutiny meeting	Jan/Feb 2015
School Nurses (service transferred over to lcc)	Joint with CYPS	tbc
Food Banks & Health – Minutes from N/hoods?	To invite Carolina Jackson & check minutes from n/hood for this item	tbc
Homelessness & Health – Joint with Housing	Initially to seek views from nhs England and Jane Grey	tbc

RESERVED LIST OF ITEMS (to be populated into work programme timetable)

Topic	Details	Proposed Date
Public Health Budgets	Cllr Palmer / Rod	tbc
Capital Programme	City Mayor & Executive	tbc
Closing the Gap and Corporate Strategies relating to health & wellbeing – to monitor	Cllr Palmer / Rod	tbc
Mental Health – needs assessment and councils pledge	Tracie Rees / Rod	November 2014 – thereafter 6 monthly
Health Visitors (transferred to lcc)	Rod	tbc
MSK Pain	Initially to seek views of the LCCCG	tbc
Talking Therapies	To see views on this issue	tbc
Annual Reports e.g. Healthwatch, UHL, LPT, EMAS, CCG, Public Health)	Anita to gather further details re publish dates & contacts	tbc
To seek CCCG Views on: 1) Primary Care in the City 2) Community Services with LPT 3) G.P. Services in the City	Richard Morris	tbc
NHS trusts annual Quality Accounts during April to May- LPT, UHL, EMAS – to receive and comment.		May / June 2015 - tbc

Leicester City Council

Health & Wellbeing Scrutiny Commission – 16 December 2014

TOPIC - HEALTH SCRUTINY GUIDANCE, THE KEY MESSAGES

Development session led by the Chair of Health & Wellbeing Scrutiny Commission

1. Purpose

1.1 To introduce discussion of the new Health Scrutiny Guidance.

2. Report

2.1 The People, Communities and Local Government Division of the Department of Health issued guidance on Local Authority Health Scrutiny in June 2014. This report reflects on the key messages of the guidance and invites Members to consider the implications of the guidance.

2.2 The guidance states that the primary aim of Health Scrutiny is to strengthen the voice of local people, ensuring that their needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that services are effective and safe.

- ***How can Health Scrutiny be better attuned to the concerns of local people?***
- ***How can Health Scrutiny ensure that health services are effective and safe?***

2.3 The guidance states that Health Scrutiny has a strategic role in taking an overview of how well integration of health, public health and social care is working – relevant to this might be how health and wellbeing boards are carrying out their duty to promote integration – and in making recommendations about how it could be improved.

- ***How should Health Scrutiny engage with health and wellbeing boards?***
- ***What information/evidence might Health Scrutiny need to enable it to make recommendations about how integration could be improved?***

2.4 The guidance states that Health Scrutiny has a legitimate role in proactively seeking information about the performance of local health services and institutions; in challenging the information provided to it by commissioners and providers of services for the health service and in testing this information by drawing on different sources of intelligence.

- ***Is Health Scrutiny sufficiently proactive in seeking information and challenging the information it receives?***
- ***How might Health Scrutiny best 'reality check' the information that it is provided with?***

2.5 The guidance states that Health Scrutiny is part of the accountability of the whole system and needs the involvement of all parts of the system. Engagement with relevant NHS bodies and relevant health service providers is a continuous process. It should start early with a common understanding of local health needs and the shape of services across the whole health and care system.

- ***Is Health Scrutiny sufficiently engaged with all parts of the health and care system (especially when substantial variations are taking place)?***
- ***Does Health Scrutiny share a common understanding with health service providers of the shape of services across the whole system?***

2.6 The guidance states that Health Scrutiny requires a clarity at a local level about respective roles between the health scrutiny function, the NHS, the local authority, health, health and wellbeing boards and local Healthwatch.

- ***Does Health Scrutiny currently have sufficient clarity around the roles of other bodies and organisations, and if not, how might this be obtained?***

2.7 The guidance indicates that in the light of the Francis Report, local authorities will need to satisfy themselves that they keep open effective channels by which the public can communicate concerns about the quality of NHS and public health services to health scrutiny bodies. Although Health Scrutiny bodies are not there to deal with individual complaints, they can use information to get an impression of services overall and to question commissioners and providers about patterns and trends.

- ***Do the public have sufficient lines of communication to Health Scrutiny?***

2.8 Furthermore, in the light of the Francis Report, Health Scrutiny will need to consider ways of independently verifying information provided by relevant NHS bodies and relevant health service providers – for example, by seeking the views of local Healthwatch.

- ***How else might Health Scrutiny seek to verify information?***
- ***Would seeking to use Healthwatch to verify information have the potential to tie up too much of Healthwatch's resources?***

2.9 The guidance also indicates that Health Scrutiny should become outcome focused, looking at crosscutting issues including general health improvement, wellbeing and how well health inequalities are being addressed.

- ***Is Heath Scrutiny sufficiently outcomes focused?***
- ***How should health inequalities be addressed?***

2.10 The guidance states that when there are concerns about substantial developments and variations in health services local authorities (i.e. Health Scrutiny) will need to work together with the NHS to resolve issues locally if at all possible. If external support is required for this purpose, informal help is available from the Independent Reconfiguration Panel and/or the

Centre for Public Scrutiny. If the decision is ultimately taken to formally refer the NHS's reconfiguration proposals to the Secretary of State for Health, then referral must be accompanied by an explanation of all steps taken locally to try to reach agreement.

- ***How will Health Scrutiny ensure that all possible efforts are made to resolve issues***

locally?

- ***How will Health Scrutiny Members judge when it is appropriate to refer to the Secretary of State?***

2.11 The guidance also mentions that in considering substantial reconfiguration proposals that Health Scrutiny needs to take into consideration the resource envelope within which the NHS operates and therefore take into account the effect of the proposals on the sustainability of services, as well as quality and safety.

- ***How will Health Scrutiny obtain sufficient information about the financial constraints across the NHS to properly inform its thinking?***

2.12 The guidance indicates that Health Scrutiny functions should be carried out in a transparent manner which boosts the confidence of local people in Health Scrutiny. Health Scrutiny should be held in an open forum with local people allowed to attend meetings, with filming and tweeting allowed.

- ***How will Health Scrutiny ensure that local people, particularly those who are not present at scrutiny meetings, have the opportunity to see or hear the proceedings?***

2.13 The guidance also encourages the health and social care system as a whole to think about how the Health Scrutiny function is supported nationally, regionally and locally to enable the powers and duties associated with the function to be exercised appropriately.

3. RECOMMENDATION

3.1 That the Health & Wellbeing Scrutiny Commission to:

3.1.1 Consider and comment on the new Health Scrutiny guidance, taking into account the legal advice provided at Section 4, below.

3.1.2 Align the new guidance with the Health Scrutiny Arrangements 'Fit for Purpose Review Implementation Plan'

3.1.3 Schedule further consideration of the guidance, as necessary.

4. Legal Advice to consider the impact on the LA and Health Scrutiny

Lead Officer: Amy Owen-Davis, Solicitor, Legal Services, Leicester City Council

4.1 The document entitled 'Guidance to support LA's and their partners to deliver health scrutiny' is published by the Department of Health and intended to provide an up-to-date explanation and guide to the legislation and implementation of the same under the National Health Service Act 2006, which governs LA health scrutiny functions.

The guidance should be read in its entirety alongside the legislation in order to obtain a full understanding of the same. The key legislation/Regulations are the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, which replace the 2002 Regulations found within the Health and Social Care Act 2001.

4.2 The new legislation extends the scope of the health scrutiny and increases the flexibility of local authorities (LA's) in deciding how to exercise their scrutiny function.

4.3 Following the Francis report, LA's will need to satisfy themselves that they have open channels by which the public can communicate concerns about the NHS and public health services to health scrutiny bodies.

4.4 LA's should now ensure that regardless of arrangements adopted for carrying out health scrutiny functions, the functions are carried out in a transparent manner in order to boost the confidence of local people. Section 40 of the new Local Audit and Accountability Act 2014 provides for transparency and access to local government meetings and documents, therefore access to health scrutiny would be in line with this.

4.5 The duties set out in the new Regulations support LA's to discharge their scrutiny functions effectively and LA's must comply with the duties or find themselves in breach of a statutory duty thus risk facing legal challenge.

4.6 The Regulations cover matters relating to the health service, to include services provided by the NHS ad public health commissioned by LA's.

4.7 ***Section 2*** of the guidance document details what remains the same following the new legislation for each key body. ***Section 2.1*** is relevant for LA's (2.1.1 – 2.1.4).

4.8 Turning to the changes arising from the new legislation, ***Section 3*** of the guidance sets out, in sub-headings, the specific changes relevant to each of the key bodies.

4.9 ***Section 3.1*** outlines the powers and duties in respect of the LA and should be considered in its entirety alongside the legislation.

4.10 ***Section 3.1.1 to 3.1.4*** details the changes to councils as commissioners and providers of health services, and confirms that as the scope of the Regulations cover services commissioned by the LA, the LA may be bodies which are scrutinised, as well as bodies which carry out the health scrutiny. The duties that apply to scrutinised bodies (such as duty to provide info) will therefore apply to LA's as they may well fall into the category of 'relevant health service providers' as defined in Section 244 of NHS Act and Regulation 20 of the new 2013 Regulations. In light of this, it will be important to bear in mind conflicts of interest and take necessary steps to deal with such a conflict should it arise, and steps where possible to avoid the same.

4.11 ***Sections 3.1.5 to 3.1.8*** details changes for Councils as scrutineers of health services. The Regulations provide certain requirements for health scrutiny functions, and ***Section 3.1.8*** sets this out, with further detail provided in Section 21 of the 2013 regulations.

4.12 ***Sections 3.1.9 to 3.1.12*** of the guidance provides for conferral of health scrutiny function on full council. The National Health Service Act 2006, amended by the Health and

Social Care Act 2012 confers health scrutiny functions on the LA as distinct from any overview and scrutiny committee or panel within the LA. The new provision is designed to give LA's a greater degree of flexibility as to how they discharge their health scrutiny functions, and the full council of each LA will determine which armament is adopted. ***Section 3.1.9*** provides examples of this.

4.13 ***Sections 3.1.13 to 3.1.15*** provides for delegation of health scrutiny function by full council; 3.1.15 states that if a council decides to delegate to a health scrutiny committee, it need not delegate all of its health scrutiny functions to that committee (i.e. the it could retain some functions itself). For example, it might choose to retain the power to refer issues to the Secretary of State for Health. Equally, it might choose to delegate that power to the scrutiny committee. ***section 3.1.13*** sets out those to whom the legislation enables health scrutiny functions can be delegated to; LA's may not delegate health scrutiny functions to an officer, this is disallowed by Regulation 29.

4.14 ***Section 3.1.16 to 3.1.20*** of the guidance provides for joint health scrutiny and Regulation 30 sets out certain requirements as listed in ***Section 3.1.17.***

4.15 ***Section 3.1.21*** covers reporting and making recommendations, and sets out that Regulation 22 enables LA's and committees to make reports and recommendations to NHS bodies and health service providers, and if a response is requested, Regulation 22 provides it should be received within 28 days of request.

4.16 I flagged up and mentioned above the need to be alert to the risk of conflicts of interest, and paragraphs ***3.1.24 to 3.1.26*** addresses this issue specifically.

5. Background Papers

5.1 Local Authority Health Scrutiny: Guidance to support Local Authorities and their partners to deliver effective health scrutiny (Department of Health – June 2014).

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/324965/Local_authority_health_scrutiny.pdf

Report lead contact:
Councillor Michael Cooke
Chair of Health & Wellbeing Scrutiny Commission
Leicester City Council

Leicester City Council

Health and Wellbeing Scrutiny Commission

Tuesday 16 December 2014

City Mayor's Delivery Plan 2013-14.

1. Introduction

The Health and Wellbeing Scrutiny Commission considered the City Mayors Delivery Plan and accompanying briefing note at its meeting of 28 May 2013 and subsequently, in February 2014, revisions made to the plan. 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

2. Progress

A report detailing progress against the City Mayor's Delivery Plan 2013-14 was issued in June 201. While the plan as a whole is concerned with improving the health and wellbeing of citizens of Leicester through actions against the above themes, the agenda meeting for the Health and Wellbeing Scrutiny Commission, thought that the section concerned with A Healthy and Active City should be brought to the attention of members. This section is attached for consideration and comment and shows that activities are largely on track, though there are some areas where further attention is required and these are being actively pursued.

The City Mayor's Delivery Plan 2014-15 is aligned to the City's Health and Wellbeing Strategy 2013-16, Closing the Gap, and the Children and Young People's Plan 2014-17. The plan is available from http://citymayor.leicester.gov.uk/delivery-plan-2014-15/ .

Rod Moore
Divisional Director of Public Health
24 October 2014

City Mayor Delivery Plan 2013/14 - review of progress

A place to do business

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Leicester to Work Supporting people into apprenticeships, training and work	• Launch Leicester to Work programme to deliver new apprenticeships, work experience placements and graduate internships at the council and with other major employers	• Leicester Apprenticeship Hub now established. Forty one applications received from employers for new apprenticeship grant. 18 new starts to date, 17 others in pipeline. Sector specific marketing campaigns underway starting with creative industries. • Step Up Phase 2 programme under way. 34 new posts approved. 20 posts released for recruitment with 7 starts to date. Note rapid fall in long term youth unemployment. At the start of the project the JSA statistics for 18-24 year olds stood at 3,410 young people unemployed. At the beginning of April 2014 this figure has reduced significantly to 2,295, a reduction of 1,115. This trend has continued into the first 3 months of the 2014/15 reporting period.
	• Establish a skills network to promote apprenticeship opportunities	• City Deal and EU SIF programmes will be critical for funding skills / employability initiatives although these cannot be accessed until 2015.
	• Ongoing engagement with employers and training providers in key sectors	• Apprenticeship training providers signed up to new standards Charter and engaging with council.
	• To ensure people secure the skills that employers require	• Connexions IAG Service has been commissioned to promote apprenticeships in schools and colleges. The aim is to increase the take up of young people in apprenticeships as an alternative route to higher education - 'earn while you learn' approach. They have

		delivered sessions in schools and to individual NEET young people to increase apprenticeship take up and success rates.
Enterprising Leicester Supporting business start-ups and growth Developing a strong enterprise culture	• Launch new Leicester Business Investment Areas to provide support for key sectors, such as food and drink, creative industries, innovation and technology, and office development/retail in the city centre	• Support for Food and Drink sector progressing well with new Leicester Food Park under construction at council owned site off Lewisher Rd and plans advanced for sale of remainder of that site to expanding food business. First phase of employment land at Ashton Green also disposed for Samworths expansion. • Innovation BIA at Pioneer Park also developing with new DOCK workspace operational and ahead of business plan occupancy target. • Scope for additional growth on workspace within Cultural Quarter for creative sector businesses being assessed. Existing workspaces at > 90% average occupancy.
	• Secure external funding to provide grants and support to local businesses (European Regional Development Fund/Regional Growth Fund)	• £1.9m ERDF funds secured to support Leicester companies with grants. 49 businesses now supported with £484k grants allocated.
	• Providing support for independent retail areas	• The texture of the retail offer that independents bring to the City is very important, Shop Front Grants are available for retailers, and projects like the scheme to paint the Rail Bridges at Narborough Road helps to change perceptions and ambience of local shopping areas.
	• Providing a seamless regulatory advice service to small businesses	• Reconfigured existing services to create Business Regulation Support Team providing information, advice and employee training in regulatory compliance.
	• Continue the ground-breaking work of the local procurement task force to maximise public sector spending on local goods and services	• 121 contracts were awarded to local businesses with a total value in excess of £41 million.
A thriving city centre Creating a highly attractive, accessible	Creating new civic spaces and better links between the heritage, retail and commercial areas in the city centre through the Connecting Leicester programme. This work includes:	

and distinctive city centre	• Securing external funding and delivering the Jubilee Square project (subject to consultation)	• ERDF funding secured for Jubilee square, work commenced on site in September 2013 and will be complete by November 2014.
	• Redevelopment of the indoor market and surrounding area	• Leicester Market Phase 1 new Food Hall and ancillary accommodation complete.
	• Providing support to the Cathedral Gardens scheme	• ERDF funding secured for Cathedral Gardens, and a scheme to deliver Cathedral Gardens alongside public realm improvements to Peacock Lane/St Martins commenced in November 2013 and will be complete by November 2014.
	• Improvements to shopping arcade areas, such as Malcolm Arcade	• Designs are being commissioned and costed for key council owned retail assets following the success of the new Food Hall. Malcolm Arcade will be the first to be considered with options reviewed by Spring 2015.
	• Further improvements to the St George's Cultural Quarter	• Designs are in under development to transform the St George's Churchyard in the Cultural Quarter into an attractive open space which is safer and more accessible to encourage greater use as a community green space.
	• Securing external funding and delivering improvements to the old town area	• Townscape Heritage Initiative funding secured for the Old Town and project actively being delivered.
	• Improving public transport, walking, cycling and parking (see Getting about in Leicester section)	• A new Haymarket bus station has been approved and construction will start shortly, streets within the pedestrian zone and elsewhere have been rebuilt to provide better facilities for pedestrians and cyclists, and a Car Parking Action Plan has been approved which will see pay and display machines replaced and many tariffs reduced.
	• Redesigning the signage across the city, including boundary signage, signposting to the city centre and improved signage for pedestrians and cars in the centre	• A signage, wayfinding and mapping strategy is being developed for the city centre. This will look at getting people into and around the city centre in a more efficient and customer friendly way. New

		boundary signs are also being considered and a process of de-cluttering is underway to remove unnecessary signs across the city. • Temporary signage put in place for the opening of the King Richard III Visitor Centre in July 2014. The scoping study for a permanent city information system will be completed by December 2014.
A growing city Enabling sustainable growth in new school places, affordable housing and employment sites, together with supporting infrastructure	• Negotiate a City Deal bid to secure extra funding, freedom and flexibility to drive economic growth • Producing a new Local Plan for Leicester which enables proactive development • Proactive use of council land and assets to create new sites for housing and employment development • Regenerating the Waterside and Abbey Meadows areas to create residential and commercial development opportunities • Providing a supportive and fast-track planning approach for key developments that will deliver economic growth	• City Deal now signed. Strategy for procurement and delivery of services being agreed with government agencies. • Work is progressing on the new local plan scheduled for adoption in 2016. • Complete review of council owned and occupied property assets is now underway to ensure that all sites capable of re-use as housing or employment land are identified and can be exploited. The work includes the feasibility of re-using existing buildings or recycling the sites • Investing £920k in highway infrastructure to open up a 5 ha employment land site at Ashton Green to enable private sector investment in a new 10,000 m2 food production facility with circa 500 new jobs being created. Marketing the first residential development site at Ashton Green. • Commissioned a Waterside planning and delivery strategy, including establishing an acquisitions strategy. • Secured ERDF funding for the refurbishment and re-use of Friars Mill as workspace, work due to start on site in August 2014 with completion in mid-2015. This redevelopment is an important first phase and catalyst for Waterside development. • Commissioned a planning and delivery strategy for the former John Ellis site as part of a wider strategy for encouraging development

	• Delivering major capital programmes in schools through Building Schools for the Future and the Primary Capital Programme • Delivering improvements to the highway network, parking and public transport to enable growth (see above and Getting about in Leicester section)	opportunities on Pioneer Park. • Successful completion of Dock providing innovation workspace. • BSF programme remains on track and work is successfully progressing on the primary capital programme to deliver the additional places needed in the city.
A confident city Promoting a strong identity and marketing plan for the city to attract new investment and visitors	Develop the city's brand identity and implement a co-ordinated place marketing strategy to encompass: • promotion of the city's Cultural Ambition, as developed by the Cultural Partnership • promotion of the city's festivals and events, including the launch of a new August bank holiday festival • a plan for attracting foreign and domestic inward investment • bidding with the Cultural Partnership Board to become UK City of Culture 2017	• The Cultural Ambition is actively promoted for example on the council's website and has influenced the development of service plans and programmes. • The first City Festival took place over the August Bank Holiday in 2013 with a programme for all ages that included the Leicester Belgrave Mela, events celebrating the City's heritage, and activities across sports, culture, music and art. The event attracted over 53,000 visitors. • Work has started on developing a Place Marketing strategy to help differentiate the City from competitors and allow more effective focused effort to support the current program of seeking external investment, building on the success of the City's presence at MIPM last year which raised interest in the re-development of the New Walk Centre, and working to retain existing investment within the city. • Leicester bid for UKCC 2017 and was shortlisted to the final four cities.

	• developing our bid to be host city for Rugby World Cup	• Our bid to be a host City for Rugby World Cup was successful and plans are being put in place to maximise the benefits to the city of hosting this prestigious event in 2015, as well as using it to encourage young people and adults to get involved in playing Rugby.
	• promoting our historic assets through the Story of Leicester programme that reveals and interprets the city's history	• A programme of events and open days have taken place at the Castle, Wygston's House, the Magazine and Belgrave Hall. A range of fascinating heritage venues, some of them not usually open to the public such as the Glenfield Tunnel, were open during the annual Heritage Open Days in September 2013. • A series of interpretation panels have been installed across the City centre with the first 11 panels telling the Story of Richard III.
	• development of a Richard III visitor attraction	• The King Richard III Visitor Centre has been developed and opened. The Council is working in partnership with the Cathedral, Diocese, County Council and Leicester University on the reinterment of King Richard III's remains.
	• promoting the benefits of Leicester to business and retail sectors	• City centre management works closely with the Retail Forum, agents and landlords to promote Leicester as the leading retail destination in the East Midlands and many new businesses have opened across the city including the beautifully restored Silver Arcade in October 2013. Highcross has successfully secured international brands such as Tiger, Boost and Urban Outfitters.
	• developing the night-time economy in a safe and sustainable way	• The night-time economy continues to develop with many new venues opening across the city. A Leisure Forum has been set up to work with venues to continue to develop the city's offer. The various agencies that make up the Safer Leicester Partnership continues to work in partnership to develop initiatives to ensure the safety and security of visitors to the city centre.
	• supporting the development of a National Heritage Railway Museum	• The Heritage Lottery Funding bid was unsuccessful but a revised bid

	at the Great Central Railway Leicester North station	will be submitted during 2015/16

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
Creation of new jobs in the city	2013/14 – 1,062	1,141	Based on the delivery of the ERDF programme, the Leicester to Work programme and the development of the new Sainsbury's, the 12 month target of 1,062 has been surpassed.
Creation of apprenticeships	2013/14 – 142	294	The target has been exceeded due to the number of apprenticeships recruited internally and the work undertaken with external organisations such as the NHS in the recruitment of their apprenticeships.
New work experience placements created	2013/14 – 380	185	Overall on target to achieve 440 placements by March 2015, but not this year's target of 380. The original target envisaged Step-Up Phase 2 would start in summer 2013 but was actually launched in February 2014. This was caused by a delay in recruiting individuals within all of the organisations with the time taken longer than anticipated and by submitting

			an application to link the 2nd phase of Step-Up to the Big Lottery programme called Talent Match. This programme did not commence until January 2014 and therefore placements for the 2nd Phase will not start to show until April 2014.
New business start ups	2013/14 – 400	234	The target was not met. Performance is reliant on external projects funded by the ERDF and to meet the reporting requirements of the ERDF, businesses need to be trading for one year. There are approximately 150 new businesses which are trading but yet to reach this 1 year threshold and these will be picked up in 2014/15.
New graduate placements	2013/14 – 60	53	The target has not quite been met. However, there has been considerable activity within the Council and 26 graduates have been recruited with more in the pipeline. The two university projects have also commenced and starting to show progress with 27 graduates placed.
New business workspaces/offices created	2013/14 – 6,150 square metres	4,800	Good progress is being made and 4,800 sq metres achieved through Dock in October and

			Sowdens development in December. Other activity envisaged around Pioneer Park has not occurred ie: Zeeko, so the target of 6,150 sq mtrs has not been achieved.
Potential opportunities for local and smaller businesses through council procurement	2013/14 – £10 million (total value) Number of opportunities 650	£9.6m (total value) 333 opportunities	£10 million target was narrowly missed, but performance still represents a three times increase on performance of 2012/13 (c. £2.75m). Advertised opportunities were of higher value than anticipated hence the lower number; however this has not proven to be at the expense of small or local suppliers – over half of £9.7m was awarded to micro/small companies, and half was awarded to local companies.
Young people in school years 12-14 (residents) who are not in education, training or employment (NEET)	2013/14 – 5%	6.7%	NEET has continued to fall over the year and was at its lowest recorded level for the Nov-Jan measurement period
% of city residents who are qualified to Level 2 or above	2013/14 –75% (a rise of 4% via adult skills provision)	62.7%	Methodology for reporting this measure has changed. 2013 levels are slightly down on those for 2012 (63.9%) but there has been an ongoing upward trend since 2009.
Number of affordable new homes	2013/14 – 138	145	Performance exceeded the plan target. Our newly

			completed affordable homes in 2013/14 include those built on a disused council site sold for £1 to enable affordable housing to be built, affordable homes built within mixed tenure sites as secured via planning agreements ('S106s'), those made financially viable by the council providing some grant towards their cost and a number of privately-owned empty homes brought back into use as affordable homes for rent. This achievement has been made possible by the funding allocated to schemes by the Homes and Communities Agency and the land/finance/catalyst provided by Housing Associations and Developers as well as the council's own input (in terms of land, finance, and development).
Value of tourism, visitors and overnight stays	Average 3% growth per year: 2013 – £491.7m	2013 - £512m - growth of 6.1% against target of 3%	
Number of attendances at cultural and heritage venues	2013/14 – 1.333 million	1,535,591	The target was exceeded. The RIII exhibition at the Guildhall attracted a high number of visitors combined with the introduction of the City Festival and continuing growth in audiences at Curve and

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			Phoenix.
Number of open days at Castle, Magazine and Wygston’s House	78 each year across all sites	83	The target was exceeded through a programme of heritage tours and events.

Getting about in Leicester

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Ensuring the public highway is well maintained and is fit for purpose	• Securing substantial external investment for highway improvement schemes	• £16.1m Dept for Transport Major Schemes Funding has been secured for Leicester and Leicestershire for 2015 to 2018. • Successfully bid for DfT Pothole Repair Fund monies securing £446,000. Bid successfully demonstrated asset management approach and LCC engagement in DfT efficiency agenda evidencing ‘Prevention is better than cure’ and ‘Right first Time’ approach. • Project underway to analyse approaches to funding major investment in the principal road network modelled against the DfT Highway Maintenance Efficiency Programme Lifecycle Planning Toolkit. Project will establish appropriate borrowing and financing models linked to long term savings in reactive maintenance.
	• Development of Capital Maintenance Strategy to create a planned programme for the highway	• Outline 5 year highway (roads & footpaths) capital maintenance programme has been developed linked to asset condition data, customer service requests and including output from regular engagement with Ward Members to identify local priorities. • Outline ten year bridge maintenance programme developed linked to strategic and local road network priorities.
	• Investment on key streets in the city centre through Connecting Leicester	• Applegate, Guildhall Lane and Berridge Street within the city centre were rebuilt to a high standard. Southgates and Newarke Street were rebuilt to provide improved pedestrian and cycle facilities and a new access to the Highcross Rooftop car park was provided via Highcross Street. • Jubilee Square, Peacock Lane and Humberstone Gate West projects got underway in 2013/14.

	• Modernising street lighting to improve quality and reduce the cost of public lighting	• LED White Lighting project well underway. Over 11,300 street lights in around 1000 streets have now been fitted with low energy LED lighting.
Improving access and quality of public transport	• Improvements to the Haymarket Bus Station and Humberstone Gate East bus stops • Enforcement of more bus lanes • Smart and integrated ticketing • Real time bus information • Aylestone Quality Bus Corridor Scheme • Increasing the number of low-floor buses in Arriva/First Fleet • Increasing the number of level access bus stops • Review arrangements to establish the most effective operating model for local bus services in Leicester	• The new bus station is designed and planning permission granted. Land acquired and stopping up order granted. Funding package secured and tenders invited for construction 2014 to 2015. Utilities diversion works have started. The new station is planned to open in December 2015. Humberstone Gate East bus stops are complete and in operation. • The need to introduce enforcement at Rutland Street has been assessed and it was decided that it was not required at this time. Enforcement of bus lanes on Aylestone Road is currently under consideration. • During 2013/14 we introduced the smart card for concessionary travellers and introduced the weekly flexi paper ticket. • During 2013/14 we procured the real time information system and have been testing the system before going fully live in the summer of 2014. • The Aylestone Quality Bus Corridor Scheme is substantially complete and new bus lanes and improved junctions are in operation. • Arriva/First bus fleet are now 100% “low-floor”. • 98 level access bus stops have been installed in the 2013/14 financial year, at a cost of £313,269. • Arrangements for operating local bus services have been investigated. Work is in progress to determine the strategy to implement new arrangements.

	• Campaigning for the electrification of Midland Mainline	• The campaigning has been successful with funding now allocated by the Government for the electrification of the Midland Mainline through Leicester, and design work is underway with construction planned for 2016/17.
Improving access to cycling and walking	• Promote cycling through cycle training and events such as Sky Ride • Improvements to and increased number of cycle lanes	• A full programme of events, led rides and training has been provided throughout the year. In August 2013 the inaugural Leicester Castle Classic elite level cycling event, jointly promoted with British Cycling, was a huge success and repeated in August 2014. • Improvements include: ○ Guildhall Lane refurbished providing traffic calming and two-way access for cyclists ○ Applegate refurbished providing traffic calming and two-way access for cyclists ○ Berridge Street refurbished to remove car parking and provide two-way access for cyclists ○ King Street pedestrianised retaining traffic-free two-way access for cyclists ○ Southgates refurbished providing a two-way cycle track and two new uncontrolled road crossings ○ The Newarke refurbished providing a two-way cycle track and three new shared use crossings ○ Railway Station Bike Hub 90% complete with 240 indoor & 150 outdoor parking spaces (Opens June 2014) ○ DfT, LSTF & NHS funding invested to improve and formally adopt citywide NCN cycle routes including; ○ Great Central Way overlaid and subsidence removed over 3260m2 ○ Riverside Way overlaid and re-graded over 2109m2 ○ Forest Way overlaid and re-graded along 6690m2 ○ LSTF & NHS funding for 130 posts, 300+ direction signs & 29 route map signs along 38km (24 mile); ▪ Route 2 (City Centre to Groby) ▪ Route 3 (City Centre to Narborough)

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		▪ Route 4 (Westside Circular from A6 Oadby to A6 Red Hill) ○ Bennion Road new shared-use route along 6780m2 ○ Beaumont Park Footpath/Cycleway 132m ○ 0.02km Tolwell Rd access to footway/cycleway ○ New match-funded cycle parking facilities at 10 businesses ○ Town Hall Bike Park introduced an electronic 'One-card' system to record Bike Park Membership ○ Bike mechanic workshop equipment purchased for community recycling and bike project development
	• Improvements to footpaths and increased number of pedestrian areas in the city centre	• Improved pedestrian facilities were provided on Southgates and Newarke Street with improved crossing facilities. St Martin's outside the Richard III Visitor Centre is pedestrianised.
Improving road safety	• 20mph zone programme in neighbourhoods • Introduce road safety schemes in high risk areas, including the use of speed cameras • Continue road safety education and public information campaigns	• The programme of introducing 20 mph zones has continued. The St Matthews Area, Harrison Road Area and Bradgate Heights Schemes were completed. • Highway improvements have been made at several locations this year including at the junction of Soar Valley Way and Lutterworth Road. • A full programme of road safety education has again been carried out including supporting road safety work with schools and the Police.
Improving the quality of car parking in the city centre and neighbourhoods	• A full review of public and private on and off street parking • Enforcement action to remove unauthorised car parks • Introduction of residential car parking improvement schemes	• A Car Parking Action Plan was produced which reviewed the provision of all city centre parking. A new off street car park is proposed at Newarke Street and some additional on-street parking is also proposed. • Successful action taken to close car parks at Filbert Street and Watling Street. Further actions in the pipeline. • Westcotes Experimental Scheme has been introduced and

		consultation is underway for a new scheme at Western Park.
	• New planning policies to manage parking, particularly to introduce more flexibility on office developments	• Supplementary Planning Document has been drafted.
	• Introduce new on-street parking machines and a review of charging policies	• The Car Parking Action Plan proposes to replace the pay and display machines to remove the need to enter registration numbers and also proposes new, in many cases lower, parking charges including £1 for 1hr in the heart of the city centre.
	• Incorporate parking enforcement into a new integrated enforcement service	• Bought back ‘in-house’ under Environment & Enforcement Services – all regulatory services are now in one area.
Access for all	• Ensuring our projects and programmes achieve high standards of accessibility and inclusion	• Public consultation and consultation with specific user groups has continued to be carried out during the design of the schemes this year. • Inclusive design is a key matter considered in all projects. The Disabled People’s Access Officer and Inclusive Design Advisory Panel (IDAP) have been involved in all key schemes, and considerable improvements secured.
	• Review and take forward our Inclusive Design Action Programme to support this	• Inclusive Design Programme reviewed, and priorities drafted for Scrutiny consideration (production of Inclusive Design policy & standards document + addressing capacity issues).

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
Number of dangerous potholes repaired	2013/14 – 6,500	6,172	We have had to repair fewer dangerous potholes than last year. The wet but mild winter has caused problems with the roads but not to the extent that last year's prolonged cold did and the figures reflect this. Carriageway maintenance schemes have also helped to reduce the number of reactive repairs.
Number of potholes repair requests from the public	Reduce to 1,350 per year (currently averaging 1,400)	1,301	The decrease in the number of dangerous potholes that required repairing is reflected by a reduction in the number of repair requests from the public. Nearly 45% of the annual total were received in Q1 after the very cold winter of 2012/13.
% of level access bus stops	2013/14 – 91%	96%	98 level access bus stops have been installed this financial year, at a cost of £313,269. There are 54 stops remaining without level access and which will need to be tackled next year.
% of people who travel to work in the city centre by car (peak time)	2013/14 – 49.5%	56.5%	The target has not been achieved this year due to the fall in the number of bus passengers to the city centre
Number of people cycling every day	2013/14 – 16,100	11,526	We believe cyclists have been using alternative routes (hence not passing the survey sites) during the city

			centre improvements to the west of the city centre such that the target has not been achieved this year
Number of casualties from road traffic accidents	2013/14 – reduce to 1,249 or lower	1,189	Casualties have reduced during the year due to a number of initiatives which include improvements to the Soar Valley Way/Lutterworth Road and the Melton Road/Troon Way junctions which were ranked 1 and 2 for accident prevalence. The ongoing 20mph programmes, local safety schemes, cycle and pedestrian training and general road safety education continue to play an important role in accident reduction.
Number of people killed or seriously injured in road traffic accidents	2013/14 – reduce to 82 or lower	92	There has been a marked fall in the numbers of people killed, which is now at its lowest level since 2009. Over the same time period there has also been a 13% fall in the number of minor injuries sustained. However, the number of seriously injured has risen slightly compared with last year. The ongoing 20mph programmes, local safety schemes, cycle and pedestrian training and general road safety education continue to play an important role in accident reduction.

A low carbon city

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Reducing carbon dioxide and other greenhouse gas emissions from the council's operations	• Introducing low energy/renewable methods of street lighting and traffic signals	• LED White Lighting project well underway. Over 11,300 street lights in around 1000 streets have now been fitted with low energy LED lighting delivering over 57% energy savings. Remaining 22,000 old yellow sodium street lights on programme to be converted to LED white lighting by March 2016. • £1 million Prudential borrowing bid approved in June 2014 to fund major conversion project to install LED lighting units in traffic signals across the City. This will reduce energy usage and CO2 footprint of traffic signals.
	• Reducing the number of council buildings; improving the environmental performance of remaining buildings to reduce emissions from central accommodation buildings by 50%	• Vacation of New Walk Centre completed and work underway to improve energy performance of central accommodation buildings
	• Reducing the number of council vehicles and increasing our use of green fuels and electric vehicles	• A further 17 vehicles were taken out of service and not replaced. In addition we have installed electric charging points at our Park & Ride schemes and are investigating alternatively fuelled buses as part of our on-going air quality management work
	• Modernisation of school buildings and using renewable energy in these	• Renewable energy installed in 16 schools.
	• Using local procurement to source our goods and supplies	• 121 contracts were awarded to local businesses with a total value in excess of £41 million.
	• Reducing the impact of waste management on greenhouse gas emissions	• The strategy is to divert the maximum amount of waste from landfill via recycling, composting and refuse derived fuel opportunities as

		this significantly reduces potential greenhouse gas emissions.
Reducing carbon dioxide and nitrogen dioxide from transport emissions across the city	• Installing charging points for electric vehicles in and around Leicester. • Encouraging cycling and walking (cycle lanes, pedestrianisation) • Improvements to public transport • Ensuring future development is designed in a way that enables people to travel to work in a sustainable manner	• Charging points have been installed at Meynells Gorse and Enderby Park and Ride sites • We have encouraged bike parks, cycle parking and travel to work travel plans in new residential development • See 'Getting about in Leicester' section
Reducing carbon emissions from homes and reducing the impact of fuel poverty	• Supporting communities to develop micro-generation initiatives such as the installation of solar panels and wind turbines. • Delivering low carbon housing development through our planning policies, development briefs and conditions on planning permissions • Improving the energy efficiency of council housing, including solid wall insulation, solar panels and ground source heat pumps • Supporting private homeowners and landlords to improve the energy efficiency of their homes through the Green Deal	• Energy services have reviewed buildings for potential community renewable energy pilot project. A shortlist of LCC sites has been produced that would be suitable for investment. The next stage is to procure a community energy provider to install solar PV panels and supply up to six sites with renewable electricity. • We have continued to implement a policy of 17% of energy generated from on-site renewables on major developments. • 188 properties were fitted with loft insulation and 417 properties were provided with 'A' rated energy efficiency boilers. Nearly all of our housing stock is fitted with double glazed doors and windows. During 2014/15 we intend to install solar panels on 62 new build homes and insulate 161 exterior solid walls. • Home Energy Team is supporting private sector households in the city. There has been poor take-up of the Green Deal initiative nationally and we are awaiting the outcome of a Government consultation over proposed changes to the Energy Company Obligation (ECO) before moving forward with plans for a city partnership

	• Further development of district heat and power schemes • Work to develop community tariffs to reduce the cost of energy to homeowners	• Energy Services are working with LDEC to identify new connections. • Leicester's "Ready to Switch" Collective Switching scheme was launched in November 2013 and 1,315 households registered for the first auction in February 2014.
Reducing carbon dioxide (CO_2) from industrial and commercial emissions	• Implement the district energy scheme and explore its further expansion • Requiring low carbon development through planning policies and conditions on planning permissions • Leicester Energy Agency project to help small businesses introduce renewable energy measures and to provide energy efficiency advice • Establish a Green Deal partnership to deliver energy improvements to businesses	• Scheme has been implemented and now working with Leicester district Energy company (LDEC) to identify new connections. • We have continued to implement a policy of 17% of energy generated from on-site renewables on major developments. • Leicester Energy Agency has provided advice to 68 SMEs. 14 have received ERDF grants and a further 25 businesses have been assisted with development of Climate Change action plans. • Green Deal partnership proposals have not yet progressed beyond the household sector. There has been poor take-up of the Green Deal initiative nationally and we are awaiting the outcome of a Government consultation over proposed changes to the Energy Company Obligation (ECO) before moving forward with plans for a city partnership.
Developing the low carbon economy in Leicester	• Develop the demand for renewable energy in Leicester through planning, housing strategy and the Green Deal • Work with colleges, employers and training providers to increase the number of people with the skills required for the local carbon/renewable energy sector • Work with the two universities and local businesses to develop research and intelligence in renewable energy and low carbon technology into viable business propositions	• Planning policies require a percentage of onsite renewables on major developments creating demand for renewable energy in the city. • These requirements are now included in procurement of major retrofit projects (part of the Leicester Employment Skills Strategy and Plan). • Bids have been submitted to the Engineering and Physical Sciences Research Council with DMU. Awaiting outcome.

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
The amount of carbon emitted through council operations – towards a target of 50% reduction on 2008/09 baseline by 2025 (baseline in 2008/9 – 61,310 tonnes CO_2)	2013/14 – 21% reduction	At the end of 2012/13 carbon emissions had reduced by 2.9% from the baseline	36.4% of LCC's carbon footprint is generated in LCC property and 33.6% in Leicester schools. So energy use in buildings is 70% of the carbon footprint. In the LCC property portfolio opportunities to reduce carbon have been limited due to uncertainties in retention of the building stock and therefore lack of investment in energy efficiency measures. The closure of New Walk Centre, and broader Accommodation strategy actions will result in significant carbon savings. Latest data for 2013/14 will be available in the late summer
50% reduction in CO_2 emissions within the scope of influence of local authorities (previously NI 186) by 2025 (baseline in 1990 – 2338.3 ktC02)	2013/14 – 27%	31% reduction on 1990 baseline levels	Data is provided by the Dept of Energy & Climate Change and there is a 2 year time lag in data availability. Therefore performance reported for 2013/14 is actually for 2011

The built and natural environment

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Preservation and enhancement of the historic built environment	• Delivery of the Heritage Action Plan • Support for historic buildings and conservation areas that are at risk or need enhancement • Development of a specific monitoring and protection plan for key buildings that are at risk	• The 2013/14 Heritage Action Plan has been substantially delivered with significant progress being made to bring 12 key historic buildings at risk back into use. A review of the Cathedral Guildhall Conservation Area has been undertaken as a first step towards removing it from the National Heritage at Risk Register. A major review of the Local Heritage Asset Register (LHAR) has been undertaken, with new criteria and selection process, to provide robust protection for locally important heritage assets. The new LHAR will be finalised in 2014/15.
Promote high quality, inclusive design	• Ensure high quality, inclusive design for new developments by preparing development briefs for key sites and buildings, and specialist design input to city council projects and key planning applications • Deliver well-designed buildings through council commissioned construction projects, such as Building Schools for the Future, Makers' Yard, innovation workspace, market redevelopment, Jubilee Square • Achieve high standards of accessibility and inclusion through council projects and programmes	• Site Development briefs have been prepared for key sites eg St Mary's Allotments, Franklyn Fields, New Walk Centre. The planning service's urban designers and the Disabled Person's Access Officer scrutinise and provide input to significant new proposals at pre-application and application stages. This applies to Council and outside projects.
Improvement of retail gateways	• Delivery of action plans for Golden Mile, Belgrave Gate, Churchgate, Humberstone Gate East, Market Place, Narborough Road/Braunstone Gate and Granby Street. Work includes improvements to shopfronts, better signage, environmental enhancement and promotion.	• Good progress made with more than 40 individual shop fronts improved. Other actions have included banners and marketing campaigns, clean ups, block painting schemes, public realm works and other measures such as architectural feature lighting to key buildings and support for community festivals.
Preservation and enhancement of the natural environment	• Delivery of the Biodiversity Action Plan • Run Bioblitz events to significantly improve the environment in local neighbourhoods • Develop and deliver Green Space Management Plan to ensure	• Working with a wide range of internal and external partners and volunteers, the 2013/14 Biodiversity Action Plan has been substantially delivered, with a number of additional new initiatives being developed during the year. The Aylestone Meadows Bioblitz

	all public green space is well managed • Designate two local wildlife sites and two local nature reserves • Create one hectare of land to encourage pollinating insects • Work to increase the number of Green Flag awards held by city	took place in May 2013, together with two environment days and more than eight other volunteer conservation days. A major Green Infrastructure Strategy is being developed, which will inform how the city's green space can be enhanced for wildlife in the future. Two new wildlife sites were designated, Glenhills was declared as a Local Nature Reserve and a number of other sites were enhanced to encourage bees and other insects. The Council has increased the number of green flags awarded.

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
One Bioblitz event and two environment days per year	2013/14 – one Bioblitz event and two environment days	One Bioblitz event and two environment days taken place	The 2 Environment days were held on 23/10/13 at Castle hill Country Park and 20/11/13 at the Orchards Local Nature Reserve The Bioblitz event took place in May
Create new ground for insect friendly pollinating plants	2013/14 – 7,500m^2	11,296 m^2	
Direct support/action provided for listed buildings at risk or requiring enhancement Conservation area appraisal - review of conservation areas or designation of a new conservation area Site development brief for Waterside regeneration area	2013/14 – 10 2013/14 – 2 2013 - 1	12 1 1	A reappraisal of the existing Cathedral/Guildhall Conservation area is underway. The first draft of the appraisal has been prepared and the draft consultation should be ready during the Summer Brief has been completed and work commissioned with the Strategy scheduled to be signed off in the Autumn
Number of Green Flag awards held by parks and green spaces	10 sites by March 2014; 12 in 2014/15	11	

A healthy and active city

Council activity

Themes and objectives	Key projects and activities	Summary of progress
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 • 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 • Agreement of Joint Health and Wellbeing Strategy by the Health and Wellbeing Board • Plan and implement the transfer of the local public health function from the NHS to Leicester City Council • Work with the recently procured local HealthWatch to ensure it has a strong, local voice for patients and the public	• Board established. Peer review held in February 2014 found that board functioning well with potential for further development. • The JSNA Programme further developed including for example needs assessments on Oral Health, Sexual Health, Mental Health. • Closing the Gap approved by the H&WB Board and published in October 2013. • Transfer completed and new arrangements working well. • HealthWatch is an established member of the Health and Wellbeing Board.
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 • Programmes to reduce the prevalence and impact of smoking, tobacco and alcohol related harm in the city	• Campaigns and communications have been undertaken on a range of public health issues, including 'Have one on us' and National Smile Week in connection with Oral Health. Alcohol awareness campaigns took place in November and December 2013; the campaigns were run in conjunction with other strategic partners. • A social marketing campaign "what are you doing tonight" encouraged people to reduce their alcohol intake and suggested alternatives to alcohol related entertainment. STOP Smoking Cessation service commissioned to provide effective smoking cessation help to smokers. The Step Right Out programme encourages reductions in smoking in the home and in cars, particularly where children are involved.

	• 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 • 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 • Deliver our Leicester Gets Active 4 Life campaign targeting everyone aged 14 and over • Work in partnership with other agencies, internal and external, to deliver new and improved low cost opportunities for physical activity • Work to sustain the progress made in recent years in improving the take up of breastfeeding	• Programmes of business advice visits and test purchasing undertaken to tackle underage sales. Increasing co-operation with HMRC and East Midlands regulatory partners to tackle illicit tobacco and shisha supply in the City. • Leicester's Food Plan was launched in early 2014 which aims to make Leicester a "healthy and sustainable food city"; a place where the production, distribution, purchase and use of food supports better health, stronger communities and a successful economy – while protecting the environment and conserving natural resources. • Campaign continued to run during 2013, following a review some elements of the campaign are now being withdrawn. Options for further development of a physical activity/ healthy weight campaign are currently being assessed. • Work has been undertaken to assess the level of need for and supply of interventions to promote healthy eating, physical activity and weight management. A strategy to increase the opportunities available in the city is being developed. • Breastfeeding rates continue to slowly increase although there are still considerable differences in take up across the city. Work continues in conjunction with the hospital e.g. midwives, and community staff e.g. health visitors, and children's centre staff to encourage mothers to breastfeed. Stage 2 of the UNICEF baby friendly initiative was achieved in November 2013 and the third and final stage is aimed for in early 2015.

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
Number of people who are supported to stop smoking for 4 weeks	2013/14 – 2,587	2,551	Performance for the year was marginally below target. It is thought this reflects a change in approach to quitting brought about by e-cigarettes which is being experienced nationwide. The service has responded by engaging with those considering using e-cigarettes to offer additional support where it would be helpful in their efforts to quit or reduce tobacco consumption.
A reduction in the rate of alcohol-related hospital admissions per 100,000 population	2,050 or lower	2,038	
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	2012/13 Data Reception Year – 10.4% Year 6 - 21.1% 2012/13 is latest available data	The prevalence of obesity locally has not changed significantly over the last 5 years. Rates vary slightly year on year but there is no current local trend. Nationally, levels of obesity in year 6 have been steadily increasing over the last 5 years, with levels in reception year stabilising. A number of initiatives are already in place to prevent and reduce childhood obesity and further programmes are planned which will become live in early 2105.
An increase in the percentage of babies who are breastfed at 6 to 8 weeks of age	2013/14 – increase to 56% or higher	56.7%	
Number of people referred to the exercise referral scheme	2013/14 – 2,050	3,246	The positive outturn is due to the

			scheme becoming free during this reporting year. A new policy was introduced, allowing residents 6 months free compared to 3 months of a small charge. Referrals far exceeded expectations.
% of people aged 16 and over who participate in 30 minutes of sport or physical activity three times each week	2013/14 – 18%	19.50%	The positive result shows continued growth in developing programmes and initiatives that support people who are inactive to get more into exercise. For example, the 'Get Healthy Get into Sport' project and the new policy on the exercise referral scheme, have had an impact. Results are in line with regional and national growth.
Number of free swims by young people in school term time	2013/14 – 14,500	13,060	This is a project targeted at four wards to encourage children and young people at risk of inactivity to take up regular swimming. Take up was lower than anticipated which may be because the scheme has been running for some time and initial popularity has declined.
Number of people playing football at Football Investment Strategy sites	2013/14 – 150,000	278,930	Target exceeded as a result of strong and positive intervention and management through the football investment strategy.
Number of people participating in projects that promote sport and physical activity	2013/14 – 110,500	171,215	The positive out turn was due to an external funding application to develop Table Tennis in the City.

			The £10k of extra funding generated over 70,000 users this summer.
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	 112 41 29% 8	The detection of non-compliance is dependent on a number of factors. The quality of our intelligence and the methods for checking compliance are constantly under review. Formal actions include cautions, prosecutions and licence reviews. These have a lead time from the investigation of the offence through to preparation of papers and scheduling for disposal in court/hearing. Formal actions arising out of work undertaken in 2013/14 will conclude in 2014/15.

Providing care and support

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Safeguard and promote the welfare of all vulnerable children and young people	• Targeted work to ensure the council is looking after the right children and young people in care, and appropriately and safely moving children out of care into permanent placements	• Services have been restructured to ensure there is an early targeted response to children and young people to prevent them coming into care. All children coming into care are subject to a formal panel process chaired and ratified by a Head of Service. Once a child becomes looked after work is targeted through the Care Planning processes to ensure a timely and safe exit from care through returning home, adoption, special guardianships or moving to independence. • A new Placement and Commissioning Service has been introduced where all Children's placement activity is controlled, monitored and planned. • Leicester City's good Adoption performance has been recognised by the DFE and we have been selected to participate in the Adoption Support fund prototype.
	• Developing a Safeguarding Effectiveness programme and Improving Outcomes programme to embed the changes made following our last Safeguarding and Looked After Children inspection by Ofsted and the Munro Review into child protection. This includes engaging with front line social work staff and monitoring the impact of a set of standards for social workers developed by front line staff.	• A programme of Safeguarding Effectiveness activity is managed by the LSCB which is structured by the Learning and Improvement Framework. • Engagement with front line staff and assessing the impact of standards for social workers is an ongoing activity and will continue to be prioritised in the post-review implementation phase. Additional review will be undertaken with the impending appointment of the principal social worker
	• Work with partners through the Leicester Safeguarding Children Board to develop Leicester's Early Help Offer: ensuring the pathway children and young people take between universal, targeted and specialist services is clear and understood	• All actions resulting from the last Safeguarding and Looked After Children inspection by Ofsted have been implemented • Work to develop the Early Help offer has informed the review of the LSCB Thresholds document.
	• Participation project: engaging with school councils,	

	recruitment of lay person to the Leicester Safeguarding Children Board, development of a Youth Shadow Leicester Safeguarding Children Board, consultation with young people who have been through child protection processes • Think Family programme: services that work across adults and children's, statutory and non-statutory sectors and provide targeted support to families. The programme will work with families where there are complex or multiple needs: children are not in school, are involved in crime or antisocial behaviour and/or the adults are not in work Children's centres' early intervention programme	• A lay person has been appointed to the LSCB and is active in local young people's participation. • The Youth Shadow Leicester Safeguarding Children Board remains in the early stages of development and is being reviewed as part of wider participation activities. • Schools councils continue to be engaged and contributed to a major consultation event with C&YP, including those who had experienced the child protection process, to find out when children felt unsafe. These messages were reported to the Children's Trust Board for services to use as part of their service planning. • The THINK family programme started and has worked with 520 families and 'turned around'* 351 families. Improved information sharing and targeted work across the partnership enabled Leicester to achieve 92% of the year's target. Leicester was in the top third in the country for the number of families 'turned around' measured by children back in school, reduced crime & ASB, and adults back into work (March 14)
Improve outcomes for particularly vulnerable groups of children and young people	• Target resources and integrate support for children and young people who are particularly vulnerable, including looked after children, young carers, children with special educational needs or disabilities and children who offend or are at risk of offending. We will commission support where it is most needed, including: • multi-systemic therapy project • troubled families/Think Family programme • virtual school for looked after children	• Multisystemic Therapy (MST) has been in operation in Leicester since November 2012 to prevent children aged 11-17 who are committing antisocial behaviours from entering care or custody. Between November 2012 and July 2014: 57 families have been discharged, 89% closed successfully, 93% of children remained at home, 77% of children were in ETE for more than 20 hours per week, 86% of children were not arrested. The average length of treatment was 142 days • With the development of the 16+ service from April 2014 Looked After Children and Care Leavers will have additional help, support, advice and guidance from Personal Advisers in addition to their Social Workers during the ages of 16/17. For example additional help will be provided to support young people in developing their independence skills and robust Pathway Planning will in turn improve their overall welfare and ultimate transition to adulthood.

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		• The Y-PoD project continues to work with the most vulnerable of LAC / Care leavers whose lives are particularly chaotic. They work with 50-60 individuals each year and have had some significant successes in improving the outcomes with regards to accommodation and significant health and behavioural issues. They have also helped these young people to access the mainstream services which they had found very difficult before. Plans are progressing with regards to co locating the 16+ service with the Y-PoD to ensure a wraparound multi agency service for the most vulnerable young people. • The Virtual School for Looked After Children is now established and has been providing multi-agency training programmes to promote and support good educational outcomes for our looked after children. The Virtual School focus remains as tracking and monitoring students as if they were in a single physical school, by looking at attainment and progress, exclusion and attendance data. The team works with schools and partners to develop strategies and support for looked after children. • A major development has been the provision by central government of Pupil Premium Plus for looked after children and the Virtual School has been pivotal to its implementation. Working in partnership with schools, the Virtual School is developing plans to strengthen the Personal Education Plan process and working with partners to develop projects to support attainment. One such project is in partnership with the Education Psychology Service and will aim to target and support emotional wellbeing for looked after learners in the new academic year. • The key performance indicators for the Virtual School, namely attendance, exclusions, and attainment & progress at KS2 and KS4 all improved substantially 2011/12. These improvements were maintained for 2012/13. Progress is helped by the year-on-year decline in overall absence (-0.5%) and persistent absence (-0.6%) in the primary sector and the year-on-year decline in overall absence (-0.4%) and persistent absence (-0.6%) in the secondary sector.
	• Develop designated special provision for children with communication difficulties and social, educational and	• Five designated specialist provisions are in place; three in the primary sector (at Barley Croft Primary School, Thurnby Lodge and Inglehurst

	behavioural difficulties in identified schools.	Junior school) and two in the secondary sector (English Martyrs and Babington Community College). There is an emphasis on speech & language and Autistic Spectrum Disorders
	• Participation in pathfinder trial to implement the recommendations of the government's Green Paper for special education needs and disabilities	• Leicester City (in partnership with Nottinghamshire County Council) remains one of nine National Pathfinders in the development of assessment and provision for Education, Health and Care Plans. These replace "Statements of SEN" as required in The Children and Families Act 2014. We have advised and guided a number of other local authorities across the region and nationally with regard to the new provisions. The Council has taken part in national workshops facilitated by DfE and has contributed to the national development of the new SEND processes. A multiagency Strategy Group (with representatives from health Care and Parents. Carers Forum) and young people have been consulted regarding four areas 1. Preparing for Adulthood 2. Personal Budgets 3. Local Offer 4. Education Health and Care Plan process.
	• Develop travel training programme to support the independence of children and young people with special needs and disabilities	• The Travel Training Programme ran from January to September 2014 and focussed on training staff who work with young people whose life outcomes will be enhanced if they could travel independently. Disabled young people were part of this training. Five staff members are able to continue this training in the future.
	• Continue to work in partnership to improve the transition of young people with disabilities to adulthood	• Partnership working between all relevant agencies and young people and their families has continued throughout the year, led by the Preparing for Adulthood Partnership. Specific work has been undertaken to look at the feasibility of an "Integrated PFA service". This service will offer a much smoother experience for young people and their families with a multi-agency approach focussing on early support planning with the young person at the centre of the process with development of opportunities to help raise aspirations. The work of the service will focus on planning for

		employment, supported or independent living, planning for good health and developing friendships and relations and being part of the community. • There is close working between Adult Social Care and Children Services, in particular with regard to the requirements of the Children and Families Act 2014 and the Carer Act 2014. Work is concentrating on improving data collection, notification of young people about to transfer to adult services and the provision of services which are efficient, effective and service user focused.
	• Continue working effectively in partnership to reduce offending by young people	• Regular meetings and activities with partners, including police, Youth Justice Board and courts are undertaken. Work undertaken includes evaluation of provision deployment and effectiveness with the Youth Justice Board and the Case management and Heritage Panel, involving partners and multi-agency staff, working jointly around high risk young people
	• Evaluate young carer's pathway pilot: to increase early identification and assessment of young carers, so they can get better and quicker access to the support they need	• Pilot evaluation has been undertaken and ultimately resulted in the identification of two young carers. Incidentally, the presence of Young Carers' Strategy group members at the Early Help and Think Family panels resulted in the identification of 10 young carers over a similar time frame. As a result, further consideration needs to be given to the relevant merits of developing further such opportunities to maximise existing structures and processes and embed young carers into the broader children and families agenda. The action plan for 2014 is prioritising: • Developing and mobilising the new Schools Champions' Network • Further developing and embedding best practice across children's and adult's services • Work with and for young adult carers to support them with transitions and enable them to engage with employment, education and training Preparation for new legislative requirements as identified in the Children and Families Bill and the Care Bill.
Ensuring people	• Increasing the availability of supported living tenancies so	• A new Extra Care Housing Scheme will be opening in September 2014,

are provided with opportunities to maintain their independence	that people can have a home of their own • Using a moving on team to help people move from residential care to supported living • Supporting more adults with social care needs into employment • Increase the proportion of people supported to live independently through re-ablement and intermediate care following discharge from hospital	which will provide supported living for up to 50 vulnerable adults. Also there are a number of new developments that are due to open in 2014, which will support people with a mental health issue or learning disability. • During 2013 / 14, we were able to help 54 people with learning disabilities or mental health needs to move into a home of their own. Many of these were people who were living in residential care, or were on a hospital ward without suitable accommodation to move on to. • We were able to support over 130 adults with various disabilities to enter into employment or employment related training by utilising the Right to Control regulations as well as offering direct support from the Employment and Skills Development Officer • During 2013 / 14 we improved the proportion of people living independently as a result of reablement and intermediate care, by working closely with health colleagues to ensure timely and coordinated interventions
Ensuring that people have access to quality services of their choice	• Ensure people have a personal budget which enables them to create an individual support plan • Increase the availability of services for people with dementia and their carers • Improve the quality of residential care through the	• We have continued to ensure that people who could have a personal budget receive one; this is now embedded in our assessment process and the vast majority of existing customers have been supported to transfer to a personal budget and support plan. • During 2013/14 the number of people using the ASC commissioned Memory Cafes has remained steady. The contract for this service ended in March 2014 but additional funding has been allocated to ensure the continuation of a reduced service. Additional funding has also been allocated to the highly successful befriending service to enable a 50% growth in the number of people able to access the service. Close work with health colleagues has ensured that dementia remains a high priority across the City. • The Quality Assurance Framework was introduced on 1.10.2013 and it is

	implementation of the Quality Assurance Framework • Develop and implement best practice guidance on caring for people at the end of life, to enable more people to die in the setting of their choice	anticipated that all 96 independent residential care homes in the city will have been assessed by October 2014. • We have worked closely with health colleagues, to ensure that our rapid care services in the Reablement and Integrated Crisis Response Services are available for people who wish to remain at home or return home from hospital to die.
Preventing homelessness and providing support to people who become homeless	• To agree a new Homelessness Strategy that focuses resources on helping people find and keep their own independent home	• A new Homelessness Strategy has been adopted. New services have been commissioned that focus on preventing homelessness and supporting people, these services commenced on the 1 April 2014. A single access and referral point has been set up in Housing Options. • Housing review has included provision for Care Leavers. The Y pod project enables vulnerable Young People and Care leavers to access accommodation, employment and training, health and other relevant support.
Supporting people who are at risk of harm and abuse to stay safe	• Implement a First Contact scheme to help all agencies identify vulnerability and ensure people are signposted to advice and support • Work with the recently established service user group so that they can effectively support the work of the Leicester Safeguarding Adults Board	• Our First Contact scheme commenced in June 2013 and has assisted over 100 people by referring them on to agencies for support; resulting in over 300 interventions being provided. We will be expanding the scheme to those aged 18 – 59 in the future. • Due to changes in individual circumstances the membership of this small group has changed and reduced; however service user stories have been gathered, which will inform a service user engagement strategy and the work of the board going forward.
Supporting carers	• Increase the number of carers supported either through training or increased access to short breaks	• An additional 319 carers (compared to 2012/13) received a service via a carers personal budget, as we focussed on increasing carers support.
Proactive domestic violence services that work with families, victims and perpetrators	To provide appropriate and timely support, information and practical assistance to anyone who has suffered from domestic violence: • providing spaces for children and young people affected by domestic violence to be heard • increasing the number of adults and children who feel safe in their own home	A specialist project has now been established which includes awareness sessions, and support work around sexual violence and domestic violence for children and young people.

	• engaging and motivating those who perpetrate domestic violence to reduce their abusive behaviour	

Performance measures and targets

Children and young people

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
% of children becoming the subject of a child protection plan for a second or subsequent time	2013/14 – 10 - 15%	13.9%	
% of child protection plans that last two years or more	2013/14 – 5%	2.9%	
% of children's social care assessments that are carried out within 45 working days of the referral	2013/14 – 89%	63.0%	Figures were adversely affected by the measurement period coinciding with the migration to a new recording and reporting system. Assessments were carried out but not recorded on the system at point of reporting.
Average time between a child entering care and moving in with its adoptive family, for children who have been adopted	639 days	631	
Care leavers in employment, education or training	2013/14 – 75.0%	72.2%	The out-turn for 2013/14 is an improvement on the 2012/13 level. The snapshot is affected by small sample sizes and the target was missed by one young person. During the year an apprenticeship scheme has been developed specifically for care leavers. 6 new apprenticeships have started with the council with another 6 planned for later this year. Continued support from the Flying Fish project (work placements) and a refreshed corporate approach to work experience means we expect to meet and exceed next year's EET target.
Number of families with complex and multiple needs	2013/14 – 570	983 (Programme to date by end	Programme is on track to meet targets

who are identified and supported by the THINK family programme		Q4 2013/14)	for project completion by March 2015
Number of families who are supported by the THINK family programme that have improved outcomes across a range of indicators (including increased attendance at school, reduced crime, employability)	2013/14 – 525	351 (programme to date by end of Q4 2013/14)	Improved outcomes are measured 90 days after support and are on-track to meet targets
% of pupils with special educational needs (without statements) making expected progress from Key Stage 1 to Key Stage 2 in reading	2013/14 – 84.5%	82.2%	Data for 2014 has not been verified, which means the percentage may rise. There has been a steady increase in % of pupils making expected progress KS1 –2 in reading. Leicester result of 82.2% was higher than the national level (79%)
% of pupils with special educational needs (without statements) making expected progress from Key Stage 2 to Key Stage 4 in English	2013/14 – 60%	49.9%	Data for 2014 is not yet available. Over the last 3 years there has been a slight decrease in % of pupils making expected progress KS2-KS4 in English and the figures are in line with national figures.
First time entrants to the youth justice system	2013/14 - 950	213	The introduction of Out of Court disposals' has allowed the service to ensure that targeted services are offered to ensure those children and young people who offend and are at risk of offending at the early stage get the right support and intervention. A focus on restorative justice early on seems to have a good impact. The YOS ensures that that a strong ethos for partnership working is embedded to achieve good outcomes.
Rate of re-offending for young offenders with a previous youth offending record (the average number of offences per young person)	2013/14 – 0.54	1.5%	Despite being higher than target, there was a year-on-year reduction of 1.53% in Q4 Jan to Mar 2014.

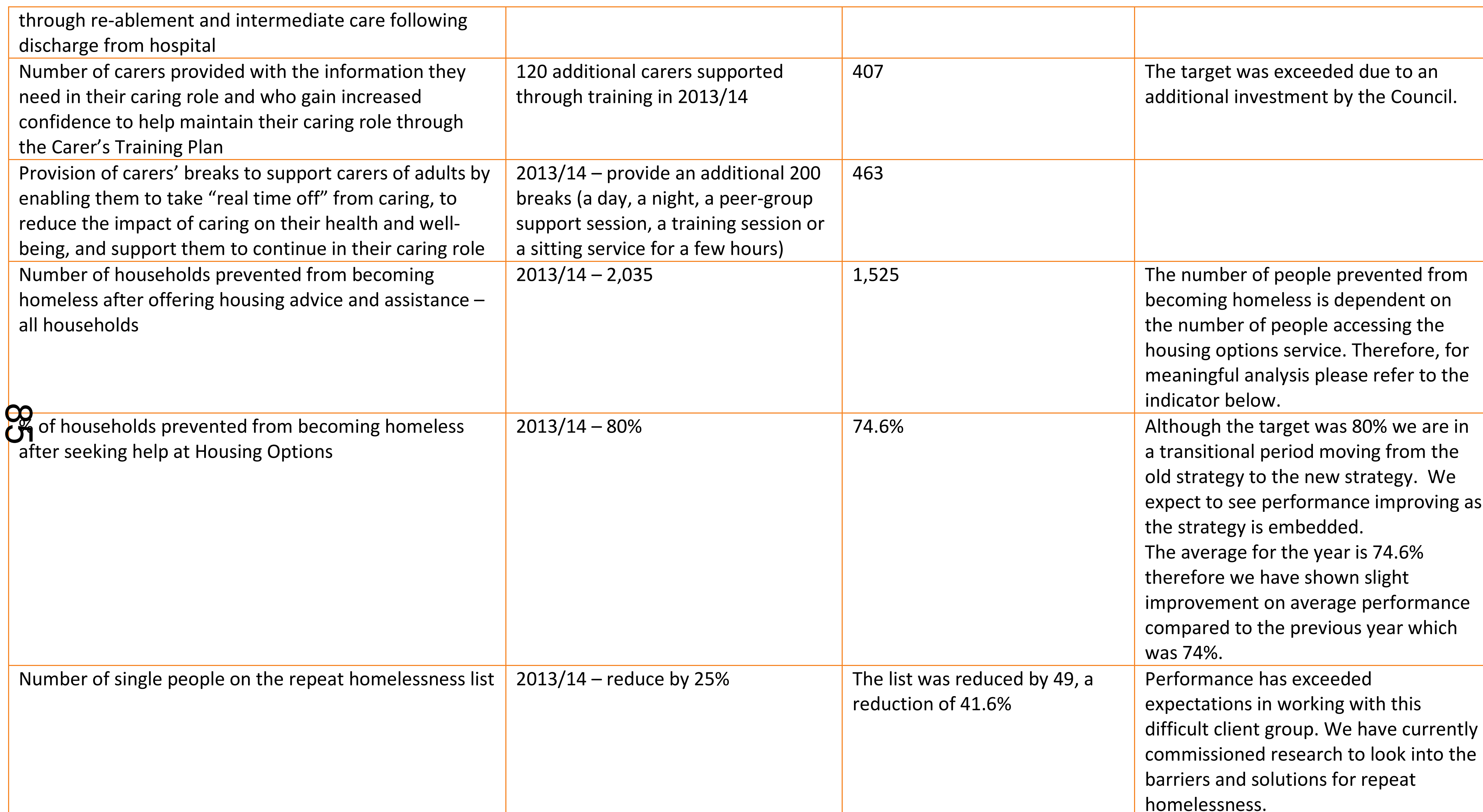
			The YOS has introduced an enabling compliance panel to ensure that the right provision is put in place at an early stage. Local provision needs analysis has been undertaken, along with work with the Youth Justice Board to evaluate provision deployment and effectiveness. The Case management and Heritage Panel, involving partners and multi-agency staff, works jointly around high risk young people. Work has been undertaken with schools and education/ training providers to provide young people with a structured environment Multi Systemic Therapy has proved successful, although referral numbers are low due to capacity.
Young offenders in custody	2013/14 – 6.5%	7.78%	Out-turn levels are affected by a number of young people who had committed very serious offences with adults and were on lengthy remands awaiting Crown Court. The YOS has worked to ensure that robust programmes are offered at Court to ensure fewer Young People are remanded or given custody. Training of staff has taken place and the use of other programmes such as Multi Systemic Therapy is offered to attract non-custodial outcomes. Intensive Support and Supervision continues to be offered for sentence

			and as a bail option, as well as robust Bail Supervision and Support Packages.

Social care and homelessness

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
% of users of adult social care who have a personal budget (this includes people who decide to take their personal budget as a direct payment in cash, as well as those who don't)	(National Target 70%) 2013/14 local target – 90% (March 2014)	93.6%	
Proportion of adults with mental health needs living in their own home or in their family home	2013/14 – 75%	34.1% (provisional)	Data for this measure is not collected by the Council and has been the subject of data quality issues over a number of years. The target of 75% was based on outturn data for 2010/11 and 2011/12 (which were 66.3% and 68.1% respectively). Subsequently these were found to have been calculated incorrectly. Using the correct calculation, the 2012/13 outturn was 32.2%. As such 2013/14 performance shows a modest improvement from the previous year.
Proportion of adults with a learning disability living in their own home or in their family home	2013/14 – 73%	67.4%	The target of 73% for 13/14 was not met Performance has declined to 67.4%. The number of 18-64 LD people in settled accommodation has declined from 842 in 12/13 to 815 (-27 (3.2%)) in 13/14. The denominator has also seen an increase from 12/13 - from 1172 to 1210 for 13-14.

			There are potentially some data quality issues with this measure which are being investigated.
Number of new supported living tenancies	2013/14 – 30 new tenancies	59	
Number of work placements provided for adults with mental health or learning disabilities in order to support them into employment	2013/14 – 30 new work placements for supported clients	20	Due to the economic situation it has been hard for people to get work and even harder with Right to Control ending.
% of care homes in the city meeting quality assurance framework standards	70% of those assessed 2013/14	59.1%	The QAF is a new initiative launched in 2013/14 where we undertake quality assurance assessments. Of the QAFs that were initiated in 2013/14 and which have been completed (the process takes up to 13 weeks) the % of care homes in the city meeting quality assurance framework standards is 59.1% The level of compliance reflects this is a new process. Where a provider does not achieve compliance, an action plan is put in place to bring the provider up to a level of achievement of compliance with the minimal standards. Subsequently, providers should achieve compliance or they could face suspension of placements or ultimately termination of contract. All homes will be subjected to a continuous programme of cyclical assessment. Therefore over time the level of compliance across the care home portfolio will increase.
Proportion of people supported to live independently	2013/14 – 86%	86.9%	



through re-ablement and intermediate care following discharge from hospital			
Number of carers provided with the information they need in their caring role and who gain increased confidence to help maintain their caring role through the Carer’s Training Plan	120 additional carers supported through training in 2013/14	407	The target was exceeded due to an additional investment by the Council.
Provision of carers’ breaks to support carers of adults by enabling them to take “real time off” from caring, to reduce the impact of caring on their health and well-being, and support them to continue in their caring role	2013/14 – provide an additional 200 breaks (a day, a night, a peer-group support session, a training session or a sitting service for a few hours)	463	
Number of households prevented from becoming homeless after offering housing advice and assistance – all households	2013/14 – 2,035	1,525	The number of people prevented from becoming homeless is dependent on the number of people accessing the housing options service. Therefore, for meaningful analysis please refer to the indicator below.
% of households prevented from becoming homeless after seeking help at Housing Options	2013/14 – 80%	74.6%	Although the target was 80% we are in a transitional period moving from the old strategy to the new strategy. We expect to see performance improving as the strategy is embedded. The average for the year is 74.6% therefore we have shown slight improvement on average performance compared to the previous year which was 74%.
Number of single people on the repeat homelessness list	2013/14 – reduce by 25%	The list was reduced by 49, a reduction of 41.6%	Performance has exceeded expectations in working with this difficult client group. We have currently commissioned research to look into the barriers and solutions for repeat homelessness.

Our children and young people

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Improve children's health and reduce the gap between the most and least deprived	• Promoting infant health road shows	• Following infant health roadshows in each neighbourhood area in 2011/12, an update event ran in December 2013 with children's centre staff, health staff and others to drive forward work to reduce infant mortality. Breastfeeding rates have steadily increased and a service has launched to support pregnant women to manage their weight during and after pregnancy.
	• Playing 4 Health: a multisport programme offered to all primary schools and special schools, delivered by the city's semi/professional sports clubs	• The Playing 4 Health programme will continue to run in schools until the end of the summer term 2014.
	• Children's centres' early intervention programme: all health visitors will be based in children's centres and will offer targeted support to parents who need it	• There are now Health Visitors based in or delivering services from all Leicester City Council Children's Centres.
	• Food Routes: a primary school training and support programme and community based family cookery skills programme. Independent evaluation commissioned	• The Food Routes programme continues to run in primary schools in the city. Independent evaluation undertaken in 2012/13 showed the initiative to be well received by schools and having a positive impact on healthy eating behaviours and the development of cooking skills amongst children and parents
	• Develop a partnership action plan to improve children's dental health	• Children's centres in partnership with public health promoting action to reduce poor dental hygiene /health • The Oral Health Promotion Partnership Board was established by Leicester City Council (Public Health) in October 2013. The aim of the Board is to support coordinated activity across Leicester to improve oral

	• Work with British Heart Foundation to develop and evaluate a resource for early years physical activity • Family Nurse Partnership: a preventive programme for first time mothers aged 19 and under. Weekly and fortnightly visits take place from early pregnancy until the child's second birthday	health, reduce oral health inequalities and lay solid foundations for good oral health throughout life. • Membership of the Board includes Leicester City Council, Healthwatch, NHS England, NHS Leicester City CCG, Public Health England, Local Dental Network and Health Education East Midlands. The Board reports into the Children's Trust Board which in turn reports into the Health & Wellbeing Board. • In December 2013, the Board agreed and endorsed the Oral Health Promotion Strategy 2014-2017 for preschool children included in this are commitments to: • Distribute oral health resource packs to pregnant mothers & pre-school children • Provide oral health training for professionals & parent/carers • Offer supervised tooth brushing sessions in various early years settings • Develop an accreditation scheme for local dentists & early years settings • Actively promote fluoride varnish applications • An early years physical activity resource pack has been developed for use in children's centres and nurseries with the aim of increasing levels of physical activity in the under 5s and reducing levels of obesity and overweight. • The Family Nurse Partnership programme is available to young mums in the city to provide intensive support from a family nurse. As of end March 2014, 105 young mums were being supported by the programme with 5 family nurses in post
Raise achievement and narrow the gap between the lowest achievers and	• Schools Partnership programme	• School to School partnerships in place. • Leicester Education Strategic Partnership established.

other children	• Raising Aspiration Network • Quality improvement programme (QIP) for early years settings • Reading: 1. Reading Recovery and Better Reading Partnership programmes 2. Whatever It Takes reading initiative 3. Support for reading for pleasure, delivered through libraries • Maths: 1. Every Child Counts 2. Greater than the Sum • Gold standard youth service	• Networks in place for education professionals from Early Years to Post 16. • The QIP was designed and is delivered by every team that works with Early Years Settings. Talk Matters - to improve young children's communication skills, is an integral part of the programme. • A key element of the framework is workforce development. It provides support for early years settings to evaluate their practice, identify training needs and to access high quality affordable training from the Local Authority. • A Sector Led Improvement Pilot Programme was launched to establish an effective system for Peer to Peer Support. This will be rolled out to more settings, helping share good practice and raise the quality of provision. • The QIP is being extended to childminders who have registered an interest in taking NEG two year olds. A launch is planned in the near future to further roll this out to all childminders who would like to take part • Reading attainment has improved at age 7 and 11. Overall standards in reading, writing and maths at age 11 now match national performance. Greater than the Sum and Every Child Counts continue to help raise standards in maths. WIT Partnership work with schools and libraries provides a wide range of opportunities for children to enjoy reading, including offering free books – one for every week of the school summer holidays – to children who might otherwise fall behind. • The City Council Youth Service has commissioned £250,000 of additional youth activity from the voluntary and community sector and remodelled its Youth Support

		Worker workforce to provide more youth activities, in more locations and extending opening hours at Youth Centre particularly on Friday evenings and at weekends. There will be a full programme of summer holiday youth activities.
	• Ensure there are sufficient school places in the city. Current projections indicate that by 2015-16 we will require an additional 682 reception places and 4,774 additional places across all primary year groups	• The city council is working successfully to provide additional school places through the authority's Basic Need allocations, along with specific projects funded through successful bids to the Department for Education's Targeted Basic Need (TBNP) and Priority School Building (PSBP) Programmes. • Phase 1 of the City's Primary Pupil Place Planning strategy will see an extra 370 Reception year places created across 15 schools in the three years to September 2015: 120 places were provided for September 2013; 100 places are planned for September 2014; and up to 150 places for September 2015. • Phase 2 of the strategy is currently in development and aims to provide up to an additional 190 Reception places across the city. • Alongside this, Kestrels' Field Primary in Hamilton has been allocated funding through TBNP to expand to provide 60 extra reception spaces, whilst Forest Lodge Primary in New Parks has received funding under PSBP to create an extra 30 places. Both of these schemes are scheduled to be completed for September 2015. Additionally, Falcons Primary School, a new Free School is scheduled to open in Humberstone and Hamilton Ward in September 2014, providing 60 Reception places. • If all places are realised, the Reception capacity of the city will have raised by a total of 710 places, giving an increase of 4970 places across all primary year groups.
Develop an integrated	• Promoting joint work and sharing learning resources between agencies	• Work was undertaken with to promote and share learning

children’s workforce that “thinks family” and intervenes early “Think family” means securing better outcomes for children, young people and families with additional needs by co-ordinating the support they receive from different services	• Implement the new quality assurance framework • Children’s workforce data collection and reporting • ALICSE leadership programme (advanced leadership in children’s services environments) • Sector led improvement programme to establish an effective system of peer challenge and support • Extend participation strategy to ensure that the perspective of service users guides the improvement programme	with the third sector, with shared training (including specific ‘think family’ training) and access to Leicester Learning Pool (e-learning) website information. • Quality assurance framework implemented. • Workforce data was collected and reviewed. • ALICSE was superseded in 13/14 by access to Leicester Leader programme modules. • Peer challenge review undertaken in June 2013. • Review of children’s workforce development strategy currently in progress.
Reduce and mitigate the effect of child poverty	• Help mitigate the effects of child poverty in the city by driving forward delivery of the Child Poverty Commission’s action plan • Children’s centres early intervention programme	• The delivery of the Child Poverty Commission’s recommendations has been ongoing. A number of tangible actions have been completed and new ways of working with other organisations and various action groups is currently being discussed. • There are now Health Visitors based in or delivering services from all Leicester City Council Children’s Centres

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
Prevalence of healthy weight in 10-11 year olds	2013/14 – 63.7%	62.1%	Children's Centres promote healthy eating /healthy life styles throughout their program of activity and many staff are trained in Eat better start better & "health exercise and nutrition for the really young" (Henry) to enable them to deliver support and advice Other initiatives already in place to prevent and reduce childhood obesity include the Food Routes programme in schools, a child weight management programme and physical activity interventions in schools and the community. An expanded school based nutrition programme will launch in early 2015
Prevalence of healthy weight in 4-5 year olds	2013/14 – 75.1%	76.0%	Children's centres promote healthy eating/ healthy lifestyles throughout their program of activity and many staff were trained during 2013 by the Children's Food Trust and are delivering cook and eat sessions with families. Many Health Visitors and Children's Centre staff have also been trained in the HENRY programme (Health Exercise and Nutrition for the Really Young) to enable them to deliver support and advise families. A further healthy eating programme is being commissioned for children's centres and nurseries during

			2014.
Number of women under 18 who become pregnant (as a rate per 1,000)	2013/14 – 30	32.9 (2011-12 figure-latest)	The percentage increase is not statistically significant with regards to health trends, but partnership working arrangements are being reviewed. The Looked After Children Strategic group is currently reviewing its Relationship and Sex Education policy to include training for foster parents. The new Integrated Sexual Health Service provider is also currently developing an information offer for schools.
% of primary schools judged good or outstanding	2013/14 – 70%	65.3%	The revised Ofsted framework (Sept 2012) presented a greater challenge to schools previously judged Good and four schools were judged to Require Improvement in this year which had a significant effect on the overall percentage.
% of secondary schools judged good or outstanding	2013/14 – 90%	88.2%	The proportion of secondary schools changed with the split of the Madani School into separate Boys and Girls schools. The Girls school was judged Outstanding, but the Boys school was judged as Requires Improvement.
Number of children reaching the national benchmark when starting school	2013/14 – 66%	27.4%	There is a new national definition of this measure. Leicester was below the national level (32.8%) but has showed an increase for 2014. Children's centres deliver Talk matters groups for parents and children vulnerable to poor outcomes; joint deliver "Let's get talking" groups with health visitors for children with identified

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			language delay and two year assessment. Children’s centre teachers work with groups of parents and children to support transition to school for parents to support their child to be “school ready”. They also work with parents with children in F1 and F2 to support this process.
% of children making expected progress from Key Stage 1 to Key Stage 2 in reading	2013/14 – 91%	91%	
% of children making expected progress from Key Stage 1 to Key Stage 2 in writing	2013/14 – 92%	91.9%	
% of children making expected progress from Key Stage 1 to Key Stage 2 in mathematics (NI94)	2013/14 – 92%	89.6%	Expected progress in mathematics has seen a steady growth over the last few years. National progress plateaued in this year and local levels replicate this trend. Progress is helped by the year-on-year decline in overall absence (-0.5%) and persistent absence (-0.6%) in the primary sector.
% of pupils making expected progress between Key Stage 2 and Key Stage 4 in English	2013/14 – 77%	70.3%	This measure has steadily declined in Leicester over the past three years (74.7%, 71.3%. 70.3%) and mirrors the widening gap in the city’s performance against national. Further investigation is being undertaken by the Leicester Education Strategic Partnership
% of pupils making expected progress between Key Stage 2 and Key Stage 4 in mathematics	2013/14 – 68%	65.1%	This measure has steadily increased in Leicester over the past three years (61.4%, 62.1%, 65.1%) but has yet to close the gap on national levels. Progress is helped by the year-on-year decline in overall absence (-0.4%) and persistent absence (-0.6%) in the

			secondary sector.

Our neighbourhoods and communities

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Engagement and integration Developing a more integrated approach to the delivery of our services in communities Increasing community involvement and ownership in running our services Encouraging more people to become involved in decision making in the delivery of services in their area	• Developing customer focused neighbourhood facilities which provide Integrated services to people in their community	• A multi-service centre has been developed at St Matthews Centre with a relocated library amongst a range of other services. The change was carried out in partnership with the local community. A new library was installed at Aylestone Leisure Centre, significantly increasing usage and extending opening hours from the previous location.
	• Modernisation of services to ensure we open as many routes as possible for people to receive services: internet, phone, in person	• Self-service units were installed at 5 libraries which helped release staff time from book issuing to focus on other library activity. A self-service computer "kiosk" was piloted at the library in the St Matthews Centre to enable direct customer access to Housing Benefits, Repair reporting and Home Choice. In addition, e-magazines have been added to the e-book offer.
	• Support access to public services increasingly delivered on the internet by providing broadband wifi connectivity in libraries and in Town Hall Square and through the upgrade and replacement of 170 public access PCs in libraries	• All public computers replaced and Wi-Fi installed. Many new service users are accessing services this way leading to an increase in the total number of library service users across the city.
	• Targeted learning support for residents new to computers will continue to be delivered at Central Library	• Successful programme has led to Libraries putting forward a further bid for resources for more computer use teaching in libraries in partnership with the Tinder Foundation.
	• Access to library services will be improved through an upgrade of the	• The Library Management System was successfully

	library management system in February 2013. The system will offer more interactive services for customers including improved marketing involving social media	upgraded with a range of improvements for customers.
	• Working to give communities more involvement in service delivery, including transfer of assets to community groups and support to groups to run services themselves	• The Transforming Neighbourhood Services project is using this approach in the South of the city, working closely with local groups.
	• Increase engagement with the community through services such as the arts and museums schools programme: for example, Abbey Pumping Station Victorians and World War One centenary, sports development in neighbourhoods and library programmes to develop reading and skills among adults and children	• The Arts and Museums Service has continued to offer a programme of learning activities to local schools. In conjunction with the Royal Leicestershire Regiment Association, a Heritage Lottery Fund grant has been secured to deliver a programme of community engagement events and exhibitions between 2014 and 2018. The Service has worked with National Museums Liverpool on the House of Memories project to develop handling boxes for people with dementia.
	• A programme to support volunteering in arts, museums, libraries and community services and to develop local solutions and services to meet local needs	• The Arts and Museums Service has involved a wide range of volunteers in the delivery of events and activities. Volunteers were recruited to support the 'Back the Bid' campaign, the new Simon Says Festival, events at museum sites and festivals and events across the city. Volunteering has also been successfully developed in libraries and community services with volunteers playing a key role in developing the quality and range of services.
Safe and cohesive communities Community safety and anti-social behaviour	Work in partnership with the police, fire service and other agencies including probation and Victim Support to promote safety in communities: • Tackling anti-social behaviour cases in a robust and effective manner to reduce the number of incidents • Identifying key areas of the city with high rates of crime e.g. burglary, robbery and vehicle crime and working with partners to address and reduce these.	• Every effort is first made to change the behaviour of perpetrators before resorting to enforcement action. This can include highlighting the unacceptable nature of their actions, the possible consequences if they do not change their behaviour and getting them to enter into an 'acceptable behaviour agreement' • Established a number of alley gating programmes to

		reduce access to the back of properties by those committing burglaries; worked with colleagues in lighting, parks, housing etc. to identify solutions to issues of crime • The Youth Service and the YOS have worked in partnership with the Police and Community Safety colleagues to provide positive diversionary activities to young people at risk of or engaged in anti-social behaviour.
Welfare reform Supporting communities in relation to the national welfare changes	• Develop a coordinated strategy for social welfare law advice services, actively engaging with other networks and advice providers in the city through the Social Welfare Advice Partnership Forum • Communicate the welfare changes to Leicester's diverse communities as clearly as possible, with particular regard for those who have language and literacy difficulties • Monitor the impact of reforms on people, places and services in order to build on existing programmes of support, limit the negative effects on communities and avoid a rise in demand for services • Review all discretionary funds and ensure that our decision making process for discretionary awards is robust and evidence based	• The city wide analysis to inform the Advice Strategy is currently being undertaken. This encompasses the work around Local Support Services Framework and working in partnership with Advice partners. • As changes to Welfare Benefits continue to roll out the communication to these key groups and communities is critical and delivered through impact and awareness events on a rolling six month programme. • The monitoring and impact report regime informs the Executive and the Neighbourhood Information and Services Commission on a rolling six month programme across a number of key areas. The next report is expected Autumn 2014. • The three key Discretionary Fund policies are currently being reviewed and equality impact assessments completed. Results should be published late Autumn 2014.
Environment Reliable, efficient, easy-to-use waste and recycling services Ensuring streets, parks	• Roll-out of recycling scheme to as many flats as possible	• Trials of communal recycling facilities have been successful and the remaining flats areas of St Matthews, St Marks, St Peters and Aikmenn Avenue are programmed for completion by March 2015

and open spaces are clean and attractive	• Introduce a garden waste collection service	• This was successfully launched and the new service has proved popular with the participants
	• Provide a new state-of-the-art household waste recycling centre	• The new facility to be sited at Gypsum Close has been designed and the tendering exercise to find a suitable construction company has been successfully completed. The construction phase has commenced and the target date for completion is early 2015.
Housing To make it possible for everyone in Leicester to live in a home that is suitable for them, is in good repair, energy efficient, safe, accessible, the right size and affordable	• Provide quality rented homes	• 145 new affordable homes were built in 13/14. As part of the capital programme 1046 kitchens and 356 bathrooms were refurbished.
	• Make our neighbourhoods into places where people want to live and keeping in touch with our tenants	• £6m is being spent on the refurbishment of four tower blocks in the St Peters area. Working in partnership the St Matthews Community Centre was successfully refurbished. Environmental works are improving areas including painting, cleaning of all alleys, removal of graffiti and other works to improve the look and feel of the area. We keep in touch with our tenants using a variety of means ranging from TARA meetings to individual visits.
	• Improving the energy efficiency of homes	• To improve energy efficiency 1046 boilers were replaced, 32 new central heating systems were installed and 40 roofs were replaced
	• Provide appropriate housing to match people's changing needs	• 170 grants were provided to help people with disabilities to remain in their own home. Supporting Tenants and Residents (STAR) supported over 2000 people in their homes. Launch of Leicester Homefinder to help people to find accommodation in the private sector, where appropriate and encouraging landlords through rent deposit schemes.
	• Reducing the number of long standing empty private sector homes	• 295 empty homes were bought back into use as part of

		the Council's Empty Home Strategy

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
Integrated neighbourhood services	To develop a tailored neighbourhood model for one pilot area by March 2014	1	Target met. Transforming Neighbourhood Services was successfully piloted in the South area of the city, leading to a range of changes and improvements to neighbourhoods services as well as a reduction in cost.
Households receiving free advice on welfare reform: • Number of households accessing general advice and general advice with casework • Number of households accessing specialist advice • % of service users and partners who rate the service as good or excellent • Number of referrals to money advice surgery	 2013/14 – 6,000 2013/14 – 600 2013/14 – 85% 2013/14 – 7 per week	 4563 598 90% 10.3 per week	Delay in notification of contract delayed the recruitment and training of volunteers. It also became obvious that the premises for this service were insufficient to meet demand. Alternative premises secured in January 2014. A number of other steps have also been taken to increase numbers.
Community engagement and participation – instances of people participating in community activity	2013/14 – 3,500	3,588	A new volunteer scheme was introduced across the city with improved training and support offered. This is set to increase further with the recent rollout of Community Engagement Officers across the city.
Libraries – attendance at under 5s sessions	2013/14 – 27,000	27,674	These popular sessions with parents, carers and the under 5's demonstrate book sharing, use of rhymes and other pre-reading skills

Active library users	2013/14 – 72,000	86,432	The Library card rebrand has had a positive impact on membership. Improved methodology now counts customers using all library systems. This has meant that the target has been significantly exceeded.
Participation in children’s summer reading scheme in libraries	2013/14 –6,400	7,657	Target exceeded. This year's "Creepy House" theme was very popular. Successful local funding bids enabled libraries to offer additional summer activities.
Number of events and workshops delivered by the community in partnership with the council	2013/14 – 300	146	The community events and workshops were positively received by participants. The target was based on the introduction of Community Engagement Officers which occurred later than anticipated. However there was a significant increase of activities in the final quarter.
Public access to PCs in libraries (number of hours per year)	2013/14 – 245,000	237,350	Actual represents an increase of 33,000 compared to the previous year due to PC replacement across library sites.
Volunteers in libraries, community services, arts and museums	2013/14 – 400	Libraries - 141 Community Services - 109 Arts & Museums - 331 Total : 581	Arts and Museums - In addition to regular activities, volunteers helped with 'Simon Says', City of Culture, and several other one-off projects. In Libraries, volunteers helped us to deliver the most successful children’s summer reading scheme that we have had. In community services they helped deliver a range of community projects.
% household waste diverted from landfill	2013/14 – 74.0%	75.10%	The orange bag kerbside recycling continues to be popular and, together with the opportunity for residual waste to be used for energy recovery, the target has been met.

Reduced flytipping incidents by 2014	8,200 by March 2014	6,592	The number of fly -tipping incidents as reported on the flycapture data base continues to reduce through a combination of enforcement and education particularly at problem sites.
% of users of domestic violence services who feel safer following intervention	2013/14 – 85%	89%	542 (89%) Felt safer post intervention from a specialist DV service

Council activity

Themes and objectives	Key projects and activities	Summary of progress
Robust democratic arrangements which ensure openness and accountability	• Implement new approaches to running ward community meetings to help councillors make these meetings as useful and as relevant as possible for local people • Plan and implement preparations for the move from household to individual electoral registration from 2014 • Make further improvements to the council's constitution to ensure high standards of conduct of elected members and effective decision-making processes which can be understood by citizens • Publish a clear guide for citizens on how the council works and takes decisions, and the ways in which the public can input to decision making • Continue to develop our scrutiny arrangements and ensure there are clear work programmes for each scrutiny commission. Put in place the right resources to ensure scrutiny is effectively supported to deliver these work programmes • Support the involvement of our Young People's Council in important decisions, including during our budget preparations, and support its involvement in the scrutiny process, identifying how its members can raise young people's issues within the wider democratic processes – for example, through links to ward community meetings • Support the Boundary Commission review of electoral wards in the city	• A pilot was undertaken to test out new ideas and approaches. Support for meetings has now passed to Community Services who will continue to develop the approach with ward councillors. The guidance and process related to ward community funding has also been revised as part of the pilot project. • Individual electoral registration has gone live and we are successfully on track with delivery. A communications and engagement strategy is being implemented supported by a dedicated graduate communications officer post. • Improvements continue to be made to the Constitution as and when required. A recent change is improved indexing. • A digest of the constitution has been produced and published on the website as a quick reference tool, and the democracy webpages have been reviewed to ensure key processes such as petitions are clearly explained. http://www.leicester.gov.uk/your-council-services/council-and-democracy/key-documents/constitution/ • A training programme for scrutiny has been developed and sessions are being scheduled on aspects such as chairing and effective scrutiny reviews. The scrutiny team have been released from supporting ward meetings to ensure they can fully focus on supporting the scrutiny process. • A new Young People's Council (YPC) was elected in March 2014. The pilot project for ward meetings including consideration of links with the YPC. Further work will follow with the newly elected YPC about how they want to be engaged in the wider democratic process. • Input has been provided at key points to the Boundary Commission review. The final recommendations have been published and a polling district review is now underway.
Communicating	• Audit the way we currently involve and engage citizens across	• There has not been the resource to undertake a comprehensive audit.

effectively with our citizens and encouraging their active participation	the council and use the findings to develop programmes for future communication and participation • Further develop the council website to enhance access to council services and to make sure it works effectively alongside other methods of communication • Identify further ways in which we can use social media to improve communication with citizens • Analyse in detail the census results for Leicester and use to increase our understanding of Leicester's communities. Communicate the results internally and with partners • Work with colleagues in public health to establish social marketing campaigns and activity in readiness for the transfer of formal public health responsibilities to Leicester City Council in April 2013 • Develop a community covenant with the armed forces community and formally sign this off	Improvements have been made in the way communications and marketing campaign planning is done with departments. • A project to develop a new council website is now well established with the aim of launching the new website in early 2015. As part of this project the interface with digital media and our news function will be looked at. • Work is well underway to rationalise the number of social media profiles used across the Council which includes the deletion of a number of profiles which were underused or poorly used. This helps ensure that the impact of the corporate profiles is not diluted. Requests for new profiles now need to go through a robust approval process which has been developed and is being rolled out. • Analysis of the census 2011 has continued and has fed into a range of research and policy development work. A compendium of key statistics at a city wide and neighbourhood/ward level has been produced and circulated. This and other materials can be found on the website http://www.leicester.gov.uk/your-council-services/council-and-democracy/city-statistics/census2011/ • A number of public health marketing campaigns have been done and include "Have one on us" and the Start Smart campaign. • Our community covenant was signed in November 2013 which has a particular emphasis on respect and remembrance. We continue to work closely with the armed forces community particularly for example on the WW1 centenary. In 2014 there are two homecoming parades in the city as well as the Armed Forces Day parade. http://www.leicester.gov.uk/your-council-services/council-and-democracy/key-documents/armedforces/
Working in partnership	• Focus the discussions of the City Partnership Board on critical themes and issues; support the effective contribution by all partners to the delivery of shared priorities for the city • Review how the council engages with the voluntary and community sector and identify ways in which this can be further developed	• The City Partnership Board has continued to meet every few months and has looked at themes such as the local economy, health and wellbeing, census 2011 and the diversity of the City. • A review of the Council's current arrangements with the VCS for infrastructure support and engagement to support a cohesive Leicester, commenced in 2013/14 and a decision has been taken on the future

		commissioning approach which is now being implemented.
Ensuring fair practices and addressing inequality of outcomes	• Launch a refreshed equalities strategy and action plan for the council • Deliver a programme of activity across the council's agreed equalities priorities which will promote equality of opportunity, eliminate discrimination and foster good relations • Use a robust approach to assess the impact of all key policy and budget decisions in relation to equalities; take action where necessary to minimise any disproportionate impacts • Produce an annual workforce profile and review trends in our workforce; address key areas of under-representation	• A refreshed equalities strategy was launched at a stakeholder event in May 2013. • Work has continued to deliver activities which underpin the equalities strategy, supported by for example the Employee Group Forum which was established in 2013. • Assessments of equalities impacts continue to be undertaken on all key policy and budget decisions. • A workforce profile was done for 2013 and has informed priorities and actions in a strategic HR work plan for 2014 – 2017. More recently the profile and other supporting information has been fed into a review of workforce representation undertaken by scrutiny.
Supporting and valuing our staff	• Run a staff survey across our workforce and put in place an action plan to respond to the findings • Implement our Leicester Leaders programme to support managers in having the rights skills and capabilities for the future • Develop an employee wellbeing programme • As part of our work to support the development of our staff, implement a talent management action plan • Roll out a mediation service to help support good employee relations	• There have not been the resources to undertake a staff survey in 2012/13. However improvements to employee engagement and communications have been implemented including for example, the establishment of the employee group forum involving the Chairs of the employee groups, HR and Equalities, Q&A sessions between the City Mayor, Senior Officers and staff, and senior director visits to frontline operational buildings to talk to staff. • The Leicester Leaders programme has been implemented and to date has been well attended and very positively received by managers. • As part of the HR review that took place in 2013, the Health and Safety function in HR now also encompasses a formal responsibility for employee wellbeing. The team have been working closely with Public Health using for example the framework "five ways to mental wellbeing", to review and develop the way we support the health and wellbeing with positive activities, guidance and support being implemented as a result. • A specific talent management action plan has not been developed but this activity is part of a wider strategic HR workplan for 2014-2017 which will include implementing new approaches such as an internal jobs market to maximise the use of the skills and experience our existing employees have. • The mediation service to support employee relations has been rolled out with a number of staff across the Council now trained as mediators and

		with the service overseen and managed by Workforce Development.
Using our resources efficiently and effectively	• Plan and implement the vacation of New Walk Centre and confirm plans for future accommodation. Where appropriate, roll out flexible working arrangements across our workforce to maximise the use of our office space • Develop a longer-term financial plan to tackle the major funding pressures we will face • Manage data about service users responsibly to ensure our records are complete, joined up and up to date. Retain data only where necessary to provide effective services • Develop our online functions to give citizens 24/7 access to a wider range of services	• The vacation of New Walk Centre has been completed. Flexible working principles have been applied in these moves to maximise use of space. • A programme of spending reviews is actively underway with the aim of delivering savings to help address the longer-term budget position. • We continue to tightly manage our information governance. In 2013/14 we answered 97% of FOI requests on time and 97.5% of SAR requests on time, both significant improvements on 88% and 82% in the previous year. A process is well underway to review all our information sharing agreements and a new overarching Information Sharing Protocol and new Information Sharing Agreement template has been agreed county-wide by partners, and successfully adopted by Leicester City Council. • The Council is working to a clear channel shift strategy to continue to deliver more services online. The strategy is overseen by the Web Governance Board. The new council website will be designed to further support online service transactions.
Informed decision making and measuring the impact of what we do	• Develop the information we have on community needs and the way we use it in our decision making • Introduce an up-to-date electronic consultation system and make sure our approach to consultation and citizen engagement is consistent and robust • Put in place arrangements to measure the delivery and impact of this plan and to report on our performance	• The Research and Intelligence Team continue to develop the approach to establishing common datasets which can be used in decision making and supporting primary research activity to collect new data where we have gaps for example in relation to the impact of welfare reform. • The citizen space consultation hub has been implemented and used successfully in 2013/14 to support all council consultations. http://consultations.leicester.gov.uk/ • The Research and Intelligence Team have provided clear guidance and support to services to help ensure a more consistent and robust approach to consultation and engagement. • An annual report has been published to report back on performance to the public and this more detailed report sets out performance against the 2013/14 plan.

Performance measures and targets

Performance measures	Target for 2013/14	2013/14 out-turn	Commentary
% of stage 1 corporate complaints that are taken to stage 2	7%	9%	Work is currently underway to review our systems for handling of complaints to seek to address this.
Unique visits to the council's corporate website, leicester.gov.uk	750,000 each quarter	2,263,000 Approx. 568,000 each quarter (averaged out fig over the year)	There have been great variations in usage during the 2013/14 quarterly periods. Some of that is seasonal as expected while other variations are harder to explain.
Use of the council's main corporate social media channels (@Leicester_News and Leicester City Council Facebook page)	Twitter – 7,500 followers Facebook – 1,000 likes	8,500 998	Twitter usage continues to grow steadily. It is now one of our key business critical communications channels for sharing real time news and information on council services. Facebook growth remains slow but we are experiencing good levels of audience engagement and re-sharing of our content.
Self-assessment against the equalities framework for local government	To achieve level three – 'excellent' – as validated by a peer review in 2014/15	Operational Board agreed in February 2014 that we will carry out a self-assessment against the EFLG to review our current level of performance.	
Representative workforce – the proportion made up of women and people from black and minority ethnic groups (BME) in the council's top 5% of earners (plus other data available)	Female – 55% BME – 30%	Female – 59% BME - 17%	
Workforce perceptions and staff satisfaction	To be collected as part of a new staff survey in 2013/14	No data available. Resources were not available to undertake a survey.	

Electoral registration levels	100%	92.76%	
Average days sickness per full-time employee	9.2 days	9.08 days (corporate inc Schools)	

Appendix E

Health and Well-Being Scrutiny Report

Substance Misuse Public Consultation

Decision to be taken by: for information

Lead Director: Tracie Rees

City Mayor

Useful information

- Ward(s) affected: All
- **Report author: Kate Galoppi**
- Author contact details: 454 2373
- Report version number: V1

1. Summary

1.1 Substance misuse services have been identified as part of the Councils Spending Review Programme for 2016/17, and the city council is exploring whether £1million could be saved from the overall pooled substance misuse budget of £8.3 million.

1.2 In order to achieve a new service model within the reduced financial envelope a consultation exercise has been designed to gain the views of key stakeholders over the future design of services, the consultation went live November 4th for an initial 8 week period.

1.3 This paper provides the background information to the consultation, and outlines the consultation approach for the benefit of the Health and Well-Being Scrutiny commission.

2. Recommendations

2.1 Health and Well Being Scrutiny are asked to note the approach.

3. Supporting information

Background

3.1 Leicester City Council currently contracts a range of specialist substance misuse services across 4 different contracts which comprise 2 community based services for adults including a Wet Centre and services within H.M.P. Leicester; a specialist service for young people; and a housing-related support service combining supported accomodation and floating support which is currently being tendered and will replace current provision at Midland Heart Hostel. The adult criminal justice substance misuse service is contracted across Leicester, Leicestershire and Rutland, and jointly commissioned with partners in Leicestershire and Rutland Councils, the Office of the police and crime commissioner (OPCC), and NHS England.

3.2 The funding that supports the commissioning of the treatment system for substance misuse is made up of a pooled budget arrangement with partners as detailed in Table 1.

Table 1: Pooled Budget

Income 14/15	Net Budget £'000
Leicester City Public Health Grant	6,283,575
Leicestershire County Public Health Grant (sub-regional Services)	887,687
Rutland Public Health Grant (sub-regional Services)	45,836
Police and Crime Commissioner Leicester, Leicestershire & Rutland (sub-regional Services)	509.174
NHS England (HMP Leicester Services)	616,723
Total	**8,342,995**

3.3 In addition to contracted services, the funding also pays for LCC staff, which commission and monitor the contracts.

3.4 In Leicester contracts for adult and young person's community services are set to end in June 2016 with options for 1 or 2 year extensions. This coincides with the end of contracts in Leicestershire and Rutland, and healthcare in HMP Leicester. In order for new services to be in place by 01st July, a new model will need to be agreed and procurement commence by the summer of 2015. The planning phase for new contracts provides the opportunity to consider how future services could be configured and potential savings could be made. With the contracts of partners ending at the same point, there is opportunity to consider future joint arrangements that could yield economies of scale to support the financial position.

3.5 Public consultation provides an opportunity to seek the views of users, carers, potential providers and other interested residents on a future reconfiguration of service to develop the model, and build the evidence base for the preferred option.

3.7 The consultation approach is planned to take place on a two-stage basis: firstly an 8 week programme over November to December to seek the views on the overall organisation of services-specifically a LLR configuration and/or involving HMP Leicester; and to obtain feedback on particular areas of need. This will be followed by a shorter 4 week consultation over May/June which will ask more detailed questions about the design of services in the light of the outcome of the first stage.

3.8 The consultation approach document is attached at appendix 1.

4. The Consultation Approach

4.1 The consultation approach has been planned to take place on a two-stage basis: firstly an 8 week programme over November to December which will seek the views on the overall organisation of services-specifically a LLR configuration and/or involving HMP Leicester; and areas of need. This will then be followed by a shorter 4 week consultation over May/June which will ask more detailed questions about the design of services in the light of the outcome of the first phase; this will be presented for sign off following phase 1.

4.2 There are 2 key questions regarding the future configuration of services for phase 1:

- Do you think that all specialist substance misuse services should be organised as one service across Leicester, Leicestershire and Rutland?

- Do you think Specialist substance misuse services in H.M.P. Leicester should be provided as part of all other specialist substance misuse services in the local community?

4.3 A further 3 areas considering how services should be designed to meet need cover, the needs of young adults; new and emerging drugs; meeting the needs of Leicester's diverse population.

4.4 Consultation will be carried out through the use of an online questionnaire; service user and provider focus groups.

4.5 The 2 stage approach provides an opportunity for public consideration, in particular by those directly affected such as users, carers and providers of the advantages of a joint approach. Should the results of the consultation demonstrate support for a joint approach with partners, this will be used in further discussions with the County Councils and NHS England over commissioning on a collaborative basis, as the decision regarding this approach requires sign off by all the partners. A two stage process allows time for further public discussion around the exact model required for the City.

6. Details of Scrutiny

The Health and well-being scrutiny commission has asked for information regarding this consultation, and this paper is to be presented at its meeting of 16th December 2014.

14. Financial, legal and other implications

14.1 Financial implications

14.2 Legal implications

14.3 Climate Change and Carbon Reduction implications

No implications

14.4 Equality Impact Assessment

A full equality impact assessment will be completed during the consultation stage of the proposed recommendations. Work to date has considered the current profile of users in

treatment and the likely impact of any service cuts on these groups. The majority of users in treatment are white British male (75%), with women and BME groups being under-represented, this may be due to prevalence or access, and this is not currently known. Any reduction that impacts on service directly may negatively impact on white British males, or attempts to engage with BME groups and women.

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

N/A

15. Background information and other papers: none

16. Summary of appendices:

Appendix 1: Consultation approach

17. Is this a private report (If so, please indicated the reasons and state why it is not in the public interest to be dealt with publicly)?

No

18. Is this a "key decision"?

No

19. If a key decision please explain reason

This is a key decision by way of

1) Significant Impact on communities of all wards particularly disadvantaged areas
2) Total Budget is 8.3 mill significant savings of 1 mill are being requested
3) There is a significant social risk to the City

Appendix 1 Substance Misuse Consultation Approach

Overview

Purpose

(*Briefly outline the council's objectives and the options/ proposals being consulted upon*)

Background

The city council is undertaking a spending review in response to reductions on our budget and is exploring whether £1m could be saved from the overall substance misuse budget of £8.3m.In the context of the spending review for substance misuse and possible changes in commissioning intentions from partners it has been proposed to consult over the configuration of substance misuse services from 2016/17 onwards.
The planned consultation will be in two stages: a first stage of eight weeks and second stage of four weeks.
The intention for this consultation in the first stage is:

- To obtain feedback on the configuration of services
- To obtain feedback on particular areas of need

The intention for the second stage of the consultation is:

- To obtain more detailed feedback on the proposed new model in the light of the outcome of the first stage of feedback and ongoing analysis of substance misuse need in the city. The consultation approach will need to be subject to separate discussion and agreement.

Areas for consultation

Future configuration of services

Having one service in Leicester

There are currently four different services in the city. The advantage of having one service would be more effective information sharing, and the savings that could be made from having one contract and one organizational structure. However, there would still be a need to provide a designated service for young people as part of the whole service.

Leicester Leicestershire and Rutland organized service

The impact of possible £1m savings is likely to be lessened if the contract for the full range of specialist substance misuse work extends over a wider range of services as economies of scale could be achieved through one contractor (and any partner agencies) working across a number of different areas but requiring a single performance and management structure.

There may also be advantages for one service working with agencies that work across LLR boundaries such as the Police and UHL Hospital Trust.

Specialist substance misuse services in HMP Leicester.

By keeping specialist substance misuse services in HMP Leicester as part of the overall substance misuse service it will be easier to ensure there is continuity of care when individuals go in and out of the prison as the same organization will be responsible for providing it.

Meeting Need

Having a designated young adults service as part of any service

At 18, young people are eligible for the adult service yet we are aware that many young people are still developing physically and emotionally in their early 20s. This is also an age where alcohol and drug use is relatively high. However most users of the adult services are 30+ and therefore there are advantages to tailoring a specific service for the needs of young adults.

New and emerging drugs

The last 3-4 years has seen a growth in the existence and availability of new drugs (sometimes called 'legal highs' or 'novel psychoactive substances'). These present particular challenges to services as the content and effects of the drug are not always known, and new substances are coming onto the market at a fast rate.

Meeting the needs of Leicester's diverse population

Leicester has a diverse population and we are keen to seek views on how services can best engage with and encourage access from the range of communities in Leicester.

Target audiences

(Please state clearly who is and isn't being engaged, highlighting any important sub-groups of interest)

The target audience for the consultation include:

- Service users potentially affected by change
- Providers currently delivering substance misuse services
- Family members affected by someone's substance misuse
- Stakeholder groups, including, public health, health services, prison service, social care services, children's services, Police.
- Members of the public will also be able to have their say on the proposals through the city council's website.

The different ways to participate

(Please state what ways are available for people to take part. You should also highlight any measures that you are taking to reach out and/or improve accessibility)

Stage 1

For service users/family and carers

- The online survey will be promoted through flyers in services in order to encourage take up
- Paper copies of the survey will be made available so they can be distributed to users via services
- Focus group sessions will be carried out with the user groups within services this will include users within HMP Leicester and the Carers group DAFFs.

For Providers

- Focus groups will be offered for each distinct service, including Leicester Recovery Partnership open access service, LRP neighbourhood teams, Criminal Justice drug and alcohol team - community and prison, Heathfield house hostel, Cornerstone young Person's service.
- Additional stakeholder groups will be held for those working in areas such as housing/homelessness, public health, social care and health and children's services.
- In addition we will ask VAL to circulate information to other VCS providers not currently involved or delivering these services – in order to get a wider perspective on impact.

For other interested stakeholders

The Public

Citizen's Space will provide the portal for the public to get information about the consultation and provide their views.

We will attend a small sample of community meetings over November-December – in wards where there is a high(Abbey), medium(Charnwood) and low(Belgrave/Latimer) take up of services (based on population estimates) and relatively high levels of derivation. This will be in order to promte the consultation.

Flyers and posters will be distributed to all community centres in Leicester.

Summary of proposed service improvements and changes

Substance misuse services are a key vehicle for reducing drug and alcohol-related harm by supporting individuals through successful treatment to abstinence or controlled use and reducing the spread of blood borne viruses such as Hep C and HIV through harm reduction measure

The last four years have seen much organisational change in local substance misuse services, including repeated system-wide retendering programmes over 2010-11 and 2012-13.

By reorganising services on an LLR basis and through keeping HMP Leicester as part of these services we are minimising the impact of £1m savings and supporting the development of one service.This in itself will bring benefits through continuity of care, a wider canvas of support for recovery and improved joint working across the sub-region with LLR services such as hospitals and the Police.

Supporting information

(Briefly outline the supporting information to be provided. Indicate any relevant recent engagement or informal dialogue with target audiences*)*

There has been no formal engagement with stakeholders to date on this matter although there has been discussion with providers over the ongoing re-fresh of the needs analysis and the setting up of stakeholder groups.
We are aware through recent informal contact with providers of concerns relating to possible funding reductions and further change across services.

Supporting information will include:

- A briefing with background information
- A frequently asked questions document
- Webpage – members of the public will be able to have their say on the proposals

Questions/topics

(Briefly outline the questions to be discussed as part of the consultation – or append the proposed questionnaire)

- Please see questionnaire attached

Channels

(Please state the channels of communication that you will be using to engage with target audiences, e.g. online, postal, face-to-face. You should also highlight any third parties that you are proposing to involve to support outreach)

Target audiences will include:

(a) Users/carers
Focus groups, distribution of paper surveys; promotion of online survey.

(b) Substance misuse service providers
Focus group, distribution of paper surveys; promotion of online survey.

(c) Other stakeholders
Focus group, distribution of paper surveys; promotion of online survey.

Documentation

(Please state the documents that you are planning to make available as part of your exercise, e.g. booklet of supporting information, questionnaire, analytical or technical reports. You should also indicate whether you need someone to design this documentation and whether printed copies will be required**)**

- Background briefing-online and printed
- Questionnaire-online and printed
- Frequently asked questions document – online and printed.

Events

(Please indicate whether you anticipate a need for any online or face-to-face events to brief stakeholders or the public or to support discussion of the issues under consideration)

- Service users/carer focus groups
- Provider focus groups
- Other stakeholder focus groups

Analysis
(*Please give an indication of the detail of analysis required and whether there are any important sub-groups of interest)*

We will look at feedback by gender, ethnicity and disability as well as neighbourhood.

Reporting
(Please give an indication of when, and how, target audiences are likely to be in receipt of feedback)

A response will be prepared for lead members and then a plan devised for the second stage of consultation which will look at the detail of the preferred local model. This will need to be done in time to carry out consultation in early may in time for tendering to start in July/August 2015.

NHS LEICESTER CITY CLINICAL COMMISSIONING GROUP

PRIMARY CARE STRATEGY 2014-2019

INTRODUCTION

1. This is Leicester City Clinical Commissioning Group's (LC CCG's) Primary Care Strategy. It sets out the vision for primary care over the next five years, describing a service delivery model that addresses the issues and challenges of today whilst transforming primary care services so that they are fit for the future.

2. The strategy is primarily focused upon primary medical care, ensuring it is fit to play its part in the delivery of two key priorities; firstly, improving health and reducing health inequalities for the patients of Leicester City and secondly, the movement from hospital-centred care to care delivered wherever possible in a community setting.

3. The strategy is underpinned by a high level implementation plan which will be refined and implemented to turn the vision into reality.

4. Having a primary care service with sufficient capacity (workforce and premises), capability and resources is the first step in transforming care in Leicester City. Without this in place, key local programmes of change will fail. The strategy should therefore be considered as an enabler for, and read in conjunction with, the LC CCG Better Care Fund (BCF) plan and the Leicester, Leicestershire and Rutland (LLR)-wide five-year transformational programme, Better Care Together (BCT), which is designed to change significantly the settings of care for patients whilst also delivering financial balance to the local health and social care system.

LEICESTER CITY POPULATION

5. Leicester is the largest city in the East Midlands, with a population of around 330,000 people and covering an area of approximately 73 km^2. Much of the area is urban, with a population density of 4,500 people/ km^2 making the city the most densely populated area in the East Midlands.

The population profile

6. The makeup of the population is extremely complex. Appendix A is an extract from the Director of Public Health's report for 2013/14, but some of the key highlights of the population profile are given in Table 1 below:-

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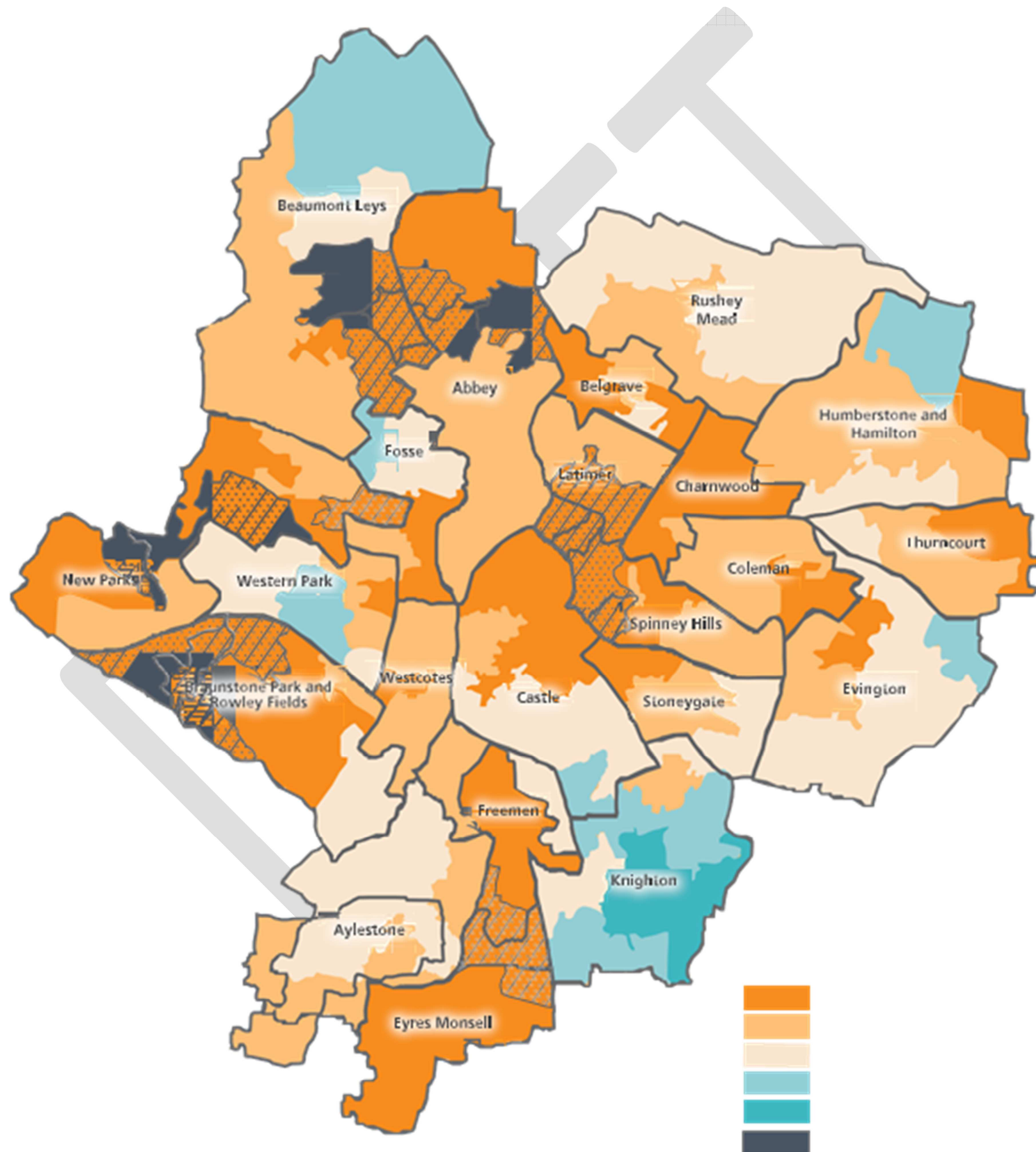
Key population highlights from Director of Public Health report 2013/14

The current population estimate for Leicester is 331,606 of which 163,911 are males (49%) and 167,695 (51%) are females.
Leicester's population is relatively young compared with England;
A third of all city households include dependent children
20% (65,266) of Leicester's population are aged 20-29 years old (14% in England. The large numbers of younger people in Leicester are partly students attending Leicester's two universities and partly migrants to the city.
12% of the population (38,081) are aged over 65 (16% in England
Whilst Leicester's resident population is estimated at 331,606 the registered population is approximately 378,000 i.e. the City is a "net importer" of patients.
The population is predicted to grow to around 345,000 by 2021, an increase of over 13,000 from 2012. The increases are forecast to be seen in the percentage of the population under 10 and of those aged over 55.
Leicester's population has a very different ethnic make-up to that of England. Black Minority Ethnic (BME) and White ethnic groups each make up some 50% of Leicester's population whereas in England they make up 15% and 85% of the population respectively.
• 37% of Leicester's population are of Asian/Asian British origin, mostly Indian, but also from Pakistani and Bangladeshi backgrounds, • 6% are Black/Black British, • 4% mixed and • 3% from other ethnic origins. • 46% are White British or Irish and 4.6% from other White groups, including Poland and other EU accession countries
Seventeen of the 18 ethnic groups counted in the 2011 Census have 1,000 or more residents.
A third of Leicester's residents (111,000) were born outside of the UK and just under half of those (53,000) arrived between 2001 and 2011, partly as a result of the accession of 10 countries into the EU in 2004 and the arrival of people from non-EU countries as either students or professionals recruited to address labour shortages.
Leicester is also a designated National Asylum Seeker Service dispersal city and home to 638 asylum seekers (as of October 2013). It is estimated that there may be as many as 150 languages and/or dialects spoken in Leicester and almost half of pupils in Leicester primary schools have a home language other than English.

Deprivation

7. Poor health is associated with underlying levels of social and economic disadvantage such as unemployment, low skill levels, low income levels, crime and poor housing. Although Leicester has some areas of relative affluence, the majority of the city is relatively deprived, with some areas of extreme and multiple deprivation. Leicester is ranked as the 25th most deprived local authority area (out of 326) according to the Indices of Multiple Deprivation 2010 (IMD2010), a national study of deprivation across England developed by the Department for Communities and Local Government.



Deprivation map of Leicester City at ward level. (Amber most deprived, blue least deprived. Blue/black, areas of v severe deprivation)

8. Figure 1 shows the pattern of deprivation across Leicester based on 'lower super-output areas' (LSOA), which each contain 1,000 to 1,500 people. These are the smallest neighbourhood-based units of measurement used by Department of Communities and Local Government in the Index of Deprivation. Areas in dark orange are among the most deprived 20% in the country and areas in dark blue are among the most affluent 20% of areas in England, illustrating the extent of relative deprivation in Leicester, compared to the rest of England.

9. The pattern of deprivation across Leicester shows higher levels of deprivation in the west of the city than the east. The majority of the poorest areas of the city are the historically white working class outer-city estates on the periphery of the city, along with a few areas in the inner city, where relatively new communities have settled from various countries of origin in a patchwork of diverse ethnicities. The more affluent areas of the city are in the south, stretching from Victoria Park to the city boundary alongside the A6 road.

10. Forty-one per cent of Leicester's population live in areas classified as the fifth (20%) most deprived in the country and a further 34% live within the two fifths (40%) most deprived nationally. Some 'Lower Super Output Areas' in the city feature within the 5% most deprived of all areas in the country and are home to 12% of Leicester's population. These areas include parts of the New Parks, Braunstone, Beaumont Leys and Spinney Hills wards as well as parts of the St Matthews, St Marks and Saffron Lane Estates. St Matthews contains two LSOAs ranking nationally as some of the most deprived in terms of income deprivation and Braunstone Park and Rowley Fields contains two LSOAs ranking the most deprived in terms of education.

<u>Health Inequalities in Leicester City</u>

11. Life expectancy in Leicester is significantly lower than the England average. Although it has continued to improve over the past decade, life expectancy in Leicester has shown a slower rate of improvement than England overall. Overall, the gap between Leicester and England has been widening since 2000-2002, however there has been a small improvement for both men and women in the last two periods.

12. The principal contributors to the life expectancy gap between Leicester City and England for men and women in the years 2009 – 2011 are circulatory disease (26% men and 32% women) and respiratory disease (13% men and 14% women).

13. In addition to the gap in life expectancy between Leicester and England, there are also gaps in life expectancy within Leicester itself. The impact of deprivation means that poorer health in the UK is generally associated with greater deprivation. People living in areas of higher deprivation have a shorter average life expectancy than those living in areas with lower levels of deprivation. These

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differences are seen in Leicester's population. For both men and women, those in the more deprived tenths of the population have a shorter life expectancy. Indeed, from one side of the city to the other, there is an average difference of up to eight years life expectancy.

14. Disease patterns in different ethnic groups are influenced by socio-economic, environmental and cultural factors, as well as by genetic predisposition. Much of the evidence is at England-level and it is not clear how this is reflected in the Leicester population. The central message is that it is important to work at a local level to understand and address health inequalities related to ethnicity and the determinants of health, recognising that these will change over time.

CHALLENGES

15. The CCG's primary care strategy is developed at a time when there are significant challenges, globally, nationally and locally, which impact upon public services.

National Context

16. *"Everyone Counts: Planning for Patients 2014/15 to 2018/19"* sets the overall medium term planning framework for the NHS and describes what the NHS must deliver to patients nationally. The NHS 'Call to Action' asks all NHS providers and commissioners to respond to the significant challenges facing the NHS in delivering health and care policy into the future, including:

- An ageing society
- The rise of long-term conditions
- Rising public and patient expectations
- Increasing costs of providing care
- Limited productivity
- Pressure of constrained public resources that the NHS (and social care) face
- Variation in quality of care across the health system.

17. Current estimates suggest that only 4% of the NHS budget is spent on preventative interventions but literature suggests that investing wisely and early into prevention could potentially lead to transformative change across Health and Wellbeing Board areas, ("NHS Call to action", November 2013). We know that across the UK, health outcomes are poorer compared to our European neighbours (Law & Wald, 1999) and that we do not do enough to prevent long term disease and subsequent chronic disability. National evidence also suggests that we do not do enough to tackle the underlying risk factors associated with ill health, such as alcohol, smoking and obesity (NICE, 2014).

18. Prevention and effective management of conditions in the community is also likely to be more cost effective than waiting for patients become sick and present at the doors of our GP surgeries or hospitals.

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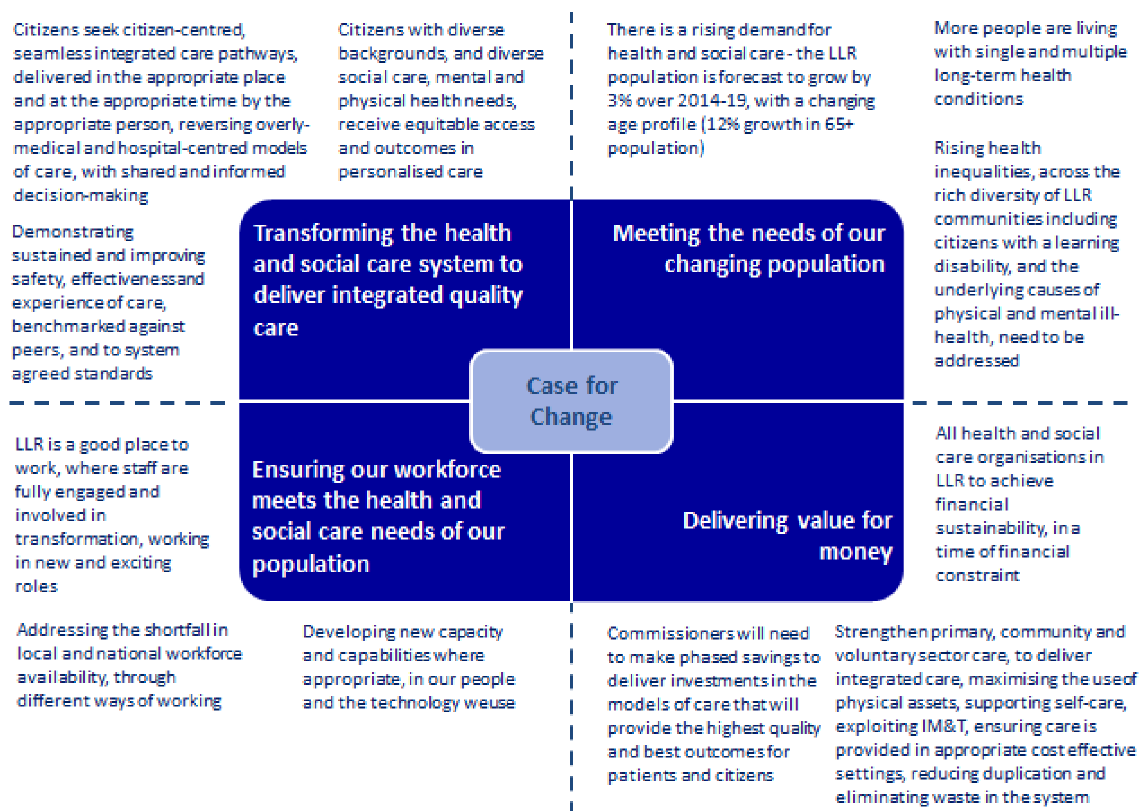
19. This strategy is being developed at a time when there is gathering momentum to deliver actions that prevent or postpone ill health, rather than merely treating illness.

LLR Context

20. The financial picture that is seen nationally is reflected in the local health economy, perhaps with even clearer focus. There is an accepted need to deliver greater local efficiencies and a recognised potential to achieve that by the development of integrated out-of-hospital services, increased in-hospital efficiencies and a stronger focus on disease prevention. The case for change at an LLR level is summarised in the diagram below:-



The LLR Better Care Together strategic case for change

21. Across LLR, an integrated Long Term System Model has been constructed for the Better Care Together Programme which describes and measures how the system challenges will be addressed. This models the impact of actions/ interventions to improve the quality of services provided to patients and/or improve the financial value of services without quality being compromised.

22. The model has been constructed as an integrated tool based on a shared set of planning assumptions, which are mirrored in the individual plans of constituent organisations. It factors in the financial assumptions of all partners across health and social care economy and illustrates the impact of proposed changes on activity and costs across the system including the impact of:

- Implementing new models of care
- Shifting care between settings
- Planned efficiency programmes
- Planned investments across health and social care including those linked to the BCF.

23. The work to develop the Better Care Together five year strategy has involved analysing and prioritising the case for change in eight main service areas, setting out:
    - The main changes that are needed to these service models
    - How care will need to shift across settings in the future.

24. The Leicester City primary care strategy must ensure the provision of sufficient capacity and capability to accommodate agreed city-related activity that will transfer from secondary care settings to primary care, as well as dealing with the growing number and clinical complexity of City patients cared for in primary care.

Leicester City Context

25. The national direction of travel, as outlined in "Everyone Counts" fitted the vision of Leicester City's Health and Wellbeing Board and their strategy "Closing the Gap". The CCG's response to "Everyone Counts" is an ambitious and truly transformational plan to develop comprehensive and fully integrated community-based teams that "wrap around" our patients, helping them to stay in community settings wherever possible rather than being admitted to hospital for care. This ambitious approach forms the basis of our Better Care Fund (BCF) programme which we have launched with our local authority partners. Our core vision for this programme matches that which is set out in Leicester's Health and Wellbeing Strategy, '*Closing the Gap'* :-

"we will work together with communities to improve health and reduce inequalities, enabling children, adults and families to enjoy a healthy, safe and fulfilling life".

26. Our vision for a healthier population goes much further than just ensuring people get the right care from individual services. We want to create a holistic service delivery mechanism so that every Leicester citizen benefits from a positive experience and better quality of care. We will do this through focussing on 3 priority areas, delivering one integrated model of care:
    i) Prevention, early detection and improvement of health-related quality of life
    ii) Reducing the time spent in hospital avoidably
    iii) Enabling independence following hospital care

27. Whilst the BCF programme is ambitious and stretching, we feel it is achievable and sets the direction of travel for future service models. It will see more and more patients cared for in the community and will therefore result in an increased number of patients that GPs will be actively caring for. Creating time for GPs to

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support these patients is crucial to the BCF's success and is a challenge that the strategy must address.

PROFILE OF PRIMARY MEDICAL CARE IN LEICESTER CITY – 2014

28. Whilst Leicester's resident population is estimated at 331,606, the registered population is approximately 378,000 i.e. the City is a "net importer" of patients from the County. Those 378,000 patients are cared for by a total of 62 GP practices (as at September 2014.)
29. At the present time (September 2014), ten GP practices in Leicester are single-handed compared to 52 practices with multiple GP partners or which are alternative providers (for example corporate bodies). In terms of population, 13% of patients are treated by single-handed GPs in Leicester compared to approximately 9% nationally. Analysis shows that as a result, the average practice list size in Leicester is below that seen nationally.

Average list size (Leicester City CCG)	5,920
National average list size	6,487

Health Need N'hood	Ave Pop'n per practice June 14	75+ Pop'n	% 75+ Pop'n	Total GPs (WTE)	Ave List Size per WTE GP
1	5973	4954	5.6%	44.6	2058
2	6056	3130	4.5%	44.3	1888
3	6093	6113	4.5%	74.7	1875
4	6205	5709	8.0%	44.6	1876
TOTAL	**6077**	**19906**	**5.4%**	**208.2**	**1922**

30. The CCG currently has 14 training practices. This is important as training practices can play an important role in supporting new GPs and encouraging them to stay in the area once they are qualified.

31. With regard to contract type, there are:-

- General medical services (GMS) – 35 Practices
- Personal medical services (PMS) – 16 Practices

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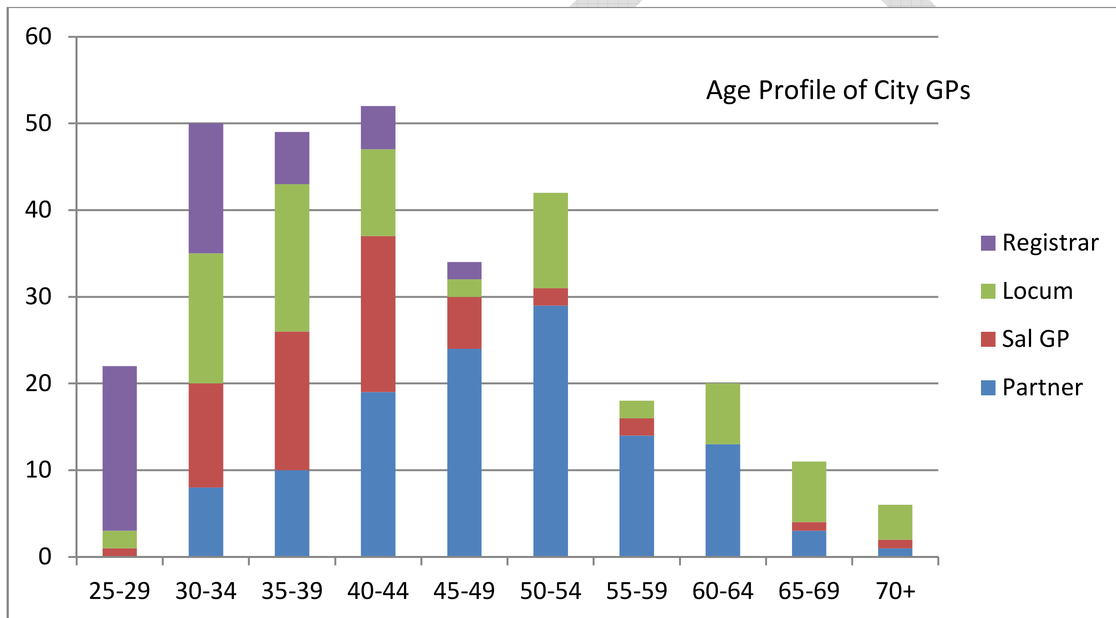
- Alternative provider medical services (APMS) – 11 Practices.

32. Until fairly recently, practices were almost exclusively run on a GP partner basis, with occasional use of locums to cover study, sickness or holiday absence. More recently, there has been a significant growth in locum and salaried GPs, with fewer being attracted to the partnership model. The latest information indicates that Leicester now has a GP workforce made up of almost equal thirds of partners, salaried GP and locums. The graph and table below highlights the number of GP partners that are likely to retire in the next 5 to 10 years – 60 out of a total of 121 partners are 50 or over, which is almost 50%. The current structure of practice-based primary care provision is likely to undergo severe instability if new partners cannot be attracted into the system to take their place. Effective recruitment and retention is key to maintaining the City's local primary medical care services.



Age Profile and GP type, by age band

AGE	Partner	Sal GP	Locum	Registrar	No
25-29	0	1	2	19	22
30-34	8	12	15	15	50
35-39	10	16	17	6	49
40-44	19	18	10	5	52
45-49	24	6	2	2	34
50-54	29	2	11	0	42
55-59	14	2	2	0	18
60-64	13		7	0	20
65-69	3	1	7	0	11
70+	1	1	4	0	6
					304

CHALLENGES FACING PRIMARY CARE IN LEICESTER CITY

33. Since the "Call to Action" in November 2013, the CCG has embarked on a series of engagement activities with the public, patients, member practices and wider stakeholders to understand what the challenges and issues are perceived to be and to gather information on what an improved primary care system might look like. With regard to patients, we have worked with representatives from practices' Patient Participation groups, gathered information from listening events with the public, from membership feedback, from Healthwatch, national surveys and from comments and complaints.

34. To gain feedback from member practices, we have held discussions at Locality meetings, at Protected Learning Time (PLT) events, undertaken electronic surveys, taken feedback at professional forums (e.g. Practice Manager and Practice Nurse forums), at practice meetings and at Board Development sessions. Detailed feedback is given at Appendix B and Appendix C, but the main themes that emerged are shown below:-

What patients said:

35. In summary, patients and the public told us:

   - **Access** is poor

36. Patients told us that in many practices it is just too hard to make an appointment. They wanted fast access to appointments that are easy to make, particularly for children, those with long terms conditions and older people. Telephone systems should be able to cope with the volume of calls and there should be the choice of on-line booking. Those in most need should be given priority.

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37. The national survey shows just how poor our patients rate their experience. In the latest survey, out of 211 CCGs, Leicester City was rated as:
    - Ease of getting through to the surgery by phone – 187th
    - Helpfulness of the receptionist – 204th
    - Frequency of seeing preferred GP – 203rd
    - Confidence and trust in the doctor – 197th
    - Satisfaction in opening hours – 157th
    - Overall experience of GP surgery – 201st
    - Would recommend the practice – 207th

   - The **quality** of general practice should be improved.

38. Patients noted that practices varied in the quality of service that they offered their patients and this variation was justifiably felt to be unacceptable.

   - **Personalised care** is not always available

39. Patients want to be treated by a GP who knows them, where this is appropriate (e.g. where patients have Long Term Conditions (LTCs)). If the complaint is straightforward e.g. a minor illness, many patients who expressed a view were not concerned about seeing their normal GP.

   - There is insufficient appointment **time**

40. Patients said they wanted their GP to have time to listen to them. The length of the appointment should be linked to the nature of the condition e.g. automatically have longer appointments for patients with more complex conditions, particularly mental health issues and those with multi-morbidities. Several mentioned their unhappiness at only being able to discuss a single condition at each appointment.

   - **Communication** and **Information** is sometimes poor

41. Several patients and carers requested clear, easily understood information in an appropriate format and language that helps them to take responsibility for their condition and to use NHS services wisely. This was felt to be particularly important for those who might be new to the City and who came from a country where primary care was not provided. Training in communication skills for the whole primary healthcare team was suggested by several patients. There were several patients who did not understand what they had been told but felt unable to take up any more time in asking questions. They wanted to feel unrushed and be able to discuss their issues properly.

What practices said

42. The detailed responses are shown in Appendix C but the main themes were:-

- The past two years have seen a rapidly growing **workload** with too little time to deal with it, leading to many clinicians feeling stressed and unable to take on any more work. There was an overwhelming message from the majority of practices that "something needs to change" – either less work or more resource, but certainly that the current model is not sustainable and has reached crisis point. With the planned transformation of services to an increased out-of hospital model of care, practices feel that demand needs to be reduced or capacity increased, which requires more resource coming into primary care.

- A lack of **resources**. The extra workload needs to bring resource with it to enable teams to be expanded and provide the extra capacity that is required. The funding of new services needs to recognise the real cost of delivery and offer a sense of financial stability to encourage practices to sign up to them and employ with confidence the extra staff required to support delivery.

- Acute difficulties with **recruitment** and **retention**, particularly relating to the GP workforce. This is an immediate and urgent priority bearing in mind the age profile of the City GPs and the number likely to retire over the coming five to ten years. Younger doctors are showing a growing reluctance to become partners, with more of them enjoying a portfolio of different roles, one of which is as salaried or locum GPs. Numbers going through GP training are falling and for those that do complete training, they are anecdotally reported as not being attracted to working in the City.

- **Premises** issues. Several practices have reported a lack of space to accommodate new services, a lack of funding available from NHSE for refurbishment / expansion and general improvement. Some practices have also encountered issues in LIFT buildings, where they claim that the service costs are very high and there is often a lack of flexibility in discussions relating to extended opening hours or issues with accommodation.

- These challenges come on top of those that have already been highlighted due to the complexities of the city population i.e. population **diversity**; levels of **deprivation**; variation in health **outcomes**, health **inequalities**; **disease** burden and growing public **expectations** of the service.

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POSITIVE ASPECTS OF PRIMARY CARE IN LEICESTER CITY

43. It must be acknowledged that there are some positive aspects to primary care in the CCG, which were identified by both patients and practices. As a principle, it was agreed that these should be protected and preserved when thinking about any future model of care. They included:-
    - GPs holding longer term contracts that build real commitment to the local community
    - Registered list that leads to continuity of relationships and care
    - GP acting as the coordinator of care between other health and social care settings
    - Appetite for innovative ways of working
    - Keen to learn new skills through educational programmes designed by local GPs
    - Practices beginning to work together to share good practise and learning
    - Clinical workforce adopting the systematic use of IT to support the management of long term conditions and support population health interventions
    - The delivery of high quality care e.g. anticoagulation, where the increased service quality being delivered is outstanding.
    - Provision of a comprehensive, cost effective and high quality healthcare service, albeit overburdened at the current time.

PRINCIPLES OF THE STRATEGY

44. Reflecting on feedback from our patients and the wider primary healthcare teams, as well as considering the challenges facing primary care, the following eight key principles have been identified by the Board clinicians to form the main elements of the primary care strategy:

1	Provision of uniform services across the CCG
2	Services as local as possible
3	Equality of service provision
4	Continuity of care where appropriate
5	Patients seen by the most appropriate professional
6	Maximised use of integrated / aligned care pathways
7	High quality and responsive services
8	Resources linked to need

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Principle 1 - Provision of uniform services across the CCG

45. All practices are required to deliver services as set out in their medical services core contract. The CCG also commissions a range of community-based services. These are over and above the core contract and are locally designed to address particular priorities that the CCG has identified, such as the cardiology community based service, designed in response to the high number of premature deaths in the City due to heart disease. Practices can decide whether or not to apply to provide these extra services; they are not compulsory.

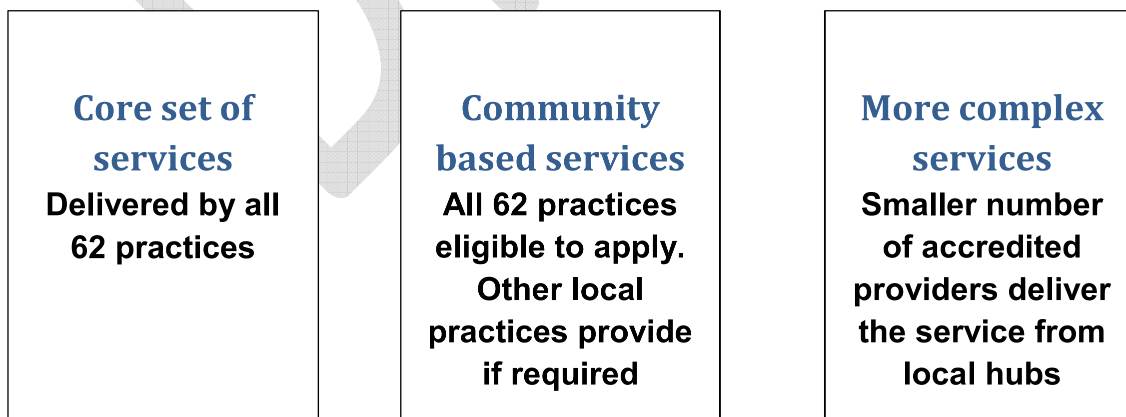
46. This means that for some patients, there may be a gap in local service provision if their registered practice is not participating in one of these discretionary services. There are varying reasons why a practice many decide not to sign up to a community-based service:-

47. Firstly, the practices vary in size – both in terms of teams and premises – which results in variable capacity to take on extra work over and above their core contract.

48. Secondly, there are different skills in different practices, sometimes because of the size of the teams, but also because of the extra training that some staff have chosen to undertake. In smaller practices, it is hard for a small number of staff to be competent across the full spectrum of community based service areas.

49. Thirdly, some practices feel more willing or confident than others to take on more complex work.

50. Through effective commissioning we will ensure that all patients have access to a uniform range of services, matched to their health need and delivered to a consistent level of quality. We shall do this by designing a framework with varying levels of delivery, as shown below.

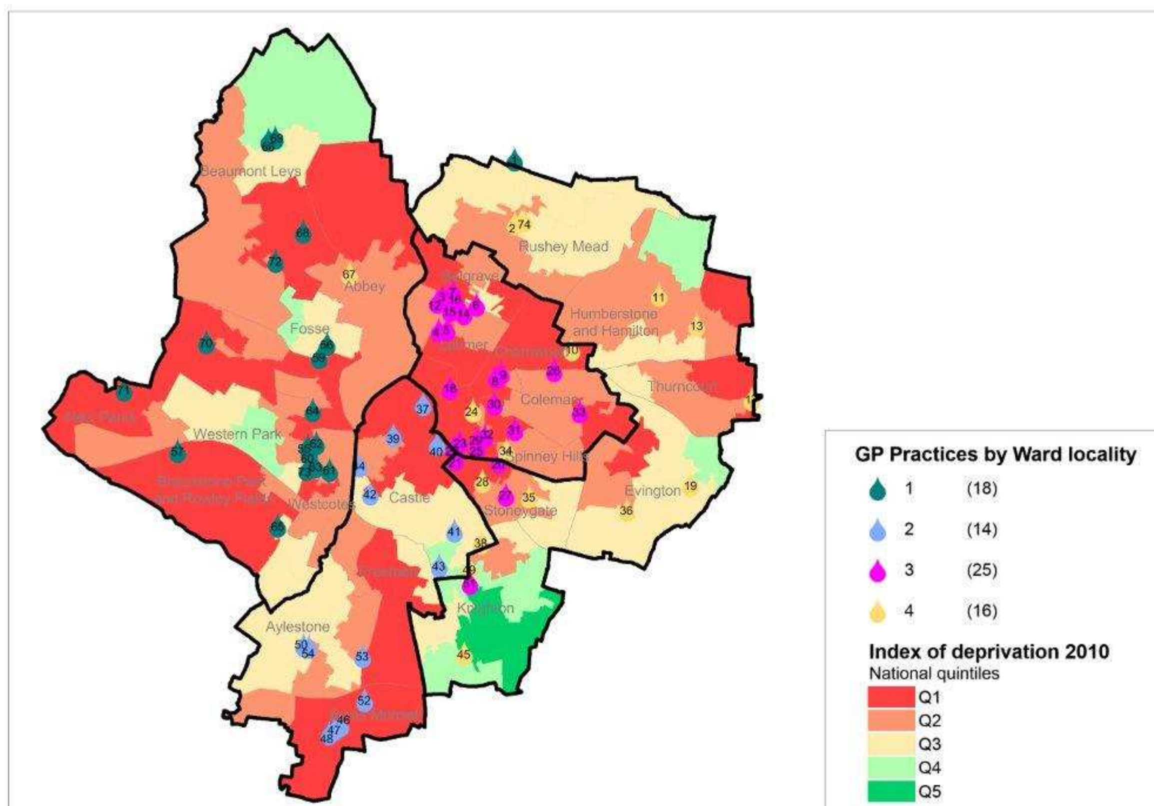


51. This framework will also be supported by the delivery of training associated with each of the services so that a general up-skilling of primary care results, with improved outcomes and a more consistent quality of service.

Principle 2 – Services as local as possible

52. The key public health data extracts highlighted in an earlier section demonstrated the complexity and diversity of the population of Leicester City. With large variations in deprivation and pockets of poor health, effective service provision is a complex issue. We know that some communities have relatively poor public transport links, making travel to service centres an issue. Health needs can vary significantly across relatively small geographical areas. For example, in the east of the City there are higher numbers of frail older people and therefore higher rates of dementia. In contrast, smoking rates are highest in the west of the City, resulting in high rates of lung disease in areas such as Braunstone. It is important that the location of services is sensitive to these needs.

53. Using public health data, we are able to map disease prevalence at ward level across the whole City. This analysis shows four main geographical areas each with similar levels of deprivation and health need. It is proposed that these areas are termed "Health Need Neighbourhoods" (HNNs). They form logical footprints on which to organise the delivery of services.



Map showing four Leicester City health need neighbourhoods

54. We have analysed the geographical spread of registered patients for each practice against the new HNN footprints (Appx XX) and they show a good alignment.

55. Capacity planning is a key element of the primary care service. When considering the location of services, we shall identify which will be delivered in *each* practice (core services), which shall be delivered in *most* practices (community based services) and the more complex services which will be delivered by a much smaller number of providers and need to be located in "hubs" (intermediate level services). When sizing the hubs, we shall need to understand any BCT activity assumptions or new pathways that result in increased primary care activity and factor that activity into the capacity considerations. Looking at the four HNNs, our initial view is that there are suitable facilities across the City which could act as potential hubs. They are Westcotes Health Centre, Merlyn Vaz, Brandon Street, Victoria Park Health Centre, Inclusion Health, New Parks Health Centre, Leicester Medical Group – Hall Lane/ Dr Sahdev, The Willows Medical Centre, St Matthews Health Centre and Bowling Green Street Surgery. Further capacity planning work is required to test and finalise the hub arrangements, to ensure suitable access for patients in each of the HNNs.

56. We see these four health neighbourhoods as an important planning footprint for the future. Being based on ward boundaries, there will be councillors linked to each area, allowing us to form close working arrangements to discuss and address some of the non-health related determinants of ill health which drive health inequalities. Examples might include issues relating to tobacco control or alcohol sales, or educational issues. The recognition of health neighbourhoods will help to progress the Health and Wellbeing strategy for the City.

57. In their response to the "call to action" the NHSE local Area Team had also described a service provision model based upon hubs, but with doctors, dentists, pharmacists and opticians located together. Such a model would be a suitable arrangement in a more dispersed community. However in Leicester City, such providers exist in sufficient numbers to be in close proximity already, removing the need for co-location within the proposed hubs. The Area Team will however need to ensure that the other primary care contractors are present in sufficient numbers to address the health need of the local population. For instance, children's oral health is particularly bad in the City and the number of children's dental contracts must be tested against each of the four health neighbourhoods.

58. The CCG is not directing what size practices should be, or whether they should be federated. What the strategy sets out is a vision of service provision from the patient's perspective and practices must respond to deliver this in the most efficient and effective way. That is likely to lead to an element of collaboration for many practices, although the level of that collaboration may very significantly in the extent of its formality.

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59. With its geographical focus, the strategy encourages local stakeholders to work together to address the determinants of ill-health, many of which fall outside the NHS's scope of influence. This very local focus will not prevent practices from other areas of the City collaborating in a formal or informal way to maximise efficiency and effectiveness.

Principle 3 – Equality of Service Provision

60. The Director of Public Health's report (Appendix A) shows how diverse and complex the population profile is in Leicester City. The CCG attempts to ensure that the services it commissions are accessible by patients from each of the nine protected characteristics. Even so, the patient feedback (Appendix B) gave some clear examples where patients feel overlooked, misunderstood and poorly catered for. Examples include those with mental health issues and the trans-gender population. Unless all of our patients can access services that are sensitive to their needs, we shall not close the inequalities gap.

To improve the equality of service provision, we shall

- **have a programme of actively testing and checking the uptake and impact of our services across the protected characteristics**
- **undertake research to test key inequality hypotheses e.g. testing if there is a lower uptake of dementia services by those from BME groups and the factors that cause this**
- **actively engage with our communities to understand their needs and cultural sensitivities when both designing and evaluating services**

Principle 4 – Continuity of Care where appropriate

61. With an ageing population and the ability to keep people with more complex conditions alive for longer, there is a resultant increase in the size and complexity of primary care workload. This is further increased by the development of the CCG's suite of BCF services which aim to help more people receive an enhanced level of care in a community setting.

62. The use of risk stratification tools allows us to identify with some accuracy those patients who are most at risk of an adverse clinical event and / or an emergency admission. For this more complex cohort, our clinicians know they are often best placed to deliver care, as they know the patients, their clinical history and their care plan.

63. The CCG has already recognised the importance of the GP in supporting the more complex patients by investing in extra GP time to undertake care planning. This is undertaken in partnership with the patient, carer and relatives and gives some reassurance about how the condition might progress and the development of a care plan that reflects the patient's wishes.

64. Evidence shows how important continuity of care is, but an even more important aspect is the continuity of quality of care. The CCG has made huge strides in driving up quality through the use of information technology and shared patients records (with appropriate consent). The CCG will build on this to ensure that the patient's record and care plan can be accessed by those delivering care wherever the patient is – in the GP practice, ED, at home with a district nurse or with a pharmacist who is reviewing medication. Giving clinicians access to the up-to-date care record supports more informed treatment choices and directly contributes to improved clinical outcomes. Those patients with a long term condition are likely to benefit most from this sharing of their clinical record.

Principle 5 – Patient is seen by the most appropriate professional

65. To make the best use of local NHS resources, the system design should direct patients to the correct service and the most appropriate individual within that service. This is particularly important for those patients living in the City who are not familiar with primary care services or how they fit with other health provision.

66. We know that, with better clearer information, more patients could deal with minor ailmens themselves. Experience with local and national pilots hs also demonstrated that it is possible to stream a high percentage of patients to health professionals other than a GP, where the care they receive is effective and provides a good patients experience, without generating more work further down the line.

67. Evidence has been gathered on the impact of using physiotherapists, nurse practitioners, community pharmacists and Emergency Care Practitioners.

68. A capacity modelling tool will be explored that helps practices to design a process that works for their particual population and which aims to free GP tiem for those more complex patients where continuity of care is most important.

69. Once the capacity modelling has been concluded, we shall need to formulate a workforce plan that will result in the training and recruitment of sufficient numbers of professionals for the agreed primary care service model. This workforce plan must also accommodate the general population increase for Leicester City in the next five years (estimated to be more than 13,000) as well as the expected impact of the BCF and BCT activity.

70. The transfer out or complete prevention of hospital-based activity through the impact of BCF or BCT initiatives will release capacity within UHL and some of these may be suitable for recruitment into a primary care setting.

71. As we move towards directing patients to the right care professional, the CCG will need to invest time, skills and resources into communicating with patients and the public about their expectations for the service and the fact that they may not always see a GP in the future.

Principle 6 - Maximise use of integrated / aligned care pathways

72. Research has repeatedly shown that the interface between organisations is where care for patients often goes wrong, usually because of poor communication. Increased quality of care and improved outcomes will result from the use of agreed care pathways which pass patients seamlessly across the organisational interface in a managed and predictable way. Agreed integrated pathways can help to get patients rapidly to the right place, having had the agreed level of workup to allow a fast and accurate diagnosis and care. We will ensure we maximise the use and impact of integrated and aligned care pathways through the use of initiatives such as PRISM. Our clinicians will continue to identify opportunities where agreed pathways will result in improved quality and patients experience, such as our 3T cardiology initiative which is now preventing strokes for some residents of Leicester City. These pathways shall then be embedded in our primary care services through the influence that we can bring to bear through our co-commissioning responsibilities.

Principle 7 - High quality and responsive services

73. Feedback from patients shows how important ease of access is to them. It naturally follows that if we want a responsive system that directs patients to the correct healthcare professional, that process must work really well and the patient must find it very easy to make contact and / or secure an appointment with the appropriate person.

74. Practices, patients and the CCG will work to agree what appropriate access means and will work to make sure this is delivered in a way that matches the population need. We shall ensure that services such as walk-in centres and extended opening hours are commissioned to specifications that meet these requirements.

75. The CCG will support practices in the use of new technologies to enable easy patient access. Methodologies range from on-line booking, teleconferencing, telemedicine, effective telephone booking etc.

76. The CCG will continue to work closely with the out of hours service and NHS 111 with a view to commissioning a quality service that delivers seamless care to patients to the same standards out of normal opening hours as in hours. The sharing of patient records will help to facilitate this as will clinically informed service specifications.

Principle 8 – Resources linked to need

77. The health need neighbourhood model aims to build a real local focus on and commitment to the local community and to deliver improved health outcomes and reduced health inequalities. At the same time, the CCG aims to deliver more reassurance to primary care, greater financial stability allowing practices more

opportunity for medium to long-term planning, whilst also aiming to reduce unnecessary bureaucracy within the system. A quality contract could help to achieve these aims.

78. The quality contract would work in the following way:-

- Step 1. Pool the funding that is currently associated with services over and above the core contract e.g. funding associated with any transfer of activity out of secondary care, funding currently in community-based services, BCF support funding, QOF (Quality Outcomes Framework) etc.
- Step 2. Divide the funding across practices using a budget tool methodology that is sensitive to local health profiles (e.g. adjusted Cambridgeshire toolkit) which takes account of health needs / risk stratification / care home patients / older patients).
- Step 3. Identify required health outcomes, linked to the profile of the specific HNN.
- Step 4. Pay the quality contract funding in instalments to practices for achievement of outcomes. Agree what will happen in the event of non-delivery of outcomes.

79. The CCG's clinicians have developed services and initiatives to address the priority health outcomes and we shall continue to refine these and introduce new services. For those services requiring specialised skills and / or staff (e.g. specialist nurses) we shall explore a model that pools the workforce and does not require each practice to source the specialised resource themselves. This of course may include the transfer of appropriate skills from the secondary care sector to a community setting.

STEPS TO MAKE THE VISION REALITY

80. There are a number of key enabling strands of work that underpin the strategy. These tackle the main issues and challenges facing primary care and will allow the CCG to turn the vision into reality. More detailed consideration of them is required in the short term to translate them into an implementation plan. Some of the work lends itself to LLR-wide approach whilst the rest is CCG-specific. The key areas are:-

Enabler	Detail
Demand and capacity modelling	Undertake modelling based upon patient streaming, risk stratification, BCT assumptions and health needs
Health Inequalities	Explore possibility of quantification of health inequalities benefits

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Enabler	Detail
Quality Contract	Develop and test quality contract based upon measurable achievement of health outcomes sensitive to local health need
Service development plan	Review services in light of local health need
Develop workforce plan	Develop workforce plan based upon capcity and demand model and local service review. Identify numbers and any skill requirements
Recruitment	Develop recruitment strategy, also linking with other CCGs and Health Education East Midlands (HEEM) to improve Leicester City profile as a place to work
Retention	Develop retention strategy which in particular supports trainee doctors, nurses and allied health professionals, encouraging them to stay in Leicester following qualification.
Premises	Update premises survey to enable accurate capacity planning
Public engagement exercise	Undertake further public engagement exercise, particularly with regard to exploring the definition of appropriate access and the new primary care model
Communications plan	On-going plan, but in particular to focus upon • HNNs and what they mean • Increasing self-care • Improving information availability for the public
IM&T	Maximising the use and efficiencies offered by IM&T e.g. through access to patient records etc.

81. Producing a detailed implementation plan to cover the enabling streams of work is now an immediate priority.