Leicester
City Council

MEETING OF THE HEALTH AND WELLBEING SCRUTINY COMMISSION

DATE: **TUESDAY, 15 JANUARY 2019**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Commission

Councillor Cutkelvin (Chair)
Councillor Fonseca (Vice-Chair)

Councillors Chaplin, Cleaver, Dr Moore, Pantling, and Dr Sangster.

I unallocated Non-Group place.

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

Standing Invitee (Non-voting)

Representative of Healthwatch Leicester

For Monitoring Officer

Officer contacts:
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Further information

If you have any queries about any of the above or the business to be discussed, please contact Julie Harget**, Democratic Support on (0116) 454 6357 or email julie.harget@leicester.gov.uk** or call in at City Hall, 115 Charles Street, Leicester, LE1 1FZ.

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USEFUL ACRONYMS RELATING TO
HEALTH AND WELLBEING SCRUTINY COMMISSION

Acronym	Meaning
ACO	Accountable Care Organisation
AEDB	Accident and Emergency Delivery Board
CAMHS	Children and Adolescents Mental Health Service
CHD	Coronary Heart Disease
CVD	Cardiovascular Disease
CCG	Clinical Commissioning Group
LCCCG	Leicester City Clinical Commissioning Group
ELCCG	East Leicestershire Clinical Commissioning Group
WLCCG	West Leicestershire Clinical Commissioning Group
COPD	Chronic Obstructive Pulmonary Disease
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
DAFNE	Diabetes Adjusted Food and Nutrition Education
DoSA	Diabetes for South Asians
DTOC	Delayed Transfers of Care
ECS	Engaging Staffordshire Communities (who were awarded the HWLL contract)
ED	Emergency Department
EDEN	Effective Diabetes Education Now!
EHC	Emergency Hormonal Contraception
ECMO	Extra Corporeal Membrane Oxygenation
EMAS	East Midlands Ambulance Service
FBC	Full Business Case
FIT	Faecal Immunochemical Test
GPAU	General Practitioner Assessment Unit
GPFV	General Practice Forward View
HALO	Hospital Ambulance Liaison Officer
HCSW	Health Care Support Workers
HEEM	Health Education East Midlands
HWLL	Healthwatch Leicester and Leicestershire

ISHS	Integrated Sexual Health Service
JSNA	Joint Strategic Needs Assessment
MECC	Making Every Contact Count
NDPP	National Diabetes Prevention Pathway
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
NQB	National Quality Board
OBC	Outline Business Case
PCT	Primary Care Trust
PICU	Paediatric Intensive Care Unit
PHOF	Public Health Outcomes Framework
QNIC	Quality Network for Inpatient CAMHS
RCR	Royal College of Radiologists
RN	Registered Nurses
RSE	Relationship and Sex Education
STI	Sexually Transmitted Infection
STP	Sustainability Transformation Plan
TasP	Treatment as Prevention
TASL	Thames Ambulance Services Ltd
UHL	University Hospitals of Leicester
UEC	Urgent and Emergency Care

PUBLIC SESSION

AGENDA

FIRE / EMERGENCY EVACUATION

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

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

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

3. MINUTES OF PREVIOUS MEETING

The minutes of the previous meeting held on 29 November 2018 have been circulated and the Commission will be asked to confirm them as a correct record.

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

http://www.cabinet.leicester.gov.uk:8071/ieListDocuments.aspx?CId=737&MId=8651&Ver=4

4. CHAIRS ANNOUNCEMENTS AND PROGRESS ON MATTERS CONSIDERED AT A PREVIOUS MEETING

5. PETITIONS

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

6. 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.

7. DELIVERING THE GENERAL PRACTICE FORWARD VIEW IN LEICESTER CITY **Appendix A (Pages 1 - 8)**

The Leicester City Clinical Commissioning Group (LCCCG) submits a report which provides an update on progress and the next steps in delivering the General Practice Forward View (GPFV) in Leicester City. The GPFV sets out the national plan to improve general practice and contains specific, practical and funded steps about how investment, workforce, workload, infrastructure and care redesign will be supported.

The Commission is asked to consider and comment on the report as it sees fit.

8. ACCESS TO GENERAL PRACTICE IN LEICESTER CITY. **Appendix B (Pages 9 - 14)**

The Leicester City Clinical Commissioning Group (LCCCG) submits a report relating to access to General Practice in the City. The Commission is asked to consider and comment on the report as it sees fit.

9. DIABETES IN LEICESTER **Appendix C (Pages 15 - 42)**

The Acting Director, Public Health submits a report that provides background information on the scope and impact of diabetes in Leicester City and the current action being taken within the public health division to address the increasing levels of diabetes within the local population. Members will receive a power-point presentation to support the report, a copy of which is included in the agenda.

The Leicester City Clinical Commissioning Group (LCCCG) also submits a report that explains how they are addressing the diabetes challenge and proactively managing the health of people living with diabetes.

10. TURNING POINT - PERFORMANCE REPORT **Appendix D (Pages 43 - 50)**

The Acting Director of Public Health submits a report that provides an update to the Health and Wellbeing Scrutiny Commission on the performance of Turning Point (TP), who are contracted to deliver the integrated substance misuse service. The Commission is asked to note the improving performance and provide comment on the actions being taken.

11. DRAFT REVENUE BUDGET 2019/20 (PUBLIC HEALTH BUDGET) **Appendix E (Pages 51 - 96)**

The Director of Finance submits a report setting out the City Mayor's proposed budget for 2019/20 to 2021/22. The Commission is recommended to consider and comment on the Public Health element of the budget. The Commission's comments will be forwarded to the Overview Select Committee as part of its

consideration of the report before it is presented to the Council meeting on 20 February 2019.

12. WORK PROGRAMME **Appendix F (Pages 97 - 104)**

The Scrutiny Policy Officer submits a document that outlines the Health and Wellbeing Scrutiny Commission's Work Programme for 2018/19. The Commission is asked to consider the Programme and make comments and/or amendments as it considers necessary.

13. ANY OTHER URGENT BUSINESS

Appendix A

Leicester City Clinical Commissioning Group

Report on delivering the General Practice Forward View in Leicester City

January 2019

Summary

1. The General Practice Forward View (GPFV), published in April 2016, sets out the national plan to improve general practice. The document contains specific, practical and funded steps about how investment, workforce, workload, infrastructure and care redesign will be supported.

2. The intention is to deliver this support over a five year period starting in April 2016 and ending March 2021. We are now entering the final stages of the third year of investment. This presents an opportunity to review progress and identify next steps.

3. Locally, delivery of the GPFV work is supported at a Sustainability and Transformation Partnership (STP) level by a document called The Blueprint for General Practice. This document sets out Leicester, Leicestershire and Rutland's collective view about how the GPFV work streams will be delivered.

4. There has been steady progress in delivering the aspirations of the GPFV, with work focussing on supporting resilient general practice and addressing workforce challenges; as well as infrastructure support to ensure premises and technology functions are in place to support the work programme.

5. This report highlights the positive areas of progress, and goes on to describe the priority areas for the next two years.

Background

6. The General Practice Forward View (GPFV) details five areas for specific, practical and funded support. These are:

    - Investment
    - Workforce
    - Workload
    - Practice Infrastructure
    - Care redesign

7. For investment, the GPFV details an increase in recurrent funding for general practice, with the aim of growing the funding spent in primary care at national level, and describes a turnaround package of investments which include those relating to staff, technology and premises.

8. The workforce section of the GPFV looks at growing the GP workforce through recruitment and training incentives. There is also investment to support the recruitment and retention of other health professionals who provide support to general practice, such

as Clinical Pharmacists. The GPFV details funded support for practice managers and nurses already working in primary care, to allow them to meet the challenges of those roles.

9. On workload, there are details of a practice resilience programme to support struggling practices, and a scheme to release GPs from the burden of unnecessary administrative tasks.

10. For the infrastructure element, there is a scheme of investment in technology and GP premises to support development of new premises and better technology.

11. Finally for care redesign, the GPFV describes direct funding for improving access, meaning patients can access to appointments at evenings and weekends. Linked to managing workload more effectively, this part of the GPFV also describes a national programme to release time for care, freeing up 10% of GPs time by reducing bureaucracy and releasing capacity.

The local context

12. The time since the publication of GPFV has seen activity focused on delivering the work streams both at individual CCG level and at STP level with the CCGs in Leicestershire, via the local Blueprint for General Practice document.

13. The Blueprint for General Practice recognises some of the activities are better delivered across the STP footprint, and others delivered at more local level. This is particularly important because some of the funding for certain areas of work is attributed to individual CCGs and some designed to be invested on a bigger footprint.

14. The local plan recognises that services should meet the needs of patients, taking into account the differences of geography and culture across the three CCGs.

15. The next section of the report highlights the areas where Leicester City CCG has made progress against delivery of GPFV.

Premises and Technology

16. Funding for new premises has been a key focus in the city, with three practices being the recipients of money to improve or build new premises. These are:

Location	Investment	Registered Patients
Saffron Health– extension to surgery	£1.5m	17,800
Heatherbrook Surgery – extension to surgery	£106,000	3,439
Pasley Road (Dr G Singh) – new build surgery	£664,464	4,832

17. There has been investment in IT infrastructure including an e-consult service, which allows patients to access a GP remotely via an on-line 'app'. All practices in the city will have access to these schemes. Examples of funding is detailed below:

Scheme	Investment
E – consult service	£133,585
Electronic record sharing	£140,000

18. Patients attending an appointment at their GP practice now have access to free patient wi-fi. Patients who wish to can also book appointments, order repeat prescriptions and gain access to their medical records on-line.

Resilience

19. Resilient general practice is a key enabler to support sustainable services. There are a range of reasons why practices may find themselves less resilient, these are:

- Poor CQC ratings
- Losing a key member of staff (Practice Manager or GP)
- Difficulties in recruiting GPs and nurses
- Poor premises
- Small list sizes

20. The CCG have supported five practices with resilience funding following a successful bid for funds from NHS England. The support has centred on understanding the particular areas where practices are less resilient and targeting the funds to those areas. The support package totalled £46,000 in 18/19, with the opportunity to access further funding in early January 2019.

21. Practices receiving this support are:

Practice	Registered patients
Spinney Hill Medical Centre	20,699
Evington Medical Centre	8,970
Highfields Medical Centre	8,879
East Park Medical Practice	12,085
Belgrave Surgery	4,549

Access

22. One of the key areas of GPFV is extended access to primary care. CCGs are tasked with commissioning primary care services which are available to patients in the evenings and at weekends. These services are pre-bookable via either NHS 111 or through GP practices.

23. In order to fulfil the access element of GPFV the CCG commissions primary care access hubs in the following locations:

Location	Times and Days
Westcotes Health Centre	8am – 8pm every day
Saffron Lane Surgery	6:30pm – 10pm weekdays 12:30pm – 8pm weekends and bank holidays
Belgrave Health Centre	6:30pm – 10pm weekdays 12:30pm – 8pm weekends and bank holidays

24. The primary care extended access hubs contribute an extra 1208 appointments into the system per week.

25. In addition to the above services, the CCG commissions a further service at Merlyn Vaz Health and Social Care Centre, which provides walk-in and pre-bookable appointments from 8am to 8pm every day.

26. A recent CCG led patient experience survey showed that the service provision for the access hubs was valued highly by patients, with the service generally being rated good across the board - from booking, contact with reception to clinical care.

Workforce

27. The GPFV cannot be delivered without recruitment and workforce expansion. The CCGs have produced a workforce plan which details the areas for focus when developing a robust workforce model. This includes plans to grow the medical workforce by linking in with national recruitment schemes and being involved in the national retention programme which aims to support GPs to remain in the workforce, after they have retired from full time general practice.

28. With regards to recruitment, the CCG is involved along with the other CCGs in the International GP recruitment scheme, a national initiative to attract GPs from other countries to come and work in the UK. The scheme is fully endorsed by Health Education England and NHS England, providing a package of support including training, and mentoring, with access to supported placements for recruits. Four city practices have expressed an interest in being involved in cohort one of this scheme.

29. Building a wider workforce to support primary care includes recruiting clinical pharmacists to support GP practices. 13 GP practices in the city have clinical pharmacists in their teams. Clinical pharmacists are able to offer a range of services such as minor illness clinics, medication reviews, and long term conditions management. Clinical pharmacists can prescribe medicines and have a range of clinical skills underpinned by a clinical qualification.

30. Retention of the GP workforce is crucial to ensure the sustainability of general practice. There have been a number of national schemes to support retention, the latest supports GPs who have retired from partnership but wish to keep working, to do so. The package includes financial support for the practice and a mentoring scheme for one year. The CCG have three practices using this support currently. These practices are:

Practice	Investment	Registered patients
The Hedges Medical Centre	£20,000	6,038
Saffron Health	£20,000	17,800
Hockley Farm Medical Practice	£20,000	10,823

Releasing time for care

31. Workload is recognised in the GPFV as a key reason why GPs leave general practice. With the above in mind, NHS England released a national programme delivering 10 high impact actions to release time for care, these are:

    - Active signposting – training practice receptionists to offer alternatives to a GP appointment
    - New consultation types – offering telephone or on-line consultations
    - Reducing DNA – understanding why patients book appointments and do not attend, including offering easier ways to cancel appointments and text reminders of pre-booked appointments
    - Develop the team – use of other clinicians such as advanced nurse practitioners or clinical pharmacists
    - Productive Workflows – conducting regular capacity and demand audits to enable planning to meet demand
    - Personal Productivity – supporting personal resilience
    - Partnership working – working in federations and with other providers of service e.g community pharmacy
    - Social Prescribing – guiding patients to other services such as those provided by the voluntary sector
    - Support Self-care – helping patients manage their long term condition
    - Develop Quality Improvement (QI) expertise – use of tools and techniques to support change and improvement processes in general practice

32. The programme has been supported by a number of workshop events attended by city practices, in particular focusing on active signposting and introducing productive work flows.

33. The Active Signposting module of the programme supports practices to signpost patients to the right clinician or service, recognising that a GP appointment might not be the best option for a patient.

34. Each practice in the city has been involved with at least two of the 10 high impact actions.

Care redesign and 'at scale' working

35. As part of a programme of transformation support to strengthen and redesign general practice, CCGs are funded to support practices to come together and explore 'at scale' working, to stimulate implementation of 10 high impact changes and secure sustainability of general practice to improve core hours access.

36. Practices in the city were given the opportunity to bid for these transformation funds. All 57 practices across the city received funding and have used the funding in the following ways:
    - Two practices with a student population used the funds to provide tailored mental health support and signposting to that cohort of patients; an example of active signposting and working 'at scale'
    - 5 practices have come together to employ a Data Protection Officer to support GDPR requirements; an example of working 'at scale'
    - 2 practices are exploring working more closely together and sharing staff, with a view to eventually merging contracts; an example of working 'at scale' and supporting resilient and sustainable primary care

Priority areas for future work

37. The theme of 'at scale' working is being driven by further work focussing on primary care networks. Primary care networks are intended to build on core primary care and enable provision of personalised, co-ordinated and integrated health and social care. This means practices will work together to cover discrete geographical areas, delivering locally sensitive services to address local health need. Primary care networks will result in the whole CCG area being covered and will be linked to the Health Need Neighbourhood (HNN) footprint, which is the footprint the CCG want to use to plan and deliver services.

38. An outcome of mature Primary Care Networks is reduction in variation of services, and more consistent delivery and quality of services for patients. For example shared care prescribing could be delivered by another member of the network if the patients registered practice were unable to provide that service.

39. Networks should be small enough to make sure delivery of person centred care, valued by both GP and patient is delivered, and large enough to realise economies of scale. The network focus further drives sustainability of general practice. In terms of size, networks are thought to work best with a population of 30-50,000 patients.

40. The CCG is working with practices to support development of the network model. This includes making sure IT enablers are in place to be allow sharing of patient records across different providers of care. There is also focus on developing the 'at scale' model of working, supporting resilient general practice, and supporting integration of services to meet the needs of patients.

41. As well as developing primary care networks, the CCG will continue to focus on delivery of the other elements of GPFV work streams, including supporting practices to remain

resilient by bidding for further funding, supporting extended access to primary care services via the primary care hubs, and ensuring involvement in workforce measures to increase numbers of the medical and non-medical workforce.

Conclusion

42. General practice in Leicester has benefitted from access to funds and support as part of national GPFV initiatives. The programme of work will be supported so that practices can continue to feel the difference investment brings.

43. There are clear areas of focus both in terms of continuing to deliver the core components of GPFV as well as involvement in primary care networks, which will further enhance the sustainability of primary care.

44. The CCG recognises the importance of primary care as a crucial part of healthcare, with sustainable and resilient general practice contributing to keeping patients well against a backdrop of increasing demand, and an ageing population.

Appendix B

Leicester City Clinical Commissioning Group

Report on Access to General Practice in Leicester City

Summary

1. Access to general practice services remains a priority focus both locally and nationally. The CCG is working to ensure practices are open and services are available during core hours.

2. In addition to services provided by GP practices, the CCG commission four primary care extended access hubs in the city, to allow patients the opportunity to access services when their GP practice is closed.

3. Access to services should be viewed against the backdrop of increasing demand for general practice services and the challenges of that demand.

Background

4. There are 57 GP practices in the city providing primary care services. As part of their contract for provision, practices are required to be available to meet the reasonable needs of patients between 8am and 6:30pm Monday – Friday.

5. GP practices provide appointments outside these hours for their patients as part of Extended Hours Directed Enhanced Service (DES). 39 practices in the city offer extended hours appointments, usually in the early morning, evenings or on Saturday morning. These appointments can be with a doctor or nurse, are available on a pre-bookable basis for registered patients of the individual practice. The number of appointments commissioned depends on the practice list size.

6. As well as the core hours and DES arrangements, there are other ways of accessing primary care services in the city. The CCG commissions primary care access hubs across four sites, providing evening and weekend pre-bookable appointments. At one site walk-in appointments are also available. There are also national initiatives proposed such as services via the NHS app.

Access and meeting the reasonable needs of patients

7. The CCG is required to ensure access to primary care services meet the reasonable needs of patients. Reasonable need is not specifically defined in the primary care contract, however NHS England have given some guidance about what constitutes reasonable need. These are listed below:

    - Booking or cancelling appointments
    - Collecting and ordering prescriptions
    - Accessing urgent appointments and services
    - Accessing a home visit (if clinically appropriate)
    - Ringing for telephone advice

- Being referred or signposted to other services
- Accessing test results

8. The CCG recognises patient experience in the city, measured yearly by the GP Patient Survey, is below the national average. Concentrating on understanding access arrangements will help to improve patient experience in future years.

9. With the above in mind, the CCG has recently started a piece of work looking more closely at whether practices are meeting reasonable need. This comprised of looking at practice submissions detailing when they were open, reviewing patient experience information and comments and complaints about access. Practice leaflets and websites were checked to make sure opening times were detailed consistently. ED data was reviewed to see if there was a pattern of high usage from patients of specific practices.

10. The majority of practices in the city (46 out of 57 practices) were able to demonstrate a clear pathway for access during core hours. This meant they were open during the core hours period, and if they were not open there were clear arrangements in place for patients to be seen.

11. Eleven practices were identified as being unable to clearly demonstrate a robust pathway or were found to be closed for periods during core hours.

12. Practice visits are now underway with these eleven practices, to test access arrangements in more detail. Following completion of the visits the CCG will take a view about whether the arrangements are acceptable or not. There is the possibility of applying contractual sanctions to practices whose arrangements are not satisfactory, or giving practices an opportunity to revise and review their arrangements, following feedback from the CCG.

13. Other ways of accessing GP services are available, it is important to note the development of the NHS app for example. The intention is to give patients access to healthcare advice and self- care through a single, convenient mobile app. The national roll out of the app will happen between April and June 2019.

Extended access to primary care services

14. The CCG commissions extended access to primary care services via primary care ‘hubs’ in the city. This service forms part of a national initiative to improve access to primary care in the evenings and at weekends. The location and times of the services are:

Location	Times and Days
Westcotes Health Centre	8am – 8pm every day
Saffron Lane Surgery	6:30pm – 10pm weekdays 12:30pm – 8pm weekends and bank holidays
Belgrave Health Centre	6:30pm – 10pm weekdays 12:30pm – 8pm weekends and bank holidays

15. Patients can book appointments via their GP practice during core hours and via NHS 111 in the evenings and at weekends.

16. The contract for this service commenced on 1st July 2018 and runs for a three year period. DHU (local out of hours provider) and one of the GP federations in the city (Leicester City Health) provide the service.

17. The service is funded via General Practice Forward View investment which is broken down as follows:

Year		**Total contract value**	**10% Element based on KPI**
Year 1	Fixed funding	£1,655,000	£165,500
Year 2	Fixed funding	£1,655,000	£165,500
Year 3	Fixed funding	£1,655,000	£165,500

18. The primary care hubs add 1208 appointments into the system per week.

19. The CCG also commissions a fourth hub at Merlyn Vaz Health and Social Care Centre. This service also offers pre-bookable as well as walk-in appointments.

20. The contract for this service started on 1st October 2017, the contract term is 3 years, with an option to extend for a further 2 years.

21. This is a separate CCG funded contract, provided by DHU and Leicester City Health GP federation. The funding for this service is as follows:

Year		**Total contract value**
Year 1	Fixed funding	£795,000
Year 2	Fixed funding	£795,000
Year 3	Fixed funding	£795,000
The contract extension will be subject to review by Leicester City CCG		
Year 4	Fixed funding	£734,000
Year 5	Fixed funding	£734,000

22. The service at Merlyn Vaz Health and Social Care Centre provides 2000 appointments into the system per month.

23. A recent patient experience project conducted by the CCG, which surveyed 63 patients from 25 of the city's practices, found that overall satisfaction with the service was good. The majority of patients reported they preferred to access the hubs in the evenings and at weekends because work or lifestyle commitments.

24. The patient experience project highlighted areas for improvement. Patients suggested the following:

    - Minimise delays in clinics or inform patients if delays are likely

- Make male and female clinicians available during clinic times
- Make it clear to patients what the hub service is and how it works

Challenges to delivering access to primary care services

25. Whilst the CCG has a range of access options available for patients, it is clear that there is still some work to do. Practices report significant numbers of patients who Do Not Attend (DNA) their appointments for core services.

26. Work is underway to understand why patients DNA and to make it easier for patients to change or cancel appointments quickly. Text message reminders for appointments are now regularly used by practices across the city, and are about to start for extended access (hub) appointments

27. As an example DNA rates between July 2018 and October 2018 were are follows:

Month	Numbers of DNA at primary care 'hub' per month
July 2018	342
August 2018	247
September 2018	439
October 2018	582

28. A DNA appointment represents an appointment that could have been used by someone else, and is a waste of resource, making it an important area of focus.

29. Demand on general practice services is rising, due to an increase in the complexity and intensity of work at practice level. Population changes, including an increasingly ageing population who are likely to live longer have an impact on service demand. Patients over the age of 65 are most likely to use primary care services. Patient expectations and a growing culture of immediate access and answers also drive demand.

30. There is the impact of wider changes to services such as community nursing, mental health and care homes, which puts increasing pressure on GP practices.

31. National initiatives such as those detailed in General Practice Forward View (GPFV) are intended to help reduce both demand and pressure on general practice, by providing investment and support to help practices manage the challenges. It is clear though that this investment will take time to have the desired impact.

Conclusion

32. Access to primary care in Leicester city continues to be a focus for the CCG. The work to ensure practices are able to meet the reasonable needs of their patients is well advanced, with the majority of practices showing they are meeting that need. Practices who are not able to evidence a clear pathway for access are the subject of a more focussed approach by the CCG.

33. The CCG commissions extended access to primary care as part of a nationally funded scheme, which shows good patient satisfaction with services overall. The CCG will continue to manage and monitor the effect of those services, working with the provider to ensure patient experience remains good.

34. The CCG recognises the challenges facing primary care in terms of demand for services. The CCG will support and implement national initiatives detailed in GPFV to ensure practices have the support they need to manage demand effectively.

Appendix C1

Diabetes in Leicester

Health and Wellbeing Scrutiny Commission
Date: 15 January 2019
Lead director: Ivan Browne

Useful information

- Ward(s) All
- Report author: Ivan Browne
- Author contact details:Ivan.browne@leicester.gov.uk

Purpose of report

To provide the commission with background information on the scope and impact of diabetes within Leicester City and the current action being taken within the public health division to address the increasing levels of diabetes within the local population

Background

Diabetes is a chronic disease that occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces, leading to hyperglycaemia (raised blood sugar). Hyperglycaemia, if uncontrolled, has a potential to cause severe damage to many of the body's organs and systems, by affecting nerves and blood vessels[i].

There are two main types of diabetes:

Type 1 diabetes (T1D) is where the pancreas doesn't produce any insulin. It usually develops in childhood or adolescence and patients require lifelong insulin injections for survival.

Type 2 diabetes (T2D) is where the pancreas doesn't produce enough insulin or the body's cells don't react to insulin. It usually, but not exclusively, develops in adulthood and is related to obesity, physical inactivity, and unhealthy diet. This is the more common type of diabetes and treatment may involve lifestyle changes and weight loss alone, oral medications or insulin injections. Rising rates of excess weight (obese and overweight) in childhood have been linked to an increase of T2D diagnosis in younger age groups.

Nationally, Diabetes is one of the most common of all chronic medical conditions, it represents a significant problem for health services and it continues to be a significant challenge with around 200,000 new diabetes diagnoses a year. Additionally, those with diabetes experience shorter life expectancies and around 22,000 people with diabetes die early every year

The profile of diabetes in Leicester

In 2018 it was estimated that 30,529 or 11.0% of the 16+ population have diabetes (diagnosed and undiagnosed) in Leicester. This could be expected to rise to 37,634 by 2035 based on current prevalence data.

In March 2017, there were 28,253 patients registered on the primary care diabetes Quality and Outcomes Framework (QOF) registers across 60 practices. Leicester has a higher prevalence of diabetes in its adult population (over 17+ years) – 9.0% compared to 6.7% nationally[ii], with the majority having type 2 diabetes.

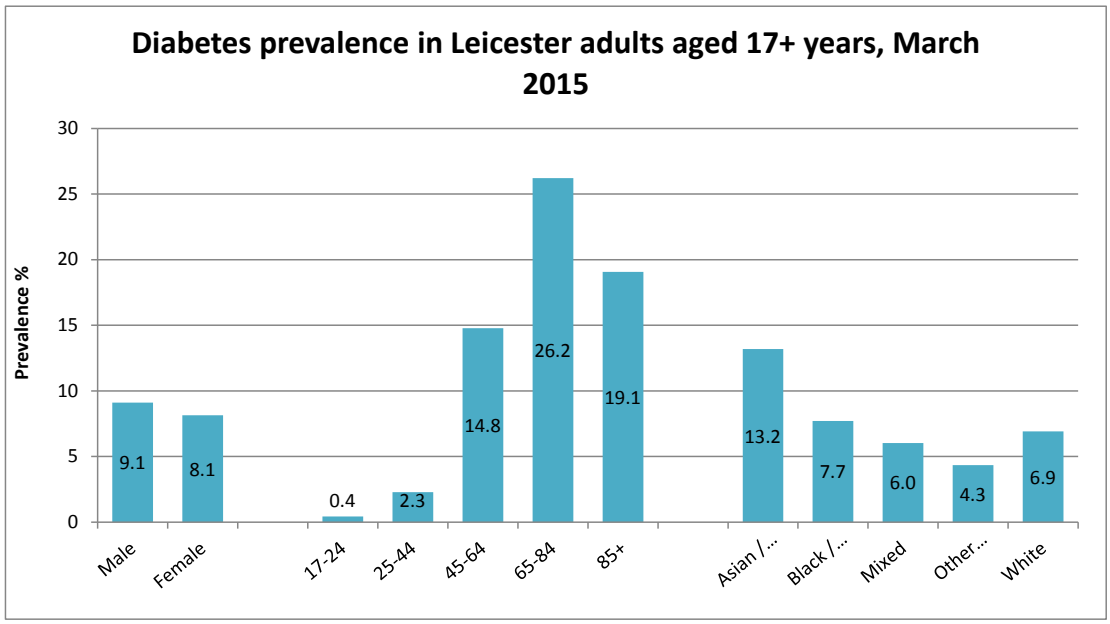
Approximately 22,000 (86%) of these patients are currently managed in primary care and the remaining patients are under the care of the acute service and Integrated Community Diabetic Service.

It is estimated that every year there are approximately 1,000 new cases of diabetes in Leicester City.

Figure 1 below shows that diabetes prevalence in Leicester is:

- More common in older ages where around 1 in 4 people aged over 65 has diabetes;
- More common in the Asian population, where the rate is four times as high as in the White population, even after adjusting for difference in the age structure of these two populations.

Figure 1: Diabetes prevalence in Leicester adults aged 17+ years, March 2015

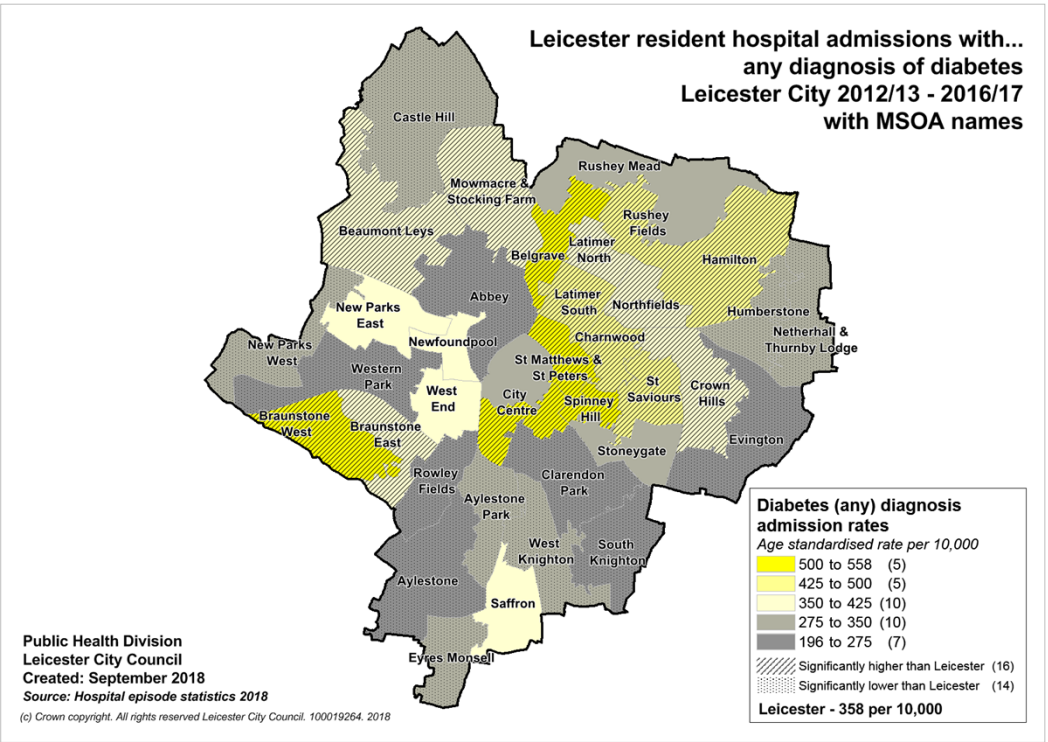


Data: *SystmOne, March 2015*

A proportion of Leicester patients with diabetes will inevitably require emergency hospitalisation at some point in their lives. The latest available NHS benchmarking data (2012/13) indicate that the rate of emergency admission for diabetes in Leicester is very similar to the national average (30/100,000 population). However, there is a significant variation in rates across different population groups, linked to prevalence of risk factors for diabetes. Among over 6,000 diabetes

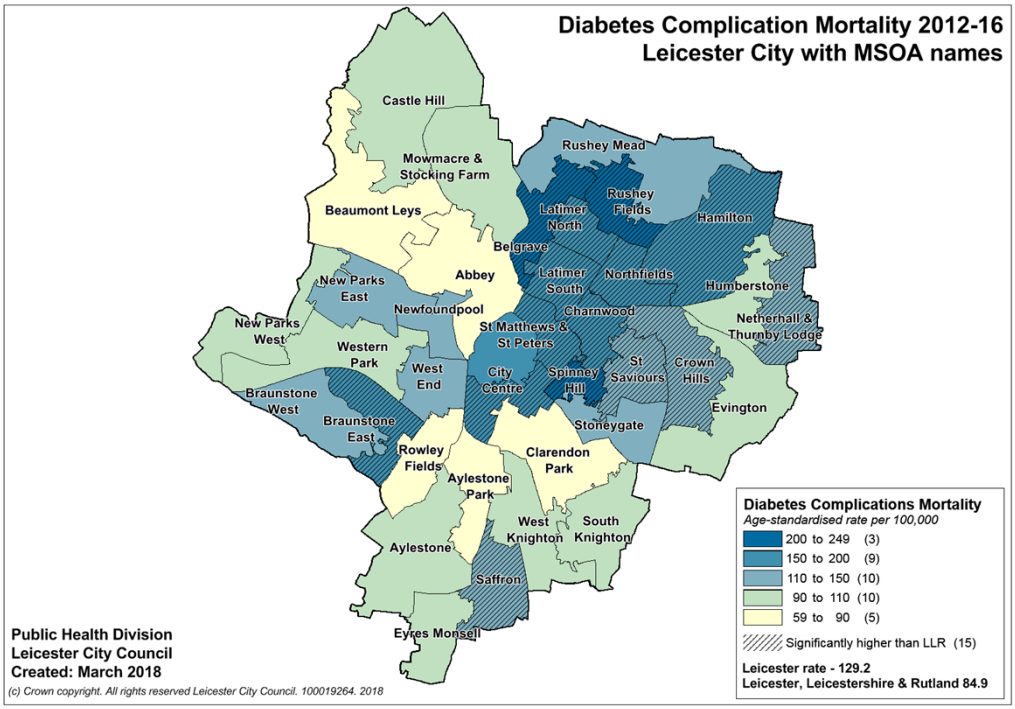
emergency hospital admissions in 2014/15, the majority of involved patients were over 85 years of age, Asian or Asian British residents or those residing in areas of significant socio-economic deprivation.

Figure 2: Hospital admission rates, 2012 to 2016/17: Age standardised rates per 10,000 population



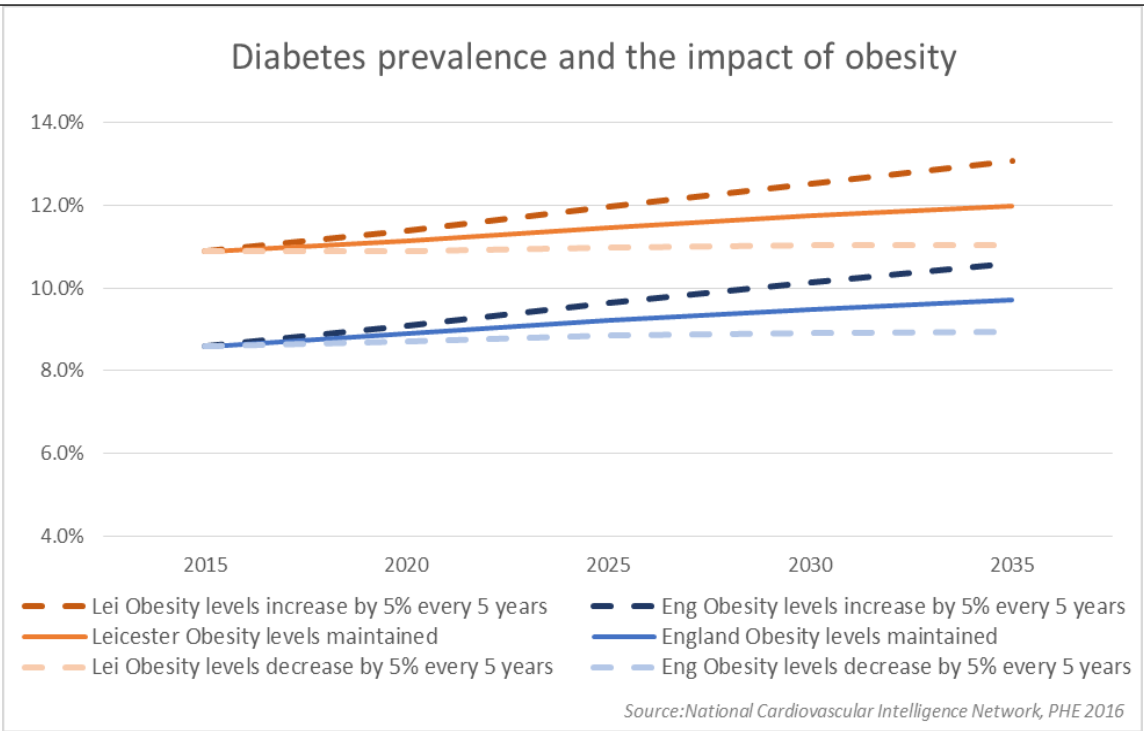
In Leicester there are around 33 deaths per year with an underlying cause of diabetes. Deaths where diabetes complications are a contributing factor are more common at 254 in 2016. The map below shows rates of diabetes related mortality higher in areas with large South Asian populations and areas of high deprivation.

Figure 3: Mortality including diabetes complications as a contributing factor, 2012 to 2016: Age standardised rates per 100,000 population



The primary driver of the increase in type 2 diabetes across the country and within Leicester is the increasing levels of obesity within the population. Figure 4, below, shows the estimated prevalence of diabetes in Leicester, compared to England and the impact changes in obesity will have on forecasted prevalence diabetes[iii].
If current trends in population change and obesity persist, the total prevalence of diabetes in Leicester can be expected to rise to 12% by 2035. If obesity levels were to increase by 5% every 5 years estimated diabetes prevalence would reach 13.1% or 41,100 people. If obesity were to decrease by 5% every 5 years prevalence would be steady at about 11.0% for the period from 2015-2035. Diabetes prevalence in Leicester is forecast to remain higher than rates in England

Figure 4: Estimates of diabetes prevalence and the impact of obesity



Source: *Yorkshire and Humber Public Health Observatory:*
http://www.yhpho.org.uk/diabetesprevtable/default.aspx

Current Public Health Diabetes Related Activities

The Public Health division of Leicester City Council provides and commissions a range of programmes and initiatives which contribute towards the prevention and treatment of diabetes. These programmes primarily focus on reducing levels of obesity and increasing levels of physical activity.

Increasing Physical Activity

- Active Lifestyle Scheme – patients with a long-term condition or who are at high risk of developing cardio-vascular disease are referred by their GP for support with increasing their levels of physical activity. Patients are referred via the healthy lifestyles hub which assesses patients, offers support with lifestyle changes and signposts and refers clients onto relevant programmes within the city.
- The professional sports clubs, Leicester Diabetes Centre and Leicester City Council have formed the Strategic Alliance for Physical Activity. They have recently developed a pledge to commit to tackle type 2 diabetes across Leicester by being healthy role models for fans, supporting fans to make healthy lifestyle choices and working with key partners to provide accessible and inclusive community sessions.
- Beat the Street – An interactive initiative with the aim of increasing physical activity that will launch in 2019. This involves a 6-week game whereby participants can walk, cycle or run to various stations across their area and by tapping their beat the street card can earn points. In other areas the programme has reported a 10% increase in people meeting physical activity guidelines after participating as well as a sustained impact at 1 year.

Weight Management

Weight management programmes are commissioned from Leicestershire Nutrition and Dietetic Service (LNDS), within LPT. These include:

- Lifestyle Eating and Physical Activity Programme (LEAP) a 10-week weight management programme of nutrition-led sessions followed by a physical activity session led by a physical activity instructor. The sessions are free and focus on topics such as portion sizes, food labels and eating out healthily.
- Diet Health and Activity in Leicester (DHAL) a 10-week targeted weight management programme targeting those from South Asian communities.

Both programmes above are subject to eligibility criteria and majority of referrals come from GPs and practice nurses via the healthy lifestyle hub.

Leicester's Food Plan

The Food Plan was launched in 2014 and is currently being revised. It aims to make Leicester a healthy and sustainable food city. This includes supporting people to make healthier food choices across all stages of life, reducing food poverty, developing a vibrant local food and drink economy and promoting the adoption and implementation of healthy and sustainable catering and food procurement practices.

Cities Changing Diabetes

In 2017 Leicester was selected to the first UK city to be part of an international programme to tackle urban diabetes. The council are working closely with Leicester Diabetes Centre, the CCG and many other stakeholders on this programme. Leicester's Cities programme recognises that prevention of type 2 diabetes and other risk factors related to type 2 diabetes is the key to sustainability; therefore Leicester's Cities programme focuses on prevention strategies in addition to supporting those who have already been diagnosed with type 2 diabetes to better self-manage their condition. The programme has the following flagship mission statement:

To raise awareness, educate and train communities to deliver type 2 diabetes prevention and lifestyle education in Leicester City

The aim is being achieved through the following objectives:

1. Risk awareness and identification
2. Early prevention and environmental/public health initiatives
3. Training and sustainability building

Children and Young People

Prevention of diabetes starts in childhood with the development of healthy lifestyles. There are a whole range of initiatives and programmes which aim to support children and their families to develop heathy habits early on. A Children and Young Peoples' Healthy Weight Strategy was launched in 2018. One of the actions from this strategy was to develop the 1000 tweaks campaign which encourages families in Leicester to make small manageable and sustainable changes to their lifestyle via small tweaks. For example, parents and grandparents might pledge to cut out fizzy drinks and replace them with milk or water, or pledge to take their children to the local park at least weekly. Other programmes include "Food for Life" which is based in schools and supports schools to develop a whole-school approach to healthy and sustainable food. Schools are also being encouraged and supported to sign up to the daily mile which gets all children in the school walking or running a mile every day

within curriculum time. The School Sport and Physical Activity Network (SSPAN) support this initiative as well as generally supporting schools to increase levels of physical activity and ensure best use of the School Sport Premium that they receive annually.

Recommendations

Scrutiny members are asked to:

- Note the current health profile of diabetes in Leicester.
- Note the current Public Health initiatives being taken to help in the reduction in the prevalence and severity of diabetes within Leicester.

Financial, Legal and other implications

Financial implications

There are no direct financial implications arising from this report.

Rohit Rughani, Principal Accountant, Ext 37 4003

Legal implications

Climate Change and Carbon Reduction implications

Equalities implications

There are no equalities implications arising directly from the report, as it is for information.

However, it is worth noting that under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in carrying out their activities, they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

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

The definition of disability under the Equality Act 2010 is a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities. Therefore, in some circumstances diabetes may be considered a disability. The report highlights that diabetes is more common in the Asian population, where the rate is four times as high as in the White population, even after adjusting for difference in the age structure of these two populations. There is a specific programme identified within the report which addresses these disparities by ensuring that there is targeted provision available. The PSED is a continuing duty and so the approach should continue to be reviewed, in order to ensure that the provision continues to meet the general aims of the PSED outlined above and the needs of people from across all protected characteristics and, where relevant, specifically in relation to a protected characteristic. The PSED cannot be delegated and, therefore, where services are commissioned it is important to ensure that this continues to inform contract specification and monitoring.

The report refers to an initiative for 2019 called 'Beat the Street', which is currently being equality impact assessed. It also highlights potential changes, in the future, to Leicester's Food Plan. It is recommended that proposals for this are shared, in due course, with the corporate equalities team who can provide advice on any potential equalities implications and the PSED.

Hannah Watkins, Equalities Manager ext. 37 5811

Supporting information / appendices

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

Is this a "key decision"?

No

[i] NHS Choices: https://www.nhs.uk/conditions/diabetes/

[ii] NHS Digital: Quality outcomes framework, 2016-17: http://digital.nhs.uk/catalogue/PUB30124

[iii] National Cardiovascular Intelligence Network Estimating the impact of obesity on diabetes prevalence. Oct 2016

About this briefing

The briefing is part of the Leicester JSNA and is intended to give an overview, based on current available information, of the issues involved and links to further sources of information. This briefing will be reviewed at least annually and we welcome your comments and suggestions for improvement. Please send your comments to Sandie.Harwood@leicester.gov.uk or telephone 0116 454 2023.

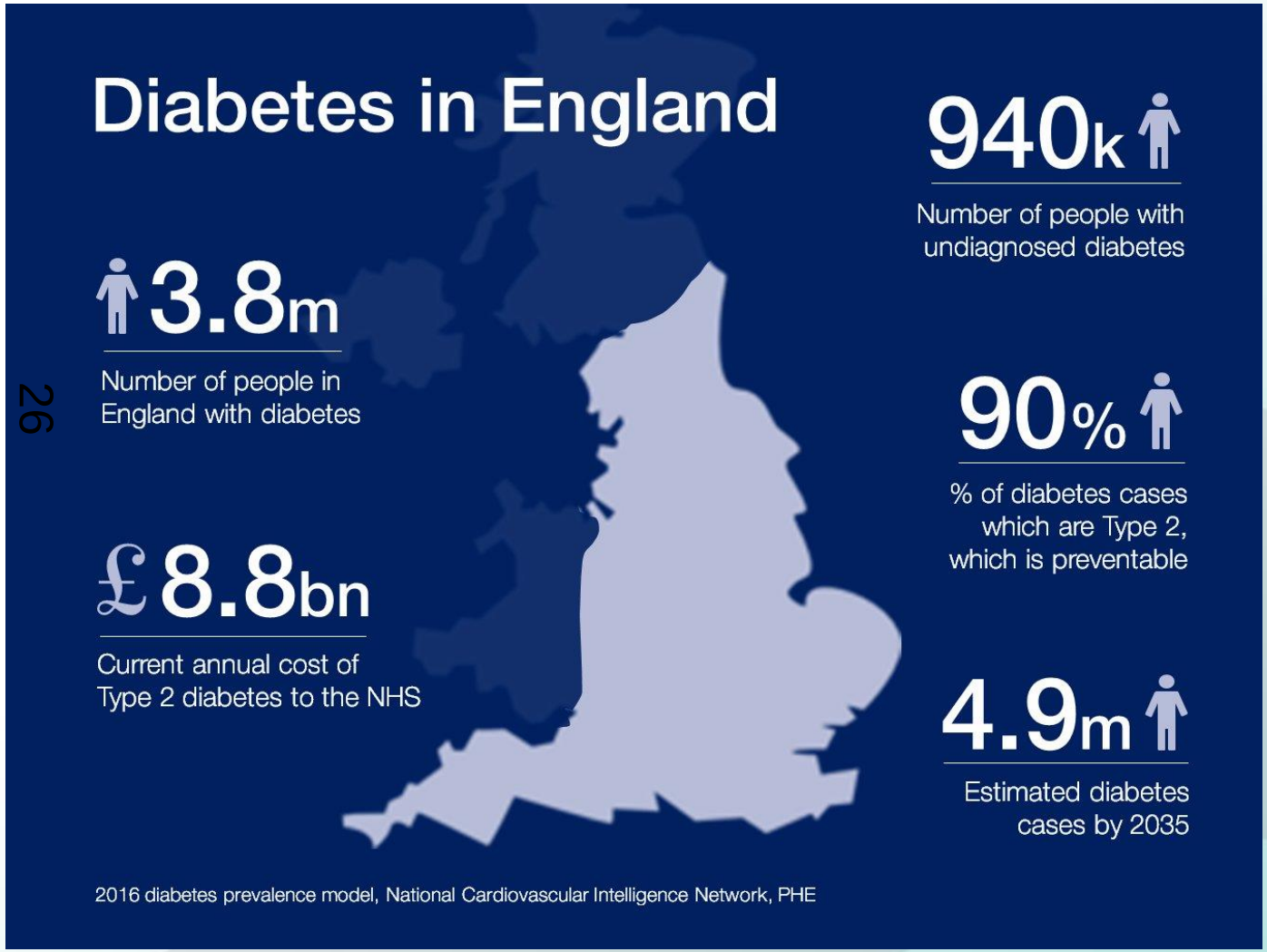
If you would like to join the JSNA email group and be kept up to date with changes and additions to the JSNA webpages, please contact Sandie Harwood: Sandie.Harwood@leicester.gov.uk

This briefing is not statement of policy of either Leicester City Council or Leicester City Clinical Commissioning Group, nor the Leicester Health and Wellbeing Board.

Diabetes in Leicester

Ivan Browne- Acting Director of Public Health

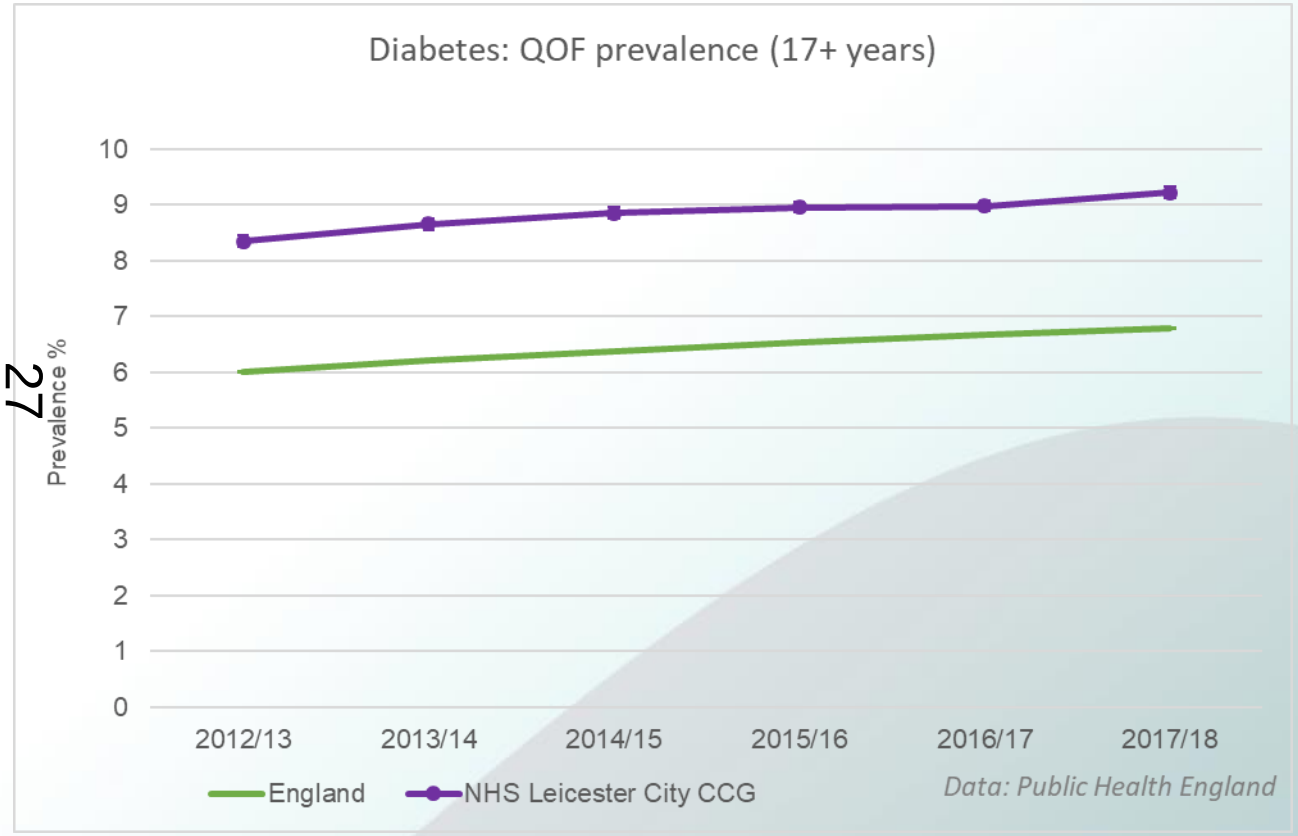
Diabetes



Risk factors for diabetes include:

- Age
- Family history
- Overweight and Obesity
- Ethnicity
- Medical conditions eg CVD
- Deprivation

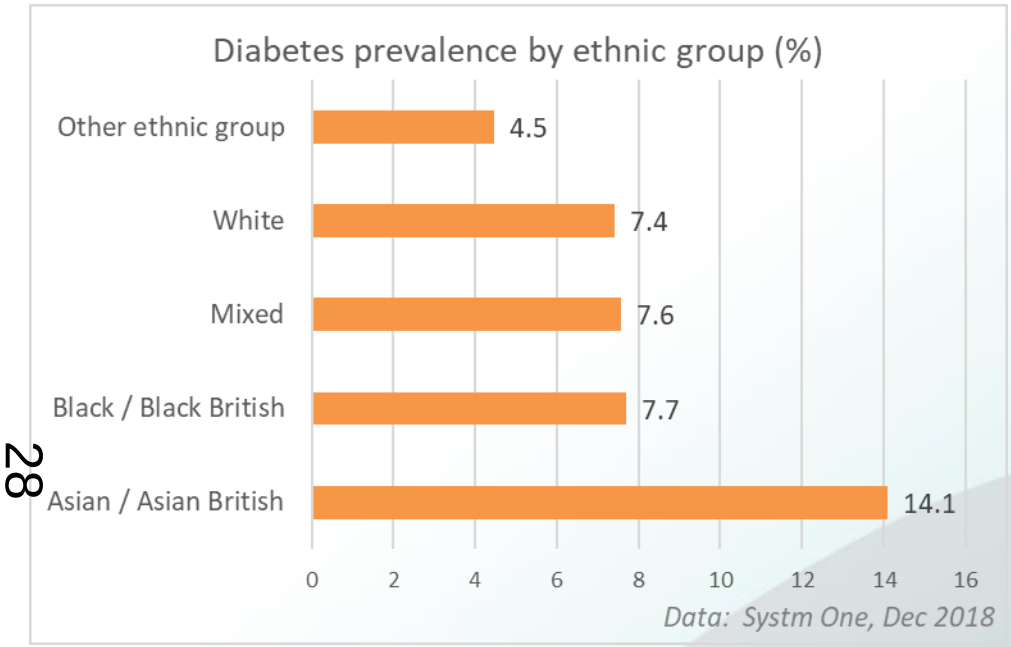
Diabetes Prevalence



Diagnosed Diabetes prevalence in Leicester (9.2%) is significantly higher than England (6.8%) and rising

3rd highest prevalence of 194 CCGs in England

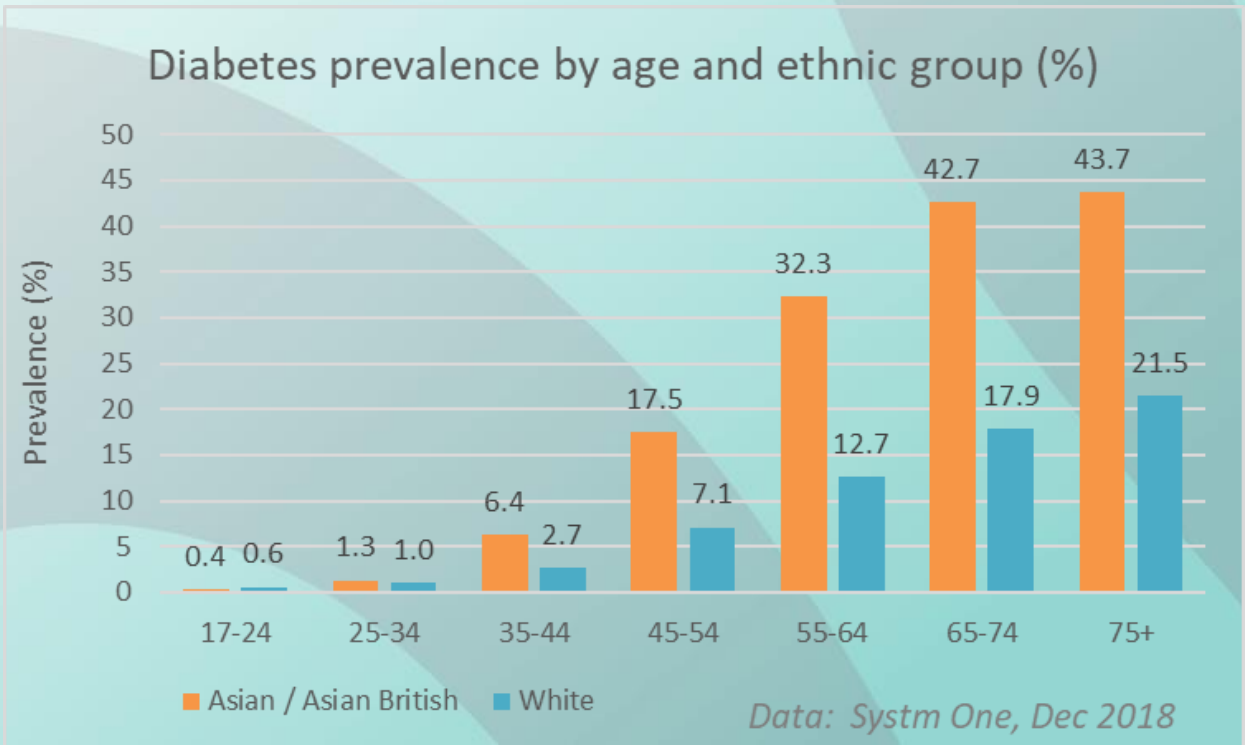
Diabetes prevalence by demographic characteristics



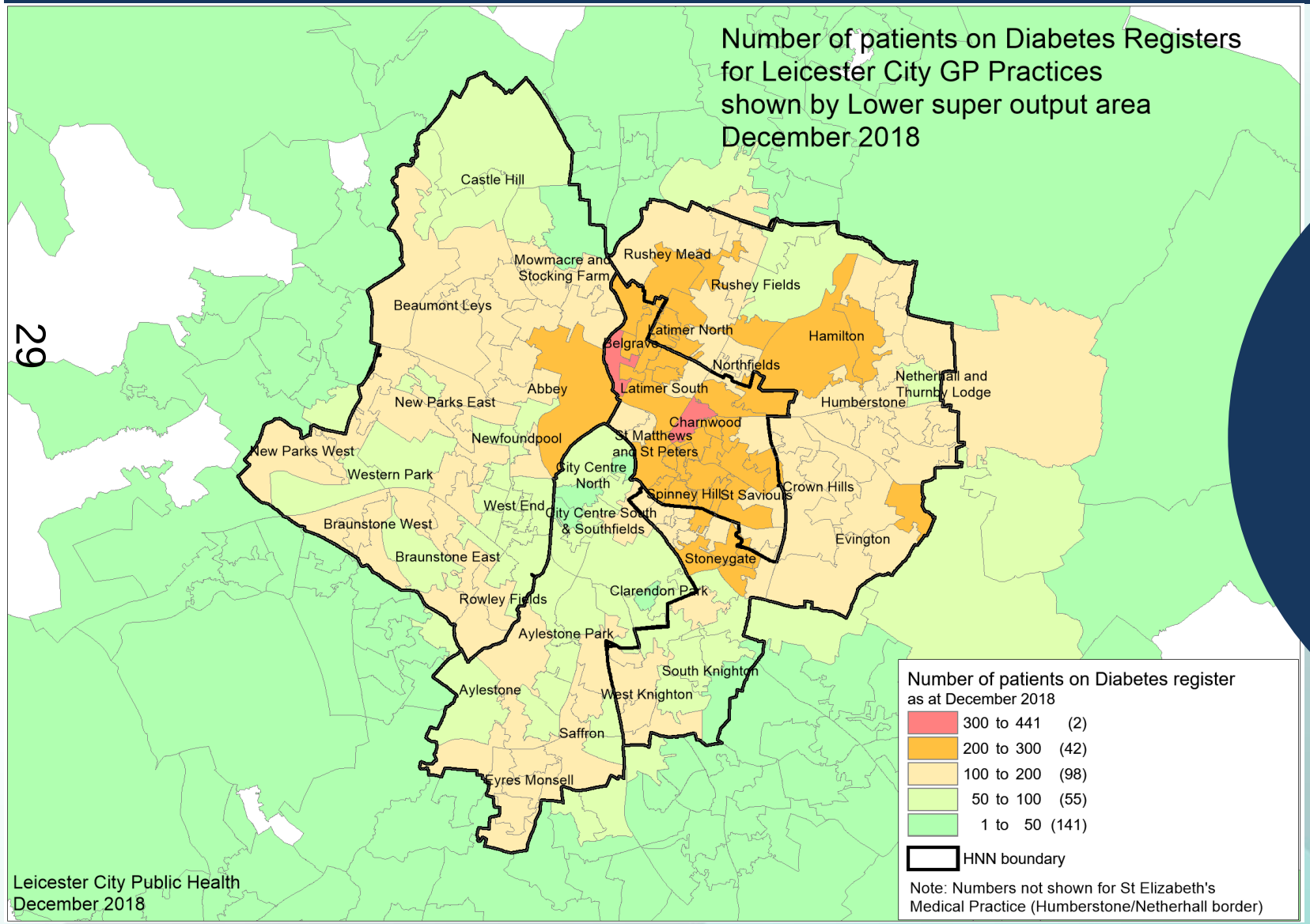
Diabetes prevalence:

- Increases with age
- Rates for Asian patients aged over 35 more than double White patients
- Onset in younger age groups in Asian population

Diabetes prevalence almost double in Asian population compared with White



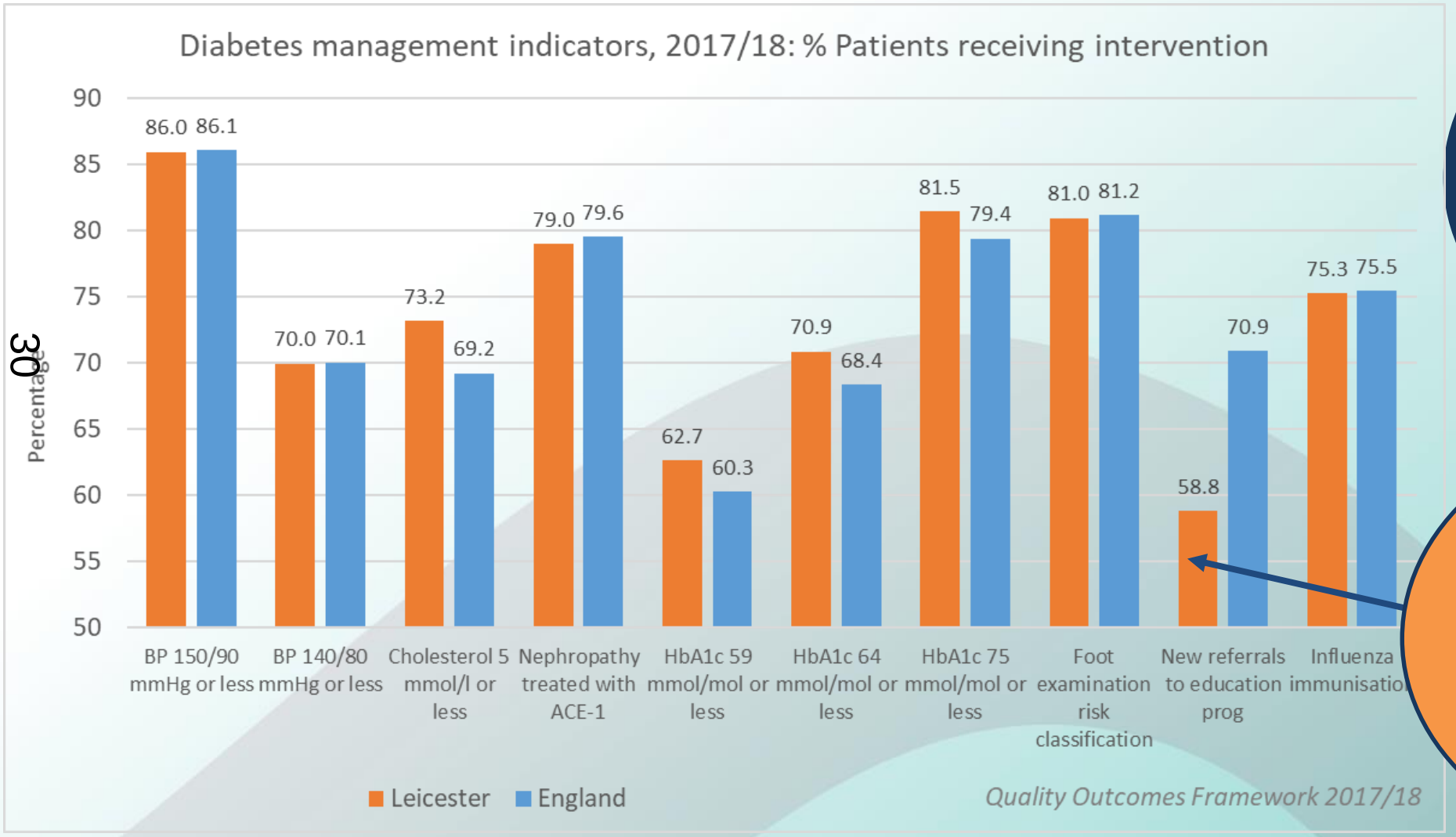
Diabetes across Leicester



Higher numbers of patients with diabetes found in Central HNN and in Hamilton and Rushey Mead

These are areas with high numbers of South Asian patients

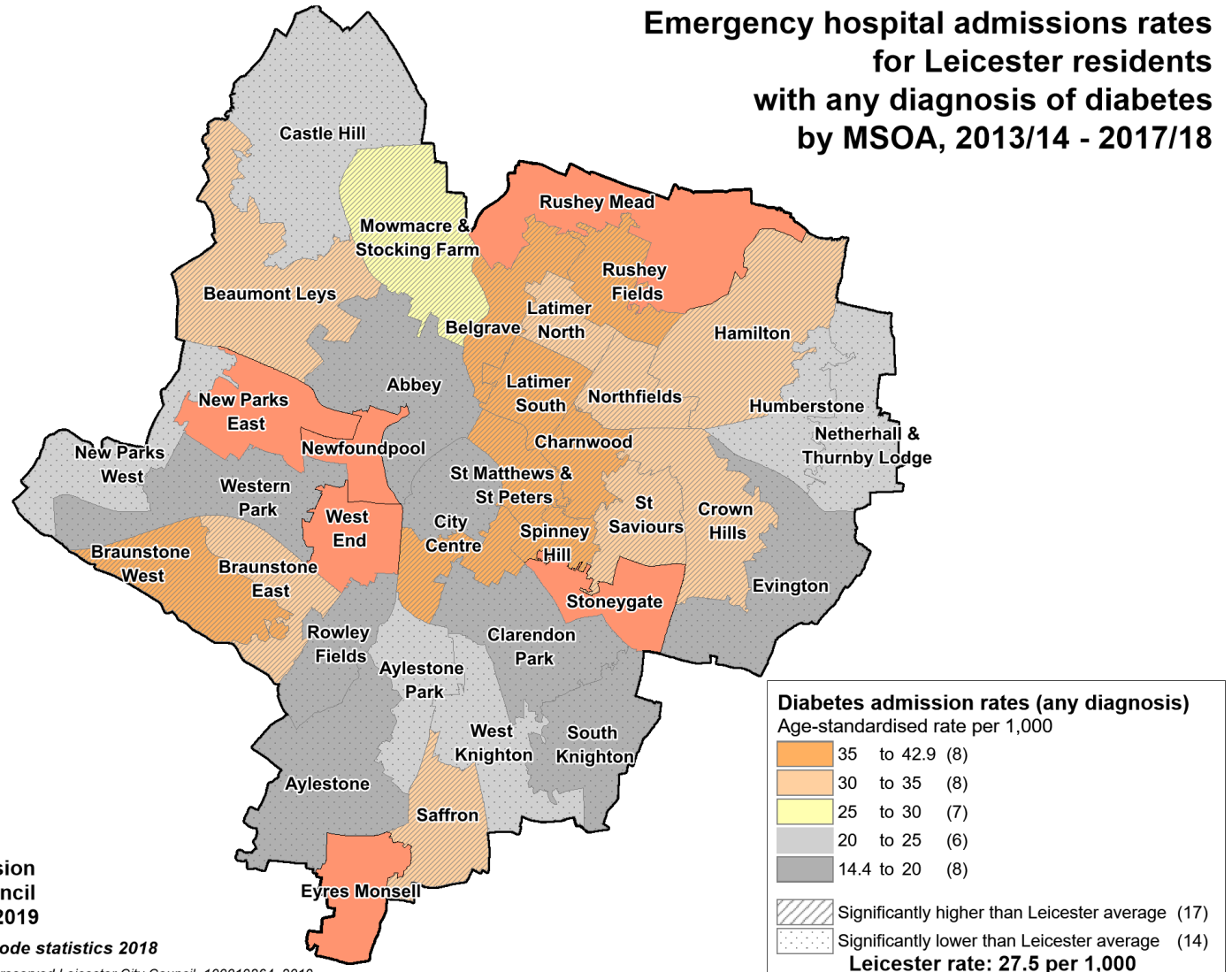
Diabetes Management



Generally, management of diabetes patients in Leicester is similar to national average

Fewer referrals of newly diagnosed patients to an education programme

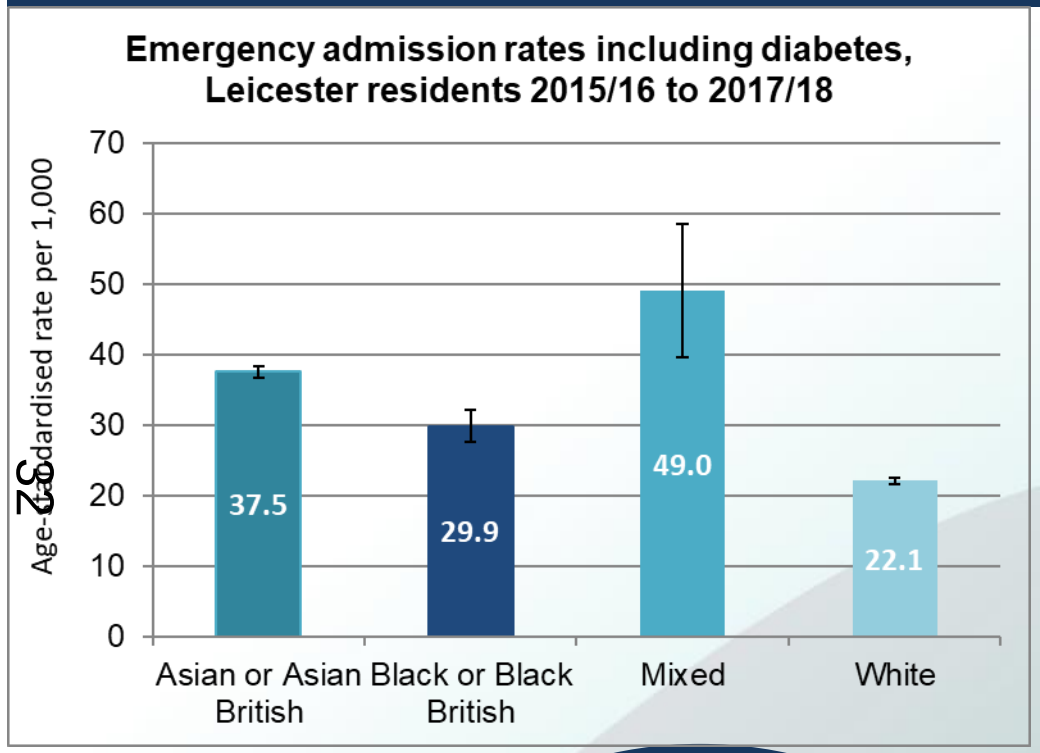
Hospital admissions



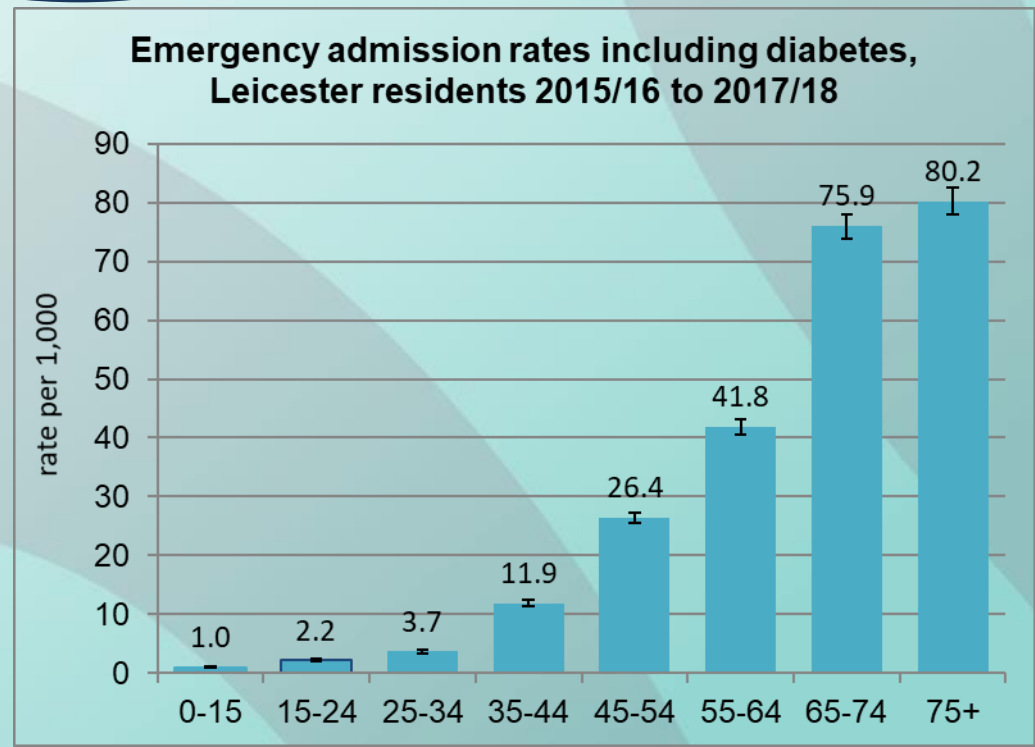
Nearly 7,000 emergency admissions with a primary or secondary diagnosis of diabetes in 2017/18

High emergency admission rates with a diagnosis of diabetes in areas of high prevalence in east and areas of higher deprivation in west (New Parks, Eyres Monsell)

Hospital admissions

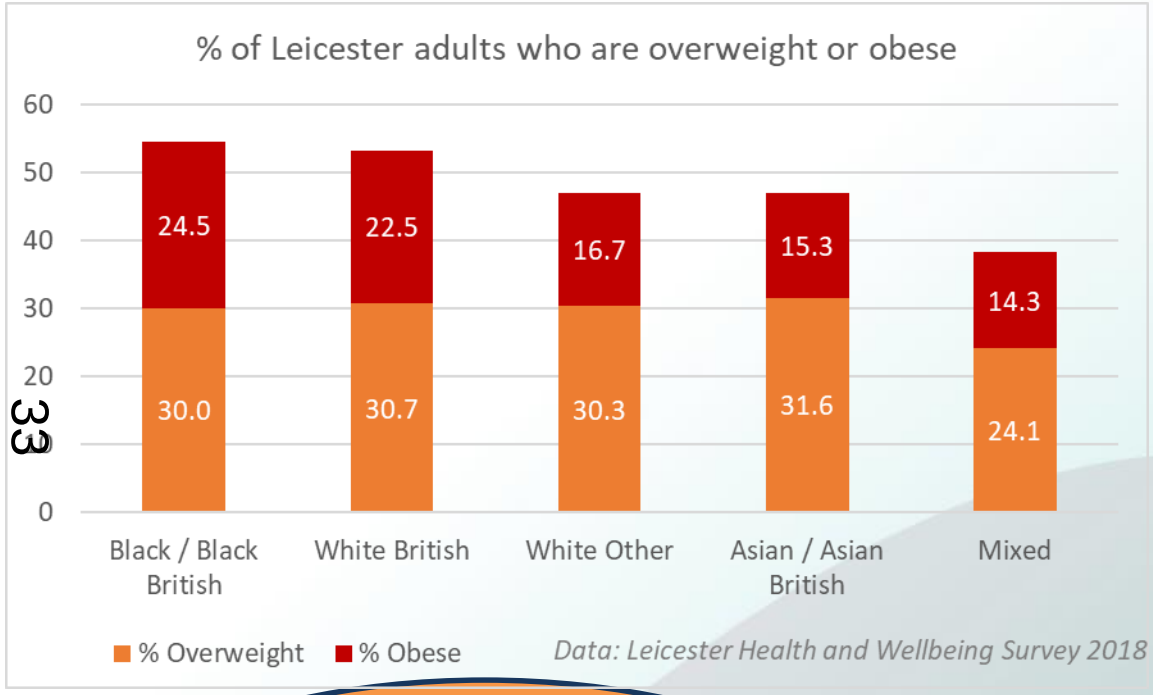


Emergency admission rates increase significantly with age. Rates in over 75s are over double rates in younger ages



Emergency admission rates significantly higher in all BME groups compared with White residents

Lifestyle



Around 1 in 4 White British and Black British are obese
1 in 6.5 Asian British are obese

5 or more portions fruit and veg per day are consumed by:

14% of Asian adults

18% of White British adults

150 minutes of physical activity per week are achieved by:

54% of Asian adults

64% of White British adults

How Leicester City CCG is addressing the diabetes challenge and proactively managing the health of people living with diabetes

National Context

"Diabetes - the epidemic of our times, is a key barrier to improvements in the health of our nation"
Professor Azhar Farooqi – Clinical Lead for Leicester City CCG

1. Improving the management of high cost patients, especially those with long term conditions and a number of comorbidities, is increasingly seen as an important strategy for improving health outcomes and controlling healthcare expenditure in NHS policy. Diabetes is a national, regional and local clinical priority. It is associated with significant morbidity and early mortality. Adults with diabetes have an excess risk of a range of complications including major vascular disease (heart attack and stroke) and microvascular disease (kidney disease, amputation, and retinopathy).

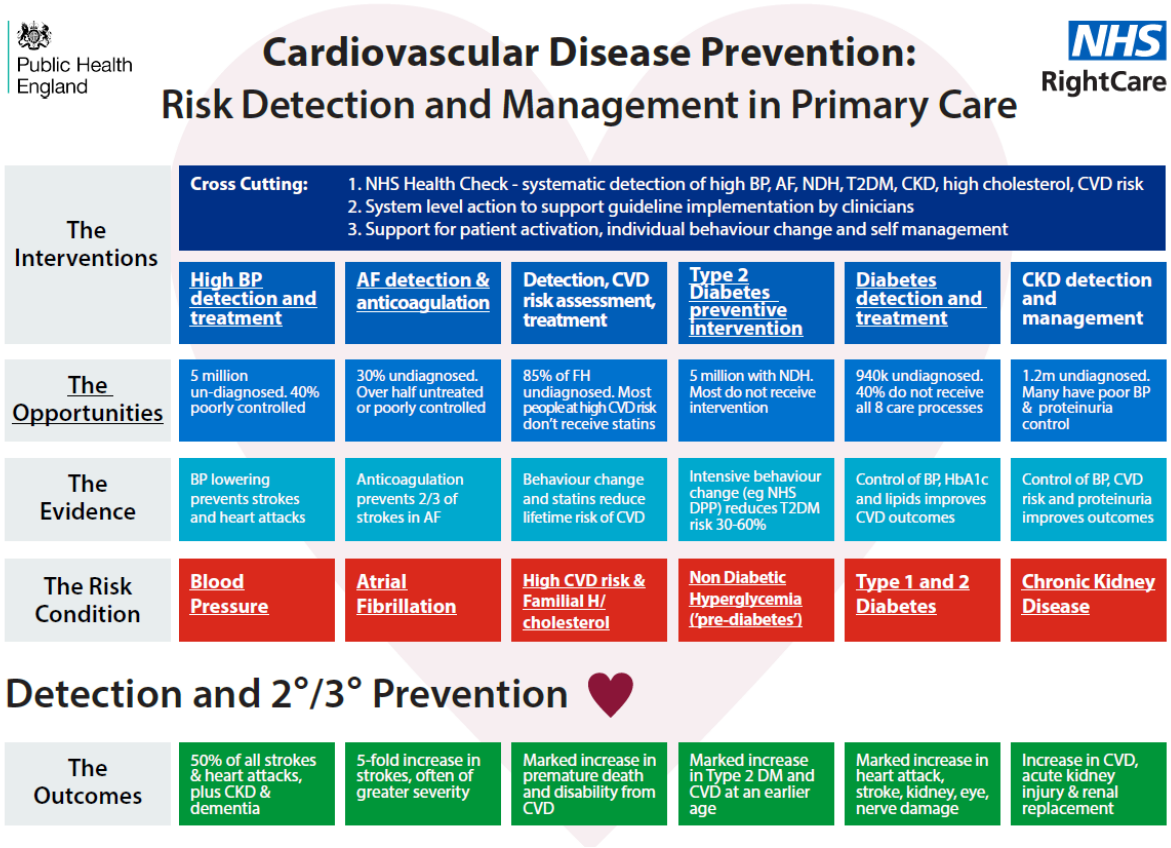
2. Diabetes is a chronic and progressive disorder that impacts upon almost every aspect of life. Leicester City has a very high prevalence of diabetes with 30,381 identified Type 1 and Type 2 patients in December 2018 (up from 26,201 in 2014) and estimated to rise to 40,000 patients by 2030. This is in part, due to our large black and ethnic minority communities (South Asian origin people for example are six times more likely to have diabetes than the general population) and high deprivation in the City.

3. As part of the NHS England RightCare national programme of reducing unwarranted variation in peoples' health and outcomes, an optimal pathway has been developed for cardiovascular disease prevention which includes diabetes. NHS RightCare supports local systems to ensure that the right person has the right care, in the right place, at the right time, making the best use of available resources.

4. The optimal pathway has been developed for cardiovascular disease prevention (CVD) as per the table below:

   Table 1- NHS RightCare CVD Opportunities:

Professor Azhar Farooqi – Chair, Leicester City CCG & Diabetes Clinical Lead
Hannah Hutchinson – Head of Strategy and Implementation
January 2019



5. Leicester City CCG (LCCCG) is at the forefront of innovative and transformation diabetes work and is also working to the criteria within the optimal pathway in terms of prevention, detection and treatment.

Commissioning Priorities:

6. LCCCG has the 4th highest rate of diabetes in the country. In order to support primary care in their delivery of high quality care the CCG has the following in place:
    a. Strong clinical leadership.
    b. Three GP diabetes mentors who lead monthly clinical education meetings (open to all practices) and support practices.
    c. Education programmes for diabetes prevention, Type 1 and Type 2 patients.
    d. EDEN competency based health care professional training.
    e. Significant investment from the NHSE diabetes transformational funds for a 7 day service at UHL and improved patients outcomes in primary care including control of blood pressure, HbA1C and cholesterol (as per the optimal pathway).
    f. 21 enhanced practices in primary care.

Prevention

7. As per the optimal pathway (Table 1) LCCCG has commissioned the Type 2 National Diabetes Prevention Pathway (NDPP), which is designed to empower patients into taking control of their condition.

8. The aim of this programme is to reduce or prevent the onset of Type 2 diabetes in individuals at risk of developing diabetes.

9. LCCCG is the second highest referrer in the East Midlands to the National Diabetes Prevention Pathway (NDPP) with 3477 referrals between April-October 2018. Since implementation of the programme the CCG has exceeded our target for referrals.

Education

10. The CCG has made it a priority to focus on increasing the Type 2 diabetes education attendance from the 15/16 national diabetes audit result of 0.5%to 15.21% in 17/18 and now 30% in 18/19.

11. EMPOWER Type 2 Structured Diabetes Education is provided by Spirit Healthcare for people with Type2 diabetes to help them understand what diabetes is, the effect it has on their body and how to make small achievable changes to the food they eat and their everyday life.

12. Spirit Healthcare has worked closely with the CCG to provide diabetes education to meet the needs of the population, based on the feedback from patients and carers. Some of the ways in which they have done this include:
    - Offering the course in first language in English, Guajarati, Urdu and Hindi and a qualified interpreter when required
    - Online booking portal so patients can book themselves directly onto training and not go through their GP practice (funded from NHSE transformational funds). The online booking page shows dates, times, venues and the language the course is delivered in.
    - With funding from NHSE transformational funds set up a course specifically for 18-35 year olds after undertaking patient and clinical engagement across LLR. This course covers subjects more pertinent to a younger population. There is also a web based offer for this cohort of the population as well which is NICE endorsed and QISMET accredited.
    - Spirit is offering, free of charge to the CCGs, the DoSA (Diabetes for South Asians) course which is specifically for South Asian

communities. They also have a South Asian nurse who runs one of the education programmes to ensure that the courses are all culturally appropriate.

13. Spirit Healthcare currently has a 100% Friends and Family test score. Since the programme started in April 2016 until the current day this score has ranged between 97-100%.

14. Type 1 diabetes education is part of the core UHL contract and the CCG commissions Dose Adjusted Food and Nutrition Education (DAFNE). This is for Type1 diabetes of any age, which involves attending a 5 day training course with other patients in a group.

EDEN health care professional training:

15. Effective Diabetes Education Now! (EDEN) is a service, including comprehensive training packages, which aims to increase competency and knowledge of clinicians and primary care teams and therefore provide patient focused care with improved outcomes. The award winning programme is RCGP accredited, Diabetes UK endorsed and the training is rigorously developed, updated and evaluated. Evaluation scores are consistently above 95%.

16. Training is developed by horizon scanning locally and nationally for priorities and pressures. A choice of blended training (face to face and digital) supports the ever increasing pressures in primary care.

17. The blended approach supports findings from the RightCare packs e.g. increased Three Treatment Target training especially around blood pressure and also supports the CCG agenda with modules being developed, and updates around Diabetes and the Older Person, Foot care and Obesity & Lifestyle Changes to name a few .

18. Since April 2018 EDEN has developed two new eLearning modules: Three Treatment Targets and Hypoglycaemia. The eLearning modules have been developed into a new platform and new interactive formats for a greater learning experience. The courses receive excellent feedback with 100% strongly agreeing /agreeing that their knowledge and confidence had increased following the training.

19. EDEN is working closely with the CCG on supporting practices around the transformational funding initiatives and the innovative primary care work which is taking place through the City.

NHSE Diabetes Transformational Funds:

20. Patients have benefitted from an £800,000 injection awarded by NHS England to the three local CCGs to help standardise, improve and expand diabetes prevention and education services across Leicester, Leicestershire and Rutland.

21. The funding which is part of the NHS England Transformation Fund, is used on supporting GP practices to monitor patients with diabetes in the community, help diabetes patients staying in hospital, and provide more structured education sessions for high risk patients.

22. The funding is utilised to :
    - Focus on structured diabetes education to maximise the number of people receiving tailored education by encouraging more young people aged 18- 35 years to take up these courses.
    - Ensure GP practices are meeting NICE recommended targets to record and monitor blood sugar (glucose control), blood pressure and blood cholesterol in patients at risk of diabetes and those who already have a diagnosis to ensure all GP practices are working in the same way.
    - Expand the current Diabetes Inpatient Specialist Nursing (DISN) service, funding a number of additional posts which will aim to deliver a service from a five working day week to a seven day service.

23. Transformational funding is being spent in the following ways:
    a. Coding and case finding over 2 years - those with diabetes and the potential opportunity to refer into education programmes based on prevalence and register.
    b. Development of a primary care diabetes template which codes patients so accurate data is collected.
    c. Pre-conception diabetes education offered by Oviva for ladies with Type 2 diabetes, who are planning on becoming pregnant.
    d. Religious fasting education being offered by the Leicester Diabetes Centre for a 12 month period.
    e. An innovative under 18s education programme has been developed and is being rolled out by the Leicester Diabetes Centre and then becoming core business through the Best Practice Tariff.

24. Reducing the variation between practices was key to improving better patient outcomes. Work has been done through 2017 to the present day to increase those with the poorest scores (taken from the National Diabetes Audit) with support through:
    - EDEN mentors and trainers;
    - Personalised offers of support for practices at in-house PLT;

- Intensive support from GP mentors;
- In house consultant support around patient outcomes;
- Access for all practices to attend monthly clinical learning sessions.

25. Achievement of the 3 Treatment Targets for patients with Type1 diabetes remains under England averages. Clinicians have highlighted their need for education around the management of people with Type 1 diabetes. According to the National Diabetes Audit the range of achievement for Type 1 diabetes measures ranges from 0 – 100%.

26. On-going training activities to meet these areas under the Three Treatment Target umbrella will continue to ensure alignment between STP and City Eden work for best outcomes for patients.

Enhanced practices in Primary Care:

27. The Leicester City CCG current service model has two types of care in General Practice - 'core' and 'enhanced'. Core care is defined GP diabetes care with referral for anything above the competence / capacity of the practice to hospital based intermediate or specialist care. Enhanced care is delivery of the "necessary nine" categories of care in primary care with only complex patients (referred to as 'super seven') go to specialists in line with agreed criteria. Enhanced practices have minimum training standards and are externally accredited by diabetes mentors (including assessment of organisational standards, staffing levels, audit of KPIs and agreed 'repatriation' of patients in hospital OPD care in liaison with specialists). Only patients requiring specialist care are seen in hospital services.

Service Transformation:

28. The current "core" practices receive a high volume of care for their patients through hospital attendances. Leicester City CCG is working towards expanding the 'enhanced primary care' to 38 of our practices which cover 80% of the diabetic population.

29. Experience is that historically 85% of patients with diabetes are managed in primary care with 15% either shared care or hospital care only. Our enhanced practices now care for 95% of patients solely in primary care. In January 2017, there were a total of 265 non-elective diabetes related hospitalisations across the LCCCG, incurring a cost of £557,284.

30. In order to expand services in primary care the CCG is commissioning the following:

- Bespoke training for primary care by Effective Diabetes Education Now! (EDEN) run from the Leicester Diabetes Centre.
- Have strong clinical and mentoring leadership for primary care through GP diabetes mentors.
- Ongoing mentorship through monthly clinical forum meeting and emails.
- Development of an IT diabetes template as a platform to develop individualised care planning with the patient involvement.
- Tailored deployment of in-reach diabetes clinical team to support practices – this is being provided by UHL.

31. The achievement of enhanced diabetes care in 21 practices is a significant achievement in Leicester City with many deprived and under doctored areas. The CCG has evaluated the work of the enhanced practices and early results include:
    - Reducing admission to hospital due to diabetes related complications including DKA and hypoglycaemia.
    - Reduction in unplanned in-patient bed days due to diabetes related complications among the enhanced group of practices.
    - Higher achievement of treatment targets for glycated haemoglobin, blood pressure and lipids (46.6% of patients in the enhanced practices vs 40.2% in the core practices, p=0.01) and better management of care processes as defined by NICE using recently (with 44.9 % enhanced practices completing the care processes vs 30.5% in the core practices P= 0.03).
    - Increased participation in the national diabetes audit from 40.3% in 14/15 to 88.3% in 15/16 and anticipated to be 98% in 16/17 (although the window for participation has not closed at time of writing).
    - The CCG is also at or near the top of 10 'peer' CCGs in all diabetes performance parameters.

32. Research shows that practices who are enhanced are achieving statistically significantly better outcomes for patients than those who are not (published Seidu S. et al - Primary Care Diabetes 2016).

Other Initiatives:

33. The CCG is also working on a number of initiative projects to support patients living with diabetes and their households / carers. These include:

    - **Cities Changing Diabetes** – *Leicester is the first City in the UK to be part of this international programme*:

This programme recognises that the "world is rapidly urbanising, changing not just where we live, but the way we live. Today, the way cities are designed, built and run risks fuelling the health challenges of their citizens. Urban environments are already home to two-thirds of people with diabetes. This makes cities the front line in the fight against Type 2 diabetes and where we must take action to hold back the alarming rise of the condition". In 2014, three global partners, Steno Diabetes Center Copenhagen, University College London and Novo Nordisk, launched the Cities Changing Diabetes programme to accelerate the global fight against urban diabetes. Leicester is one of the 15 cities to be part of this programme.
http://www.citieschangingdiabetes.com/about/overview.html

- **The Diabetes Village -** *Leicester will be the first City in the UK to be part of this international phenomenon.*
Based on the Steno Diabetes Center Copenhagen and the Endocrine Associates of West Village in New York; Rt Hon Keith Vaz MP, is working with the CCG to try and establish a location for a diabetes village in Leicester. This is likely to be Merlyn Vaz or the Diabetes Centre at the General Hospital. A diabetes village has the opportunity to bring together competencies related to treating people with diabetes (e.g. eye screening and foot care), clinical diabetes research and education programmes under the same roof, thereby offering more integrated treatment to each individual whilst recognising that the GP is still the main person responsible for the patient.

Conclusion:

34. The CCG is addressing the diabetes challenge by working towards the NHS England RightCare Optimal CVD Pathway and providing a local service for our patients from prevention through to education, diagnostics and treatment. Leicester as a City is at the forefront of commissioning innovative and supportive care for patients living with diabetes in the form of the Cities Changing Diabetes initiative and also the future Diabetes Village. This alongside our educational offer to patients and health care professionals, our research capacity at the Leicester Diabetes Centre and highly successful primary care programme places our patients at the centre of care being commissioned.

**** END ****

Professor Azhar Farooqi – Chair, Leicester City CCG & Diabetes Clinical Lead
Hannah Hutchinson – Head of Strategy and Implementation
January 2019

Appendix D

Health & Well-being Scrutiny Commission

Turning Point Performance Report

Date: 15th January 2019

Lead director: Ivan Browne

Useful information

■ Ward(s) affected: All

■ Report authors: Mark Aspey Lead Commissioner, Andy Humpherson; Group Manager – Contracts & Assurance

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■ Report version number: 1

1. Summary

1.1 The purpose of this paper is to provide an update to the Health and Wellbeing Scrutiny Commission on the performance of Turning Point (TP), who are contracted to deliver the integrated substance misuse service.

1.2 The aim of the service is twofold: to build individual recovery and also to reduce alcohol/drug-related harm. Delivery includes specialist substance misuse treatment and recovery support such as mutual aid; and harm reduction measures such as screening for Blood Borne Viruses and the provision of clean injecting equipment.

1.3 There are key indicators relating to treatment:

- numbers in treatment;
- successful treatment completions;
- numbers needing to re-present to treatment;

1.3 Adult numbers in treatment and new presentations remain stable compared to previous years performance, though analysis of unmet need shows a significant number of people do not access the service.

1.4 The provider is on course to achieve the majority of its targets for successful completions and re-presentations in respect of payments by results.

1.5 The number of young people in treatment remains significantly below projected levels of demand, though the position has improved over the course of 18/19 according to local data. A review will take place in early 2019 and this will be included in the proposed Quality Assurance Framework Assessment(QAF).

2. Recommendations

2.1 To note the improving performance and to provide comment on the actions being taken.

3. Background Information & Current Performance

3.1. Contract Management Activity

3.1.1 CaAS have continued to conduct contract management activity with Turning Point (TP).

3.1.2 CaAS tabled a report to the lead members for public health, adult social care and children's services on the 9th April 2018. Actions identified included:

- Presenting quarterly reports to the Public Health DMT.
- Continuing to maintain current levels of contract management and scrutiny.

- Continuing to progress the more detailed work around improving referrals from relevant children's services.

3.1.3 An integral aspect of contract management of this service is the use of data provided by Public Health England's National Drug Treatment Monitoring System (NDTMS). All substance misuse providers upload data to NDTMS. Due to the national restrictions around the publishing of in-year NDTMS data we cannot include 18-19 NDTMS data in this report.

3.2 Performance Update

3.2.1 The following tables detail the performance around treatment, from the start of the contract to the newly available NDTMS data published for Q1 18-19 and the most recent locally available data.

3.2.2 Table A – Adults in Treatment by Substance

	Turning Point		Partnership Wide	
Adults in Treatment	**Contract Year 1**	**Contract year 2**	**Estimated unmet need for Leicester Partnership (national comparison in brackets). Data from PHE 'Diagnostic Outcomes Monitoring Executive Summary'**	
	16-17(started in Q2)	17-18	15/16	17/18
Adults in treatment (YTD) – Drugs	1253	1322	Opiates/Crack 52.9%(49.2%)	Opiates/Crack: 60%(51.7%)
New presentations - Drugs (YTD)	N/A*	498		
Adults in treatment (YTD) - Alcohol	336	373	Alcohol 81.3%(81.3%)	Alcohol: 86.2%((82.9%)
New presentations - Alcohol (YTD)	N/A*	243		
Total in Treatment (YTD)	**1589**	**1695**		
Total New Presentations		**741**		

* New presentations are not able to be calculated in year one, as NDTMS 'severs' the data continuity between the old provider and the new provider, so there is no way to confirm if a service user with TP is actually new or a transferred client.

3.2.2.1 Two key metrics to monitor the contract are the numbers of adults in treatment by substance and the number of new presentations to the service. In treatment numbers are calculated on a rolling year basis, whilst new presentations are calculated on a year to date basis.

3.2.2.2 As previously reported, in year 1 of the contract, there was a significant drop in the number of adults in treatment at the point the TP contract started in Q2 16-17. We know from national evidence provided by Public Health England that this drop occurs in all contract re-commissioning episodes. TP have identified that the previous provider used a lower threshold for defining 'in treatment' than TP, and there is room for interpretation within the national definition. This over-reporting may account for some reduction but is impossible to quantify the extent to which this has impacted on the overall reduction we have seen; a full audit of eligibility decisions cannot be made to accurately assess this, as data at client level is not available to commissioners.

3.2.2.4 Although we cannot report on 18/19 NDTMS data we anticipate new presentations to be along similar lines.

3.2.2.6 Successful Completions

3.2.3.1 Successful completions of treatment is a key function of the contract, and is included within the payment-by–results (PBR) framework. Successful completions are defined as individuals leaving treatment drug/alcohol free. The target for each drug type varies, for non-opiate and non-opiate & alcohol completions, TP are required to meet the local comparator average. For Opiates, the local comparator upper quartile, and the national average for alcohol completions.

The table below shows that over 2017/18 there has been steady progress towards meeting the target rate of successful completions; and this has been exceeded for opiates which represents the largest cohort.

Table B Successful Completions

Proportion of Successful Completions	**Prev. Prov.**	**Contract Year 1**	**Contract Year 2**			Target comparisons for Q4
	Q1 16-17	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18	
Alcohol	37.72%	22.4%	21.9%	34.71%	38.4%	40.12% (National Average)
Alcohol and non-opiate	38.34%	23.5%	22.2%	29.0%	30.28%	33.52%(local comparators)
Non-opiate	37.31%	21.9%	23.3%	29.2%	33.93%	36.99%(local comparators)
Opiate	7.51%	4.2%	5.3%	7.4%	7.66%	7.46%-10.11%(upper quartile)

3.2.3.4 A key function of the PBR framework is that whilst we wish to encourage completions, we do not wish to encourage risky completions and see increased re-presentations. Again, there has been continued progress in 2017-18 and we anticipate this will continue into 2018/19. At Quarter 4 2017/18 the target for all re-presentations was 9.19%(based on comparator data). Turning Point achieved a lower(better) rate of 5.22%.

3.2.4 Table C – Young People in Treatment

3.2.4.1 There continue to be concerns regarding the number of young people in treatment. The tables C and d below show the overall numbers in treatment for 2017/18 and the referral routes for these.

Table C

Young People in Treatment YTD	**Prev Prov.**	**Contract Year 1**			**Contract Year 2**		
	Q2 16-17	Q3 16-17	Q4 16-17	Q1 17-18	Q2 17-18	Q3 17-18	Q4 17-18
In Treatment	124	35	41	18	20	30	37
New Presentations	37	Not relevant in year 1*			7	17	24

Table D

Young People in Treatment-newly taken into treatment each quarter by referrer (NDTMS)	Prev. Pr.	Yr. 1	Yr. 2 2017-18		
	Q4	Q1	Q2	Q3	Q4
Children & Family Services	3	1	1	2	0
Education Services	5	0	0	6	3
Health and Mental Health Services	2	1	0	0	1
Substance Misuse Services	1	0	0	0	0
Youth Offending Services	6	0	2	4	2
Family, Friends & Self	3	1	1	0	1
Other Referral Source	2	0	0	0	0
Total	**22**	**3**	**4**	**10**	**9**

3.2.4.1 There is no specific target in the contract for young people in treatment, and the provider is reliant on referrals from other agencies. Benchmarking suggests that there should be at least 100 young people in substance misuse treatment over a rolling 12 month period. CaAS previously issued a letter setting out the Council's concerns in this area, including the expectation that a significant increase in the number of young people in treatment (to around 80 clients) is seen by the end of September 2018; this was extended to December 2018.

A range of measures are being taken by Turning Point to help address the low numbers of young people, in particular those who are the most vulnerable. These include:

- Collaborative work with schools where there are relatively high numbers of young people being temporarily excluded for substance misuse issues.
- Increased presence within children's homes
- Dissemination of and guidance around a Drug and Alcohol Screening tool('DUST') for the Children's workforce.
- A review and refresh of the 'digital offer' to young people.

3.2.4.2 Data direct from Turning Point which has not been verified by NDTMS would suggest that there has been an encouraging increase in treatment referrals towards the end of 2018.For instance there were 22 referrals in November (although only about half of these will go through to have treatment). Most of these referrals came from schools.

3.2.4.3 Given the recent increase in referrals CaAS have extended the time period for TP to achieve the 80 YP in treatment to the end of December 2018 (Q2). CaAS will review the position with the young person's service at the end of Q3 2018/2019.

3.2.4.4 The quality of Young people's services will feature as part of the CaAS QAF review this year.

3.3 Care Quality Commission Inspection

3.3.1 The Care Quality Commission (CQC) inspected the TP service w/c 5th November 2018. This inspection was expected and will result in a rating of the service for the first time.

3.3.2 Informal feedback has been received via TP, which indicates the inspection was positive.

3.3.4 We are awaiting CQCs final report, which they indicated would take between 5-6 weeks.

3.4 Summary / Next Steps

3.4.1 In summary, CaAS will continue scrutiny of TP, and monitor performance closely. As stated above, TP have been given a further period of three months to improve the number of young people in treatment. CaAS are conducting a thematic review of the young persons' service, including meeting stakeholders and other agencies. Any actions / recommendations arising from this work will be raised with TP to include within the young persons' development plan.

3.4.2 If there is no significant increase in the numbers of young people in treatment, then the Council will need to consider what options are available to it in bringing about improvements in the meeting of need in this area.

4. Details of Scrutiny

No other scrutiny.

5. Financial, legal and other implications

5.1 Financial implications

No financial implications.

5.2 Legal implications

No legal implications.

5.3 Climate Change and Carbon Reduction implications

No implications.

5.4 Equalities Implications

No implications.

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

No implications.

6. Background information and other papers:

No background papers attached.

1. Summary of appendices:

Appendix 1 – Analysis of Unmet Need

Leicester City Council

Council **Date: Draft for 20th February 2019**

General Fund Revenue Budget 2019/20 to 2021/22

Report of the Director of Finance

1. **Purpose**

1.1 The purpose of this report is to ask the Council to consider the City Mayor's proposed budget for 2019/20 to 2021/22.

1.2 The proposed budget is described in this report, subject to any amendments the City Mayor may wish to recommend when he makes a firm proposal to the Council.

1.3 This draft budget has been prepared in advance of the finance settlement for 2019/20 (which has been delayed, and is now expected in mid-December), and the final report will be updated to reflect any new information received.

2. **Summary**

2.1 The Council is enduring the most severe period of spending cuts we have ever experienced. The budget for this year is made more difficult because we do not know the extent of cuts required beyond 2019/20.

2.2 As a consequence of these cuts, the Council's budget (on a like for like basis) has fallen from £358m in 2010/11 to £291m in 2019/20. Despite this, spending on social care is demand led, and numbers of older people requiring care and looked after children have increased over this period. As a consequence, spending on all other services will fall from £192m to an estimated £99m, a cut of 60% in real terms.

2.3 We know from reports of the Institute of Fiscal Studies and our own analysis that government cuts have disproportionately hit the most deprived authorities (such as Leicester).

2.4 Since 2014/15, the Council's approach to achieving these substantial budget reductions has been based on the following approach:-

(a) An in-depth review of discrete service areas (the "Spending Review Programme");

(b) Building up reserves, in order to "buy time" to avoid crisis cuts and to manage the Spending Review Programme effectively. We have termed this the "managed reserves strategy".

2.5 The Spending Review Programme is a continuous process. When individual reviews conclude, an Executive decision is taken and the budget is reduced in-year, without waiting for the next annual budget report. Executive decisions are informed by consultation with the public (where appropriate) and the scrutiny function.

2.6 This approach has served us well. Budgets for the period 2013/14 to 2015/16 contributed over £40m to reserves, which have been used to support budgets since 2016/17 and postpone the maximum impact of government cuts. This has been extended by regular reviews of reserves and other one-off monies available.

2.7 Because of this approach, the Council has sufficient reserves available to balance the budget in 2019/20, and will have some remaining for 2020/21.

2.8 Funding levels beyond 2019/20 are particularly uncertain, with the move to 75% rates retention, the Government's planned funding review and the risk of further centrally-imposed cuts to local government funding (set out in more detail in paragraphs 11.5 – 11.10). There are also significant unknowns around funding for social care services (see paragraph 7.7).

2.9 To mitigate these risks, further savings from the spending review process are being used to extend the managed reserves strategy beyond 2019/20. However, it seems inevitable that medium term budgets cannot be balanced without additional significant cuts.

2.10 As a consequence, the following approach has been adopted:-

(a) The budget for 2019/20 has been balanced using reserves, and can be adopted as the Council's budget for that year;

(b) A further round of spending reviews has commenced ("Spending Review 4"). This has allocated target savings of £20m across departments, plus amounts outstanding from earlier rounds. To date, savings totalling £5.9m have been achieved since February 2018, and built into budget forecasts (see paragraph 6.6)

2.11 **What this means is that, in substance, the budget proposed is a one year budget. Projections of spending and income have been made beyond 2019/20, but they are uncertain and volatile.**

2.12 As we get more information, and greater certainty we will need to plan for future budgets. It is likely that Spending Review 4 will be insufficient.

2.13 In common with other authorities nationally, we continue to face growth in social care costs, and it is not impossible that these services will consume an ever greater proportion of the budget (squeezing out the traditional services provided to the whole community). Government intentions for social care funding beyond 2019/20

are not known; a Green Paper was planned in 2018 (although it has been delayed several times, and the final publication date is unclear), but it will be some time before any reforms have an impact on our costs.

2.14 It should also be noted that there are some significant risks in the budget. These are described in paragraph 17, and to help mitigate these, a contingency of £1m has been included in the 2019/20 budget.

2.15 The budget provides for a council tax increase of 3% in 2019/20, which is the maximum available to us without a referendum.

2.16 In the exercise of its functions, the City Council (or City Mayor) must have due regard to the Council's duty to eliminate discrimination, to advance equality of opportunity for protected groups and to foster good relations between protected groups and others. The budget is, in effect, a snap-shot of the Council's current commitments and decisions taken during the course of 2018/19. There are no proposals for decisions on specific courses of action that could have an impact on different groups of people. Therefore, there are no proposals to carry out an equality impact assessment on the budget itself, apart from the proposed council tax increase (this is further explained in paragraph 10 and the legal implications at paragraph 21). Where required, the City Mayor has considered the equalities implications of decisions when they have been taken and will continue to do so for future spending review decisions.

3. **Recommendations**

3.1 Subject to any amendments recommended by the Mayor, the Council will be asked to:-

(a) approve the budget strategy described in this report, and the formal budget resolution for 2019/20 which will be circulated separately;

(b) note comments received on the draft budget from scrutiny committees, trade unions and other partners *(to be added for final budget report)*;

(c) approve the budget ceilings for each service, as shown at Appendix One to this report;

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

(e) note my view that reserves will be adequate during 2019/20, and that estimates used to prepare the budget are robust;

(f) note the equality implications arising from the proposed tax increase, as described in paragraph 10 and Appendix Four;

(g) approve the capital strategy, and associated prudential indicators, described in paragraph 19 and Appendix Three;

(h) emphasise the need for outstanding spending reviews to be delivered on time, after appropriate scrutiny;

(i) agree that finance procedure rules applicable to trading organisations (4.9 to 4.14) shall be applicable only to City Catering, operational transport and highway maintenance.

4. **Budget Overview**

4.1 The table below summarises the proposed budget for 2019/20, and shows the forecast position for the following three years:-

	2019/20 £m	2020/21 £m	2021/22 £m
Service budget ceilings	263.5	257.0	256.4
Corporate Budgets			
Capital Financing	5.5	5.9	6.1
Miscellaneous Central Budgets	(3.1)	(2.8)	(2.7)
Corporate Contingency	1.0		
Education Funding Reform	3.8	3.8	3.8
Future Provisions			
Inflation		4.4	8.8
Planning provision		3.0	6.0
TOTAL SPENDING	**270.8**	**271.4**	**278.5**
Rates Retention			
Business Rates	62.4		
Business rates top-up grant	46.7		
Revenue Support Grant	28.4		
Subtotal – Rates Retention	137.4	138.0	137.8
Council Tax	113.6	116.7	119.8
Collection Fund deficit	(0.8)		
New Homes Bonus	6.7	5.2	4.8
Social Care grant (see below)	4.3		
TOTAL RESOURCES	**261.2**	**259.9**	**262.3**
Underlying gap in resources	9.6	11.5	16.2
Demographic Pressures reserve	(3.4)		
Managed Reserves Strategy	(6.2)		
Gap in resources	**NIL**		
Projected tax increase	3.0%	2.0%	2.0%

* Some of the social care grant funding has conditions attached, and some new spend (to be agreed with Health services) will be required.

4.2 The budgets from 2020/21 are presented in broad terms only, as from 2020/21, the current business rates retention scheme will be replaced. We do not yet know the format of the new scheme – the table above assumes further cuts of £3m per year in real terms in each of 2020/21 and 2021/22.

4.3 The position in 2020/21 and 2021/22 is particularly volatile, and the above figures assume (in effect) that the Government will provide sufficient funding to meet demographic pressures in adult social care, and that the growth in looked after children costs can be contained. If this is not the case, and deeper cuts are also required, the gap in 2021/22 could increase from £16.2m to anything up to £50m.

5. Council Tax

5.1 The City Council's proposed tax for 2019/20 is £1,552.17, an increase of just below 3% compared to 2018/19.

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

5.3 The total tax bill in 2018/19 for a Band D property was as follows:-

	£
City Council	1,506.98
Police	199.23
Fire	64.71
Total tax	**1,770.92**

5.4 The actual amounts people are paying in 2018/19, however, depend upon the valuation band their property is in and their entitlement to any discounts, exemptions or benefit. Almost 80% of properties in the city are in band A or band B.

5.5 The formal resolution will set out the precepts issued for 2019/20 by the Police and Crime Commissioner and the fire authority, together with the total tax payable in the city.

6. Construction of the Budget

6.1 By law, the role of budget setting is for the Council to determine:-

(a) The level of council tax;

(b) The limits on the amount the City Mayor is entitled to spend on any service ("budget ceilings").

6.2 The proposed budget ceilings are shown at Appendix One to this report.

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

6.4 The ceilings for each service have been calculated as follows:-

(a) The starting point is last year's budget, subject to any changes made since then which are permitted by the constitution (e.g. virement);

(b) Decisions taken by the Executive in respect of spending reviews which are now being implemented have been deducted from the ceilings;

(c) Increases in pay costs. While the "headline" pay increase for most local government employees is 2%, the pay spine is being revised from April 2019 to ensure it is compliant with the National Living Wage. The average increase is therefore higher at around 2.4%, weighted towards areas that have a greater proportion of employees on lower pay grades.

6.5 Apart from the above, no inflation has been added to departments' budgets for running costs or income, except for an allowance for:-

(a) Independent sector adult care (2%);
(b) Foster care (2%);
(c) Costs arising from the waste PFI contract (3.4% - RPI).

6.6 The following spending review decisions have been formally taken since February 2018, and budgets reduced accordingly:-

	18/19 £000	19/20 £000	20/21 £000	21/22 £000
Spending Reviews 1 to 3:				
Neighbourhood Services	109	164	419	419
Sports Services	-	250	550	1,200
Sexual Health Services	-	555	555	555
Lifestyle Services	475	1,080	1,080	1,080
Spending Review 4:				
Corporate Resources	886	886	886	886
Adults Social Care	1,067	1,612	1,612	1,612
Regeneration & Culture	67	166	116	116
	2,604	**4,713**	**5,218**	**5,868**

Savings realised in 2018/19 are being used to support the managed reserves strategy into 2019/20 and 2020/21.

6.7 The latest round of spending reviews ("Spending Review 4") has asked departments to prepare plans to save an additional £20m, as well as completing outstanding reviews from earlier rounds.

7. How Departments will live within their Budgets

7.1 The role of the Council is to determine the financial envelopes within which the City Mayor has authority to act. In some cases, changes to past spending patterns are required to enable departments to live within their budgets. Actions taken, or proposed by the City Mayor, to live within these budgets are described below.

Adult Social Care

7.2 In common with adult care services across the country, the department faces significant cost pressures. These principally arise from:-

(a) Demographic growth – an ageing population means the number of older people potentially requiring care is increasing (which has been the pattern for many years);

(b) More people living longer, but doing so in many cases with multiple health conditions that increase the level of care and support required (not just in older people, but more prominently for adults of working age who are supported by the department);

(c) The impact of the increasing needs of services users as their conditions deteriorate over time. This is very significant with year on year increases in care package costs of 2.5%, 3.4% and 5.3% in the three years from 2015/16 to 2017/18. The current projection for 2018/19 is 6%;

(d) Increasing numbers of service users with mental health conditions, with increases of more than 5% in 2016/17 and 2017/18.

7.3 In addition, the National Living Wage (NLW) has been increasing in stages to reach 60% of median earnings by 2020. The Low Pay Commission, which recommends rates, estimates that the NLW will reach this target at a rate of £8.62 per hour by 2020/21. The series of increases in the NLW has created pressures for independent sector care providers, who seek to pass the cost on to local authorities. We have no knowledge of the Government's intention regarding the National Living Wage beyond 2020/21 (the Chancellor announced a review in the 29th October budget).

7.4 In 2019/20, the above pressures are expected to result in additional spending needs of £5m to £6m. Further pressure is anticipated from reduction in joint funding income from the NHS, estimated at £2m. Nonetheless, the proposed budget will enable the department to live within its resources:-

(a) In 2016/17, a four-year growth package was approved by the Council. The final tranche of £2.8m is due in 2019/20;

(b) The Government is providing additional monies through the Better Care Fund.

7.5 Additionally, the department is supporting its own budget pressures and contributing to the Council's Spending Review Programme. Measures to support its own pressures include achieving staffing reductions of 20% (whilst maintaining

stability), increasing productivity and empowering and supporting practitioners to take decisions and manage risk effectively on cost effective care packages. Overall management of the departmental budget means that some funding will be available to support the budget in 2020/21, after the current round of the Better Care Fund has ceased. The department has not overspent since 2015/16, unlike many adult social care departments elsewhere.

7.6 The department has so far contributed £1.6m of savings towards the new Spending Review 4 Programme, and proposals are being considered to review charging and non-statutory support to supported housing.

7.7 Beyond 2019/20, attempting to budget for adult social care is a near impossibility. The current round of BCF ends after 2019/20; the Government recognises that there is a looming crisis, but the promised green paper to put the sector on a sustainable footing has now been delayed for over 12 months. The pressures, however, continue to grow: if there is no replacement for BCF whatsoever, the shortfall could amount to anything up to £30m by 2021/22.

City Development and Neighbourhoods

7.8 The department provides a wide range of statutory and non-statutory services which contribute to the wellbeing and civic life of the City. It brings together local services in neighbourhoods and communities, economic strategy, strategic and local transportation, tourism, regeneration, the environment, culture, heritage, libraries, adult learning, housing and property management.

7.9 Historically, the department has been able to live within its budget. The nature of the department's services is such that it does not experience the same financial volatility as social care services.

7.10 The department is a major contributor to the Spending Review Programme. To date, it has achieved £18.7m in earlier rounds of the programme and has a target of £7.4m to achieve in respect of Spending Review 4.

7.11 In 2018/19, for the first time, the department needed to achieve savings to enable it to live within its resources. This arose from budget pressures in waste management, bereavement income, market income and community services income. The approach taken by the department was to make additional spending review savings (in effect, increasing its target to £8.8m). Savings already achieved as part of the Spending Review 4 Programme now mean the department is able to live within its budget and can achieve further savings to support the corporate position. This is expected to include further review of investment properties, new pay and display bays, an efficiency review of the museums service, and increased enforcement of bus lanes and urban clearways.

7.12 There is, nonetheless, a temporary pressure within the budget because the (completed) technical services review is taking longer to implement than anticipated. This pressure is being managed by means of additional short-term income generated by capital programme work.

Health and Wellbeing

7.13 The health and wellbeing division consists of core public health services, together with sports and leisure provision. It is partly funded from public health grant and partly from the general fund.

7.14 Public health grant has been falling, and a further reduction of £0.7m is anticipated in 2019/20. In 2020/21, public health grant is expected to cease, and the money consolidated into the new 75% Business Rates Retention Scheme. This, however, remains uncertain as it is subject to agreement between the Ministry of Housing, Communities and Local Government; and the Department of Health – the latter may wish to impose requirements on how former public health grant is spent in the future. We have no indication of the equivalent amount of grant we will receive in 2020/21.

7.15 The department has completed all outstanding reviews from the earlier stages of the Spending Review Programme. Reviews of sports services, sexual health services and lifestyle services have all been completed in 2018/19, and have collectively contributed £2.8m to the Council's ongoing budget reductions. These reviews are now in the process of implementation. The department is able to manage within its budget for 2019/20 although it is facing cost pressures of around £120k associated with an increase in licensed drug treatment costs, as well as an estimated £570k as a result of the national pay award for NHS staff working in services commissioned by the Council. This has been escalated nationally to the Department of Health & Social Care, Public Health England and the LGA as a 'new burden' on local government which cannot be met within the existing grant without further service reductions.

7.16 The department is expecting to contribute to the Spending Review 4 Programme, with a key area being review of services provided to children aged 0-19 (to be complete for the start of a new contract in 2020/21).

Corporate Resources and Support

7.17 The key challenge facing the department is to be as cost effective as possible, in order to maximise the amount of money available to run public facing services. The department has achieved £8.6m of savings since 2011/12 in earlier phases of the spending review programme, and is expected to save a further £3.3m as part of the Spending Review 4 Programme. £1m of this has already been achieved.

7.18 The department will manage within its budget ceilings for 2019/20, having absorbed new spending pressures. These pressures include:-

(a) Additional legal posts to manage workload (£0.4m) which will be met from a combination of charges to the HRA, charges to the capital programme and a review of working arrangements. A further £0.4m for childcare lawyers is being funded from within existing budgets;

(b) The department is paying £0.5m per year on an offsite benefits processing contract. The need for this arises from difficulties in retaining staff (the service has a limited "shelf life", given the move to Universal Credit) and the

need to improve performance and increase available subsidy. It is anticipated that the cost will be met from savings achieved;

(c) Reductions in housing benefit administration grant will be compensated by departmental reserves in 2019/20. We do not know what grant arrangements beyond 2019/20 will be.

Children's Services

7.19 In common with authorities across the country, increasing demand for social care services is putting considerable pressure on the budget of the department (and of the Council).

7.20 Without additional funding the department will be facing an impossible task of meeting pressures estimated at £10m to £11m in 2019/20. The key cost pressures facing the department are:-

(a) Social care placement costs, where there is a pressure of some £6m. This is a combination of increasing numbers of looked after children with new entrants to care averaging 260 per annum in recent years (this level is now being reduced because of referral of cases to new therapeutic intervention teams); continued reliance on independent fostering agents (over 20% of total foster care placements); and the number of children in external residential placements (although this has reduced from 40 to 36 since the beginning of 2018/19, at the time of writing);

(b) Pressures in respect of transport costs for looked after children and SEN pupils (around £2m);

(c) Continued pressures as a consequence of inability to recruit social workers, and the need to use agency staff while we "grow our own";

(d) Pressures of £2m from previous years which have been dealt with by one-off money (these, themselves, arise from the same issues described above).

7.21 Pressures on children's social care has started to be acknowledged by the Government, and funding made available for social care in 2019/20 is now also (expressly) intended for children's social care as well as adult care. The need for the Government to increase funding in this area continues to be made by us, and the LGA. Nonetheless, the director is reviewing options to reduce costs on a permanent basis with a view to bringing the department back to within its budget in later years (there is no expectation of any contribution to the authority's spending review targets).

7.22 Measures being considered to reduce costs include:-

(a) Continued development and extension of therapeutic intervention teams by adding a further Multi-Systemic Therapy Child Abuse and Neglect team (now operational); and a Functional Family Therapy Child Welfare team

(also now operational). It is expected that these teams will divert 80 children from care per year;

(b) Reducing the use of independent fostering agencies by increasing the number of internal foster carers. We will be reviewing our approach to recruitment, and are targeting a net increase of 10 placements per year;

(c) Continuing to reduce external residential placements: a process of challenge has been introduced by means of a monthly placements panel;

(d) Investigation of options to reduce transport costs and promote independence.

7.23 In 2019/20, the budget will be supported by use of £4.4m of one-off monies held by the department, and a corporate contribution of £6m. The longer-term position will be developed in early 2019, in the light of emerging Government proposals for public spending. Proposals will be shared with the Children, Young People and Schools' Scrutiny Commission as they develop.

8. Corporately held Budgets

8.1 In addition to the service budget ceilings, some budgets are held corporately. These are described below (and shown in the table at paragraph 4).

8.2 The budget for **capital financing** represents the cost of interest and debt repayment on past years' capital spending. This budget is not controlled to a cash ceiling, and is managed by the Director of Finance. Costs which fall to be met by this budget are driven by the Council's treasury management strategy, which will be approved by the Council in February, and are affected by decisions made by the Director of Finance in implementation of this policy.

8.3 Capital financing costs have reduced significantly from previous years; predominantly, this is the result of implementing a change in the minimum revenue policy provision that the Council is required to set aside to repay debts (in effect, the saving means that debt is being repaid more slowly). This policy was approved by the Council in November 2015, but implementation was deferred until now. In addition, interest on investments is higher due to a combination of higher interest rates and higher cash balances than anticipated.

8.4 A one-off **corporate contingency** of £1m has been created in 2019/20 to manage significant pressures that arise during the year. This is particularly appropriate given the scale of reductions departments are having to make.

8.5 As set out in previous budget reports, **education funding reforms** have reduced the amount available to support centrally-managed services for schools and pupils. Whilst the Children's Services department is making reductions to school improvement services, the savings will not meet the full amount of the funding reductions and therefore a provision of £3.8m has been created to manage the shortfall.

8.6 **Miscellaneous central budgets** include external audit fees, pensions costs of some former staff, levy payments to the Environment Agency, bank charges, monies set aside to assist council taxpayers suffering hardship and other sums it is not appropriate to include in service budgets. These budgets are offset by the effect of charges from the general fund to other statutory accounts of the Council (which exceed the miscellaneous costs, but are reducing over time).

9. Future Provisions

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

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

(a) Pay awards in 2020/21 and 2021/22. It is assumed that local funding will be required equivalent to 1% per annum;

(b) A contingency for inflation on running costs for services unable to bear the costs themselves. These are: waste disposal, independent sector residential and domiciliary care, and foster payments.

9.3 A **planning provision** has been set aside to manage uncertainty. Our general policy is to set aside a cumulative £3m per year, each year for the duration of the strategy. This can then be removed in subsequent budget reports, to the extent that it has not been utilised elsewhere. In recent years, it has been used to deal with the impact of education funding reform, and with continuing cost pressures in social care.

10. Budget and Equalities (Hannah Watkins)

10.1 The Council is committed to promoting equality of opportunity for its residents; both through its policies aimed at reducing inequality of outcomes, and through its practices aimed at ensuring fair treatment for all and the provision of appropriate and culturally sensitive services that meet local people's needs.

10.2 In accordance with section 149 of the Equality Act, the Council must "have due regard", when making decisions, to the need to meet the following aims of our Public Sector Equality Duty:-

(a) eliminate unlawful discrimination;
(b) advance equality of opportunity between those who share a protected characteristic and those who do not;
(c) foster good relations between those who share a protected characteristic and those who do not.

10.3 Protected groups under the public sector equality duty are characterised by age, disability, gender re-assignment, pregnancy/maternity, marriage and civil partnership, race, religion or belief, sex and sexual orientation.

10.4 When making decisions, the Council (or decision maker, in this case the City Mayor) must be clear about any equalities implications of the course of action proposed. In doing so, it must consider the likely impact on those likely to be affected by the recommendation; their protected characteristics; and (where negative impacts are anticipated) mitigating actions that can be taken to reduce or remove that negative impact.

10.5 This report seeks approval to the proposed budget strategy. The report sets out financial ceilings for each service which act as maxima above which the City Mayor cannot spend (subject to his power of virement). However, decisions on services to be provided within the budget ceilings are taken by managers or the City Mayor separately from the decision regarding the budget strategy. Therefore, the report does not contain details of specific service proposals. However, the budget strategy does recommend a proposed council tax increase for the city's residents. The City Council's proposed tax for 2019/20 is £1,552.17, an increase of just below 3% compared to 2018/19. As the recommended increase could have an impact on those required to pay it, an assessment has been carried out to inform decision makers of the potential equalities implications.

10.6 The 2018/19 budget report noted that disposable income had fallen in real terms due to slow wage growth, welfare changes and inflation. The context has changed slightly over the last year with the ASDA Income Tracker September 2018 highlighting that family spending power is up by £7.45 per week year on year in September 2018, an annual increase of 3.8%. Income growth has been boosted across most regions with UK families seeing the fastest pay growth since 2008. Inflation peaked at 3.1% in late 2017, and has now fallen back to 2.2% as measured by the Consumer Price Index (CPI). It is not expected to rise significantly in the short term, although analysts stress the uncertainties caused by Brexit.

10.7 The ASDA income tracker is an indicator of the economic prosperity of 'middle Britain', taking into account income, tax and all basic expenditure. ASDA's customer base matches the UK demographic more closely than that of other supermarkets.

10.8 In most cases, the change in council tax (0.67p/week for a band B property with no discounts) is a small proportion of disposable income, and a small contributor to the squeeze on household budgets. A Council Tax increase would be applicable to all properties - the increase would not target any one particular protected group, rather it would be an increase that is applied across the board. However, it is recognised that this may have a differential impact dependent upon a household's disposable income.

10.9 Some households reliant on social security benefits are likely to be adversely affected due to the cumulative impact of further implementation of the Government's welfare reforms, in particular the rollout of Universal Credit full service which was implemented in Leicester in June 2018, although most of these households will be eligible to receive Council Tax Support reducing their Council Tax bill by up to 80%, and further discretionary relief, discounts and exemptions are available.

10.10 The Council has a number of mitigating actions in place to provide council tax reductions, exemptions or support for particular groups and some relief in instances of short term financial crisis.

10.11 There are council tax reductions and exemptions available for some individuals from protected characteristic groups, provided they meet certain criteria. For example, some people may qualify for a reduction if their home has been specially adapted due to a disability for them or someone who lives with them, if there are severely mentally impaired adults in receipt of particular benefits in the household, and care leavers under 25 years of age who have previously been a resident in a care home or similar facility provided by Leicester City Council.

10.12 Locally, Council services provide (or fund) a holistic safety net including the provision of advice, personal budgeting support, and signposting provision of necessary household items. In particular, the Council provides £500,000 annually in Council Tax Discretionary Relief for households with a low income in financial difficulties (see para. 10.14 below), and also supports Crisis and Support Grants covering food, fuel, white goods and essential items through the Community Support Grant scheme. The Council also assists with rent shortfalls in the form of Discretionary Housing Payments (£1.1m in 2018/19). It is important to note that these mitigating actions are now the sole form of safety net support available to households in the city. A House of Commons Works and Pensions Committee report in January 2016 ('The local welfare safety net') described this devolution of discretionary support to those in short term financial crisis to local government. There is now no other source of Government support available.

10.13 Since April 2013, as a consequence of the Government's welfare reforms, all working age households in Leicester have been required to contribute towards their council tax bill. Currently working age households have to pay at least 20% of their council tax bill, but low income households can apply for council tax support which can help to pay their council tax bill.

10.14 There is also a discretionary relief scheme which can help households who are struggling to pay their council tax as a last resort. The scheme sets out to ensure that the most vulnerable householders are given some relief in response to financial hardship they may experience.

10.15 Leicester is ranked as the 21st most deprived local authority in the country according to the 2015 Indices of Multiple Deprivation. In addition to provision of a 'local welfare safety net', council services seek to address inequalities of opportunity that contribute to this deprivation. They do this by seeking to improve equality of outcomes for those residents that we can directly support.

10.16 Our Public Sector Equality Duty is a continuing duty, even after decisions have been made and proposals have been implemented. Periodically we review the outcomes of earlier decisions to establish whether mitigating actions have been carried out and the impact they have had. The Council has a legal duty to set a balanced budget. The spending review programme enables us to assess our service provision from the perspective of the needs of individual residents. This

"person centred" approach to our decision making ensures that the way we meet residents' needs with reducing resources can be kept under continuous review – in keeping with our Public Sector Equality Duty.

10.17 A key concern in terms of potential for significant equalities implications is the uncertainty and challenges around the funding of Adult Social Care in the long term. In the current financial climate, a lower council tax increase would require even greater cuts to services. While it is not possible to say where these cuts would fall (and therefore which specific groups would be affected), the users of Adult Social Care are mostly older people or, to a lesser extent, adults who have a disability and therefore there are likely to be negative equalities implications arising from a decision to implement a lower council tax increase.

10.18 Where there are changes to policy, service or function in the future, an individual Equalities Impact Assessment will be undertaken to identify the specific equalities impacts and inform the development of proposals, including any mitigating actions where a disproportionate negative impact on a protected characteristic/s is identified.

11. Rates Retention scheme

11.1 Local government retains 50% of the rates collected locally, with the other 50% being paid to central government. In Leicester, 1% is paid to the fire authority, and 49% is retained by the Council. This is known as the "Business Rate Retention Scheme".

11.2 In recognition of the fact that different authorities' ability to raise rates does not correspond to needs, there are additional elements of the business rates retention scheme:

(a) a **top-up to local business rates**, paid to authorities with lower taxbases relative to needs (such as Leicester) and funded by authorities with greater numbers of higher-rated businesses.

(b) **Revenue Support Grant** (RSG), which has declined sharply in recent years as it is the main route for the government to deliver cuts in local government funding (and the methodology for doing this has disproportionately disadvantaged deprived authorities).

11.3 At the time of writing this report, the finance settlement for 2019/20 had not been received. However, in 2016/17, the Government offered, and we accepted, a four year certainty deal which means the revenue support grant and top-up figures for 2019/20 are fixed, "barring exceptional circumstances."

11.4 Our estimates of rates income take into account the amount of income we believe we will lose as a consequence of successful appeals. The majority of appeals against the 2017 revaluation have not yet been decided, and appeals have been a source of volatility since business rates retention was introduced. Despite Government attempts to reduce this volatility, we have again seen significant losses through appeals in 2018, and this is likely to continue as there are still a large number of outstanding appeals from earlier years (and any successful appeals will be backdated, potentially for several years).

Funding from 2020/21

11.5 No figures have been made available for local government funding after 2019/20, either nationally or locally. Despite headlines of "the end of austerity", analysis of the Chancellor's October budget statement implies a less optimistic picture. After paying for commitments, including an increase in NHS funding, it appears that the amount available for other unprotected services will be (at best) remaining at its 2019/20 level.

11.6 Further information on future funding levels will be available in the government's Spending Review, due to be published next year. This will set out spending totals for government departments for years past 2019/20, but not the funding available to individual local authorities. We do not yet know how many years the Spending Review will cover.

11.7 A further reform of local government funding is planned to take effect from April 2020, increasing the proportion of rates retained locally to 75%. In itself, this change should be financially neutral, as the additional business rates income will be offset by the loss of RSG and some other grants. There is likely to be a more substantial effect on the Council's finances from the "fair funding review" planned for the same date, which will redistribute resources between councils.

11.8 The current funding formula is complex, and has not been updated since 2013. One outcome of the funding review is likely to be a simpler, more up-to-date means of measuring each authority's need to spend. In itself, this should be beneficial to us as it will take into account our rapid population growth in recent years, and should (unlike the current formula) fully reflect the differences in council taxbase between different areas of the country. However, there are other pressures on the limited amount of funding available, including intensive lobbying from some authorities over perceived extra costs in rural areas. As a result, we do not know the likely outcome of the funding review.

11.9 In the first few years, the new funding formula is likely to be subject to a significant amount of damping, to protect authorities from a sudden loss of resources. Since the overall funding for local government is fixed, this can only come from reducing the amounts paid to authorities that gain from the new formula. This means the new formula will take some years to be fully implemented.

11.10 The budget assumes (real-terms) cuts of £3m per year in each of 2020/21 and 2021/22, which is significantly less than the cuts seen in recent years. This is a significant risk in the medium-term budget, which is discussed further in paragraph 17 below.

12. **Council Tax**

12.1 Council tax income is estimated at £113.6m in 2019/20, based on a tax increase of just below 3%, which is the maximum we can increase tax without a referendum.

For planning purposes, tax increases of 2% per year have been assumed in each of 2020/21 and 2021/22.

12.2 Since 2016/17, social care authorities have been given additional flexibility (the "social care precept") to help mitigate the growing costs of social care. We have already used our maximum social care flexibility and therefore cannot increase tax beyond 3% in 2019/20.

12.3 Council tax income includes the additional revenue raised from the Empty Homes Premium, which increases the charge by 50% for a property left empty for more than six months. From April 2019, as part of the Government's housing strategy, the maximum charge will be increased to 100% (i.e. a long-term empty property would attract double the normal council tax); the figures in this report assume that the maximum premium is introduced.

13. Collection Fund Surpluses / Deficits

13.1 Collection fund surpluses arise when more tax is collected than assumed in previous budgets. Deficits arise when the converse is true. At this stage, figures in the draft budget are estimates which will be revised in due course.

13.2 The Council has an estimated **council tax collection fund surplus** of £1.5m, after allowing for shares paid to the police and fire authorities. This has arisen because of growth in the number of homes liable to pay tax (which has been greater than was assumed when the budget was set) and a reduction in the costs of the council tax support scheme (linked to improvements in the local economy).

13.3 The Council has an estimated **business rates collection fund deficit** of £2.3m. This is due to the cost of appeals, particularly a larger than anticipated rates reduction on a large property in the city that has been backdated to 2005, and the effect of a recent ruling on the rates chargeable on ATM machines.

14. Other government grants

14.1 The Government also controls a range of other grants. With the exception of New Homes Bonus and Adult Social Care Grant, these are not shown in the table at paragraph 4.1, as they are treated as income to departments (departmental budgets are consequently lower than they would have been).

14.2 These other grants include:-

(a) **New Homes Bonus (NHB)**. This is a grant which roughly matches the council tax payable on new homes, and homes which have ceased to be empty on a long term basis. The future of NHB beyond 2019/20 is in doubt, and it may be rolled into the new business rates retention scheme.

(b) **Dedicated Schools Grant** (DSG), which funds schools' own spending and a range of education-related central services, was reformed in 2018/19, leading to a reduction in the funding available for school improvement and SEN support services provided centrally.

(c) The **Better Care Fund** has increased nationally, and the city is expected to receive £15.5m by 2019/20. The increase has been termed the "Improved Better Care Fund" (iBCF). iBCF is not entirely new money – some is being met from cuts to NHB, and from a reduction in the amount available for RSG. The future of the entire BCF after 2019/20 is unclear.

(d) Additional funding to support **Adult Social Care** has been made available each year since 2017/18, although this has been as a series of one-off allocations rather than a stable funding stream. A further £650 million nationally will be available in 2019/20; our (provisional) share of this funding is £4.3m. For the purposes of this draft budget, the full amount is shown in the table at paragraph 4, but some additional spending is likely to be required to meet grant conditions. For the first time, some of the funding will be available to support Children's social care services as well as Adults'.

15. General Reserves and the Managed Reserves Strategy

15.1 In the current climate, it is essential that the Council maintains reserves to deal with the unexpected. This might include continued spending pressures in demand led services, or further unexpected Government grant cuts.

15.2 The Council has agreed to maintain a minimum balance of £15m of reserves. The Council also has a number of earmarked reserves, which are further discussed in section 16 below.

15.3 In the 2013/14 budget strategy, the Council approved the adoption of a managed reserves strategy. This involved contributing money to reserves in 2013/14 to 2015/16, and drawing down reserves in later years. This policy has bought time to more fully consider how to make the substantial cuts which are necessary. Since 2016/17, these reserves have been drawn down to balance the budget, although some remain to support 2019/20 and 2020/21.

15.4 The managed reserves strategy will be extended as far as we can: the rolling programme of spending reviews enables any in-year savings to extend the strategy. Additional money has been made available since the 2018/19 budget was set, and future reviews should enable further contributions to be made. Given the uncertainty around future funding, it is essential that these reviews are implemented promptly to ensure that managed reserves are available to mitigate the medium-term funding risks.

15.5 The table below shows the forecast reserves available to support the managed reserves strategy:-

	2018/19	**2019/20**
	£m	**£m**

Brought forward	21.8	19.4
Additional savings in year	3.1	
Earmarked reserves review	1.4	
Other provisions review	3.3	
Planned use	(10.2)	(6.2)
Carried forward	**19.4**	**13.2**

15.6 In the budget monitoring report for period 6, the intention of reducing capital financing charges in 2018/19 was noted. This will be considered further at outturn. If approved, there will be a further one-off saving (not reflected in the figures above).

16. Earmarked Reserves

16.1 In addition to the general reserves, the Council also holds earmarked reserves which are set aside for specific purposes. A schedule is provided at Appendix Six.

16.2 Earmarked reserves are kept under review, and amounts which are no longer needed for their original purpose will be used to extend the managed reserves strategy. The most recent review took place after the close of the 2017/18 financial year, and identified £1.4m of reserves that could be used for this purpose.

16.3 The 2019/20 budget also proposes using the Demographic Pressures reserve of £3.5m to support the budget. This reserve was established from savings in Adult Social Care in previous years, to help cushion the ongoing increases in care costs due to an ageing and higher-needs population.

16.4 In addition, provisions and other amounts set aside have been reviewed. A provision of £3.3m for pay due to carers on sleep-in duties is not now required, following more recent legal developments, and this amount will be transferred to managed reserves.

17. Risk Assessment and Adequacy of Estimates

17.1 Best practice requires me to identify any risks associated with the budget, and section 25 of the Local Government Act 2003 requires me to report on the adequacy of reserves and the robustness of estimates.

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

17.3 In my view, although very difficult, the budget for 2019/20 is achievable subject to the risks and issues described below.

17.4 There are risks in the 2019/20 budget arising from:-

(a) Social care spending pressures - specifically the risks of further growth in the cost of care packages above budget assumptions, risks to our BCF

income due to government expectations (particularly relating to delayed transfers of care) and inability to contain the costs of looked after children;

(b) Ensuring spending reviews which have already been approved, but not yet implemented, deliver the required savings;

(c) Achievability of estimated rates income (although technically any shortfall will appear as a collection fund deficit in the 2020/21 budget), and particularly the extent of successful appeals against the 2017 revaluations.

17.5 From 2020/21 and beyond, the budget projections are particularly uncertain. Risks to a balanced budget in these years include:-

(a) Non-achievement, or delayed achievement, of the remaining spending review savings; and/or further budget pressures within service departments meaning that any savings achieved cannot be used to reduce the overall budget gap;

(b) The considerable task facing Children's Services to balance its budget in the medium term;

(c) Loss of future resources. The funding landscape after 2019/20 is largely unknown, with the move to 75% business rates retention and the planned needs review (which could result in a gain or loss to the Council). The risk of further cuts to funding in 2020/21 and 2021/22 is significant;

(d) Longer-term reforms to social care funding and expectations on local authorities, and the need to manage ongoing demographic pressures. Crucially, we need to know what additional funding the Government will make available after 2019/20;

(e) Continuing increases in pay costs. Upward pressures may lead to pay increases above the amount provided in the budget. Each 1% on pay costs around £1.7 million in direct costs, and will also impact on contract costs, particularly in Adult Social Care.

17.6 A further risk is economic downturn, nationally or locally. This could result in new cuts to grant; falling business rate income; and increased cost of council tax reductions for taxpayers on low incomes. It could also lead to a growing need for council services and an increase in bad debts. The effect of Brexit remains to be seen.

17.7 The budget seeks to manage these risks as follows:-

(a) A minimum balance of £15m reserves will be maintained;

(b) A one-off corporate contingency of £1m is included in the budget for 2019/20;

(c) A planning contingency is included in the budget from 2020/21 onwards (£3m per annum accumulating);

(d) Spending Review savings are being implemented as soon as possible, and the resulting savings "banked" to support future budgets.

17.8 Subject to the above comments, I believe the Council's general and earmarked reserves to be adequate. I also believe estimates made in preparing the budget are robust. (Whilst no inflation is provided for the generality of running costs in 2019/20, some exceptions are made, and it is believed that services will be able to manage without an allocation).

18. Consultation on the Draft Budget

18.1 Comments on the draft budget will be sought from:-

(a) The Council's scrutiny function;
(b) Key partners and other representatives of communities of interest;
(c) Business community representatives (a statutory consultee);
(d) The Council's trade unions.

18.2 Comments will be incorporated into the final version of this report.

19. Capital Strategy

19.1 There is a new requirement on local authorities to prepare a capital strategy each year, which sets out our approach to capital expenditure and financing at a high level.

19.2 The proposed capital strategy is set out at Appendix Three. This also includes the policy on repaying debt and the prudential indicators which assess the affordability of new borrowing.

19.3 The capital strategy also fully implements the minimum revenue provision (MRP) policy approved in November 2015. In previous years, this has not been fully implemented as we have voluntarily set aside additional funds for debt repayment.

19.4 The new policy will make substantial savings against the revenue budget (in excess of £6 million per year in 2019/20 and 2020/21), although these are paper rather than real savings – they result from a slower repayment of historic debt. Members are also asked to note that the savings will tail off gradually in subsequent years.

20. Financial Implications

20.1 This report is exclusively concerned with financial issues.

20.2 Section 106 of the Local Government Finance Act 1992 makes it a criminal offence for any member with arrears of council tax which have been outstanding for two months or more to attend any meeting at which a decision affecting the budget is to be made unless the member concerned declares the arrears at the outset of the

meeting and that as a result s/he will not be voting. The member can, however, still speak. The rules are more circumscribed for the City Mayor and Executive. Any executive member who has arrears outstanding for 2 months or more cannot take part at all.

21. **Legal Implications (Kamal Adatia)**

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

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

21.3 As well as detailing the recommended council tax increase for 2019/20, the report also complies with the following statutory requirements:-

(a) Robustness of the estimates made for the purposes of the calculations;

(b) Adequacy of reserves;

(c) The requirement to set a balanced budget.

21.4 Section 65 of the Local Government Finance Act, 1992, places upon local authorities a duty to consult representatives of non-domestic ratepayers before setting a budget. There are no specific statutory requirements to consult residents, although in the preparation of this budget the Council is undertaking tailored consultation exercises with wider stakeholders.

21.5 The discharge of the 'function' of setting a budget triggers the duty in s.149 of the Equality Act, 2010, for the Council to have "due regard" to its public sector equality duties. These are set out in paragraph 10. There are considered to be no specific proposals within this year's budget that could result in new changes of provision that could affect different groups of people sharing protected characteristics. As a consequence, there are no service-specific 'impact assessments' that accompany the budget. There is no requirement in law to undertake equality impact assessments as the only means to discharge the s.149 duty to have "due regard". The discharge of the duty is not achieved by pointing to one document looking at a snapshot in time, and the report evidences that the Council treats the duty as a live and enduring one. Indeed case law is clear that undertaking an EIA on an 'envelope-setting' budget is of limited value, and that it is at the point in time when policies are developed which reconfigure services to live within the budgetary constraint when impact is best assessed. However, an analysis of equality impacts has been prepared in respect of the proposed increase in council tax, and this is set out in Appendix Four.

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

22. **Other Implications**

Other Implications	Yes/ No	Paragraph References within the report
Equal Opportunities	Y	Paragraph 10
Policy	Y	The budget sets financial envelopes within which Council policy is delivered
Sustainable and Environmental	N	The budget is a set of financial envelopes within which service policy decisions are taken. The proposed 2019/20 budget reflects existing service policy.
Crime & Disorder	N	
Human Rights Act	N	
Elderly People/People on Low Income	N	

Background information relevant to this report is already in the public domain.

23. **Report Authors**

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10th December 2018

Appendix One

Budget Ceilings

	Revised 2018/19 budget £000s	Spending Reviews £000s	Inflation £000s	Other changes £000s	BUDGET CEILING 2019/20 £000s
1. City Development & Neighbourhoods					
1.1 Neighbourhood & Environmental Services					
Divisional Management	**370.1**	(4.9)	6.4		**371.6**
Regulatory Services	**3,224.5**	(4.2)	82.2		**3,302.5**
Waste Management	**16,776.5**	(0.1)	547.5		**17,323.9**
Parks & Open Spaces	**3,785.9**	(369.0)	267.7		**3,684.6**
Neighbourhood Services	**6,002.2**	(88.0)	105.1		**6,019.3**
Standards & Development	**1,561.6**	(28.0)	55.3		**1,588.9**
Divisional sub-total	**31,720.8**	**(494.2)**	**1,064.2**	**0.0**	**32,290.8**
1.2 Tourism, Culture & Inward Investment					
Arts & Museums	**4,538.7**	(5.6)	62.2		**4,595.3**
De Montfort Hall	**866.7**	(96.3)	54.2		**824.6**
City Centre	**99.4**		3.4		**102.8**
Place Marketing Organisation	**394.2**		4.1		**398.3**
Economic Development	**258.3**	(46.2)	29.8		**241.9**
Markets	**(241.1)**	(3.7)	15.5		**(229.3)**
Divisional Management	**73.7**	(317.7)	3.9		**(240.1)**
Divisional sub-total	**5,989.9**	**(469.5)**	**173.1**	**0.0**	**5,693.5**
1.3 Planning, Development & Transportation					
Transport Strategy	**10,049.5**	(102.5)	70.1		**10,017.1**
Highways	**4,660.5**	(1.6)	106.5		**4,765.4**
Planning	**924.9**		52.5		**977.4**
Divisional Management	**210.3**	(6.7)	4.3		**207.9**
Divisional sub-total	**15,845.2**	**(110.8)**	**233.4**	**0.0**	**15,967.8**
1.4 Estates & Building Services	**4,473.8**	**(1,174.4)**	**205.9**	**0.0**	**3,505.3**
1.5 Housing Services					
Housing Services	**3,106.3**	(112.1)	108.3		**3,102.5**
Fleet Management	**31.0**	(200.0)	17.8		**(151.2)**
Divisional sub-total	**3,137.3**	**(312.1)**	**126.1**	**0.0**	**2,951.3**
1.6 Departmental Overheads					
Adult Skills	**(870.4)**				**(870.4)**
School Organisation & Admissions	**790.2**		31.0		**821.2**
Overheads	**629.8**	217.9	3.5		**851.2**
Divisional sub-total	**549.6**	**217.9**	**34.5**	**0.0**	**802.0**
DEPARTMENTAL TOTAL	**61,716.6**	**(2,343.1)**	**1,837.2**	**0.0**	**61,210.7**

Appendix One

	Revised 2018/19 budget	Spending Reviews	Inflation	Other changes	BUDGET CEILING 2019/20
	£000s	£000s	£000s	£000s	£000s
2.Adults					
2.1 Adult Social Care & Safeguarding					
Other Management & support	**1,523.2**	(1.0)	47.5		**1,569.7**
Safeguarding	**85.2**	(0.1)	4.1		**89.2**
Preventative Services	**6,005.4**	(9.2)	145.7		**6,141.9**
Independent Sector Care Package Costs	**89,400.5**		1,878.8	2,848.0	**94,127.3**
Care Management (Localities)	**7,220.8**	(4.6)	150.9		**7,367.1**
Divisional sub-total	**104,235.1**	**(14.9)**	**2,227.0**	**2,848.0**	**109,295.2**
2.2 Adult Social Care & Commissioning					
Enablement &Day Care	**3,193.4**	(162.4)	102.1		**3,133.1**
Care Management (LD & AMH)	**4,951.9**	(6.6)	101.2		**5,046.5**
Preventative Services	**2,944.2**	(384.7)	3.0		**2,562.5**
Contracts, Commissioning & Other Support	**3,150.3**	(0.1)	80.9		**3,231.1**
Substance Misuse	**5,559.7**				**5,559.7**
Departmental	**(20,020.2)**	(0.1)	11.1	1,137.5	**(18,871.7)**
Divisional sub-total	**(220.7)**	**(553.9)**	**298.3**	**1,137.5**	**661.2**
2.3 Health and Wellbeing					
Adults' Services	**4,805.6**	(555.0)			**4,250.6**
Children's 0-19 Services	**9,267.5**	(250.0)			**9,017.5**
Lifestyle Services	**1,855.0**	(605.0)	9.2		**1,259.2**
Staffing, Infrastructure & Other	**1,298.9**		27.8		**1,326.7**
Sports Services	**2,811.4**	(250.1)	200.3		**2,761.6**
Divisional sub-total	**20,038.4**	**(1,660.1)**	**237.3**	**0.0**	**18,615.6**
DEPARTMENTAL TOTAL	**124,052.8**	**(2,228.9)**	**2,762.6**	**3,985.5**	**128,572.0**

Appendix One

	Revised 2018/19 budget	Spending Reviews	Inflation	Other changes	BUDGET CEILING 2019/20
	£000s	£000s	£000s	£000s	£000s
3. Education & Children's Services					
3.1 Strategic Commissioning & Business Support					
Divisional Budgets	**676.9**		17.1		**694.0**
Operational Transport	**(111.6)**				**(111.6)**
Divisional sub-total	**565.3**	**0.0**	**17.1**	**0.0**	**582.4**
3.2 Learning Quality & Performance					
Raising Achievement	**1,472.0**	(4.1)	29.9		**1,497.8**
Learning & Inclusion	**1,835.2**		49.6		**1,884.8**
Special Education Needs and Disabilities	**7,341.4**		72.5		**7,413.9**
Divisional sub-total	**10,648.6**	**(4.1)**	**152.0**	**0.0**	**10,796.5**
3.3 Children, Young People and Families					
Children In Need	**9,076.5**	(19.7)	140.0		**9,196.8**
Looked After Children	**35,393.5**		433.4	6,000.0	**41,826.9**
Safeguarding & QA	**2,475.9**		56.0		**2,531.9**
Early Help Targeted Services	**5,493.7**		126.7		**5,620.4**
Early Help Specialist Services	**2,520.8**		90.5		**2,611.3**
Divisional sub-total	**54,960.4**	**(19.7)**	**846.6**	**6,000.0**	**61,787.3**
3.4 Departmental Resources					
Departmental Resources	**(2,107.3)**		11.1		**(2,096.2)**
Education Services Grant	**(4,468.1)**				**(4,468.1)**
Divisional sub-total	**(6,575.4)**	**0.0**	**11.1**	**0.0**	**(6,564.3)**
DEPARTMENTAL TOTAL	**59,598.9**	**(23.8)**	**1,026.8**	**6,000.0**	**66,601.9**
4. Corporate Resources Department					
4.1 Delivery, Communications & Political Gov	**5,424.6**	**(1.1)**	**124.2**	**0.0**	**5,547.7**
4.2 Financial Services					
Financial Support	**4,717.0**	(3.6)	145.1		**4,858.5**
Revenues & Benefits	**5,870.3**		206.5		**6,076.8**
Divisional sub-total	**10,587.3**	**(3.6)**	**351.6**	**0.0**	**10,935.3**
4.3 Human Resources	**4,252.9**	**(1.1)**	**99.9**	**0.0**	**4,351.7**
4.4 Information Services	**9,395.7**	**(0.4)**	**109.8**	**0.0**	**9,505.1**
4.5 Legal Services	**2,628.5**	**(0.3)**	**98.8**	**0.0**	**2,727.0**
DEPARTMENTAL TOTAL	**32,289.0**	**(6.5)**	**784.3**	**0.0**	**33,066.8**
TOTAL -Service Budget Ceilings	**277,657.3**	**(4,602.3)**	**6,410.9**	**9,985.5**	**289,451.4**
***less* public health grant**	**(26,804.0)**	**0.0**	**0.0**	**700.0**	**(26,104.0)**
NET TOTAL	**250,853.3**	**(4,602.3)**	**6,410.9**	**10,685.5**	**263,347.4**

Appendix Two

Scheme of Virement

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

Budget Ceilings

2. Strategic directors are authorised to vire sums within budget ceilings without limit, providing such virement does not give rise to a change of Council policy.

3. Strategic directors are authorised to vire money between any two budget ceilings within their departmental budgets, provided such virement does not give rise to a change of Council policy. The maximum amount by which any budget ceiling can be increased or reduced during the course of a year is £500,000. This money can be vired on a one-off or permanent basis.

4. Strategic directors are responsible, in consultation with the appropriate Assistant Mayor if necessary, for determining whether a proposed virement would give rise to a change of Council policy.

5. Movement of money between budget ceilings is not virement to the extent that it reflects changes in management responsibility for the delivery of services.

6. The City Mayor is authorised to increase or reduce any budget ceiling. The maximum amount by which any budget ceiling can be increased during the course of a year is £5m. Increases or reductions can be carried out on a one-off or permanent basis.

7. The Director of Finance may vire money between budget ceilings where such movements represent changes in accounting policy, or other changes which do not affect the amounts available for service provision.

8. Nothing above requires the City Mayor or any director to spend up to the budget ceiling for any service.

Corporate Budgets

9. The following authorities are granted in respect of corporate budgets:

   (a) the Director of Finance may incur costs for which there is provision in miscellaneous corporate budgets, except that any policy decision requires the approval of the City Mayor;

   (b) the City Mayor may determine the use of the corporate contingency;

   (c) the City Mayor may determine the use of the provision for Education Funding reform.

Earmarked Reserves

10. Earmarked reserves may be created or dissolved by the City Mayor. In creating a reserve, the purpose of the reserve must be clear.

11. Strategic directors may add sums to an earmarked reserve, from:

    (a) a budget ceiling, if the purposes of the reserve are within the scope of the service budget;
    (b) a carry forward reserve, subject to the usual requirement for a business case.

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

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

Appendix Three

Proposed Capital Strategy

1. Introduction

1.1 There is a new requirement on local authorities to prepare a capital strategy each year, which sets out our approach to capital expenditure and financing at a high level. The requirement to prepare a strategy arises from Government concerns about certain authorities borrowing substantial sums to invest in commercial property, outside the vicinity of the Council concerned (something the City Council has never done).

1.2 There is also a new requirement on local authorities to prepare an investment strategy, which specifies our approach to making investments other than day to day treasury management investments (the latter is included in our treasury management strategy, as in previous years). The new investment strategy is presented as a separate report on your agenda.

1.3 This appendix sets out the proposed capital strategy for the Council's approval. It incorporates our policy on repaying debt, which used to be approved separately.

2. Capital Expenditure

2.1 The Council's capital expenditure plans are approved by the full Council, on the basis of two reports:-

(a) The corporate capital programme – this covers periods of one or more years, and is always approved in advance of the period to which it relates. It is often, but need not be, revisited annually (it need not be revisited if plans for the subsequent year have already been approved);

(b) The Housing Revenue Account (HRA) capital programme – as this is funded primarily from revenue, it is considered as part of the HRA budget strategy which is submitted each year.

2.2 The capital programme is split into:-

(a) Immediate starts – being schemes which are approved by the Council and can start as soon as practical after the council has approved the programme. Such schemes are specifically described in the relevant report;

(b) Policy provisions, which are subsequently committed by the City Mayor (and may be less fully described in the report). The principle here is that further consideration is required before the scheme can start.

2.3 The corporate capital programme report sets out authorities delegated to the City Mayor. Decisions by the City Mayor are subject to normal requirements in the constitution (e.g. as to prior notice and call-in).

2.4 Monitoring of capital expenditure is carried out by the Executive and the Overview Select Committee. Reports are presented on 3 occasions during the years, and at outturn. For this purpose, immediate starts have been split into three categories:-

(a) **Projects** – these are discrete, individual schemes such as a road scheme or a new building. These schemes are monitored with reference to physical delivery (rather than an annual profile of spending). We do, of course, still want to make sure that the overall budget is not going to be exceeded;

(b) **Work Programmes** – these are minor works or similar schemes where there is an allocation of money to be spent in a particular year. The focus of monitoring is on whether the money is spent in the years for which it is approved;

(c) **Provisions** – these are sums of monies set aside in case they are needed, but where low spend is a favourable outcome rather than indicative of a problem.

2.5 When, during the year, proposals to spend policy provisions are approved, a decision on classification is taken at that time (i.e. a sum will be added to projects, work programmes or provisions as the case may be).

2.6 The authority does not capitalise expenditure, except where it can do so in compliance with proper practices: it does not apply for directions to capitalise revenue expenditure.

2.7 Past and forecast capital expenditure is:

Area of expenditure	**2018/19 Estimate £000s**	**2019/20 Estimate £000s**
Children's Services	41,938	60,550
Young People	20	20
Resources ICT	1,866	807
Transport	34,250	27,588
Cultural & Neighbourhood Services	11,893	8,984
Environmental Services	379	0
Economic Regeneration	31,472	21,952
Adult Care	1,967	9,924
Public Health	1,808	1,811
Property	4,853	2,995
Vehicles	198	0
Housing Strategy & Options	1,970	17,045
Corporate Loans	0	0
Total General Fund	**132,614**	**151,676**
Housing Revenue Account	16,373	28,121
Total	**148,987**	**179,797**

2.8 The Council's Estates and Building Services Division provides professional management of non-housing property assets. This includes maintaining the properties, collecting any income, rent reviews, ensuring that lease conditions are complied with and that valuations are regularly updated at least every 5 years. A

capital programme provision is made each year for significant improvements or renovation: spending need is initially prioritised by the division and formally approved by the City Mayor.

2.9 The Housing Division provides management of tenanted dwellings. As the HRA capital programme is almost entirely funded from tenants' rents, both major and minor repairs are (directly or indirectly) met from tenants' rents. The criteria used to plan major works are in the table below:-

Component for Replacement	**Leicester's Replacement Condition Criteria**	**Decent Homes Standard: Maximum Age**
Bathroom	All properties to have a bathroom for life by 2030	40 years / 30 years
Central Heating Boiler	Based on assessed condition	15 years (future life span of new boilers is expected to be on average 12 years)
Chimney	Based on assessed condition	50 years
Windows & Doors	Based on assessed condition	40 years
Electrics	Every 30 years	30 years
Kitchen	All properties to have an upgraded kitchen by 2030	30 years / 20 years
Roof	Based on assessed	50 years (20 years for flat roofs)
Wall finish (external)	Based on assessed condition	80 years
Wall structure	Based on assessed condition	60 years

3. Financing Capital Expenditure

3.1 Most capital expenditure of the Council is financed as soon as it is spent (by using grants, capital receipts, revenue budgets or the capital fund). The Council will only incur spending which cannot be financed in this way in strictly limited circumstances. Such spending is termed "prudential borrowing" as we are able to borrow money to pay for it. (The treasury management strategy explains why in practice we don't need to borrow on the external market: we must still, however, account for it as borrowing and make "repayments" from revenue each year). Circumstances in which the Council will use "prudential borrowing" are:-

(a) Where spending facilitates a future disposal, and it is estimated that the proceeds will be sufficient to fully cover the initial costs;

(b) Where spending can be justified with reference to an investment appraisal (this is further described in the separate investment strategy). This also includes social housing, where repayment costs can be met from rents;

(c) Other "spend to save" schemes where the initial cost is paid back from revenue savings;

(d) Where, historically, the Council has used leasing for vehicles or equipment, and revenue budgets already exist to meet the cost;

(e) "Once in a generation" opportunities to secure significant strategic investment that will benefit the city for decades to come.

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

	2018/19 Estimate £m	2019/20 Estimate £m	2020/21 Estimate £m	2021/22 Estimate £m
HRA	210	210	209	209
General Fund	260	255	248	241

(The table above excludes PFI schemes).

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

4. Debt Repayment

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

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

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

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

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

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

4.7 Debt repayment will normally commence in the year following the year in which the expenditure was incurred. However, in the case of expenditure relating to the construction an asset, the charge will commence in the year after the asset becomes operational or the year after total expenditure on the scheme has been completed.

4.8 The following are the maximum asset lives which can be used:-

(a) Land – 50 years;
(b) Buildings – 50 years;
(c) Infrastructure – 40 years;
(d) Plant and equipment – 20 years;
(e) Vehicles – 10 years.

4.9 Authority is given to the Director of Finance to voluntarily set aside sums for debt repayment, over and above the amounts determined in accordance with the above rules, where she believes the standard charge to be insufficient, or in order to reduce the future debt burden to the authority.

4.10 Voluntary set aside has been made in past years, in line with approved budget strategies. Prior to 2015/16, the Council had a policy requiring higher sums to be set aside than the current policy requires. In November, 2015, the policy was changed by the Council to one which is essentially the one stated above. Subsequent budgets, however, deliberately topped up the amount of repayment to previous levels. In this way, the Council postponed potential budget savings until Government grant cuts made implementation essential (after all, the "budget savings" only arise from slower payment of debt). As a consequence, the Council has set aside (cumulatively) £18m more than the amount determined by the policy approved in 2015.

4.11 The law permits the Council to "claim back" sums set aside voluntarily in previous years by reducing subsequent years' debt repayment. The Council will only do this in the following circumstances:-

(a) To support the Council's treasury management strategy. For instance, using these sums gives the Council access to a wider pool of collective property investments than we could otherwise use because of accounting restrictions (and hence access to better investment opportunities);

(b) For the acquisition of other investments permitted by the investments strategy, where it is appropriate to capitalise spending so that revenue savings can be delivered immediately.

4.12 Once investments acquired through sums "claimed back" are redeemed, the receipt will be set aside again for debt repayment.

4.13 In circumstances where the investment strategy permits use of borrowing to support projects which achieve a return, the Director of Finance may adopt a different approach to debt repayment to reflect the financing costs of such schemes. The rules governing this are included in the investment strategy.

4.14 The ratio of financing costs to net revenue budget is estimated to be:-

	2019/20 %	**2020/21 %**	**2021/22 %**
General Fund	2.1	2.3	2.3
HRA	10.1	10.0	9.9

5. Commercial Activity

5.1 The Council has for many decades held commercial property. It may decide to make further commercial investments in property, or give loans to others to support commercial investment. Our approach is described in the investment strategy, which sets the following limitations:-

(a) The Council will not make such investments purely to generate income. Each investment will also benefit the Council's service objectives (most probably, in respect of economic regeneration and jobs). It will, however, invest to improve the performance of its current investment property portfolio;

(b) The Council will not make investments outside of (or on the periphery of) the LLEP area except as described below. We would not, for instance, borrow money to buy a shopping centre 100 miles from Leicester;

(c) There is one exception to (b) above, which is where the investment meets a service need other than economic regeneration. An example might be a joint investment in solar panels, in collaboration with other local authorities; or investment in a consortium serving local government as a whole. In these cases, the location of the asset is not necessarily relevant.

5.2 Such investments will only take place (if they are of significant scale) after undertaking a formal appraisal, using external advisors if needs be. Nonetheless, as such investments also achieve social objectives, the Council is prepared to accept a lower return than a commercial funder would, and greater risk than it would in respect of its treasury management investments. Such risk will always be clearly described in decision reports (and decisions to make such investments will follow the normal rules in the Council's constitution).

5.3 Although the Council accepts that an element of risk is inevitable from commercial activity, it will not invest in schemes whereby (individually or collectively) it would not be able to afford the borrowing costs if they went wrong. As well as undertaking a formal appraisal of schemes of a significant scale, the Council will take into account what "headroom" it may have between the projected income and projected borrowing costs.

6. Knowledge and Skills

6.1 The Council employs a number of qualified surveyors and accountants as well as a specialist team for economic development who can collectively consider investment proposals. It also retains external treasury management consultants (currently Arlingclose). For proposed investments of a significant scale, the Council may employ external specialist consultants to assist its decision making.

Appendix Four

Equality Impact Assessment

1. Purpose

1.1 The purpose of this appendix is to present the equalities impact of the proposed 2.99% council tax increase. This is the maximum increase that the Government will allow us without a referendum

2. Who is affected by the proposal?

2.1 Since April 2013, as a consequence of the Government's welfare reforms, all working age households in Leicester have been required to contribute towards their council tax bill. Our current council tax support scheme (CTSS) requires working age households to pay at least 20% of their council tax bill and sets out to ensure that the most vulnerable householders are given some relief in response to financial hardship they may experience.

2.2 NOMIS[1] figures for the city's working age population (June 2018) indicated that there are 162,800 economically active residents in the city, of whom 5.4% are unemployed. As of November 2016, there were 30,000 working age benefit claimants (12.9% of the city's working age population of 233,000). It should be noted that this does not include tax credit claimants (unless they are also in receipt of another benefit). The working age population is inclusive of all protected characteristics.

3. How are they affected?

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

3.2 For band B properties (almost 80% of the city's properties are in bands A or B), the proposed annual increase in council tax is £35.15; the minimum annual increase for households eligible under the CTSS would be £7.03.

Band	No. of Households	Weekly Increase	Maximum Relief (80%)	Minimum Weekly Increase
A-	280	£0.48	£0.39	£0.10
A	76,074	£0.58	£0.46	£0.12
B	25,021	£0.67	£0.54	£0.13
C	14,491	£0.77	£0.54	£0.23
D	6,051	£0.87	£0.54	£0.33
E	3,222	£1.06	£0.54	£0.52
F	1,468	£1.25	£0.54	£0.71
G	578	£1.44	£0.54	£0.91
H	35	£1.73	£0.54	£1.19
Total	**127,220**			

NB: "A-" properties refer to band A properties receiving an extra reduction for Disabled Relief

[1] NOMIS is an Office for National Statistics web based service that provides free UK labour market statistics from official sources.

4. Risks over the coming year

4.1 As predicted in the previous year's report (2018/19) inflation has fallen. It peaked at 3.1% in late 2017 and has now fallen back to 2.2% which has had a positive impact on disposable income. However, although inflation is not expected to rise significantly in the short term, analysts have stressed that the uncertainties caused by Brexit could pose a risk. In addition, the 2018 update of the Joseph Rowntree Foundation's Minimum Income Standard (MIS) highlights that over the last decade there have been significant increases in domestic fuel costs and increase in transport costs impacting those reliant on public transport, particularly those of working age who commute. These essential costs are likely to impact more so on low income households, particularly if their access to technology is limited as they may be less able to take advantage of price comparisons to shop around for competitive prices.

4.2 Incomes of households reliant on social security benefits continue to be squeezed with the Government's continued implementation of the welfare reform programme. Of particular relevance is the roll out of Universal Credit full service which was implemented in Leicester in summer 2018**.** The chart below[2] gives an indication of anticipated decreases in household incomes by 2020/21, as a consequence of post 2015 welfare reforms:-

Couple – one dependent child	£900 p.a.
Couple – two or more dependent children	£1,450 p.a.
Lone parent – one dependent child	£1,400 p.a.
Lone parent – two or more dependent children	£1,750 p.a.
Single person working age household	£250 p.a.

4.3 A more recent analysis by the Equality and Human Rights Commission published in March 2018 found that, across Britain, approximately the same number of households gain as lose from the reforms but the proportion of losers is much higher among some groups. This includes households containing one or more disabled member, those from certain ethnic groups in particular Bangladeshi households, and households with children (especially those with more than two children). In addition, larger losses are more common than larger gains for these groups and for low income households in general.

4.4 A summary of the key findings of the analysis overall were that:

- Across Great Britain as a whole, approximately 47% of households lose from the reforms.
- Female lone parents are the group with highest proportion of losers from the reforms (over 87%). More than three fifths of lone-parent households lose at least 10% of their net incomes from the reforms, and almost two fifths lose more than 20% of their net incomes.
- Four-fifths of households with three or more children are losers from the reforms. Over two fifths of these households lose at least 10% of net income from the reforms, while over one fifth lose more than 20%.

[2] *Source: Centre for Regional Economic and Social Research/Sheffield Hallam University report: "The uneven impact of welfare reform – the financial losses to places and people" (March 2016).*

- Almost 75% of Bangladeshi households lose from the reforms.
- Over 71% of households with a disability 'score' of six or more (disability score measure is the sum of the number of functional disabilities) lose from the reforms. Almost one-fifth of these households lose at least 20% of their net income from the reforms.

4.5 Given the diversity of Leicester's population and that it is the 21st most deprived local authority area in the country, the losses arising from the reforms are likely to affect a significant proportion of Leicester's population.

4.6 There are some offsetting current trends:

- There has been a decrease in the percentage of the working age population unemployed in Leicester in recent years although there has been a slight increase this year (NOMIS): June 2018 - 5.4% (June 2017 - 5.2%, June 2016 - 6.6%, June 2015 - 7.7%; June 2014 - 11.8%; and June 2013 - 13.9%).
- Consumer price inflation peaked at 3.1 per cent in the final quarter of 2017, before gradually falling to 2.4 per cent. The ASDA Income Tracker September 2018 shows that family spending power is up by £7.45 per week year on year in September 2018, an annual increase of 3.8%. Income growth has been boosted across most regions with UK families seeing the fastest pay growth since 2008.

5. Overall impact

5.1 Any increased costs will be a problem for some households with limited incomes, as they could be squeezed by welfare reforms alongside inflationary increases of many basic requirements such as household fuel and transport.

5.2 The weekly increase in council tax, however, is small for many of these households, as can be seen from the table above. It must also be taken into account there are also potential equalities implications in the event that a decision were made to not increase Council Tax or to agree a lower council tax increase. In the current financial context, this would require even greater cuts to services. While it is not possible to say where these cuts would fall exactly, there are potential negative impacts for those with the protected characteristic of age and disability, as older people and disabled people are the primary service users of Adult Social Care.

6. Mitigating actions

6.1 For residents likely to experience short term financial crises as a result of the cumulative impacts of the above risks, the Council has a range of mitigating actions. These include: funding through Discretionary Housing Payments; the council's work with voluntary and community sector organisations to provide food to local people where it is required – through the council's or partners' food banks; and through schemes which support people getting into work (and include cost reducing initiatives that address high transport costs such as providing recycled bicycles).

6.2 At the time of the previous report, social welfare advice services were being re-modelled and re-procured. The intention to award the new contracts for social welfare

advice services was communicated to suppliers on 30th November 2018 and we are currently in the standstill period for this procurement.

6.3 The advice services will continue to be used as a mitigating action, providing advice in relation to welfare benefits, debt, housing, employment, community care, family issues and immigration.

7. What protected characteristics are affected?

7.1 The table below describes how each protected characteristic is likely to be affected by the proposed council tax increase. The chart sets out known trends, anticipated impacts and risks; along with mitigating actions available to reduce negative impacts.

7.2 Some protected characteristics are not (as far as we can tell) disproportionately affected (as will be seen from the table) because there is no evidence to suggest they are affected differently from the population at large. They may, of course, be disadvantaged if they also have other protected characteristics that are likely to be affected, as indicated in the following analysis of impact based on protected characteristic.

Analysis of impact based on protected characteristic

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Age	Older people are least affected by a potential increase in council tax. Older people (pension age & older) have been relatively protected from the impacts of the recession & welfare cuts, they receive protection from inflation in the uprating of state pensions. Low-income pensioners also have more generous (up to 100%) council tax relief. However, in the current financial climate, a lower council tax increase would require even greater cuts to services. While it is not possible to say where these cuts would fall exactly, there are potential negative impacts for this group as older people are the primary service users of Adult Social Care. Working age people bear the impacts of welfare reform reductions – particularly those with children. Whilst an increasing proportion of working age residents are in work, national research indicates that those on low wages are failing to get the anticipated uplift of the National Living Wage. A recent report by the Institute for Fiscal Studies on Living Standards, Poverty and Inequality in the UK 2017, shows that trends in living standards for different age groups have been very different. By 2015–16, median income for those aged 60 and over was 10% higher than it was in 2007–08, but for adults aged 22–30 it was still 4% lower. These differences are primarily due to the negative labour market impacts of the recession, which were far more pronounced among younger people. The Joseph Rowntree Foundation's Minimum Income standard (MIS) shows that families with children continue to have the highest risk of having incomes that fall short of the standard, with working parents facing worsening prospects. The tax increase could have an impact on such household incomes.	Working age households and families with children – incomes squeezed through low wages and reducing levels of benefit income.	Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on managing household budgets.

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Disability	Disability benefits have been reduced over time as thresholds for support have increased. An analysis by the Equality and Human Rights Commission published in March 2018 showed that over 71% of households with a disability 'score' of six or more (disability score measure is the sum of the number of functional disabilities) lose from the reforms with approximately one in five households with a disability score of six or more losing at least 20% of their net income. The tax increase could have an impact on such household incomes. However, in the current financial climate, a lower council tax increase would require even greater cuts to services. While it is not possible to say where these cuts would fall exactly, there are potential negative impacts for this group as disabled people are more likely to be service users of Adult Social Care.	Further erode quality of life being experienced by disabled people as their household incomes are squeezed further as a result of reduced benefits.	Disability benefits are disregarded in the assessment of need for CTRS purposes. Access to council discretionary funds for individual financial crises; access to council and partner support for food; and advice on better managing budgets.
Gender Reassignment	No disproportionate impact is attributable specifically to this characteristic.		
Marriage & Civil Partnership	Couples receive benefits if in need, irrespective of their legal marriage or civil partnership status. No disproportionate impact is attributable specifically to this characteristic.		
Pregnancy and Maternity	Maternity benefits will not be frozen and therefore kept in line with inflation. However, other social security benefits will be frozen, but without disproportionate impact arising for this specific protected characteristic.		
Race	Those with white backgrounds are disproportionately on low incomes (indices of multiple deprivation) and in receipt of social security benefits. Some BME people are also low income and on benefits. Analysis from the Equality and Human Rights Commission showed that nationally almost 75% of Bangladeshi households lose from welfare reforms. The tax increase could have an impact on such household incomes. Nationally, one-earner couples have seen particular falls in real income and are disproportionately of Asian background – which suggests an increasing impact on this group.	Household income being further squeezed through low wages and reducing levels of benefit income, along with anticipated inflation.	Access to council discretionary funds for individual financial crises, access to council and partner support for food and advice on managing household budgets. Where required, interpretation and translation will be provided in line with the Council's policy to remove barriers to accessing the support identified.

Protected characteristic	Impact of proposal:	Risk of negative impact:	Mitigating actions:
Religion or Belief	No disproportionate impact is attributable specifically to this characteristic.		
Sex	Disproportionate impact on women who tend to manage household budgets and are responsible for childcare costs. Women are disproportionately lone parents. The Joseph Rowntree Foundation's Minimum Income standard (MIS) shows that Families with children continue to have the highest risk of having incomes that fall short of the standard, with working parents facing worsening prospects: For lone parents, even those working full time have a 42% risk of being below MIS, up from 28% in 2008/09. 151,000 out of 356,000 people in households headed by lone parents working full time are below the minimum. The analysis from the Equality and Human Rights commission identifies that female lone parents are the group with highest proportion of losers from the reforms (over 87%).	Incomes squeezed through low wages and reducing levels of benefit income, along with anticipated inflation. Increased risk for women as they are more likely to be lone parents.	If in receipt of Universal Credit or tax credits, a significant proportion of childcare costs are met by these sources. Access to council discretionary funds for individual financial crises, access to council and partner support for food and advice on managing household budgets.
Sexual Orientation	No disproportionate impact is attributable specifically to this characteristic.		

Appendix Five

Earmarked Reserves

1. Earmarked reserves as reported to Overview Select Committee in September 2018 were as follows. These figures take account of the release of £1.4m from departmental reserves to support the managed reserves strategy:

	Current Balance £k
Departmental Reserves	
Adult Social Care	5,244
Children's Services	1,127
City Development & Neighbourhoods	1,117
Housing (non HRA)	843
Health & Wellbeing	1,471
Delivery Communications & Political Governance	5,136
ICT	3,769
Financial Services	3,710
Other Corporate Resources Department	1,257
Subtotal – departmental	**23,673**
Corporate Reserves	
Managed Reserves Strategy	21,824
Demographic Pressures Reserve	3,455
BSF Financing	11,533
Capital Programme Reserve	41,395
Severance fund	7,265
Insurance Fund	9,099
Service Transformation	6,087
Welfare Reform	3,789
Other corporate reserves	4,015
Subtotal – Corporate	**108,463**
Ringfenced Reserves	
NHS Joint Working Projects	1,769
Public Health Transformation	1,668
School Capital Fund	2,383
Schools Buyback	1,073
Dedicated Schools Grant not delegated to schools	15,783
School & PRU balances	12,009
TOTAL RINGFENCED	**34,686**
Total earmarked reserves	**166,823**

2. Earmarked reserves can be broadly divided into ring-fenced reserves, which are funds held by the Council but for which we have obligations to other partners or organisations; departmental reserves, which are held for specific services; and corporate reserves, which are held for purposes applicable to the organisation as a whole.

3. Ring-fenced reserves include:-

- **NHS joint working projects:** for joint projects with the NHS;
- **Public Health Transformation:** for costs of relocating sexual health clinic, service transformation and channel shift;
- Amounts originating from **Dedicated Schools Grant** which are, by, law, ring-fenced to schools or relevant non-delegated functions.

4. Departmental reserves include amounts held by service departments to fund specific projects or identified service pressures. Significant amounts include:-

- **Adult Social Care:** to meet budget pressures and balance the budget in 2018/19 and 19/20;
- **Children's Services:** to balance the budget in 2018/19;
- **City Development and Neighbourhoods:** to meet known additional pressures, including one off costs associated with highways functions and the cost of defending planning decisions;
- **Housing:** to meet spikes in bed & breakfast costs; sourcing private sector landlords; costs associated with economic migrants; and for development work associated with a subsidiary housing company;
- **Health & Wellbeing:** to support service pressures, channel shift and transitional costs;
- **Delivery, Communications & Political Governance:** principally for expenditure incurred to retain the Digital Transformation team until 20/21, temporary and one-off staffing costs in HR/Payroll, costs associated with the Hinckley Road fire, and for future elections.
- **ICT:** rolling funds for network and server upgrades, mobile airtime and upgrade of the PC Stock;
- **Financial Services:** for expenditure on replacing the Council's main finance system; funding the Service Analysis Team; transitional costs with the transfer of the audit function to the County Council; spikes in benefit processing and overpayment recovery; and to mitigate budget pressures including reducing grant income to the Revenues & Benefits service.

5. Corporate reserves include:-

- **Managed Reserves Strategy:** a key element to delivering this budget strategy, as set out in para. 15 of this report;
- **Demographic Pressures**: to help meet cost of demographic changes in adult social care, and reduce the burden on council tax payers – now used as part of the 19/20 budget strategy;
- **BSF Financing:** to manage costs over the remaining life of the BSF scheme and lifecycle maintenance costs of the redeveloped schools;

- **Capital Programme Reserve:** to support approved spending on the Council's capital programme. This is committed to meet the costs of the 18/19 and 19/20 capital programme;
- **Severance Fund:** to facilitate ongoing savings by meeting the redundancy and other costs arising from budget cuts;
- **Insurance Fund:** to meet the cost of claims which are self-insured;
- **Service Transformation Fund:** to fund projects which redesign services enabling them to function effectively at reduced cost;
- **Welfare Reform:** set aside to support welfare claimants who face crisis, following the withdrawal of government funding for this purpose;
- **Other reserves:** includes monies for spend to save schemes that reduce energy consumption, the combined heat and power reserve, and the surplus property reserve to prepare assets for disposal.

Appendix Seven

Comments from Partners

[To be added once consultation is complete]

Health and Wellbeing Scrutiny Commission

Work Programme 2018 – 2019

Meeting Date	Topic	Actions arising	Progress
5th Jul 18	1. Lifestyle Services Review – Consultation Findings and Proposals 2. Leicester Royal Infirmary ED – Phase 2 3. NHS Operational Planning and Contracting Guidance 2017 – 2019 4. Integrated Sexual Health Services Update	1. A further report to come to the next meeting of the Commission with background information, performance data and reasoning for the chosen model. 2. Members asked that signage, including internal signage, and external car parking and highway signage is reviewed. It was agreed to write to the Secretary of State for Health to support the need to provide bursaries for nurses. It was also agreed to arrange a site visit for commission members to the Emergency Department. 3. Cllr Cutkelvin to write to the CCG with further questions. 4. The Director was asked to ensure that the Executive were informed of the Commission's concerns relating to the design and layout of the entrance to the service, having regard to the shared space implications and the potential impact of the future hotel development	

Meeting Date	Topic	Actions arising	Progress
23rd Aug 18	1. Lifestyle Services Review 2. Winter Care Plan 3. Prescribing Medicines for Minor Ailments 4. Joint Health and Wellbeing Strategy 5. Integrated Sexual Health Services Update 6. For Information Items: - Oral Health Update - Dialysis Services in the city - CAMHS relocation - Healthwatch Annual Report	1. The commission made some recommendations to be considered as proposals for Lifestyle Services progress. 2. The Winter Plan to be shared with the commission before the winter period starts. The papers going to the HWB be shared with the commission. A paper on the impact of emergency surgeries on planned surgery be brought to a future meeting. A report on DTOC be brought to a future meeting of the commission. A report on lessons learnt be brought back after the winter period 3. Report be sent to the Executive 4. The findings following the consultation be brought back to the commission and OSC.	
11th Oct 18	1. National Shortage of Radiologists – UHL Position 2. LPT Update on Key Risk Areas – Workforce and Estates 3. Public Health Performance Report 4. Community Integrated Sexual Health Performance Services 5. Integrated Sexual Health Services Update 6. For Information Items: - Winter Care Plan (papers that went to Health and Wellbeing Board)	2. A report on the issues raised by the Care Quality Commission at their previous inspection come to a future meeting. The Commission be sent a copy of the Business case that had been submitted for the relocation of CAMHS. 3. A newsletter to be sent out to schools providing information on the oral health programme and 1000 Tweaks.	

Meeting Date	Topic	Actions arising	Progress
29th Nov 18	1. LPT Transformation Programme 2. LLR Frailty Programme 3. UHL Cancer Treatment Performance 4. Impact of Emergency Activity on Planned Surgeries 5. Community Integrated Sexual Health Promotion Services: Consultation Results and Outcomes 6. Haymarket Health Update 7. Scrutiny Review Scoping Document – NHS Workforce	1. The Commission requested a substantial report on the performance of the LPT, including the previous and the most recent CQC inspections. 2. An update be brought back to the Commission after the winter period to see how the outcomes have progressed. 3. An update be brought back to the Commission after April 2019. 7. Scoping doc and review agreed.	
15th Jan 19	1. Primary Care – BCT Workstream Update 2. GP Practices in the City 3. CCG's Enhanced Work on Diabetes 4. Turning Point – Performance Report 5. Draft Revenue Budget 2019/20 (Public Health Budget)		
12th Mar 19	1. CCG's Update on Operational Plan 2. Delayed Transfers of Care 3. Winter Care Plan – Lessons Learnt 4. Continuing Healthcare 5. Settings of Care Policy		

Leicestershire, Leicester and Rutland Joint Health Scrutiny Committee

Meeting Date	Topic	Actions arising
14 Dec 16	1) Sustainability and Transformation Plan	All three council scrutiny committees agreed to consider elements of the STP separately based on local concerns. Another joint meeting will convene when each council has had separate consideration.
14 Mar 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust	It was agreed to have a further meeting of the committee before the consultation ends to hear views from Members of the public and other stakeholders.
27 Jun 17	1) NHS England's Proposals for Congenital Heart Disease Services at UHL NHS Trust	It was agreed for the committee response to be collated following information heard at the meeting and submitted to NHS England. It was also agreed to write to the Secretary of State to request he looks at the process and reconsiders the review and drop proposals to close the CHD centre at Glenfield Hospital.
27 Apr 18	1) Update on LPT NHS Trust Improvement Plan following their CQC Inspection 2) Update on CHD Services in East Midlands and the NHS England review into PICU and ECMO services nationally 3) Update from UHL NHS Trust following their CQC Inspection 4) Update on EMAS Quality Improvement Plan	1) A further update from the LPT is brought back to the committee in a years' time. 2) Continue to monitor performance against the targets set by NHS England and an update be brought to the committee in a year's time, and to include targets, issues around winter pressures and the numbers of referrals. Also a letter to be sent to Nottingham City Council to request that they encourage the University Hospitals of Nottingham to refer their congenital heart patients to UHL and to share with them the minutes of the meeting. 3) Further CQC inspection reports of UHL, along with the resulting action plans, are brought to future meetings of the committee. 4) A further update from EMAS is brought back to the committee in a years' time.

4 Sept 18	1) Consolidation of Level 3 Intensive Care 2) Update on Non-Emergency Transport (TASL – Thames Ambulance Services Ltd) 3) Update on EMAS's direction of travel 4) CCGs Engagement on Planned Care Pathways 5) Update on the STP	1) Further meeting to be arranged to convene this item. 2) A further report on the progress of EMAS come back to the committee. 3) A further report including performance data, and information relating to contractual obligations and conditions be brought back in six months' time and that a representative from TASL comes to the meeting. 4) The committee asked for the wording in the Gynaecology Policy be rectified. The committee asked that the numerous different planned care policies be broken down during engagement to make it more meaningful for service users. The committee expressed concerns relating to the continuity of care and the application of policies across different postcodes. It was requested to see the full EIA, including impacts on mental health. The CCG were asked to ensure that GPs and locums are fully trained and where treatments cannot be provided in the settings where they are, that primary care provide the treatment, particularly in relation to patients who require ear wax removal prior to having a hearing aid fitted. Questions from Members be submitted separately, outside of the meeting. 5) Questions from Members be submitted separately, outside of the meeting.
28 Sept 18	1) Consolidation of Level 3 Intensive Care	1) Despite all the information provided to the committee by the CCGs and UHL, the committee were not convinced that any of the reasons given preclude their responsibility to carry out public consultation. As such, in the interests of openness and transparency, the committee recommended that the CCGs and UHL undertake public consultation before continuing with the proposals.
21 Jan 19	1) CCG Joint Accountable Offer 2) Better Care Together Update 3) Community Services Review	
March – TBC	1) Leicestershire Partnership Trust - Update 2) Better Care Together Update	

Joint Health and Wellbeing Meetings with other LCC Scrutiny Commissions

Meeting Date	Topic	Actions arising
7 Nov 17	**Joint meeting with Children, Young People and Schools Scrutiny Commissions:** 1) Children's Mental Health - Future in Mind - CAMHS 2) CQC Review of Health Services for LAC and Safeguarding	1) The following is requested at a future joint meeting: • Further meeting to look at the specific services available and at what stage these interventions/services are provided; effectively mapping all services for children's mental health and what is offered and by whom. • What governance structures in place, who is accountable to whom for different elements, including LA, LPT, schools etc, as well as what services are available. • Examples of anonymised case studies which help understand a child's journey through services as part of this report. • Clarity about the role of schools and how they fit into the process and their role in identifying young people and how they are supported to help young people into the right pathway. • Commission Members to have sight of the Local Transformation Plan • Invite headteachers to the next meeting to get their viewpoint. • Further information on the CAMHS 'improvement journey' with particular information on how the improvements have impacted on outcomes. • More detail about what happens to those who are not 'accepted' by CAMHS

13 Nov 18	**Joint meeting with the Adult Social Care and Children, Young People and Schools Scrutiny Commissions:** 1) Special Educational Needs and Disabilities (SEND) Review 2) Joint Health, Social Care and Education Transitions Strategy and Consultation Arrangements. 3) Learning Disabilities Mortality Review (LeDeR) Programme 4) Update on Healthwatch contract	
28 Jan 19	**Joint meeting with Children, Young People and Schools Scrutiny Commissions:** 1) Children's Mental Health 2) Special Educational Needs and Disabilities (SEND) Review	

Forward Plan Items

Topic	Detail	Proposed Date
Dementia, Dental Care, Diabetes, GPs, Obesity, Smoking, COPD and Substance Misuse	Progress to individual strategies/services	
People with Autism and Dementia		
Patient experience of the system	Work with Healthwatch to gain an understanding of how patients feel about health services	
GP Workforce Plan	To be shared with the Commission.	
Impacts of Brexit on staffing in NHS	What has the immediate impact been? What will continue to happen when we exit the EU? What contingencies are being put in place? Where will the biggest impacts be?	