Leicester City Council

WARDS AFFECTED:

ALL

TASK GROUPS/COMMITTEES: **1ST FEBRUARY 2010**
CULTURE & LEISURE TASK GROUP
HEALTH SCRUTINY COMMITTEE

DRAFT COMMISSIONING STATEMENT FOR THE IMPROVING WELLBEING & HEALTH PRIORITY BOARD

Report of the Strategic Director and the Chief Finance Officer

1. Introduction

1.1 The purpose of this report is to seek views of the Task Group and Scrutiny Committee on the draft Commissioning Statement, containing budget plans, for the Improving Wellbeing & Health Priority Board, which have been requested by the lead Cabinet Members.

2. Summary

2.1 As members will be aware, the Council is committed to a system of medium-term financial planning.

2.2 Recent changes to the Council structure mean that departments no longer exist, and departmental revenue strategies will no longer be prepared. The new system of budgeting involves the Priority Board responsible for delivering each key programme in One Leicester:-

- firstly, assessing needs, past programmes and likely future commissioning requirements;
- secondly, developing budget plans consistent with their requirements, whilst recognising the overall outlook for the overall public finances and the authority's resources.

This requires Priority Boards to plan their budgets within the context and framework of a corporate strategy. It does this by:

(a) requiring each strategic director to prepare a forward looking commissioning statement, identifying all budget pressures, within an overall framework;

(b) enabling draft commissioning statements to be discussed with task groups / scrutiny committees, partners and trade unions in good time prior to the commencement of the budget year.

2.3 A corporate revenue strategy will be submitted to the Council for approval in February. A draft is currently available on the internet.

2.4 Priority Board draft commissioning statements reflect the financial pressures faced by the Council. Budgets are expected to remain under pressure for the duration of the three year statement. Future government spending plans to be announced for 2011/12 onwards remain unknown, but are expected to reflect the need to contain overall public spending and be much tighter than has been experienced in previous years.

2.5 Attached as appendix one to this report is the draft commissioning statement for the Improving Wellbeing and Health Priority Board, which has been prepared by the strategic director in consultation with the Cabinet Member. Its status is purely a draft for consultation. No formal decisions will be made until the proposals, together with task group / scrutiny comments, are considered by the Cabinet in February.

2.6 The lead Cabinet Members have asked for the views of the Task Group/Scrutiny Committee on the attached commissioning statement, and in particular have asked:

(a) whether your Task Group/Scrutiny Committee endorses the draft commissioning statement as the best way forward in the context of the strategic framework;

(b) whether your Task Group/Scrutiny Committee has any alternative proposals it would wish the Cabinet to consider;

(c) what your Task Group/Scrutiny Committee views are on the options contained within the commissioning statement.

2.7 In giving its views, your Task Group/Scrutiny Committee is asked to be mindful of the obligation to balance the budget for the next 3 years.

3. Recommendations

3.1 The Task Group/Scrutiny Committee is asked to consider the draft commissioning statement at Appendix 1 and make its comments to the Cabinet.

4. Financial and Legal Implications

4.1 This report is exclusively concerned with financial issues.

4.2 As this report deals with next year's budget, Section 106 of the Local Government Finance Act, 1992 applies to members in arrears of council tax.

5. Other Implications

Other Implications	**Yes/No**	Paragraph References within Supporting Papers
Equal Opportunities	Yes	Equality Impact Assessments
Policy	Yes	Whole document
Sustainable and Environmental		
Crime & Disorder	No	
Human Rights Act	No	
Elderly / People on Low Incomes	Yes	

Deb Watson
Strategic Director

Mark Noble
Chief Finance Officer

APPENDIX 1

HEALTH & WELLBEING

DRAFT COMMISSIONING STATEMENT

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OUTCOMES

Priority: **Wellbeing and Health** (**Health**)

Key
Performance against target

↑ above target

↓ below target

←→ meeting target

P plus RAG rating based on the tolerance set

★ Exceptional performance exceeding target by 10% or more or set tolerance
▲ Poor performance below target by 10% or more or set tolerance
● Within tolerance set

Outcomes:

Describes the key outcomes and specific measures/targets that this Priority Board is seeking to deliver.

Outcome: LAA NI 126 Early access for women to maternity services

Evaluation of performance and progress to date
On track.

YTD Target Forecast ↑ ★
82.4 85
Evaluation of performance and progress to date

Current (Q1) performance	YTD 82.4%	**Targets**	**10/11**	90%	**11/12**	tbc	**12/13**	tbc

Comparator data last full year: Leicester 78.2%; Family Best Leicester 78.2%; Family Average 39%;Ranking **1/8**

Outcome: **LAA NI 120i** (Females) All-age –all Cause Mortality rate (Directly age standardised mortality rate per 100,000 population). **Red flagged in quarter 2 performance report 2009/10.**

Evaluation of performance and progress to date
Currently below target.
Actions to reduce death rates in the short term include:

- Reducing the risk of heart attacks and strokes through Cardiovascular

disease (CVD) Risk screening in Pharmacies, improved management of CVD risk in primary care, improvement to stroke care, targeted lifestyle programmes (particularly targeted smoking cessation and tobacco control, but also including reducing alcohol harm, work to increase physical activity and maintenance of healthy weight.

- Extending and increasing the coverage of cancer screening programmes (breast, bowel and lung) and other work to improve early identification of cancers
- Work to reduce seasonal excess deaths (including work to improve the take up of seasonal flu immunisation)
- Work to reduce infant mortality (including early access to antenatal services reduced smoking in pregnancy/targeted support for smoke free homes and reduction in teenage pregnancies
- All age, All Cause mortality (death rates for people of all ages**)** good progress on issues relating to infant mortality (deaths in the first year of life) s).
- GPs have been commissioned to identify CVD risk and encourage appropriate action (Jan 2010)
- Further work to increase cervical screening uptake
-

All age, all cause mortality – premature deaths are strongly associated with deprivation and are worsened by lifestyle factors that are more common in poorer communities. Interventions to address these health inequalities need to be increased in scale

YTD	Target	Forecast		
590.5	501	584	↓	▲

Current performance	590.5	**Targets**	**10/11**	501	**11/12**	tbc	**12/13**	tbc

Comparator data last full year: Leicester 598.4; Family Best S. Birmingham 512.2; Family Average 576.9; Ranking **7/8**

Outcome: LAA NI 120ii All-age –all Cause Mortality rate Males. (Directly age standardised mortality rate per 100,000 population). **Red flagged in quarter 2 performance report 2009/10.**

Evaluation of performance and progress to date
Currently below target. See above for comments

YTD	Target	Forecast		
838.9	692	777	↓	▲

Current performance	838.9	**Targets**	**10/11**	741	**11/12**	tbc	**12/13**	tbc

Comparator data last full year: Leicester 850.1; Family Best 787.4%; Family Average 853.7; Ranking **4/8**

Outcome: NI 8 Adult (Over 16) participation in sport and physical activity 3x30 times per week (Active People Survey)

Current performance	17.9%	**Targets**	**10/11**	18.9%	**11/12**	19.9%	**12/13**	20.9%

(**Outcome LAA NI 39** Alcohol Harm related admission to hospital

Evaluation of performance and progress to date
Currently maintained performance. **Alcohol Harm reduction** – Priorities established and implementation of partnership based alcohol harm reduction plan broadly on track including training on alcohol brief intervention for front-line staff across a broad partnership. Domestic Violence Strategy developed – also relevant re alcohol harm

YTD	Target	Forecast
2167	2970	2397 ←→ ★

Current performance	YTD 2167	**Targets**	**10/11** **3118**	3118	**11/12** **3,212**	3,212	**12/13**	3,244

Outcome LAA NI 40 Drug user in effective treatment services

Evaluation of performance and progress to date
Currently on track

YTD	Target	Forecast
1217	1203	1241 ↑ ★

Current performance	YTD 1217	**Targets**	**10/11**	1216	**11/12**	tbc	**12/13**	

Outcome NI 187: % of people receiving income based benefits living in homes with a low energy efficiency rating. (see performance plus for targets)

Current performance	YTD	**Targets**	**10/11**	x	**11/12**	x	**12/13**	

Outcome Reduce % of non decent council homes (NI 158)

Current performance	YTD 4.3%	**Targets**	**10/11**	0%	**11/12**	0%	**12/13**	**0%**

Outcome Private homes made decent

Current performance	YTD 395	**Targets**	**10/11**	400	**11/12**	400	**12/13**	400

Outcome: LAA NI 149 - Proportion of adults (aged 18+) in contact with secondary mental health services in settled accommodation
To improve settled accommodation outcomes for adults with mental health problems (a key group at
risk of social exclusion).

Current performance	76.8% 30th Nov	**Targets**	**10/11**	70	**11/12**	To be set	**12/13**	To be set

Outcome: LAA NI 143 Proportion of offenders (aged 18+) under probation supervision in settled and suitable accommodation at the end of their order or license
To improve accommodation outcomes for ex-offenders (a key group at risk of social exclusion) and contribute to
Reducing reoffending.

Current performance	83	**Targets**	**10/11**	85	**11/12**	To be set	**12/13**	To be set

Outcome: NI 147 Proportion of former care leavers aged 19 who are in suitable accommodation
To improve accommodation outcomes for young adults formerly in care (a key group at risk of social exclusion)

Current	Not	**Targets**	**10/11**	To	**11/12**	To	**12/13**	To

performance	available			be set		be set		be set

Outcome: NI 145 Proportion of adults (aged 18+) with learning disabilities in settled accommodation
To improve settled accommodation outcomes for adults with learning disabilities (a key group at risk of social exclusion)

Current performance	23.8% Dec	**Targets**	**10/11**	65	**11/12**	To be set	**12/13**	To be set

Outcome: Corporate Plan LCHS10 – Number of households that are overcrowded
Reduce homelessness due to overcrowding

Current performance	261	**Targets**	**10/11**	90	**11/12**	75	**12/13**	70

Outcome: LAA Corporate Plan NI 39 – Alcohol-harm related hospital admission rates (directly age-standardised rates per 10,000)
To reduce the trend in the increase of alcohol related hospital admissions.

Current performance	2167	**Targets**	**10/11**	3118	**11/12**	3212	**12/13**	3244

Outcome: Homelessness Strategy Local Indicator – Number of people sleeping rough
End rough sleeping by 2012

Current performance	Q2 12	**Targets**	**10/11**	5	**11/12**	3	**12/13**	0

Outcome NI 187: % of people receiving income based benefits living in homes with a low energy efficiency rating.

Current performance	YTD	**Targets**	**10/11**	x	**11/12**	x	**12/13**	

Outcome Reduce % of non decent council homes (NI 158)

Current performance	YTD Q2 3.8%	**Targets**	**10/11**	0%	**11/12**	0%	**12/13**	**0%**

Outcome Private homes made decent

Current performance	YTD Q2 248	**Targets**	**10/11**	400	**11/12**	400	**12/13**	400

NEEDS ANAYLSIS

Need Analysis:

What has needs analysis, in relation to this priority, shown in terms of impact our actions are having and where we need to focus in the future. This will include national and local data for example on demand and supply and also data from consultation with communities, service users and other stakeholders. What this might mean in terms of resources.

A key longstanding target for Leicester is to improve life expectancy for residents and reduce the gap between Leicester and the national average. In recognition of this and the underlying levels of socioeconomic deprivation in the city. Leicester was in 2004 designated as a 'spearhead' area with an expectation that improvements in health will happen at a faster rate than elsewhere in the country and that the gap in health experience between Leicester residents and the average for the country will be reduced.

The following information is taken from the current JSNA.

- The all age all cause mortality rate (AAACM) for Leicester has reduced by 14% for males and 5% for females over the past 11 years (1996–2006) but rates are still significantly higher than the national average rate.

- The Life expectancy gap between Leicester and England has doubled in the last 10 years.

- Men living in Leicester can expect to live around 75.3 years, 2 years below the national average. This is significantly lower than average.

- Across Leicester there is a difference of around 6 years between the ward with the lowest male life expectancy (Castle, 72.2) and the ward with the highest life expectancy (Knighton, 78.2) in 2006.

- Women in Leicester can expect to live around 79.4 years, around 2 years less than the national average (2006). This is significantly lower than average.

- Across Leicester there is a difference of almost 5 years between the ward with the lowest female life expectancy (Braunstone, 77.2) and the ward with the highest life expectancy (Belgrave, 82) in 2006

Contributory Factors

Disease

The gap is mainly due to premature deaths from cardiovascular disease, cancer and respiratory disease in middle aged people. Cardiovascular disease death rates in Leicester are significantly higher than the national average and this is compounded by high rates of diabetes particularly in the South Asian community.

Rates for cancer and respiratory disease are close to the national average, but this masks variation between different geographical areas and population groups within the City. Chronic Obstructive Pulmonary Disease (COPD) for example, is particularly concentrated in the West of the city where both historically and currently more people smoke than in other areas of the city. All circulatory diseases (CHD, Strokes etc) accounts for 36% of the life expectancy gap in males and 35% in females.

Improving health outcomes: the main causes of death

The top three causes of death in Leicester are:

- ***Cardiovascular disease*** (35%): this is a major contributor to the adverse life expectancy gap between Leicester and England. There is also a correlation between areas of deprivation in Leicester and high rates of cardiovascular disease; and a similar correlation between higher concentrations of those of South Asian origin in the population, who are predisposed to suffer this type of ill health.

- ***Cancer*** (23%): Leicester has the highest rate of lung cancer within Leicestershire, Northamptonshire and Rutland. It is three times higher in the most deprived fifth of Leicester's population, and is also strongly correlated with those wards that demonstrate high levels of smoking, such as Braunstone and Eyres Monsell. It is generally more prevalent in the white ethnic groups.

- ***Respiratory disease*** (16%): rates of mortality from chronic obstructive pulmonary disease (COPD) are slightly above average compared to the national rate, and related hospital admissions in Leicester are the second highest in the East Midlands. There are 3,950 patients recorded on GP registers for COPD in 2007.

Improving health outcomes: **additional causes of death and ill health**

In addition to the main causes of death, the Leicester population is adversely affected by a number of other causes of death, and by many long term conditions.

Diabetes: Leicester demonstrates a higher prevalence of diabetes (4.8%) than nationally (3.7%) and the East Midlands (4.5%), and is expected to rise to as much as almost 7% by 2015. Diabetes prevalence in Leicester is four times higher in the South Asian population than in the white population, and is also strongly correlated with socio-economic deprivation.

Coronary heart disease (CHD): CHD prevalence in Leicester is recorded at 3% of the population, although the actual prevalence is estimated to be around 3.7%. Over two thirds of premature CVD mortality in Leicester is attributable to CHD, and it represents a large contributor towards the life expectancy gap for both men and women. The rate of coronary events (heart attacks

and severe angina) is much higher among the city's South Asian population than in white or black ethnic groups.

Stroke and transient ischemic attack (TIA): death rates from stroke in Leicester males and females are higher than the average rates for England, and contribute to an estimated 8% of the life expectancy gap. Stroke is more common in the South Asian and African-Caribbean populations.

Mental health: an estimated 20% of the population might be expected to have a common mental health problem at any one time, and mental health represents a key challenge to health and social care services in Leicester. Deprived areas of the city and those from ethnic minority backgrounds, particularly women of Indian and Pakistani origin, and those from African and Caribbean communities, are more at risk of mental ill health. Young men – across all ethnic groups – are over-represented at the severe end of mental health services, although they are under-represented in services such as counselling and day services.

Age

In Leicester 40% of the life expectancy gap is due to premature deaths in people age 50 to 69. For short term gain the focus should be on this age group. For the longer term there needs to be wider appropriate targeting, and development of universal services, given the very high rates of deprivation in the city.

Deprivation

Deprivation is a measure of poverty based on criteria such as economic circumstances, health crime, housing, and educational achievement. The pattern of deprivation across Leicester shows higher levels of deprivation in the west of the City than in the east. The majority of the poorest areas are the largely white, working class areas. Leicester is ranked as the 20th most deprived local authority in the country out of 354. Some areas within the City known as 'Lower Super Output Areas' (LSOAs) feature within the 5% most deprived of all areas in the country and are home to 12% of Leicester's population.

Ethnicity

As indicated above cardiovascular disease death rates in Leicester are compounded by high rates of diabetes in BME populations, particularly in the South Asian community.

Physical Activity

Despite a 2.9% increase on the percentage of adults participating in sport and physical activity (according to NI8 definition of sport and physical activity) to 17.9% (from active peoples survey 2 (15%) the city is still one of the worst performing in the East Midlands. It is also recognised through national statistics that Leicester has 7 wards that sit within the top 5% most health deprived areas within the country and also have 9 wards that fall within the top 5% most deprived areas also."

Sports and leisure centres currently deliver to 2,367,022 users. This has increased by 170,689 in the last three years. Improved Health and Wellbeing is directly linked to increased physical activity in Leicester.

Environmental factors

Environmental factors impacting on health and wellbeing include climate change, air quality, transport, and the amount and type of open space.

Leicester has a good amount of open space given the size of its population, and provides a number of hectares per person that is in line with the national average. However, there are disparities in its availability across the city population, and some undersupply in particular types of open space. Much of the available green space is on the periphery of the city, and is therefore inaccessible to many people. There is also a lack of open play areas and sports facilities. In terms of air quality, it has been estimated that poor air quality results in premature deaths in Leicester, as elsewhere in England.

Other social issues

Some additional features of the social environment that are also known to impact on health and wellbeing are: levels of educational attainment, as well the level and types of crimes reported it the community.
Parts of the community showing lower levels of educational attainment also tend to be more deprived, and to suffer from poorer health. Despite rising levels of educational attainment in Leicester, the percentage of children achieving five or more A* - C grades at GCSE or equivalent (including English and Maths) remains lower that those of the comparator group.

Youth, poverty and deprivation and low educational attainment are all associated with levels of crime. In Leicester, evidence shows that black and ethnic minority residents are significantly more worried about crime than white residents. Crime fell 14% over the 3-year period 2005-2008, however, the perception of crime and the fear of crime is that crime is on the increase.

The need to address lifestyle and behavioural causes of ill health

Lifestyle choices and behaviours that lead to ill health, such as bad diet, smoking, alcohol abuse and low levels of activity, are the ones that can be influenced by health promotion activities and targeting of services to help people achieve better health outcomes for themselves.

The key areas in which those working in health and social care in Leicester could usefully focus effort are:

Sexual health

The picture for sexual health in Leicester is similar to the national one. There are particular needs to address the issues associated with Chlamydia, where the number of cases rose sharply (36%) between 2002 and 2005.

The rise in HIV infection is a key need within sexual health services, and the number of patients diagnosed with HIV infection in Leicester almost doubled over the period 2002-06. Black African women are the most dominant group, making up 44% of all the diagnosed HIV infections.

Teenage conception rates teenage in Leicester are significantly higher than the England average, although in the east of the city, they are broadly in line with national rates. Therefore, teenage conception rates are strongly associated with high levels of deprivation, and with poor educational attainment. Conception rates have fluctuated since 1998, however, there was as sharp rise in numbers in 2006.

Smoking

Across Leicester, 23% of adults equates to approximately 50,000 smokers, of whom around half will die prematurely as a direct result of smoking; an estimated 424 people died from smoking in 2006. Smoking related mortality is strongly linked to health inequality, and is highest in areas of greater deprivation.

The specific parts of the Leicester population most likely to smoke and therefore most likely to require targeting by health and social care services and health promotion are:

• The most deprived populations.

• People with mental health problems.

• Some ethnic groups (Bangladeshi and Pakistani men).

It is anticipated that levels of smoking in England will drop further (by an estimated 1.5% to 2%) as a result of the smoking ban in public places, introduced in July 2007. There is a need to assess the impact that the smoking ban has had on smoking rates in Leicester, and for health and social care services to respond accordingly.

Obesity

In Leicester, around 58,000 (27%) adults are obese. There is a correlation between high levels of obesity and areas of high deprivation.

Linked to obesity is the low level of physical activity. Leicester is within the bottom 25% for participation in sport with only 18% of adults achieving 30 minutes of moderate activity at least 3 days a week.

Alcohol

Poor health due to alcohol abuse in Leicester is increasing. Compared to the national mortality rate, chronic liver disease mortality in Leicester is significantly higher that the national rate.
Levels of heavy drinking are higher in the west of the city, but are lower in the Asian communities found in the east.

Housing

Poor housing is intrinsically linked to poor Health and Wellbeing. Research support the fact that improvements to housing and its surrounding environment can help reduce health inequalities, especially for vulnerable groups.
Leicester has some housing needs to address. For example:

- More than a quarter of the existing housing stock was developed before 1918 (compared with a fifth nationally).
- 44% of private sector properties are considered “non-decent” – 10% of these are occupied by vulnerable households.
- There were 8,559 households on the Housing Register at 1 April 2008; 69% of these have little prospect of getting and offer.
- 11% of Leicester’s housing is overcrowded, compared with 7% nationally.
- There is a shortage of housing, and affordable general needs housing in particular.
- There is particular need for housing with wheelchair access.
- Air quality in Leicester is poor in places, as in other UK cities, and contributes to premature death.

There are also large numbers of households on the Housing Register who are unlikely to be placed, and there is a general shortage of affordable general needs housing. Leicester City Council has a policy of seeking 30% affordable housing as part of new developments, but is currently achieving less than 15%.

The needs of specific groups

In economic terms, ethnic minority groups are more likely to be unemployed in Leicester than are white ethnic groups. Within the South Asian population in Leicester, there are two distinct groups, as indicated by mosaic profiling. There is a more economically advantaged group, known as the ‘Asian Enterprise’ group; however there is a smaller group of ‘South Asian Industry’, which is more likely to be economically disadvantaged.

Older people

The Leicester population is ageing, as noted above. Older people are known to have particular needs in a number of areas. These include:

- ***Depression***: in Leicester, estimate suggests that there are between 3,500 and 5,400 older people known to have depression. Projection work suggests that there may be between 4,440 and 6,660 by 2025.

- ***Dementia***: prevalence rates suggest that there are 2,631 people in Leicester with dementia. This is expected to rise to 2,635 by 2010 and to 2,707 by 2015.

- ***Mobility***: the main illness/disability experienced by residents is mobility (58%)[5], especially within the home. There were 297 equipment and adaptation installations in the last financial year. The top three areas in Leicester, which report long standing illnesses, are: New Parks, Braunstone and Rowley Fields.

Carers

According to the 2001 census, the number of Leicester carers aged over 18 years responsible for giving at least one hour of care per week was 25,473, of whom 4,069 were aged 65 or above. Adding in 1,128 young carers this means that about 9.5% of the city's population are carers. The highest numbers of carers aged 18-64 years are to be found in Spinney Hills ward (1,658 carers). The highest numbers of carers aged over 65 are to be found in Knighton ward (351 carers). The highest proportions of carers (as a percentage of ward population) are to be found in Evington and Latimer wards (carers aged 18-64 years) and Eyres Monsell and Knighton wards (carers aged over 65years).

The need to respond to patient and service user's views and public demand

There is a need for both health services and local authorities to respond to the views of patients and service users, and to public demand.

Currently, in both health and social care services there are a wide range of opportunities for involvement and obtaining feedback that include specific groups: databases, complaints and commendations, contract monitoring, consultations/surveys, public meetings/events, working through third sector agencies/providers, using media and leaflets/newsletters, and assessment and reviews. Drivers of satisfaction and factors contributing to patients', service users' and residents' views are complex, and they are subjective. However, they give valuable insight into the experiences of the population, and as such, they are essential to developing services that are appropriate and responsive.

Patients' and service users' views

One of the key requirements for health services is to offer choice to its patients. Leicester is performing well compared to both England and the East Midlands by offering 96% of its patients a choice of hospital for first appointment. Complaints received in social care services increased by only a small number from 2006/07 to 2007/08, and there was a 14% increase in the numbers of commendations across the same time period.

However, there are a number of areas where the views of patients and service users are still to be satisfied. The key issues appear to be:

- The need to ***improve access to health services***, particularly dental care and GP services.

• The need to provide ***more support to carers***, including more practical help in the home and more information about the support available.

Public demand

The 2005 Residents Survey and the 2006 BVPI General Survey gives information on the public's perceptions of Leicester as a place to live and with satisfaction with local council services. They highlight the key issues from the public's perspective on a wide range of factors that impact on health and wellbeing.

Levels of satisfaction with the local neighbourhood have remained constant since 2001, with over three in four residents (77%) mentioning that they are satisfied with their local area as a place to live. This places the City Council towards the middle of the table of like authorities in which MORI have asked the same question. However, around one in seven (14%) are dissatisfied.

Local level data do not show the strong relationship between deprivation and satisfaction that we might expect. Through regression analysis a number of key drivers have been identified that have the strongest influence over residents' satisfaction with their neighbourhood. Those having a positive effect are:

• Think Leicester is a safe city.

• Live in Castle or Knighton Ward.

• Perceive there are good quality of services overall.

• Satisfied with parks, open spaces and play areas.

• Satisfied with pavement maintenance.

Those having a negative effect on residents' satisfaction with their neighbourhood are:

• Want more police on the street to improve neighbourhood.

• Want less anti-social behaviour.

• Want cleaner streets.

There are a number of key areas where residents claim they would like to have more of a say. These are:

• Tackling crime (33%).

How the Council spends its money: (3 1%); the proportion wanting a say on this issue has increased from 23% in 2001.

Doctor/GP Services (26%) - this has increased by twelve percentage points since 2001

In terms of community cohesion and involvement, residents' strongest sense of belonging is to England and Britain. Leicester residents' sense of belonging to England and Britain is in line with attitudes nationally. However, unlike the rest of Britain, a sense of belonging is the same in Leicester irrespective of ethnicity.

DELIVERY PLAN, PROJECTS & PROGRAMMES

Project / Programme title	Description of outcomes / target benefits	Programme / Project Manager	Start date	End date	Resourcing position including source of funding	Other comments
Football Development Project **(Project)**	Construction of new football pitches around various sites in Leicester	Programme Manager: Richard Watson Project Manager: Ian Wallace - Building Project Manager Mark Laywood - Client Project Manager	Mar 09	Dec 12	Lottery, FA Foundation, PCT, Internal Capital	
Braunstone Street Sports Area Scheme **(Project)**	Revised scheme for the conversion of the old Paddling Pool on Braunstone Park to form a street sports area; preparation of scheme design and tender documentation. Braunstone Community Association is external partner	Programme Manager: Brian Stafford Project Manager: Bob Mullins	Jun 05	Dec 09	BCA	
3X30 Pledge (Project)	A joint project with NHS Leicester City, Sport England and the Councils Sport Services. The project aims to increase the number of people living in Leicester to participate 3x30 minutes s sport or physical activity which will be reflected in the NI8 survey results.	Programme Manager: Paul Edwards Project Manager: Carla Lane Physical Activity Manager	2009	2011	internal revenue PSA Grant PCT Funding Sport England	
16 and Under Free Swimming Programme **(Project)**	A bid to DCMS to deliver free swimming for young people to help drive the 5 hour offer for sport.	Programme Manager: Paul Edwards Project Manager: Tracie James	Apr 09	Apr 11	CYPS / PCT / Sports Services / DCMS	
Overcrowding Pathfinder **(Project)**	To tackle overcrowding within the social housing in the city and to build a strategy for the future.	Project Manager: Adam Stones	Jan 08	Apr 10	External Grant	Project might get funding for 2010/11
Re-designing of Substance	Major changes to the delivery of	Programme	Jun 09	Jan 11	Pooled Treatment	£3.1m recurrent budget

Project / Programme title	Description of outcomes / target benefits	Programme / Project Manager	Start date	End date	Resourcing position including source of funding	Other comments
Misuse Services **(Project)**	drug treatment in Leicester primarily in response to the anticipated reduction in the Pooled Treatment Budget in the coming years but also to accommodate the drive towards more responsive locality based services. Treatment services will be jointly commissioned with health and local authority monies and underpinned by a Section 75 agreement.	Manager: Kate Galoppi Project Manager: Alyson Taylor/Ashok Chotalia			budget/National Treatment Agency/ Drug & Alcohol Action Team (DAAT)	might be reduced . £284k non-recurrent budget for consultation. Project is better evidence of effectiveness of treatment.
Substance Use Move On (SUMO) **(Project)**	Housing support for people that need little support to move on i.e. cleaned and have direction	Programme Manager: Kate Galoppi Project Manager: Alyson Taylor	Jul 09	Mar 10	LCC Capital Revenue	No project specification yet, but fund is available. Awaiting go ahead on building to be used by community services & protection.
System Change Pilot Scheme **(Project)**	To improve outcomes for substance mis-using offenders	Project Manager: Charlotte Talbott	Apr 09	Mar 11	Department of Health	
Project / Programme title	**Description of outcomes / target benefits**	**Programme / Project Manager**	**Start date**	**End date**	**Resourcing position including source of funding**	**Other comments**
Delivery of sport and physical activity session in leisure centres	Improving health and wellbeing – Improving all age, all cause mortality	Paul Edwards, Head of Sport Services	**2009**	TBN	LCC revenue support grant	
Sports Development programme	Delivery of sport and physical activity initiatives	Surj Virk, Sports Regeneration Manager	2009	TBN	Revenue support grant Grants and funding	

PROPOSED PROJECTS

Proposed projects

Any new projects / programmes which are being proposed.

Project / Programme title	Description of outcomes / target benefits	Estimated cost to deliver	Funding source	Likely timescales	Current stage this has reached
Smoking Cessation project	Link smoking cessation to sport ad physical activity	£40,000 pa	WNF	2010/11/12	Proposal made
Alcohol Harm Reduction	Priorities established and implementation of partnership based harm reduction plan broadly on track including training on alcohol brief intervention for front line staff across as broad partnership. Domestic Violence Strategy developed – also relevant re: alcohol harm.				
Investment in Health Suites	Redevelopment of underutilised facilities into general fitness/exercise rooms to achieve improved health outcomes.	Development cost £84k in year 1. Cost will be recovered in yr 2 and surpluses of £148k will be generated subsequently	4/10 Subject to revenue growth bid in 2010/11-12/13 budget round	Commence 4/10	Budget proposal for decision in Feb 2010

SERVICE DELIVERY

Service Delivery

The Health & Wellbeing Priority Board considers the LAA performance report routinely and has engaged in detailed examination of failing or struggling targets involving reports and presentation to the Board which provide a clear focus for improvement and a chance to garner support. Examples of this would be NI131 Delayed Transfers of Care, which in the last year have struggled but are now on track. The same approach is being taken to Life Expectancy/all age all cause mortality.

Current challenges (Sports)

There is a need to maintain income levels at leisure centres to help support sport and physical activity work across the city.

Current challenges (Housing)

- The Housing Options Service is being reviewed to identify the impact of the introduction of Choice Based Lettings, the need to introduce the Single Assessment and Referral (SAR) of hostels, and take into account comparative expenditure by other LA's.

- While family homelessness is well managed in the city, single homelessness continues to present challenges. More work is needed to reduce the use of hostels by the single homeless, by reconfiguring the prevention and support services. This work will be done in association with the supporting people SAR project and aims to reduce number of hostel bed spaces in the city. (SP Strategic Review of Homeless Services).

- This work will support improved outcomes for the PSA16 groups, particularly focusing on improvement for ex offenders and those with drug and alcohol abuse.

- The target or private sector decent homes will not be met due to falling capital allocations. Leicester is one of four regional loans pilots (see project list). While the Council records homes made decent through public intervention, we cannot easily measure the private sector contribution, or the rate at which homes become non decent. The outcome of the private sector stock condition survey is expected in January 2010 and will confirm the current position. The renewal and grants service is being reduced to reflect available capital, and in addition, to meet revenue pressures.

- Leicester needs to continue to roll out assistive technology services and LeicesterCare is developing a proposal for non social care clients.

Current Challenges Improving Lifestyle

Deaths and ill health associated with the diseases are contributing to the life expectancy gap, which is being made worse by lifestyle factors such as smoking, obesity and excessive alcohol consumption. In Leicester these factors are at levels

above the national average and in the case of obesity and alcohol related hospital admissions and mortality are getting worse. Action is being taken at a strategic and operational level to address these issues and needs to be sustained and integrated into an overall strategy to reduce health inequalities.

There is obvious synergy between reducing alcohol consumption in adults and young people and the community safety aspects of alcohol related harm, which is why the Health & Wellbeing Priority Board, Wellbeing & Health Strategic Theme Group and the Safer Leicester Partnership have worked together on the Leicester Alcohol Harm Reduction Strategy, and there is a similar tie up between reducing levels of obesity in the city and promoting physical activity and health lifestyles both in the short and long term.

The CAA indicates the need to further integrate support for lifestyle change across a wider range of public services so that there is consistency of message and signposting to services, schemes and opportunities that can improve health.

Addressing wider determinants of health

Lifestyle is itself affected by many influences and it is well recognised that wider determinants of health such as poverty, lack of education, unemployment and poor housing can both directly contribute to poor health, but also frustrate attempts to help people adopt healthier lifestyles. Tackling these issues is not for the health service alone but can only be done in conjunction with other partners an agenda, which is being taken with the Leicester Partnership. The Local Area Agreement (LAA) picks up the monitoring of progress against targets in many, but not all, of these areas.

The CAA has called for more explicit integration of Health Inequalities across all areas of the LSP Partnership. While the connection between targets and indicators that can promote health in general are often made, the application of an explicit reducing health inequalities priority and perspective to the range of partnership activity is far rarer and an issue to be addressed in the follow up to the CAA. It implies a health inequalities impact assessment of all areas, leading to realistic plans that are then managed on a routine basis. This would encourage targeting of services and initiatives in support of reducing health inequalities and provide evidence from across the partnership of strategic approach, focussed effort and impact.

Current Challenges implementing interventions

Changes that impact on lifestyle and the wider determinants of health will reduce the life expectancy gap in the medium to long term and it is essential to ensure that action is urgently taken in these areas to ensure the sustainability of any short term gains.

However the target for reducing the life expectancy should be achieved by 2010 and that will need targeted interventions for people at risk of dying early. Such actions include:

- Reducing the risk of heart attacks and strokes through Cardiovascular disease (CVD) Risk screening in Pharmacies, improved management of CVD risk in

primary care, improvement to stroke care, targeted lifestyle programmes (particularly targeted smoking cessation and tobacco control, but also including reducing alcohol harm, work to increase physical activity and maintenance of healthy weight.

- Extending and increasing the coverage of cancer screening programmes (breast, bowel and lung) and other work to improve early identification of cancers

- Work to reduce seasonal excess deaths (including work to improve the take up of seasonal flu immunisation)

- Work to reduce infant mortality (including early access to antenatal services reduced smoking in pregnancy/targeted support for smoke free homes and reduction in teenage pregnancies) a clear interface with the Children and Young Peoples partnership

- GPs have been commissioned to identify CVD (including diabetes) risk and encourage appropriate action (Jan 2010)

- Further work to increase cervical screening uptake.

- Improved management of long term conditions

- Better management of diabetes (HBa1c)

- Follow-up actions identified in CAA and in the Audit Commission report on Health Inequalities.

- The delivery of many of these interventions successfully requires improvements in the performance and accessibility of primary care in the city, and this is a priority in the PCT' Commissioning and Investment Strategy refresh.

- Though the above interventions are centrally 'clinical' interventions there is a need for integration across the Partnership to ensure accessibility, access and take up of services. This will involve engagement and awareness by strategic and front line staff of the issues and recognition of the importance of encouragement, signposting and consistent key messages, focused on the Health Inequalities issues as recommended by the Audit Commission.

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COMMISSIONING PRIORITIES

Commissioning Priorities

Health – Mortality Actions to reduce death rates in the short term include:

- Reducing the risk of heart attacks and strokes through Cardiovascular disease (CVD) Risk screening in Pharmacies, improved management of CVD risk in primary care, improvement to stroke care, targeted lifestyle programmes (particularly targeted smoking cessation and tobacco control, but also including reducing alcohol harm, work to increase physical activity and maintenance of healthy weight

- Extending and increasing the coverage of cancer screening programmes (breast, bowel and lung) and other work to improve early identification of cancers

- Work to reduce seasonal excess deaths (including work to improve the take up of seasonal flu immunisation)

- Work to reduce infant mortality (including early access to antenatal services reduced smoking in pregnancy/targeted support for smoke free homes and reduction in teenage pregnancies

- All age, All Cause mortality (death rates for people of all ages**)** good progress on issues relating to infant mortality (deaths in the first year of life) s)

- GPs have been commissioned to identify CVD risk and encourage appropriate action (Jan 2010)

- Further work to increase cervical screening uptake

Alcohol Harm reduction – Priorities established and implementation of partnership based alcohol harm reduction plan broadly on track include training on alcohol brief intervention for front-line staff across a broad partnership. Domestic Violence Strategy developed – also relevant re alcohol harm.

Physical Activity – Successful 'Skyride' mass cycling event on 30th August
3 x 30 Pledge launched in Jul 2009 and has exceeded its target for Q2
Completion of Leicester's Partnership Sport and Physical Activity Strategy. Participation in Sport and Physical activity – challenging targets require 2% year on year improvement – next data via active people survey in April 2010

Participation in sport
New exercise referral scheme to be launched in November 2009 in partnership with NHS Leicester City with the intention of doubling the current referral rate from 600 to 1200 per annum.

Older People – Re- ablement service commenced at the end of Q 2 which will increase the number of people receiving support services.

Housing – services funded by SP /ABG to deliver the Homelessness Strategy . Private Sector Decent Homes Strategy and Home Energy Services as supporting services because of the recognised risk factor of cold damp homes to the all age all causes mortality indicator. successful funding bid for 93 affordable homes and a second bid for a further 72 affordable homes is to be submitted.
Multi-agency programme board has been set up to implement the recently agreed Homelessness Strategy and Affordable Housing Strategy.

Smoking – Good progress on smoking quitters (as a proxy measure for progress on smoking issues generally).

Equality outcomes achieved for customers - Health inequalities affect people in poorer communities and some ethnic groups. Providing equality outcomes would require indicator by indicator analysis which may not be supported by data. This underscores the need for an embedded approach to health inequalities which in itself is performance managed

- Revised governance arrangements to redress the balance between tackling health inequalities and focusing on specific service issues to do with service related LAA targets. (It has been agreed that a Health Inequalities Executive will be formed).

- Specifically with regard to Health Inequalities there is an urgent need to develop a partnership wide strategic framework

- There is a need for an improved and timely performance management framework that provides consistent and accurate data.

- The H&WB partnership has no dedicated officer support which is an impediment to moving things forward as quickly as we would like them.

There are no specific updates in respect of the other indicators as they are derived from the **Place Survey**, which is held biennially. However the Health and Wellbeing Partnership Board (HWPB) have been involved in discussions that should result in the commissioning of services for better outcomes and this should help to improve performance for **NI 119**. Similar discussions involving key agencies within the Thriving Communities Group should also improve neighbourhood working in respect of **NI 138**

Environmental Services – Statutory food safety and health and safety enforcement services within the Environmental Services Division will endeavour to fulfil the Council's statutory responsibilities and to deliver services that, as far as is possible, reflect One Leicester priorities and meet customer expectations.

EFFICIENCIES

Describes the areas where the Priority Boards have identified efficiencies that can be achieved in projects/programmes, activities and services.

Description of efficiency	**2010/11 £'000**	**2011/12 £'000**	**2012/13 £'000**	**Accountable Officer**
Cash releasing				
R3 Reconfiguring under utilised facilities	0	148.7	148.7	Paul Edwards
R4 Reconfigure loss making facilities	0	11.4	11.4	Paul Edwards

FURTHER WORK

Future Work

Health & Wellbeing inequalities have been red flagged under the LAA for the City. Generally, people in Leicester will die two year earlier than the majority of people in the Country.

Therefore priorities will continue to be directed towards making health choices easier choices.

The transformation of Adult Social Care will also assist people to live fuller independent lives within our community.
The recognition of carers and social capital will also contribute to promoting support to older and vulnerable people.

Equality Impact Assessment:
Identify expected significant equality impacts arising from budget growth and reduction proposals. These will be supported by formal EIAs (not reported here). Formal EIAs are currently being finalised but at this stage it is expected that there will be no adverse equality implications that would negatively impact on Service Users' well being (as defined by the Equality and Human Rights Commission); nor any negative impact on equalities in so far as the proposals affect staffing. Individual EIAs will be made available for scrutiny in the members' area once they have been completed.

BUDGET, GROWTH & REDUCTION PROPOSALS

WELLBEING & HEALTH PRIORITY BOARD

		2010/11	2011/12	2012/13
		£'000	£'000	£'000
	BUDGET PROPOSALS			
	GROWTH PROPOSALS			
	Supporting People Growth	600.0	400.0	400.0
	TOTAL GROWTH	**600.0**	**400.0**	**400.0**
	REDUCTION PROPOSALS	**2010/11**	**2011/12**	**2012/13**
		£'000	**£'000**	**£'000**
	Housing			
R1	Charges to HRA	50.0	50.0	50.0
	Environmental Services			
R2	Health & Safety Enforcement	0.0	90.0	90.0
	Cultural Services (Sports)			
R3	Re-configuring under-utilised facilities	0.0	148.7	148.7
	One off investment in health suites	(84.0)		
R4	Re-configure loss making facilities	0.0	11.4	11.4
R7	Reduce Opening Hours	33.3	127.5	127.5
R9	Sports Regeneration Team	36.7	90.0	90.0
	Total Cultural Services (Sports)	**(14.0)**	**377.6**	**377.6**
	Total All Savings Proposals	**36.0**	**517.6**	**517.6**
	NET GROWTH / (REDUCTION)	**564.0**	**(117.6)**	**(117.6)**

GROWTH & REDUCTION PROFORMAS

BASE BUDGET GROWTH PROPOSAL 2010-11

SERVICE AREA Supporting People			**Proposal No: TSG 2**	
Purpose of Service: Provision of Council Housing.				
Details of Proposed Project (s) Growth: To make up the inherent shortfall, due to the reducing SP grant monies.				
Type of Growth (delete as appropriate) Other				
Service Implications (including impact on One Leicester) & link to SIEP (service plan) Supports the One Leicester priority for providing housing related support and enabling vulnerable people to remain independent.				
Date of earliest implication/ date of proposed implication		**Date:**		
Financial Implications of Proposal	**2009-10** £000s	**2010-11** £000s	**2011-12** £000s	**2012-13** £000s
Effects of Changes on budget				
	Existing Budget	**Proposed Addition**		
Staff				
Non Staff Costs		600	400	400
Income				
Net Total		600	400	400
Staffing Implications		**2010-11**	**2011-12**	**2012-13**
Current service staffing (FTE)				
Post(s) deleted (FTE)				
Current vacancies (FTE)				
Individuals at risk (FTE)				

Health & Wellbeing
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA Personalisation & Business Support Division			**Proposal No: HWB R1**	
Purpose of Service: CCTV				
Details of Proposed Reduction: Updating recharging mechanism for CCTV cameras between General Fund and HRA.				
Type of Reduction (delete as appropriate) Other				
Service Implications (including impact on One Leicester) & link to SIEP (service plan) None.				
Date of earliest implication/ date of proposed implication		**Date:**		
Financial Implications of Proposal	**2009-10** £000s	**2010-11** £000s	**2011-12** £000s	**2012-13** £000s
Effects of Changes on budget				
	Existing Budget	**Proposed Addition**		
Staff				
Non Staff Costs		50	50	50
Income				
Net Total		50	50	50
Staffing Implications		**2010-11**	**2011-12**	**2012-13**
Current service staffing (FTE)				
Post(s) deleted (FTE)				
Current vacancies (FTE)				
Individuals at risk (FTE)				

Health & Wellbeing
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA Health & Safety (Enforcement) Team			**Proposal No: HWB R 2**	
Purpose of Service: The team is responsible for the Council's statutory responsibilities as the enforcing authority for approx. 5,700 workplaces in the city, undertaking proactive & reactive workplace inspections, accident & complaint investigations and requests for advice from businesses. The team is also responsible for regulating tattooists, body piercing & acupuncture premises, safety at sports grounds and enforcing smoke free legislation.				
Details of Proposed Reduction: Reducing the team by two f.t.e. equivalent posts from 2011/12.				
Type of Reduction (delete as appropriate) Service Reduction				
Service Implications (including impact on One Leicester) & link to SIEP (service plan) The effect of this service reduction will be mitigated by risk prioritisation of the work undertaken by the team and by the potential future redirection of resources from other areas of environmental health, where possible.				
Date of earliest implication/ date of proposed implication **Date:**				
Financial Implications of Proposal	**2009-10** £000s	**2010-11** £000s	**2011-12** £000s	**2012-13** £000s
Effects of Changes on budget				
	Existing Budget	**Proposed Reduction**		
Staff	355	0	90	90
Non Staff Costs	39			
Income	-36			
Net Total	358	0	90	90
Staffing Implications		**2010-11**	**2011-12**	**2012-13**
Current service staffing (FTE)		9	9	9
Post(s) deleted (FTE)		0	2	2
Current vacancies (FTE)		0	0	0
Individuals at risk (FTE)		0		

Health & Wellbeing
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA Sports Services **Proposal No: HWB R 3**

Purpose of Service:
Sports and leisure centres have for many years offered crèche facilities to enable customers to ensure childcare is available while they participate in sports and physical activity sessions.

Details of Proposed Reduction:
To redevelop under utilised crèche facilities for health purposes. Crèche users will be assisted to find alternative facilities. The existing crèche space to be utilised as exercise referral rooms or general fitness/exercise rooms offering support to referrals from GP's surgeries and other sports and physical exercise activity aimed at achieving improved health outcomes. There is a concerted drive to offer health checks to people aged over 40 and this alternative use of space will ensure the resource is available to meet the expected surge in demand.

Type of Reduction (delete as appropriate)

Efficiency

Service Implications (including impact on One Leicester) & link to SIEP (service plan)
Crèche provision is hugely expensive with a net loss of almost £150,000 being spent on small number of users each year. There is now a wide range of childcare options available to people which was not in place in the 1970s when crèches were first introduced.

The alternative use of the space is anticipated to be more appropriate to the needs of customers and be more appropriate to the health & wellbeing agenda.

Date of earliest implication/ date of proposed implication
Date: 01/04/2011

Financial Implications of Proposal	**2009-10** £000s	**2010-11** £000s	**2011-12** £000s	**2012-13** £000s
Effects of Changes on budget				
	Existing Budget	**Proposed Addition**		
Staff	159.2			
Non Staff Costs	10			
Income	(10.5)			
Net Total	148.7	(84)	148.7	148.7
Staffing Implications		**2010-11**	**2011-12**	**2012-13**
Current service staffing (FTE)	7			
Post(s) deleted (FTE)	7			
Current vacancies (FTE)	0			
Individuals at risk (FTE)	7			

CULTURAL SERVICES DIVISION
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA Sports Services		**Proposal No: HWB R 4**		
Purpose of Service: Review of under utilised amenities, as under health provision thereby increasing sports and leisure facilities.				
Details of Proposed Reduction: Extension of existing leisure facilities at New Parks, St Margaret's Pastures and Leicester Leys Leisure Centres, to provide greater health activities. Expansion will replace existing underused loss making bar areas.				
Type of Reduction (delete as appropriate) Efficiency				
Service Implications (including impact on One Leicester) & link to SIEP (service plan) Vended drinks and snacks will continue to be available for customers at these venues				
Date of earliest implication/ date of proposed implication **Date: 01/04/2011**				
Financial Implications of Proposal	**2009-10** £000s	**2010-11** £000s	**2011-12** £000s	**2012-13** £000s
Effects of Changes on budget				
	Existing Budget	**Proposed Addition**		
Staff	37	0	37	37
Non Staff Costs	30.9	0	30	30
Income	56.5	0	56	56
Net Total	11.4	0	11.4	11.4
Staffing Implications		**2010-11**	**2011-12**	**2012-13**
Current service staffing (FTE)	2.5+casuals			
Post(s) deleted (FTE)	2.5+casuals			
Current vacancies (FTE)	0			
Individuals at risk (FTE)	2.5+casuals			

CULTURAL SERVICES DIVISION
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA Sports Services			**Proposal No: HWB R 7**	
Purpose of Service: Provision of Sports and leisure facilities				
Details of Proposed Reduction: Sports and leisure centres have analysed user trends and where there is little demand, opening hours will be reduced. Customers who may be affected will be signposted to alternative opportunities to undertake physical activity. The impact on most sites would be minimal and sports and leisure centres are in the main open 16 hours per day.				
Type of Reduction (delete as appropriate) Efficiency				
Service Implications (including impact on One Leicester) & link to SIEP (service plan) The changes will be managed so as to only reduce availability where there is little usage. The effect will be mitigated by moving some existing bookings to alternative times.				
Date of earliest implication/ date of proposed implication **Date: 01/10/2010**				
Financial Implications of Proposal	**2009-10** £000s	**2010-11** £000s	**2011-12** £000s	**2012-13** £000s
Effects of Changes on budget				
	Existing Budget	**Proposed Addition**		
Staff	127.5	33.3	127.5	127.5
Non Staff Costs	0		0	0
Income	0		0	0
Net Total	127.5	33.3	127.5	127.5
Staffing Implications		**2010-11**	**2011-12**	**2012-13**
Current service staffing (FTE)	174.5			
Post(s) deleted (FTE)	8			
Current vacancies (FTE)	0			
Individuals at risk (FTE)	8*			
				***reducing hours across sites**

Health & Wellbeing
BASE BUDGET REDUCTION PROPOSAL 2010-11

SERVICE AREA Sports Services **Proposal No: HWB R 9**

Purpose of Service:
The Sports Regeneration Team work with a wide range of agencies and organisations to help deliver sport and physical activity opportunities in the City.

Details of Proposed Reduction:
One Sports Regeneration Officer post will be deleted.
The annual Sports Festival in the City Centre will no longer take place.
The casual coaches budget will be reduced by £20k. Efficiency will be delivered through local neighbourhood sports clubs thereby reducing costs.
Sport on the Road will be deleted.

Type of Reduction (delete as appropriate)
Service Reduction.

Service Implications (including impact on One Leicester) & link to SIEP (service plan)
The loss of one post will need the team to work more closely with Sports Clubs through Sports – Specific Development Groups currently being established.
The reduction in casual coaches will enable sports clubs to become more inclusive within their communities and help their sustainability.
Sport on the Road will be replaced with a joint shared outreach programme with the professional clubs in the city although this will take approx 12 months to establish

Date of earliest implication/ date of proposed implication
Date: 01/07/2010

Financial Implications of Proposal	**2009-10** £000s	**2010-11** £000s	**2011-12** £000s	**2012-13** £000s
Effects of Changes on budget				
	Existing Budget	**Proposed Addition**		
Staff	50	25	50	50
Non Staff Costs	40	11.7	40	40
Income	0	0	0	0
Net Total	90	36.7	90	90
Staffing Implications		**2010-11**	**2011-12**	**2012-13**
Current service staffing (FTE)	5			
Post(s) deleted (FTE)	2			
Current vacancies (FTE)	0			
Individuals at risk (FTE)	2			