MEETING OF THE OVERVIEW SELECT COMMITTEE

DATE:       WEDNESDAY, 22 MAY 2013  
TIME:       5:30 pm  
PLACE:      THE TEA ROOM - FIRST FLOOR, TOWN HALL, TOWN HALL SQUARE, LEICESTER

Members of the Committee

Councillor Cassidy (Chair)  
Councillor Joshi (Vice-Chair)

Councillors Dr Barton, Cleaver, Cooke, Grant, Kitterick, Dr Moore, Newcombe, Porter, Waddington and Willmott

Youth Council Representatives

To be advised

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

Elaine Baker

for the Monitoring Officer

Officer contact: Elaine Baker
Democratic Support, Leicester City Council
Town Hall, Town Hall Square, Leicester LE1 9BG
(Tel. 0116 229 8806 Fax. 0116 229 8819)
Email: elaine.baker@leicester.gov.uk
INFORMATION FOR MEMBERS OF THE PUBLIC

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

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

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

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

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

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

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

General Enquiries - if you have any queries about any of the above or the business to be discussed, please contact Elaine Baker, Democratic Support on 0116 229 8806 or email elaine.baker@leicester.gov.uk or call in at the Town Hall.

Press Enquiries - please phone the Communications Unit on 0116 252 6081
PUBLIC SESSION

AGENDA

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF INTEREST

Members are asked to declare any interests they may have in the business on the agenda, and/or indicate that Section 106 of the Local Government Finance Act applies to them.

3. CHAIR'S ANNOUNCEMENTS

The Chair will provide an update on developing scrutiny arrangements

4. MINUTES OF PREVIOUS MEETING

Appendix A

The minutes of the meeting held on 18 April 2013 are attached and the Committee is asked to confirm them as a correct record.

5. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

6. PETITIONS

The Monitoring Officer to report on any petitions received.

7. TRACKING OF PETITIONS - MONITORING REPORT

Appendix B

The Monitoring Officer submits a report that updates Members on the monitoring of outstanding petitions. The Committee is asked to note the current outstanding petitions and to agree to remove those petitions marked ‘Green Complete’ from the report. The Committee is also asked to note the update on Petition 13/02/003.

8. SCRUTINY ANNUAL REPORT

Appendix C

The Scrutiny Support Manager submits a report giving an overview of the content of the draft Scrutiny Annual Report for 2012-2013. The Committee is recommended to note the draft Scrutiny Annual Report and to delegate
responsibility for signing off the final version of the report to the Director of Delivery, Communications and Political Governance and Councillor Cassidy as the Chair of the Overview and Select Committee for 2012-13.

9. SCRUTINY COMMISSION WORK PROGRAMMES

To receive and endorse the following reports of reviews carried out by a Scrutiny Commissions:-

a) Sports Engagement in Leicester by the Heritage, Leisure and Sport Scrutiny Commission (Appendix D1)

b) Revisiting the Mental Health Scrutiny Review for Working Age Adults by the Health and Community Involvement Scrutiny Commission (Appendix D2)

c) Voluntary and Community Sector Groups who have raised concerns about Funding, Commissioning and Tendering issues by the Health and Community Involvement Scrutiny Commission (Appendix D3)

10. OVERVIEW SELECT COMMITTEE WORK PROGRAMME

A work programme for the Overview Select Committee is attached. The Committee is asked to consider this and make comments and/or amendments as it considers necessary.

11. QUESTIONS FOR THE CITY MAYOR

The City Mayor will answer questions raised by members of the Overview Select Committee on issues not covered elsewhere on the agenda.

12. ANY OTHER URGENT BUSINESS
Minutes of the Meeting of the
OVERVIEW SELECT COMMITTEE

Held: THURSDAY, 18 APRIL 2013 at 5.30pm

P R E S E N T:

Councillor Cassidy (Chair)
Councillor Joshi (Vice-Chair)

Also present:

Councillor Chaplin
Councillor Potter
Sir Peter Soulsby City Mayor
Councillor Sood Assistant Mayor (Community Involvement)

135. APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Cooke and Kitterick.

It was noted that Councillor Sangster was present as a substitute for Councillor Cooke.

136. DECLARATIONS OF INTEREST

Councillor Joshi declared an Other Disclosable Interest in agenda item 11, “Corporate Procurement Plan 2013/14”, as he worked for a voluntary organisation.

Councillor Joshi also declared an Other Disclosable Interest in agenda item 12, “Revenue Budget monitoring 2012/13 – Period 9”, as his sister was a Council tenant and his wife worked for the Council’s Adult Social Care and Safeguarding services.
Councillor Dr Moore declared an Other Disclosable Interest in the general business of the meeting, as her company taught two Looked After Children.

Councillor Newcombe declared an Other Disclosable Interest in agenda item 12, “Revenue Budget monitoring 2012/13 – Period 9”, as he had family members who worked for the Council.

Councillor Grant declared an Other Disclosable Interest in agenda item 12, “Revenue Budget monitoring 2012/13 – Period 9”, as he had family members who worked for the Council.

Councillor Willmott and Councillor Dr Moore both declared an Other Disclosable Interest in agenda item 9, “Annual Report of the Local Government Pension Scheme in Leicestershire”, as they were both members of this scheme.

In accordance with the Council’s Code of Conduct, these interests were not considered so significant that they were likely to prejudice the respective Councillors’ judgement of the public interest. They were not, therefore, required to withdraw from the meeting.

137. CHAIR’S ANNOUNCEMENTS

The Chair welcomed all present to the meeting and introduced Councillor Newcombe, who recently had become a member of the Committee.

The Chair reported that a very productive meeting had been held with the lead Commissioner for the Boundary Commission Review, (Minute 133, “Any Other Urgent Business: Boundary Commission Review – Council Size”, referred). The Commissioner had given good advice to the Council on how to present its case, which had been taken when the submission was made. It would be ensured that all members of the Council had had the opportunity to see a copy of the final submission.

It was noted that the next meeting of this Committee would now be held on 22 May 2013, (not 16 May as previously scheduled).

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<tr>
<th>Action</th>
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<tbody>
<tr>
<td>Clarification to be sought that all members of the Council have had the opportunity to see a copy of the Council’s final submission to the Local Government Boundary Commission for England on the size of the Council</td>
<td>Director of Change &amp; Programme Management</td>
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138. MINUTES OF PREVIOUS MEETING

RESOLVED:
That the minutes of the meeting of the Overview Select Committee held on 12 March 2013 be approved as a correct record.

139. MATTERS ARISING FROM THE MINUTES OF THE LAST MEETING

The Chair advised the Committee that:-

- The Police and Crime Commissioner would be invited to a meeting of this Committee when more information on the Police and Crime Plan was available, (minute 123, “Police and Crime Plan”, referred);

- Further to minute 125, “Minutes of Previous Meeting”, the Political Conventions were being redrafted. When the revised version was received, the Chair, Vice-Chair, Councillor Waddington and Councillor Grant would meet to consider them;

- Members were asked to let Councillor Joshi know if they were interested in joining the task group being established to examine the equality impact of the forthcoming welfare changes, (minute 125, “Minutes of Previous Meeting”, referred); and

- The reports from the Health and Community Involvement Scrutiny Commission on “Revisiting the Mental Health Scrutiny Review for Working Age Adults” and “Voluntary and Community Sector Groups who have raised concerns about Funding, Commissioning and Tendering” that had been withdrawn at the last meeting were likely to be considered by the Committee in May. (Minute 131, “Chair’s Announcements”, referred.)

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<tr>
<td>The Police and Crime Commissioner to be invited to a Committee meeting when more information on the Police and Crime Plan is available</td>
<td>Strategic Director for City Development and Neighbourhoods</td>
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<tr>
<td>The Chair and Vice-Chair of this Committee, plus Councillor Waddington and Councillor Grant to meet to consider the revised Political Conventions as soon as possible</td>
<td>Councillors Cassidy, Joshi, Waddington and Grant / Director of Change and Programme Management</td>
</tr>
<tr>
<td>Expressions of interest in joining the task group being established to examine the equality impact of the forthcoming welfare changes to be sent to Councillor Joshi</td>
<td>Members of the Committee</td>
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<tr>
<td>The two reports from the Health and Community Involvement Scrutiny Commission that were withdrawn at the last meeting to be</td>
<td>Scrutiny Support Officer / Democratic Support Officer</td>
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140. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

The Monitoring Officer reported that there were no questions, representations or statements of case.

141. PETITIONS

The Monitoring Officer reported that no petitions had been received.

142. TRACKING OF PETITIONS - MONITORING REPORT

The Monitoring Officer submitted a report updating Members on the monitoring of outstanding petitions.

Particular attention was drawn to the following points:-

- Letters were due to be sent to businesses during the week beginning 22 April advising them of the decision on petition reference 12/03/003. A Traffic Regulation Order would be needed to implement the scheme. If no objections to that Order were received, it could be implemented in approximately three months’ time;

- The requests for an additional bus service for the Peebles Way area and road widening in Keyham Lane and Keyham Lane West would be considered with all other such requests. The outcome of each would be reported when available;

- Petitions referenced 12/11/03 and 12/12/002 had changed status to “Green Complete”; and

- The status of petition reference 12/12/01 had changed from “Red” to “Green”.

The Committee noted that the lead petitioner for petition reference 13/01/001, (requesting the reinstatement of Braunstone Hall and Gardens as a free entry museum), had asked that a report on the action taken on this petition be considered. A report was due to be considered at the next meeting of the Heritage, Leisure and Sport Scrutiny Commission.

Some concern was raised that the wrong Scrutiny Commission chair had been asked to agree the action taken in respect of petition reference 13/01/004, (in support of the Pit Stop Car Wash on St Augustine’s Road, which had been refused permission to continue). Matters relating to regulatory committees such as Planning did not fall directly within the remit of any of the Scrutiny Commissions. It therefore was requested that the most appropriate way to respond to such situations in the future be considered and a response reported.
to the next meeting of this Committee.

Councillor Sood, Assistant Mayor with responsibility for Community Involvement, raised concerns that some of the signatures on petition reference 13/02/003 had not been counted, as some people had signed in Guajarat. The Council had language translation facilities that could be used in these situations, so all such signatures should be considered.

RESOLVED:
1) That the current outstanding petitions be noted;

2) That the petitions referenced 12/08/03, 12/09/02, 12/09/05, 12/10/02, 12/10/04, 12/11/03, 12/11/05, 12/12/002, 13/01/001, 13/01/002 and 13/01/004 marked as “Green Complete”, be removed from the report; and

3) That the Monitoring Officer be asked to consider which Scrutiny Commission chair should be asked to endorse action taken in consequence of petitions in relation to regulatory matters, (for example, Planning matters), and to advise the Committee of the outcome of this.

<table>
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<tr>
<th>Action:</th>
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<tr>
<td>Petitions referenced 12/08/03, 12/09/02, 12/09/05, 12/10/02, 12/10/04, 12/11/03, 12/11/05, 12/12/002, 13/01/001, 13/01/002 and 13/01/004 to be removed from the report.</td>
<td>Democratic Support Officers</td>
</tr>
<tr>
<td>Consideration to be given to which Scrutiny Commission chair should be asked to endorse action taken in consequence of petitions in relation to regulatory matters. The outcome of this to be reported to the next meeting of the Committee.</td>
<td>Monitoring Officer</td>
</tr>
</tbody>
</table>

143. ANNUAL REPORT OF THE LOCAL GOVERNMENT PENSION SCHEME IN LEICESTERSHIRE

Chris Tambini, (Assistant Director, Strategic Finance and Procurement with Leicestershire County Council), and Colin Pratt, (Investments Manager with Leicestershire County Council), introduced themselves to the meeting. They then gave a presentation on the Leicestershire Pension Fund, a copy of which had been circulated with the agenda.

During the presentation, Chris Tambini drew particular attention to the following points:-
• The Leicestershire Pension Fund covered Leicestershire, Leicester and Rutland and was one of the largest schemes in the country;

• The Leicestershire Pension Fund had not had any situations where investment decisions were questioned by the Department for Communities and Local Government, which had responsibility for the local government pension scheme;

• Membership of the Fund had increased as school academies all counted as separate organisations;

• Active membership of the Fund was decreasing, but it was felt that this would not affect the Fund for approximately twenty years;

• The Fund’s assets and liabilities had both increased;

• The timberland referred to as an asset held by the Fund was forests in different areas; and

• All investment decisions had to be made in the best interests of the Fund.

Colin Pratt then drew attention to the following points:-

• The influences on liability values were important, as they affected returns;

• Under the changes to the Fund that the government was expected to make in 2014, the increase in accrual rate from 1/60th for each year of service to 1/49th for future service meant that savings to employers would be significantly less than previously anticipated;

• Although the new pension fund scheme was due to start in 11 months, full details of the scheme were not known yet;

• As the benefits of the pension scheme were set by central government, the cost of the scheme was outside the control of any one employer.

In response to questions from the Committee, Colin Pratt confirmed that the Fund would have to sell assets when the impact of the decreasing active membership was felt. However, the Fund should not fail, as actuarial assessments were made on a regular basis and there was a long period of time in which to plan for this situation.

Councillor Willmott and Councillor Dr Moore reminded the Committee of the interest they had each declared in this item, as members of the Local Government Pension Scheme.

It was questioned whether the Fund invested in tobacco companies and, if so, whether the ban on smoking in certain places made this financially prudent. In reply, Colin Pratt explained that the majority of the Fund’s investments were in
pool funds, as this was cheaper and safer. Therefore, the Fund was not a direct shareholder in tobacco companies, but was via the pool. Although smoking had reduced in the west, in other parts of the world there was a move away from local brands of tobacco products to western ones.

The Committee acknowledged that the main criterion for investment was to get the best return, but suggested that the Council’s representatives on the Fund could be asked to suggest to the fund managers that equally well-performing investments in areas other than tobacco products be sought. In this way, benefits for fund members could be realised in areas that caused less harm.

**RESOLVED:**

1) That the presentation be noted; and

2) That the Director of Finance be asked to request the Council’s representatives on the Leicestershire Pension Fund to suggest to the fund managers that investments be sought in industries and businesses that were as ethical and socially responsible as possible.

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<th><strong>Action:</strong></th>
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<tr>
<td>The Council’s representatives on the Leicestershire Pension Fund to be asked to suggest to the fund managers that investments be sought in ethical and socially responsible industries and businesses.</td>
<td>Director of Finance</td>
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**144. ACCESS FOR ALL: INCLUSIVE DESIGN ACTION PROGRAMME REPORT 2010-13**

In his capacity as Chair of the Panel, Councillor Newcombe introduced a progress report from the Inclusive Design Advisory Panel (IDAP). This outlined the success of the Inclusive Design Action Programme and progress made towards meeting the agreed aims.

The Disabled Persons' Access Officer then gave a presentation on the “Access for All” (Inclusive Design) Action Programme, a copy of which is attached to these minutes for information. During the presentation, particular attention was drawn to the following points:-

- The Programme had an impact on more than just disabled people, but this was the starting point. For example, an increase in tourism could lead to an increase in the number of people whose first language was not English coming in to the area, so the benefit they got from local facilities could be restricted;

- Access was no longer covered by the Disability Discrimination Act, but by
the Equality Act;

- Inclusive design was not considered to be an alternative to good aesthetic design, but underpinned it;

- The Council required 10% of Council housing developments to be wheelchair accessible;

- The Panel was grateful for the work of the street teams in keeping pavements clear;

- There currently was a trend of removing controlled crossings and defined pavements and introducing “shared space” for vehicles and pedestrians. There was a need for this approach to be reconciled with the access needs of disabled people, (such as, by learning from examples elsewhere and applying national guidance);

- Even if people were able to get somewhere, getting back again could be difficult. For example, some bus stops had good information on bus routes and times, but others had none. Accessible information therefore was needed, as well as well-placed disabled parking;

- The Accessible Leicester guide booklet showed access to buildings, spaces and facilities in the City Centre;

- The design and management of streets gave rise to various issues, such as the design and/or location of seats, visual contrast and suitability for guide dogs;

- Irresponsible cycling was a serious concern, particularly on pavements and in pedestrian areas, as well as bikes being parked badly;

- The Panel looked in detail at spaces designed for people’s enjoyment, (such as the development of Magazine Square). The detailed design plans for Jubilee Square currently were being examined;

- The way people moved around and experienced the city could be considered as an “access chain”. Each part, (for example, a bus journey/ walk from a bus stop to a shop, or getting around and being served inside a shop), being a “link” in the chain with its own access issues. If one link was weak or missing, it undermined people’s ability to move round the city. For example, if insufficient time was allowed for people to get over a road crossing, they were excluded from using that route;

- The Council had a substantial capital programme for creating “changing places” facilities for people with severe and/or multiple disabilities;

- The Panel was working with officers to ensure that the design of buildings (including tourism venues) enabled disabled people to get in and around
those buildings, as well as ensuring that they could get out again, particularly in an emergency. Means of doing this other than simply providing “evacuation chairs” were considered; and

- The Access Awareness event programme had been recognised nationally as good practice. The events gave officers and Members a taste of some of the barriers that disabled people experienced when trying get around the city.

Eric Day, of the Leicester Disabled Peoples’ Access Group, addressed the Committee at the invitation of the Chair. He welcomed the changes that were being made in design and the way that the Council was working on inclusive design, noting that this work was recognised nationally.

Sally Williams, of the Leicester Disabled Peoples’ Access Group, addressed the Committee at the invitation of the Chair. She stressed the importance of the Council having a strong commitment to this work at the highest level. Although design briefs had improved, all elements of a project needed to be right and implementation was still very patchy. She also highlighted particular access problems at the railway station.

John Hargrave, of the Leicester Disabled Peoples’ Access Group, addressed the Committee at the invitation of the Chair. He noted that the city would be changing over the next few years, so consideration needed to be given within this to people with disabilities. Also, the population in general was aging and the number of older people would continue to increase. Many older people could not walk far, so it was important to find ways of helping them get round the city. He also drew the Committee’s attention to the staff capacity issues identified in the report.

The Committee enquired whether input from Lesbian, Gay, Bisexual and Transgender (LGBT) individuals and/or groups had been sought in preparing the Action Programme. In reply, the Disabled Persons’ Access Officer advised that inclusive design could be relevant across all “protected characteristics”. When Equality Impact Assessments were done a wider range of influences were considered and efforts were made to cross-reference between the protected characteristics identified under the Equality Act.

Eric Day advised that he worked with representatives from LGBT groups, who would let him know if they wanted to provide an input on these issues. Sally Williams noted that there was very little information available on disability and LGBT people, as all disabled people tended to be classed as one group.

The Committee also noted that physical access could be a problem for people whose needs were not physical. For example, people with learning disabilities could find street clutter and signs confusing. In addition, bus stops in the city often did not show information on which buses ran from them, or the frequency of services, and there was little or no information on where to find taxi ranks. The Committee also noted the report’s relevance to ensuring that the City’s tourism offer was effective. Parking on pavements that blocked pedestrian
access was also a particular problem highlighted.

It was suggested that all Scrutiny Commissions could consider the implications of the Action Programme for their work. For example, the Economic Development, Culture and Tourism Scrutiny Commission would be considering the tourism offer in the city, but this could include consideration of access issues as well. A further report could then be made to this Committee on progress made.

The City Mayor welcomed the report, mentioning the usefulness of the Access Awareness Events, (one of which he had attended), and the particular barriers to access faced by visually impaired people that these events highlighted. He also emphasised the importance of the Changing Places programme, (and his keenness for one to be included in the market redevelopment scheme). However, he expressed his concern about access difficulties at the railway station and at the pedestrian crossing to get there.

The City Mayor undertook to advise Commission chairs and other members of the issues discussed at this meeting and to keep this Committee informed on how the Council was responding to the issues raised.

RESOLVED:

1) That the Inclusive Design Advisory Panel be thanked for the work undertaken on the “Access for All” Inclusive Design Programme;

2) That all Scrutiny Commissions to be asked to consider the implications of the Action Programme in their work;

3) That further reports on the issues raised be made to this Committee as appropriate;

4) That reference to the “Access for All” Inclusive Design Programme be included in the City Mayor’s Delivery Plan, (for example at page 22, Council activity in relation to the built and natural environment); and

5) That the Disabled Persons' Access Officer be asked to arrange an access awareness event in the city centre for members of this Committee and the Executive to experience barriers encountered by disabled people.

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<td>All Scrutiny Commissions to be asked to</td>
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<td>consider the implications of the Action</td>
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<td>Programme in their work.</td>
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<td>This Committee to be kept informed on</td>
<td>City Mayor</td>
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<td>how the Council is responding to the</td>
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145. CORPORATE PROCUREMENT PLAN 2013/14

The Director of Finance submitted a report informing the Committee of the 2013/14 Corporate Procurement Plan, proposed major procurement activity across the Council and the thresholds for inclusion in the 2013/14 Plan. It was noted that the plan had been approved by the Executive on 18 April 2013.

It was suggested that all scrutiny commissions could be asked to consider the Plan, to identify procurement issues for their work, and report back to this Committee. Although the market had to be advised of any significant procurement before the start of the new financial year, this did not preclude any scrutiny of the Plan being done.

RESOLVED:

1) That the 2013/14 Corporate Procurement Plan be noted; and

2) That all scrutiny commissions be asked to consider the 2013/14 Corporate Procurement Plan to identify procurement issues for their work and to report back to this Committee if any issues are identified as soon as possible.

Action: All scrutiny commissions to consider the 2013/14 Corporate Procurement Plan to identify procurement issues for their work and to report back to this Committee if any issues are identified as soon as possible.

By: All Scrutiny Commission chairs

146. REVENUE BUDGET MONITORING 2012/13 - PERIOD 9

The Director of Finance submitted a report showing a summary position comparing spending with the budget. From this, it was noted that, since the last monitoring report (period 6), some corporate services had confirmed that they would deliver an underspend due to the early achievement of savings.
The monitoring report also showed the budget issues that had arisen so far, including the projected overspend on Legal, Coronial and Registrars services. The City Barrister and Head of Standards addressed the Committee on this overspend, explaining that, before the current cycle of savings had started, all divisions had been asked to profile a 30% reduction in expenditure. The Legal, Coronial and Registrars services had proposed a £1.64 million saving over three years.

The profile for these savings indicated that £1.032 million would be saved in the first year (2011/12). In the view of the City Barrister and Head of Standards it was unrealistic to have expected this proportion of the savings target to have been achieved within the first year. However, savings of approximately £760,000 were achieved instead, (for example, through freezing or not filling vacancies, and other methods).

The City Barrister and Head of Standards drew attention to the following points:-

- £200,000 of the anticipated savings were on disbursements, (for example, fees for purchasing external legal advice, or paying for the instruction of Court appointed experts). However, it had become apparent that it was very difficult to gain credit for achieving savings on these items, mainly because the clients were no longer paying for these disbursements and therefore were understandably keeping the money for themselves, rather than handing it to Legal, Coronial and Registrars services in order to “bank” the savings;

- Some budgets that savings were to be made on were temporary, (such as addressing equal pay claims). Whilst savings were achieved by bringing work in-house, these savings were time limited and therefore could only contribute towards the Legal, Coronial and Registrars services target for a short duration, as the expenditure would not be repeated in future years;

- Accounting methods used were not as sophisticated as they could have been. For example, clients could benefit from savings and not pass this benefit on to the Legal, Coronial and Registrars services;

- The lower level of saving was carried over into the 2012/13 financial year, so because the services were not making the savings required, they were classed as overspending;

- A management review had now saved £144,000 and a further £425,000 would be saved in 2013/14 as a result of a staff review; and

- Officers were confident that the projected savings would be achieved and that targets would be met during the current financial year.

The Committee questioned whether reducing the number of second tier officers in these services would reduce the capacity for savings in other departments, (for example, by reducing capacity to absorb work in-house rather than paying
to have it delivered externally). The City Barrister and Head of Standards advised that efforts were made to keep flexibility as some areas of work disappeared and new ones arose. A balance therefore was needed between making cuts quickly and having the right staff to maintain this flexibility. This could include sending work to private practice if it was not feasible or possible to appoint a new solicitor for an area of work.

The Director of Finance advised that one-off payments could be made when slippage or unforeseen events occurred. Budget policy would then be reviewed to make sure that the event or slippage would not recur. Sometimes, these could be capacity issues in an area where the Council did not have expertise, but problems had developed. If this was a particularly specialised area, it was not always cost-effective to keep a person employed by the Council. However, officers continued to review which services could be brought in-house.

In general discussion on this item, some concern was raised about the cost of external consultants employed to advise on the Building Schools for the Future programme. The Director of Finance confirmed that these consultants’ area of work was very specialised, but the Council kept their appointments under review to ensure that the service being bought was fit for purpose.

147. CAPITAL BUDGET MONITORING 2012/13 - PERIOD 9

The Director of Finance submitted a report showing the position of the capital programme for 2012/13 at the end of Period 9.

It was noted that expenditure on the capital items was not as quick as on revenue items, as capital schemes could take a long time to come to fruition. The way in which information on the capital programme would be presented in the future therefore was being reviewed.

The Committee asked that funding be found to repair potholes around the city which, although not deep enough to be filled under the relevant programme, were deep enough for old road surfaces to show through. The City Mayor confirmed that, although the Council was spending more than previously on road maintenance, consideration needed to be given to how this problem could be addressed.

RESOLVED: That the position of the capital programme for 2012/13 at the end of Period 9 be noted.

148. CITY MAYOR’S DELIVERY PLAN 2013/14

The Director of Delivery, Communications and Political Governance presented the City Mayor’s Delivery Plan for 2013/14.

In introducing the Plan, the City Mayor advised the Committee that:-
• This was the first draft that had been published, so it was likely that refinements would be needed;

• It was hoped that the targets in the Plan would be challenging;

• When the Plan had been considered by all of the Scrutiny Commissions, a further report would be brought to this Committee and amendments made to take account of comments received; and

• Reports on progress with the Delivery Plan would be made on a regular basis.

The Committee suggested that:-

• It would be easier to assess whether the targets included in the Plan were challenging if some comparison data was given. This could include comparisons with other local authorities in this Council’s “family”;

• Different approaches appeared to be taken in different parts of the Plan, with some targets being very specific and others being very general;

• It could be inappropriate to include targets for child protection issues, as these could conflict with safeguarding work;

• The Delivery Plan did not explain what difference it was proposed to make through the targets it contained;

• The Plan also could explain why it was not possible to do some things, (for example, due to constraints in resources);

• It would be useful for the Plan to indicate who was responsible for delivering some of the targets. For example, would the Council be expected to meet the target on apprenticeships, or was it to be delivered by businesses across the city?;

• The clarity of the Plan could be improved by making definitions for some of the performance measures clearer;

• Some targets were not very challenging. For example, the Council already had a high number of followers on social media, so the current target for this was inappropriate;

• The challenges currently faced, (listed on page 6 of the Plan), should include reference to the fact that many people were on low incomes, which affected the Council’s income; and

• Some of the wording for performance measures and targets needed rephrasing, (for example, those on page 16 in relation to road safety).

In reply, the City Mayor explained that the government no longer held a lot of
national comparative information. However, providing information on the current situation would help give more meaning to the targets. He also acknowledged that the style of the Plan was not fully consistent.

RESOLVED:

1) That the City Mayor’s Delivery Plan for 2013/14 be received and noted;

2) That regular reports on progress with the City Mayor’s Delivery Plan be made to this Committee; and

3) That all Scrutiny Commissions be asked to consider the City Mayor’s Delivery Plan and comment on the parts relevant to their respective remits, to enable the Plan to be amended.

<table>
<thead>
<tr>
<th>Action:</th>
<th>By:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regular reports on progress with the City Mayor’s Delivery Plan to be made to this Committee</td>
<td>City Mayor / Director of Delivery, Communications and Political Governance</td>
</tr>
<tr>
<td>All Scrutiny Commissions to be asked to consider the City Mayor’s Delivery Plan and comment on the parts relevant to their respective remits</td>
<td>All Scrutiny Commission chairs</td>
</tr>
</tbody>
</table>

149. SCRUTINY COMMISSIONS' WORK PROGRAMMES

Councillor Newcombe, Vice-Chair of the Transport and Climate Change Scrutiny Commission, presented the report of the review entitled “Bus Lane Policy and Enforcement in Leicester City”, explaining that the Commission had wanted to ensure that bus lanes operated as effectively as possible.

It was recognised that the question of who could and could not use bus lanes was a contentious one. It had been responded to differently in different parts of the country, but the view of the Commission was that, at present, there was not sufficient evidence to allow private hire vehicles to use bus lanes. Private hire vehicles often were indistinguishable from other cars. In addition, hackney carriages were flagged down on roadsides and, therefore, needed consistent access to bus lanes for picking up passengers.

The Commission also had concluded that anomalies had been created where private hire vehicles were forced to take more circuitous routes out of the city centre than hackney carriages, due to them not being able to use bus lanes. The Commission therefore had recommended that consideration be given to the possible re-routing of bus lanes in the city centre as part of the Haymarket bus station refurbishment project.

The Commission had noted that an increasing number of local authorities were
easing restrictions on motorcycles using bus lanes. However, the Commission felt that, from the evidence collected, allowing motorcycles to use bus lanes could compromise both pedestrian and cyclist safety. It also felt that there would not be significant positive benefits in terms of congestion and the environment in allowing this. It therefore recommended that the City Mayor be asked to investigate why other authorities had allowed motorcycles to use bus lanes, in spite of these findings.

Consideration also had been given to whether bus lanes in the city should all operate universal time restrictions. On balance, it was felt that there could be merits in a common approach, so the Commission had asked the City Mayor to consider the implications of all of the city’s bus lanes operating for 24 hours a day, seven days a week.

The City Mayor welcomed this review, stating that:-

• Having seen the report, he felt that he could support the Commission’s recommendations about which vehicles should be allowed to use bus lanes;

• The suggestion that consideration be given to the possible re-routing of bus lanes in the city centre as part of the Haymarket bus station refurbishment project was welcomed; and

• Having met representatives of motorcycle users, it appeared that there were arguments in favour of, and against, allowing motorcycles to use bus lanes. This aspect of the review therefore would need further consideration.

150. OVERVIEW SELECT COMMITTEE WORK PROGRAMME

The Committee received its latest work programme, noting that it was intended that the final report of the review of Sports Engagement in Leicester by the Heritage, Leisure and Sports Scrutiny Commission would be presented to the next meeting of this Committee.

RESOLVED:

That the Overview Select Committee Work Programme be received and noted.

151. QUESTIONS FOR THE CITY MAYOR

Councillor Dr Barton asked the City Mayor why the date of the forthcoming by-election in Abbey Ward had been changed from 2 May to 9 May 2013.

In reply, the City Mayor explained that this was the responsibility of the Returning Officer and therefore outside of his remit. However, he understood that changes had been made to the days that could be considered when calculating when an election could be held.
152. CLOSE OF MEETING

The meeting closed at 8.38 pm
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**“Access for All” (Inclusive Design) Action Programme**

Paul Leonard-Williams (Disabled People’s Access Officer)

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**A quick overview**

- Who & what’s involved?
- Range of projects & issues - “think links”
- Looking forward .....

---

**Who’s involved?**

- Disabled People’s Access Officer
- Inclusive Design Advisory Panel (IDAP)
- Leicester Disabled People’s Access Group (LDPAG)
- Other disability organisations/partners

---

**What is Inclusive design?**

“ To make places (and/or products) which everyone can access easily, safely, and with dignity.”

- Environments & attitudes can often be disabling (“Social Model” of disability)
- Wider benefits – to anyone who could be disadvantaged by their environment
- How planners, designers, engineers should “do” equality

---

**The context**

- Shifting context (political, economic & social)
- Limited capacity (0.8 FTE Access Officer)
- UN Convention, Equality Act (not DDA), local policies & commitments

---

**Why is it important?**

1. Ageing population, economic recession, & sustainability
2. Increasing pressure for disabled people to lead independent lives
3. Growing number of disabled customers, employees, and employers

Plan for adaptability and future needs. “Get it right first time.”

Accessible Places (+ accessible information etc) to make independence possible

Growing business case for accessible environments, products & information.

Growing need for inclusive design
Origins of the Action Programme

- 2009 – Scrutiny Task Group review of access & design issues (Cllr Russell led)
- 2010 – Cabinet approval:
  - Scrutiny recommendations
  - Commitment to inclusive design aims
  - Inclusive Design Action Programme to take forward

Progress in a nutshell

Policy and processes:
- Good Policy commitment
- Awareness & understanding increased
- IDAP’s role established
- Clearer mandate (Officers and IDAP)
- Small budget to support programme

Implementation:
- some good examples
- weighting given to inclusive design varies

Planning for inclusion - “Think links”

Home environment

Local neighbourhood e.g.
route to the bus stop

The city (& beyond?) e.g.
bus to city centre

Destinations e.g.
streets > shops > council offices

Return journey

Inclusion as a basis of “Good” design

Aesthetics: will it look good?

Robustness: will it last?

Fit for purpose: will it work?

Home environment...
Local Neighbourhood...

Getting to places - and home again....

Getting around the city centre - the “big picture”
Streets design & management

Reconciling uses...
(strategy > design > management)

Spaces to enjoy – today...

..and in the future

Detailed design (thinking “links” again)

Essential facilities...
Buildings – getting in, around – and out again

Have a great day!

Next steps – your invitation

- To consider the report further - in discussion with disability organisations
- Look at few projects/issues in more detail (to see what lessons could be learnt).
- Recommendations to the City Mayor and Executive to take this work forward.
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Report of the Monitoring Officer

1. Purpose of Report

To further update Members on the monitoring of outstanding petitions.

2. Report

The Committee is responsible for monitoring the progress and outcomes of petitions received within the Council. An Exception Report, showing those petitions currently outstanding or for consideration at the current Overview Select Committee meeting is attached. The report format had been changed, at the Chair’s request, to show the date the petition was received rather than the petition reference number in the first column.

Both the substantive list of petitions, with outcomes, along with the Exception Report, are lodged on the Council’s Internet Site (Democracy Section), alongside associated current information which is also posted concerning guidance on the petition process.

The Exception Report contains comments on the current progress on each of the petitions. The following colour scheme approved by the Committee is used to highlight progress and the report has now been re-arranged to list the petitions in their colour groups for ease of reference:

- Red – denotes those petitions for which a pro-forma has not been completed within three months of being referred to the Divisional Director as expected.
- Green and marked COMPLETE – denotes petitions for which a response pro-forma had been signed-off by the relevant Scrutiny Commission Chair.
- Green – denotes petitions for which officers have proposed a recommendation in response to a petition, but a response pro-forma is not yet signed-off by the relevant Scrutiny Commission Chair.
- Amber – denotes petitions which are progressing within the prescribed timescales, or have provided clear reasoning for why the three-month deadline for completing the response pro-forma has elapsed.
- No Colour – to denote those petitions recently received and passed to the relevant Divisional Director.
In addition, all Divisional Directors have been asked to ensure that details of all petitions received direct into the Council (not just those formally accepted via a Council Meeting or similar) are passed to the Monitoring Officer for logging and inclusion on this monitoring schedule.

During discussion of the Monitoring Report by Members at the last meeting of the Committee, it was reported that some of the signatures on petition reference 13/02/003 (Objection to the £1 charge for leisure activity visits for people aged 60 years and over) had not been counted because some people had signed in Guajarati. The petition has been re-checked and none of the signatures were in Guajarati. There were 18 valid signatures with addresses in Leicester and a further 61 signatures where no valid address was given. In accordance with the Council’s petition scheme (Appendix 6 of the Council’s Constitution), these names were discounted because they did not comply with the requirement to provide “the name and address and signature of any person supporting the petition”.

3. **Recommendations**

The Committee is asked to note the current outstanding petitions and to agree to remove those petitions marked ‘Green Complete’ from the report. The Committee is also asked to note the update on Petition 13/02/003.

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

There are no legal, financial or other implications arising from this report.

5. **Background Papers – Local Government Act 1972**

The Council’s current overall internal process for responding to petitions.

6. **Consultations**

Staff in all teams who are progressing outstanding petitions.

7. **Report Author**

Francis Connolly
Democratic Services Officer
Extn. 398812
<table>
<thead>
<tr>
<th>Date Received</th>
<th>Received From</th>
<th>Subject</th>
<th>Type - Cncr (C) Public (P)</th>
<th>No. of Sig</th>
<th>Ward</th>
<th>Date Receipt Reported to Council (C) / Committee (Cttee)</th>
<th>Lead Divisional Director</th>
<th>Summary of Outcome</th>
<th>Scrutiny Chair Involvement</th>
<th>Date of Final Response Letter Sent to Lead Petitioner</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/03/2012</td>
<td>Ms Patricia Fitzpatrick</td>
<td>Petition from businesses in favour of restricted parking / parking meters Allandale Road / Francis Street.</td>
<td>(p)</td>
<td>34</td>
<td>Knighton</td>
<td>Andrew Smith</td>
<td>The City Mayor has met with representatives from the local businesses and the local Ward Councillors on two occasions to consider the matter. At the most recent meeting with Ward Councillors/Local Businesses and at the Knighton Ward Community Meetings which took place in October and December respectively, it was generally agreed that the re-introduction of pay and display parking arrangements was preferred. All businesses and residents on Allandale Road and Francis Street have been contacted about the proposals and any responses received are being considered at present. Any changes to the parking arrangements will be reviewed during the course of 2013 to monitor their impact on the parking issues in the area. The City Mayor has met with traders and attended community meetings to discuss the issues. He will consult with Ward Members before making any final decision. The City Mayor will finalise the proposals at a forthcoming Knighton Community Meeting.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/09/2012</td>
<td>Joe Johal</td>
<td>Petition asking for the provision of a bus service to serve the Peebles Way area.</td>
<td>(p)</td>
<td>326</td>
<td>Rushey Mead</td>
<td>Andrew L Smith</td>
<td>The City Mayor is engaged with on-going discussions with Ward Members and the service will be looked at in the current review of Supported Bus Services, the outcome of which, will be announced in May 2013.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>24/09/2012</td>
<td>Mr M Freeman</td>
<td>Petition asking for Keyham Lane and Keyham Lane West to be widened to make it safer for residents and get more designated residents’ parking spaces.</td>
<td>(p)</td>
<td>48</td>
<td>Humberstone and Hamilton</td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director. Meeting held with lead petitioner and Ward Cllrs advised of outcome. Proposed response discussed with Ward Members and City Mayor and subsequently sent to the Lead Petitioner for comment. Additional explanatory details sent to City Mayor on 13 December and no response from Lead Petitioner as at 5 April 2013. Briefing being prepared for City Mayor by the end of April on Capital Works Programme (including the Local Environmental Works Programme (LEW)) to explain how these types of works are prioritised and how Keyham Lane compares to other priorities across the City.</td>
<td></td>
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</tbody>
</table>

**Progress key:**

Red - Pro-forma not completed within three months of being referred to the Divisional Director.
Amber - Petition being considered within the three month deadline.
Green - Pro-forma sent to the Scrutiny Commission Chair, but not yet received as signed off.
Green Complete - Pro-forma signed off and final letter sent to Lead Petitioner(s) and Ward Members.
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<tr>
<td>07/11/2012</td>
<td>Mr S Kennedy-Lount and Mr A Faithful-Wright</td>
<td>Petition requesting additional parking facilities within Roche Close.</td>
<td>(p)</td>
<td>14</td>
<td>Eyres Monsell</td>
<td>To Council 22 November</td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director. Discussions held with Lead Petitioner. Outline proposals were drawn up after consultation with Lead Petitioner. A draft response has been prepared and sent to the Lead Petitioner, Ward Members and City Mayor for consideration. Briefing being prepared for City Mayor by the end of April on Capital Works Programme (including the Local Environmental Works Programme (LEWP)) to explain how these types of works are prioritised and how Roche Close compares to other priorities across the City.</td>
<td></td>
<td>RED</td>
</tr>
<tr>
<td>13/01/2013</td>
<td>John Rickman</td>
<td>Petition in support of Pit Stop Car Wash on St Augustine's Road</td>
<td>(p)</td>
<td>2</td>
<td>Fosse</td>
<td></td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director. The operator was repeatedly made aware of the consequences of enforcement action and was also informed about the right of appeal. However he did not take officer advice. The enforcement notice came to effect on 20 August 2012. Significant additional time (6 months) was allowed, taking into account the operator was allegedly misadvised by his agent. It was considered that financial circumstances should not outweigh planning considerations. Therefore, there is no planning basis to entertain a retrospective application at this stage. The use has now ceased but structure is still in place. The landlord has given an assurance that the structure will be removed.</td>
<td></td>
<td>GREEN COMPLETE</td>
</tr>
<tr>
<td>13/12/2012</td>
<td>Mrs J Statham</td>
<td>Petition objecting to the removal of the Bus Service 302 through Braunstone</td>
<td>(p)</td>
<td>569</td>
<td>Braunstone Park and Rowley Fields</td>
<td>To Council 24 January Cllr Naylor to present</td>
<td>Andrew L Smith</td>
<td>Sent To Divisional Director. The last day of this service will be 29 March 2013 but the service will be looked at in the current review of Supported Bus Services, the outcome of which, will be announced in May 2013.</td>
<td>Pro-forma returned signed by Cllr Cleaver Following consideration at the last OSC meeting the pro-forma has now also been signed by Cllr Dr Barton as requested</td>
<td>07 March 2013</td>
</tr>
<tr>
<td>22/02/2013</td>
<td>Mr P Chawda</td>
<td>Petition objecting to the £1 charge for leisure activities for people aged 60 years old.</td>
<td>(p)</td>
<td>14</td>
<td>Rushey Mead &amp; Belgrave</td>
<td>To Council 21 March Cllr Sood to present</td>
<td>Liz Blyth</td>
<td>Sent to Divisional Director. Consultation has started with the Lead Petitioner and the Ward Councillors. A reminder was sent to the Lead Petitioner on 4 April 2013. The Lead Petitioner indicated that he was happy with the £5 monthly charge that was introduced following the consultation through the budget setting process, and did not wish to pursue the issue any further.</td>
<td>Pro-forma returned signed by Cllr Dr Barton 25 April 2013</td>
<td>GREEN COMPLETE</td>
</tr>
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<tr>
<td>04/03/2013</td>
<td>Cllr Sangster</td>
<td>Petition requesting to keep St Barnabas Library open on Sundays to allow residents internet access and read papers.</td>
<td>(p)</td>
<td>212 Coleman</td>
<td>To Council 21 March Cllr Sangster to present</td>
<td>Liz Blyth</td>
<td>Sent to Divisional Director. Lead petitioner consulted and proposed response agreed by lead Executive Member. The Libraries budget is unable to meet the additional costs to open the library on Sundays. The cost would be approx. £17,400 per year when libraries have had to make substantial savings over the last three years. Due to improvements in the libraries service, customers with home computers will be able to access magazines on Sundays.</td>
<td>Lead Executive Member</td>
<td>Pro-forma agreed by Cllr Cleaver 12 April 2013 by e-mail and returned signed on 15 April 2013</td>
<td>12 April 2013</td>
<td>GREEN COMPLETE</td>
</tr>
<tr>
<td>18/01/2013</td>
<td>Mr Jit Jetham</td>
<td>Petition requesting security measures in Cossington Park.</td>
<td>(p)</td>
<td>57 Latimer</td>
<td>To Council 24 January Cllr Sood to present.</td>
<td>Adrian Russell</td>
<td>Sent to Divisional Director. Consultations have taken place with the Police who have indicated that in view of the low levels of reported crime and the number of access points into the park, the actions requested by the petitioners are unlikely to have the required impact. Officers have written to the petitioners to seek views. Ward Members are currently being consulted upon the proposed response to the petition. Pro-forma prepared and Executive Member approval to the proposed response has been received.</td>
<td>Lead Executive Member</td>
<td>Pro-forma sent to both Cllr Dr Barton and Cllr Cleaver on 1 May 2013</td>
<td>1 May 2013</td>
<td>GREEN</td>
</tr>
<tr>
<td>15/02/2013</td>
<td>Cllr Waddington</td>
<td>Petition requesting railings around the new children’s play area on the Rally.</td>
<td>(p)</td>
<td>304 Fosse</td>
<td>To Council 21 March Cllr Waddington to present</td>
<td>Adrian Russell</td>
<td>Sent to Divisional Director. The Lead Executive Member has been consulted and a meeting has been arranged with the local Ward Members and residents to finalise a proposed response.</td>
<td>Lead Executive Member</td>
<td></td>
<td></td>
<td>AMBER</td>
</tr>
<tr>
<td>14/02/2013 onwards</td>
<td>Mr D Brazier</td>
<td>A number of petitions objecting to the closure of hostels, maintain support for local charities, maintain current bed spaces and budget, asking for homelessness to be avoided and specialist services to be included in the pathway for BME communities</td>
<td>(p)</td>
<td>1,419 supported by 1,100 other signatures that don't meet the criteria.</td>
<td>Various</td>
<td>Ann Branson</td>
<td>Due to the number of signatures, the petition was debated at Full Council on 21 March 2013. Officers are now formulating a Homelessness Strategy for Leicester and as part of this, will be forming a response in relation to each petition. The Executive have been consulted and a report will be considered by the Adult Social Care and Housing Scrutiny Commission on the 2nd of May.</td>
<td></td>
<td></td>
<td>AMBER</td>
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<tr>
<td>28/02/2013</td>
<td>Susan Kendall</td>
<td>Petition to address problems of overcrowded parking on Greenacre Drive, damages to verges, traffic danger to garage owners and no parking for residents.</td>
<td>(p) 56</td>
<td>Evington</td>
<td>To Council 21 March  Cllr Singh to present</td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director. Meetings have been held with the Lead Petitioner, the last on 3rd May to discuss the issues and the Petitioners' suggested solutions. A number of proposals emerged and these are currently being assessed.</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>05/04/2013</td>
<td>Mrs Varambhia</td>
<td>Petition objecting to the proposed parking charges in Westcotes</td>
<td>(p) 536</td>
<td>Westcotes</td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director. Letter sent to Lead Petitioner on 9 April 2013 and to Ward Councillors on 15 April 2013. Responses awaited.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AMBER</td>
</tr>
<tr>
<td>15/04/2013</td>
<td>Rev Ian Nicholson</td>
<td>Petition objecting to the introduction of Residents Parking Scheme in the Westcotes Area Phase 2</td>
<td>(p) 24</td>
<td>Westcotes</td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director. Letter sent to Lead Petitioner 16 April 2013 and to Ward Councillors on 23 April 2013. Responses awaited.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AMBER</td>
</tr>
<tr>
<td>17/04/2013</td>
<td>Mrs R Varambhia</td>
<td>Petition from businesses and workers objecting to the proposed parking charges in the Westcotes Area Phase 2</td>
<td>(p) 56</td>
<td>Westcotes</td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director. Letter being prepared for Lead Petitioner and Ward Councillors.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>AMBER</td>
</tr>
<tr>
<td>01/05/2013</td>
<td>Miss Sally-Anne Storey</td>
<td>Petition asking for review of the parking situation on Queensferry Parade which the petitioners feel is inadequate and not fit for purpose.</td>
<td>(p) 24</td>
<td>Eyres Monsell</td>
<td>Andrew L Smith</td>
<td>Sent to Divisional Director</td>
<td></td>
<td></td>
<td></td>
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FORWARD TIMETABLE OF CONSULTATION AND MEETINGS:
Overview Select Committee 22nd May 2013

Scutiny Annual Report

Report of the Scrutiny Support Manager

1. **Purpose of Report**

1.1 This report provides an overview of the content of the Scrutiny Annual Report for 2012-2013.

2. **Summary**

2.1 The Chairs of the Overview Select Committee and Scrutiny Commissions have developed a summary of the activities they have undertaken during 2012-13. The report highlights their areas of work and also the outcomes achieved.

2.2 The attached report is a first draft version. A final draft will be published in June 2013.

3. **Recommendations**

3.1 The Overview Select Committee is asked to note the content of the draft Scrutiny Annual Report and to delegate responsibility for signing off the final version of the report to the Director of Delivery, Communications and Political Governance and Councillor Cassidy as the Chair of the Overview and Select Committee for 2012-13.

4. **Report content**

4.1 The Annual Report contains an introduction by the Chair of the Overview and Select Committee, which gives an introduction to scrutiny as a whole.

4.2 Each Committee / Commission has reported on their activities over the year.

4.3 Details of the re-configuration of Scrutiny Commissions have also been included.

5. **Next steps**

5.1 Once agreed, the Scrutiny Annual Report will be distributed to all elected members and forwarded to the Executive for noting. Partners and stakeholders also will receive a copy. A limited number of paper copies will be made available upon request and an electronic version of the report will be made available on the Council’s website.
6. **FINANCIAL, LEGAL AND OTHER IMPLICATIONS**

6.1 **Financial Implications**

There are no financial implications associated with the preparation of the Annual Scrutiny Report, beyond the use of existing resources.

6.2 **Legal Implications**

No legal implications
(Sarah Khawaja, Principal Regulatory Solicitor)

7. **Other Implications**

<table>
<thead>
<tr>
<th>OTHER IMPLICATIONS</th>
<th>YES/NO</th>
<th>Paragraph References Within Supporting information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equal Opportunities</td>
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<td>Implications were considered by each of the Scrutiny Commissions and the Overview Select Committee as part of the appropriate scrutiny process.</td>
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8. **Consultations**

8.1 The Chairs and Vice-Chairs of the Overview Select Committee and the Scrutiny Commissions have been consulted on the content of the Annual Report.

9. **Report Author**

Marie Galton
Scrutiny Support Manager
39 8896
Scrutiny Annual Report

2012 - 2103
Introduction to the Scrutiny Annual Report 2012-13

It gives me great pleasure to introduce the Annual Scrutiny Report for 2012 – 2013. This report highlights the key pieces of work undertaken by the Scrutiny Commissions over the last year and also looks ahead to future challenges.

Scrutiny is currently operating in a rapidly changing landscape. The current national economic climate and the significant reductions in local government funding will impact on the way the City Council delivers its services. Leicester City Council has already planned to reduce its annual spending by £75m and we estimate that additional cuts of £50m will need to be made by 2016, with further pressures resulting from the welfare reform programme. Scrutiny played a vital role in undertaking a detailed examination of the budget process and highlighting areas in need of further work. For example, the Adults, Social Care and Housing Commission considered the proposals put forward for reducing the homelessness budget and recommended that the Executive reduce the level of savings by half. This is still being considered by the Executive.

We see Scrutiny as playing a key role in ensuring that the Council continues to provide an effective and efficient service to our residents. We will support the City Mayor and the Executive in tackling these challenges by reviewing and scrutinising the decisions taken, by monitoring the performance of the Council and partner organisations, and by assisting in policy review and development. The scrutiny commission Chairs and I work as a team. We act as critical friends to the City Mayor and the Executive, providing a rigorous, but fair challenge.

It has been a busy year for scrutiny and I would like to highlight just a few of the activities we have been involved in. Locally, we saw the election of the Police and Crime Commissioner and the introduction of his Policing and Crime Plan. Our Neighbourhood and Community Involvement Scrutiny Commission reviewed the plan and submitted detailed comments during the consultation process. Also, a joint health scrutiny review, undertaken with Leicestershire and Rutland County Councils, looked at the decision to close the Children’s Heart Unit, at Glenfield. Evidence was submitted to the Secretary of State for Health, resulting in a visit from an Independent Re-configuration Panel. We are awaiting a final decision.

Looking forward to 2103-14, we will be looking at our current scrutiny arrangements to ensure they are able to meet the challenges ahead, particularly as services will increasingly be delivered across several organisations. The delivery of services will inevitably cross geographical boundaries and we will continue to develop effective working arrangements with our partners.

It is important that the public feel able to contribute to the work of Scrutiny and there are a number of ways for them to do this either by asking questions at meetings, submitting petitions or inspecting reports and other supporting documentation.

We have reviewed our existing scrutiny commissions and have re-configured these to reflect the changing demands we are facing. Details of these appear at the end of this report.
To ensure Elected Members are able to undertake effective scrutiny, a series of development workshops, focussing on the current challenges facing scrutiny members, were recently held. These sessions highlighted a number of issues which will inform our future scrutiny working arrangements.

I have enjoyed working with the other Scrutiny Chairs to ensure we continue to provide good quality services to our residents. We all look forward to the new challenges the new municipal year will bring.

Cllr Ted Cassidy
Chairperson of the Overview Select Committee
Annual Report – Overview Select Committee (OSC)

What is scrutiny?

Overview and Scrutiny is vital to the work of Leicester City Council and its partners. It helps to develop policy, improve the performance of the Council and hold the City Mayor and Executive to account for their decisions. Scrutiny acts as a critical friend, standing back from the day to day decision-making to look at outcomes for Leicester residents and contributes to improved performance.

The work plan for scrutiny sets out the forward work programme for OSC and each of the Scrutiny Commissions and includes details of current and upcoming reviews, policy development and performance monitoring. Updated versions of the plan are considered at each OSC meeting and the City Mayor is kept informed of scrutiny activities.

Regular work undertaken

OSC considers and comments on a number of standing items which include monitoring:

- Budget proposals, revenue and capital out-turn reports which compare spending against the budget for all General Fund Services and the Housing Revenue Account
- Treasury management, capital, revenue and income collection reports
- Procurement plans
- Tracking petitions
- City Mayor’s Delivery Plan and the Plan of Key Decisions
- Questions for the City Mayor

Other programmed work

In response to a number of issues raised by elected members, the Chair of OSC worked with the Chair of Standards to update the Political Conventions to ensure they were not only fit for purpose but directly addressed the issues raised by elected members.

A review of the Connecting Leicester Programme was undertaken by OSC to provide a considered response to the Mayor’s Connecting Leicester proposals. The
programme is of wide public interest and was predicted to cost £19m to implement. We felt that it was important for the OSC to scrutinise the programme in some detail.

Following a number of recommendations made by the Commission we can report the following updates:

- Each scheme which affects the main road network is looked at in detail to establish the acceptability of its effect on road capacity.
- Jubilee Square now includes proposals for various highway and pedestrian improvements which will provide a gateway to the city.
- Work is currently being undertaken to establish the feasibility of providing children’s play equipment in the city centre.
- The need to improve the displays at Jewry Wall has been identified as a key action for the Arts and Museums Service during 2013/14.

The Committee submitted a detailed response to the Local Government Boundary Commission for England in response to its consultation on *electoral boundary changes* in respect to the size of the Council. The committee highlighted the need to maintain the current number of elected members to effectively meet the needs of the electorate.

OSC identified a number of issues surrounding *procurement* and welcomed the establishment of the Local Procurement Task Force, by the City Mayor. This task force has overseen significant progress in making opportunities available for Small and Medium Enterprises and also Small Local Suppliers (Voluntary and Community Sector). OSC now receives regular updates on the existing Corporate Procurement Plan and will consider future procurement plans.

OSC has undertaken rigorous monitoring of the *petitions* received by the Council, focussing on reducing the time taken to respond to petitions.

Following the development of the draft Equality and Diversity Strategy, OSC resolved to establish a Task Group to monitor the *equality impact of the welfare changes* on Leicester’s residents. This work is planned for 2013-14.

**Scrutiny Commission Reviews**

OSC receives the scoping documents for proposed reviews from the scrutiny commissions and receives the final report for comment and endorsement. Details of these reviews appear within each of the scrutiny commissions pages of this report.

**Looking forward**

There are a number of major projects and issues which OSC will need to consider during the coming year, either directly or following examination by the appropriate Scrutiny Commission, for example:
• Connecting Leicester
• The Economic Development Action Plan delivery
• Monitoring the strategic impact of processes and performance in terms of reducing inequalities
• The equality impact of welfare changes
• Transition to alternative premises from New Walk Centre

“I would like to thank all members involved in the scrutiny process and also the officers who have supported us in this work. It has been an extremely busy but positive year for scrutiny and I feel we have provided an effective check and challenge to the Executive.”

Cllr Ted Cassidy
Chair of Overview Select Committee

2012-13 Membership

Chair
Councillor Ted Cassidy

Vice-Chair
Councillor Rashmikant Joshi

Members

Councillors Dr Susan Barton, Virginia Cleaver, Neil Clayton (part year), Andy Connelly (part year), Michael Cooke, Ross Grant, Patrick Kitterick, Lynn Moore, Paul Newcombe (part year), Nigel Porter, Sue Waddington and Ross Willmott (part year)
Adult Social Care and Housing Scrutiny Commission

This commission has been responsible for overseeing two large areas of business for the council: Adult Social Care and Housing. This has involved balancing efforts to support both areas. Over the year, the commission has aimed to shape the work done by the Executive and service departments by adding value, specifically by providing oversight on some key decisions and areas of work, including the provision of housing and housing services, and the delivery of statutory adult social care functions.

In the face of the current challenging economic climate the Council has been faced with some difficult decisions on issues affecting vulnerable people. As such the commission has sought to support the Executive to ensure that these decisions still protect those most at need.

Areas of work undertaken

An in depth review was conducted by the commission last year into the city’s elderly persons’ homes. Recommendations were put forward to the executive as an alternative to proposals arising from consultation. This year the commission maintained a watching brief pending a decision by the Executive, keeping it as a standing item on the agenda.

There was also particular interest in the levels of rent arrears last year and this area remained a standing item requiring a quarterly update. The commission continued to explore any trends/patterns that might be keeping rent arrears to a minimum.

This year the commission completed a review into getting private sector empty homes back into use by exploring trends and options to reduce the time they remain empty. The Executive agreed 5 of the commission’s 7 recommendations; including increasing the empty homes team budget by £60,000 per annum to employ 2 extra staff. Historically this extra resource had resulted in almost doubling the number of homes brought back into use.

A picture of an empty home that has been converted back into use.

When considering the Housing Revenue Account Budget the commission recommended that the rent increase be amended from 4% to 2.5% and that the
proposed service charges increase be reduced from 3.1% to 1%. Subsequently the Executive agreed a 3.4% rent increase and 2.6% for service charges.

The commission looked at financial fraud affecting elderly people and recognised the need to examine this area separately from the more generic work carried out last year by the Neighbourhood and Community Service Commission on rogue traders. There was a specific need to raise the profile of financial fraud to protect vulnerable elderly people.

A special meeting was held to consider the homelessness review and to give an opportunity for providers from across the city to represent their views to the commission on proposals made by the Executive. The Commission supported the strategy but did not think it was deliverable in the proposed budget and recommended the Executive halve the savings identified to the sum of £1m. The Executive is still considering its decision.

On-going reviews

The commission is conducting a review into the quality of domiciliary care provision. Work on this will continue into next year and the commission hopes it can offer valuable information to the executive once the review is complete.

There is also an on-going review to look at alternative care for elderly people to promote independence and support outside of care homes. This review is considering how the Shared Lives Scheme might be adapted to offer an innovative approach to support elderly people.

Key work areas for 2013-14

Next year the commission will be splitting into two, with adult social care and housing separating, demonstrating the breadth of both service areas. Currently both areas have important topics to take forward next year and these are identified below:

Housing

The homelessness review will be coming to a conclusion and the commission will keep a watching brief of this area and will want to ensure the strategy is implemented effectively.

The commission will continue the work started by the Economic Development Scrutiny Commission this year on Gypsy and Travellers sites and the specific housing related issues to include the effectiveness of the Multi Agency Travellers Unit (MATU) and the maintenance of the Meynells Gorse site.

Adult Social Care

The commission will continue work on the two reviews on domiciliary care and alternative care for elderly people.

Work on elderly people’s homes will also be considered, including the decisions due to be made by the Executive on the homes.
Service reviews will be carried out on day care for older people with a mental health need and people with learning disabilities which scrutiny will also consider.

Chair’s Summary

“As this was the first time I had chaired a commission, I was extremely grateful to its members and officers for the support, advice and valuable input they gave, reflecting the wealth of experience they collectively brought to the areas of council work covered. I am very much looking forward to continuing the work we started in scrutinising Adult Social Care and in supporting the work of Assistant Mayor Councillor Rita Patel.”

Councillor Dr Lynn Moore

Members of the Committee

Councillor Dr Lynn Moore (Chair)  Councillor Deepak Bajaj (Vice-Chair)

Councillors Dawn Alfonso, Hanif Aqbany, Inderjit Gugnani, Paul Westley and Ross Willmott
Children, Young People and Schools Scrutiny Commission

Children Services is the largest department in the Council and this commission has been responsible for having oversight and examining key decisions and areas of work. This includes driving improvement in schools, school organisational changes, safeguarding young people in care, the development of youth and learning services as well as considering many annual statutory reports.

Areas of work undertaken

Last year a strategic review of services commissioned for young people aged 0-19 years was undertaken by the Commission. A number of task group meetings were held and lead to the final core offer being presented. This set out the services to be commissioned and the principles underpinning these and prioritised intervention through a more targeted approach, highlighting which activities needed immediate implementation and those to be decommissioned.

A review was also conducted on school admissions resulting in a recommendation to move to online admissions. The commission has kept a watching brief, receiving regular updates from the Executive on how the Council is progressing towards more online applications. The Commission has also scrutinised revised primary and secondary school catchment area proposals.

The commission maintained a watching brief on the progress of the Building Schools for the Future (BSF) Programme, keeping it as a standing item on the agenda. The commission expressed concerns about the involvement of G4S in city schools and asked officers and the Executive to monitor arrangements and keep the commission informed.

Improving school performance is an important area the commission monitors and we welcome the progress city schools have made. The commission recently confirmed its support for the Council’s policy of opposition to academies especially where they may be imposed.

For proposals around the provision of home to school transport, the commission asked the Executive to consider allocating some money from the contingency fund to protect the provision of discretionary transport and requested that the 13-19 Partnership be asked to explore ways in which bursaries are used by sixth-form colleges to assist with transport provision. The Executive agreed to continue funding all students already attending Post 16 provision for another two years.

When considering the education and children’s services budget 2013/14, the above recommendation was made on home to school transport.

The commission is involved in preparing the consultation documents on proposals to reduce the children’s centres budget and introduce satellite centres.

Following a fire on the site of Catherine Junior School, the commission supported the option to rebuild the school on the existing site retaining the existing steel structure, without the use of mobile classrooms.

The commission considers many statutory reports throughout the year on children’s safeguarding and the processes surrounding fostering and adoption. The
commission offers comments and suggestions on these before they go to the Executive.

**On-going reviews**

The commission is conducting a review into the quality of transport for looked after children. The review is considering whether the current provision is adequate and offers value for money whilst ensuring it supports the young people and their parents/carers. This work will continue into next year, and the commission will be making recommendations to the Executive on its findings.

**Key work areas for 2013-14**

Next year the commission will be examining in detail plans and consultation processes in connection with a re-design of the children’s centre network to secure savings £1.6 million and reporting our findings to the Executive.

The **number of Looked After Children (LAC) has increased** which will impact on available resources however we want to ensure these vulnerable young people are appropriately cared for. The Dartington peer review will be finalised shortly and the commission will want ensure any proposals made are followed up.

The commission will continue to hold the executive to account for **improving school performance** and ensuring all our children thrive and meet their full potential.

As the **BSF programme** enters the phase of delivery and construction on all sites the commission will continue to monitor the progress being made.

**Young People’s Council**

With young people at the heart of issues being discussed by the commission it’s important to have input from young people, as such there are four youth representatives from the Young People’s Council that sit as standing invitees on the commission.

"Being able to sit next to a group of adults and being listened to and treated as an equal was something I didn't think would be very common within a local authority. But I am proud to say Leicester City Council has proved me wrong. When I have something to say at a scrutiny meeting I am listened to as an equal, regardless of what my question or my view is. Councillors have told me that we are a valuable part of the scrutiny process as we are the Young People, and what is discussed in the scrutiny meetings will affect us or someone we represent in one way or another. I don't think many other authorities give young people this opportunity and I am very thankful towards LCC for letting us be part of this."

*Orhan Ahmed, YPC*

**Statement from the Chair**

“I became Chair earlier this year and would like to thank Councillor Andy Connelly for his work as Chair during the previous 2 years.”
Members of the Committee

Councillor Ross Willmott (Chair)  Councillor Malcolm Unsworth (Vice-Chair)

Councillors: Culdipp Singh Bhatti, Adam Clarke, George Cole, Andy Connelly (part year), Elly Cutkelvin, Ross Grant and Lynn Senior

Co-opted Members:
- Bernard Monaghan (Roman Catholic Diocese)
- Mary Lawson (Church of England Diocese)
- Mohammed Alauddin Al-Azad (Parent Governor, Primary/Special Needs)

Standing Invitees:
- De Queon Pegg, Isra Diriya, Nabina Ibrahim, Orhan Ahmed (Youth Reps)
- Rabiha Hannan (Muslim Faith Rep)
- Anu Kapur (Leicester Secular Society)
- Peter Flack (Teaching Unions)
- Gary Garner (Unison, Union Representative)
Economic Development, Culture and Tourism
Scrutiny Commission

The commission has been responsible for oversight of activities which have enormous impact on the communities the council serves. Over the past year the commission has sought to review a wide spectrum of activities within its portfolio, providing oversight, policy development and recommendations on some key decisions and areas of work.

In the difficult financial climate the Council has faced some difficult decisions, however, the Commission has looked at ways in which employment opportunities can be improved and how the cultural life of the city can help boost the economic prosperity and the quality of life of the communities the council serves.

Here’s a summary of some of the commission’s work over the past year:

Key areas covered in 2012-13

The commission conducted a major review of employment and the economic development strategy recommending a range of proposals to go into the City Mayor’s Economic Action Plan.

A second major piece of work was commissioned by the mayor to review the Council’s proposals for gypsy and traveller sites within the city. The commission’s conclusions and recommendations on this difficult and challenging review represented a key narrative for the Executive in their decision on proposed siting of gypsy and traveller sites within the city.

A third major review looked at the economics and social framework of three key arts venues within the city – Curve, Phoenix and De Montfort Hall.

The city council contributes around £2m a year to these venues and the key question was: did this represent value for money? The review, in which De Montfort University provided key data and research, was unique in that it tried to specify the artistic, social and community value – as well as the economic development benefits provided by this grant.

The report and its findings have been given to those who have put together the City of Culture bid being led by the council to support the contents of the bid.

The commission also received evidence from the chair of the Leicester and Leicestershire Enterprise Partnership (LLEP) on its work programme.
Continued from 2011-12

A watching brief has been kept on Adult and Learning Services (LASALS) following the commission’s review of the need for the service to have a new strategy.

The commission also reviews progress made on recommendations in its first review under my chairmanship of the English as a second language service in the city.

On-going reviews

The Commission has started a review of the ways in which the city is promoting tourism. This will continue into the 2013-2014 programme of meetings.

LASALS will come back to the Commission as a developing issue from time to time

Key work areas for 2013-14

The tourism review will constitute a major piece of work for the next few months.

The commission will monitor progress on its recommendations for

- The Gypsy and Travellers sites review – including progress on any planning applications
- The Economic Action Plan, including implementation of proposals to support women to get into or back into employment and details of the way in which phases one and two are being funded.
- The Three Venues Review. In particular the Commission will be interested in receiving and reviewing three-year financial and artistic strategies for each of the venues.

The commission will also review aspects of the City Mayor’s delivery plan

The Commission has already reviewed the Ashton Green development proposals and would expect further reports when this project develops further.

I have asked for a seminar to be organised which will provide a briefing on the economic development aspects of information published following the 2011 Census.

I would at this point like to thank officers and witnesses from organisations across the city, and of course members, who were so helpful in getting the work of the commission done

“One of the main challenges for the Council is to enhance the economic position of the City at a time of recession, so that we can contribute to inclusive sustainable social and economic development. The Commission has examined proposals for development and has considered how investment can provide more jobs and better quality jobs for Leicester residents.
“We have made recommendations covering the need for improvements in skills, women’s and young people’s employment opportunities, and to encourage greater access to culture and adult learning.

Our work this year has also involved an in depth consideration of the possible new sites for gypsies and travellers, in the face of considerable unmet need in the City.

I would like to thank the members of the Commission and the many stakeholders who have shared their expertise with us and contributed to our work.”

Councillor Sue Waddington
Chair, Economic Development, Culture and Tourism Scrutiny Commission

Cllr Culdipp Bhatti (vice chair)

Commission Members

Cllr Harshad Bhavsar
Cllr Ted Cassidy
Cllr Lucy Chaplin
Cllr Shofiqul Chowdery
Cllr Wayne Naylor
Cllr Nigel Porter
Cllr Bill Shelton
Health & Community Involvement Scrutiny Commission

The Health & Community Involvement Scrutiny Commission has a unique democratic mandate to act across the whole health economy in Leicester.

The Scrutiny Commission is set up to examine, challenge and influence the decisions that are being taken around health and community involvement issues by the City Mayor and his executive, so that power is used wisely and the Council's performance is improved.

During 2012/13, the Commission scrutinised a number of areas, including:
- The quality of the health services in Leicester e.g. the Dementia Strategy, the Homelessness Strategy and Health Through Warmth issues, affecting vulnerable people in the city.
- The transformation of the NHS and future health services in Leicester
- How mental health services are delivered
- How drug and alcohol services are delivered
- The Council's engagement with voluntary community sector organisations
- Public Health Funding

The commission will listen to and work with stakeholders and patient panel forums, e.g. Healthwatch, in order to ensure that citizens receive a good standard of health care from all health service providers in Leicester.

Key areas covered in 2012-13

The commission also has a remit to scrutinise community involvement issues. The commission listened to the ‘Concerns by the Voluntary Community Sector in the City’. The review gathered evidence relating to the challenges and difficulties faced by the voluntary sector and the lead commissioners in this current climate of funding cuts and changes to commissioning processes. The review also highlighted the positive contribution, commitment and value of the voluntary sector services, and of volunteers, to support the communities in Leicester. The key findings of the review were submitted to the City Mayor to inform the council’s budget consultation process.

A special health scrutiny meeting held jointly with Leicestershire County Council and Rutland County Council to scrutinise the decision to close the Children’s Heart Unit at Glenfield Hospital. This specific review heard key evidence from representatives of University Hospital Leicester (UHL), University of Leicester, and Patient Panels (Links). The findings were submitted to the Secretary of State for Health, which led to an independent reconfiguration panel coming back to Leicester to review the original decision. A decision from the Secretary of State for Health is still pending.
Continued from 2011-12

An in depth review completed by the commission in the previous year into ‘Mental Health Services of Working Age Adults’ was revisited this year. The commission examined the previous recommendations, identified progress and received an update on the changes in health and social care service provision. Evidence for this review was received from the voluntary sector and health and social care.

This report will be concluded in May 2013 and the findings will be sent to the City Mayor and local health care commissioners and providers to enable them to improve services.

On-going reviews

The commission has a remit to regularly scrutinise Performance Data, Annual Accounts and Complaints Data of Health bodies in the city e.g. University Hospitals of Leicester, East Midlands Ambulance Service and LOROs. Work on this is done annually or quarterly to oversee that these organisations are providing a high quality and value for money service to patients.

The commission will continue to review and monitor the performance of Leicester City Clinical Commissioning Group, Leicester City Council and providers of public health services in the city.

The commission will monitor the city council’s forward plan and the work of the new Health & Wellbeing Board.

Key work areas for 2013-14

The commission will continue to gather the views and experiences of organisations and user groups, to be better informed about the key health-related issues in Leicester. The commission will be reviewing and monitoring health related topics of interest during 2013-14, work has already started to plan its work programme for the year.

The Francis Public Inquiry Report into the Mid Staffordshire NHS Foundation Trust has raised key concerns nationally for the way in which health services operate and care for patients. The commission will look at its own role of how it scrutinises health care services in the city, in order to address some of the key implications of the Francis Inquiry.

The Drug & Alcohol Services Review will be concluded and the commission intends to monitor the lead commissioners responsible for the new commissioning plans and processes for delivering these services.

“It has been a challenging year for the commission, in which we initiated the Glenfield Hospital Children’s Heart Unit Review and scrutinised topics of public interest e.g. Mental Health, the Performance of Hospitals and the funding impacts to the Voluntary/Community Sector. The aim of the Commission is to ensure that all Leicester citizens are receiving value for money and fit for purpose healthcare
services, more importantly now, in light of the recent Mid-Staffordshire Francis Inquiry into healthcare failings. In looking forward, the Commission will continue to review standards, performance and delivery of health services through the performance of Commissioners and Providers including, now, the City Councils responsibilities for public health and its leadership of the Health and Wellbeing Board.”

**Councillor Michael Cooke, Chair.**

Councillor Michael Cooke  
Chair

Councillor Deborah Sangster  
Vice Chair

**Commission Members:**

Councillor Cooke (Chair)  
Councillor Sangster (Vice-Chair)  
Councillor Alfonso  
Councillor Gugnani  
Councillor Naylor  
Councillor Singh  
Councillor Westley
Heritage, Leisure and Sports Scrutiny Commission

The commission has been responsible for oversight of activities which have enormous impact on the communities the Council serves. Over the past year the commission has sought to review the whole spectrum of activities within its portfolio, providing oversight and policy development on some key decisions and areas of work.

In the difficult financial the Council has faced some difficult decisions while still seeking to protect those at greatest need. However, the Commission has oversight of the one of the most exciting areas of potential development - namely heritage, following the establishment of the last resting place of Richard iii.

Here’s a summary of some of the commission’s work over the past year:

### Key areas covered in 2012-13

The commission conducted a major review of **Sports Engagement** within the city. This allowed for an in-depth investigation of the reasons for an apparent low uptake of sports within the city compared with similar communities. The base data was provided by Sport England.

A range of conclusions and recommendations was agreed at the Commission’s meeting in April and goes to the Overview Select Committee’s May meeting for formal endorsement. I will look forward to presenting the results of the report to the Executive in due course.

A second major piece of work involved a joint review with the Economic Development Culture and Tourism into the council’s **Events and Festivals programme**. This fed into the City Mayor’s review of this programme which aimed to reshape the funding provided by the council to the city’s range of events.

A third piece of work involved reviewing the work of the **Museums Service**. A particular issue of public concern and Commission inquiry was the future of **Belgrave Hall**.

Significant investment to upgrade facilities at the hall have been met by concerns about the loss of amenity there as a museum. The Commission looked at the balance of arguments between the cost of continuing to run the facility as a museum, with low and falling numbers of those attending, with a reshaping of the facilities to provide a range of new events there.
An on-going issue for the Commission was the extent to which there had been a positive *legacy* following the *London Olympics* events and the *Special Olympics* held in the city.

A key issue arising from that report and presented to the executive was that the “Commission work with the Executive… to understand better the barriers to adult participation in Leicester and to identify ways of removing those barriers.” This was partly borne out by the Sports Engagement report but needs further work.

The Commission has set out the scope of a review of the ways in which the city is working with the county to operate the *Public Records Office*.

This will continue into the 2013-2014 programme of meetings. The development of *Jubilee Square* as part of the *Connecting Leicester* programme is likely to be re-visited as part of a wider strategy to develop the heritage story of the city, and the public and private investment this will bring to the city.

The development of the Richard 111 legacy programmes will constitute a major piece of work for the authority over the next few months and years. Tracking progress, making observations and providing advice relating to this programme is likely to make up an important part of the Commission’s work over the next year.

- The commission will monitor progress on its recommendations and conclusions for its Sports Engagement review.
- The Commission will also review aspects of the Mayor’s annual delivery plan.

I would at this point like to thank officers and witnesses from organisations across the city, and of course members, who were so helpful in getting the work of the Commission done.

“Being chair of Heritage, Leisure and Sport Scrutiny Commission for the past year has been one of the most rewarding episodes of my life. I wish to thank everyone for trusting me with this role and especially to the commission members and officers who have supported me. It’s been an amazing year for heritage, leisure and sport in the city, what with the Story of Leicester project, Olympic events and the discovery of a certain set of bones. With the addition of Culture to the portfolio and our bid to become UK City of Culture, the next year promises to be just as exciting.”
Councillor Susan Barton
Chair, Heritage, Leisure and Sports Scrutiny Commission

Cllr Wayne Naylor
Vice chair

Commission members
Cllr Deepak Bajaj
Cllr Luis Fonseca
Cllr Rashmikant Joshi
Cllr Mustafa Kamal
Cllr Paul Newcombe
Neighbourhood Services Scrutiny Commission

Over the past year the commission has sought to review the whole spectrum of activities within this portfolio, providing oversight and policy development on some key decisions and areas of work.

In the current difficult financial position the Council has faced some difficult decisions, we have seen the way in which some of the front line services that are delivered adapt and change. With this being the case, the commission had sought to assess the impact of these changes and protect those in greatest need. A key issue has been the impact on resident’s personal finances due to the changes in welfare and benefits systems, which will continue to be a major issue for the coming year.

Here’s a summary of some of the commission’s work over the past year:

Key areas covered in 2012-13

A major piece of work looked at the way in which the local authority planned to communicate the changes in the welfare and benefits system, particularly to the most vulnerable. This detailed piece of work helped to identify gaps and new partnership working.

Against an extremely tight deadline, the commission scrutinised the proposals put forward by Sir Clive Loader, Leicestershire Police & Crime Commissioner, for a three year Policing and Crime Plan. The Commission provided observations and recommendations to the Overview Scrutiny Committee and Executive, as well as to the Police and Crime Panel.

We scrutinised the retendering process of community legal advice services in the City, ensuring that we get the best service for our residents.

The commission took regular reports from 3 key areas that have been under review;

**Library Services** - In particular we scrutinised the reduction in library opening hours, the decommissioning of the library mini bus, the new library management system and progress in opening the 3 new libraries.

**Enforcement Services** – The commission have reiterated how valued the City Warden service is in our communities. Reports have included information on how this service is changing with the city wardens gaining new powers of enforcement, recognising the need for good training and management particularly during a period of transition. We have also looked at the noise monitoring service and recycling.

**Neighbourhood Services** – We have had regular updates in this very complex area and as you will be aware this continues to be a big piece of work. The commission recently consulted upon the strengths and weaknesses community governance of council facilities and the fob key access system. Evidence from a number of sources has been received.
**Continued from 2011-12**

An on-going issue for the commission was the extent to which rogue traders have preyed on vulnerable people. The work of Trading Standards and other agencies

The commission received regular reports on the work of various departments, including the library service, customer services, revenues and benefits service

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**On-going reviews**

The commission will continue to receive reports from 3 key areas under review (as above)

A task group is looking at the technical arrangements for the way in which the council encourages community groups to make greater use of community centres and other community facilities.

The commission will continue to monitor the Leicestershire Policing Plan, in particularly looking at the ways in which partnership funding is reflected in partnership working.

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**Key work areas for 2013-14**

- Further update on the contract won by the Citizens Advice Bureau (CAB) to provide legal advice services within the City.

- Mapping of welfare and legal advice within the City. A scoping document has been drafted to undertake an investigation into the mapping of benefits, financial, legal and housing advice, both before and after the awarding of the new legal advice contract to CAB.

- Task Group review of issues relating to community governance of council facilities, including fob access arrangements.

- Examine Council Tax collection figures.

- Move of the current Customer Service Centre at New Walk centre to its new location on Granby Street – threats and opportunities.

- Installation of new the Household Recycling Centre and other related initiatives, funded by the Weekly Support Grant in order to maximise recycling in the City.

- Issues contained within the City Mayor’s Action Plan will be subject to review by the commission.

“It is only through the involvement of commission members that scrutiny can succeed, and I would like to thank the members of the commission for their contribution.”
Cllr Virginia Cleaver
Chair, Neighbourhood Services Scrutiny Commission

Cllr Elly Cutkelvin (Vice chair)

Commission Members
Cllr Deepak Bajaj
Cllr Stephen Corrall
Cllr Luis Fonseca
Cllr Anne Glover
Cllr Ross Grant
Cllr Sundip Meghani
Transport and Climate Change Scrutiny Commission

This commission has been responsible for having oversight of two areas of business for the council: Transport and Climate Change. Over the past year the commission has balanced its efforts to support and shape the transport element to try and add value to the work done by the executive and service departments - providing oversight on some key decisions and areas of work.

In the face of the current challenging economic climate there have been some difficult decisions the Council has encountered on issues affecting roads and public transport, as such the commission has sought to support the Executive to ensure that these decisions still protect areas that are of most importance to residents and businesses.

Here’s a summary of some of the commission’s work over the past year:

### Key areas covered in 2012-13

The commission conducted three major reviews during the 2012/13 Municipal Year.

The Commission looked at **Bus Lane Enforcement** in Leicester in response to a request from the Deputy City Mayor to provide independent views on who should be allowed to use bus lanes and when. The Commission has concluded that there is currently no compelling evidence to alter bus lane restrictions for private hire taxis or motorcycles, but that the latter should be further explored by the Executive.

The Commission also conducted a review into **highways maintenance** in light of recent budget growth totalling £1.1M in 2012/13. The Commission found that the budget increase has allowed significant long term maintenance issues to be addressed. We also received clear evidence that our highways and footways are being maintained to a higher and safer standard than previously.

Finally the Commission looked into the Council’s **regulatory powers in relation to public transport**. We concluded that the current Leicester Quality Bus Partnership does not work well as evidenced by the lack of progress on issues such as lack of cross-operator fares, inaccurate information on bus stops, failure of the ‘Star Trak’ real time information service, lack of evening / Sunday services and the downward trend of bus passenger numbers since 2007. The Commission acknowledged that there may be little progress on some or all of these issues until such time as we have a Passenger Transport Executive covering the county/region.
Continued from 2011-12

An in-depth review completed by the commission last year focused on **20mph zones**.

The Commission supported the general principle of ring-fencing £100k per year to introduce new 20mph zones but recommended that there was no need to introduce these in residential areas already subject to traffic calming measures, as speed reductions had already been achieved.

A detailed review of **Residents Parking Schemes** in Leicester gave the schemes a clean bill of health, recognising the overwhelming satisfaction felt by residents where schemes had been introduced.

Other work in 2012/13

As well as in-depth reviews, and scrutinising the council budget, the Commission has looked at a number of one-off items during this municipal year.

These include:

a. Assessing the current usage and costs of the Council’s **park and ride** schemes;

b. Monitoring the establishment of the **Local Transport Body**; and

c. Scrutinising developments involving the **bus network** in Leicester, for example Humberstone Gate East improvements and the Haymarket Bus Station improvements.

**Key work areas for 2013-14**

The Transport and Climate Change Scrutiny Commission is being merged with the Economic Development Scrutiny Commission as we head into 2013/14.

Whilst the Commission has undertaken a broad work programme over the past two years there are issues which need further investigation or monitoring into the future.

These are:

- **Climate Change**: The Commission may wish to receive updates on the Council’s ‘Programme of Action’ launched in September 2012, as well as an update on **air quality** in Leicester.

- **Cycling participation rates**: The Commission may wish to scrutinise recent statistics released by Department for Transport concerning the number of people regularly **cycling and walking** in Leicester.

"It has been a very interesting year as Chair of the Transport and Climate Change Commission. We have been really grateful to the City Mayor for his contributions to the Commission and for may outside bodies and individuals that have assisted our work. During several reviews we have discovered a vast amount of information. I hope that our recommendations will be of assistance to the Executive in the months to come."
Councillor Neil Clayton
Chair, Transport and Climate Change Scrutiny Commission

Councillor Paul Newcombe
Vice-Chair, Transport and Climate Change Scrutiny Commission

Commission members
Cllr Hanif Aqbany
Cllr Gurinder Singh Sandhu
Cllr Colin Marriott (part year)
Cllr Veejay Patel
Cllr Lucy Chaplin (part year)
Cllr Nigel Porter
Cllr Wayne Naylor (part year)
Cllr Malcolm Unsworth (part year)
Scrutiny Arrangements 2013-2014

Scrutiny commissions have been slightly re-configured to take account of the areas of policy covered by executive members and also of the workloads of individual commissions.

The new arrangements, and lead members, are as follows.

**Overview Select Committee**
Chair: Cllr Mohammed Dawood
Vice Chair: Cllr Baljit Singh

**Scrutiny Commissions**

**Adult Social Care Provision**
Chair: Cllr Lynne Moore
Vice Chair: Cllr Lucy Chaplin

**Children and Young People**
Chair: Cllr Ross Willmott
Vice Chair: Cllr Malcolm Unsworth

**Economic Development Transport and Tourism**
Chair: Cllr Sue Waddington
Vice Chair: Cllr Rashmikant Joshi

**Health and Wellbeing**
Chair: Cllr Michael Cooke
Vice Chair: Cllr Deborah Sangster
Heritage Culture Leisure and Sport
Chair: Cllr Abdul Osman
Vice Chair: Cllr Adam Clarke

Housing
Chair: Cllr Paul Newcombe
Vice Chair: Cllr Dawn Alfonso

Neighbourhoods
Chair: Cllr Elly Cutkelvin
Vice Chair: Cllr Inderjit Singh Gugnani
Leicester City Council Scrutiny Review

SPORTS ENGAGEMENT IN LEICESTER


March 2013
Leicester City Council
Heritage Leisure and Sport Scrutiny Commission
Review of sports participation in Leicester

Chair: Cllr Susan Barton
Vice Chair: Cllr Wayne Naylor
Commission Members: Cllr Iqbal Desai
Cllr Luis Fonseca
Cllr Rashmikant Joshi
Cllr Ross Grant
Cllr Mustafa Kamal
Cllr Paul Newcombe

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The minutes from the Neighbourhoods Scrutiny Commission in relation to this review can be accessed on line by clicking on this link:
Minutes from Neighbourhoods Scrutiny Commission meetings
Chair’s Foreword

The starting point for this review was data which on the face of it, was of great concern for the citizens of Leicester and their health and fitness. The data, provided by Sport England, suggested that when compared with neighbouring authorities, and a family of similar authorities, Leicester had a worse than might be expected involvement in active sport.

This data has been treated not with scepticism, but with caution. Leicester has a very distinctive cultural and economic make-up, and cultural and economic issues can weigh significantly on whether an individual, or a group of individuals, are able to or even want to access the wide range of sports activities available within and around the city.

The review looked at city council policies which affect the ways in which people access sports. It included taking evidence from officers in the Sports Development team, colleagues in the NHS in Leicester and Sport England.

It also reviewed the work of the Leicester Sports Partnership Trust, which brings together clubs and organisations across a range of sports and activities, as well as examining how broader planning policies are designed to help increase walking and cycling – two important pathways to a healthy lifestyle and general fitness.

One of the challenges of the Review, but one which was actually quite encouraging, was the broad spectrum of activities which range from high-intensity sports activity through to recreational activity.

The challenge for the city and the communities within it is to understand the many ways in which sports, including recreational sport and recreational activity, can have a positive impact on health, fitness and well-being.

These are intangibles which can't necessarily have a financial value put on them. Equally intangible, but perhaps more clear, is the damage caused by a lack of access to sports and leisure facilities through unemployment, low income and other social and economic barriers.

Councillor Susan Barton
Chair, Heritage, Leisure and Sport Scrutiny Commission
1. Conclusions and Recommendations

SPORT ENGLAND

Conclusions

1.1 Leicester has a comparatively high level of low-wage, unskilled and unemployed people, which would suggest a lower level of sports engagement and activity than among higher-paid professional and other individuals (par 3.11).

1.2 In Leicester 16.8% of adults in Leicester take part in sport and active recreation compared to the national average of 21.8%, while 65.3% of adults want to start playing sport or do a bit more. (par 3.4)

1.3 The greatest health benefits are gained from getting people who do nothing to start doing even a little more exercise.

1.4 The data from Sport England provided the basis for the start of this review. While the data suggests the level of sports participation in the city is low, the model (see par 3.6) used by Sport England to assess sport activity indicates that activity is at or close to the expected level, taking economic circumstances and community make-up into account (Par 3.12).

1.5 While sport is regarded as a force for cohesive good, cross-cutting different communities, Sport England data suggests this is not the case, and that sports activities are often confined within particular communities.

Recommendation 1

The greatest efforts in marketing, promotion and sports development should be aimed at those who currently, for a variety of reasons, do least, rather than those already involved in sports in a significant way.

This strategy should be common across public agencies including schools, and private enterprises, including sports clubs and leisure centres. Promotion and marketing of sports and an active lifestyle should use data obtained in a consistent way from leisure pass data collected at leisure centres and identifying user profiles, including where they live, age, frequency of use of facilities etc.

Any marketing should be carried out in a sensitive way and appropriate to the community (Par 3.20).
Recommendation 2

Any strategy for sport should strengthen contacts between schools and sports clubs within the city to seek to reverse a rising trend of inactivity among youngsters.

The Commission recognises the importance of strengthening the current low base of grass roots sports activity, and this could be helped by strengthening sports participation pathways, including the use of volunteering where appropriate.

HEALTH ISSUES

Conclusions

1.6 Health, fitness and sports activity are part of a continuum of human behaviour. This is best exemplified by the NICE recommendations in Appendix 3. While these refer to walking and cycling, the NICE recommendations set out in Appendix 3 provide a wider framework for multi-agency working within the city.

1.7 The Commission noted the need for people to have to change their behaviour on a long-term basis rather than have short-term changes. The research recognised that to benefit from behaviour changes to improve health and fitness this group would almost certainly require more intensive support on an individual level than merely providing signposting information. (Par 3.50)

Recommendation 3

Agencies within and across the city should consider adopting the action programmes and co-operative measures as set out by the National Institute for Clinical Excellence (NICE) and launched at Leicester in November 2012.

Recommendation 4

That further work be carried out to establish in more detail the effectiveness of the Leicester Active Lifestyle Scheme (ALS), drawing on either local or national data to validate the programme. A comparative study of the Birmingham and Derby schemes should be undertaken to see which scheme, if either, is more appropriate for Leicester in terms of financial effectiveness and these issues of long-term behaviour change (Par 3.50).
Recommendation 5

The Commission noted the development of the Lifestyle Referral Hub (Par 3.57) and requests an update on progress on this project after a further 12 months.

SPORTS PARTNERSHIP TRUST

Conclusions

1.8 Partners and agencies appear confident that the model created by the Sports Partnership Trust is an effective umbrella organisation under which a range of agencies and sports organisations can work effectively. The Commission noted that the first two-year Action Plan was drawing to a close in March 2013.

1.9 The Commission noted that a positive Olympic and Paralympic legacy was a priority for the Trust, but that potential cuts to sports programmes for schools could have an adverse effect on this objective.

Recommendation 6

That a renewed action plan be presented to HLS in draft form ahead of adoption if possible, or that the renewed plan be presented to the first available HLS scrutiny commission; and

That the Trust reports on progress on the Action Plan an annual basis to the HLS Scrutiny Commission

Recommendation 7

That the council continues to lobby central government for a credibly-funded sports engagement programme in schools which also links into local communities, and that MPs, partners such as Sport England, Youth Sport Trust and other local authorities and the Local Government Association be used to press this case.

CITY COUNCIL SPORTS AND ACTIVE LIFESTYLE ROLE

Conclusions

1.10 From the latest census data, combined cycling and walking to work levels are higher than the national and regional averages. Cycle to work levels have increased by around 20% since the 2001 Census, though work patterns have also changed radically in that time making direct comparisons hard to make.

1.11 However, the Commission welcomed the increased emphasis of transport and planning policies in encouraging a more active personal approach to transport.
1.12 Beyond this there is a developing programme of guided cycling and walking which encourages the longer-term changes in activity level underscored as necessary by the health evidence.

1.13 On a more direct sports level the council has been successful in attracting £11m of funding for a football investment programme. KSIs for this programme are set out in Appendix 5.

1.14 Sports centres are a major investment by the council in the life of the city. The data suggests that they do not act as competition to the wide range of private sports centres, with A/B customers accounting to just two per cent of membership cards.

1.15 Attendances at sports centres have declined over the last three years (table 6) though some of this will have been due to maintenance and repairs at one or more of the centres at any one time. Sports Services surveys at the centres signalled that high costs were a significant negative factor (Appendix 4). This was considered an important issue for users by the Commission.

1.16 However, members did not consider the introduction of a £5 monthly charge, or an alternative of £1 per visit, for over-60s users would have a significant impact on usage by this group of people.

Recommendation 8

That the council encourages increased walking and cycling in its own workforce and that other major employers are encouraged to develop and promote similar programmes

Recommendation 9

That the HLS Commission or its relevant equivalent receives a 12-month review of progress on the football investment programme against KSIs in March 2014.

Recommendation 10

That the council reconsiders its strategy of continual price increases to help attract more users from the more deprived sectors of the community

Recommendation 11

The council should also consider the cost of its membership card to encourage wider use, in particular by more people in areas of greatest deprivation.

PARTICIPATION BY WOMEN IN SPORTS
Conclusion

1.17 The Sport England framework for identifying and encouraging women to take part in sport is a useful template for promoting greater participation, in particular from disadvantaged communities.

Recommendation 12

The Lower Super Output Area data, which identifies key inner city and outer estate communities as particularly experiencing a wide range of social and economic deprivation, should be used to prioritise efforts to encourage participation by women in sports and to target particular communities to encourage participation in sports.

SPORT FOR PEOPLE WITH PHYSICAL AND LEARNING DISABILITIES

Conclusion

1.18 The Sports Partnership Trust has embedded a wide range of key objectives and actions to help people with physical and learning disabilities into sport and to continue taking part. The Commission commends these objectives and actions.

Recommendation 13

That the Commission receives a report on progress against the above objectives for people with physical and learning disabilities under the Action Plan and that the further objectives under the new action plan also be presented to the Commission.
INTRODUCTION

2.1 Sport is linked to many aspects of life for the city. These include:

- socialisation and group activities
- diet, health and wellbeing
- providing a focus for young people who might otherwise be disaffected – sport’s diversion role (from anti-social behaviour)
- the ability of sport to work across different communities and age groups within the city
- The way in which planning policy and transport strategy encouraged and promoted an active lifestyle through walking and cycling.

2.2 This Review attempts to understand the levels of sports engagement by the many communities within Leicester. Evidence from Sport England suggests that the uptake of sports within Leicester is significantly lower than the national average regional and peer cities. This report attempts to understand the reasons for those statistics, as well as putting them in a wider social and health context.

2.3 Four significant areas of information, influence and resources have provided evidence as part of this Review. They were:

- Sport England (Par 3.1)
- NHS in Leicester (Par 3.20)
- Leicester Sports Partnership Trust (Par 3.59)
- Leicester City Council (Par 3.71)
- Women and sport (Par 3.126)
- Sport for people with physical and learning disabilities (Par 3.139)

The private and voluntary sectors and amateur organised and less formally organised activities also contribute significantly to the sports “industry” within Leicester.

2.4 Sport England evidence suggested that compared with similar communities Leicester has a low participation rate of sports activities. The review attempted to understand the issues which might explain why Leicester has such a low uptake.

2.5 It also looked at the role of sport within a wider context, including health. The range of issues involved meant this was not a matter for a single department within the authority. Many teams within the council have resources and policies reflecting the activities and objectives set out within paragraph 2.10. These include sports and leisure centres, community centres, other sports facilities and pitches, (indoors and out) and schools.
2.6 There is a long-standing link between sports and regular exercise and healthy living for people of all ages. Health agencies have an interest in the degree to which people engage in sports activity and exercise under a wider definition of sports engagement.

2.7 Evidence was taken from the council’s head of sports development, Paul Edwards and a number of his colleagues. (Mr Edwards attended all meetings, and on behalf of the other members and as chair of the Commission I would like to put on record the Commission’s thanks for the work he did).

2.8 Other city council sources of information included the planning team and the cycle development team (November 2012), NHS Leicester (December 2012) and Sport England (January 2013).

3. REPORT

3.1 Sport England provided some of the key data which prompted this study, but a useful reference point is an earlier inquiry by this Commission into the Olympic Games Legacy project. One of the key passages within this report is within Pars 3.12 and 3.13, along with Table 3.

3.2 This states that: “No clear evidence was provided to the commission to explain why, historically, Leicester City has lower participation rates than other cities in the region. Neither was it possible to ascertain why the numbers have fallen in the past five years.”

3.3 Information from Sport England has been updated to take in the most recent published data from Sport England and forms Table 1 of this report. It includes further data from authorities put into a similar group by Sport England (APS6).

3.4 In evidence to the Commission (December hearing) Sport England set out the following data:

How active is Leicester?

- 16.8% of adults in Leicester take part in sport and active recreation compared to the national average of 21.8%
- 57.3% of adults do no sport or active recreation at all
- 65.3% of adult residents want to start playing sport or do a bit more.

What are Leicester’s sporting statistics?
Leicester City Council
Heritage Leisure and Sport Scrutiny Commission
Review of sports participation in Leicester

- 4.1% of adult residents are regular sports volunteers, compared to the national average of 7.3%
- 13.5% are members of sports clubs compared with 23.3% nationally
- 66.5% are satisfied with sporting provision in the area compared to 69% nationally.

3.5 Sport England also
- puts the health cost in Leicester of inactivity at least £6.2m a year
- estimates the health gains of a 30-49 year old who plays football at £27,000 over a lifetime.

3.6 It is suggested that the lower economic activity within Leicester than in surrounding communities is a contributing factor to the lower sports activity rates. Download a fuller summary of the findings from local variation modeling.

3.7 Table 1 indicates that, according to Sport England long-term data, Leicester’s organised sports engagement is lower than Derby or Nottingham, which could be considered to be peer communities in terms of both size and, broadly, community mix.

3.8 The APS6 (October 2011-October 2012), the latest available Active People Survey data, shows Leicester’s level of activity is higher than Wolverhampton, Coventry and Luton, but significantly lower than communities in Leicestershire.

3.9 Table 2 links economic activity to sports engagement, and shows that the lower the economic activity and household income the lower is the rate of engagement. Tables 3 and 4 attempt to put levels of activity into economic and demographic context.

3.10 Leicester has a significantly higher proportion of 16-34 year olds, who might be expected to be more involved in sports than other demographics, than either the East Midlands or the wider England profile.
## TABLE 1: Organised Sport engagement by Local Authority

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<td></td>
<td>%</td>
<td>Base</td>
<td>%</td>
<td>Base</td>
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<tr>
<td><strong>EAST MIDLANDS</strong></td>
<td></td>
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<tr>
<td>EAST MIDLANDS</td>
<td>34.4</td>
<td>33.5</td>
<td>35.3</td>
<td>Increase</td>
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<td>Derby UA</td>
<td>35.2</td>
<td>501</td>
<td>35.9</td>
<td>503</td>
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<td>Leicester UA</td>
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<td>568</td>
<td>27.8</td>
<td>500</td>
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<td>Nottingham UA</td>
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<td>1,017</td>
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<td>537</td>
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<td>35.9</td>
<td>501</td>
<td>42.1</td>
<td>504</td>
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<td><strong>LEICESTERSHIRE</strong></td>
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<tr>
<td>Blaby</td>
<td>39.1</td>
<td>501</td>
<td>34.1</td>
<td>501</td>
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<td>Charnwood</td>
<td>38.5</td>
<td>501</td>
<td>33.7</td>
<td>500</td>
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<tr>
<td>Harborough</td>
<td>41.1</td>
<td>504</td>
<td>37.8</td>
<td>501</td>
</tr>
<tr>
<td>Hinckley &amp; Bosworth</td>
<td>35.6</td>
<td>506</td>
<td>35.7</td>
<td>500</td>
</tr>
<tr>
<td>Melton</td>
<td>35.7</td>
<td>502</td>
<td>32.7</td>
<td>500</td>
</tr>
<tr>
<td>N.W. Leicestershire</td>
<td>33.7</td>
<td>504</td>
<td>27.0</td>
<td>503</td>
</tr>
<tr>
<td>Oadby &amp; Wigston</td>
<td>35.5</td>
<td>505</td>
<td>31.6</td>
<td>501</td>
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<tr>
<td><strong>OTHER AUTHORITIES</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Coventry</td>
<td>30.4</td>
<td>509</td>
<td>35.2</td>
<td>500</td>
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<td>Luton</td>
<td>27.9</td>
<td>502</td>
<td>28.3</td>
<td>504</td>
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<td>Milton Keynes</td>
<td>35.7</td>
<td>558</td>
<td>32.3</td>
<td>500</td>
</tr>
<tr>
<td>Bristol</td>
<td>37.1</td>
<td>517</td>
<td>38.4</td>
<td>501</td>
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<td>Sheffield</td>
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<td>696</td>
<td>35.5</td>
<td>496</td>
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<td>Bradford</td>
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<td>503</td>
<td>35.2</td>
<td>500</td>
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<td>Wolverhampton</td>
<td>31.2</td>
<td>504</td>
<td>33.2</td>
<td>502</td>
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Source: Sport England Active People Survey
### TABLE 2: Activity by economic/social group

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<tr>
<td></td>
<td>%</td>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>NS SEC1-2 (managerial/professional)</td>
<td>40.1</td>
<td>4,462,100</td>
<td>41.4</td>
<td>4,812,000</td>
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<tr>
<td>NS SEC3 (intermediate)</td>
<td>32.3</td>
<td>1,244,000</td>
<td>32.4</td>
<td>1,303,700</td>
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<tr>
<td>NS SEC4 (small employers/own account workers)</td>
<td>32.4</td>
<td>920,200</td>
<td>32.3</td>
<td>958,400</td>
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<tr>
<td>NS SEC5-8 (lower supervisory/technical/routine/semi-routine/never worked/long term unemployed/full time students/other)</td>
<td>26.9</td>
<td>3,450,200</td>
<td>26.6</td>
<td>3,564,800</td>
</tr>
</tbody>
</table>

Source: Sport England

3.11 Sport England provided further information on facilities and engagement, set against social, health and other criteria, for Leicester. However, indicatively, for both the East Midlands and against national criteria, Leicester has a comparatively high level of low-wage, unskilled and unemployed people, which would suggest a lower level of sports engagement and activity than among higher-paid professional and other individuals. This is exemplified by the data set out in Table 2 above.
TABLE 3: Age profile for Leicester and East Midlands

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<tbody>
<tr>
<td>Male</td>
<td>108.5</td>
<td>112.7</td>
<td>120.2</td>
<td>1,710.0</td>
<td>1,749.0</td>
<td>1,767.2</td>
<td>19,667.9</td>
<td>20,056.9</td>
<td>20,468.3</td>
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<td>Female</td>
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<td>116.2</td>
<td>126.0</td>
<td>1,777.3</td>
<td>1,809.0</td>
<td>1,838.0</td>
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<td>228.9</td>
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<td>41,083.8</td>
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<td>236.5</td>
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<td>2,647.5</td>
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<td>31.2</td>
<td>289.3</td>
<td>304.3</td>
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<td>3,284.2</td>
<td>3,449.5</td>
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<td>53.6</td>
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<td>11,283.4</td>
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<td>50 to 64</td>
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<td>674.8</td>
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<td>1,649.4</td>
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<td>2,244.5</td>
<td>26,628.7</td>
<td>27,043.9</td>
<td>26,731.5</td>
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</table>

TABLE 4: Data from Table 3 as % ages of total population

<table>
<thead>
<tr>
<th>% - age</th>
<th>LEICESTER</th>
<th>EAST MIDLANDS</th>
<th>ENGLAND</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 to 19</td>
<td>8.1</td>
<td>9.0</td>
<td>8.3</td>
</tr>
<tr>
<td>20 to 24</td>
<td>13.4</td>
<td>13.0</td>
<td>12.7</td>
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<tr>
<td>25 to 34</td>
<td>18.0</td>
<td>19.2</td>
<td>21.8</td>
</tr>
<tr>
<td>Total</td>
<td>39.5</td>
<td>41.2</td>
<td>42.5</td>
</tr>
</tbody>
</table>

Sources for both tables: Sport England
3.12 However, after all this, and taking into account the provisos set out in Sport England’s model referenced in 3.7, the level of sports engagement in the city is broadly in line with what should be expected. (See table 5 below and footnote).

**TABLE 5: Expected and observed sports participation for Leicester\(^1\)**

<table>
<thead>
<tr>
<th>Participation rates</th>
<th>Leicester</th>
<th>East Midlands</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2005/06</td>
<td>2007/09</td>
<td>2005/06</td>
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<tr>
<td>Expected</td>
<td>18.3%</td>
<td>18.7%</td>
<td>21.6%</td>
</tr>
<tr>
<td>Observed</td>
<td>18.2%</td>
<td>17.9%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Difference</td>
<td>-0.1%</td>
<td>-0.8%</td>
<td>-0.5%</td>
</tr>
</tbody>
</table>

3.13 In his evidence to the Commission, Russell Turner, Sport England’s local government relationship manager, confirmed that deprivation was a major barrier to sports access across the country. The statistics demonstrated sports participation in the city was generally at the expected level bearing in mind the community mix and economic position of residents.

3.14 Sport England had worked with the city in areas including Braunstone and Highfields and would continue to work with Leicester in the future, he said. He explained that the sports strategy included a commitment towards satellite clubs, which were linked to schools, and that it was important to try to make it easier for young people to remain physically active once they were no longer in school.

3.15 John Byrne, Leicestershire and Rutland Sports Director, also said there were examples of where public health initiatives had provided support and promoted physical activities.

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\(^1\) Sport England says this table, presented at the December 2012 meeting, showed that the city and its communities are performing well despite the difficult environment. A key line is the expected level of participation based on a range of factors. Leicester’s is less than both the East Midlands and England. The observed rate falls for Leicester over a two year period against an expected rise in participation. The other data shows participation rate increases in the same period for the East Midlands and England. The participation rate for Leicester shows a falling away over time from the expected participation rates. However, it should also be noted that Leicester’s observed participation is close to the expected rate, taking social and economic factors into account.
3.16 He thought the biggest challenge was in achieving long term improvements while resources were decreasing. They were working with children in early years, but improved working was needed at that level. Children were not as active as they used to be and additionally there was a challenge to ensure that schools were connecting effectively with sports clubs.

3.17 Witnesses were asked how people in different cultures could be encouraged to integrate more and Mr Turner said statistics indicated people tended to remain within their own communities for sporting activities.

3.18 Sport England was looking at different sports options for people with different abilities, initiatives to enable talented people to progress and also to train coaches within communities.

3.19 He also stressed public health played an important part in encouraging participation in sports and he suggested the council might consider as to how best they could put across this message. There might be entrenched cultural issues and he suggested that it would be helpful to have improved marketing, carried out in a sensitive way and appropriate to the community.

THE LINK BETWEEN SPORT AND HEALTH - HEALTH EVIDENCE

3.20 The key connection between sport and health is set out in the report: **Start Active, Stay Active**. Produced by the four national directors of public health in 2011, it set out a series of descriptions of physical activity which went well beyond narrow definitions relating to taking part in organised sport.

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Having posed the question: “what is physical activity?” the report seeks to answer it in the following way:

“Physical activity includes all forms of activity, such as everyday walking or cycling to get from A to B, active play, work-related activity, active recreation (such as working out in a gym), dancing, gardening or playing active games, as well as organised and competitive sport.”

Sport England asked the British Heart Foundation (BHF) to review research and practice into improving health through sport. The review concluded that participation in physical activity (including sport) was associated with reducing the risk of over 20 health conditions, including those with a high prevalence in Leicester such as heart disease, obesity and diabetes.

In the absence of conclusive research into the relative effectiveness of specific interventions, the BHF review concluded that the greatest health benefits can be gained by targeting the most inactive rather than those who are already active but by getting them to do more.

Leicester reflects the national picture by offering an appropriate range of sport and physical activity options, but there is a need to further develop how interventions are effectively targeted and evaluated.

Sport England recently commissioned a rapid review of research and practice into improving health through sport. The review agreed taking part in physical activity (including sport) was associated with reducing the risk of over 20 health conditions, including those that have high prevalence in Leicester such as heart disease, obesity and diabetes.

The authors also concluded that the greatest health benefits can be gained from increasing the activity levels of the most inactive, rather than getting those who are already doing some activity doing even more. This is significant when we are considering where best to target resources.

However, the challenge of targeting the most inactive is that this group is also likely to be those with more barriers to participation and physical inactivity.

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3.28 Another report\textsuperscript{4} showed people from unskilled manual backgrounds were three times more likely to engage in four lifestyle risk behaviours (smoking, excessive alcohol use, poor diet and low levels of physical activity) than those from professional backgrounds. Adults with no qualifications were five times more likely to adopt all four risky behaviours compared to those with the highest level qualifications.

3.29 Department of Health research\textsuperscript{5} also explored the relationship between health outcomes, environment and personal motivation. The research identified five distinct groups, the most challenged of which were recognised as tending to live ‘in the most deprived areas and are the least likely to be in paid employment.’

3.30 “They have higher than average smoking prevalence, higher incidence of obesity and overweight, are the least likely to take exercise, less likely to eat five portions of fruit and vegetables and most likely to have a high GHQ score (i.e. to report poor mental health).”

3.31 Significantly from a service provision perspective the research recognised that this challenged group who would benefit the most from lifestyle change will almost certainly require more help and support than information alone can provide.

3.32 Evidence suggested that the most inactive are more likely to face multiple challenges and that more personalised, supportive approaches are likely to be required to help people make and sustain behaviour change.

3.33 Such locally evaluated programmes suggest a targeted neighbourhood model can be effective in engaging people who wouldn’t become active through more open access, traditional service offers and promotion.

3.34 The 2010 Leicester Health and Lifestyle survey, when asking what were the main barriers to a more active and healthier life regime, said most people who wanted to do this cited a busy lifestyle/too little time; less than five per cent said cost was the main barrier.

\textsuperscript{4}Buck and Frossini (2012) .Clustering of unhealthy behaviours over time – implications for policy and practice (Kings Fund)

\textsuperscript{5}HM Government (2008) Ambitions for health: a strategic framework for maximising the potential of social marketing and health-related behaviour.
3.35 (By contrast, a research review led by the University of Leicester and including input from Loughborough University, said that sitting for long periods was a significant contributor to diabetes, heart disease and death even if you did exercise regularly).

3.36 Stephanie Dunkley, Public Health Principal with NHS Leicester City, in evidence to the commission, drew attention to the following points:

- A review of research and practice into improving health through sport reinforced knowledge that sport and physical activity positively helped the 20 health conditions that had high prevalence in Leicester.

- There was insufficient knowledge to be able to say whether one exercise programme was better than another.

- More pro-active targeting and better monitoring were needed locally.

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**Food and Active Buddies...**

...began in 2003 as Fit and Active Braunstone, a local funded New Deal in the Community Programme aimed at people who had health or weight issues, empowering them to take exercise and look at lifestyle changes to improve their lives. Initially people on the programme received 10 weeks’ mentoring, being joined on visits to the gym and having achievable goals set for them. The project then created three "buddying" groups - Calorie Killers, Fit Chicks (now known as In-2-shape) and TLC (Teenage Lifestyle Club). Their aim was to continue the work that began with people getting involved in the initial 10-week programme to network with other people in the same/similar situation, empowering them to help each other.

These groups proved very popular with good outcomes - up to 2 stone weight loss, insulin reduction in diabetic patients, general improvement in fitness and improvement in lifestyle all being well documented.

The programme now operates in other areas around the city, including New Parks and Beaumont Leys. The programme successfully exited its New Deal Funding, and is now funded centrally through Leicestershire Partnership Trust (NHS) Ltd as part of its community health programme...

...Cllr Wayne Naylor:

**Vice Chair, Heritage Leisure and Sport Scrutiny Commission**
example, tracking whether people sustained their participation and gained health benefits). This was in line with the national situation;

- The people who should be targeted were those who were inactive, not those who already take part in sports or physical activity;

- Levels of participation in sport and physical activity were static;

- The greatest gains to be had were from building activity into everyday life;

- Research by the Kings Fund showed a widening gap between people with the lowest economic groups doing a lot of unhealthy activity. It was recognised that for that group signposting was not enough, and more one-to-one support was needed. This had implications for service design;

- It was important to be user responsive. For example, if someone was very inactive, they would need a gentle introduction to physical activity;

- A new campaign had been started, based on the national Change for Life programme. Anyone who signed up to the new initiative would receive a personalised programme of activity; and

- A bid in partnership with Leicestershire and Rutland Sport and local delivery partners was submitted in February 2013 to Sport England expressing interest in the “Get Healthy, Get into Sport” fund for health pilot projects. A decision on this is awaited.

3.34 The Commission asked what long-term studies had been done to lead to the conclusion that being healthier would give savings. Stephanie Dunkley replied that other cities with the same problems as those identified in Leicester used different approaches. Some targeted deprived areas or unemployed people, and some offered incentives to people for them to become involved.

3.37 The Commission (November hearing) was told of two contrasting models (in Birmingham and Derby) of health intervention projects which have been or are being trialled. Detailed information on the two schemes is in Appendix 2.

3.38 The B Active scheme in Birmingham piloted free gym facilities in the Ladywood area of the city. With a population of 110,000, membership went from 95 to 7,000 in six months, with membership reflecting the local demographic. The conclusions were that:

- Price was a barrier to regular exercise
- Demand rose from “low to “excessive” during the pilot project.

3.39 The scheme was modified to concentrate on communities with greatest deprivation, while also focussing on under-represented groups. Reflecting
customer feedback the project widened out from the standard gym, swimming and fitness regime.

3.40 Sub-brands and evolutionary activities included:

- **Be active +**: GP referral programme for people with chronic conditions
- **Be active weight management programme**: delivered in leisure centres with exercise and nutrition components
- **Be active mental health pilot**: working jointly with the Mental Health Trust to support patients to exercise in a supportive environment
- **Be active by bike**: free bike hire, led rides
- **Be activators**: volunteering
- **Be active** and NGB pathways - back to netball, British Cycling, ASA etc

3.41 The cost per individual user of such supportive programmes is high, and it was essential participants are those most likely to benefit. (Sport England is currently selecting projects from across the country, to fund for three years, which will help to fill a knowledge gap by evaluating the effectiveness of different interventions).

3.42 Leicester has an Active Lifestyle Scheme (ALS), which is a GP referral scheme. Registered health professionals can refer patients with an identified and stable health concern that would benefit from increased physical activity. (Apart from leisure-centre based activities the ALS also promotes building physical activity into daily life, such as through active travel).

3.43 The Leicester ALS was provided, and until two years ago, funded solely by Leicester City Council Sports Services. Anticipating increased demand from NHS health checks the PCT contributed to increase capacity to 1500 referrals per year. In 2011 – 12 the ALS exceeded this target by 300, although none of the additional referrals were the result of NHS health checks.

3.44 The ALS complies with GP referral guidance on client assessment measurements, but as acknowledged in the national review of evidence, there has been no independent evaluation or analysis of this data. Therefore we are not able to comment on the effectiveness of this specific scheme, and this is a potential gap and recommendation for further action.

3.45 An estimated direct cost of physical inactivity to the NHS across the UK is £1.06 bn based on five conditions specifically linked to inactivity – coronary heart disease, stroke, diabetes colorectal cancer and breast cancer. Wider indirect costs include sickness absence and premature deaths of working age people.

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6 The scheme costs £4.7 million per year equating to £34 per user per year. Five year projections estimate that the benefits are likely to exceed its cost by £445.2 million. The benefits over the lifetime of an individual exceed the cost of the scheme by £3,202.7 per person.

7 NHS evidence to the Commission: November 2012
3.46 There is an association between health inequalities and inactivity. The Stay Active, Be Active report says:

- Physical activity is higher in men at all ages
- Physical activity declines significantly with increasing age for both men and women
- Physical activity is lower in low-income households
- Certain ethnic groups have lower levels of activity. For example, in England, physical activity is lower for BME groups except for African-Caribbean and Irish populations
- Boys are more active than girls
- Girls are more likely than boys to reduce their activity levels as they move from childhood to adolescence.

3.47 “In Leicester, given the low levels of sport and active recreation and high levels of conditions associated with inactivity the challenge is whether to invest in universal population level evidence-based programmes which may have a small impact on greater numbers of people or to target more intensive interventions on fewer people but for those individuals and groups there could be greater benefit.” In this context information from two contrasting approaches, from Birmingham and Derby, are referred to in Appendix 2.

3.48 Parts of Leicester are among the most deprived communities in the country. Department of Health research looking at the relationship between health outcomes, environment and personal motivation identified five distinct groups, the most challenged of which were recognised as tending to live ‘in the most deprived areas and are the least likely to be in paid employment.’

3.49 ‘They have higher than average smoking prevalence, higher incidence of obesity and overweight, are the least likely to take exercise, less likely to eat five portions of fruit and vegetables and most likely to have a high GHQ score (i.e. to report poor mental health).’

3.50 The research recognised that to benefit from behaviour changes to improve health and fitness this group would almost certainly require more intensive support on an individual level than merely providing signposting information.

3.51 Local initiatives within Leicester include the Active Lifeline Scheme, (ALS) a GP referral scheme which can be used by health professionals to refer patients who have an identified health concern which would benefit from increased physical activity. Apart from leisure centre-based activities the ALS also promotes building physical activity into daily life, such as through active travel.

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8 Ambitions for Health: a strategic framework for maximising the potential of social marketing and health-related behaviour
3.52 The Leicester referral scheme has been provided, and, until two years ago, funded solely by Leicester City Council Sports Services. In recognition of anticipated increased demand from NHS health checks the PCT contributed to increase capacity to 1500 referrals per year. In 2011 – 12 the ALS exceeded this target by 300, although none of the additional referrals were the result of NHS health checks.

3.53 Another scheme for engaging people in higher levels of activity is the Stay Active 4 Life scheme. The city council web site says: “Only one in 20 of us are actually doing the right kind of activity each week to keep our mind and bodies healthy. It is recommended that adults should be undertaking at least 150 minutes of activity each week that increases the heart rate, quickens the breathing and raises the body temperature. Leicester's Active 4 Life campaign is designed to encourage young people and adults, aged 14 and over and living in the city, to make changes that introduce more regular activity into their lives. “A personalised Activity Plan will be sent out when signing up to the programme and after 12 weeks you will be invited to evaluate your progress and will be rewarded with an incentive. Leicester gets Active 4 Life will help to build activity into your day that keeps your heart healthy, reduce your risk of serious illness such as diabetes, and strengthens joints.” This local campaign will be incorporated into a wider lifestyle social marketing programme to be developed.

3.57 A Lifestyle Referral Hub is being piloted with ten GP practices to signpost people towards programmes dealing with obesity issues. This single point of access to physical activity and other lifestyle services is hoped to increase referrals and uptake of all services and open access facilities, based on the success of a similar scheme in Nottingham City.

3.58 Meanwhile a series of related clinical pathways are complete or in the final stages of development including:

- Children’s and adults obesity pathways
- Let’s get moving physical activity pathway
- Maternal obesity pathway.

**SPORTS PARTNERSHIP TRUST**

3.59 The council has an important partnership role with the NHS within Leicester in promoting healthier lifestyles and this is demonstrated in a number of ways within the **Sports Partnership Trust**.
3.60 The Sports Partnership Trust brings together many of the key partners within the range of sports activities within the city. The council is represented on the board of the Partnership trust by Assistant Mayor Piara Singh Clair and divisional director Liz Blyth. Public health director Deb Watson and city council strategic director of children services Rachel Dickinson are also on the board, which is chaired by Rory Underwood.

3.61 Further information about the Trust and its aims and objectives can be found through the link: http://www.oneleicester.com/uniquely/lspt/?locale=en. (The One Leicester arrangements and structures have been ended and the Trust now falls within the City Partnership umbrella which is chaired by the Mayor).

3.62 Partners within the Trust include:

- B-Active
- Voluntary Action Leicester
- Leicester City Council (sports regeneration; Transforming the learning Environment; Learning Services)
- NHS Leicester
- County Sports Partnership
- Leicester Tigers
- Leicester City FC
- Leicestershire County Cricket Club

3.63 A report to Leicester City Council’s Cabinet in January 2011[^9], describing the reasons for setting up the Trust, said: “a review of sporting infrastructure was undertaken. The sporting landscape has always been a complicated one and, as a result, sport and physical activity in Leicester City has lacked clear governance and accountability. As a result a new Sports Partnership Trust Board was established to provide clarity and a strong link to delivery of outcomes.”

3.64 It added that the new proposed culture and sports partnership boards would “help drive direction for culture and sport and measure success in the achievement of outputs and outcomes. The revised structures create a strong focus on improving performance in three key areas: health inequality, educational standards, skills and enterprise.”


"For too long the focus has been on advising individuals to take an active approach to life. There has been far too little consideration of the social and physical environments that enable such activity to be taken."

The Lancet: 18 July 2012
3.65 The report commented that: “The complexity of the sporting infrastructure at national level has been...mirrored at a local level across the country and in Leicester City. A complicated and confusing landscape had evolved causing concern and a lack of clarity regarding performance, ability to identify and deliver outcomes, accountability and governance.”

3.66 Evidence on the Trust’s work was given to the Commission’s January 2013 hearing. The Trust has virtually completed a two-year action plan programme and is in the process of revising and recasting it. A link to the plan can be found on http://issuu.com/oneleicester/docs/lspt_action_plan?mode=embed&layout=http%3A%2F%2Fskin.issuu.com%2Fv%2Flayout%2Flayout.xml&showFlipBtn=true

3.67 A series of sport-specific development groups was set up as part of the Trust’s structure, sitting below the main Board. There are a number of overarching objectives set for the Trust to achieve. These are to:

- Raise attainment, achievement and aspirations of young people by learning through Physical Education, Sport and Competition
- Improve Health and Wellbeing outcomes through sport and physical activity Interventions
- Create a thriving sustainable community club, coach and volunteer infrastructure
- Develop sustainable facilities to meet the future needs of the people of Leicester
- Use the London 2012 Olympic and Paralympic Games to inspire the people of Leicester to take part in sport and physical activity
- Improve Inclusion and Disability access outcomes.

Fourteen sports were identified as key development areas by the Trust:

<table>
<thead>
<tr>
<th>Athletics</th>
<th>Tennis</th>
<th>Gymnastics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badminton</td>
<td>Boxing</td>
<td>Hockey</td>
</tr>
<tr>
<td>Basketball</td>
<td>Netball</td>
<td>Football</td>
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<td>Cricket</td>
<td>Swimming</td>
<td>Rugby</td>
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<tr>
<td>Table tennis</td>
<td>Outdoor development</td>
<td></td>
</tr>
</tbody>
</table>

3.68 Each of these sports was given development targets in the first action plan. Members were keen to see a version of the new action plan, and to have a
future presentation on the plan, with explanations for targets and objectives within the plan.

3.69 The Commission took evidence (March 2013) from officers looking at the Olympic and Paralympic legacy (one of the objectives set out in 3.69 above). Gaynor Nash, regional co-ordinator for the children and young people’s Olympics legacy, said there were a number of on-going projects which supported the legacy principle.

3.70 However there was concern about cuts in earmarked funding for sports liaison in secondary schools (who linked with primary schools) and the potential cuts in the sports programmes for schools being considered by the government.

CITY COUNCIL SPORTS ROLE

3.71 The city council has a major investment in sports and leisure across the city, including seven major sports and leisure centres. A previous scrutiny review by the Culture and Leisure Task Group looked at the role and functions of leisure centres.  

3.72 The centres are:

- Braunstone Leisure Centre
- Aylestone Leisure Centre
- Leicester Leys Leisure Centre
- Evington Leisure Centre
- Cossington Street Sports Centre
- New Parks Leisure Centre
- Spence Street Sports Centre.

3.73 They all have swimming pools, with major water leisure facilities at Leicester Leys which attract customers from across and outside the city. A wide range of other sports and leisure activities is available. There are sports facilities at St Margaret Pastures and Saffron Lane Athletics Stadium and golf courses at Humberstone Heights and Western Park.

3.74 There is a link to all sports and leisure services provided by or through the council. Evidence to the Culture and Leisure task group on sports centres in 2009 showed that at that time there were around 2.3m users of the centres in a year, contributing around £5m towards the running costs of the service. Free summer swimming for youngsters under 17 is funded by the authority.

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11 http://www.leicester.gov.uk/your-council-services/lc/sports-services/services/
3.75 One of the key features of City Council policy has been to encourage free swimming. The policy was introduced by the last Government then ended by the current administration. The council agreed to extend the policy and provided funding for it.

3.76 A review of the first year of the scheme, written in 2010, suggested that far fewer youngsters had taken part in the scheme than expected. Subsequent evidence suggested the popularity of the scheme had fallen further. (Minutes from January 2013 meeting). This was possibly because the initial novelty value of the scheme had worn off.

3.77 Evidence to the January meeting said government funding for free swimming was withdrawn in 2010 “the City Council has maintained the offer across all of the public swimming pools. In addition to the school holiday swim offer, a further 4 pools across the city offer free swim sessions at weekends during term times. This is funded by the PCT.”

3.78 Figures from the use in both schemes is set out below:

All Sites – School Holidays

Easter 2011 – No free swimming
Easter 2012 – 4,838 free swims

Summer 2011 – 28,706 (six weeks – average 4,784 per week)
Summer 2012 – 15,841 (four weeks – average 3,960 per week)

October half term 2011 – 2,221
October half term 2012 – 1,517

At Braunstone, New Parks, Cossington St and Spence Street during term time

April – October 2011 – 5,147
April – October 2012 – 8,056
October – April 2012 – 4,655
October – April 2013 – Not available yet

It is worth noting that the popularity of free swimming for young people has reduced in this current financial year whilst the school term offer has risen in popularity. The summer 2012 weekly average was 17% below that of the previous year, while the October 2012 figure was down by almost a third on the previous year’s figures. The October term time figures show an increase of more than 50%. Officers are currently considering ways of encouraging children to learn the important skill of swimming as many young people are unable to swim.
3.79 Members heard at the same meeting that while it was an Ofsted requirement that children learned to swim as part of the school curriculum, a survey by the Sports Regeneration Officer found only about 50% of city schools took their children for swimming lessons.

3.80 Members heard that this was probably due to issues relating to organising transport to and from the swimming pool and also the time factor, as it took approximately 90 minutes out of the school day for a 20 minute swimming lesson.

3.81 The Sports Regeneration Officer explained that they were looking at ways of organising the transport for the schools. This happened successfully in other local authorities and had resulted in 100% of schools participating in school swimming sessions.

**Consumer satisfaction**

3.82 Members were given details of recent customer satisfaction survey results across the city council’s major sports and leisure centre. Detailed results are set out in Appendix 4 looking at services and customer satisfaction at each centre.

3.83 A striking feature of the report was the number of people answering the survey who regarded price as a significant issue. It was noted that 50% of customers who had responded in the latest survey wanted lower prices, compared to 28% who had responded in the survey two years earlier.

3.84 Respondents asked to flag up the issues most important to them flagged up the below issues which, in priority order were:

- Lower prices
- Cleaner facilities
- Better equipment
- Better staff
- Better programmes
- Other

3.85 A note within the Appendix 4 presentation warned that the level of concern about pricing was “a significant issue for Sport Services as it shows further increases in fees could have a detrimental impact on the service.”

3.86 However the Sports Service department noted the concerns about facility cleanliness and increased resources to deal with this particular issue. Commission members noted a previous scrutiny task group review had called for further training for staff in appropriate fields. The same review had also called for upgrades and improvements to the physical fabric of centres within the city.
3.87 Data for attendances at individual centres can change significantly from year to year because of major refurbishment and repair projects, so figures have been aggregated for the seven major sports and leisure centres by year in table 6.

3.88 The numbers of attendances have fallen year-on-year since 2008/2009. This should not be considered surprising because of the way the city’s economy has hit its communities. Levels of concern about prices were highest at Spence Street, which could be considered to be serving some of the most deprived communities within the city (although it should be noted that the centres across the city were almost entirely located within less affluent communities.

3.89 Information was provided on the membership card scheme for sports centres. There are around 143,000 members. Slightly more than half are female. 80% are in the city, the rest registered at county or out of county addresses. Around 30% are young persons’ cards. A similar number are unemployed See table 7 below).
# TABLE 6: Leicester City Council Sports and Leicester Centre attendances

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AYLESTONE</td>
<td>434,640</td>
<td>382,186</td>
<td>401,585</td>
<td>360,191</td>
</tr>
<tr>
<td>LEICESTER LEYS</td>
<td>366,330</td>
<td>389,643</td>
<td>333,588</td>
<td>364,305</td>
</tr>
<tr>
<td>BRAUNSTONE</td>
<td>406,660</td>
<td>423,258</td>
<td>428,419</td>
<td>306,298</td>
</tr>
<tr>
<td>NEW PARKS</td>
<td>204,846</td>
<td>198,706</td>
<td>183,613</td>
<td>224,777</td>
</tr>
<tr>
<td>St Margaret’s Pastures</td>
<td>87,164</td>
<td>94,802</td>
<td>54,240</td>
<td>51,088</td>
</tr>
<tr>
<td>COSSINGTON STREET</td>
<td>142,120</td>
<td>151,704</td>
<td>137,210</td>
<td>193,972</td>
</tr>
<tr>
<td>SPENCE STREET</td>
<td>191,896</td>
<td>199,481</td>
<td>194,264</td>
<td>198,867</td>
</tr>
<tr>
<td>EVINGTON</td>
<td>280,531</td>
<td>258,886</td>
<td>271,881</td>
<td>268,927</td>
</tr>
<tr>
<td>Tennis Centre</td>
<td>N/A</td>
<td>13,467</td>
<td>20,800</td>
<td>28,429</td>
</tr>
<tr>
<td>Western Golf</td>
<td>32,376</td>
<td>31,014</td>
<td>29,165</td>
<td>30,400</td>
</tr>
<tr>
<td>Humberstone Golf</td>
<td>38,564</td>
<td>35,135</td>
<td>31,859</td>
<td>34,450</td>
</tr>
<tr>
<td><strong>TOTAL USAGE PER YEAR</strong></td>
<td><strong>2,185,127</strong></td>
<td><strong>2,178,282</strong></td>
<td><strong>2,086,624</strong></td>
<td><strong>2,061,704</strong></td>
</tr>
<tr>
<td>Use of sports/leisure centres (in bold above)</td>
<td>2,027,023</td>
<td>2,003,864</td>
<td>1,950,560</td>
<td>1,917,337</td>
</tr>
<tr>
<td>Change/year</td>
<td>(23,159)</td>
<td>(53,304)</td>
<td>(33,223)</td>
<td></td>
</tr>
<tr>
<td>Annual change (%)</td>
<td>(1.1)</td>
<td>(2.7)</td>
<td>(1.7)</td>
<td></td>
</tr>
<tr>
<td>Change from base year</td>
<td>23,159</td>
<td>76,463</td>
<td>109,686</td>
<td></td>
</tr>
<tr>
<td>Change from base year (%)</td>
<td>(1.1)</td>
<td>(3.7)</td>
<td>(5.4)</td>
<td></td>
</tr>
</tbody>
</table>

# TABLE 7: EMPLOYMENT STATUS AT TIME OF JOINING

<table>
<thead>
<tr>
<th>EMPLOYMENT STATUS AT TIME OF JOINING</th>
<th>COUNT</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A - professional, retired previously A (non-manual)</td>
<td>1,729</td>
<td>1%</td>
</tr>
<tr>
<td>B - middle management, retired previously B (non-manual)</td>
<td>1,453</td>
<td>1%</td>
</tr>
<tr>
<td>C1 - Junior Management, retired previously C1 (non-manual)</td>
<td>17,489</td>
<td>12%</td>
</tr>
<tr>
<td>C2 - skilled workers, manual workers with responsibility</td>
<td>16,844</td>
<td>12%</td>
</tr>
<tr>
<td>D - semi skilled (manual workers)</td>
<td>5,558</td>
<td>4%</td>
</tr>
<tr>
<td>E - unemployed, dependant on state</td>
<td>42,114</td>
<td>30%</td>
</tr>
<tr>
<td>Young person</td>
<td>44,235</td>
<td>31%</td>
</tr>
<tr>
<td>Withheld</td>
<td>13,214</td>
<td>9%</td>
</tr>
</tbody>
</table>

Source: Leicester City Council
3.90 A significant further information point relates to employment status at the time of joining the scheme. Only two per cent of members are in the top two employment categories. This indicates that private sports centres and clubs effectively have a monopoly of this segment of the market. That has implications for the ways in which the city council markets its sports and leisure offer, and to whom.

3.91 Around 9,400 card-holders were over 60. Average number of visits per card user was 14.5 in the year to 31 March 2012.

Football Foundation investment

3.92 There has also been a major investment of more than £11m in providing new football pitches and other facilities in the city.\(^{12}\) It included a £5m grant from the Football Foundation. Evidence from Sport England about a lack of footballing activity in the city was used to underwrite the investment. The final site of the project, the split development on Aylestone Playing Fields and the former Riverside College site, was due to be finished in March 2013.

3.93 A range of performance indicators (KPIs) were presented. They are set out in full in Appendix 5 and represent the Football Association Target Goals for the next year. Commission members were told the base line figure was that which was achieved over the past 12 months; the targets were set over a five year period to reflect current growth and was considered achievable by the partner clubs.

3.94 However members felt there should be period reviews of progress against the targets and one recommendation is to have a review following the first full year following the completion of the construction phase of the project.

PLANNING AND TRANSPORT STRATEGY

3.95 **Cycling**\(^{13}\) is an important component of life in the city, straddling a range of issues ranging from transport (with the associated reduction in congestion and transport-related \(N_0\) and other emissions) and cycling for fitness and/or leisure, whether singly or in groups.

3.96 Skyride is the highest-profile bike event within the city and is held each August. Data from the 2012 event suggests around 16,000 cyclists took part and that around 10 per cent were first-time cyclists or coming back to cycling after a significant break.\(^{14}\)

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\(^{13}\) This link is to a general overview of how cycling fits into wider city council health, planning and other policies.

\(^{14}\) As part of the new three-year agreement, Leicester City Council will contribute £63,750 over three years, attracting match-funding of £135,000 from British Cycling. See [http://news.leicester.gov.uk/newsArchiveDetail.aspx?Id=2023](http://news.leicester.gov.uk/newsArchiveDetail.aspx?Id=2023)
3.97 There are also monthly street access events and organised cycling groups and events in the city and the county. Cycling is one of a range of activities which have been funded in sustainable travel initiatives aimed at increasing levels of cycling and walking. These include programmes ranging from training new cyclists, supporting local led rides and independent commuting.

3.98 Cycling, like walking, can be incorporated into daily life. It is even more effective than walking at achieving medium and varying levels of intensity required to gain health benefit (Oja P et al (1991) and Vuori I et al (1994) cited in (Cavill and Davis, 2007 Cycling and health – What’s the evidence. Cycling England).

3.99 Cycling has directly and indirectly been shown to improve cardio-respiratory fitness and reduce cardiovascular risk including contributing to weight loss and improved physiological measures such as increasing HDL cholesterol – the ‘good cholesterol’ (ibid, p27).

3.100 Regular cyclists are likely to have reduced mortality rates compared to non-cyclists even when adjusted for other forms of leisure time physical activity (Anderson et al, 2000 cited in Cavill and Davis, 2007, p26).

3.101 More recently (February 2013) the Government’s chief medical adviser has recommended regular cycling as a way to help prevent cancer, heart disease, strokes, diabetes and mental health problems, calling on councils to embrace a “valuable opportunity” to invest in cycle provision.

3.102 Dame Sally Davies also said children would experience “important health benefits” from cycling to school, but added that local authorities must create an environment in which children and their parents could “cycle with confidence”.

3.103 Sustainable Transport Team Leader Sally Slade, in evidence to the Commission, said the Local Transport Plan (LTP) had been approved in March 2012. For the first time it contained an active travel strategy linked to Leicester’s health challenges.

3.104 The Plan also contained a chapter on air quality. It considered ways in which air quality problems could be overcome, including establishing a low emission infrastructure, (for example, power points for recharging electric vehicles) and land use planning.

3.105 Since the Plan had been approved, there had been cuts in capital and revenue funding, but over £4m had been obtained in the last financial year through the Local Sustainable Transport Fund. This had been used to work

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15 Evidence to a parliamentary inquiry into cycling - Every £1 invested in cycling initiatives produces up to £4 in saved costs to the NHS and the economy.
with businesses to set up sustainable travel-to-work schemes and increasing confidence, for example through cycle or walking groups.

3.106 There currently were around 16 volunteer-led walking groups, offering six weeks of led walks and encouraged participants to continue walking after the end of the course for another six weeks. People’s activity levels were monitored at the start of the programme and again after six weeks, 12 weeks and six months. These timescales were used as they related to an identified behavioural change cycle.

### TABLE 7: TRAVEL TO WORK METHODS

<table>
<thead>
<tr>
<th>Area name</th>
<th>Bicycle</th>
<th>%age by bike</th>
<th>On foot</th>
<th>Total % age (bike and walking)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leicester</td>
<td>5,099</td>
<td>2.1</td>
<td>23,323</td>
<td>11.7</td>
</tr>
<tr>
<td>Derby</td>
<td>4,221</td>
<td>2.4</td>
<td>14,357</td>
<td>10.4</td>
</tr>
<tr>
<td>Nottingham</td>
<td>5,099</td>
<td>1.9</td>
<td>23,323</td>
<td>10.5</td>
</tr>
<tr>
<td>Leicestershire</td>
<td></td>
<td></td>
<td></td>
<td>8.0</td>
</tr>
<tr>
<td>Blaby</td>
<td>1,330</td>
<td>1.9</td>
<td>3,215</td>
<td>6.6</td>
</tr>
<tr>
<td>Charnwood</td>
<td>3,026</td>
<td>2.4</td>
<td>8,567</td>
<td>9.3</td>
</tr>
<tr>
<td>Harborough</td>
<td>912</td>
<td>1.5</td>
<td>4,257</td>
<td>8.4</td>
</tr>
<tr>
<td>Hinckley and Bosworth</td>
<td>1,239</td>
<td>1.6</td>
<td>4,506</td>
<td>7.4</td>
</tr>
<tr>
<td>Melton</td>
<td>583</td>
<td>1.6</td>
<td>3,217</td>
<td>10.3</td>
</tr>
<tr>
<td>NW Leics.</td>
<td>772</td>
<td>1.1</td>
<td>3,928</td>
<td>6.8</td>
</tr>
<tr>
<td>Oadby and Wigston</td>
<td>807</td>
<td>2.0</td>
<td>2,242</td>
<td>7.5</td>
</tr>
<tr>
<td>ENGLAND AND WALES</td>
<td></td>
<td></td>
<td></td>
<td>8.8</td>
</tr>
</tbody>
</table>

Source: 2011 Census

3.107 The Commission heard that the 2001 Census indicated around 4,000 people travelled to work, so the new Census information indicated an increase of around 20% in the number of people using their bikes to travel to work.

3.108 Taken together, walking and cycling to work within Leicester accounted for 11.4% of journeys to work, around a third higher than the average for England and Wales. NHS funding for projects that gave “Family Cycling” and “Inclusive Cycling” health improvement outcomes had made a significant difference to delivery of these outcomes.
3.109 For example, with the support of the NHS it now was possible to provide family cycle training and Scootability, which focussed on issues such as road safety training and improving balance. These had an added advantage that, people choosing not to travel by car can reduce social isolation.

3.110 The Transport Development Officer said projects running in Leicester aimed to put back into use 1,550 – 2,000 cycles which had been taken out of the waste stream. This provided good training for the people refurbishing them and created an affordable stream of cycles.

3.111 A national research study that involved Leicester emphasises the importance of a whole system approach, going beyond transport and planning, to promote both walking and cycling and remove some of the barriers that make it much easier to travel by car for short urban journeys (Pooley, C et al 2011, Understanding walking and cycling – Summary of key findings and recommendations. Engineering and Physical Sciences Research Council).

3.112 Ministers have suggested councils might be able to spend at least part of their health budgets on cycle infrastructure and training under new rules relaxing spending constraints on authorities due to come into force in the new (2013-2014) financial year.

3.113 Walking is a key and highly accessible form of exercise. Walking the dog is probably the most subtle and nuanced way of increasing daily walking, particularly for older people. A Local Government Information Unit (LGIU) review of walking and health research reports concluded that compared to other forms of physical activity walking is easy and accessible, and has the potential to make the biggest difference to the greatest number of people.

3.114 NICE, the National Institute for Clinical Excellence, was asked by the government to assess the health benefits of cycling and walking, and reported its results at a national conference held at Leicester on 28th November 2012.16

3.115 A range of its conclusions and recommendations is set out in Appendix 4. The link within the appendix goes to the NICE report, which sets out in more detail the actions and strategies it thinks would help improve health through more active lifestyles.

3.116 Health walks, led by a walk leader, support people with health problems to build up to a level and speed of walking that has health benefits. Health Walks have been calculated to save PCTs £7 for every £1 invested. The NICE threshold for quality adjusted life years (QALYs) considers an intervention costing £20,000 - £30,000 per QALY is cost effective.

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16 A range of initiatives was announced at this conference, including the decision to award £20m of government funds for road projects aimed at improving cycle safety. NICE guidance on the health benefits of walking and cycling was also set out.
3.117 The Health Walks QALY has been estimated at £100, making them extremely cost-effective. The LGIU inquiry recommended that commissioners not only invest in promoting walking but that walking initiatives should be mainstreamed rather than relying on short term funded initiatives.

3.118 Walking has also been found to be effective in reducing the risk of type 2 diabetes. In an attempt to address the increasing burden of type 2 diabetes and prevent those at high risk of going on to develop the condition, the internationally acclaimed diabetes research team in Leicester undertook a randomised control trial of a structured education programme that increases levels of physical activity through walking.

3.119 Their small scale trial indicated patients at high risk of developing type 2 diabetes who completed a three-hour structured education programme designed to promote walking activity using personalised steps-per-day goals and pedometers, achieved increased walking activity and improved blood glucose results up to one year post intervention.  

3.120 The small scale study only included 87 individuals but has significant potential in showing behaviour change and improved glucose tolerance. Further studies are being undertaken and Leicester has the potential to be involved in the roll-out of this approach.

3.121 The relative simplicity and low cost of this model could offer an effective industrial scale approach to reduce the escalating number of people being diagnosed with type 2 diabetes, at 150,000 per year costing 5% of the UK healthcare expenditure.

3.122 Certain communities and population groups are particularly at risk including people of South Asian, African-Caribbean, black African and Chinese descent and those from lower socio-economic groups. (NICE 2011, PH35 Preventing type 2 diabetes: population and community level organisations).

3.123 It has been suggested the numbers at risk from obesity and physical inactivity are so high that only population-based interventions are appropriate (Harding et al, 2006 cited in Yates, T, Davies, M and Khunti K Postgraduate Medical Journal 2009; 85; 475 – 489 Preventing type 2 diabetes: can we make evidence work?).

3.124 Yates (2006) says the challenge for commissioners is to ‘weigh up the costs and benefits of investing in individually focused intervention programmes, which are likely to have a large impact on relatively few, and population based approaches which are likely to have a small impact on many’.

17 (Yates et al Diabetes care Vol 32, Number 8, August 2009 Effectiveness of a pragmatic education program designed to promote walking activity in individuals with impaired glucose tolerance).
3.125 Members understood that base data of then current activity levels were used to establish targets for each sport or sector for the first two-year Action Plan, which ran to completion in March 2013.

**Participation in sport by women**

3.126 Participation by women in sport in Leicester, from Sport England and other data, is lower than by men. There are a number of reasons which are cited for this, including cultural exclusion. Sport England has a number of initiatives aimed at increasing female participation.

3.127 Sport England says: “Women participate in less sport than men. Only 13% of women take part in 30 minutes of sport three times a week compared to 20% of men. The data also reveals that 30% of women take part in sport once a week whilst 37% do sport once a month, many of whom would like to participate more but face real barriers in doing so.

3.128 “For women in disadvantaged communities, regular participation in sport is lower than the average with over seven out of ten currently playing no sport at all. In addition less than half would currently like to play sport. The challenge is therefore to stimulate local demand for sport amongst these women.”

3.129 Additionally, “seven out of ten women caring for children under 16 would like to play more sport. However, research suggests that other competing priorities take preference. The challenge is therefore to identify and provide an appropriate and accessible supply of sporting opportunities to meet demand.

3.130 Research from the [Women’s Sport and Fitness Foundation](http://www.sportengland.org/funding/active_women/barriers_to_participation.aspx) indicates there are significant emotional barriers to sporting participation for women in both of the above target groups, notably low levels of body confidence. One of the main motivations for existing participants in these groups is a stated desire to lose weight.

3.131 In addition research suggests that the practical barriers for **women in disadvantaged communities** include:

- The cost of admission
- The length of facility opening hours
- The lack of someone to go with

3.132 Barriers faced by **women caring for children under 16** include:

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18 http://www.sportengland.org/funding/active_women/barriers_to_participation.aspx
The need to find support with childcare. For many existing participants one of the main motivations is taking their children
- Difficulty in finding the time, with competing priorities and interests meaning that sport is not the most important
- The quality of ancillary facilities – e.g. café, changing rooms, childcare;
- The length of facility opening hours

3.133 Local circumstances will also dictate what sporting activities will be most appropriate to a particular community.

3.134 Applications should reflect an understanding of the barriers relevant to the project’s local area. This can be achieved by carrying out consultations with potential participants.

3.135 Sport England sets out guidance on what constitutes a good project aimed at engaging women in these priority areas. A successful project would help overcome barriers to participation, for example by offering childcare solutions, being affordable, taking place at a suitable time and place and ensuring participants felt comfortable in their environment.

3.136 A successful project would increase participation by women in target groups. There would be a clear plan for how sporting participation will be sustained, and the projects would be replicable.

3.137 Sport England identified key features for successful projects. They would:

- Involve consultation with the targeted participants about what they want. For example, whether women caring for children under 16 want activities that they can participate in with their children and families or in a group on their own
- Involve a range of strong local partnerships, with both sporting and non-sporting organisations
- Be marketed appropriately to stimulate interest and engagement from the target groups
- Provide a social and supportive environment, for example through mentoring and group and ancillary activities
- Provide a welcoming environment which encourages repeat attendance
- Be affordable for prospective participants. Subsidised admission should be part of a clear sustainable business plan
- Be innovative – adapting existing approaches to meet the particular needs of these groups as much as completely new ideas.

3.138 Successful projects would also:

- Involve adjusting the traditional format of a sport to ensure it appeals to the particular target groups
• Provide opportunities for training to empower participants to lead activities and sustain participation.

Disabled access to sport

3.139 One indicator of access to sport by people with disabilities is the number of leisure centre card-holders who identify themselves as disabled. Evidence to the January hearing of the Commission showed that four per cent of the card-holders (around 5,200), described themselves as disabled.

3.140 The encouragement of participation in sport by people with a disability is one of the objectives of the city council following the holding of the Special Olympics in the city, and as a legacy for the 2012 Olympics and Paralympics games.

3.141 Over time Sport England has developed a range of sports which recognise that not all disabled people can fully take part in all sports. In general terms, however, competitive sport is described in terms of equality of access and equality of opportunity.

3.142 Therefore “sport becomes inclusive when a disabled person is welcomed as an equal and has the same opportunities available to them as they would if they were not impaired” (Sport England).

3.143 Disabled sports access is addressed in the Sports Partnership Trust action plan under the theme: Disability / Inclusion. The priorities have been to:
• Improve health and wellbeing outcomes through sport and physical activity interventions
• Create a thriving sustainable community club, coach and volunteer programme

A mother described 'how her son had, through a love of Special Olympics football, taught himself enough reading skills to be able to get related information on his favourite sport."

"He also learned through involvement in sport about more nuanced forms of behaviour, such as how to follow rules, relate calmly and respectfully to others, and to control his reactions to them. "He has had his self-esteem boosted by finding things he can do."

For another mother an important aspect of involvement in Special Olympics was that for her daughter, ‘social skills and interaction develop. They (athletes) are given the opportunity to shine and are encouraged to compete. Friendships are born. Physical skills like balance are also developed’.

-Special Olympics Leicester 2009
LegacyProjectreport
3.144 Actions under the action plan were defined as follows:

- To drive inequality issues where identified within initiatives through works/service plans

- To create a mainstreamed approach for under-represented groups to participate in PE sport & physical activity

- To create, monitor, evaluate and review the Equalities Impact Assessment on a yearly basis

- Develop a new Disability infrastructure which provides advice across the functions both at a policy and implementation

- Develop a clear PE and school sport SEN strategy which leads to increased opportunities and accreditations in PE and sport

- In conjunction with the Local Authority, BActive (Achievement Project), Youth Sport Trust, English Federation of Disability Sport, Inspire to Lead, Disabled Children’s Services and the County Sports Partnership lead and coordinate the development of an inclusive leadership and workforce model

- Coordinate and manage a coaching programme which increases the participation in physical activity and sport

- Ensure the power of London 2012 is used to promote all disability sport including Special Olympics and other sport initiatives for people with learning disabilities

3.145 Outcomes against the above objectives were set out as follows:

- To deliver a fair and equal distribution of services and activities, particularly for under-represented groups

- Identification of clear outputs detailed within specific actions generated through the plan

- Better opportunities for under-represented groups and mainstreaming of these groups within the wider strategy plan maximises resources in the delivery of PE, physical activity and clear measurable outcomes targets are set for disabled people across the business plan

- Clear strategies are in place at both policy and implementation levels which maximises resources in the delivery of PE, physical activity and school sport.
Leicester City Council
Heritage Leisure and Sport Scrutiny Commission
Review of sports participation in Leicester

• Lead officers are more aware of issues relating to people with physical and learning disabilities and these issues are considered in planning future strategies.

• To improve the quality and quantity of opportunities for disabled people to positively engage people with physical and learning disabilities in PE, physical activity and sport

• More young physically and learning disabled people have access to more high quality PE and sport opportunities, with more young people achieving a recognised qualification

• Key facilities developed (including BSF) with specific aspects related to disabled people in terms of facility build and programming which ensures access to PE, physical activity and sport

• Ensure inclusion is part of any city wide delivery system

• Improve the quantity and quality of coaches, teachers and teaching assistants to deliver PE, sport and physical activity to disabled people
• Develop the skills of young people and adults with physical and learning disabilities as sports leaders, umpires, coaches and volunteers

• Develop a city wide work related learning offer including a sport careers fair for people with disabilities

• Maximise the focus of 2012 to further develop PE, physical activity and sport opportunities for disabled and learning disabled people

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Leicester City Council
Heritage Leisure and Sport Scrutiny Commission
Review of sports participation in Leicester

APPENDICES

APPENDIX 1

Witnesses and those providing evidence

Paul Edwards: Head of Sports Services, Leicester City Council
Stephanie Dunkley Public Health Principal, NHS Leicester City
Joanne Atkinson (consultant, public health, NHS Leicester City)
Andy Salkeld: Transport Strategy Development: Leicester City Council
Sally Slade: Local Sustainable Transport team: Leicester City Council
Tracy James: Sports Services Facilities Manager, Leicester City Council.
Russell Turner: Sport England Local Government Relationship Manager
John Byrne: Director: Leicestershire and Rutland Sport
Carlym Quantrill: Leicester Healthy Living Centre

APPENDIX 2

Two contrasting approaches to community health projects – Birmingham and Derby

1.  **Birmingham Be Active Scheme**

   a.  Be Active is city wide physical activity programme operated free of charge for all Birmingham residents who live within the Birmingham City Council area. It offers free gym and fitness classes, and swimming lessons in local authority leisure facilities.

   b.  The scheme branding has also expanded to include a bike project, GP referral programme, a mental health pilot project, weight management, a volunteering project and ‘Out and About’ involving parks and conservation. The scheme has been independently evaluated (Matrix evidence, Cost benefit analysis and social impact bond feasibility analysis, 2011).

   c.  The Active People Survey demonstrates an increase from a baseline of 17.2% in 2005 to 20% (April 2010 – April 2012). By 2010, 1 in 3 residents were signed up to the scheme with 140,000 active users.

   d.  The benefit-cost ratio indicates that every £1 invested in Be Active results in, on average, £21.3 benefits. The greatest benefits within the first five years, relate to health-related quality of life gains and health care savings, and for the local authority improvements in quality of life among its residents. At
£1,165, the estimated quality of life (QALY) threshold is well below the NICE threshold of £20,000 representing value for money.

e. The evaluation also recognised that there were other benefits than increasing physical activity levels, including reducing smoking and social benefits from shared experience. Whilst Be Active was a universal offer, 60% were within ‘hard to reach’ target groups and 45% of members are from the two lowest quintiles of deprivation.

f. Whilst people from less deprived groups also used the free offer, the card system can track that many then went on to pay for other sessions and activities generating an income of £3 million (verbal communication at conference).

g. The scheme costs £4.7 million per year equating to £34 per user per year. Five year projections estimate that the benefits are likely to exceed its cost by £445.2 million. The benefits over the lifetime of an individual exceed the cost of the scheme by £3,202.7 per person.

h. Prior to the city wide roll out a pilot was conducted in a targeted area of the city. The free offer was differentiated between different leisure centres, and accessible at off peak times to more likely attract those who are ‘time reach’ but with poor income.

2. **b-You Derby**

a. Started as a one year pilot project in June 2011, it is a partnership between Derby City NHS, Derby City Council and b-active. b-You offers a:
  - 48 week personal plan with one to one support for people with BMIs of 30 and over referred by their GP
  - Web-based self help facility for people wanting to lead healthier lifestyles

b. People accessing either route of the programme can also take part in b-You’s Move and Eat sessions - community based activities that combine healthy eating with fun exercise.

c. The following information was presented at a regional physical activity workshop. The b-You pilot was targeted at 650 clients in the first year and has recently gone out to tender with a target of 5000 per year.
d. The target would seem misleading in that clients are also able to bring along family members too, in recognition that behaviour change is more sustainable with the support of affected family members.

e. The cost equates to £300 per client and only those who meet specific criteria are enrolled on to the free 48 week programme, including demonstrating a readiness to change.

f. After six months clients start to integrate into mainstream programmes to encourage sustainability, and after twelve months are offered concessionary charges. However, b-You was developed following social marketing research and some of the activities and programmes are available to other paying clients and via a web based facility.

g. b-You is essentially a behaviour change programme targeting multiple risk behaviours. The leisure centre physical activity instructors have completed motivational interview training and have become a more generic lifestyle team. The outcomes of the one year pilot are positive, but the scheme hasn’t been going long enough to assess whether it achieves its target of increasing sport and active recreation participation rates by 2.5%.

The two examples illustrate the different approaches of offering a universal offer to benefit the majority and a targeted approach for those with multiple risk factors, demonstrating a readiness to change.

APPENDIX 3 NICE RECOMMENDATIONS IN RELATION TO THE HEALTH BENEFITS OF WALKING AND CYCLING

Recommendation 1

Strategic leadership
Who should take action?
High-level support from the health sector (directors of public health)
• Senior member of the public health team (including Public health portfolio holders in local authorities).
• Support coordinated cross sector working through clinical commissioning groups
• Consider walking and cycling when considering ways to address health conditions

Recommendation 2

Ensuring all relevant policies and plans consider walking and cycling
Who should take action?

- Local authorities, in particular, portfolio holders, lead members and directors responsible for:
  - adult and older people’s services
  - children and young people’s services
  - community safety
  - community safety
  - countryside management
  - disability
  - education
  - environment
  - health and wellbeing (including mental health)
  - land use, planning and development control
  - parks and leisure
  - planning (including district planning)
  - regeneration and economic development
  - social services
  - transport.

- **Local enterprise partnerships.**
- Chief constables, police authorities and elected police commissioners.
- Agencies with an interest in walking and cycling.
- Agencies with an interest in health and wellbeing or that work with population groups such as older people or people with disabilities

**Recommendation 3 Developing programmes**

Who should take action?

Local authority directors and portfolio holders for:

- countryside management
- environment (including sustainability)
- leisure services
- parks
- public health
- regeneration and economic development
- transport.
- Police traffic officers and neighbourhood policing teams.

**Recommendation 4 Personalised travel planning**

Who should take action?
Leicester City Council  
Heritage Leisure and Sport Scrutiny Commission  
Review of sports participation in Leicester

- Transport planners.
- Directors of public health.

Recommendation 5 Cycling programmes

Who should take action?

- Adult and child disability services.
- Clinical commissioning groups.
- Local authority transport leads, transport planners and other transport department staff.
- Local education services.
- Organisations with an interest in cycling.
- Public health practitioners.
- Public transport operators.

Recommendation 6 Walking: community-wide programmes

Who should take action?

- Adult and child disability services.
- Clinical commissioning groups.
- Local transport leads, transport planners and other transport department staff.
- Local authority leisure services.
- Organisations with an interest in walking.
- Public health practitioners.

Recommendation 7 Walking: individual support, including the use of pedometers

Who should take action?

- Adult and child disability services.
- Clinical commissioning groups.
- Directors of public health and public health specialists with responsibility for physical activity.
- Local authority leisure services.
- Organisations with an interest in walking.

Schools, workplaces and the NHS

Recommendation 8 Schools

Whose health will benefit?

- Pupils, siblings, their parents and carers.
- School staff.
Visitors to schools.

Who should take action?

- Head teachers and school governors.
- Local authority PHSE coordinators, school travel advisers and transport planners.
- Police traffic officers and neighbourhood policing teams.
- Road danger reduction and/or road safety officers.

Recommendation 9 Workplaces

Whose health will benefit?

Staff and others who use workplaces.

Who should take action?

- Employers, including the NHS and local authorities.
- Directors and senior staff including managers, health and safety staff, estates managers and human resources professionals.
- Active travel champions.

Recommendation 10 NHS

Who should take action?

- Clinical commissioning groups.
- National commissioning board.
- Primary and secondary healthcare professionals.
APPENDIX 4
Sports Services Survey

LCC Sports Services carries out surveys approximately every 18 months. The scope from this survey includes seven leisure/sports centres.

The survey is used to gauge satisfaction levels across the service from our customers.

Response rates by location

Response varied from site to site with Aylestone Leisure Centre customers being most active and Evington Leisure Centre having the smallest take-up.
Out of the people surveyed 35% were under the age of 18, with a gender split of 52% male 48% female.
Sixteen per cent of those who responded to the survey classed themselves as having a disability, 50% classed themselves as white or white British and another 42% said they had an ethnic background. The employment status of our customers surveyed show 36% are employed with the 2nd highest users as students.

Seventy per cent of those surveyed came from the city.
Of those respondents Leicester Leys Leisure Centre had highest satisfaction rate with 85%; this could be because the centre is a leisure pool and the only one of its kind in the city. The lowest satisfaction rate was at Cossington Street Sports Centre at 58%.
As you can see from the chart 50% of all people surveyed said that cost is a major issue with the pricing set too high. This figure represents an overall increase from the last survey carried out in January 2011.

When the same question was asked then only 28% said the Prices were an issue. This is a significant issue for Sport Services as it shows further increases in fees could have a detrimental impact on the service.
What could we do better?

Breakdown by location (select all that apply)

Further breakdown of site by site responses show Spence Street Sport Centre has the most people surveyed who would like to see lower prices. Overall 62% were unhappy. Cossington Street Sport Centre and Aylestone Leisure Centre both had over 50% of those surveyed who also said price was an issue.
## APPENDIX 5: KEY INDICATORS ON THE FOOTBALL INVESTMENT PROGRAMME

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<th>Key Performance Indicator</th>
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Leicester City Council Scrutiny Review

Revisiting the ‘Review of Mental Health Working Age Adults in Leicester’

A Report of the Health & Community Involvement Scrutiny Commission

April 2013
Health & Community Involvement Scrutiny Commission

Title of Scrutiny Review:

Revisiting the Mental Health Review of Working Age Adults in Leicester

Chair: Councillor Michael Cooke

Commission Members:
- Councillor Sangster (Vice Chair)
- Councillor Alfonso
- Councillor Desai
- Councillor Gugnani
- Councillor Naylor
- Councillor Singh
- Councillor Westley

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<td>Report</td>
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Minutes from Health & Community Involvement Scrutiny Commission meetings

The minutes from the Health & Community Involvement Scrutiny Commission in relation to this review can be accessed on line at:

Chair’s Foreword

On behalf of the Health & Community Involvement Scrutiny Commission, I would like to thank all the individuals and organisations that have contributed to this review.

In Leicester the estimated number of people with serious and enduring mental illnesses is about 3,400. The estimated number of people with anxiety and depression is about 30,000. Prescriptions for anti-depressant medications are increasing.

Mental health services support some of the most vulnerable people in our society. This review has shown that there needs to be a more effective holistic partnership approach to addressing mental health issues in order to improve people’s lives, health and wellbeing.

Leicester City Council is facing funding challenges in delivering high quality social support services that are essential for service users and carers e.g. supported housing, drop-in facilities or various learning and educational activities. The role of the voluntary community sector and its relationship to Leicester City Council and lead commissioners is vital to providing these.

This report will be presented to the City Mayor, to local health and social care commissioners and providers of mental health services, for their consideration, in order to improve the mental health of working age adults in Leicester:

Councillor Michael Cooke
Chair, Health & Community Involvement Scrutiny Commission

Revisiting the Scrutiny Review of Mental Health Working Age Adults
1. **Summary of findings**

The commission found the following:

1.1 Effective interventions across the life course promote mental health and prevent mental illness; these include improving parental health, promoting healthy workplaces and emphasising the role of school and colleges in adult mental health and wellbeing.

1.2 There is a need for a cross departmental approach to adult mental health focusing on community cohesion, employment, education, leisure and environmental services as well as health and social care.

1.3 VCS organisations report limited engagement with health and social care commissioners about mental health issues.

1.4 VCS organisations report that difficulties in meeting the nationally set personalisation criteria means that people with mental ill health have restricted access to commissioned services.

1.5 Community support is important in developing resilience to mental ill health, and local VCS organisations are often best placed to deliver such services effectively.

1.6 Mental illness is a continuing concern for people in hard to reach groups and communities; for instance those from BME backgrounds and new communities; lesbian, gay, bisexual and transgender people; students; people in the criminal justice system and homeless people.

1.7 Mental health services, such as Improving Access to Psychological Therapy (IAPT), could be commissioned to allow opportunities for VCS Counselling Projects to deliver part of the service.

2. **Conclusion and Recommendations**

**Conclusion**

2.1 The Health and Community Involvement Commission concludes that broad, joined up action is necessary to improve and sustain mental health and wellbeing in Leicester. This can be achieved by effective cross departmental and cross sector collaboration. The evidence considered by the Commission suggests that the prevention and treatment of mental illness are complementary activities.

2.2 Mental wellbeing will be achieved by greater community cohesion and resilience. This requires the recognition that factors such as education, employment, transport, leisure and the environment all play a part in sustaining mental health. A cross cutting strategic approach to mental wellbeing could contribute to an improved quality of life and reduce the burden of mental illness in Leicester.
2.3 The Commission recognises the role played by the health, social care and voluntary sector organisations in supporting and treating people with mental illness. The Commission concludes that primary care and social care are well placed to develop an integrated approach to adult mental illness, in collaboration with all three sectors, based on the Joint Strategic Needs Assessment.

2.4 The Commission finds that in developing care and support for people with mental illness health and social care commissioners should focus on at least three areas of concern.

a) Development of better care pathways and outcomes for people with mental illness, facilitating timely access to appropriate treatment to meet their needs and monitoring rates of recovery.

b) Addressing the physical health and social care needs of adults with mental illness; including clear links between Leicestershire Partnership Trust, University Hospitals Leicester and Leicester City Council.

c) Recognition that a strong voluntary sector is necessary to overcome the stigma associated with mental illness and to facilitate access to support for individuals in hard to reach groups.

Recommendations

2.5 The Health and Community Involvement Scrutiny Commission makes recommendations based on the findings of the review, which are summarised in Section 6 and the strategic approach set out in Section 4.

2.6 The City Mayor, local health and social care commissioners and providers should consider the following broad objectives in order to improve the mental health of working age adults in Leicester:

1. A joint health and social care approach to meet the mental health and wellbeing needs of working age adults in Leicester.

2. A focus on mental health and wellbeing which includes addressing the risk factors associated with mental ill health.

3. Improved planning and performance of mental health and social care services to ensure that people who need help obtain early diagnosis and prompt treatment.

2.7 In order to meet these broad objectives the City Mayor and health and social care commissioners are further recommended to:

4. Develop a broad strategic approach to mental health and wellbeing which harnesses policies on a range of services and organisations available across the city; including schools, colleges and universities; debt management; employment and the workplace; sport and leisure facilities; the environment, transport and tackling crime as well as health and social care (Sections 4.6, 6.1, 6.2).
5. Engage with voluntary sector organisations in order to improve services for hard to reach communities, and to tackle stigma and discrimination in mental health (Sections 4.6, 4.13, 6.3, 6.4, 6.5).

6. Recognise that childhood interventions to promote resilience to mental illness in adulthood should be implemented as early as possible, focusing on improved parental and family health and wellbeing (Section 4.11).

7. Deliver parity of esteem between mental and physical health and wellbeing, recognising the close links between mental and physical illnesses (Sections 4.7, 4.9).

8. Ensure that the mental health and social care needs of carers are assessed and acted upon (Section 4.6, 4.12).

9. Ensure that areas for health promotion activity, such as obesity, drug and alcohol misuse and smoking have a recognised mental health and wellbeing component (Section 4.9).

10. Engage local employers to improve access to work for adults with mental health problems (Section 4.8).

11. Promote mental health and wellbeing in the workplace, commissioning services to tackle stress and provide work environments which are conducive to mental wellbeing (Section 4.8).

12. Target support at those groups who are at high risk of adult mental illness, such as the socially excluded, looked-after children, substance misusers and people in touch with the criminal justice system (Section 4.14).

13. Enhance the role played by primary care in developing an integrated approach to adult mental health care (Section 6.6).

14. Encourage a range of service providers and models of service provision as a way of improving the quality and accessibility of services (Section 4.6).

15. Address the stigma and discrimination associated with mental ill-health which affects diagnosis and treatment and exacerbates the impact of some disorders (Section 4.13).

16. Reaffirm a commitment to the implementation of the Mental Health Charter (Section 4.16).

3. Report
3.1 A report of the Health Scrutiny Review on the Mental Health of Working Age Adults in Leicester was presented to Cabinet in April 2011. It was based on an examination, conducted in 2010, of mental health need in the city and the resources required to provide high quality mental health care.

3.2 That report set out short and long term aims and objectives to improve the care of working age adults with mental ill health in Leicester.

3.3 The purpose of this further report is to make recommendations to the City Mayor and local health care commissioners and providers, on the findings of the re-visited Health Scrutiny Review on the Mental Health of Working Age Adults held between February and May 2012.

3.4 The Commission examined the previous recommendations, identified progress and received an update on the changes in health and social care service provision. Evidence for this review was received from health and social care and the voluntary sector (VCS).

4. Background

4.1 In December 2010 the Health Scrutiny Committee completed an investigation into the delivery of Adult Mental Health Services. The report and its recommendations were endorsed by Cabinet on 11th April 2011.

4.2 In response the Strategic Director for Adults and Communities, Leicester City Council and NHS Leicester City acknowledged the need for a co-ordinated approach to the commissioning of health and social care to meet the mental health needs of working age adults in Leicester.

4.3 In October 2011, the new Health and Community Involvement Scrutiny Commission agreed to conduct a review of those recommendations and the actions which have since been taken to improve the service.

5. Introduction

5.1 Leicester City Council engages with a range of organisations to support independent living and to promote health and wellbeing for all. Mental health and resilience to mental illness is a core component of this engagement. In the context of an economic recession there is a risk of increased prevalence of mental illness, coupled with fewer opportunities to invest in services. Given these circumstances, and strategic changes to the statutory sector, the Commission sought assurance that there is effective planning and commissioning to meet mental health need in Leicester.

5.2 According to No health without mental health: a cross-government mental health outcomes strategy for people of all ages mental health is everyone’s business. Individuals, families, employers, educators and communities should all play a part in creating resilience to mental illness. Furthermore, good mental health and resilience are fundamental to physical health, relationships, education, training and work.

5.3 The national strategy targets six areas, including:
• More people of all ages and backgrounds will have better wellbeing and good mental health.
• More people with mental health problems will recover and have a good quality of life. They will have the skills they need for living and working, improved chances in education and better employment.
• More people with mental health problems will have good physical health. Fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.
• More people will have a positive experience of care and support. They will have access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives.
• Fewer people will suffer avoidable harm.
• Fewer people will experience stigma and discrimination. The public’s understanding of mental health will improve and, as a result, negative attitudes and behaviour to people with mental health problems will decrease.

5.4 The implementation framework for the strategy recommends evidence based actions for the NHS, other public services and employers. It details how success will be measured and how future work on outcomes indicators will be taken forward nationally.

5.5 Changes set out in the Health and Social Care Act set new parameters within which No Health without Mental Health will be implemented. Levers to help drive improvement include the mandate to the NHS Commissioning Board and the new NHS, public health and adult social care outcomes frameworks. The implementation framework has been endorsed by the NHS Commissioning Board and Public Health England. As with the original strategy, the implementation framework is wide ranging and makes recommendations for the NHS, schools, local government, social services and the criminal justice system.

5.6 The implementation framework recommends that mental health services focus on these areas:

• Improving equality of access and outcomes. This is related to Equality Act characteristics, and may be extended to other vulnerable groups known to experience particular mental health problems, such as homeless people and people from certain Black and Minority Ethnic (BME) communities.
• Improving experience for service users and carers. This may be facilitated by implementation of NICE quality standards on service user experience in adult mental health.
• Better use of technology. In providing self-care and peer support online.
• Orientate services around recovery. Services should provide support and access to appropriate advice on housing, benefits and debt issues and evidence-based employment support, training and education.
• Other initiatives which support mental health. Such as smoking cessation, weight management and tackling drug and alcohol misuse. Mental health providers may develop innovative practice aimed at improving the mental health of people with long-term physical conditions and medically unexplained symptoms.
5.7 Poor mental health is both a contributor to and a consequence of wider health inequalities. It is associated with increased health-risk behaviour and increased morbidity and mortality from physical ill health. Good mental health has multiple potential benefits. It can improve health outcomes, life expectancy, educational and economic outcomes and reduce violence and crime.

5.8 Poor mental health is associated with unemployment, lower educational attainment, lower income and adverse life events. Promoting the wellbeing of those who have become unemployed and helping their return to work can result in reduced depression. Workplace screening can reduce depression and sickness absence.

5.9 Poor mental health is associated with increased risk-taking behaviour for example, poor diet, less exercise, heavy smoking and drug and alcohol misuse. As a result mental illness is linked to premature mortality from cardiovascular, pulmonary and infectious diseases.

5.10 The scale of the problem of mental ill health is huge. One in six adults will be affected by mental distress in their life and more people are not in work due to mental health problems than any other issue. Mental Health represents 23% of the total burden of ill health in the UK and is the largest single cause of disability. Poor mental health adds considerably to the cost of education and criminal justice system and homeless services.

5.11 Much of lifetime mental illness starts before the age of 14 and continues to have a detrimental effect on an individual and their family for many years.

5.12 The mental health and wellbeing of carers is an important issue. Caring is recognised as potentially stressful for both the carer and the care recipient. The impact of caring is likely to be exacerbated the longer a person is in the caring role; for some carers this may be many decades. Most carers report a negative effect on their mental wellbeing (stress and depression).

5.13 Discrimination and stigma experienced by those people with mental health problems compounds inequality, reducing employment opportunities and weakening supportive networks.

5.14 Relative deprivation is associated with mental illness. Other groups who are at risk of mental health problems include children with parents who have mental health or substance misuse problems; young people excluded from school; teenage parents; offenders and ex-offenders; lesbian, gay, bisexual and transgender people; people from BME communities; asylum seekers and refugees and isolated older people.

5.15 Primary and community care are fundamental in providing support people with mental illness.

5.16 University Hospitals Leicester (UHL) often provides support to people with mental health problems who attend the Emergency Department. UHL also care for people with mental health problems which result from long term physical illness.

5.17 Specialist mental health support is provided by Leicestershire Partnership NHS Trust (LPT) for the population of Leicester, Leicestershire and Rutland. It has a budget in excess of £250 million and employs almost 6,000 staff.
5.18 Local mental health services reflect the national approach in offering a range of services from prevention to treatment and recovery; they are provided by primary and secondary care. They are characterised by partnership working between psychiatrists, social workers and nurses. Mental health care services bring together NHS, local authority, the voluntary and independent sectors, community groups, service users and carers.

5.19 The Joint Commissioning Strategy for Mental Health for Leicester focused on prevention and early intervention, transforming social care and supporting the mental health of older people. It is underpinned by

- Delivering Race Equality in Mainstream Services
- Implementing the Mental Health Charter
- Valuing User/Carer experience and using this to inform service design/redesign
- Strengthening partnership working with all key stakeholders including VCS.

6. Review process

6.1 The Review was conducted between February and May 2012. Evidence was gathered by examination of key stakeholders in select committee style at 3 special Commission meetings. Additional material was gathered through presentations, written submissions and reports.

6.2 The themes of the 3 meetings were held to gather evidence, as follows:

**1st stage inquiry on 7th February 2012:** An examination of how Leicester City Council and NHS Leicester City jointly commission mental health services in the city.

The Commission heard evidence from:
- Tracie Rees, Director for Care Services and Commissioning (Adult Social Care) Leicester City Council;
- Yasmin Sidyot, Commissioning Manager of Mental Health Services, Leicester, NHS Leicester City / NHS Leicestershire County and Rutland;
- Yasmin Surti, Commissioning Manager, Leicester City Council;
- Mark Wheatley, Public Health Principal – Mental Health and Vulnerable Groups, NHS Leicester City.

**2nd stage inquiry on 27th February 2012:** An examination of the views and experiences of service users and VCS organisations.

The Commission heard evidence from:
- Viv Addey, Gabby Briner, Ushma Patel and Mary Woodley of Network for Change
- Kamn Bates of Genesis
- Denise Chaney of LAMP
- Rosie Leivas of Crossroads Care

**3rd stage inquiry on 6th March 2012:** An examination of mental health service provision by LPT in Leicester.

The commission heard evidence from:
- Carol Marsden, Head of Complex Care
- Paul Miller, Director of Adult Mental Health services
6.3 In addition to this the commission received written evidence from (attached in appendices):

- Yasmin Sidyot, NHS Leicester City Mental Health;
- Yasmin Surti, Leicester City Council;
- Mark Wheatley, NHS Leicester City Public Health
- Adhar Project; Network for Change Project;
- Akwaaba Ayeh Project
- Central Project;
- Foundation Housing Association;
- Genesis Project
- LAMP Project
- Recovery Project
- Voluntary Sector Partnership for Mental Health, Leicester, Leicestershire and Rutland
- Paul Miller, Leicestershire Partnership NHS Trust
7. Findings of the review

7.1 The voluntary sector has a role to play in building capacity and capability to support the development and delivery of mental health services, but their role or budgets have not been specifically defined.

The local authority and PCT commission a number of services which support people to remain within their community and provide care closer to home. The following is a list of the types of services commissioned from the statutory and voluntary sector:

- IAPT
- Home Based Carer support
- Supported living
- Outreach services
- Common Mental Health Teams
- Crisis
- Telephone helpline
- Advocacy
- Employment related support
- Peer support

The Commission heard evidence from VCS organisations which described the financial pressures faced by the voluntary sector. This evidence covered a number of areas.

- Many national and local policy documents suggest that partnership working is important in addressing mental health problems. The Commission noted that, in terms of VCS organisations, the Leicester Joint Commissioning Strategy for Mental Health states that:
  - There is wide recognition of the added value of VCS providers to mental health care
  - Scoping and developing commissioning priorities are part of the VCS review
  - Commissioners should liaise with providers to identify what works and could be done differently
  - Services will be developed through personal budgets.

- Evidence presented to the Commission by VCS organisations suggests that they are experiencing financial difficulties, and need better core funding to ensure their sustainability. A significant part of their income is derived from grants and charitable sources, but only 10% of such applications are successful. Furthermore it is difficult to get grants for core funding, as grants tended to be given for new projects.

- VCS representatives suggested that there was serious under investment in their organisations in 2011/2012 and they are concerned by media reports of potential further cuts to existing VCS contracts from April 2012.

- The VCS and service users and carers appreciate the impact of health and social care reforms and public sector cuts, but felt that more could have been done to involve VCS views and interests.
VCS organisations suggested that funding for mental health should be ring-fenced so that it cannot be diverted to meeting physical health needs. A restating of the recommendation, made by the Scrutiny Committee, that a percentage target be set for investment in the mental health VCS would be very welcome. It would show that commissioners truly respected the added value provided by VCS.

VCS representatives suggested that there are areas for potential investment. For instance there is an under-spend on community-based support services, whilst many of these services could be provided, with good value for money, by local VCS organisations.

More could be done to protect small organisations in competitive tendering processes, as they currently could not compete effectively.

The move to personalised budgets presents difficulties for VCS organisations which could make it difficult to predict service user numbers. VCS organisations could lose funding if those service users used services provided elsewhere.

Anecdotal evidence offered to the Commission suggested that services provided by Network for Change may prevent hospital admission and could therefore produce cost savings, although no figures were presented to the Commission.

Representatives of LAMP explained that the organisation helps more than 200 people at any one time. LAMP also hosts the Genesis project, which is the voice of service users and carers. LAMP representatives explained that, although LAMP and the VCS in general, had been identified as producing good practice, the level of funding is being reduced. This reduction could result in the closure of some organisations.

LAMP suggested that the funding of the Genesis project exemplifies the risk to VCS services. Genesis is an effective necessary service offering value for money; it has one paid worker but helps several hundred people. Losing funding for the service would have a negative effect, including greater risks to adult safeguarding.

Representatives of Akwaaba Ayeh Mental Health Project explained that last year they lost funds in the region of £30,000. They reported that larger voluntary sector organisations are better able to respond to the bidding process; however, those larger organisations are not necessarily well placed to meet the needs of hard to reach communities.

Adhar Mental Health project has over achieved the targets set by the service level agreement with Leicester City Council. Adhar supports people with chronic mental health conditions, who would otherwise be seen in the statutory sector. Projects like Adhar have maximised individual ability to live in their homes and have therefore contributed to reduced rates of hospital re-admission and entry into institutional care.
With regard to VCS organisations in Leicester the local authority and PCT have jointly developed a number of commissioning objectives that will be achieved and delivered through:

- Ensuring that every person with eligible needs has choice and control of their support to help them lead independent lives, e.g. Customers (currently only in Adult Social Care, but likely to be extended to Health have personal budgets to meet their eligible needs, and options to spend this
- Maximising the use of universal services and promoting social inclusion/community cohesion e.g. helping people access other council services
- Developing local community based alternative services to support and sustain people in their own homes e.g. supporting the establishment of peer support, befriending services etc.
- Reducing the use of residential care in favour of supported housing
- Redefining the role of local voluntary organisations and focus the our investment on priority outcomes
- Developing Health and adult social care re-ablement services
- Developing a transparent and equitable charging policy for Adult Social Care
- Realigning assessment and care management with general practice and community health services
- Developing enablement services to support increased independence.

7.2 The commission heard evidence on progress made regarding payment by results on the LPT block contract, and ways in which VCS may compete for more contracts.

In April 2011 NHS Leicester City reported that the existing block contract will remain in place but will be subject to continued monitoring, with demands for improved data quality. Contract monitoring arrangements will change once the planned Payment by Results funding framework is implemented in 2013/14.

Mental Health Payment by Results (MHPbR) means that payment will only be made where LPT is performing at the required level. It is linked to improved quality of services, which is monitored by the Department of Health. MHPbR should provide opportunities for service re-design where appropriate. 21 care clusters have been developed and all service users will be assigned to a care cluster. The costs of these care clusters are being developed locally during 2012/13 by commissioners and providers working together.

The Commission received evidence that the current combined expenditure on VCS organisations by Leicester City Council and NHS Leicester City is £4,200,000, which includes service provision for:

- IAPT
- Supported Living
- Outreach work for people with Severe and Enduring Mental Illness
- Counselling Services
- Home based support for Carers
- Mental Health support for older people
- Money advice support for people with Mental Health problems
- Support for young carers
- Outreach work for homeless people
• Crisis helpline for people with mental health problems
• Carers’ respite
• Carers’ Information and training
• Welfare rights
• Employment Support
• Information and advice – early prevention work
• Independent mental health advocacy
• Social Groups
• Day services for older people with mental illness

The commission heard evidence from VCS organisations.

• VCS organisations suggested that service users feel that a block contract does not always result in the provision of appropriate services. Furthermore VCS organisations provide many good services which are not recognised by the current system of letting contracts.

• VCS pointed out that LPT has increased its range of services since April 2011, when it took on local community healthcare services under the Transforming Community Services agenda.

• VCS organisations suggested that resources are targeted on in-patient services, whilst investment in statutory community mental health services has been cut, placing an additional burden on shrinking VCS resources.

• As LPT has a great influence over service planning and design, they are well placed to help VCS organisations by championing the need for more investment from the commissioners. However, LPT has shown little interest to include VCS in delivering community-based provision.

• Commissioners suggested there has actually been an overall reduction in the value of the LPT contract and that most of the service areas which are affected by the block contract are not those in which there is VCS expertise. Furthermore, LPT has been a champion for local VCS organisations, as it works with local VCS organisations (such as Adhar, Akwaaba Ayeh and Network for Change) in the Open Minds service; with Aspiro to encourage employment of people with mental ill health, and with SUCRAN, the Service User Audit Network.

• SUCRAN is an important initiative, commissioned by the PCT Cluster, to enable service users and carer to audit MH services. The network is a partnership between Genesis and Peoples Forum. It has completed an audit of inpatients and community services to evaluate the quality of service provision and patient experience mapped against the LLR MH Charter. SUCRAN plans to undertake an audit of employment support provided to mental health service users and an audit of the quality of advocacy support provided to mental health service users.

• The PCT has been working closely with LPT to develop a recovery focussed approach within inpatient settings. This has led to the implementation of the STAR Recovery tool.
within LPT. The effectiveness of this project is currently being audited as part of the Quality Schedule with LPT.

7.3 The Commission heard evidence concerning the progress made on the implementation of the Joint Commissioning Strategy for Mental Health

- The Commission heard evidence from lead officers for mental health commissioning and public health. A presentation outlining the following progress on the strategy was provided to the Commission:

- Mental Health has been identified as a joint commissioning work stream across health and social care. The priorities include:
  - To develop and implement a stepped care approach to ensure that all patients have timely access to appropriate services.
  - To continue to work in partnership to address the determinants of inequality and deprivation which are linked to mental illness
  - To increase support for the involvement of service users and carers in the planning, development and delivery of mental health services.

- The strategy was developed in consultation with service users, carers and providers from the statutory and VCS sectors. It builds on past achievements and provides a refreshed strategic direction, particularly in light of the Government’s programme of action for mental health. It aims to strengthen the mental health and wellbeing of the population.

- Personalisation is central to the strategy. It aims to give people more choice and control over their lives in all social care settings, including those integrated with health. It aims to move away from the traditional service-led approach, which has often meant that people have not received the right help at the right time and have been unable to shape the kind of support they need.

- Health and social care services have a key responsibility to support people with mental ill health. They also have a role in improving health and wellbeing. Mental health services have evolved the last twenty years. Whilst this has led to many positive outcomes, people who experience mental health problems still encounter significant difficulties in their daily lives; they experience gaps in services and variation in the support available to them.

- While secondary care services have improved, the development of primary and out of hospital services has not proceeded at the same pace; there is a need to shift the focus and the balance of investment towards primary and out of hospital services.

- The strategic ambitions for mental health services are being delivered against a backdrop of change and a challenging financial landscape. In order to realise the strategic ambitions the Quality, Innovation, Productivity and Prevention (QIPP) Programme has been developed.
The Joint Commissioning Strategy provides the framework for effective commissioning to improve care outcomes. It aims to develop strong leadership and innovative approaches and to address the links between inequalities, social exclusion and discrimination and mental ill health.

New reporting structures have been developed to support the management, monitoring and implementation of the current strategy, and to scope strategic development for 2013 onwards.

Improving access to psychological therapies (IAPT) has been rolled out across Leicester. This service is called Open Mind and is based on collaboration between LPT and local VCS.

The review and redesign of the acute mental health care pathway was agreed as part of the 2011/12 contract with LPT as a Service Development Improvement Plan.

A draft pathway for supported living has been developed and is part of the implementation plan.

Transforming Social Care is part of the implementation Plan.

The Joint Commissioning Strategy for Mental Health has been linked to the 2014 Vision for Adult Social Care work streams and has progressed in several areas. However, the on-going organisational review has had significant impact on the pace of delivery.

Autism and Asperger Syndrome Services span health and social care and are represented both in the Mental Health and Learning Disabilities Joint Commissioning Strategies.

With regard to long term residential care, the moving on team is looking at the needs of all client groups. This team is initially focusing on adults with mental illness, enabling them to be part of the wider community.

In relation to increased up take of direct payments and personal budgets, bespoke workshops to all client groups have been commissioned from the voluntary sector. Personalisation also forms part of the carers training plan.

A review of in-house day services is underway with a view to changing the way current services are currently offered towards an enablement model of support.

Discussions with current providers have resulted in some offering a range of community based services for people who have a personal budget; this work is on-going with all providers.

Work is taking place with supported employment providers to enhance the employability of current and future clients.
The Commission also heard evidence from VCS organisations about the Joint Commissioning Strategy, to which the Commissioners were able to respond:

- Although Commissioners suggested that groups such as Network for Change, LAMP and Adhar had been involved in the priority setting and had worked with commissioners to seek the views of service users, VCS organisations suggested that service users and carer groups did not feel involved in the planning and strategy of mental health services in the city.

- Consultation with local service users and carers suggests that their priorities are largely ignored in current commissioning priorities and actions. These priorities are stated as IAPT; crisis intervention; re-ablement, remodel residential care; supported living. The VCS organisations suggested that there have been cuts rather than new investment in these areas.

- Commissioners replied that there have been no cuts to the IAPT or crisis services in Leicester. Leicester City Clinical Commissioning Group are committed to expanding the IAPT programme to include support of people with long term conditions, serious mental illness and vulnerable groups (older people, the homeless, asylum seekers). IAPT will be receiving further investment. With regard to supporting people in crisis, there will be a project aimed at redesigning crisis services with transformational funding available to increase liaison psychiatry services in Emergency Departments.

- VCS responses also suggested that LPT has invested in day services at a hospital based ‘Involvement Centre’ which is not wanted by most service users. Although a tender for Early Intervention and Prevention may include some of the other day services type preferences of services users, no funds are likely to be available for these until 2013. Commissioners suggest that this is not the case.

- VCS organisations expressed concerns that multi-agency meetings which had been designed to lead on mental health had been disbanded with no successor bodies in place. These meetings were regular opportunities for engagement between health and social care commissioners, VCS and service user and carer representatives. Commissioners suggested that this was because of the structural changes in health and social care, and that work was currently underway to create a new forum which would work to the Health and Wellbeing Board.

- VCS groups suggested that people with mental illness have difficulty in accessing personal budgets. However, commissioners responded that re-organisation has meant there is extra capacity for people to receive timely assessments. However, the outcome of these assessments suggests that people with mental health needs may not necessarily require social care support, but may be signposted appropriately.

- VCS groups suggested that there are situations where clients are being told they do not qualify for social care payments, even though these clients had high mental health needs. These people may have to wait for the introduction of individual health budgets for support, which will not happen until 2014.
• From a VCS perspective there is a lack of clarity about who is eligible for social care packages and show the need for a better understanding of assessment criteria by those undertaking the assessments.

• VCS organisations suggested that there is a need for increased funding to be invested into non-personal budget funded VCS services to meet needs of vulnerable ‘hard to reach’ groups. For there are many people with severe and complex mental health issues who fall through the gap between primary and a reduced statutory/ secondary community care.

The Commission asked about the framework and objectives for the development of services through personal budgets.

• In terms of a transition period from day services to Personal Budgets one of the options being considered are framework agreements, however no decisions have yet been made as frameworks may actually work out to be more costly.

With regard to the commissioning of mental health services the Commission asked about the progress that has been made on the implementation of IAPT.

Yasmin Sidyot, NHS Leicester City said that:

• Implementation of the new service had started in 2010.

• IAPT is a primary care based service aimed at delivering evidence based talking therapies and counselling to people with common mental health problems, such as depression and anxiety. It is a national and local strategic priority. 1 in 4 people will suffer from some depression/anxiety at some point in their life. Most people will not require any additional support or access to therapy. However it is estimated that about 15-20% of people who suffer from depression/anxiety will require additional support and access to therapy.

• This service is currently delivered by LPT in Partnership with Network for Change and Adhar Project. The evaluation of the current service and its achievements are detailed in an evaluation report.

• The PCT is in the process of re-commissioning the service. 12 months’ notice has been given by the PCT to the current providers.

• The new service will be redesigned and commissioned based on service user and public consultation. The service user and public consultation was underway at the time of the review by the Commission.

With regard to the acute care pathway

• This is about re-designing acute care for mental health service users at the point of crisis. Outcomes focussed in the inpatient setting which will improve patient experience. Supporting people at the time of crisis and when discharged from the inpatient setting. A
discussion document with a draft of proposed plans was disseminated and a service user and stakeholder event held to engage people’s views. This will influence the revision of plans and the development of clear measurable outcomes that aim to improve patient experience.

- The expansion of the liaison psychiatry service was still a priority; it is unlikely that the Clinical Commissioning Group would discontinue this work. Dr Cross, who had been the GP lead for mental health in Leicester, has recently left the Clinical Commissioning Group and has been replaced by Dr Jawahar.

7.4 The commission had specific questions regarding mental health and vulnerable groups:

Commission Question – Can maternal health be affected by social and economic conditions?

- Response - from Mark Wheatley, NHS Public Health Principal - Women in the perinatal period are as vulnerable to mental ill health as the rest of the population. Perinatal mental illness is particularly important, and may have a wide impact, because it occurs at a crucial time in the lives of mothers, their babies and families.

Commission Questions – a) What is the definition of Black and Minority Ethnic groups, b) What is the number of Black and Minority Ethnic people currently using working age adult mental health services compared to the number using these before the introduction of the Improving Access to Psychological Therapies services?

- Response - from Yasmin Surti NHS Leicester City – a) The term black and minority ethnic (BME) is used to refer to minority communities in the local population on the basis of their ‘racial,’ ‘ethnic’ or national origin. It includes established groups (e.g. African, Asian, African-Caribbean), new migrant communities (e.g. people from Eastern European countries), refugee and asylum seeker communities, transient communities (e.g. the Traveller community) and groups often referred to as ‘invisible minorities’ (e.g. the Irish community).

- With regard to structural disadvantage, research confirms that people from BME communities are more likely to reside in deprived areas, experience poverty, live in overcrowded and unsuitable accommodation, be unemployed and suffer ill health.

- For members of many minority ethnic communities, the stigma attached to any suggestion of mental illness influences their decision when deciding whether to acknowledge or conceal a problem and seek treatment. Currently approximately 40% of people in receipt of services or support are from a BME background. The PCT and the Local Authority also commission BME specific services in the voluntary and independent sector to offer culturally appropriate services and support to local communities.

- Response from Mark Wheatley, NHS Leicester City suggested that poor mental health disproportionately affects those experiencing greater deprivation. Evidence suggests that individual resilience to poor mental health is influenced by a range of factors in the
lifetime of an individual, including social position, education, housing, employment and exposure to violence; it is possible to suggest that relative deprivation is associated with an increased risk of mental illness. People with mental ill health are more likely to experience discrimination and stigma, the impact of which can reduce employment opportunities, weaken supportive social networks and contribute to further socio-economic inequality. So mental illness further exacerbates inequality as people with mental health problems are more likely to be unemployed, live in poverty, and in neighbourhoods with less social and environmental capital.

- Evidence also suggests that people from Black/Black British ethnic backgrounds are over-represented in having severe mental health illnesses, but those from South Asian backgrounds were under-represented. Efforts were therefore being made to encourage people of that background to take up services, such as those provided by Open Mind.

- The Commission felt that these responses were significant, considering the pressures on VCS funding. For instance, Adhar suggested that further pressures on funding could have a serious impact on the existing services for people from South Asian backgrounds.

- Akwaaba Ayeh Mental Health Project stated that the gaps in services have got much worse over the years, and that:
  - There is a continued over representation of people from Black African Caribbean backgrounds in the Mental Health System and Prison Service.
  - Continued lack of Access to Psychological Therapy. This is despite research showing that people from Black/Black British ethnic backgrounds are over represented in social care and psychiatric systems and yet are least likely to be offered psychological therapy.
  - Lack of access to services is affected by to lack of trust and understanding,
  - There is a risk of BME groups becoming more marginalised,
  - There is not enough Early Intervention and prevention support to prevent the high level of admission into the mental health system

- Commissioners’ feedback suggested that the independent evaluation of the IAPT service showed that significant improvements had been made in BME communities accessing psychological therapy. In addition funding had been made available to Akwaaba Ayeh for a peer educator project, to promote early intervention and access to services.

The Commission welcomed this information, as the influence of ethnicity had not been identified in the previous review. The Commission stressed the importance of considering other services, (for example housing, environmental services, leisure activities and access to transport), when looking at this issue, as they were important in ensuring that help was targeted appropriately.
The Commission heard evidence regarding progress made regarding clear leadership, accountability and better governance of commissioning of mental health services

In April 2011, Leicester City Council reported that there is a clear leadership, accountability and commitment from both Leicester City Council and the NHS Leicester City to drive forward the Joint Commissioning Strategy for Mental Health. There is currently a Mental Health and Wellbeing Partnership Group, which is being re-configured to ensure the commissioning intentions outlined in the strategy are delivered. This group will feed into the new statutory Health and Wellbeing Partnership Board, which is currently being set up to develop joint strategies to improve outcomes for health and social care users across the City. Membership of the Board is likely to include the chair of the GP consortia, the Chief Executive for NHS Leicester and Leicester City Council, the chair of the Local Involvement Network (LINk soon to change to Health Watch), the Lead Cabinet Member for Adults and other key partners.

The Commission heard the following evidence:

- Over the last year a range of material has been emailed to contracted and non-contracted providers for their information and to share with users and carers. These detailed events, activities and about new approaches to working. There have also been many formal and informal discussions about how to develop future personalised services.

- The Mental Health Promotion Network plays a role raising the profile of mental health across the wider public domain.

- A Carers Pack is being commissioned from and developed by LAMP and Genesis who have been commissioned with this piece of work. Carer’s awareness training, commissioned by health and social care through a joint contract, is also provided by Genesis.

- In the period October to December 2011, 62 complaints were raised about LPT and dealt with by staff through local resolution compared to 69 received in the previous quarter. Communication and staff attitude were the most frequent source of complaints.

- LPT has received 4 requests for files by the Parliamentary and Health Service Ombudsman from complainants who remain dissatisfied having exhausted the Trust complaints procedure. None of these are being considered further, suggesting that LPT has provided a sufficient response to the complainant at the time.

- A total of 772 compliments were received for the quarter, October through to December 2011.

- A total of 120 public enquiries were made to the Trust.

- LPT received three unannounced visits from the Care Quality Commission (CQC).

- As part of the CQC national patient survey programme, LPT was carrying out a survey to find out what mental health patients think about the care they receive. The Director of Adult Mental Health services, Paul Miller said to the Scrutiny Commission that:
“obtaining feedback from people who use our services and taking account of their views and priorities is vital for bringing about improvements in the quality of care. Results from the CQC survey, alongside our own internal surveys, our patient and carer listening events and other service user feedback provide us with valuable information and help us to find out how we are doing and how we can improve”.

- Paul Miller added that the views of patients, carers and relatives had been surveyed by LPT about proposed changes to the way its mental health services for adults are provided; such as on a single point of access, which could make it simpler and easier for GP’s to refer patients, and enable them to receive immediate advice from qualified mental health staff through a dedicated telephone number.

- New Centre of Excellence Building for Mental Health Hospital Care – LPT building works of a £23 million phased refurbishment is well underway at the Bradgate Mental Health Unit (at the Glenfield Hospital site). The hospital unit has been developed into a new centre of excellence for inpatient care and will allow all acute adult wards to be co-located in a single improved facility and alongside other specialist mental health services. The improvements include rebuilt and refurbished wards to provide more single en-suite rooms and private garden areas, and changes to the way staff work to allow more time to be spent on direct patient care. Eventually the older, more out-dated Brandon Unit will close in spring 2013.

The Scrutiny Commission heard evidence about levers to improve the quality of mental health care to be provided by LPT:

- In order to ensure that mental health services that are commissioned are delivering high quality evidence based services the quality is monitored through the contract with the means of the quality schedule. This is attached to this paper in order to provide the commission with the outline of what this means and how quality is measured.

- In addition a series of CQUINs (Commissioning for Quality and Innovation) are also agreed. There are a number of national CQUINs and regional CQUINs that are mandated and a number of CQUINs that are locally agreed. These are based on where service gap or health need is identified. 5% of the total contract value is withheld from the provider and is paid once the CQUINs have been achieved.

- The 2012/13 CQUINs were being developed and agreed with LPT at the time of the Commission.

7.6 **The Commission heard evidence about how the number of people with mental illness using supported living accommodation had changed since the last report**

Evidence from services users included the following:

- One service user explained that she benefited from supported housing through Network for Change. She had previously lived in a third floor flat, but the Network had arranged for her to have a ground floor flat and had helped her to organise her finances. She was concerned about the future of the Network, as its funding has been reduced.
• One person had been waiting 5 months for her payments to arrive following an assessment.

• A service user had been assessed as having substantial needs only for a social worker to suggest on a further visit that she “did not look like she had substantial needs”.

• Some service users experienced unnecessarily prolonged stays in hospital, or other unsuitable accommodation, because of difficulties accessing housing. This could lead to them becoming institutionalised, but under the Supported Living programme they were able to live as independently as possible.

VCS organisations added:

• The Mental Health Opportunity Assessment shows that In Leicester the residential and nursing placements have remained fairly constant at just over 200 people over the last 4 years whilst there has been a 37% decrease in community based services during the same period.

• Leicester City Council has made reductions to housing related support services of 15% in 2011/12 and 7.5% in 2012/13 impacting on the existence of local specialist mental health housing providers.

• There needs to be an increase in housing related support to reduce residential care, otherwise the commissioning strategy priorities will not be met.

Yasmin Surti, Commissioning Manager at Leicester City Council, said that supporting people with mental health conditions to move from residential homes into independent housing and helping them people to continue to live in their own home is a priority of the Joint Commissioning Strategy.

The commissioning plan includes a Moving On Programme which aims to move a minimum of 50% of existing residents out of residential care over the next 3 years and, through the development of Supported Living options, reduce the number of future residential care placements. It is assumed that most, if not all, existing residents of working age will eventually move on to live in their own homes.

Various supported living schemes have been established aimed at addressing the barriers faced by some communities, including:

- Pathways for both accessing housing and accessing community support packages
- Development of new service specifications
- A broader range and type of accommodation based predominantly on individual tenancies/home ownership with possibly some limited buildings based “supported housing” schemes of a “sheltered” nature.
- A wider range of levels of support including floating support/low level support to more intensive outreach services (health & social care), both of which are gaps in current provision.
Financial pressures and organisational change means that this work has not progressed within the original time scales. However, a new Commissioning Framework for Supported Living is near completion. This area of work has been confirmed as a priority by the Senior Leadership Team, with the commitment of additional staff to progress it.

Evidence was given concerning the number of people with mental ill health who were accessing Leicester City Council Supported Living Provision. In the period 2009/10 there were 19 people, 16 from a White/White British ethnic background and 3 from Black/Black British ethnic backgrounds. By 2011/12 this number had increased to 42 people; 4 from Asian/Asian British ethnic backgrounds, 7 from Black/Black British ethnic backgrounds and 31 from White/White British ethnic backgrounds.

The existing adult social care provision was described. There are no existing voids at these properties

- Orchard House 13 self-contained flats - referrals managed by LPT Service Manager, maximum stay 3 years
- Glenfield Rd x 2 houses, total of 8 self-contained flats (1 flat used by onsite support provider)
- Hinckley Road 1 house, 4 self-contained flats with floating support

A summary of new developments included:

- New build of supported housing in 2011 achieved moves from hospital, residential care and other schemes;
- Wolsey Extra Care (mixed client group) age designated scheme of 63 flats currently has 8 tenants with Mental Health
- Manor Farm total of 11 flats with communal areas and a hobby room

Looking ahead:

- Allocations Policy and Choice Based lettings can meet the needs of majority of service users requiring 1 bed general needs accommodation with floating support
- A group of staff from LPT care management who will be transferring back to the Local Authority in April 2012 have been identified as a potential resource to achieve targeted moves for people currently in residential care or hospital.
- Potential to gain further units through reusing existing LCC Housing stock, current addresses being explored:
  - Former warden’s house within a sheltered accommodation scheme would provide short stay accommodation for those with high support needs up to 2 years.
  - Welford Road property use of ground floor 5 units with onsite support
  - Cluster of 5 bungalows, Thurnby Lodge with floating support.
7.7 The Commission investigated the links between employment and mental health problems

- The relationship between unemployment and mental ill health is complex because an individual suffering the onset of mental illness is more likely to leave employment compared with other health conditions. People with mental health problems have the lowest employment rate of any disabled group. Mental illness is more prevalent in the most deprived areas. Currently 6.5% of people known to services are in some form of employment.

- People with mental health needs face stigma and perceptions about their needs and abilities in work. Many employers have the perception that people with mental health needs will have long periods of sickness and therefore costly to their business.

- One disincentive for people to come off Welfare Benefits is the perception that they will have to immediately work at least 16 hours a week and that they will be less financially stable, resulting in additional pressures and stress before a person has even started a job. This combined with a lack of self-esteem and low or even no confidence, all create further barriers to someone ever getting back in to employment.

- Evidence shows however, that employment has a key role to play in a person’s recovery and sustained mental wellbeing. Creating the right support to enable someone to manage their condition and begin to enter the job market makes a positive difference to a person’s self-belief and how they are viewed by others. Voluntary work, work experience, job trials and supported employment are some of the many ways that someone can begin to work again. People with mental ill health may benefit from structure and routine. Work may give people a purpose beyond coping with their own condition. Ultimately work may help people with mental illness to be seen in a positive light, as contributing towards society, and generate a genuine sense of self-worth.

- Leicester City Council and PCT have worked together to commission additional support for people with mental illness to get back into employment or to remain in employment. An example of this is the voluntary initiative Baby Gear which supports people with mental health problems to develop skills that support them to find employment. ASPIRO is another social enterprise that is supporting people with mental health needs and learning disability in to work and education.

- The Council has commissioned Case-Da an independent social enterprise to work with providers to support them to redesign services towards personalisation and personal budgets. Case-Da are able to assist with for example, development of business plans, employment advice, HR support etc. This service is free to all providers and has been widely publicised to enable providers to take advantage of the support offered on a one–to-one basis.
7.8 The Commission requested an update on deaths from suicide and undetermined injury in Leicester

- In Leicester there are about 32 deaths from suicide every year. Whilst there has been a downward trend in England since 1993, the rates in Leicester have fluctuated. Each case of suicide is a tragedy for individuals and their friends and families. Although there are a comparatively small number of deaths involved, the recent Community Mental Health Profile suggests that the indirectly standardised mortality ratio for death from suicide and undetermined injury is significantly higher in Leicester.

- In addition to auditing deaths from suicide and undetermined injury, local suicide prevention work includes a suicide audit and prevention group for Leicester, Leicestershire and Rutland. This group is attended by key stakeholders such as local authorities, probation trust, HMP Leicester, voluntary sector organisations, local health commissioners and providers, local colleges and universities, people involved in safeguarding children and adults and the police.

- The group receives the annual audits of suicide and undetermined injury and prepares the suicide prevention strategy. The group participated in the consultation for the new national suicide strategy in the autumn of 2011. The outcome from that consultation will be a new national suicide prevention strategy. The local group is awaiting the new national strategy to develop the new local strategy.

- The directorate of Public Health and Health Improvement has commissioned local Suicide Awareness and Prevention Training (SAPT) from the Rural Communities Council. This training is validated by the University of Nottingham and has been used to target vulnerable areas in Leicester.

  - The core objectives of SAPT include:
  - Challenging attitudes about suicide
  - Raising awareness of risk factors and indicators of suicidal behaviour
  - Increasing confidence in individuals to help those in distress

  d) Evaluation pre and post training and 6 months after training show that SAPT works. SAPT has trained 447 delegates (from a variety of roles and organisations) at Leicester City training seminars.

8. Financial, legal and other implications

Financial Implications: None

Legal Implications: None

Other Implications
### OTHER IMPLICATIONS

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9. **Background Papers – Local Government Act 1972: None**

10. **Consultations: None**

**Report Authors**

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Leicester City Council Scrutiny Review

Review of ‘Voluntary & Community Sector Groups who have raised concerns about Funding, Commissioning and Tendering issues’.

A Report of Health & Community Involvement Scrutiny Commission

APRIL 2013
HEALTH & COMMUNITY INVOLVEMENT SCRUTINY COMMISSION
- Membership

Chair: Councillor Michael Cooke
Vice Chair: Councillor Deborah Sangster
Commission Members: Councillor Alfonso
Councillor Desai
Councillor Gugnani
Councillor Naylor
Councillor Singh
Councillor Westley

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Please note - due to the size of the appendices, they are not attached to this report, but are available in the scrutiny office to view.

Minutes from Health & Community Involvement Scrutiny Commission meetings:

The minutes in relation to this review:

‘Review of Voluntary & Community Sector Groups who have raised concerns about Funding, Commissioning and Tendering issues’ can be accessed on line at:

Chair’s Foreword

The Government’s policy around the ‘Big Society’ and the new Localism Act is about putting more power, opportunity and responsibility into the hands of local people. The Government wants to give citizens, communities and local government the power and information they need to come together, solve problems they face and build sustainable local communities. At the same time, as a consequence of the government policies, the voluntary and community sector is experiencing budget cuts and commissioning challenges.

As the newly formed Leicester City Clinical Commissioning Group and the City Council’s Health & Wellbeing Board, together with HealthWatch (patient participation group set up to replace LINKs) take centre stage at a local level, the Voluntary Community Sector faces a range of challenges and risks to reposition itself to play a leading role informing, shaping and delivering health and social care services in Leicester.

Leicester City Council will be making difficult decisions to deliver services in a variety of different ways, due to the increasing financial constraints that all public sector services are facing. The Health & Community Involvement Scrutiny Commission has a duty to examine, challenge and influence the decisions that are being taken by the City Mayor and his executive.

The key findings of this Review were submitted to the City Mayor to assist him in formulating the Council’s budget in February 2013. These key findings now constitute the Executive Summary in this review, which together with the substantive report, are intended to assist the Mayor in reviewing the role of the voluntary and community sector.

Councillor Michael Cooke
Chair, Health & Community Involvement Scrutiny Commission

Councillor Michael Cooke
Chair, Health & Community Involvement Scrutiny Commission
To: The City Mayor, Sir Peter Soulsby

The Health & Community Involvement Scrutiny Commission present to you a summary paper highlighting the concerns raised by the voluntary community sector in relation to funding, commissioning and tendering.

The commission recommends that these key findings in the summary report be taken into account during the council’s forward planning and budget making process.

Councillor Michael Cooke, Chair
Health & Community Involvement Scrutiny Commission.
January 2013.

1) Introduction

In November 2012 the Health and Community Involvement Scrutiny Commission carried out a scrutiny review, following a letter from Leicester VCS with concerns raised about funding cuts, tendering and commissioning processes.

Voluntary Action Leicester on behalf of VCS stated: “we know the city council is having its own budgets reduced by a government that has chosen a programme of austerity, but we do want to be part of the discussion on how the cuts happen and there are real concerns that the city’s voluntary and community sector is in danger of collapsing / imploding in the current financial climate”.

There are over 400 VCS groups in the city, employing around 1,600 people plus volunteers, who between them help thousands of people in the city. The letter states that some groups could fold if the city council makes further cuts to their grants. The VCS want the council to rethink its tendering process which they said often favored larger, private firms over more specialised local groups.
Leicester City Council is looking to make at least £8.4 million of cuts to services. The City Mayor stated “Leicester historically has a proud record of support for the voluntary and community groups and historically has the highest level of funding of any large city”

2) Possible Impacts of Funding Cuts – concerns raised by VCS

The commission heard evidence that many organisations receive funding from multiple sources, including the city council, for their main contracts and are currently at major risk of collapsing.

The commission heard evidence that many VCS groups are waiting to hear from the city council by the end of December 2012 whether contracts will be extended past 31st March 2013, otherwise, the threat of redundancy notices will have to be issued. This will result in groups having no funds to continue their services or the infrastructure to provide the services that any small independent grants may offer.

**Commission members asked officers if some VCS contracts would come to an end in December 2012**

**RESPONSE FROM CLINICAL COMMISSIONING GROUP AND CITY COUNCIL LEAD COMMISSIONERS:**

In February 2011 the Department of Health had issued a mandate that current contract arrangements could only be extended until the end of March 2013 as the Primary Care Trusts would cease to exist. This did not mean that the Clinical Commissioning Groups (the replacement bodies for the PCTs) would no longer continue to commission services from the VCS, or that the valued contribution the VCS made to the health and wellbeing agenda was not appreciated. It merely meant that contracts from 1st April 2013 would need to be issued in the name of the new CCGs. Therefore, both the Leicester CCG and City Council were in the process of sending out letters to VCS to inform them that existing contracts will be extended – the majority of these will be to 31st March 2014.

The commission heard evidence from Voluntary Action Leicester (VAL) on behalf of VCS organisations; VAL highlighted the value of VCS services:

a) The VCS was not just a provider of services but also had an advocacy role on behalf of clients who did not feel confident to engage with formal organisation and institutions.

b) The current trend of moving from grants to formal contracts had resulted in preventing small organisations from bidding for services as VCS bodies couldn’t absorb costs for six months until contract payments were made in arrears. Commissioners needed to consider ways which would allow small organisations to submit tenders for contacted services.

c) Based upon minimum wage levels, the VCS in Leicester contributed the equivalent of £12.5m worth of voluntary hours.

d) The VCS provided good value for money. The VCS received £31.9m of public sector investment (Nov 2011) and provided over £113m worth of services – over 3.5 times the initial investment.
The Commission gathered evidence of how the funding cuts would impact on VCS organisations, EXAMPLES OF THIS:

a) Network for Change – specialist mental health organisation providing housing support, and early intervention and prevention work plus community resources. Supports people with severe and enduring mental health needs – one of the target groups in the city JSNA priority ‘Improving mental health and emotional resilience’. Funding has been decreasing each year for the last 4 years and core contract is at risk due to a competitive market, which would result in closure. Currently there is a very high demand for housing related mental health support in the city.

b) LAMP – provides advocacy, information services and a community resource. Any cuts could force closure and 14 employee redundancies plus loss of 20 plus voluntary workers. Also loss of the heart of the mental health community which would affect the wellbeing of the city’s population. The ‘domino’ effect of mental health VCS orgs losing their contracts at the end of March 2013 which will see the increase of risk significantly raised in the city.

c) Leicestershire AIDS Support Services (LASS) provides support, information and advocacy – Leicester City has the 6th highest rising rate of HIV in the country. Last year LASS supported 568 individuals living with or directly affected by HIV, over 60% were African women and currently working on a video targeted at the Asian communities. What makes LASS’s community HIV testing service unique is the involvement and training of community volunteers to provide the service, enabling LASS to reach into different communities as volunteers take messages and services to their neighbourhoods.

d) Vista – a charitable company working to improve lives for people with sight loss in LL&R, reliant on funding from Leicester, Leicestershire and Rutland authorities. Leicester City Council for the current year provided £360,829 for early intervention and prevention work. Evidence suggests that 50% of sight loss is avoidable and for those that experience sight loss, there are likely to be long term health, social care and mental health implications. Vista reach in the LRI covers only 50% of eye clinics due to lack of funding, for example, an estimate of some 7,000 people likely to benefit from the vista service in 2012/13 of which 65% are seen at the LRI, however, there may be as many again who are falling through the net at the LRI due to lack of appropriate funding.

e) Adhar – a mental health project for south Asian community. The funding from Leicester city council in the last 3 years has been insufficient to run the basic services. Extra fund raising efforts have helped to provide activities and support to the community. Any further cuts will result in redundancies and have serious impact on the existing critical services to citizens in Leicester.

f) Emerald Centre – Any funding cuts would have an impact on ability to secure core funding and additional funding bids. The centre provides a range of sports and social activities to all age groups. Funding amounts to approx. £40k, this has the effect of levering to a great deal of other funding to the centre (e.g. last year secured £320k), such as recent successful funding bid to Sport England, which creates many local jobs and volunteer placement opportunities.
g) Leicester Counselling Centre – The counselling service lost its county council funding in March 2012 and has already been forced to cut its services. The city council currently grant funds £26,000 and charges £12,000 rent for premises. A cut or reduction in city council funding will mean that the service will have to move away from its central ethos of offering affordable therapy support providing in excess of 5000 hours per year, or to become a service for those people who can who can afford a market rate of £45 - £50 per session or the centre will be forced to close. The TLCC believes that there is a role for continuing to grant fund, using Service Level Agreements (SLA) to ensure effective and targeted outcomes.

h) Sikh Community Centre – Community centre providing a resource of activities to all age groups. Any cuts in funding would result in loss of clients, staff shortages and facing closure. Service users would be at risk of isolation, social exclusion and neglect. Service users would not be able to afford day centre services currently there is a high demand for this service.

i) Norton House – small org providing housing related support services. 98% of service users felt that during the past year they have better managed their mental health with the support of Norton House. Any further cuts will have to stop providing support service which will impact on service users becoming frightened and vulnerable, relatives of service users are also very concerned at potential impacts. Norton House services also facing competition from large national providers.

**Commission members asked officers how much of the budget was allocated to Voluntary and Community Sector in the City?**

RESPONSE FROM LEAD COMMISSIONERS:
Leicester CCG budget for VCS services is £2.96m. The Adult Social Care budget for VSC is £4.6m, plus a further £2.3m spent on Housing Related Support. Leicester CCG had applied a 1.58% reduction in 2011/12 and a further 1.87% in 2012/13 to all VCS contracts in line with the Department of Health Operating Framework mandate. No services had been decommissioned.

The Leicester CCCG would be in a position to outline its budget for 2013/14 early in 2013.

3) Commissioning / tendering issues – concerns raised by VCS

The commission heard evidence relating to commissioning and tendering issues. Voluntary Action Leicester highlighted that there is scope for creative commissioning and partnerships with the VCS (e.g. presentation slides showing models of good practice of grants instead of tenders).

a) Equality – not a level playing field. Starting from a stance of discrimination as the larger/private competitors often have in-house law advice, and people employed write and submit tenders. For example, TLCC do not have easy access to advice on contract law and other complex areas associated with commissioning.

b) TUPE – essentially disqualifies small organisations from taking on contracts that involve staff transfers. Need better contracts giving more information so VCS can calculate risk as well as whether they can afford to take on potential liabilities.
c) Generic large tenders – capacity issues for small/med orgs. Discriminates against these orgs through ability to fulfill criteria related to this e.g. infrastructure and financial resources.

d) Generic large tenders – small specialist VCS with small management structures can’t compete against big orgs. Small orgs may have to change their charitable constitution to be able to apply – this takes time.

Commission members asked officers how smaller organisations in the city can be supported to compete with larger tenders for contracts?
RESPONSE FROM LEAD COMMISSIONERS:
The weighting used to evaluate prospective service providers was traditionally 60% for quality and 40% for price. However, in order to support a wider market and to include smaller and medium sized enterprises, some recent procurement exercises had moved the weighting to 80% for quality and 20% for price.

Adult Social Care had also engaged ‘Case-de’ to work with all VCS providers to help them develop their business models to create sustainable services.

e) Working in partnership/consortia can involve more bureaucracy and management resources adding further pressure to the organisation.

f) Track record, years of experience, knowledge and skills of working in local community not taken into account.

g) De-commissioning of limited outdated services provided by Leicestershire Partnership Trust e.g. ‘revolving door’ services users, medication and maintaining. Distribute to VCS that can show improved outcomes for service users and carers.

h) Consider viability of grants Vs tendering contracts

i) A need to involve the VCS at the start of any process. The VCS had a strong argument that involving representative groups from VCS in the design and delivery of services will ensure that the needs of clients are understood in a more rounded way, they call this process Co-Production of Services. The VCS in Leicester urges the city council to take this approach in the future, instead of the competitive approach with all of its inherent inequalities. Co-Production will deliver good value for money and if managed well increase the amount of social capital resources available to the city and its communities.

4) Options for future investment in the VCS – as identified by VCS

The commission heard evidence of how investment in the VCS would promote early intervention and prevention services which would have the potential to improve cost effectiveness and save statutory health and social care expenditure. The following suggestions for improvement were made:
a) Involvement of the VCS at the strategic planning stage of service development, so that their knowledge and expertise can be captured.

**Commission members asked officers if good practice existed to support delivering services in a Voluntary Community Sector partnership approach?**

**RESPONSE FROM LEAD COMMISSIONERS:**
Yes, recently the City IAPT (Open Mind) service went out for procurement – and prospective providers were actively encouraged to develop consortium bids with VCS organisations (a lead organisation in partnership with other VCS organisations). The local evaluation of the pilot had demonstrated that a partnership approach to delivering this IAPT had improved access to BME communities. The Local Partnership Trust had been awarded preferred bidder status and they would be delivering the IAPT Open Mind service in partnership with 3 local voluntary and social enterprise organisations: Adhar Project, Akwaaba Ayeh and Fit for Work Service. This demonstrated that the Voluntary Community Sector could compete for and be successful in being awarded contracts.

b) Integrated Partnership Working which includes professionals from across all disciplines and enables shared decision making, for example ‘Vista’ identified that if the city council and the city CCG could develop a co-operative partnership to address the funding gap for the information service in the LRI Ophthalmology clinics, the impact of this service could be doubled, which would result in many more people accessing the sight loss pathway which is already funded by the local authority; resulting in the number of people requiring intensive interventions to address falls, accidents or depression should be significantly reduced.

c) Consider joint purchasing and commissioning across health and social care to enable imaginative early intervention approaches. Health personal budgets are currently being piloted in the city, therefore consideration be given to link to social care where vulnerable service users fall through gaps. Joint assessment and commissioning would be more cost-effective and better meet individual needs e.g. mental health outcomes.

**Commission members asked officers what factors determined whether a service should be jointly commissioned?**

**RESPONSE FROM LEAD COMMISSIONERS:**
Officers indicated that these could involve issues around value for money, especially if one service provider had contracts with two or more commissioning groups. The separate services could possibly be delivered more efficiently by dealing with one commissioning body for all the services. Also contract monitoring needed to be viewed in the context of the service needs. Monitoring may show that the service provider was performing at 100%, but the service may no longer be relevant to the needs of service users.

d) Adopt a person centered approach to service provision which maximises positive outcomes for individuals. This often results in an approach which is better for the person, but also cheaper in long run – effectiveness and efficiency to deliver excellence.

e) An agreement on outcome-focused monitoring targets which allow for robust measurement of results and better forward planning.
f) Explore options of partnership working with VCS to provide grant funding rather than go to tender (good practice examples in Bradford and Nottingham identified).

Voluntary Action Leicester provided the commission with this example from Bradford: *The ‘Health Partnership Project’ established in Bradford to tackle health inequalities could easily be replicated in Leicester through the VCS engaging with patients to provide health services in the community for problems ranging from loneliness, domestic abuse, debt problems and mental health issues. The Bradford experience had shown reductions in hospital admissions, earlier discharge and shorter stays in hospital with resultant reduced health related costs.*

5) Conclusion of the Scrutiny Commission.

The commission recognised the importance of keeping services local and valuing the contribution of local people as volunteers. The commissioners need to recognize the value of the VCS by involving them in the early stages of service planning and through appropriate and fair remuneration, as this sector is best placed with the knowledge, skills and support to provide quality and value for money services to the local population.

The commission believes that the Health and Wellbeing Board and the City Clinical Commissioning Group needs time to establish themselves, beyond April 2013, at least till the end of 2013. In the meantime, the city council and lead commissioners have an opportunity to develop new ways of working with the VCS in Leicester. Therefore, the city council should not lose good council funded VCS activity in the city, some of which could well be sustained longer term through joint commissioning and specific grants.

The commission suggested that joint commissioning involving VCS be explored as a solution for the future. This option would prevent duplication of services, would identify gaps in service provision and offer greater value for money.

6) Written Submissions
– A log of evidence received by the commission is listed at the end of the full report.

END OF EXECUTIVE SUMMARY REPORT
HEALTH AND COMMUNITY INVOLVEMENT SCRUTINY COMMISSION

‘Review of Voluntary & Community Sector Groups who have raised concerns about Funding, Commissioning and Tendering issues’

REPORT

1. Purpose

1.1 The Health and Community Involvement Scrutiny Commission carried out a review in response to a letter submitted from representatives of the voluntary and community sector, outlining their concerns relating to funding cuts and competitive tendering as a threat to providing high quality specialist services.

2. Conclusion and Recommended Actions

2.1 The work of the VCS in Leicester is wide-ranging, but much of the focus is on upstream preventative and wellbeing support, as well as advocacy and signposting. As such, this sector is an important partner to the City Council in its quest to meet the quality, innovation, productivity and challenge, while offering personalised care and patient choice.

2.2 The Health and Community Involvement Scrutiny Commission recognizes that the city council now faces a public sector funding challenge which will impact on the Voluntary Sector in Leicester.

2.3 What is needed are the following actions:

(i) Some clarity about the basis upon which Leicester City Council and Leicester City Clinical Commissioning Group engages with VCS.

(ii) Value for money from relationships with VCS, including positive partnerships, effective and efficient delivery of contracts, or no relationship where there is nothing to be gained from having one.

(iii) Fair, transparent and consistent approaches to VCS commissioning, procurement and funding arrangement across the council and lead commissioners.

(iv) Some strategic alignment between the VCS and the city council in order to ensure that organisations are working towards similar outcomes.
(v) Recognition of the value of VCS, through appropriate and fair remuneration, as many VCS groups are best placed with the knowledge, skills and support to provide quality and value for money services in Leicester.

(vi) Recognition of the importance of keeping services local and valuing the contribution of local people as volunteers.

(vii) Some pooling of resources within the VCS, where appropriate and necessary.

(viii) Improved training programmes to assist VCS in securing contracts to deliver services, especially for smaller organisations to compete for public sector contracts.

(ix) Future Commissioning to include site visits to help commissioners understand the characteristics of an organisation, and future commissioning of contracts must not discount organisations that provide individualised care for marginalised groups. Contracts must allow for specialism and expertise to shine through.

2.4 The commission through this review found that many VCS groups in Leicester have built up trust and personal customer service within the services they provide. They are best placed to provide advice and support with an excellent knowledge and skills base. For this purpose, they should be better recognised and supported by the City Council and lead commissioners through improved collaboration and partnership working.

2.5 The commission believes that the Health and Wellbeing Board and the City Clinical Commissioning Group needs time to establish themselves, beyond April 2013, at least till the end of 2013. In the meantime, the city council and lead commissioners have an opportunity to develop new ways of working with the VCS in Leicester. Therefore, the city council should not lose good council funded VCS activity in the city, some of which could well be sustained longer term through joint commissioning and specific grants.

3. Introduction

3.1 From April 2013, Leicester City Council and the newly formed Leicester Clinical Commissioning Group, which has replaced the Primary Care NHS Trust, will be responsible for delivering health and social care services in the city. How the city council manages these relationships and develops new ones in the future is emerging as a critical issue.

3.2 Over the years Leicester City Council has developed good relationships with many community and voluntary organisations in the city that provide services on its behalf, or run services which benefit the communities they serve, which helps the council achieve its corporate priorities. However, in this climate of public sector budget cuts and with the transformation of health and social care services, many voluntary and community sector organizations are at risk of losing their key contracts and funding streams.
3.3 In November 2012 the Health and Community Involvement Scrutiny Commission carried out a review to establish the key issues. In January 2013, a summary report of the key findings was produced and sent to the City Mayor and his Executive with a covering memo stating ‘The commission recommends that these key findings be taken into account during the council’s forward planning and budget making process’.

4. Method of Review

4.1 The commission carried out its review over 3 meetings during October and November 2012. The commission heard evidence from representatives of voluntary and community sector groups, and heard evidence from the lead officers for commissioners and procurers of services, Leicester City Council and Leicester Clinical Commissioning Group.

4.2 The commission gathered written submissions as evidence to support this review. The Voluntary and Community Sector Representatives in attendance were:

Kathryn Burgess  Executive Director, Community Advice and Law Service
Tony Cussack  Manager, Emerald Centre
Jenny Hand  Chief Executive LASS
Ben Smith  Policy Development Officer, Voluntary Action Leicester
Gabby Briner  Chief Executive Officer, Network for Change and Chair of the Voluntary Sector Partnership Forum for Mental Health.

Denise Chaney  Executive Director of LAMP
Jenny Pearce  Chief Executive of VISTA and Chairman of the Vision Strategy Group for Leicestershire, Leicester and Rutland
Sallyann Robinson  Care and Repair (Leicester)
Phil Wilson  Vice-Chairman of the Board of Governors of the Leicester Counselling Service

Voluntary and Community Sector Representatives – as observers:

Chino Cabon  The Race Equality Centre
Iris Lightfoot  The Race Equality Centre

The Lead Commissioners in attendance were:

Katherine Galoppi  Head of Commissioning
Nicola Hobbs  Head of Planning and Commissioning
Mercy Lett-Charnock  Lead Commissioner, Early Intervention and Prevention
Tracie Rees  Director of Commissioning, Adults & Communities
Caroline Ryan  Lead Commissioner, Supported/Independent Living
Yasmin Sidyot  Leicester City Clinical Commissioning Group
Yasmin Surti  Lead Commissioner Mental Health/Learning
Sarah Prema  Leicester City Clinical Commissioning Group
4.3 The chair thanked all the VCS representatives and the Lead Commissioning Officers who attended the review meetings. The chair also conveyed his thanks to those who participated in the review by submitting written evidence and documents.

4.4 The report of findings includes minute extracts of the 3 review meetings. The commission agreed that the minutes captured an excellent summary of the main issues and key evidence heard by the commission.

5. Findings of the Review

5.1 Background

5.2 Voluntary Action Leicester on behalf of VCS stated: “we know the city council is having its own budgets reduced by a government that has chosen a programme of austerity, but we do want to be part of the discussion on how the cuts happen and there are real concerns that the city’s voluntary and community sector is in danger of collapsing / imploding in the current financial climate”.

5.3 There are over 400 VCS groups in the city, employing around 1,600 people plus volunteers, who between them help thousands of people in the city. The VCS letter submitted to the health & Community Involvement Commission states that some groups could fold if the city council makes further cuts to their grants. The VCS want the council to rethink its tendering process which they felt often favored larger, private firms over more specialised local groups.

5.4 Health and Adult Social Care Services in Leicester.

5.5 The Health Scrutiny Commission noted that the information provided by lead officers is only in relation to Adult Social Care (ASC) and Leicester City Clinical Commissioning Group (CCG) Adult Commissionig.

5.6 Health and Adult Social Care services have a key role in improving the health and wellbeing of local people. Arrangements already exist to jointly commission and develop services for a range of vulnerable adults to prevent or delay them from needing acute services or long term support.

5.7 The Health and Social Care Act (2012) provides the platform for greater joint working between health and social care. This includes the creation of a Health and Wellbeing Board for the City and the development of a Health and Wellbeing Strategy, which details the joint priorities for improving the health and wellbeing of the people of Leicester.

5.8 The VCS informed the commission ‘that they had no representation on the membership of the Shadow Health & Wellbeing Board’. VCS organisations voiced strong concerns about a lack of presence at this high level of partnership working and decision making board.
5.9 In response city council lead officers explained:
Leicester City’s Health and Wellbeing Board has been operating in shadow format since July 2012, pending its formal implementation on 1\textsuperscript{st} April 2013 to comply with the requirements of the Health and Social Care Act.

5.10 The board is unique in the way it brings together representatives of the local NHS commissioners, the local authority, and representation from patients and the public. They work together to create a Joint Strategic Needs Assessment and a Joint Health and Wellbeing Strategy. However, the board does not have jurisdiction over its constituent bodies.

5.11 There are current Terms of Reference for the Shadow Health and Wellbeing Board (Appendix 26/27). Secondary legislation is expected for the formal establishment of the Health and Wellbeing Board, which is due to be published in January 2013, and the Terms of Reference are likely to be amended after that. The Board is due to be formally established from 1 April 2013. As it is not yet formally established there are no formal sub-committees.

5.12 At the moment there are two working groups supporting the Shadow Health and Wellbeing Board: the Joint Strategic Needs Assessment Programme Board (chaired by Rod Moore) and the Transition Programme Management Group (chaired by Deb Watson).

5.13 Over the last few months the shadow board has been developing a draft Health and Wellbeing Strategy, which reflects the joint health and social care priorities for the City. The development of the strategy has included engagement with stakeholders, including the Voluntary and Community Sector (VCS). The Shadow Health and Wellbeing Board had also set up an electronic network for stakeholders and a number of voluntary sector bodies have joined this network.

5.14 Delivering Health Services

5.15 In Leicester, Leicestershire and Rutland (LLR) there are 3 Clinical Commissioning Groups (CCG’s) currently in shadow form that will be responsible for commissioning health services from 1\textsuperscript{st} April 2013 (Appendix 28). The NHS Commissioning Board will be responsible for GP practices, dentistry, pharmacy, optometry, offender health (prisons) and specialist services. Public health responsibilities have been transferred to Local Authority.

5.16 Leicester City CCG will take on their full commissioning responsibilities by April 2013 pending authorisation. The City CCG is in the first wave for authorisation. The authorisation process is complex and must evidence a set of standards that demonstrate the organisation’s abilities to take on the commissioning responsibilities. The City CCG has developed a Clinical Commissioning Strategy, which mirrors the draft
Health and Wellbeing Strategy and outlines the organisation’s key strategic objectives under each clinical priority as follows:

**Cardio Vascular Disease (CVD)**
- NHS Health Checks
- Patient education
- GP education programme
- Reduce prevalence rates for CVD

**Chronic Obstructive Pulmonary Disease**
- Patient education
- Improve prevention and condition management
- Increase community based support services

**Mental health**
- Improve dementia management (timely detection and management)
- Expand the access to psychological therapies
- Improve outcomes for people experiencing crisis

**Older people**
- Develop integrated care-pathways and improve end of life care
- Expand the integrated health and social care team
- Improve quality of care in nursing/residential homes and for those that are housebound

**Maternity, children, young people and families**
- Improve early access to maternity services
- Expand access to the healthy child programme
- Improve access to child and adolescent mental health services
- Review pathways for children and young people with disabilities and long-term conditions

The priorities will be reviewed in light of the recent publication of the NHS Mandate.

5.17 **Delivering Adult Social Care Services**

5.18 The vision for Leicester’s ASC service, which is being driven and overseen by the Transformation Programme Board, also reflects the priorities of the draft Health and Wellbeing Strategy to enable individuals to be active citizens by:

- supporting people to access mainstream and universal services to meet their needs;
- ensuring people are provided with opportunities to maintain or regain their independent living skills;
• ensuring that people who have on-going risks to independence are fairly assessed and are allocated resources (individual budgets) to meet their needs;

• enabling people to exercise choice and control over the way in which they use their individual budget to meet their desired outcomes; and

• Supporting people who are at risk of harm and abuse to stay safe.

The following information provides an overview of the priorities for Adult Social Care:

**People**
- Improve customer experience
- Increase staff/management confidence at all levels
- Develop more effective communication – internal and external

**Transformation**
- Deliver financial efficiencies
- Coordinate changes taking place so they make sense to users, carers, elected members, staff and partner agencies

**Process**
- Streamline key processes – direct payments, Quality Assurance
- Make sure decision making takes place at the right level

**Prevention and Investment in the future**
- Work with partners to further develop integrated services and commissioning

5.19 Both Organisations are committed to working together and with partners to improve joint commissioning and partnership arrangements. This can be demonstrated by the development of several joint health and social care commissioning strategies, including Dementia, Mental Health, Learning Disabilities and Carers.

5.20 These relationships will be enhanced further with the introduction of a Joint Integrated Commissioning Group. The board consists of senior officers from health and social care, who are committed to working collaboratively to ensure that resources are used in the most effective way. This is an imperative within the current financial climate at a time of financial constraints and cuts to budgets across health and social care.
5.21 Funding and Budgets

5.22 The commission heard evidence ‘that the city VCS is in danger of collapsing/imploding in the current financial climate’. The commission heard evidence that many organisations receive funding from multiple sources, including the city council, for their main contracts and are currently at major risk of collapsing.

5.23 Ben Smith, Policy Development Officer, Voluntary Action Leicestershire (VAL) gave an overview presentation of VAL’s work and its support for other voluntary and community sector (VCS) groups involved in the health sector. Ben submitted a paper as evidence ‘A Voluntary & Community Sector (VCS) Perspective (Appendix 3).

5.24 In making the presentation the following points were made:-

- The CCG’s were predicting an overspend in Accident and Emergency (A&E) budgets and the VCS were ideally placed to deliver preventative measures and support patients so that early discharge from hospitals could be achieved. The numbers of patients being treated in the A&E were at levels that the VCS could deal with.
- The VCS was not just a provider of services but also had an advocacy role on behalf of clients who did not feel confident to engage with formal organisation and institutions.
- The current trend of moving from grants to formal contracts had resulted in preventing small organisations from bidding for services as VCS bodies couldn’t absorb costs for six months until contract payments were made in arrears. Commissioners needed to consider ways which would allow small organisations to submit tenders for contacted services.
- Based upon minimum wage levels, the VCS in Leicester contributed the equivalent of £12.5m worth of voluntary hours.
- The VCS provided good value for money. The VCS received £31.9m of public sector investment (Nov 2011) and provided over £113m worth of services – over 3.5 times the initial investment.
- VCS organisations that received funding from multiple sources were at greater risk, especially if one funder removed/reduced funding as this impacted upon delivery capability and viability and could put at risk the support received from other funders. Joint funders should consult each other and involve the provider in discussions about funding changes so that the likely consequences of funding withdrawal could be assessed.
- VAL urged the Commission to:-
  - Fully understand the effects of any cuts upon services received by local people;
  - Offer proactive support to maintain services.
- Prioritise re-investment to VCS organisations where a disproportionate reduction of services in the community would arise from reduced/withdrawn support.
Following a Member’s questions relating to what ‘voluntary’ meant and why was a voluntary sector needed, Mr Hall submitted the following responses:-

- Although the VCS was largely led by volunteers and services delivered by volunteers, it needed management structures to be in place to support the volunteers, achieve outcomes, provide training and safeguarding and provide professional advice etc.
- In challenging economic times the VCS were good at identifying unmet needs. The VCS were similar in history to Registered Charities that were established to provide a specific need that was not provided elsewhere. The VCS was passionate about their areas of interest. The VCS had a good track record of delivering preventative services that ultimately saved money.
- The VCS dealt with a number of issues that could not be accessed through, or were provided by religious organisations and institutions. In some instances, the people needing services were reluctant to contact religious organisations for a variety of reasons and preferred to contact the VCS which had a reputation for having a non-judgemental approach.

5.25 Further examples of Evidence provided to the commission:

a) **The Emerald Centre** has been able to successfully access other funding streams and work in partnership with other organisations, but this is due to the core funding it receives. This core funding has the effect of levering a great deal of other funding to the centre which has created many local jobs and volunteer placement opportunities.

b) **LAMP (mental health project)** stated that they receive funding from multiple sources for their main contracts and are at major risk of collapsing unless they hear otherwise by the end of December 2012 whether or not contracts will be extended beyond March 2013. No funding would result in at least 14 employee redundancies and loss of over 20 voluntary workers. Lamp deals with in excess of 1000 service user and carer mental health advocacy cases per year. Any risk of closure would be a loss to the heart of the mental health community affecting the wellbeing of the city’s population (Appendix 12).

The **Genesis project** informed the commission that with one paid worker it seeks to involve and represent the views of all mental health service users and carers in the city.

c) **NETWORK FOR CHANGE** a local mental health organisation with 20 years of experience working with hard to reach groups, managing risk and safeguarding vulnerable adults. This service has endured 4 years of decreased funding which has resulted in a reduction in staffing capacity. The housing related support service was funded at a cost of £22 per hour in 2003, but a recent mental health housing tender had reduced the cost to £13 per hour. As a result, Network for Change felt unable to bid or compete for that tender, therefore funding concerns have been raised that if the housing related service was re-tendered at the same low rates next year, the service may have to close.
Network for Change have a ‘A’ quality rating in the QAF 2010 City Supporting People Supported Housing Service. Anecdotal evidence offered to the commission suggested that services provided by Network for Change, including their Resource Centre, provided an early intervention, prevention and re-ablement function which may prevent hospital admission and therefore produce cost savings, although no figures were presented to the commission. (The centre stated that it receives no statutory funding and supports over 100 people with severe/complex mental health needs).

The Government’s mental health strategy for England, 2011 ‘No Health Without Mental Health’ states that: mental health problems account for almost one quarter of the ill health in the UK and their prevalence is rising, with the World Health Organisation predicting that depression will be the second most common health condition worldwide by 2020. Poor mental health affects people of all ages, yet, with effective promotion, prevention and early intervention its impact can be reduced dramatically. There is often a circular relationship between mental health and issues such as housing, employment, family problems or debt.

Leicester Community Advice and Law Centre stated that changes to the Welfare benefits system next year would impact most on those with lower incomes and the more vulnerable in society and this would subsequently increase the likely incidence of mental health issues through stress, anxiety and depression etc.

d) The Leicester Counselling Centre (TLCC) lost its County Council funding in March 2012 and has been forced to cut its already scarce core support service. This funding loss has already led to the director having to cover the admin support service, instead of supporting the clinical support and counselling staff and building business expertise for the future of commissioning and bidding for external funding.

The City Council currently grant funds the TLCC £26,000 and charges £12,000 rent for premises. Any cuts in City Council funding will mean that TLCC will not be able to offer affordable counselling therapy (currently in excess of 5000 hours per year) to those who need it, but sadly will become a service for those people who can afford a market rate of £45-£50 per session (IAPT currently costs approx. £75). Funding cuts may result in the TLCC Trustees forced to close the centre.

e) Care & Repair (Leicester) Ltd was established in 1987 and served the city and the county carrying out home improvement works and providing advice to help older, vulnerable and disabled people. However, after 25 years of service with 12,000 service users in the city, this organisation is no longer supported by the city council due to lack of resources and non protection for staff, under TUPE. The service has had no alternative, but to ask the city council to novate the city contract to Papworth Trust.

f) Jigsaw an Autism Support Group of over 20 years experience supporting families with children with ASD has for many years received funding from both, city and county councils. Jigsaw has also been running a well respected Ofsted registered
summer playscheme for the past 13 years, which has been oversubscribed, and
caters for the most severely autistic children who are typically excluded from all other
playschemes. The County has maintained financial support, but the City has not, so
the playscheme has had to become exclusively County. Jigsaw continues to get
enquiries for places from distraught parents in the city.

g) New Futures Project is a ‘trusted’ specialist targeted service which supports women
at risk of sexual exploitation. Its provides a complete support package around issues
of housing, drugs and alcohol, emotional support, benefits advice etc.. If funding was
reduced or withdrawn, the project would be at risk, resulting in reduced referrals to
GPs, Social Services and mainstream services with an increased costs to the NHS
and Police.

h) Adhar Mental Health Project has supported people with chronic mental health
conditions and has maximised individual ability to live in their homes, thereby
reducing re-admissions to hospital. However, the funding from city council over the
last few years has been insufficient to run the services. Any further cuts will result in
staff redundancies and reduced services and have serious impact on the existing
critical services to South Asian citizens in Leicester (Appendix 19).

VCS stated that Leicester is in the highest quarter nationally for prevalence of severe mental
illness. According to the Joint Strategic Needs Assessment 2012 – Leicester has a significantly
higher proportion of the population registered with a mental illness than in England or the East
Midlands and the trend is worsening.

5.26 The health scrutiny commission members recognises that funding pressures have come
at a time of growing demand for services, reduced statutory funding and the way that
public services are delivered. This is the source of much concern for the VCS. The
Commission gathered evidence that illustrated a level of concern within the voluntary
sector over funding issues, and its ability to adapt to change and work within an
increasingly complex and demanding environment.

5.27 The commission heard evidence from Lead Officers of Adult Social Care and
Leicester City Clinical Commissioning Group (CCG) Adult Commissioning in
relation to the Budget Position:

5.28 Health Budget

a) The Leicester City CCG budget for the VCS services is £2.96m. In 2011/12 and
2012/13, the CCG applied a 1.58% and a 1.8% reduction respectively to all VCS
contracts in line with the DH Operating Framework mandate. No services have been
decommissioned.

b) Leicester City Clinical Commissioning Group Officers informed the commission that
it will be in a position to outline its budget for 2013/14 when the Operating
Framework is issued in December 2012.
Adult Social Care Budget

a) The ASC budget in 2012/13 for VCS is £4.3m. This is after applying the reduction of £710k agreed for 2012/13 as part of the council’s budget strategy. The reduction increases to £845k in 2013/14.

b) Due to time constraints it was not possible to develop a consistent methodology for applying the required reduction in 2012/13, or to determine the social value of these contracts. The Best Value Guidance 2011 requires local authorities to take account of the added value that voluntary sector services provide when considering budget reductions or de-commissioning services.

c) As part of the formal consultation process all services were asked if they could make a 15% efficiency saving for 2012/13 and to model the impact of the reduction on their services. 41 written responses were received and individual meetings were held with 37 providers.

d) The outcome of the consultation exercise, in terms of actual cashable savings offered, was £35k from a total of 12 providers. From this Officers felt that only £23k was affordable for providers and this was reduced to £19k to protect current service levels. This equates to a 0.4% reduction for 2012/13.

e) The Council recognises there will be a shortfall against the VCS savings requirement in 2012/13; however the full savings of £845k will need to be met in 2013/14. All VCS services are under review and some of the existing contracts, such as day care, are not being fully utilised and therefore there are opportunities to make savings within these contracts.

f) Last year the council also approved a reduction across all Housing Related Support Services of £600k in 2012/13 rising to £2,330k in 2013/14. The budgets have subsequently been disaggregated across the different divisions of the council with ASC needing to reduce expenditure in 2012/13 by £179k rising to £890k in 2013/14. For 2012/13 it was agreed that negotiations would take place with all providers to reduce the contract values. These negotiations resulted in a total saving of £191k which is slightly higher than the required amount for 2012/13. Again a review is being completed to ensure that future spend is aligned to ASC priorities.

g) ASC has a net budget of £86.9m and, as part of last year’s budget strategy was required to make budget reductions of £16.5m, between 2012/13 and 2013/14. Further very substantial reductions are likely to be required in future as government grants are cut further.

h) Officers informed the commission that no further budget reductions have been proposed for the Adult Social Care VCS services as part of the Councils budget setting process for 2013/14 to 2014/15.

Members of the health scrutiny commission were concerned about the shortfall in budget savings, officers reported that some savings had been achieved from contracts...
that were not fully spent and that others had been backfilled to fill the deficit. There was still a deficit of £300k and this was currently being reviewed to achieve the savings. For example, providing day care services was a statutory requirement, but with the growing trend of people using their personal budgets to buy health care packages that did not include day care services; there was an opportunity to review the service to achieve further saving as a result of the reduced demand upon it.

5.3.1 **VCS raised concerns** ‘that the city VCS are aware that city council commissioners have recently committed to undertaking reviews, which is welcome, however, as yet it has not been confirmed that this process will allow existing contracts to be rolled over until at least October 2013’.

5.32 The commission heard evidence that many VCS groups are waiting to hear from the city council by the end of December 2012 whether contracts will be extended past 31st March 2013, otherwise, the threat of redundancy notices will have to be issued (for example at LAMP, it could affect 14 staff being made redundant and losing over 20 volunteers). This will result in groups having no funds to continue their services or the infrastructure to provide the services that any small independent grants may offer.

5.33 LAMP, on behalf of VCS stated that the practice of rolling contracts over with minimal contact was not considered an ideal way of conducting services.

5.34 **Responses from City Council Lead Commissioners and Leicester Clinical Commissioning Group in relation to Current Contracting Arrangements for Health and Adult Social Care:**

5.35 **Health**

a) Current NHS arrangements have been based on historical arrangements that have been in place for a number of years. Grant contracts were used as they facilitated a more flexible approach to the management of contracts on an annual basis that were not too onerous on the provider given their capacity to provide the level of monitoring information that would be required if the providers were moved to a standard NHS contract template.

b) As PCTs will no longer exist as statutory bodies from April 2013 Department of Health issued a mandate that current contract arrangements could only be extended until the end of March 2013. This does not mean that the CCGs will no longer continue with commissioning from the VCS nor that it does not value the contribution to the VCS makes to the health and wellbeing agenda. It merely means that contracts from 1st April 2013 need to be issued by the CCG.

c) CCG leads have been meeting with VCS representatives to inform and engage the VCS regarding the future arrangements and the potential developments in strengthening engagement with the VCS.
5.36 **Adult Social Care**

a) Historically, the arrangements for a large number of VCS ASC services were based on grant aid. In 2008 the City Council undertook a review of all grant aid arrangements across the Council and moved, in the main, to a model of contracting for services. As part of this exercise VCS ASC services were reviewed with the large majority being moved to a contractual basis, which were directly negotiated with the provider on the same financial value. These services were offered two year contracts from 2009 and have since been extended for a further year pending a review of services.

b) A small number of services where it was felt there was market interest were competitively procured on either a framework agreement or block contracting arrangements. VCS providers are encouraged to compete in competitive tenders; for example in November 2012 a procurement exercise for Supported Living and Respite Service Framework. Of the 31 potential providers, 14 identified themselves as a VCS provider. A summary of current arrangements excluding this framework are: VCS Providers 60, delivering 106 services with 15 on grant aid including minimum funding agreements and 60 contracts.

5.37 Members of the health scrutiny commission were reassured that both Leicester CCG and City Council were in the process of sending out letters to VCS groups to inform them that existing contracts will be extended – the majority of these will be to 31st March 2014.

5.38 **Tendering and Procurement**

VCS groups raised a number of concerns about tendering and procurement processes. The commission heard evidence relating to commissioning and tendering issues. Voluntary Action Leicester highlighted that there is scope for creative commissioning and partnerships with the VCS (e.g. presentation slides showing models of good practice of grants instead of tenders). The main issues raised by VCS:

- The VCS felt that some tender consideration panels did not understand the technical side of delivering some niche services and did not consider the track record of organisations submitting tenders. The VCS were concerned that if the current trend of awarding contracts on lowest price continued then it would result in more national or regional organisations being awarded contract which would squeeze out local VCS bodies. There should be a greater focus on value rather than cost in contracts.

- **Care & Repair, Leicester** stated that Leicestershire County Council issued a tender earlier in the year to establish a Housing Improvement Agency covering the 7 county district areas. The tender was won by the Papworth Trust and it affected part of Care and Repair (Leicester) as it covered Blaby district and all of Care and Repair (West Leicestershire). As these two organisations already shared a Director and other staff and resources, Care and Repair (Leicester) had to request the City Council to novate its contract to the Papworth Trust in order that the Care and Repair (Leicester) services
could continue to be provided as a viable operation. Care and Repair (Leicester) now no longer existed.

- **Equality** – not a level playing field. Starting from a stance of discrimination as the larger/private competitors often have in-house law advice, and people employed write and submit tenders. For example, TLCC do not have easy access to advice on contract law and other complex areas associated with commissioning.

- **TUPE** – VCS was not able to bid for contract services if TUPE was involved because the VCS generally had lower wage levels and pension/benefits schemes. This essentially disqualifies small organisations from taking on contracts that involve staff transfers. Therefore, need better contracts giving more information so VCS can calculate risk as well as whether they can afford to take on potential liabilities.

- **Generic large tenders** – There was concern at the apparent trend of large organisations winning tenders and then establishing 2-3 staff working from home with little resources or support. There was a danger that the community might not see the service as being visible or accessible. Small specialist VCS with small management structures are unable to compete against big organisations. Small orgs may have to change their charitable constitution to be able to apply e.g. infrastructure and financial resources – this takes time.

- **Bureaucracy** - working in partnership/consortia can involve more bureaucracy and management resources adding further pressure to small/med organisations.

- **Recognition and Track record**, years of experience, knowledge and skills of working in local community is not taken into account. Local VCS organisations had significant knowledge of local communities and a third of clients were from BME communities, this could be lost if contracts were awarded to national or regional organisations.

- **De-commissioning of limited outdated services** provided by Leicestershire Partnership Trust e.g. ‘revolving door’ services users, medication and maintaining. Distribute to VCS that can show improved outcomes for service users and carers.

- **Viability of Grants V’s Tendering Contracts** – A service provision based purely on contracts excluded small and medium sized groups from competing for the contracts because of the risks involved. It was important to have a mixed and vibrant sector of service provision and grants did not allow small groups to grow and develop in order to take on contracts in future years.

- **Lack of VCS involvement** - consider involving the VCS at the start of any process.

5.39 Commission members asked officers how smaller organisations in the city can be supported to compete with larger tenders for contacts. Officers replied that the weighting used to evaluate prospective service providers was traditionally 60% for quality and 40% for price. However, in order to support a wider market and to include smaller and medium sized enterprises, some recent procurement exercises had moved the weighting to 80% for quality and 20% for price. Adult Social Care had also engaged
'Case-de' to work with all VCS providers to help them develop their business models to create sustainable services.

5.40 **Responses from City Council and Clinical Commissioning Group in relation to Procurement Processes:**

5.41 Both the City Council and the CCG must adhere to procurement guidance that outlines the legal requirements. The CCG and Leicester City Council commission procurement support for the VCS from VAL, ACCF and Case-da. The total amount paid to VAL for supporting the VCS by the City Council and Health is £391,000 per annum. When procuring services both health and ASC commissioners place significant emphasis on the quality of service compared to price.

5.42 **Health**

5.43 City CCG abide by the principles of procurement as set out in the NHS Procurement Guidelines (Appendix 32). These are:
- Transparency
- Proportionality
- Non-discrimination
- Equality of Treatment

5.44 The procurement decision process consists of the following:
- Undertake service reviews in line with the CCG commissioning Strategy
- Apply benchmarking to existing services
- Undertake healthcare market analysis to determine the market and identify potential providers
- Engage early with providers, staff and representatives to assess the potential impact/deliverability of the service
- Engage with service users and local communities and key stakeholders
- Give all potential providers fair and equal opportunity to bid
- Have regard to equality considerations in the procurement process
- Have regard to any sustainable development aspects of the procurement

5.45 The weighting used in contract award decisions by the CCG are based on “value for money” principles and weighting is applied as 60% quality and 40% price. It is statutory for providers to be able to meet the NHS quality standards which requires providers to be CQC registered.

5.46 Recently the City IAPT (Open Mind) service went out for procurement – through the procurement process prospective providers were actively encouraged to develop consortium bids (lead organisation in partnership with other organisations) with voluntary sector organisations as the local evaluation of the Pilot demonstrated that a partnership approach to delivering this IAPT improved access to BME communities
5.47 Furthermore the service had more flexibility re: venues that people could access the service from. During the consultation on the development of future service provision service users valued this and hence through the procurement process we were able to encourage this approach.

5.48 The commission were informed that the IAPT service (recently re-tendered) is now delivered in partnership by Leicester Partnership Trust and vcs groups, such as Adhar and Akwaaba Ayeh.

5.49 **Adult Social Care**

5.50 The weighting used to evaluate prospective service providers by the Council is considered as part of each procurement exercise, and historically the 'standard' was 60% quality and 40% price. However, in recent procurement exercises the weighting has moved to 80% quality and 20% price. This includes the Supported Living and Flexible Respite Service Framework and Healthwatch contracts. In the current tender exercise for advice services the weighting was moved to 90% quality and 10% price.

5.51 Alongside the support provided by VAL and the ACCF for providers ASC has also engaged Case-da to work with all VCS providers to help them develop their business models to create sustainable services.

5.52 On-going dialogue is maintained with the provider market to ensure we understand their current services, the quality of these and also any issues either side has. This is undertaken through regular contract management arrangements with the providers, regular provider forums and through commissioning reviews.

5.53 During commissioning reviews ASC will confirm if any support is needed for potential providers in the market in order to enable them to take part in future procurement activities. This will also enable us to plan any actions to support this. When required ASC also undertake soft market test exercises where providers can have the opportunity to comments pre procurement on proposed models of services and any issues that they might identify in the delivery of these.

5.54 In addition the City Mayor has developed a Task Force to implement new procurement processes for the Council that support a wider market of providers for small and medium size independent organisations, including social enterprises and voluntary organisations.

5.55 The commission members recognise that there has been significant changes to the way in which funds are provided from local authorities. From the traditional model of grant funding, there has been a shift to a commissioning model approach with a stronger emphasis on outcomes. The benefits of this approach are about achieving value for money and using a competitive tendering process to find the best service to achieve specific outcomes.
5.56 Recognition for VCS Services

5.57 The commission heard ‘that the city VCS is undervalued in its ability to provide early intervention and prevention services that offer good value for money and save significant costs on statutory health and social care budgets, the VCS are asking that such value is properly reviewed, including additional charitable/non-statutory funding that the VCS bring into the city’.

5.58 EXAMPLES OF EVIDENCE PROVIDED:

a) The Leicester Counselling Centre (TLCC) stated that the VCS are much more than service providers for many people from the poorer and most disadvantaged parts of the city, or from disadvantaged groups (mental health). VCS are the only effective means they have to be heard. It is very difficult to put a quantitative value on this role but there can be little doubt that this advocacy type role played by much of the sector is invaluable if the council want to stay connected with all the citizens in the city.

b) The Leicestershire AIDS Support Services (LASS) is unique in its involvement and training of community volunteers to provide an outreach service, enabling LASS to reach into different communities as volunteers give talks and provide services into their neighbourhoods. So far the Zimbabwean and Congolese communities have benefited from this strategy and other communities are now approaching LASS, providing community peer leadership is really important in a city as diverse as Leicester. LASS HIV testing is supported through a clinical governance group and has saved the health service over £3,250,000.

Leicester City has an above average number of people with diagnosed HIV, with a current prevalence of 3.2 per 1000. Leicester City has the 6th highest rising rate of HIV in the country. LASS HIV testing has been delivered at the Merlyn Vaz Health Centre and provided training to practice nurses in Beaumont Leys. LASS is currently compiling a video on HIV testing for Asian communities with Dr Dhar, a GU HIV consultant. The majority of LASS is with people from BME population of the city and also considerable work with gay men who also experience discrimination.

c) Vista is a charitable company and works to improve lives for people with sight loss in Leicester and the county. A range of services are provided including befriending service, social activities, transport support and resources centre. There are particular issues for Leicester City because people from Afro-Caribbean backgrounds are four times more likely to develop Glaucoma, and people from the South Asian community are more at risk of developing diabetes, which can cause diabetic retinopathy, resulting in blindness.

5.59 Voluntary Action Leicester explained that the VCS has over 656 groups that specialised in providing health and social care services in Leicester and was generally well placed to know what worked for clients and what services clients required.

5.60 The commission heard that the VCS organisations were well placed to work with new communities (Somali and Eastern European) and with existing BME communities.
These communities were often isolated and did not engage with services because they thought there was a cost to them.

5.61 The VCS works closely with such communities to break down language and understanding barriers. For example, the commission heard that Network For Change has over 20 years of experience and provides a valuable early intervention, prevention and enablement role for between 110-140 service users with severe and enduring, often complex problems, including those who have disengaged from statutory services and those from BME communities (Appendix 13).

5.62 The commission were informed that the Joint Commissioning Strategy for Mental Health 2011–2013 states “there is a lack of market capacity for all levels of community support. Based on a continuum, supported living needs to include a full range of options, from low level floating support to more intensive specialist out reach support… The Opportunities Assessment case file analysis identified a risk averse culture that is leading to over provision (of residential care), which fails to stimulate the market to offer low level support options”

5.63 VCS informed the commission that they were concerned that longstanding over investment in residential care has led to failure in invest in more cost effective supported living and low level VCS preventative community support.

5.64 Following questions from Members, representatives of VCS bodies offered the following comments and statements:-

- VCS services provide niche services that would not otherwise exist. Care and Repair had originally been established 27 years earlier to provide services that were not available through the Council.
- Charitable and not for profit organisations required funding to cover the costs of qualified staff to manage their volunteers. Volunteers, although giving their time free of charge, required travelling expenses to undertake their work. VCS organisations also required funding for a management structure, office accommodation and business expenses such as printing and telephones etc.
- There was a strong partnership between the City Council and the VCS community which had developed over a long period of time.
- The VCS worked closely with the people for the services that they required. This relationship was being strained through the change in the commissioning model from deep rooted community based to accounts/budget based commissioning.
- There was a need to invest in the VCS in order to save greater funds elsewhere, particularly in relation to the harder to reach groups where VCS was particularly skilled in identifying gaps in service provision and delivering services to meet those need more effectively.
- Savings could be achieved by providing services through VCS organisations in view of their lower pay structures and pension schemes.
• The VCS recognised the changing political landscape of reduction in local authority funding from central government but the VCS was invaluable in meeting the needs of people who were easiest to ignore and not to hear.
• VISTA considered that partnership working also included having respect and recognising what each partner brought to the table.
• VSC organisations brought a voice to the table that would not otherwise be heard. They represented the views of people who distrusted establishment organisations and represented a collective voice for people who did not have a natural voice. There were numerous examples of complaints being made to VCS bodies instead of the Police or other national or local government bodies surrounding serious investigations of national importance.
• There was some evidence to suggest that VCS services could save £10-£20K per person on wider health costs.
• Some insurers required at least two qualified members of staff to be present before some activities were carried out. This could add to costs and be prohibitive for some service provision.

5.65 Jenny Hand, Chief Executive of **Leicestershire Aids Support Service (LASS)** submitted a written statement *(Appendix 4/5/6/7/8/9/10/24)* and gave the following evidence and comments:-

• LASS provided support, information and advocacy to people affected by HIV/AIDS working in partnership with others to promote positive sexual health, raise awareness about HIV/AIDS and empower people who were affected to live safe and fulfilling lives.
• LASS worked closely with faith based organisations to give extra specialised training they required to support their work.
• There was sometimes a negative impact from faith based organisations about the lifestyle of people with HIV. LASS were able to get closer to clients with their specialised knowledge built up over many years and also through working with faith based organisations. The emphasis was on complementary provision and not an either or approach to service provision.
• Organisations such as LASS could provide commissioners with evidence of what outcomes had been achieved and what outcomes were needed to meet specialist niche service needs.
• Grant funding could be used by organisations such as LASS to sub-contract work to smaller groups providing specialist services, which also helped them to grow and develop in the long term. LASS had a number of such projects and the example of supporting a small African-Caribbean Group in Corby was described as an illustration of this.
• The evaluation of one of the specialist projects, Personalisation for People (P4P), illustrated that for each £1,000 spent on individual support the health service could save £10,000 from re-admission bed spaces, missed appointments and wasted medication.
• The HIV testing programme delivered by LASS was estimated to have saved the Health Service an amount in excess of £3.25m. Over 800
tests had been completed, with over 50% to BME communities and 65% to men, both traditionally hard to reach client groups for clinical services. An African Communities football tournament had been organised to promote HIV testing and resulted in 30 tests on the day. This also resulted in a number of tests being conducted subsequently as clients came forward based upon word of mouth recommendations from those at the tournament.

- People often went out of their neighbourhood and faith organisation area to access advice and services. Service delivery, therefore, needed to be flexible to meet the needs of differing communities and the VCS was well placed to provide this.
- Ideas for increasing health outcomes for people in Leicester which could save money for health and social care in the longer term were outlined in full in the paper submitted as evidence. This was, however, dependent upon continued or extending funding.

Case evaluations of several projects supported by LASS were also submitted as part of the evidence (Appendix 4/5/6/7/8/9/10)

Kathryn Burgess, Executive Director of the Community Advice and Law Service (CALS) presented the following comments:-

- Social Welfare Law Advice was identified as an outcome of social care and not health.
- 30% of the 2,600 clients that received advice had a disability or long term health conditions.
- Evidence from similar service provisions in Leeds demonstrated that 41% of 527 clients that received debt advice resulted in benefits to health through reduced levels of stress, leading to fewer visits to GP’s and fewer prescriptions being issued for depressive illnesses. The costs of these savings, however, were not directly linked to the advice provision.
- Early intervention in debt counselling prevented escalation into serious health problems. The difficulty was that often clients only came for advice when they were at crisis point and the earlier the advice could be given the sooner the benefits to health could be achieved.
- Commissioners needed to have a greater understanding of how the advice service worked with health so that services could be designed to improve access and target service users.
- GP’s needed greater awareness of the benefits to health improvement that could be achieved by the advice and early intervention offered by CALS.

Tony Cusack, Manager of the Emerald Centre, presented a paper on the benefits to health that the Centre provided through its programme of activities (Appendix 2). The Centre also delivered a wide range of training and community development programmes. Although the Centre evolved from its links with the Irish Community, its primary role was now to meet the needs of
the all the local community. Eleven of the activities supported by the Centre were outlined in the paper, together with the health benefits of participating in sporting and other community activities. One in particular, an armchair aerobics programme for disabled people and the elderly, had produced improvements in health to those taking part, but this was not easily measured in outcomes to the health service. It was also difficult to measure the beneficial impact of befriending services and the services delivered to vulnerable elders.

The Centre was a Charity and as such it accessed funding from a number of national, regional and local funding sources e.g. Big Lottery, Sport England and Comic Relief, which enabled it to support initiatives that had benefited thousands of people each year. The Centre was ideally placed in the local community and had a proven track record of delivering projects that promoted health and well-being. The Centre felt it was a unique organisation in the City delivering a wide range of services for people of all backgrounds and diversities. The Centre addressed specific needs in specific groups that were not being addressed elsewhere.

Gabby Briner, Chief Executive Officer, Network for Change and Chair of the Voluntary Sector partnership Forum for Mental Health submitted a written statement (Appendix 13/14) and gave the following evidence and comments:-

- The Network for Change (NFC) was a specialist service with 20 years of experience and had a good track record for working with hard to reach groups, managing risk and safeguarding vulnerable adults. The NFC was a local VCS mental health organisation providing housing related support, outreach, self-directed support and resource centre services to adults with severe, enduring and/or complex needs.
- The service had an ‘A’ quality rating in the QAF 2010 City Supporting People Supported Housing Service. The service had also received national and regional awards for quality.
- All its services could demonstrate an early intervention and prevention role which saved costs on more secondary health and social care provision through reducing the frequency and length of stay of hospital admissions.
- The Resource Centre had run for 9 years providing an early intervention, prevention and re-enablement role for 110-140 service users with severe and enduring problems including those that have dis-engaged from statutory services and those from BME communities (approximately 30 % of the users). The cost of the service was £100k per year and it prevented people from falling into crisis and reduced the costs of statutory support.
- A 2 year review of Health Services identified that only 27% of clients wanted a hospital based service. There was no new money currently available to provide the VSC support for clients wanting community based services.
- The service had endured 4 years of decreased funding which had
resulted in a reduction in staffing capacity, terms and conditions, including pay and increased working hours, in order to deliver the service within the funding available.

- The housing related support service was funded at a cost of £22 per hour in 2003 but a recent mental health housing tender had reduced the cost to £13 per hour. The service felt unable to bid or compete for that tender and there were concerns that, if the housing related service was re-tendered at the same low rates next year, the service may have to close.
- Competition for lottery/charitable funds were fierce with only 1 in 18 applications being successful.
- It was estimated that savings from delivering intervention and prevention services saved 10 times the value of the investment in not having to deliver secondary health care services.
- NFC was a user led service and it needed to be involved in the strategy and commissioning of services.
- The service needed to be involved in the proposed new Mental Health Partnership Board.

Sallyann Robinson, Care and Repair (Leicester) submitted a written statement (Appendix 16) and gave the following evidence and comments:-

- Care and Repair were established to work with older and disabled people in private sector housing and to administer local authority grants for major and minor works.
- Major works were no longer carried out as there had been no local authority money available for over 18 months. Funding requests were now being made to charitable organisations.
- There were approximately 1,200 service users in the City and a similar number in the County.

Jenny Pearce, Chief Executive of VISTA and Chairman of the Vision Strategy Group for Leicestershire, Leicester and Rutland submitted a written statement (Appendix 11) and gave the following evidence and comments:-

- VISTA along with other public health colleagues strongly supported the partnership approach which aimed to shift the focus of Clinical Commissioning Groups towards an early intervention approached and promoting integrated partnership responses.
- 50% of sight loss was avoidable, and four times as many people from African Caribbean backgrounds were likely to develop Glaucoma. Loss of sight could lead to long term health issues, social care and mental issues. Sight loss is a major cause of falls and could result in mental health problems through loneliness and isolation.
- VISTA lead on the UK Vision Strategy (2009) which focused on key outcomes of improving eye health, prevention of avoidable sight loss and including participation and independence for people with sight loss.
• VISTA had always worked closely and effectively with the Council and were keen to explore ways of working more imaginatively.
• VISTA were disappointed that the Local Professional Network (LPN) had targeted its priorities towards Optometrists, guided by the CCG, with emphasis on eye care and eye problems.
• The Vision Strategy Group had subsequently made representations and VISTA were currently preparing a needs assessment to be presented to the LPN Steering Group to try and shift the primary focus from eye care to eye health, in order to support long term effectiveness and efficiency.
• VISTA provided an information service in 50% of eye clinics of UHL clinics and nearly all community hospital clinics in Leicestershire and Rutland. The information service provided information on retaining independence and was well received by patients. The gap in service provision could be addressed if the City Council, Leicestershire County Council and the CCG’s could develop a co-operative partnership to address the funding gap for this service. VISTA estimated that the impact of the service could be doubled by more people accessing the sight loss pathway and significantly less people requiring intensive interventions to address falls, accident and depression.
• VISTA felt that, in view of the above, the VCS should be involved in strategic planning and joint purchasing across health and personal care.

Denise Chaney, Executive Director of LAMP submitted a written statement (Appendix 12) and gave the following evidence and comments:-

• Many VCS receive funding from multiple sources for their main contracts and were at major risk of collapsing. LAMP provided specialist mental health advocacy and support.
• LAMP produced a Directory of Mental Health Services and was the first to achieve the Advice Quality Standard Mark and the Information Quality Standard Mark.
• LAMP had led on mental health advocacy for 23 years and had raised quality and standards and promoted the advocate qualification. LAMP was considered to have a good management structure with well managed volunteers.
• LAMP’s good practice and risk alerting had also been commended in major inquiries such as Hundleby (2001) and Butler (2010).
• LAMP had dealt with 155 service users and carers and a further 144 in hospital. In addition 120 requests had been received for information and this did not include the web-site enquiries or the 600 requests for leaflets.
• LAMP felt that the issues of specialist versus generic services provision was not being viewed or considered as it should be. There should be a Mental Health tender for information/advocacy that can deliver a generic service as well.
• LAMP had an unprecedented local knowledge base which played a key role in addressing risk and safeguarding issues. All LAMP advocates
were trained to the Independent Mental Health Advocacy level.

- LAMP worked with clients with complex needs whose care involved both health and social care issues. This distinction did not exist in LAMP, and, as its statistics were collected on a joint basis, it was increasingly more difficult to bid for some tender as they were either health or social care.

Phil Wilson, Vice-Chairman of the **Board of Governors of the Leicester Counselling Service** submitted a written statement (*Appendix 15*) and gave the following evidence and comments:-

- Following the loss of County Council Funding in March, the service had been forced to cut its scarce administration support staff down to 1 administration officer, losing two part time staff.
- VCS services bring a roundness to service delivery which is not often found elsewhere.
- The Service currently supported 140 clients and it was expected that each client would need a maximum of 8 sessions to get better. The waiting list of 80 had doubled over the last few months.
- The service currently delivered over 5,000 hours of counselling therapy and if the there was a cut or serious reduction in the current funding, the service would either have to move away from its ethos of affordable counselling to become a service for those that could afford the market rates of £45-50 per session; or the Trustees may be forced to close the centre altogether.
- There was concern that the value of the VCS won’t be known or appreciated until it was not there.

*The chair thanked the representatives of the Voluntary Community Sector for taking part in the review and providing supporting evidence.*

5.66 **Joint Commissioning**

The commission heard ‘*that there is a need to recognise the VCS input into providing social care services and consider that there is great scope for the local authority and health funders to work in partnership and invest in joint commissioning of our services*’.

5.67 **EXAMPLES OF EVIDENCE PROVIDED BY VCS:**

a) LASS have worked successfully in partnership with Leicester Partnership nhs Trust for work in Gartree Prison and are part of many other partnerships and partnership bids. Partnership working has helped us to help smaller organisations to access funding, however, they do take far longer than bidding alone to put together and to manage in terms of reporting structures.
b) **Health Partnership Project in Bradford** was set up to tackle health inequalities and works with local VCS groups and GP Practices. Provides information on VCS services that can help patients in their community. Problems range from loneliness to domestic abuse and debt problems to mental ill health. Directory of resources available to GP’s through ‘System One’ the GP prescribing system. This Partnership approach has lead to a reduction in GP’s ‘frequent flyers’. This project could be replicated in Leicester to tackle health inequalities through the VCS engaging with patients to provide health services in the community.

c) **Vista** (paper appendix 11) describes a partnership approach which is being promoted by Vista together with Public Health colleagues, with the aim of shifting the focus of Clinical Commissioning Groups towards early intervention approaches and promoting integrated partnership responses. The paper also describes an example of a potential joint funding opportunity which would strengthen an existing and proven early intervention service.

5.68 Commission members asked what factors determined whether a service should be jointly commissioned. Officers indicated that these could involve issues around value for money, especially if one service provider had contracts with two or more commissioning groups. The separate services could possibly be delivered more efficiently by dealing with one commissioning body for all the services. Also contract monitoring needed to be viewed in the context of the service needs. Monitoring may show that the service provider was performing at 100%, but the service may no longer be relevant to the needs of service users.

5.69 The commission heard that there was a need for joint commissioning e.g. within mental health services the city council and health commissioners should work towards joint assessment, planning and investment. Health personal budgets are currently being piloted in the city and there is a need to find ways to link these to social care, rather than the continual dilemma of 'health versus 'social care' where vulnerable service users fall through the gaps. Joint assessment and commissioning would be more cost-effective and better meet mental health outcomes and individual needs.

5.70 **Responses from Adult Social Care (ASC) and Leicester City Clinical Commissioning Group (CCG) Adult Commissioning in relation to JOINT COMMISSIONING:**
There are a number of VCS organisations that the CCG already jointly commissions with Leicester City Council, Leicestershire County Council and with the 2 County CCGs via Section 256 arrangements. Below is a breakdown of this:

### Section 256 arrangements with Leicester City Council

<table>
<thead>
<tr>
<th>Council Contract</th>
<th>Voluntary Action Leicester</th>
<th>Support to voluntary sector organisations and compact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Council Contract</td>
<td>Leicester City Council</td>
<td>Remit - City PCT – Mental Health</td>
</tr>
<tr>
<td>Council Contract</td>
<td>Leicester City Council</td>
<td>Alzheimer’s Advocacy Project – Mental Health older People</td>
</tr>
<tr>
<td>Council Contract</td>
<td>Leicester City Council</td>
<td>Rethink – Carer Support Workers – Mental Health</td>
</tr>
<tr>
<td>Council Contract</td>
<td>Leicester City Council</td>
<td>Genesis – Mental Health – service user carer involvement and engagement</td>
</tr>
<tr>
<td>Council Contract</td>
<td>Leicester City Council</td>
<td>Visamo Day Centre – mental health older people</td>
</tr>
</tbody>
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### Section 256 arrangements with Leicestershire County Council

<table>
<thead>
<tr>
<th>Council Contract</th>
<th>Leicestershire County Council S256 Agreement</th>
<th>Welfare Rights – mental health</th>
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<tbody>
<tr>
<td>Council Contract</td>
<td>Leicestershire County Council S256 Agreement</td>
<td>Hospital In Reach – mental health</td>
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</tbody>
</table>

### Joint LLR contracts with East Leicestershire & Rutland CCG and West Leicestershire CCG

<table>
<thead>
<tr>
<th>STEPS (Leicestershire Conductive Education Centre)</th>
<th>Structured development programme for pre-school children with disabilities and their families</th>
<th>Children's Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPE - The Laura Centre</td>
<td>Support for adults and children affected by the death of a child and for children and young people up to the age of 25 affected by the death of a significant adult.</td>
<td>Children's Health</td>
</tr>
<tr>
<td>COPE - Children’s Trust (Rainbows Children’s Hospice)</td>
<td>Provide respite, palliative and terminal care to children and young adults with life limiting conditions</td>
<td>Children's Health</td>
</tr>
<tr>
<td>Barnados</td>
<td>CareFree Services – support for young carers</td>
<td>Children’s Health</td>
</tr>
<tr>
<td>Leicester Housing Association Support Services</td>
<td>Compass project (Old long stay clients)</td>
<td>Mental Health Services (Adult)</td>
</tr>
<tr>
<td>Coping with Cancer in Leicestershire and Rutland</td>
<td>Information, Emotional and Practical Support for People who are Coping with Cancer</td>
<td>Cancer and Palliative Care</td>
</tr>
<tr>
<td>LOROS</td>
<td>Palliative Care services</td>
<td>Cancer and Palliative Care</td>
</tr>
<tr>
<td>Inspired (2009) CIC</td>
<td>Inspired</td>
<td>Inter-Agency Training</td>
</tr>
<tr>
<td>Rethink -Focusline</td>
<td>Focusline - Mental Health Telephone Support Line</td>
<td>Mental Health Services (Adult)</td>
</tr>
</tbody>
</table>
5.72 In order to reduce the burden on VCS providers to provide monitoring information to both health and ASC commissioners and to develop more streamlined processes to the management of VCS contracts – the CCGs and LCC have agreed to jointly review their VCS contracts. The aim of this will be to transfer the management of the health contracts to LCC via the existing Section 256 arrangement we have already in place, with a view to having new contracts in place by 1st April 2014. In the meantime existing contracts are likely to be extended.

5.73 The CCG recognise that if they continue to manage the contracts the existing contracting arrangements will have to be transferred to Standard NHS Contracts arrangements and templates and this will be onerous to the VCS especially where the organisations are small and they do not have the sufficient infrastructure to be able to meet all the requirements of a Standard NHS Contract.

5.74 Based on discussions with the VCS commissioners in the City, the CCG acknowledge that the VCS also want health and social care to develop and strengthen joint commissioning arrangements and we are responding to this through the work programme outlined earlier in the report.

5.75 The commission heard ‘that there was a lack of engagement with VCS from city council and lead commissioners’. The commission heard that at present there was a lack of information from the new Leicester Clinical Commissioning Group.

5.76 Response from the LCCCG was that ‘from an engagement perspective, the involvement of VCS is high on our agenda and a dedicated engagement manager has been appointed’

5.77 Whilst both the Council and the CCG had taken on board the issues raised by the VCS in relation to their concerns about the reduction of Health and Adult Social Care preventative services, as well as the lack of engagement; the evidence provided by both organisations supported their view that they had listened to the sector and adhered to the Best Value Guidance, particularly in relation to the steps already taken over budget reductions to date.

5.78 Lead commissioners informed the review that there had always been a strong commitment to involving the VCS in the development of commissioning strategies and priorities. The sector had been involved in the development of the Joint Commissioning Strategy for Mental Health, Learning Disabilities, Carers and Dementia and the CCG had involved the VCS in the development of their Clinical Commissioning Strategy.

5.79 Leicester LiNK also organised an engagement meeting in July 2012 to discuss the development of the draft Health and Wellbeing Strategy. It was attended by 76 people, including VCS representatives. The examples of engagement activities demonstrated that the VCS had been involved in developing the draft Health and Wellbeing Strategy.
for the City. Lead officers explained that these examples of involvement highlighted that mechanisms were in place to seek the views of the VCS.

5.80 The lead commissioners for mental health were working together to develop structures to facilitate the involvement of Mental Health VCS partners, service users and carers that would work on a similar model to the Learning Disability Partnership Board and ultimately sit under the governance of the Health and Wellbeing Board. The initial draft Terms of Reference were shared with the Mental Health Provider Forum and a paper was currently being taken to Leadership Teams to agree the revised Terms of Reference and timescale.

5.81 The Chief Corporate Affairs Officer from the CCG had met with VAL to discuss how the CCG could strengthen engagement and develop a working model on how the CCGs could work with the wider VCS, especially developing access to BME communities and seldom heard groups.

5.82 Whilst both the Council and the CCG had taken on board the issues raised by the VCS in relation to their concerns about the reduction of health and ASC preventative services as well as the lack of engagement; the evidence provided by both organisations supported their view that they had listened to the sector and adhered to the Best Value Guidance, particularly in relation to the steps already taken over budget reductions to date.

5.83 Responses from Adult Social Care and CCG in relation to Engagement with the Voluntary Community Sector:

5.84 Health

5.85 The City CCG has identified a GP Lead who represents the CCG at the VCS Adult Health and Social Care Forum and ASC has a regular slot on the forum to update providers on key developments in the City.

5.86 At the VCS Adult Health and Social Care Forum on November 6th the CCG GP lead provided an update regarding the CCG and the authorisation process that the CCG are undergoing in order to become a statutory organisation by April 2013. Further information was provided on the CCG’s priorities, the health checks campaign and the participatory budget project in COPD.

5.87 The CCG now has an Engagement lead that represents the CCG at the Leicester City VCS and Public Sector Strategy Group. Furthermore the Chief Corporate Affairs Officer from the CCG has met with VAL leads to discuss how the CCG can strengthen engagement and develop a working model as to how CCGs can work with the wider VCS and especially developing access to BME communities and seldom heard groups.
5.88 A recent project that the CCG is engaging with VAL on is the participatory budgeting project to improve services for people with Chronic Obstructive Pulmonary Disease (COPD). Participatory budgeting involves local people making decisions on the spending and priorities for a defined public budget. £30,000 has been made available for the project and will be split into 3 areas covering the City. Bidders will be asked to propose relevant health schemes and interventions for each area to tackle COPD in the City based on set criteria. The proposed successful schemes will be put to a public vote during a decision making event. The Engagement Lead from the CCG is working with VAL to provide support to VCS by promoting the project to the wider VCS and providing bidder support to the VCS to bid for funds. This will include application support and constitution development support for the VCS.

5.89 **Adult Social Care**

5.90 The VCS is also represented on the Adult Social Care Transformation Steering Group which has the responsibility of working in co-production with the Council to shape the future commissioning and delivery of services in the city.

5.91 ASC acknowledge that this is an anxious time for many providers and communication in relation to contracting arrangements. However, the sector was first informed of the Council’s desire to work with providers to redesign services in line with personalisation, which was followed up by a series of information gathering meetings with individual providers. In July 2012 an indicative time scale for procurement was also shared with the sector.

5.92 **The Joint Strategic Needs Assessment (JSNA) and the Joint Health and Wellbeing Strategy**

5.93 Two engagement events were held during the development of the Joint Strategic Needs Assessment (JSNA), and VCS representatives were invited to both of meetings. The first was on 5th October 2011 and was attended by 30 representatives of the VCS. The second was on 1st May 2012 and was attended by 37 people, including representatives of the voluntary sector. Changes and additional sections were added on the advice of these events.

5.94 During the second of the JSNA event, delegates were also asked to comment on what they thought priorities should be for the draft Health and Wellbeing Strategy, based on the information in the JSNA. This information was passed on to the Shadow Health and Wellbeing Board and helped them decide on priorities for the strategy.

5.95 The Board then attended two further Health and Social Care Forums organised by VAL, and invited comment on the developing strategy. After the first forum, on 3rd July 2012, the strategy priorities were modified. At the second forum, on 6th November 2012, delegates were asked how they could be part of the implementation of the strategy.

5.96 The Leicester LINk also organised an engagement meeting on 12th July 2012 to discuss the development of the draft Health and Wellbeing Strategy. This was attended by 76 people, some of whom were from VCS.
Representatives of the Shadow Health and Wellbeing Board also attended various Partnership Board meetings where they shared and discussed the priorities and took feedback. The VCS is represented on these boards. The Shadow Health and Wellbeing Board has also set up an electronic network for stakeholders and a number of voluntary sector bodies have joined this network.

A questionnaire was sent out during the summer asking for feedback on the priorities for the strategy, and this was distributed via VAL to voluntary sector bodies, and to members of the electronic network.

The commission heard ‘that time should be taken to properly explore options around future funding and new ways of engaging with VCS’.

The health scrutiny commission recognised that the city council and Leicester City CCG need to better engage and build a stronger relationship with the VCS. This can be achieved through better communication of its future plans, its funding priorities and the intended outcomes. For example ‘Vista’ who works to improve lives for people with sight loss in Leicester is promoting a partnership model with public health colleagues, with an aim of shifting the focus of CCGs towards early intervention approaches (Appendix 11).

Responses from Adult Social Care and CCG on the future arrangements:

1. VCS – Future Arrangements
Leicester City Council and Leicester City CCG commission services from local and national VCS organisations across a number of areas that include mental health, drug and alcohol, children’s, older people, learning disabilities, physical and sensory disabilities, carers and palliative care. Our aim is to strengthen VCS commissioning through working in partnership to develop joint commissioning arrangements and deliver integrated health and social care services to meet local need.

A process has been agreed to jointly review the VCS contracts to ensure that they are aligned to the commissioning priorities for each organisation. An indicative timeline for the joint review and transfer has been agreed and shared with current service providers in relation to ASC contracts. Relevant current service providers will be informed about the intention to transfer to joint commissioning arrangements. VCS Providers will be formally consulted about the decisions.

2. Involving the VCS in Commissioning Decisions

There has always been a strong commitment to involving the VCS in the development of commissioning strategies and priorities. The sector has been involved in the development of the Joint Commissioning Strategy for Mental Health, Learning Disabilities, Carers and Dementia and the Leicester City CCG have involved the VCS in the development of their Clinical Commissioning Strategy.

ASC and the CCG actively engage with providers, carers, service users and other relevant agencies via a number of established forums. For example, The Carers...
Reference Group, The Learning Disability Partnership Board, DISCUSS (customer stakeholder group for transformation) and the Forum for Older People.

Mental Health commissioning leads are working together to develop structures to facilitate the involvement of Mental Health VCS partners, service users and carers that will work on a similar model to the Learning Disability Partnership Board and ultimately sit under the governance of the Health and Well Being Board. The initial draft Terms of Reference were shared with the Mental Health Provider Forum and a paper is currently being taken to Leadership Teams to agree the revised Terms of Reference (Appendix 7) and timescales for implementation.

Leicester City CCG will share its commissioning intentions with the all providers including the VCS in early 2013, once the DH Operating Framework for 2013/14 is released which will outline the mandate for the year for CCGs including CCG allocations.

Leicester City Council initiated a series of meetings to share its intention and rationale to review the sector on 27th May 2011.

3. Conclusion from lead officers (Adult Social Care and Clinical Commissioning Group)

Whilst both the City Council and the Leicester City CCG take on board the issues raised by the VCS in relation to their concerns about the reduction of health and ASC preventative services and the lack of engagement.

The information provided by both organisations clearly shows that some VCS budgetary reductions have not been achieved after discussions with the Local Authority, highlighting that the Council has listened to the sector and adhered to the Best Value Guidance.

Examples of engagement activities has also been provided that shows the VCS have been involved in developing the JSNA, which is the key document used by health and ASC to determine commissioning priorities. They have also been engaged in the development of the draft Health and Wellbeing Strategy for the City, which highlights that mechanisms are in place to seek the views of the VCS.

5.102 The commission were informed of ‘The Kings Fund’ report:

The King’s Fund 2011 ‘Transforming our Health Care System’ report highlights the 10 priorities for lead commissioners to be aware of (Appendix 1), these are:

1. Active support for self-management
2. Primary prevention
3. Secondary prevention
4. Managing ambulatory care sensitive conditions
5. Improving the management of patients with both mental and physical health needs
6. Care co-ordination through integrated health and social care teams
7. Improving primary care management of end-of-life care
5.103 The VCS recognize that in this climate of financial pressures, there is a need to find new ways of surviving. For example, the commission heard that ‘Care & Repair’ with the reduction in funding have pooled resources and merged 2 of their agencies, Leicester and West Leicestershire branches. They now share a director and staff, making the service more cost effective and offering a more holistic service to clients (Appendix 16).

6. **Conclusion of the Scrutiny Commission.**

6.1 The commission recognised the importance of keeping services local and valuing the contribution of local people as volunteers. The commissioners need to recognize the value of the VCS by involving them in the early stages of service planning and through appropriate and fair remuneration, as this sector is best placed with the knowledge, skills and support to provide quality and value for money services to the local population.

6.2 The commission believes that the Health and Wellbeing Board and the City Clinical Commissioning Group needs time to establish themselves, beyond April 2013, at least till the end of 2013. In the meantime, the city council and lead commissioners have an opportunity to develop new ways of working with the VCS in Leicester. Therefore, the city council should not lose good council funded VCS activity in the city, some of which could well be sustained longer term through joint commissioning and specific grants.

6.3 The commission suggested that joint commissioning involving VCS be explored as a solution for the future. This option would prevent duplication of services, would identify gaps in service provision and offer greater value for money.

7. **Legal Implications**

None identified.

8. **Financial Implications**

None identified.

9. **Report Author**

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Graham Carey, Democratic Services Officer, Leicester City Council

Email: Graham.Carey@leicester.gov.uk

Telephone contact: 0116 2298813
10. **LIST OF SUBMISSIONS** (copies of these are not att to this report, but are available from the scrutiny office to view).

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<th>Forward Plan and one-off items</th>
<th>Commission work – to note (Commission in brackets)</th>
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| 29th August         |                                                                                  | - Public Lighting Strategy (Urgent decision)                                                   | **Scoping documents:**  
- Connecting Leicester (OSC/Heritage/Econ Dev)  
- DMH/Curve/Phoenix (Econ Dev)  
- Review of Financial & Benefits Advice Services offered to residents in Leicester and how such services are promoted (N’hoods)  
**Final Reports:**  
- 0-19 services (CYP)  
- Economic Development (Econ Dev)                                                                 |
|                     |                                                                                  | - Briefing from City Mayor on vision behind “Connecting Leicester”.                           |                                                                                                                                                                                                                                                   |
| 27th September      | - Revenue Outturn 2011/12                                                        | - City Mayor’s Delivery Plan                                                                 | **Scoping Documents:**  
- Empty Properties (Adults)  
- New Walk Museum (Heritage)  
- Sports participation (Heritage)                                                                 |
<p>|                     | - Capital Outturn 2011/12                                                        | - Connecting Leicester – evidence from City Centre residents                                   |                                                                                                                                                                                                                                                   |
|                     |                                                                                  | - Council Tax benefits Consultation                                                             |                                                                                                                                                                                                                                                   |
| 15th October        | <strong>OSC Review of ‘Connecting Leicester’</strong>                                         |                                                                                               |                                                                                                                                                                                                                                                   |
| Special Meeting     |                                                                                   | <strong>This session will be preceded by a walk for members with the City Mayor starting from 4pm. This walk will take in Newarke Street, Magazine Gateway, Wygston’s House, Jewry Wall, Castle Gardens and Castle Street. Details of meeting place to be confirmed.</strong> |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | <strong>Evidence session (1) focus on economic impacts (5.30pm to 6.45pm)</strong>                         |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | - Chamber of Commerce – Rick Moore                                                             |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | - Federation of Small Business – Maxine Aldred                                                |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | - Retail Forum – Peter Wilkinson                                                              |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | <strong>Evidence session (2) focus on heritage impacts (7pm – 8.15pm)</strong>                            |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | - Civic Society – Stuart Bailey                                                               |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | - Historical societies/Conservation groups – Jon Goodall (Victorian Society)                 |                                                                                                                                                                                                                                                   |
|                     |                                                                                   | - Leicester Promotions – Martin Peters                                                        |                                                                                                                                                                                                                                                   |</p>
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| 26<sup>th</sup> November | - Treasury Management Review  
- Discretionary Rate Relief  
- Capital and revenue Period 4 monitoring | - Sign-off of interim Connecting Leicester report |  |
| 13<sup>th</sup> December | **Cancelled** |  |  |
| 17<sup>th</sup> January | - Period 6 Revenue and Capital Monitoring  
- City Mayor’s Delivery Plan  
- Procurement Plan Monitoring  
- Collection of Income<sup>1</sup> | - Political Conventions | **Scoping documents:**  
- Bus Lane Enforcement (Transport)  
- Elderly Persons Carers Review (Adults)  
**Final Reports:**  
- Mental Health Review (Health)  
- Road Maintenance (Transport) |
| 28th January Special Meeting | - Budget Proposals |  | To consider the whole of the budget and recommendations made by Scrutiny Commissions |
| 14<sup>th</sup> February | - Procurement Plan Monitoring Report  
- Equalities Performance |  | **Scoping document:**  
- Transport for Looked after Children (Children, Young People and Schools)  
**Final Report:**  
- Review of the economic, social and artistic benefits of grants to major city arts venues (Economic Development Culture and Tourism) |

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<sup>1</sup> Director of Finance asked to examine the methods used by the council to contact people owing money to see which are most successful and to provide details of payment arrangements agreed by the courts (for example the number and type) – **resolved at OSC July 11<sup>th</sup>**
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| 12<sup>th</sup> March 2013 | Tracking of Petitions – Monitoring Report  
Private Sector Empty Homes (Adults, Social Care and Housing)  
Revisiting the Mental Health Scrutiny Review for Working Age Adults (Health and Community Involvement Scrutiny Commission)  
Voluntary and Community Sector Groups who have raised concerns about Funding, Commissioning and Tendering issues (Health and Community Involvement Scrutiny Commission)  
Local Transport Regulatory powers (Transport and Climate Change Scrutiny Commission). |
| 18<sup>th</sup> April 2013 |  
- Tracking of Petitions – Monitoring Report  
- Sickness absence in the Authority<sup>2</sup>  
- 2013/14 Procurement Plan  
- Revenue and Capital Monitoring Period 9  
- Delivery Plan |  
- City Barrister to report on cost over-runs  
- Inclusive Design Action Plan – report from IDAP Panel (provisional schedule)  
- Annual Report on Local Government Pension Scheme in Leicester |  
- Revisiting the Mental Health Scrutiny Review for Working Age Adults (Health and Community Involvement Scrutiny Commission). |

<sup>2</sup> To include information on a four-quarter rolling basis – resolved at OSC 12 June 2012
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Review of Voluntary and Community Sector Groups who have raised concerns about Funding, Commissioning and Tendering issues (Health and Community Involvement Scrutiny Commission) Sports Engagement in Leicester (Heritage, Leisure and Sport Scrutiny Commission)