



## EXECUTIVE BOARD

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Meeting to be held in Civic Hall, Leeds on  
Wednesday, 17th April, 2024 at 1.00 pm

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### MEMBERSHIP

#### Councillors

S Arif	A Lamb
D Coupar	
M Harland	
H Hayden	
J Lennox	
J Lewis (Chair)	
J Pryor	
M Rafique	
F Venner	

**To note:** Please do not attend the meeting in person if you have symptoms of Covid-19 and please follow current public health advice to avoid passing the virus onto other people.

**Note to observers of the meeting:** To remotely observe this meeting, please click on the 'View the Meeting Recording' link which will feature on the meeting's webpage (linked below) ahead of the meeting. The webcast will become available at the commencement of the meeting.

<https://democracy.leeds.gov.uk/ieListDocuments.aspx?CId=102&MId=12199>

## **CONFIDENTIAL AND EXEMPT ITEMS**

The reason for confidentiality or exemption is stated on the agenda and on each of the reports in terms of Access to Information Procedure Rules 9.2 or 10.4(1) to (7). The number or numbers stated in the agenda and reports correspond to the reasons for exemption / confidentiality below:

### **9.0 Confidential information – requirement to exclude public access**

9.1 The public must be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that confidential information would be disclosed. Likewise, public access to reports, background papers, and minutes will also be excluded.

### **9.2 Confidential information means**

- (a) information given to the Council by a Government Department on terms which forbid its public disclosure or
- (b) information the disclosure of which to the public is prohibited by or under another Act or by Court Order. Generally personal information which identifies an individual, must not be disclosed under the data protection and human rights rules.

### **10.0 Exempt information – discretion to exclude public access**

10.1 The public may be excluded from meetings whenever it is likely in view of the nature of the business to be transacted or the nature of the proceedings that exempt information would be disclosed provided:

- (a) the meeting resolves so to exclude the public, and that resolution identifies the proceedings or part of the proceedings to which it applies, and
- (b) that resolution states by reference to the descriptions in Schedule 12A to the Local Government Act 1972 (paragraph 10.4 below) the description of the exempt information giving rise to the exclusion of the public.
- (c) that resolution states, by reference to reasons given in a relevant report or otherwise, in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10.2 In these circumstances, public access to reports, background papers and minutes will also be excluded.

10.3 Where the meeting will determine any person's civil rights or obligations, or adversely affect their possessions, Article 6 of the Human Rights Act 1998 establishes a presumption that the meeting will be held in public unless a private hearing is necessary for one of the reasons specified in Article 6.

10.4 Exempt information means information falling within the following categories (subject to any condition):

- 1 Information relating to any individual
- 2 Information which is likely to reveal the identity of an individual.
- 3 Information relating to the financial or business affairs of any particular person (including the authority holding that information).
- 4 Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or officer-holders under the authority.
- 5 Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings.
- 6 Information which reveals that the authority proposes –
  - (a) to give under any enactment a notice under or by virtue of which requirements are imposed on a person; or
  - (b) to make an order or direction under any enactment
- 7 Information relating to any action taken or to be taken in connection with the prevention, investigation or prosecution of crime

# A G E N D A

Item No K=Key Decision	Ward	Item Not Open		Page No
1			<p><b>APPEALS AGAINST REFUSAL OF INSPECTION OF DOCUMENTS</b></p> <p>To consider any appeals in accordance with Procedure Rule 15.2 of the Access to Information Procedure Rules (in the event of an Appeal the press and public will be excluded)</p> <p>(*In accordance with Procedure Rule 15.2, written notice of an appeal must be received by the Head of Governance Services at least 24 hours before the meeting)</p>	
2			<p><b>EXEMPT INFORMATION - POSSIBLE EXCLUSION OF THE PRESS AND PUBLIC</b></p> <p>1 To highlight reports or appendices which officers have identified as containing exempt information within the meaning of Section 100I of the Local Government Act 1972, and where officers consider that the public interest in maintaining the exemption outweighs the public interest in disclosing the information, for the reasons outlined in the report.</p> <p>2 To consider whether or not to accept the officers recommendation in respect of the above information.</p> <p>3 If the recommendation is accepted, to formally pass the following resolution:-</p> <p><b>RESOLVED –</b> That, in accordance with Regulation 4 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of those parts of the agenda designated as exempt on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information.</p>	

Item No K=Key Decision	Ward	Item Not Open		Page No
3			<p><b>LATE ITEMS</b></p> <p>To identify items which have been admitted to the agenda by the Chair for consideration</p> <p>(The special circumstances shall be specified in the minutes)</p>	
4			<p><b>DECLARATION OF INTERESTS</b></p> <p>To disclose or draw attention to any interests in accordance with Leeds City Council's 'Councillor Code of Conduct'.</p>	
5			<p><b>MINUTES</b></p> <p>To confirm as a correct record the minutes of the meeting held on 13<sup>th</sup> March 2024.</p> <p><b><u>RESOURCES</u></b></p>	9 - 20
6			<p><b>FINANCIAL REPORTING 2023/24 - PROVISIONAL OUTTURN MONTH 11 (FEBRUARY)</b></p> <p>To consider the report of the Chief Officer (Financial Services) presenting an update on the financial position of the Authority at the Provisional Outturn, reflecting the first eleven months of the 2023/24 financial year.</p> <p><b><u>COMMUNITIES</u></b></p>	21 - 68
7			<p><b>COST OF LIVING - UPDATE REPORT</b></p> <p>To consider the report of the Director of Communities, Housing and Environment which provides an updated position on the cost-of-living crisis, national policy interventions and Leeds City Council's response to such matters. This update follows the report received by Executive Board in November 2023.</p>	69 - 94

Item No K=Key Decision	Ward	Item Not Open		Page No
8 K	Armley; Beeston and Holbeck		<p data-bbox="676 327 1310 394"><b><u>CLIMATE, ENERGY, ENVIRONMENT AND GREEN SPACE</u></b></p> <p data-bbox="676 468 1361 607"><b>INVESTING IN AREA-BASED ENERGY EFFICIENCY IMPROVEMENTS TO BACK-TO-BACK HOMES IN ARMLEY AND HOLBECK (PHASE 3)</b></p> <p data-bbox="676 651 1353 831">To consider the report of the Director of Communities, Housing and Environment on proposals regarding the development of energy efficiency improvements to 350 back-to-back homes in Armley and Holbeck.</p> <p data-bbox="676 976 1238 1043"><b><u>SUSTAINABLE DEVELOPMENT AND INFRASTRUCTURE</u></b></p>	95 - 114
9 K			<p data-bbox="676 1117 1374 1144"><b>LEEDS LANE RENTAL SCHEME - HIGHWAYS</b></p> <p data-bbox="676 1189 1406 1626">To consider the report of the Director of City Development on the background and work undertaken to progress the development of a potential Leeds Lane Rental Scheme. The report seeks to gain approval for key stages in the implementation of such a scheme, specifically regarding the commencement of formal consultation with key stakeholders, and to delegate the necessary authority to officers regarding the timing, specific content of the scheme, application to the Secretary of State, and the scheme's implementation.</p>	115 - 122

Item No K=Key Decision	Ward	Item Not Open		Page No
10			<p data-bbox="675 327 1374 394"><b><u>ADULT SOCIAL CARE, PUBLIC HEALTH AND ACTIVE LIFESTYLES</u></b></p> <p data-bbox="675 465 1294 499"><b>ADULT SOCIAL CARE PLAN 2024 - 2027</b></p> <p data-bbox="675 539 1401 826">To consider the report of the Director of Adults and Health presenting the Adult Social Care Plan for the period 2024 - 2027, as a new plan which sits alongside the Council's Better Lives Strategy. The Plan outlines the priority areas of service that the Adults and Health directorate will focus upon in the delivery of its statutory duties under the Care Act 2014.</p>	123 - 148
11			<p data-bbox="675 976 1270 1043"><b>LEEDS HEALTH PROTECTION BOARD REPORT 2023</b></p> <p data-bbox="675 1084 1401 1370">To consider the report of the Director of Public Health which presents the fifth report of the Leeds Health Protection Board since it was established in June 2014. The report details progress made on the Health Protection Board priorities and the achievements of the health protection system including the local system response to new and emerging infectious diseases.</p>	149 - 190

Item No K=Key Decision	Ward	Item Not Open		Page No
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### **Third Party Recording**

Recording of this meeting is allowed to enable those not present to see or hear the proceedings either as they take place (or later) and to enable the reporting of those proceedings. A copy of the recording protocol is available from the contacts named on the front of this agenda.

Use of Recordings by Third Parties– code of practice

- a) Any published recording should be accompanied by a statement of when and where the recording was made, the context of the discussion that took place, and a clear identification of the main speakers and their role or title.
- b) Those making recordings must not edit the recording in a way that could lead to misinterpretation or misrepresentation of the proceedings or comments made by attendees. In particular there should be no internal editing of published extracts; recordings may start at any point and end at any point but the material between those points must be complete.

### **Webcasting**

**Please note** – the publically accessible parts of this meeting will be filmed for live or subsequent broadcast via the City Council’s website. At the start of the meeting, the Chair will confirm if all or part of the meeting is to be filmed.

We strive to ensure our public committee meetings are inclusive and accessible for all. If you are intending to observe a public meeting in-person, please advise us in advance by email (**FacilitiesManagement@leeds.gov.uk**) of any specific access requirements, or if you have a Personal Emergency Evacuation Plan (PEEP) that we need to take into account. Please state the name, date and start time of the committee meeting you will be observing and include your full name and contact details.

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## EXECUTIVE BOARD

WEDNESDAY, 13TH MARCH, 2024

**PRESENT:** Councillor J Lewis in the Chair

Councillors S Arif, D Coupar, M Harland,  
H Hayden, A Lamb, J Lennox, J Pryor,  
M Rafique and F Venner

**103 Exempt Information - Possible Exclusion of the Press and Public**

**RESOLVED** – That, in accordance with Regulation 4 of The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012, the public be excluded from the meeting during consideration of the following parts of the agenda designated as exempt from publication on the grounds that it is likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the public were present there would be disclosure to them of exempt information so designated as follows:-

- (A) That Appendix 1 to the report entitled, ‘District Heating Update – Investment Plans’, referred to in Minute No. 108 be designated as being exempt from publication in accordance with paragraph 10.4(3) of Schedule 12A(3) of the Local Government Act 1972 and be considered in private. This is on the grounds that it contains information relating to the financial and/or business affairs of any particular person (including the authority holding that information). Specifically, the appendix contains commercially sensitive information regarding pricing structures for customers, and considerations of the impact of different options for revising tariffs on both customers and the Council. Disclosure of this information could seriously harm the Council’s negotiating position when discussing heat sales with potential customers. Therefore, it is considered that the public interest in maintaining the content of Appendix 1 as being exempt from publication, outweighs the public interest in disclosing this information.

**104 Late Items**

Late Item of Business entitled, ‘Leeds Transformational Regeneration Partnership’

With the agreement of the Chair, a late item of business was admitted to the agenda entitled, ‘Leeds Transformational Regeneration Partnership’ within the ‘Sustainable Development and Infrastructure’ portfolio. This was due to the fact that the submitted report was in response to the recent Government announcement contained within the Spring Budget on 6th March 2024, and as such the report was not able to be included within the agenda as published on 5th March 2024. However, given the significance of this announcement, it was deemed appropriate for the matter to be brought to the attention of Executive

Board at the earliest opportunity. The report had been circulated to Board Members and published prior to the meeting. (Minute No. 115 refers).

**105 Declaration of Interests**

There were no Disclosable Pecuniary Interests declared at the meeting.

**106 Minutes**

**RESOLVED** – That the minutes of the previous meeting held on 7<sup>th</sup> February 2024 be approved as a correct record.

**RESOURCES**

**107 Financial Reporting 2023/24 – Month 10 (January 2024)**

The Chief Officer Financial Services submitted a report which presented the Council's financial position as at the end of the first 10 months of the 2023/24 financial year. Specifically, the report reviewed the current position against the 2023/24 Budget and also provided an update regarding the Housing Revenue Account (HRA) and the Council Tax and Business Rates Collection Fund.

In presenting the report the Executive Member provided an overview of the key points which included the current forecasting of a General Fund overspend of £36.3m as at month 10 of the financial year. The Board noted that the Council's reserves together with the one-off refund of transport levy reserves received from the West Yorkshire Combined Authority would need to be used to help achieve a balanced position for 2023/24. It was also reiterated that directorates continued to be required to present action plans to mitigate against pressures within their respective service areas.

Responding to a specific enquiry, the Board received further detail and assurance on the actions that continued to be taken to monitor and mitigate against the financial pressures arising from the services delivered by the Children and Families directorate, which were via the established directorate action plan and associated governance arrangements. The ongoing key sources of financial pressures, including the rising cost of external residential placements, were also highlighted.

**RESOLVED –**

- (a) That it be noted that at Month 10 of the financial year (January 2024), the Authority's General Fund revenue budget is forecasting an overspend of £36.3m for 2023/24 (6.3% of the approved net revenue budget) within a challenging national context, with it also being noted that a range of actions are being undertaken to address this position;
- (b) That it be noted that at Month 10 of the financial year (January 2024), the Authority's Housing Revenue Account is forecasting a balanced position;
- (c) That it be noted that known inflationary increases, including demand and demographic pressures in Social Care, known impacts of the rising cost of living, including the NJC pay settlement of £1,925 and the JNC

pay settlement of 3.5%, have been incorporated into this reported financial position, as submitted. That it also be noted that these pressures will continue to be reviewed during the year and reported to future Executive Board meetings as more information becomes available, and that proposals would need to be identified to absorb any additional pressures;

- (d) That it be noted that where an overspend is projected, directorates, including the Housing Revenue Account, are required to present action plans to mitigate their reported pressures and those of the Council's wider financial challenge where possible, in line with the Revenue Principles agreed by Executive Board in February 2023 through the annual Revenue Budget report.

## **CLIMATE. ENERGY, ENVIRONMENT AND GREEN SPACE**

### **108 District Heating Update - Investment Plans**

Further to Minute No. 28, 26<sup>th</sup> July 2023, the Director of Communities, Housing and Environment submitted a report presenting a further update on the progress of the Leeds PIPES district heating network and which also provided information on the policy context being developed around Heat Networks nationally. In addition, the report provided an update on the Council's successful application to the Green Heat Network Fund (GHNF) for the next phases of network extension, focussing upon the areas of Wellington Street and South Bank, and sought several approvals from the Board to progress both schemes.

In presenting the report, the Executive Member provided an overview of key points within it, including the recommended next steps for the scheme together with an update on the positive impact which it continued to make. In addition, the Executive Member extended their thanks to all officers involved in progressing the scheme to its current position.

Responding to a specific enquiry, the Board was advised of the actions which would be taken to minimise the level of disruption in the city centre arising from the proposed works, with the collaborative approach being taken with Highways around issues such as timeframes and routes being noted.

Following consideration of Appendix 1 to the submitted report designated as being exempt from publication under the provisions of Access to Information Procedure Rule 10.4(3), which was considered in private at the conclusion of the public part of the meeting, it was

### **RESOLVED –**

- (a) That the entering into Grant Funding Agreements with the Green Heat Network Fund for both Wellington Street and South Bank schemes, be approved, with the related resolutions and approvals referenced below being noted;

- (b) That authority to inject £1.15m of commercialisation funding from the Green Heat Network Fund into the Capital Programme to support the development of the Wellington Street and South Bank schemes, be approved, and that authority to spend this same amount be approved, with it being noted that this is 100% grant funding;
- (c) That authority to award, including authority to procure, a contract for technical, commercial, and financial consultancy support to AECOM Ltd, to support the South Bank scheme, be approved, and in doing so, noting the justification outlined in the submitted report and in Appendix 3 (Procurement Strategy);
- (d) That authority to procure a legal contractor to support the South Bank scheme, in line with the procurement approach as outlined in Appendix 3 to the submitted report, be approved;
- (e) That the contract award decisions for the legal procurement be delegated to the Director for Communities, Housing and Environment;
- (f) That authority to award a contract to Vital Energi Utilities Ltd for the design and build of the Wellington Street extension, be approved;
- (g) That in noting the contents of exempt Appendix 1 to the submitted report, authority to spend of £6,755m from the Capital Programme be approved, which is funded by £2.561m of GHNF grant and £4.194m of borrowing, with it being noted that a decision on how the borrowing is funded will be taken by the S151 Officer;
- (h) That it be noted that an extension to Whitehall Road will be deferred, pending signed agreements being received from prospective customers on Whitehall Road, and further approval from Executive Board;
- (i) That it be noted that a further report will be submitted to Executive Board in due course specifically on the South Bank scheme, when sufficient work has been undertaken on the scheme to present the Board with a robust business case, to enable further investment decisions;
- (j) That authority to inject a maximum of £2,750,000 into the Capital Programme, funded with 100% grant funding from GHNF, be approved; and that authority to spend of this same amount for early construction works on the South Bank scheme in the Clarence Road area of the city, be approved.

## **109 Leeds Air Quality Strategy Report 2024**

The Director of Communities, Housing and Environment submitted a report presenting the Leeds Air Quality Strategy report for 2024. The report provided an update on the range of work that continued to be undertaken in Leeds to improve air quality through mitigation projects, raise awareness of the issue

Draft minutes to be approved at the meeting  
to be held on Wednesday, 17th April, 2024

through communication and engagement, and illustrate how the Council continued to develop greater understanding around the sources of air pollution through improved monitoring and engagement with academics and research groups. The report noted that such actions were in line with the Council's Air Quality Strategy and followed the related White Paper Motion, as agreed by Full Council at its meeting in September 2023.

In presenting the report, the Executive Member highlighted that relevant data illustrates that air quality continues to improve in Leeds, and in doing so thanked Council officers together with residents of Leeds for their continued efforts in this area.

Members welcomed the submitted report, and the fact that air quality continued to improve in Leeds.

#### **RESOLVED –**

- (a) That the current air quality data and the historical trends which show improvement and healthier air in the city, be noted;
- (b) That the work which has been undertaken to ensure delivery on the 2021-2030 Air Quality Strategy, be noted;
- (c) That the Council's position, pursuant to the new World Health Organisation's air quality guidelines, be approved;
- (d) That the continuing multi-stakeholder collaborative approach across the city and region for action to address the direct impact of air pollution on health, such as the work of the Air Pollution Health Group, be supported;
- (e) That it be noted that the Chief Officer, Climate, Energy & Green Spaces, and the Director of Public Health will be responsible for any actions arising and the subsequent implementation of those actions.

#### **HOUSING**

##### **110 Improving the private rented sector - consideration of further selective licensing schemes in the city**

The Director of Communities, Housing and Environment submitted a report on proposals regarding the potential development of business case(s) for the establishment of further selective licensing scheme(s) in the city with respect to the five priority Wards of Armley, Beeston and Holbeck, Burmantofts and Richmond Hill, Gipton and Harehills, and Hunslet and Riverside.

By way of introduction, the Executive Member highlighted that this report followed the Board's prior approval in June 2019 of two selective licensing schemes in Beeston and Harehills which commenced in January 2020. It was noted that those schemes were scheduled to expire in January 2025 in line with the maximum duration of five years allowed for such schemes. The report evaluated the impact of those current schemes and proposed appropriate

next steps around the consideration of potentially establishing further selective licensing scheme(s) in the city with respect to the five priority wards listed.

Members received further detail on the positive impact that had been experienced through the current selective licensing schemes in Beeston and Harehills.

A Member made a specific enquiry regarding the level of metrics available from the current selective licensing schemes and requested that the relevant data relating to this matter be submitted to Scrutiny for consideration as part of the next steps process prior to being further considered by Executive Board. In response, further details were provided to the Board regarding the positive outcomes that had been achieved by the current schemes to date, and it was undertaken that the Member request for Scrutiny involvement would be taken on board as part of the next steps for this process.

#### **RESOLVED –**

- (a) That the development of potential business case(s) under Part 3 of the Housing Act 2004 for further selective licensing scheme(s) in respect of the five priority Wards of: Armley; Beeston and Holbeck; Burmantofts and Richmond Hill; Gipton and Harehills; and Hunslet and Riverside, be approved;
- (b) That the Board consider the matter again at a future date once the final business case(s) have been fully developed and agreed, in order to consider whether to designate any further selective licensing area(s) under Part 3 of the Housing Act 2004 or to request the Secretary of State to consider an application to do so if it meets the threshold for their approval;
- (c) That it be noted that the Director of Communities, Housing and Environment is responsible for the implementation of the resolutions detailed above.

#### **ADULT SOCIAL CARE, PUBLIC HEALTH AND ACTIVE LIFESTYLES**

##### **111 Design and Cost Report: Kirkland's Autism Project**

Further to Minute No. 114, 9<sup>th</sup> February 2022, the Director of Adults and Health and the Director of City Development submitted a joint report regarding the development proposals for the Kirkland's Autism Project, on Queensway, Yeadon in the Guiseley and Rawdon Ward. The scheme would provide a bespoke registered residential care home consisting of six one storey homes for adults with severe learning disabilities and complex autism. The report sought a number of approvals in order progress the project.

The Executive Member provided the Board with an overview of the proposals detailed within the submitted report and the key positive outcomes which would be delivered as part of such proposals.

Members welcomed the submission of the report and provided support for the proposals within it.

**RESOLVED –**

- (a) That the contents of the submitted report, be noted, together with the progress made so far on the Kirkland's Autism Project;
- (b) That an injection of £9.2m capital expenditure, be authorised and that the approval to spend also be authorised. Capital expenditure of £8.1m will be from departmental borrowing to develop a high quality, six-bed bespoke Registered Residential care home for adults with severe learning disabilities and complex autism who display behaviours which challenge services. The remaining expenditure will be funded by a capital grant from the NHS for £1.09m. The cost of borrowing will be funded by West Yorkshire Integrated Care Board;
- (c) That approval be given for the Director of City Development, under delegated powers, to progress the scheme to construction completion;
- (d) That the project team be authorised to enter into a construction contract with Kier Construction Ltd T/A Kier North and Scotland (Kier) to construct the Kirkland Autism Project;
- (e) That Leeds City Council be authorised to enter into a legal capital grant agreement with NHS England for the receipt of £1.09m to Leeds City Council, which will involve a Land Registry restriction around one highly specialised home to be built on a portion of the site;
- (f) That the necessary authority be delegated to the Director of Adults and Health under the scheme of officer delegation to grant approval for the authorisation to enter the legal capital grant agreement (as referenced above);
- (g) That the resolutions arising from this report, as detailed above, be exempted from the Call In process for the reasons as set out in paragraphs 39 to 43 of the submitted report.

(The Council's Executive and Decision Making Procedure Rules state that a decision may be declared as being exempt from the Call In process by the decision taker if it is considered that the matter is urgent and any delay would seriously prejudice the Council's, or the public's interests. In line with this, the resolutions contained within this minute were exempted from the Call In process, as per resolution (g) above, and for the reasons as set out within sections 39 - 43 of the submitted report)

**112 Adults and Health Market Position Statement**

The Director of Adults and Health submitted a report presenting the refreshed Adults and Health Market Position Statement (MPS) for Leeds, and which noted that the current version of the Leeds MPS had been published in 2019

and had required a full refresh in order to reflect the changes in both the health and care system and the adult social care market.

The Executive Member provided a summary of the key elements of the updated MPS for Leeds, noting that it provided an overview of the support and care services people need, the current provision available within a Local Authority area, and which identified potential commissioning opportunities for the care and support provider market. It was also noted that the MPS formed an important element of the Local Authority's duties in this area, as required through the Care Act 2014.

A Member sought further information and assurance regarding the reference within the MPS that 27 of the 97 registered homes in Leeds had a 'requires improvement' CQC rating. In response, the Board was provided with further information, with it being noted that the CQC currently had a significant inspection backlog as a result of the pandemic. However, assurance was provided on the actions being taken by the Authority, with it being noted that the Council's commissioning team had operated its quality and monitoring service throughout the pandemic and continued to do so, taking necessary actions as appropriate. It was also highlighted that following the pandemic, the service had returned to visiting homes in order to review them, and in doing so, worked with relevant partner organisations. Further assurance was provided to the Board that when appropriate, the Council would suspend its use of a care home for a period of time, whilst an action plan is established and improvements delivered.

#### **RESOLVED –**

- (a) That the contents of the Leeds Market Position Statement, as presented at Appendix 1 to the submitted report, be noted, together with the intention of the Director of Adults and Health to publish it;
- (b) That it be noted that the Director of Adults and Health is responsible for keeping the Leeds Market Position Statement up to date through undertaking regular reviews and revisions.

### **CHILDREN'S SOCIAL CARE AND HEALTH PARTNERSHIPS**

#### **113 Revised Special Guardianship Support Offer**

The Director of Children and Families submitted a report providing information on the review undertaken into current regional policies for Special Guardianship arrangements, including financial support, which had been led by One Adoption West Yorkshire. It was noted that the purpose of such work was with the aim of encouraging all Local Authorities within the region to provide a more consistent offer of support to Special Guardianship families. The report presented proposals in terms of a revised recommended regional approach towards Special Guardianship Order (SGO) support and also regarding local arrangements specific to the Leeds offer.

By way of introduction to the report, Members received further information on the SGO process and details of the improved offer that was being proposed in



West Yorkshire along with the proposed offer specifically for Leeds. The significant benefits of the proposals were highlighted with Members also receiving information on the financial implications arising.

Members welcomed the proposals within the submitted report and noted that children and young people in SGO care benefitted from the increased permanence and stability that special guardianship arrangements provided.

Responding to a Member's enquiry, it was undertaken that clear communications would be delivered around the improved SGO offer for carers and also in relation to the overall benefits of SGO care for children and young people.

The Board discussed the rising cost of external residential placements for children and young people. It was emphasised that action needed to be taken nationally to address this issue and that representations to Government needed to continue. However, the approach being taken in Leeds to mitigate the impact of such matters was acknowledged. Responding to Members' comments and following the Board's agreement, the Chief Executive, who is a member of the Children's Social Care National Implementation Board, undertook to write to the Minister for Children, Families and Wellbeing to express Executive Board's concerns regarding such matters.

#### **RESOLVED –**

- (a) That the recommendations, as set out within the submitted report, be approved, the first of which are aligned with the recommended regional approach in relation to SGO support, as follows:-
- Where children have been Looked After immediately prior to the SGO being made, carers will receive non means tested financial support (minus child related benefits) until the child is aged 18 years of age.
  - Where children have not been Looked After immediately prior to the SGO being made, carers will receive means tested financial support.
  - Where children have not been Looked After immediately prior to the SGO being made and carers are already in receipt of a means tested benefit, they will receive non means tested financial support.
- (b) That the recommendations, as set out within the submitted report, regarding local arrangements specific to the Leeds offer for special guardianship orders, be approved. These being:-
- Where children have been Looked After immediately prior to the SGO being made and remain with their special guardianship carers post 18, they will continue to get post 18 financial support, aligned with the current rates paid to care leavers as part of the councils 'staying put' policy.
  - That revised policies and procedures are put in place along with service training to set out the local authority's special guardianship support arrangements.

## **LEADER'S PORTFOLIO**

### **114 Level 4 Devolution for West Yorkshire**

The Director of Strategy and Resources submitted a report which provided an update on the opportunity to apply under the Government's recently published Devolution Framework for a Level 4 devolution deal for West Yorkshire. The report summarised the offer from Government and sought ratification of the Council's support for the Combined Authority's application for Level 4 devolution.

In considering the report, a Member highlighted the need to ensure that as part of the process moving forward, consideration was given to avoiding the potential duplication between the Local Authorities and the Combined Authority.

Responding to a specific enquiry regarding the potential future use of the Mayoral precept, it was noted that the Mayoral precept had not been used to date. It was also noted that to do so would require a comprehensive consultation process on a specific proposal, which it was highlighted was not a process being undertaken at present.

### **RESOLVED –**

- (a) That the recent publication of the Government's Level 4 Devolution Framework which sets out guidance and the powers and flexibilities on offer through a Level 4 Devolution Deal together with the associated readiness conditions, be noted;
- (b) That the partnership work in West Yorkshire to consider the opportunities presented through further devolution, be noted, together with the activity undertaken to develop the West Yorkshire response, including the refreshed partnership principles;
- (c) That Executive Board formally ratifies the Council's support for the Combined Authority's application for Level 4 devolution.

## **SUSTAINABLE DEVELOPMENT AND INFRASTRUCTURE**

### **115 Leeds Transformational Regeneration Partnership**

The Director of City Development submitted a report which presented a proposal for the Council to enter a long-term Leeds Transformational Regeneration (LTR) Partnership with the Government, Homes England (the Government's national housing and regeneration agency) and West Yorkshire Mayoral Combined Authority to support a 10-year programme of change and investment focused on central Leeds.

With the agreement of the Chair, the submitted report had been circulated to Board Members and published as a late item of business prior to the meeting for the reasons as detailed in Minute No. 104.

In introducing the report, the Executive Member highlighted the fast paced nature of the partnership working which had been undertaken, with it being noted that the report was being submitted following a recent Government announcement at the Spring Budget of 6<sup>th</sup> March 2024. The range of regeneration opportunities that this partnership arrangement presented were highlighted and the commitment provided by Government was welcomed. The key elements of the proposals were noted, and it was undertaken that appropriate consultation would be conducted with communities and stakeholders during the development of proposals.

Members welcomed the proposals and acknowledged the effective collaborative working with Government and other partners, alongside the progress made by officers which had enabled the scheme to be developed to its current position.

**RESOLVED –**

- (a) That it be agreed that the Council enters into the Leeds Transformational Regeneration Partnership on the basis as set out within the submitted report, and that progress on the partnership and its activities be reported to the Board annually;
- (b) That the commitment of revenue funding from Government to support the Council in developing and delivering an LTR work programme, be welcomed;
- (c) That the capital grant commitments made by Government, as set out within the submitted report for City Partner projects, be welcomed, and that it be agreed that a future report be submitted to Executive Board to consider the detailed implications for the Council, including its continued role in supporting the development ambition for Temple Works;
- (d) That the necessary authority be delegated to the Director of City Development to enable the Director, in consultation with the Executive Member for 'Sustainable Development and Infrastructure', to take decisions relating to the Council's contribution to the design and delivery of the LTR implementation plan and delivery programme.

**DATE OF PUBLICATION:** FRIDAY, 15TH MARCH 2024

**LAST DATE FOR CALL IN OF ELIGIBLE DECISIONS:** 5.00PM, FRIDAY, 22ND MARCH 2024

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## Financial Reporting 2023/24 Provisional Outturn Month 11 (February)

Date: 17<sup>th</sup> April 2024

Report of: Chief Officer - Financial Services

Report to: Executive Board

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

1. The purpose of this report is to update the Executive Board of the financial position at Provisional Outturn, reflecting the first eleven months of this financial year. The report comments on performance against the 2023/24 Budget which targets resources in support of the council's strategic priorities as set out in the Best City Ambition, whilst also supporting our ongoing journey to strengthen the authority's financial resilience and sustainability. The report also updates the Board on the latest position on the Housing Revenue Account (HRA) and the Council Tax and Business Rates Collection Fund. For full details, please refer to Appendices A, A1 and A2.
2. At Provisional Outturn (Month 11), we are forecasting a balanced position for the General Fund through the use of reserves as detailed in Paragraph 1.7 at Appendix A. This includes the use of the £17.7m WYCA refund agreed in October 2023, and £14.7m from the Merrion House reserve.
3. This position represents an improvement of £36.3m from the overspend position reported to this Board in February. Where known, pressures have been incorporated into the reported financial position, including those due to increased inflation and the resulting cost of living crisis, demand and demography in social care, and the employer's final pay award for 2023/24. Any ongoing pressures identified in the current year have been built into the 2024/25 budget.
4. The budget for 2023/24 requires delivery of £58.6m of savings and as at end of Provisional Outturn it is anticipated that most of these budgeted savings will be delivered or have mitigating actions found. However, a £12.0m shortfall has been identified, primarily due to the delayed delivery of savings within Children's social care. Further details are provided in the appended directorate positions.
5. The financial difficulties being experienced need to be understood within the wider national context: local government finances are in a critical state and there is growing concern as an increasing number of councils are reporting overspends in the current financial year and significant estimated budget gaps in future financial years which provide a challenge to their financial sustainability. The increasing cost of social care, particularly within Children's Services where the increasing numbers of external placements and significantly higher costs of those placements, combined with the impact of pay and price pressures which are in excess of the level of government resources provided, has not yet been recognised. As a result, a number of local authorities issuing or raising the possibility of issuing Section 114 notices, effectively giving notice that a council cannot balance its budget. This current and future financial climate for local government represents a significant risk to Leeds City Council's priorities and ambitions.
6. Within Leeds, work continues to review the highest cost / spend areas (notably Children Looked After, Transport and Leeds Building Services) and all services are continuing to explore opportunities to secure in-year savings (such as holding vacancies where this will not have a detrimental effect on critical services and on staff wellbeing) and maximising income. Asset reviews are underway to ensure the council has the right numbers and mix of assets.

7. The freeze on recruitment, agency and overtime spend introduced in 2022/23 within a framework of agreed exceptions remains in place, as does the freeze on non-essential spend, with further controls brought in to strengthen oversight and monitoring. Using our Team Leeds approach, working across the council and with partners, we will continue to take all action necessary to meet our legal requirement to deliver a balanced budget.
8. Any adverse variation to a balanced budget position at the year-end will require further savings to be identified for 2024/25.
9. Any Collection Fund income shortfall arising this year will impact on next year's revenue budget.
10. The council's Housing Revenue Account (HRA) is projecting a balanced position.

## Recommendations

Executive Board is asked to:

- a) Note that at Provisional Outturn (Month 11) the authority's General Fund revenue budget is forecasting a balanced position for 2023/24 after application of reserves.
- b) Note that at Provisional Outturn (Month 11) the authority's Housing Revenue Account is forecasting a balanced position.
- c) Note that known inflationary increases, including demand and demographic pressures in Social Care, known impacts of the rising cost of living, including the NJC pay settlement of £1,925 and the JNC pay settlement of 3.5%, have been incorporated into this reported financial position. These pressures will continue to be reviewed during the year and reported to future Executive Board meetings as more information becomes available. Proposals would need to be identified to absorb any additional pressures.
- d) Note that where an overspend is projected, directorates, including the Housing Revenue Account, are required to present action plans to mitigate their reported pressures and those of the council's wider financial challenge where possible, in line with the Revenue Principles agreed by Executive Board in February 2023 through the annual Revenue Budget report (details at Appendix 11 of the linked document).

## What is this report about?

- 1 This report updates the Board on financial performance against the council's 2023/24 General Fund revenue and Housing Revenue Account budgets for the first 11 months of the financial year. Budget monitoring is a continuous process throughout the year, and this report reviews the position of the budget and highlights potential key risks and variations as at Provisional Outturn, the end of Month 11 (February) 2024.
- 2 Executive Board will recall that the net revenue budget for 2023/24 was set at £573.4m. The Medium-Term Financial Strategy (refreshed for the period 2024/25 to 2028/29 and considered at September's Executive Board meeting) assumes a balanced budget position for 2023/24 after the application of Government funding, the delivery of savings and the utilisation of earmarked reserves.

- 3 Following the closure of the 2022/23 accounts, the Council's general fund reserve stood at £33.2m. The 2023/24 budget assumes a £3m contribution to this reserve as part of measures taken to ensure financial robustness and sustainability in the future.
- 4 At Provisional Outturn (Month 11) directorates are reporting a balanced position, an improvement of £36.3m compared with the Month 10 position, and the HRA is forecasting a balanced position.
- 5 Directorate positions are summarised in Table 1:

**Table 1: Summary position Provisional Outturn Month 11 (February), financial year 2023/24**

Directorate	Director	(Under) / Over spend for the current period				Previous Reported Position
		Staffing	Total Expenditure	Income	Total (under) /overspend	
		£000	£000	£000	£000	£000
Adults & Health	Caroline Baria	(573)	20,419	(20,420)	0	0
Children and Families	Julie Longworth	2,861	47,296	(7,837)	39,460	39,334
City Development	Martin Farrington	(422)	5,101	(6,124)	(1,022)	(1,020)
Communities, Housing & Environment	James Rogers	1,529	19,059	(14,037)	5,022	5,134
Strategy & Resources	Mariana Pexton	4,916	(1,685)	5,286	3,602	3,303
Strategic	Victoria Bradshaw	(64)	(46,551)	(511)	(47,062)	(10,487)
<b>Total Current Month</b>		<b>8,247</b>	<b>43,639</b>	<b>(43,642)</b>	<b>0</b>	<b>36,264</b>

<b>Previous reported (under)/over spend</b>	<b>9,100</b>	<b>75,156</b>	<b>(40,254)</b>	<b>36,264</b>
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- 6 This position reflects the 2023/24 pay increase and the demand and demographic pressures being experienced in social care. It also reflects the latest projections with regard to known inflationary pressures in respect of the costs of electricity, gas, fuel and the impact of the cost-of-living pressures on our residents and businesses which has significantly affected the cost of goods and services the council procures, demand for support and welfare services the council provides, and the activity levels that support a wide range of income streams. These will continue to be monitored for the remaining month of 2023/24, as will any changes in interest rates and their impact on the council's financial position.
- 7 Four key messages have been reiterated to staff in 2023/24 to remind everyone of the part we all have to play in supporting the financial position:
  1. **Stay within budget** – reduce discretionary spend and minimise recruitment, including agency and overtime.
  2. **Absorb in-year pressures** – directorates required to absorb all in-year pressures.
  3. **Highlight issues early** – use the budget monitoring process to raise issues with Financial Management as soon as possible.
  4. **Robust monitoring is essential** – includes detailed discussion at relevant monitoring meetings.
- 8 In addition, given the significant forecast revenue overspend position reported to this Board in earlier reports, the council's Corporate Leadership Team (comprising the Chief Executive and five directors) agreed to continue the freeze on recruitment, agency and overtime spend introduced in 2022/23 and further strengthen the controls through a post-by-post review to identify which posts meet agreed exceptions and can be excluded from the freeze. Unless an identified vacancy is for an excluded post, services are required to identify how they will cover the costs of the post.

- 9 It has also been agreed to continue the non-essential spend freeze introduced in 2022/23. Following Executive Board's approval, relevant non-essential spend budgets totalling £1.85m have been moved out of respective Chief Officer budgets to specific strategic cost centres within each directorate to prevent further spend where it has been identified that this reduction in spend is not detrimental to the delivery of services. The directorate positions reported reflect the impact of this review and at Provisional Outturn (Month 11), a £0.6m projected underspend is being reported in those services where budgets have been reduced.
- 10 Cross-directorate work continues to support and challenge the highest cost/spend areas, such as Children Looked After, Transport and LBS and all services are continuing to explore opportunities to maximise income. Asset reviews are underway to ensure the council has the right numbers and mix of assets and directorates continue to consider where future year savings options identified as part of the Financial Challenge to meet the MTFs funding gap could be brought forward to generate savings during 2023/24. Updates on any further in-year savings to contribute towards a balanced budget position at the year end will be incorporated into the Outturn Financial Health report. These include income generation, additional non-essential spend savings and savings resulting from reviews of key areas of expenditure which both reduce activity levels and rationalise service provision.
- 11 Controls on spending has been further strengthened by the implementation of a range of measures that include the following:
- No travel is being undertaken unless it is required for the essential delivery of a service or in very exceptional circumstances; all meetings, where possible, should be conducted remotely / in the employee's place of business (with no travel costs incurred to attend a meeting if this meeting could be held remotely and; no conferences or training courses should be attended where these require travel either through mileage or public transport.
  - With a number of exceptions e.g., social work roles, a complete recruitment freeze is now in place.
  - Tighter controls are in place in respect of Agency and Overtime. All Agency Staff are being reviewed and Overtime needs to be consistent with the exception requirements to the recruitment freeze.
  - All spend that is not for the delivery of a service is not being incurred. To deliver this requirement all orders need to be approved and no spend is being incurred on Purchase Cards unless this is essential to the delivery of the service. Purchase Card Levels have been reduced to "zero" in the majority of cases and only those approved by the respective Directors remain in use.
- 12 Financial monitoring continues to be undertaken on a risk-based approach where financial management resources are prioritised to support those areas of the budget that are deemed to be at risk, for example the implementation of budget action plans and those budgets which are subject to fluctuating demand and key income budgets. This is reinforced through specific project management-based support and reporting around the achievement of key budget actions plans. It is due to the robustness of this monitoring that the projected overspend was identified so early in the financial year, enabling action to be taken.

### **What impact will this proposal have?**

- 13 The budget proposals contained in the 2023/24 Budget have, where appropriate, been the subject of the Council's Equality Impact Assessment process and mitigating measures put in place or planned where appropriate. As such, an Equality Impact Assessment was provided at Appendix 6 to the 2023-24 Revenue Budget and Council Tax Report.

### **How does this proposal impact the three pillars of the Best City Ambition?**

- Health and Wellbeing                       Inclusive Growth                       Zero Carbon



- 14 The Best City Ambition is the strategic plan which sets out the ambitions, outcomes and priorities for the City of Leeds and for the local authority. The Three Pillars of health and wellbeing, inclusive growth and achieving zero carbon underpin this vision and these can only be delivered through a sound understanding of the organisation's longer-term financial sustainability which enables decisions to be made that balance the resource implications of the council's policies against financial constraints. The Best City Ambition is the strategic plan which sets out the ambitions, outcomes, and priorities for the City of Leeds and for the local authority. The Three Pillars of health and wellbeing, inclusive growth and achieving zero carbon underpin this vision and these can only be delivered through a sound understanding of the organisation's longer-term financial sustainability which enables decisions to be made that balance the resource implications of the council's policies against financial constraints.
- 15 This is the primary purpose of the Medium-Term Financial Strategy which provides the framework for the determination of the council's annual revenue budget. This report needs to be seen in the context of the requirement for the authority to be financially sustainable and deliver a balanced revenue budget position in 2023/24 so that resources can continue to be targeted at the council's priorities.

**What consultation and engagement has taken place?**

Wards affected:

Have ward members been consulted?

Yes

No

- 16 This is a factual report and is not subject to consultation. Public consultation on the Council's revenue and capital budget proposals was carried out between December 2022 and January 2023 and is detailed in the 2023-24 Revenue Budget and Council Tax Report presented to this Board in February 2023.

**What are the resource implications?**

- 17 This is a financial report and as such resource implications are detailed in both the report and the accompanying appendices.

**What are the key risks and how are they being managed?**

- 18 The reported budget position is considered in the context of risk to both the in-year financial position and the potential impact on the Council's Medium-Term Financial Strategy. These risks are included on the Council's corporate risk register, reported to this Board annually. At September 2023 both the risk of the in year financial position being in deficit and the Council being unable to balance the Medium-Term Financial Strategy were rated 'very high', reflecting the wider national context and the uncertainty of funding for future years.
- 19 Budget management and monitoring is undertaken on a risk-based approach where financial management resources are prioritised to support those areas of the budget judged to be at risk such as the implementation of budget action plans, those budgets which are subject to fluctuating demand and key income budgets. To reinforce this approach, specific project management-based support and reporting around the achievement of key budget actions plans is in place for 2023/24.

**What are the legal implications?**

- 20 The council has a statutory duty to ensure that it maintains a balanced budget and to take any remedial action as required in year.
- 21 Section 28 of the Local Government Act 2003 provides that the council has a statutory duty to periodically conduct a budget monitoring exercise of its expenditure and income against the budget

calculations during the financial year. If the monitoring establishes that the budgetary situation has deteriorated, the authority must take such remedial action as it considers necessary to deal with any projected overspends. This could include action to reduce spending, income generation or other measures to bring budget pressures under control for the rest of the year. The council must act reasonably and in accordance with its statutory duties and responsibilities when taking the necessary action to reduce the overspend.

- 22 In addition, the council is required by section 151 of the Local Government Act 1972 to make arrangements for the proper administration of its financial affairs. The authority's Chief Finance Officer has established financial procedures to ensure the council's proper financial administration. These include procedures for budgetary control. It is consistent with these arrangements for Executive Board to receive information about the revenue and capital budgets as set out in this report.
- 23 The monitoring of financial information is also a significant contributor to meeting the council's Best Value legal duty and, therefore, this report also demonstrates compliance with that legal duty.
- 24 Under Section 1 of the Local Government Act 2003 ("LGA") ("Power to borrow"), a local authority may borrow for any purpose relevant to its functions or for "the prudent management of its financial affairs".

### **Options, timescales and measuring success**

#### **What other options were considered?**

25 Not applicable

#### **How will success be measured?**

26 Not applicable.

#### **What is the timetable and who will be responsible for implementation?**

- 27 Work continues to address the financial challenges outlined in this report and to identify savings to ensure a balanced budget position. A further update will be provided in the Outturn Financial Health Monitoring report to this Board.
- 28 The responsibility for identification and actioning of the necessary measures to ensure the delivery of a balanced budget are the responsibility of the Chief Officer - Financial Services, working in conjunction with departmental directors. A balanced budget must be delivered at Financial Outturn 2023/24, with the outturn position due to be reported to the June 2024 meeting of this Board.

### **Appendices**

29 The following appendices are attached to this report:

- **Appendix A – Financial Health Monitoring 2023/24 – Provisional Outturn Month 11 (February):** detailed narrative regarding the projected financial positions for directorates, Dedicated Schools Grant (DSG) and the HRA, update on Council Tax and Business Rates including collection performance.
- **Appendix A1** – Individual financial dashboards for directorates, DSG and the HRA
- **Appendix A2** – Directorate Budget Action Plans

### **Background papers**

30 None

## Financial Health Monitoring 2023/24 – Provisional Outturn Month 11 (February)

### 1. Directorate Positions at Provisional Outturn Month 11 (February)

- 1.1 The major Directorate variations are summarised in **Table 1** and outlined below, with additional detail provided on the Directorate dashboards at **Appendix A1**.

**Table 1: Summary position as at Provisional Outturn Month 11, financial year 2023/24**

Directorate	Director	(Under) / Over spend for the current period				Previous Reported Position
		Staffing	Total Expenditure	Income	Total (under) /overspend	
		£000	£000	£000	£000	£000
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### 1.2 Adults & Health

#### Adult Social Care 2023/24 Budget

##### Budget Overview

At Provisional Outturn, Adults and Health is projected to deliver a balanced budget. The Net Managed Budget (NMB) for 2023-24 is £198.8m, comprised of £430.0m Gross Expenditure offset by £231.2m income. Reflected in the 2023/24 budget are Budget Action Plans totalling £16.19m. At Provisional Outturn all Budget Action Plans have been delivered or alternative savings & income identified allowing the Directorate to report a balanced position. All Action Plans are now actioned and there will be no impact on future years budgets. Some risks remain to deliver this position, predominately around demand budgets for Adult Social Care.

##### Social Care Grants

Included in the Adult Social Care budget for 2023/24 is additional social care grant funding of £27.6m, as first detailed in the Month 4 report. On 28<sup>th</sup> July the Department for Health and Social Care (DHSC) announced £5.04m of new in-year grant funding titled, 'Market Sustainability and Improvement Fund – Workforce Fund Grant Determination (2023 to 24)'. Leeds City Council are in line for further funding

for 2024/25 of £2.83m. Funding comes with tight restrictions around use of the grant, and it being targeted specifically at three target areas:

- Increasing fee rates for providers in local areas.
- Increasing adult social care workforce capacity & retention.
- Reducing adult social care waiting times.

### Reserves

The 2023/24 Budget assumes the use of £4.5m of Adult Social Care & Public Health reserves. At Provisional Outturn the directorate is projecting to utilise an additional £7.9m, therefore £12.4m in total. The additional £7.9m comprises of £2.6m Newton Europe Home First programme, £2m Community Health & Wellbeing Service, £0.8m Leeds Older People's Forum for delivery of the Enhance programme; all three programmes funded by Health, and £2.5m for investment in additional social work and social care capacity.

### Budget Action Plans

At Provisional Outturn all Action Plans have been delivered or alternative saving and income proposals have been identified to cover any in-year shortfall. The £2.9m improvement since Month 10 is driven by £1.4m delivery of Action Plans and £1.5m from finding alternative savings or additional income options. No impact on the 2024/25 budget is anticipated.

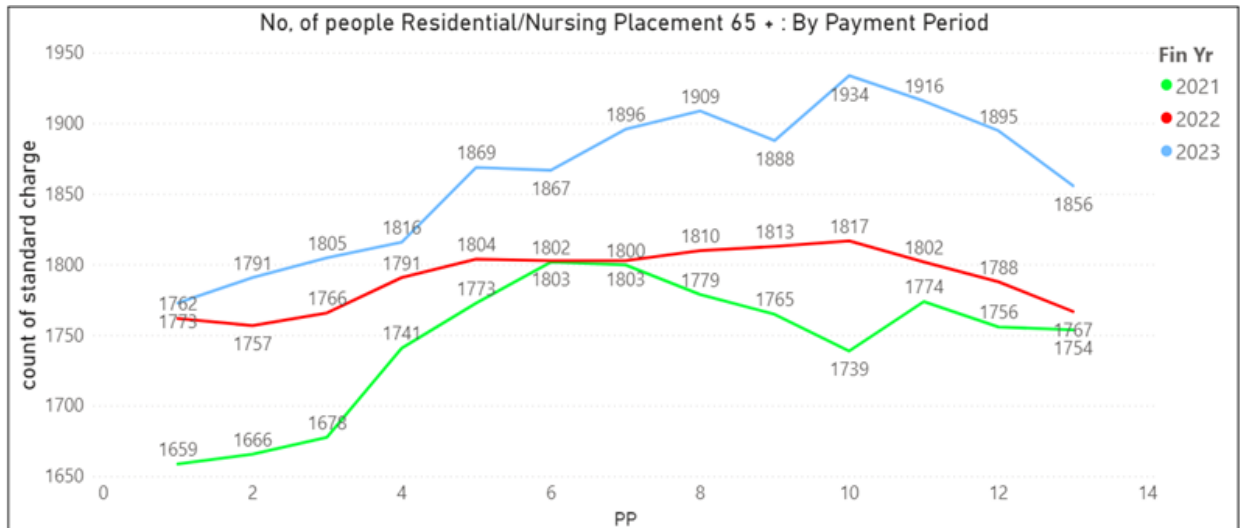
### Demand Budgets

The 2023/24 demand related budgets reflect £29.83m additional funding for price, inflation, and demand & demography growth, taking the overall size of the demand led budgets up to £280.17m before reducing to £277.33m after netting off the £2.84m savings target reflected in the delivery of the 2023/24 budget action plans. The Month 11 projection is a pressure of £17.7m split £5.2m Learning Disability, £9.6m Older People, Working Age Adults Physical Impairment and Drugs & Alcohol service and £2.9m removal of Action Plan credits which were showing against demand budgets but now removed. An analysis of the £17.7m demand budget related pressures is detailed below:

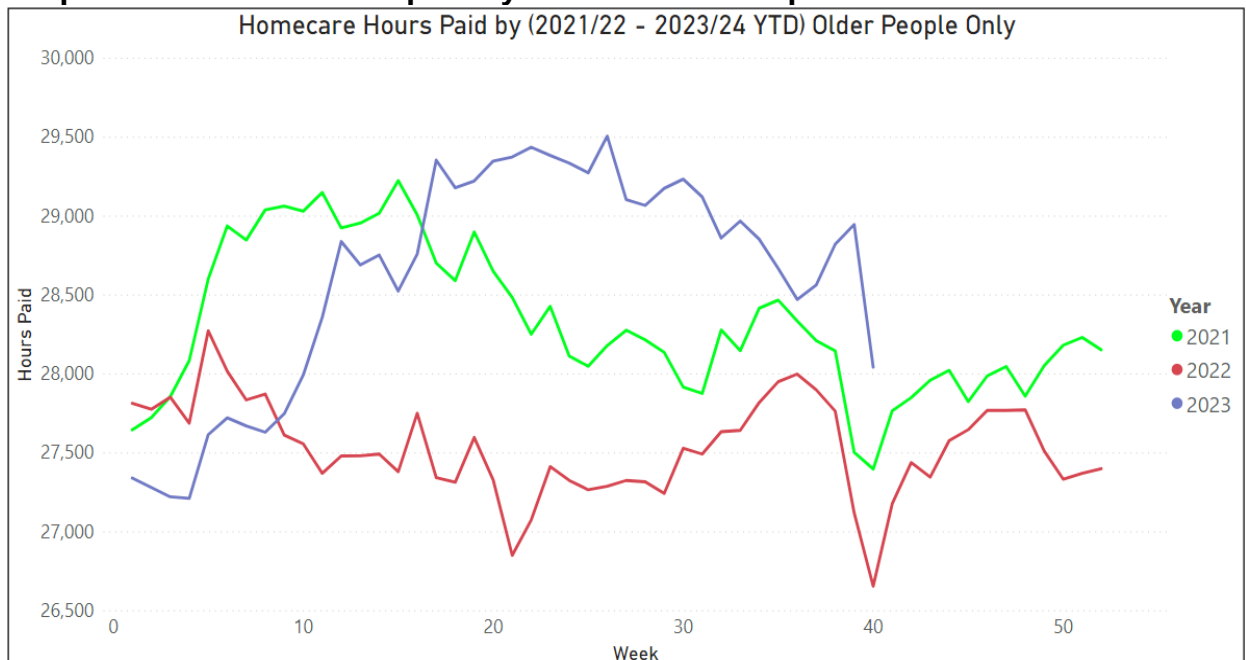
- +£3.8m (+£0.2m change from Month 10) Working Age Adults and Learning Disability
- +£14.6m (+£0.2m from Month 10) Residential and Nursing settings
- +£1.0m (nil movement from Month 10) Homecare
- -£1.7m (+£0.2m from Month 10) for Direct Payments and Individualised Care.

This pressure will be covered by additional income, client income and grants. The projection for older people residential & nursing settings is based on current numbers continuing until financial year-end. The graphs below note the current high numbers for both Residential and Homecare for Older People and provide comparison with previous financial years.

**Graph 1: No. of people in a Residential/Nursing Placement April 2021 to date.**



**Graph 2: Homecare hours paid by Week and Year April 2021 to date.**



There are further risks:

- around providers challenging the percentage uplift in fees, particularly within the Working Age Adult settings for Learning Disability and Mental Health. This position assumes £0.7m savings on provider inflation uplifts for Older People;
- increasing numbers and winter pressures in the health system.

Income

At Provisional Outturn Month 11 we are projecting: -

- Additional government grant income £5.6m, a reduction of £0.1m from the Month 10 reported position. It should be noted that all of the £5.04m Market Sustainability Improvement Fund grant mentioned above will be utilised.
- Additional Health income £2.6m, a nil movement from Month 10.
- Additional Income from Service Users £7.3m, a £0.2m improvement from the Month 10 reported position: £2.4m additional residential & nursing income (not

included in the table below), £5.3m additional community-based income and £0.8m additional Mental Health income, offset by a £0.8m shortfall in Telecare income (overall Telecare is reporting a net managed budget pressure of £0.3m) and a £0.4m shortfall in Learning Disability income. Details are provided in the table below.

**Table 2: Income Recovery Highlight Report Month 11 (February)**

Income Recovery Board (finance) – highlight report									
Financial position reported : period 11 2023-24									
Description	Previous Year Total	Budget 2023-24	Actual YTD	Projection (period 11 2023-24)	Variance to Budget + pressure/- Saving	Assumption (remaining periods)	Projection (period 10 2023-24)	Movement in projection from previous	
Community Based Income (excluding LD & Telecare)	(11,059,067)	(14,540,000)	(7,221,649)	(7,221,649)	7,318,351	Based on latest period + increase in recovery in 2023-24 based on uplift in rates (FNC)	(7,255,543)	33,894	
Community Based Income - Billing Engine (Older People & WAAPI)			(7,612,158)	(12,649,658)	(12,649,658)	Action Plan value excluded from projection - overall reported position for community based income to budget.	(12,694,733)	45,075	
Telecare	(577,742)	(2,291,000)	(1,471,580)	(1,475,000)	816,000	Income pressure matched to staffing savings reported. Actual income reduced in latest month due to credit notes	(1,460,000)	(15,000)	
Mental Health	(347,197)	(298,000)	(763,244)	(1,108,263)	(810,263)	Based on latest periods data. Credit notes raised since last period	(1,195,315)	87,052	
LD	(8,267,970)	(10,482,000)	(9,424,598)	(10,071,931)	410,069	Based on latest periods data - some credit notes issued since P9	(10,130,675)	58,744	
<b>Total</b>	<b>(20,251,976)</b>	<b>(27,611,000)</b>	<b>(26,493,229)</b>	<b>(32,526,501)</b>	<b>(4,915,501)</b>		<b>0</b>	<b>(32,736,266)</b>	<b>209,765</b>

### Pay

Adults & Health at Provisional Outturn are projecting pay savings of £0.6m, a positive movement of £0.5m from the Month 10 reported position: Leeds City Council employee pay savings of (£6.3m) principally around social worker recruitment & retention reflecting the national position and pay savings in Provider Services are offset by additional use of Agency staff +£4.8m, Overtime +£0.6m and other employee cost pressures of £0.3m relating to severance payments. Some of the pressures in Agency are covered by additional use of reserves, income from Health and DHSC grant funding for specific programmes of short-term intervention programmes and detailed above.

Retention payments for Social Workers £0.6m, to be funded from the DHSC MSIF Workforce Development grant, have now been approved and are due to be paid in the March 2024 pay run. The first instalment of a two-year agreement of £1,500 per full time equivalent employee (fte) is payable in 2023/24 with further payment of £1,500 per fte in 2024/25, mirroring the agreement with Children & Families social workers.

### Other

Additional CEL charges of £1.6m have been reflected in the Provisional Outturn Month 11 projection (no change from Month 10 reported position): £1.3m for passenger transport, £0.2m for catering charges and £0.1m vehicle hire. This position now reflects the advised full year cost of the passenger transport service.

### Public Health 2023/24 Budget

Public Health (PH) Grant funding for 2023/24 is £48.66m, an increase of £1.54m from 2022/23 (3.3%). This is the first year of a two-year grant funding settlement for Public Health. Public Health grant is a ring-fenced account and limited to specific terms and conditions. At Month 11 we are projecting a balanced position.

In 2022/23 Leeds was awarded additional Public Health funding for three years for 'Substance misuse funding for drug and alcohol treatment'. Leeds City Council received £2.79m in 2022/23 and is due to receive £4.45m for 2023/24 and £8.45m for 2024/25. 2023/24 is the second year of the programme, and there are specific terms and conditions attached to this grant award.

1.3 **Children and Families** – The current year-end forecast for the Children and Families directorate is an overspend of £39.46m This represents an increase of £0.126m from the position reported at Month 10. The main movements since Month 10 are summarised below:

- Transport £0.485m
- CLA placements £0.420m
- Legal Fees £0.200m
- Little Owls Income (£0.540m)
- Grant Substitutions / Contributions from Partners (£0.498m)
- Other net movements £0.059m

Overall, the main variations included within the Provisional Outturn Month 11 position are:

	<b>£m</b>
CLA: External Residential Placements	23.236
CLA: Semi Independent / Leaving Care	3.243
CLA: In House Placements	1.013
IFA Placements	4.499
Chad	1.120
Little Owls Nurseries	0.636
Secure Welfare	0.101
Transport	4.741
Learning Inclusion	1.176
Mindmates	0.250
Legal	0.400
Adel Beck welfare bed income	(0.660)
Reprofiling of School Balances	(0.500)
Non-Essential Spend Savings	(0.500)
Non-Delivery of Action Plans	0.823
Other Variances	(0.118)
<b>Total</b>	<b>39.460</b>

The Month 11 position reflects a slight increase in the General Fund forecast, now standing at an overall overspend of £39.460m, the narrative supplied to Executive Board in previous periods included:

- The continuing significant element of volatility in the number of children in high-cost residential placements and the cost of those placements. (As previously stated, this reflects a national position of demand and demography challenges along with increasing costs, in part reflecting the wider cost of living challenges experienced more broadly in the economy).
- Significant additional challenges around transport costs estimated at £2m, whilst this reflects additional demand relating from issued EHCP, urgent work is being

undertaken to model the impact of the increased demand and additional work will be undertaken on possible mitigation. EHCP demand is also driving increased costs on Educational Psychologist provision which cannot be avoided without increased risk of non-compliance by the Council. The issues of additional costs relating to EHCPs will be considered as part of the current review processes underway via the PwC supported activity and the DfE supported SEND Change Programme.

As Month 11 is the indicative outturn position, the Directorate assumes that a number of budget action plans (relating to CLA and Learning) will not be delivered in 2023/24. Whilst work continues to deliver on these actions plans over the final month of 2023/24 it is felt appropriate to report them as being undelivered in-year so that the full picture of risk can be seen.

Work continues within the Directorate around strengthened cost control measures in the Directorate which is hoped may provide additional mitigation. This work will continue to focus on the high spend areas of activity, most notably external residential placement costs where new approval processes are in place, however demand and market pressures still impact severely on cost control. The Directorate is fully participating in a range of corporate measures on cost control that are limiting costs increases in a range of areas including travel, non-essential spend, overtime, procurement card activity, recruitment and vacancy control.

For the main areas of forecast overspend, an additional commentary is set out below:

**External Residential Placements:**

The External Residential budget for 2023/24 is £14.617m. Due to known inflation and demand pressures over and above what was assumed in the budget for 2023/24 there is a projected overspend of £23.236m. External Residential placements have increased from 95 at the start of the year to 148 at Month 11. The projection includes the non-delivery of £2.966m of action plan savings against this budget including a proportion of Turning the Curve and the Commissioning Review which have experienced delays in delivery and a reassessment of potential deliverables.

**Care Leavers: Semi-Independent Living:**

The budget for Semi-Independent Placements is £6.78m. Currently there are 335 placements, including 134 placements for 16 and 17 year olds, which is an increase from previous years. A continued increase in demand and prices with particular reference to 16/17 year old's requiring higher support packages is seeing a pressure of £6.25m against this budget. This pressure has been mitigated with projected additional UASC income £3m.

**IFA Placements:**

The number of Independent Fostering Agency placements have increased from 209 to 234 since the beginning of 2023/24. The Month 11 projection assumes that £3.3m of action plan savings will not be delivered against this budget.

**Little Owls Nurseries:**

The Little Owls nursery settings are projecting a net pressure of £0.636m, a projected income pressure of £1.513m offset by projected staff savings of £0.877m. The Covid 19 pandemic had a significant impact on all Little Owls nurseries and



whilst settings have reported increased recovery, income levels are still not back to pre-pandemic levels due to the change in working patterns, and a continued reduction in nursery capacity / opening hours due to ongoing staff shortages and recruitment difficulties.

To recognise increased costs, fees for Little Owls did increase by 5% in 2022/23 to £51.70 per day, an increase of £2.50 per day. For comparison, the average market rate in Leeds is between £45 and £58 per day. In addition to the increase in fees there is a more comprehensive review of the Little Owls provision ongoing.

### **Transport:**

Based on recent trends, the overall transport budget is showing a projected overspend of £4.741m due to further increases in inflation and demand.

The increased demand for passenger transport and the increased demand and need for passenger assistants has more than offset the further reduction in the unit cost per young person. Unit costs are now £5,937; the lowest level they have been in recent years (excluding the non-comparable pandemic period). However, as highlighted by national reports on the rising cost and demand for home to school transport, the number of young people for whom we provide transport stands at 3538 with further applications awaiting assessment and new applications coming in at the rate of about 15 per month. It is anticipated that, year on year, the numbers of young people provided with transport will increase by 27%, compared to the 6% increased originally forecast. We are also seeing a 25% increase in transport awards with a passenger assistant due to a significant increase in complex behavioural and/or medical issues. Given the increase in demand, it has been difficult to offset the cost of the pay award for drivers and passenger assistants which was c9.5% and more than provided in the base budget and represent an unfunded pressure of £600k in the overall projection.

Work continues to review high cost packages, further roll out of personal transport allowances, increase independent travel training, re-tendering routes, reducing fleet downtime, partnership working with special schools and the issues of additional transport costs relating to EHCPs will be considered as part of the current review processes underway via the PwC supported activity and the DfE supported SEND Change Programme.

### **Learning Inclusion:**

Within the Learning Inclusion service there is a projected budget pressure of £1.176m. This pressure includes the Education Psychologist Team £0.602m and SENSAP £0.574m. The Education Psychologists Team has had increased demands on the statutory service and recruitment difficulties the service is projecting a reduction in its trading capacity and so a loss of trading income, in addition to increased locum costs. The SENSAP team has pressure due to additional agency and complaint costs in addition to non-delivery of budget action plans.

### **Foster Carer Fee Uplift:**

The proposed cost of the Foster Carer fee uplift for 2023/24 is £1.833m, this is based on a 5% fee uplift and a 7% allowance uplift. This proposed uplift was approved following a separate paper being presented to Executive Board on 7<sup>th</sup> February 2024, therefore as this was not implemented by Month 11 the position includes a forecast for this anticipated amount.

### **Additional Savings Proposals 2023/24:**

Additional in year savings were originally put forward to the amount of £5.249m, and the Month 11 position assumes that £1.614m of these saving will be delivered as summarised below.

**Table 3: Additional Savings Update at Provisional Outturn Month 11**

<b>Other costs</b>	Restrict budgets: Non-essential spend/transport/misc property budget	(£0.570m)
<b>Other costs Staffing/service changes</b>	Partnership contributions	(£0.016m)
<b>Staffing/service changes Funding</b>	Restructure (Workforce Development)	(£0.045m)
	Service rationalisation (Little Owls)	(£0.100m)
	Placements - ICB funding	(£0.788m)
	DSG funding for posts	(£0.095m)
<b>Total</b>		<b>(£1.614m)</b>

### **Budget Action Plans**

The budget for 2023/24 included action plan savings of £18.486m, the Month 11 position continues to assume that £12.880m of these action plans will not be achieved as below:

- Diversifying Children's Residential and Fostering provision £3.479m: it has been agreed that the slippage in this action plan will be funded corporately and so is not included as a C&F pressure in the Month 11 position.
- Review of Placement Commissioning £4.00m
- Turning the Curve £3m
- Review of Little Owls £0.636m
- Review of Contracts £0.369m
- Efficiencies across the directorate £1.073m
- Transport Efficiencies £0.323m

### **Dedicated Schools Grants**

The approved DSG budget for 2023/24 assumed a balanced in year budget. The position at Month 11 projects an in-year pressure of £2.572m. This projected pressure is within the high needs block and equates to 0.49% of the total estimated DSG funding.

With regards to the surplus balance brought forward from 2022/23 of £9.010m, proposed options to passport a proportion of this balance back out to schools were considered at the Schools Forum held in July.

A proportion of the surplus came from previous contributions from maintained mainstream schools for de-delegated services. As a result, it was agreed £0.5m would be used to fund de-delegated services, thereby reducing contributions required from those schools. In addition, it was agreed £1.25m would be refunded to maintained mainstream schools pro-rata to their original contributions.

Other options were also considered for increasing school funding by effectively reversing the £3.127m schools block to high needs block transfer in 2022/23, which would need to be actioned within the 2024/25 funding formula.

However, the projected overspend in 2024/25 means that a proposed reversal of the 2022/23 transfer from the schools block is no longer recommended.

Taking into account the proposals for using £1.75m de-delegated contributions, plus the Month 11 pressure of £2.572m, DSG reserves at the end of 2023/24 are projected to be a surplus of £4.688m. This comprises £3.980m for general DSG and £0.708m contingency for de-delegated contributions.

1.4 **City Development** The financial position for City Development at Provisional Outturn Month 11 is a projected underspend of £1.02m. This position includes the estimated additional cost of the local government pay award of £1m (net of amounts charged to capital and grant schemes) as well as other identified service pressures but it also includes additional savings which have been identified as part of the in-year directorate wide savings programme. There are still some areas of risk within individual service areas but wherever possible these will be mitigated to achieve the reported position at the year end. The main variations forecast to the year end are:

- **Active Leeds** – the service is projecting an underspend of £1.31m which reflects the cost of the additional pay award of £0.48m offset by running cost savings of £1.6m. In addition, although income receivable is subject to a degree of variability, current projections are that income will be £0.2m above the budget, mainly in respect of membership and swimming lessons.
- **Arts & Heritage** – the forecast underspend of £1.29m reflects the estimated additional cost of the pay award of £0.27m, as well as projected income shortfalls in respect of Breeze card charges and Pudsey Civic Hall car parking (£0.2m). These are offset by savings from vacant posts of £0.16m and running cost savings of £1.6m in respect of refunds received as a result of Business Rates appeals at Heritage sites.
- **Asset Management & Regeneration** – a shortfall to budget of £0.16m is currently projected which mainly reflects pressures in respect of the Strategic Investment Fund (£0.66m) and Estate Rationalisation savings targets (£0.55m), partially offset by net staffing savings of £0.3m and other one-off sources of income such as release of restrictive covenants and fees relating to capital receipts.
- **Employment and Skills** – a projected underspend of £0.8m reflects final balances in respect of programmes which have now concluded, vacant posts and other running cost savings.
- **Highways and Transportation** – the overall balanced position includes staffing vacancies offset by the associated loss of income recoveries and additional external spend required to deliver the work programs. In addition, there is an anticipated shortfall in income from operating licences at Park and Ride sites and from the major schemes contractor procurement framework as well as inflationary Plant and Material costs incurred in the DLO and additional fleet costs across the service. However, these pressures will be offset by a

corresponding increase in income for work done, assumed savings in respect of street lighting energy consumption and further savings of £900k in respect of the capitalisation of Highways minor works which have been identified as part of the directorate wide savings programme, meaning that the overall reported position for the service is a balanced position.

- **Markets and City Centre Management** – a variation to budget of £0.62m for the Markets service mainly reflects an estimated shortfall of Markets income resulting from vacant units mainly within the Kirkgate and Outdoor markets. In addition, total income shortfalls of £0.18m are projected within City Centre Management in respect of city centre advertising income, income from street café licences and from promotional event spaces in the city centre.
- **Planning & Sustainable Development** – the forecast position is an overspend of £1.98m which reflects staffing pressures of £0.52m due to the impact of the pay award and a projected shortfall in meeting the budgeted vacancy factor. In addition, based on income received to date, it is likely that the budgeted level of planning fee income will not be achieved due to a reduction in planning applications and the latest forecast is a shortfall in planning fee income of £1.4m to the year end. There is a risk that this position could deteriorate further before the year end but the recently introduced increase in planning fees is anticipated to maintain the shortfall at the current projected levels. Further shortfalls in Building Control and CIL administration income are largely offset by other sources of grant income and running cost savings.
- **Resources and Strategy** – the forecast underspend of £0.54m mainly relates to savings identified as part of the in-year directorate wide savings programme. This includes £0.53m identified savings in respect of tighter restrictions on non-essential spending across the directorate.
- **Staffing** – within the overall reported position described above, there is an overall staffing underspend of £0.6m reflecting vacant posts offset by the additional cost of the pay award.

### **Key Budget Action Plans**

The 2023/24 budget contained £10.9m of new savings plans. It is anticipated that most have been delivered or are on track to be delivered. There remains a likely shortfall around the achievement of additional income within the Planning service including the £250k savings assumption relating to the recently implemented national planning fee increase and with savings associated with the planned implementation of the Street Lighting adaptive lighting proposal.

In addition, there are also a number of savings plans relating to previous years which are unlikely to be delivered, in particular, as referred to above, the existing Strategic Investment Fund, Estate Rationalisation and Highways major scheme procurement framework budget savings plans. Although these may not be achieved within the current financial year as originally envisaged, mitigating savings are anticipated to offset these pressures.

- 1.5 **Communities, Housing & Environment** - At Provisional Outturn Month 11, an overspend of £5.022m has been projected for the directorate. This is a decrease of £0.112m from the previously reported position.

The projected overspend includes the additional cost of the local government pay award which is approximately £3.8m and can be netted down by £1.1m by passing on the impact of the pay award to capital schemes, HRA and grant funding. Other significant pressures have arisen due to changes in Waste Management legislation (+£2.1m) and net cost of Housing Benefits where the Council is unable to claim subsidy (+£3.0m) alongside other inflation and demand led service pressures.

The staffing projections are now based on maintaining existing staffing levels for the remainder of the financial year, with only essential vacancies subject to release.

The main variations anticipated are:

- **Waste Management +£6.2m** The service is facing a significant number of pressures, most of which only become known after the 2023/24 budget was approved.

New Environment Agency (EA) guidance on the disposal of upholstered furniture that contain Persistent Organic Pollutants (POPs) mean that these materials are now required to be separated and disposed of in accordance with the new EA regulations. Higher disposal charges are now being incurred for all collections (typically collections of bulky waste and the general waste skips at Household Waste sites) that contain any POPs materials. To mitigate the in-year cost to a forecast +£2.1m an in year sorting solution has been implemented and the costs will be lower in 24/25.

From 1<sup>st</sup> January 2024, the Government required the Council to remove charges for the disposal of inert waste (typically soil and rubble) at Household Waste Recycling Centres. The in-year pressure is projected to be a minimum of £0.1m, with a greater FYE in 2024/25 which is built into the budget.

The cost of the disposal and recycling of Green Bin waste is now forecast to be £1.3m due to below budgeted market prices for recycled materials. Residual and trade waste demand led pressures are expected to be £1.0m for the year based on activity levels during the first nine months of the year. An NNDR pressure of £0.1m is anticipated relating to the PFI contract. The impact of the pay award offer and pressures on staffing is forecast to be £3.2m.

Offsetting these pressures is an additional £1.2m income relating to the Veolia RERF contract, £0.3m of which relates to a rebate from 2022/23 following the annual reconciliation of the PFI contract. A further £0.4m can be saved by utilising the Waste Strategy reserve to fund some cost pressures and £0.2m additional recycling income is now expected.

- **Welfare and Benefits +£2.8m** Pressures arising from placement of people in Supported Accommodation with providers who are not registered and placement of people in temporary accommodation. The forecast subsidy pressure is £4.8m, with an assumed £1.4m from one off additional income from recovery of benefit overpayments. Whilst this projection shows the continuing demand pressures on benefits subsidy income, it does reflect the fact the service has delivered its target of £0.6m of budgeted action plan savings. Other mitigations are £0.3m from use of the Homelessness reserve to cover Temporary Accommodation

subsidy shortfalls and £0.3m DWP grant income.

- **Cleaner Neighbourhoods Teams & City Centre Cleansing +£1.6m** The variation reflects the impact of the pay offer at £0.5m, although there are significant pressures £0.4m on overtime and achievement of vacancy factor targets within the service. Transport pressures of £0.7m have been identified.
- **Climate, Energy and Greenspaces -£0.1m** The service is experiencing pressures across several areas, which are mitigated by staff savings and non-essential spend savings. The key variances are inflationary pressures of +£0.2m on the cultural events programme, net pressures on estates and attractions +£0.3m, Bereavement services income pressures of +£0.5m, transport pressures of £0.2m, pay award impact £0.7m, less Parks operations and maintenance income maximisation savings of -£0.5m and prudential borrowing cost savings £0.3m. This net pressure is expected to be offset in full by charges to capital, management of vacancies within the service and utilisation of grant funding.
- **Elections, Licensing and Registration and Environmental Health -£0.1m** Only minor variations are expected across these services. Operational spend savings, additional registrars' income and external funding are offsetting the impact of the pay award and other service pressures.
- **Car Parking Services -£0.8m** Income has continued on a recovery trajectory since COVID lockdowns, and at Month 11 the projected receipts are now £0.8m better than budgeted. Staffing costs are £0.1m under after pay award and £0.1m of other pressures have been identified.
- **Directorate wide -£0.5m** A sum of -£538k has been removed from Directorate budgets as part of the review of all non-essential spend items.
- **Safer Stronger Communities -£1.2m** Staffing pressures +£0.2m are projected. However, has been fully offset by a combination of the use of additional grant income and passporting the pay award on to the HRA/grants.
- **Customer Access -£1.4m** Grant income maximisation is projected to deliver net savings of £1m in 2023/24, business rates costs are now expected to come in £0.2m below budget. The pay award pressure of £0.4m has been offset by charges to grant/HRA, holding posts vacant and non-essential spend savings with £0.2m of further savings arising from non-essential spend and identification of alternative funding sources.
- **Statutory Housing Services -£1.5m** Staffing savings are projected to cover the cost of the pay award and deliver an overall underspend on employees of £0.9m. It is expected an additional £0.6m saving can be delivered by maximising charges of existing staffing into new grant income, charges to capital and by maximising collection from other income streams.

### **Budget Action Plans**

£6.6m of budget action plans are being monitored each month with a £0.9m overall positive variance against the plans reported at Provisional Outturn and savings

embedded in the projections above. £0.9m of plans have been marked as delivered in full.

1.6 **Strategy and Resources** - Based on an examination of key risk budgets, the Strategy and Resources Directorate is forecasting a pressure of £3,602k at this reporting period. This is summarised into the following areas across the Directorate's services:

- **Finance (£481k)** - A staffing overspend of £452k, including £162k to reflect the additional unbudgeted pay award pressure, savings on overtime and agency and holding vacant posts, (£487k) additional income from the maximisation of grant funding. A £125k pressure resulting from a shortfall in Court Fee income, primarily due to the cancellation of a court hearing, and slight reduction in Business Rate Allowances, offset against (£346k) following a review of chargeable costs to Core Business Transformation. (£125k) from the Covid Backlog recovery reserve, £72k increase in audit fees for potential 2022/23 variation cost, (£66k) additional income for transformational work staffing charges, (£42k) improvement of Insurance Fund and HRA income and (£64k) savings from across operational budgets.
- **Integrated Digital Services (£1,579k)** - (£234k) of this underspend relates to the net impact of vacant posts savings offset by the cost of contractors for priority projects. Revenue savings of (£1m) and training cost savings (£10k), have been achieved by the reallocation of equipment costs to the Essential Services Programme capital scheme. The use of unbudgeted capital receipts has offset expenditure on a range of transformational projects. The sum of a number of minor variations to other income and expenditure budgets has resulted in a further (£362k) underspend and a reduction in income of £27k for staffing recharges.
- **Procurement (£135k)** - Staffing underspends of (£69k) to reflect the posts held vacant offset against additional unbudgeted pay pressure based on the agreed pay award and £16k shortfall in income expected due to delayed recruitment offset against additional Schools Management fee income of (£82k).
- **Legal Services £108k** - By not recruiting to posts, a staffing underspend of (£273k) is now forecasted. An agency locum pressure of £266k, and other additional pressures of £206k are partly offset by additional reimbursement income from a legal case of (£91k).
- **Democratic Services (£7k)** - Staffing overspends of £16k, including £37k to reflect the additional unbudgeted pay pressure, are being offset by expenditure savings of (£23k).
- **Shared Services £1351k** Staffing overspends of £2,393k, including the unbudgeted pay award, an income pressure of £180k on the electronic goods salary sacrifice scheme, reduced income of £16k for advertising and DBS checks along with a £21k staffing recharge income reduction are being offset by income mitigations of (£573k), additional funding of (£250k) and other expenditure savings of (£436k).

- **Strategy and Improvement (£56k)** - A review of staffing has led to a forecast underspend of (£9k), including the pay award pressure. A pressure of £150k of budgeted savings on communications and marketing is being offset by (£99k) savings on expenditure and additional income of (£98k).
- **Human Resources (£54k)** - The staffing overspend of £594k, including the cost of the pay award and £283k expenditure pressures are being offset by additional funding from Adults and Health for HR support of (£82k), income mitigations of (£367k), use of reserves of (£397k) and COVID Recovery Fund of (£100k), a reduction in HRA chargeable income £9k and (£4k) savings on supplies and services and transport.
- **Leeds Building Services (LBS) £1,953k** - The pressure reflects the current understanding of the level of work likely to be commissioned by clients (£73.8m) relative to the £80.1m required turnover and the consequent impact on the rate of return.

Part of the pressure is attributable to a review of the accruals position from the previous two years. Enhanced reporting, developed through the LBS improvement review, has established an additional pressure, which has been partly mitigated by the service through an improvement in chargeable time as a result of the successful recruitment of skilled operatives and an expected reduction in overheads and efficiencies in waste removal.

There remains a risk that any variance from the current understanding of client budgets will impact to the LBS business plan. Other risks are assumptions in the forecast that the level of Work in Progress (WIP) will result in the expected rate of return, non-chargeable time remains as forecast, and that the new e-trading system for materials will result in expenditure costs as forecast.

LBS are also working to forecast all the inflationary pressures which have been seen throughout the industry which may further adversely impact the position.

There remains a risk that any variance from the current understanding of client budget will impact to the LBS business plan.

- **Corporate Property Management £12k** - The £12k projection reflects pressures from pay award impact. This is a net figure based on the assumption that £500k additional capitalisation is identified from current and projected spend against decarbonisation and general capitalisation budgets. Work on this area is ongoing, therefore there remains a risk to the revenue budget if this is not identified.
- **School Crossing Patrol (£90k)** - Staffing savings of £90k.
- **Catering £554k** - The additional unbudgeted pay pressure based on the pay award results is a projected staffing overspend of £875k. There is a projected increase in food costs of £103k. These pressures are partially mitigated through additional income of (£424k).
- **Cleaning £308k** - The additional unbudgeted pay pressure based on the pay award results in a projected staffing overspend of £173k. Further pressures are an increase in transport charges of £50k and £85k reduction in income due to a



reduction in specialist job requests. The projected figure is the net pressure after actions taken by the service to mitigate the overall pressure through increased charges.

- **Fleet £780k** - The Fleet position reflects the ongoing 2022/23 pressure of an aging fleet the consequence of which is higher demand and inflation resulting in increased occasional hire costs to maintain front line service operations. The use of vehicles across the authority is subject to review.

The 2023/24 Fleet Services budget contains a savings target of £1.3m, the achievement of which has been overshadowed by a combination of the impact of inflation on vehicle parts, fuel, and occasional hire together with the impact of maintaining an ageing fleet. In addition, increased demand for services such as passenger transport has resulted in the requirement for more vehicles and hence greater maintenance costs. Together these factors have impacted on the capacity for directorates to absorb the £1.3m savings target. Executive Board have approved the use of £1.3m from the Strategic Contingency Reserve to address this in year pressure and the reported position reflects this contribution from reserve.

- **Security £70k** - This reflects the additional unbudgeted pay pressure based on the pay award.
- **Presto £280k** - Staffing overspends of £20k to reflect the additional unbudgeted pay pressure based on the pay award as well as £120k income pressure on the Meals and Home service; the service is seeing a reduction in demand following an increase during Covid. There is a £140k income pressure on the Civic Flavour service.
- **Facilities Management £600k** - Staffing overspends of £74k to reflect the additional unbudgeted pay pressure based on the pay award, £125k pressure for additional security and £50k pressure for front of house staffing costs, offset by (£15k) saving due to a reduction in drivers. Additional pressures have arisen from Joint Service Centres due to loss of service charge income and increased rent charges resulting in a net pressure of £266k. Significant additional pressure on the Hard FM (Mechanical and Electrical) contract of £25k and responsive works to the Merrion House building of £75k have limited the scope to mitigate the pressures further.

### **Budget Action Plans**

A total of £9.2m of budget action plans are being monitored each month. A shortfall of £0.230m is forecast against these plans in respect of; Communications & Marketing synergies £0.15m and BSC Shared Cost Salary Sacrifice £0.08m.

- 1.7 **Strategic & Central Accounts** - At Provisional Outturn Month 11 the projection for the Strategic and Central Accounts is an underspend of (£47.1m). This includes the use of £14.7m of the Merrion House reserve, which is needed to balance the Council's 2023/24 revenue budget.

The projection includes the recognition of a refund of £17.7m from the West Yorkshire Combined Authority (WYCA) in relation to amounts collected for the

Transport Fund which are no longer required. A projected underspend of £4.9m has also been included within the Strategic Accounts, which reflects corporate savings where the incidence across directorates has not yet been determined. Further, and as previously reported, a projected underspend of £2.8m in energy costs to be allocated across the council has also been recognised.

The Strategic Accounts position includes a projection that the debt budget will underspend by (£5.7m). Although interest rate rises have been higher than was anticipated when the budget was approved, the borrowing requirement has reduced due to anticipated capital programme slippage and the fact that revenue balances have remained robust. This projection assumes that the bank base rate will stay at 5.25% during the remainder of the financial year, a forecast which is in line with the predictions of most market commentators. Currently market interest rates for short term borrowing are significantly above the base rate of 5.25%, however this is anticipated to be manageable for the remainder of the current year due to the continued strength of revenue balances. The overall (£5.7m) saving in the debt budget also includes a saving of (£1.9m) in the MRP charge in relation to 2022/23 capital spend.

Additional grant income of (£1.3m) has been recognised within the Strategic accounts since Month 10, following the announcement within the final Local Government settlement that the surplus held in the national Business Rates levy pool will be distributed to councils before the end of 2023/24. The Strategic accounts also include a pressure of £0.3m in the levy payable to WYCA (the West Yorkshire Combined Authority). This arises because, although WYCA's overall budget has remained unchanged, the proportion which is charged to the Council has increased due to changes in the relative population sizes of the five West Yorkshire councils.

There have been a number of other minor gains and losses. A fortuitous gain of (£0.1m) in interest on VAT claims has been recognised, and a projected gain of (£0.2k) in relation to additional general capitalisation. However, a pressure of £0.3m in relation to the budget for prompt payment discounts, a pressure of £0.1m in amounts rechargeable to the HRA for central functions, and a projected shortfall of £0.1m in S278 income has also been recognised as a result of slippage in delivery of the relevant schemes.

The position also reflects a projected loss of £2.4m in the net retained income position in relation to business rates, comprising S31 grants receivable less the levy payable to the regional pool. This is to be funded by a transfer from the S31 grants reserve and so has no impact on the bottom line.

## 1.8 Budget Action Plans

The budget for 2023/24 requires the delivery of £58.6m of savings. In addition, directorates have identified a further £7.2m of savings actions since the Budget was agreed. Detailed budget action plans have been developed to identify how these savings will be achieved and progress against these action plans will continue to be monitored and reported throughout the year. Further detail is provided at **Appendix A2**.

At Provisional Outturn, it is anticipated that most savings will be delivered in full through the identified saving plans or through mitigating actions identified by

directorates, however an overall shortfall of £12.0m (an improvement from the Month 10 (January) position which was £13.5m), has been identified and is reflected in the reported directorate positions except where noted, including:

- Children & Families - £12.2m shortfall on the budgeted level of savings from the following projects: diversifying Children's Residential and Fostering provision £3.479m; review of Placement Commissioning £4.0m; Turning the Curve £3.0m; review of Contracts £0.369m; Transport efficiencies £0.323m and other efficiencies across the directorate £1.073m. More detail is provided at paragraph 1.3, where it is noted that the target for Children's Residential and Fostering provision £3.479m, which is included in the £12.2m shortfall reported, will be funded corporately and so does not appear in the projected Provisional Outturn position.
- Strategy and Resources – £0.2m shortfall in the budgeted level of savings from the following projects: £0.15m Communications & Marketing synergies and £0.08m BSC Shared Cost Salary Sacrifice.

As discussed at paragraph 1.6, the Strategy and Resources savings position outlined here reflects the use of £1.3m from the Strategic Contingency Reserve to fund budgeted fleet savings which are not deliverable across the Council in year due to the impact of inflation, costs of maintaining an ageing fleet and increased demand for services, as approved at September Executive Board.

Where other directorates have indicated shortfalls in regard to fully meeting their targeted budget action plans, they have identified other mitigating measures to offset these shortfalls, as explained in paragraphs 1.2 to 1.7.

#### 1.9 **Measures to address the 2023/24 overspend position:**

Staff have been reminded of their role in supporting the financial position, through ensuring they stay within budget, identifying ways to absorb in year pressures, highlighting any issues early and supporting robust monitoring.

The council's Corporate Leadership Team has agreed to continue the freeze on recruitment, agency and overtime spend introduced in 2022/23 and have further strengthened vacancy controls.

Cross-directorate work continues to support and challenge the highest cost/spend areas. Asset reviews are underway to ensure the council has the right numbers and mix of assets and directorates continue to consider where future year savings options identified as part of the Financial Challenge to meet the MTFS funding gap could be brought forward to generate savings during 2023/24.

Following Executive Board's approval in September, £1.85m of non-essential spend budgets were moved out of respective Chief Officer budgets to specific strategic cost centres within each directorate to prevent further spend where it has been identified that this reduction in spend is not detrimental to the delivery of services. At Provisional Outturn, a £0.6m projected underspend is being reported in those services where budgets have been reduced.

Controls on spending has been further strengthened by the implementation of a range of measures that include the following:

- No travel is being undertaken unless it is required for the essential delivery of a service or in very exceptional circumstances; all meetings, where possible, should be conducted remotely / in the employee's place of business (with no travel costs incurred to attend a meeting if this meeting could be held remotely and; no conferences or training courses should be attended where these require travel either through mileage or public transport.
- With a number of exceptions e.g., social work roles a complete recruitment freeze is now in place.
- Tighter controls are in place in respect of Agency and Overtime. All Agency Staff are being reviewed and Overtime needs to be consistent with the exception requirements to the recruitment freeze.
- All spend that is not for the delivery of a service is not being incurred. To deliver this requirement all orders need to be approved and no spend is being incurred on Purchase Cards unless this is essential to the delivery of the service. Purchase Card Levels have been reduced to "zero" in the majority of cases and only those approved by the respective Directors remain in use.

Whilst the Council continues to deliver a wide range of measures to reduce the overspend position this report also explains that there are still significant risks in the position being reported.

The actions detailed above continue to impact upon the level of forecast spend but the Council will inevitably need to apply funding from reserves to achieve a balanced position for 2023/24.

As detailed above, a balanced position is projected against the 2023/24 revenue budget and Paragraph 1.7 explains that the Strategic & Central Accounts position reported, an underspend of (£47.1m), includes recognition of the refund of £17.7m from WYCA in relation to amounts collected for the Transport Fund which are no longer required and use of £14.7m of Merrion House reserve.

Any additional overspend reported at financial outturn will be funded by further use of the Merrion House reserve.

## 2. Inflationary Pressures

2.1 **Pay Inflation** – The 2023/24 budget allows for £38.9m of pay inflation. The increase provides for the following elements: £18.8m which reflects the Employer's final offer for 2022/23 and which was not agreed until after approval of the 2022/23 budget; £18.2m for an assumed 2023/24 pay award incorporating a 4% pay award for all other staff and the Real Living Wage of £10.90 at pay scale points 1 and 2 announced in September 2022; £0.3m in regard to the pay impact of the additional day of leave included in the 2022/23 pay award to be implemented from 2023/24; and £1.6m for the additional cost of Enhancements. The forecast position reflects the agreed 2023/24 NJC pay award of £1,925 and JNC pay award of 3.5%. Directorates have included any identified pay award mitigation measures in their 2023/24 budget action plans.

2.2 **Energy** – The Government's Energy Bills Discount Scheme, which runs for 12 months from 1 April 2023 to 31 March 2024 for businesses and other non-domestic energy users (including charities and public sector organisations), sets a much higher price threshold above which organisations become eligible for relief than was in effect over the Winter 2022/23, and, for the most part, the Council does not

expect to benefit from any discounts based on its forward purchases and current market forecasts. However, the Government has set a lower threshold for relief for what they term as 'energy trade intensive industries', which include libraries, museums, historical sites and botanical and zoological gardens, and there may therefore be some eligibility for the Council.

The 2023/24 budget allows for a £10.7m or 53.21% increase in energy costs for gas and electricity. Since the budget was set in February 2023 energy prices have stabilised, with short term commodity prices currently around twice the historical levels prior to the energy crisis on average, which, although still high, are much lower than the extremes seen over the last two years. Advice from the Council's energy advisors during this time has therefore largely been to hold off temporarily from forward purchasing energy as the markets have continued to ease, and as such the LCC unsecured volume over recent months has been attracting lower spot market prices to the benefit of overall final unit prices (although recent events in the Middle East have introduced a level of volatility in global market prices). Alongside the purchasing strategy, actions continue to be taken to review energy usage and implement measures across the Authority's estate in order to reduce the pressures associated with increased energy costs.

Whilst acknowledging the ongoing volatility of energy prices, recent forecasts indicate that costs could be as much as £2.8m lower than allowed for in the 2023/24 General Fund budget. At July's meeting Executive Board approved in principle that any underspend on energy would be transferred to the Strategic Contingency Reserve to support the Council to deal with pressures in other areas. As referenced in Paragraph 1.9 above the underspend on energy will be required to balance the 2023/24 position.

- 2.3 **Fuel** – The average UK pump prices for diesel and unleaded petrol saw decreases of (9.06%) and (2.43%) respectively between February 2023 and February 2024. The 2023/24 budget has allowed for an increase of £1.2m, largely attributable to the significant price increases in 2022/23. Fuel costs will continue to be monitored.
- 2.4 **Cost of Living Pressures** – Further to the inflationary pressures detailed here, there has been a wider inflationary impact to the Council due to the severity of increased cost of living on our residents and businesses. As expected, we have seen the impact of this in increased costs to the Council for the goods and services that we procure, increased demand for support and welfare services, and reduced income across a range of services as Leeds residents and visitors choose to spend differently. The position will continue to be closely monitored.

### 3. Reserves

#### General Reserves

- 3.1 Following the closure of the 2022/23 accounts, the Council's general fund reserve stands at £33.2m. The 2023/24 budget assumes a £3m Strategic Contingency Reserve contribution to this reserve during the current financial year.

## **Strategic Contingency Reserve**

- 3.2 The 2023/24 budget includes use of reserves to support the Council's General Fund, including use of the Strategic Contingency Reserve which was established in 2020/21 to fund future unforeseen budget pressures and to ensure the Council becomes more financially resilient.
- 3.3 The opening balance on the Strategic Contingency Reserve for 2023/24 was £19.9m with budgeted use of the reserve being £14.3m and a further £0.6m committed to support COVID-19 backlog recovery. As discussed at paragraph 1.6, September's meeting of the Executive Board approved the use of £1.3m from this reserve to fund budgeted fleet savings. A further £3.5m has been allocated against slippage in the Children's Residential and Fostering provision action plan and £0.2m will provide Internship funding in Strategy and Resources.

## **Merrion House Reserve**

- 3.4 At 1<sup>st</sup> April 2023 the Merrion House Reserve held a balance of £22.3m. The balanced position reported assumes use of £14.7m from this reserve. It is also noted that any additional overspend reported at financial outturn will be funded by further use of this reserve.

## **4. Other Financial Performance**

### **4.1 Council Tax**

The Council Tax in-year collection rate at the end of February 2024 was 89.88%. This is a 1.76% decrease from the February 2023 in-year collection rate of 91.64%. Initial worsening in collection can be attributed to application of around £4m in £150 cost of living 'rebates' to Council Tax accounts in July 2022, thereby artificially increasing the amount collected at that point in the year and impacting on the comparison. There is still the effect of post-covid backlogs in that, for example, the attachment to benefits practice employed to recoup arrears can be against multiple years, but earliest debts are taken first, therefore current year arrears will be left outstanding until prior years are cleared. This has been compounded by the ongoing cost-of-living crisis making collection of Council Tax more challenging as residents are financially impacted.

The current collection rate is still lower than the February 2020 in-year collection rate of 92.99%, however the profile of taxpayers' payments has changed significantly since the pandemic, with many more residents choosing to pay their council tax over twelve months rather than ten. Due to the challenging conditions following the pandemic, the target collection rate in the fullness of time was reduced for 2022/23 to 98.5%, at a cost to the Council's share of the Collection Fund deficit of £2.0m. It has been assumed collection rates will return to the normal 99% recovery rate from 2023/24 onwards.

The opening deficit on the Collection Fund is £8.901m, which includes the deficit from 2022/23 and the final instalment of the deficit from 2020/21 which the Government mandated had to be spread over three years. At the time of declaration these elements were estimated to be £8.778m. The declared deficit is required to be repaid by the Council, the Fire Authority and the Police in 2023/24 with the remaining £0.123m, the difference between the estimated declared deficit in

December 2022 and the end of the 2022/23 financial year, being carried forward into 2024/25.

This repayment of the 2020/21 and 2022/23 deficits would be expected to generate a surplus on the collection fund, however current projections, based on historical trends of growth and movements in discounts and local council tax support, are that an in-year surplus of only £6.381m will be generated in 2023/24 leaving of projected closing deficit on the collection fund of £2.520m. Leeds share of this projected closing deficit would be £2.117m, with the remainder being paid by the Fire Authority and the Police. In January 2024 the Council declared the 2023/24 additional deficit of £1.930m and this is now the fixed amount that will be repaid to the 2024/25 collection fund. The additional £0.187m projected at the end of February 2024 will now be a cost to the 2025/26 Council Budget.

New charges in addition to the original billing at the start of the year have been lower than assumed in projections and this has remained the most significant underlying cause generating the projected deficit. However, this projected position reflects eleven months of data and close monitoring of the growth in council tax liabilities in the city will be required in the coming month and into the next financial year.

#### 4.2 **Business Rates**

The Business Rates collection rate at the end of February 2024 is 92.80% which is higher than the February 2023 in-year collection rate of 91.99% but lower than the February 2020 in-year collection rate of 94.31% before the pandemic. As with Council Tax, the profile of ratepayers' payments has changed after the pandemic with many more local businesses choosing to pay their rates bill over twelve months rather than ten. The budgeted collection rate for business rates is to achieve an in-year collection target of 97.8%, collecting £347.4m of business rates income. The collection rates will continue to be closely monitored in the current year and into future years.

The total rateable value of business properties in Leeds has decreased from £954.44m at the time of the 2023/24 budget to £947.44m as at 29<sup>th</sup> February 2024, a fall of £6.99. Around £4.8m of this reduction is due to hereditaments undergoing redevelopment or major works and so it is anticipated that in time the rateable value of these properties will be revised upwards with the remainder losses being due to reductions in Rateable Values from the Valuation Office Agency. The 2023/24 budget includes an expected increase in Rateable Value of £2.5m for the full year. The size of the Business Rates tax base in Leeds continues to be monitored closely.

Leeds' share of the declared Business Rates deficit from 2022/23 (at 31<sup>st</sup> December 2022) has been incorporated into the 2023/24 budget. The total declared deficit on the Business Rates Collection Fund was £7.16m. Leeds' share of the unfunded declared deficit from 2020/21 was £36.7m, which has been spread over three years in accordance with Government legislation. The final of the three repayments of £12.2m will be paid in 2023/24 and is fixed and included in the £7.16m declared deficit.

After reassessing the level of the bad debt and appeals provisions for end-of-list appeals and reduction in the multiplier cap compensation, the actual closing deficit

for 2022/23 was £9.08m; a worsening of £1.93m from the position declared. This will be carried forward as a loss to the 2024/25 budget.

In 2023/24, an in-year deficit of £0.9m is projected, driven mainly by recent reductions to Rateable Value on the 2017 and 2023 ratings list. The impact of Valuation Officer Reports (VORs), which occur in areas outside of Leeds but have an impact on properties within the Councils borders, has particularly affected the 2017 list with a total loss of £9.3m. These losses cannot be charged against provisions for appeals and are an in-year cost. However, because the VOR costs have been charged to income rather than provisions, and a reassessment of the requirement for provisions for outstanding appeals, the VOR costs are offset by a reduction in those provisions of £4.8m. In addition, £1.97m of the VOR cost is attributable to the revaluation of the Royal Armouries, which has significantly reduced the Rateable Value of this hereditament back to 2017. This cost is partially offset by a £2.4m projected underspend for Mandatory Charity Relief. £1.6m of this is because the Royal Armouries attract an 80% reduction in Business Rates under Mandatory Charity Relief which has been clawed back due to the reduction in gross liability.

Further reductions in Rateable Values on the 2023 List have an ongoing impact on growth which is now £4.0m below expectations. Increased demand for Small Business Rates Relief is £1.5m above the budgeted forecast, which has also added to the deficit.

These losses are partially offset by an improvement in bad debt provisions of £3.8m. This is due to the improved in-year collection rates and a reassessment of collection of prior year debt. Also, a £2.1m lower cost for extended retail relief and a reduced demand for Empty Rate Relief of £0.9m contribute to reducing the deficit.

When combined with the £1.93m worsening in the closing position for 2022/23 it is currently forecast that there will be a total closing deficit of £2.78m, however in December 2023 the deficit on the Business rates collection fund was declared at £3.178m and this cost to the 2024/25 Budget is now fixed. The improvement of £0.40m will become a benefit to the 2025/26 Budget.

### **4.3 Business Rates Appeals**

The opening appeals provisions for 2023/24 are £36.8m, made up of £4.6m relating to appeals received against the 2010 ratings list and £32.3m estimated costs in relation to the 2017 ratings list. Under 50% Business Rates Retention, Leeds' budget is affected by 49% of any appeals provision made in this year.

The 2010 ratings list is now closed and there are no appeals left outstanding.

Before the COVID-19 public health crisis, the introduction of the new Check Challenge Appeal system on 1st April 2017 saw a significant reduction in the number of appeals submitted by ratepayers against their Rateable Value on the 2017 ratings list compared to the 2010 ratings list. Only fourteen appeals have so far been submitted to the Valuation Tribunal, the final stage of the new process.

The 2017 ratings list came to an end on 31st March 2023. In most cases this sees the end of the ratepayers' right to appeal against their Rateable Value on that list. As such the number of Checks received by the Valuation Office Agency increased



significantly in the last few months of 2022/23. The increase was even greater than expected and, although an allowance had been included in the forecast of the declared deficit, further provisions were made to outturn at an additional cost of £4.2m to the General Fund and a £1.93m worsening against the position projected at declaration.

As at 31st February 2024, the Council is providing for a net of 386 Checks and Challenges against the 2017 ratings list. The position will be monitored closely over the coming months to ensure that the Council's provisions for the 2017 list remain adequate. There are also 236 Checks and Challenges against the new 2023 ratings list. It is anticipated that because of the move to 3 yearly revaluations from 2023 (previously 5 years) the valuation lists will necessarily be more representative of the current commercial property market, and it is expected that there will be fewer challenges to the lists going forward. The level of appeals against the 2023 ratings list, and the losses incurred, will also continue to be closely monitored over the coming month and into the next financial year.

In addition, the Authority has made provisions for specific issues such as expected reductions to hospitals, ambulance and fire stations and expected reductions to several GP surgeries which will be reassessed quarterly. However, in October 2023 the Council received notification that two appeals on the two large hospitals in Leeds had been resolved. Historical evidence suggested that provision for a 10% reduction was reasonable but unfortunately one of the appeals saw a 23.5% reduction in Rateable Value backdated to 1st April 2017. The combined impact of these appeals was a refund of £4.0m. The Council held provisions of only £2.8m, resulting in the Collection Fund being adversely impacted by £1.2m. The impact on the Council's 2024/25 General Fund will therefore be approximately £0.6m.

#### **4.4 Impact of COVID-19 and cost of living on the Collection Fund in 2023/24 and beyond**

Collection of Business Rates can be seen to be improving following the lifting of restrictions in place due to the COVID-19 crisis. However, the pressures of the cost-of-living crisis and the long-term impact on collection rates and the tax base will require close monitoring.

### **5. Housing Revenue Account (HRA)**

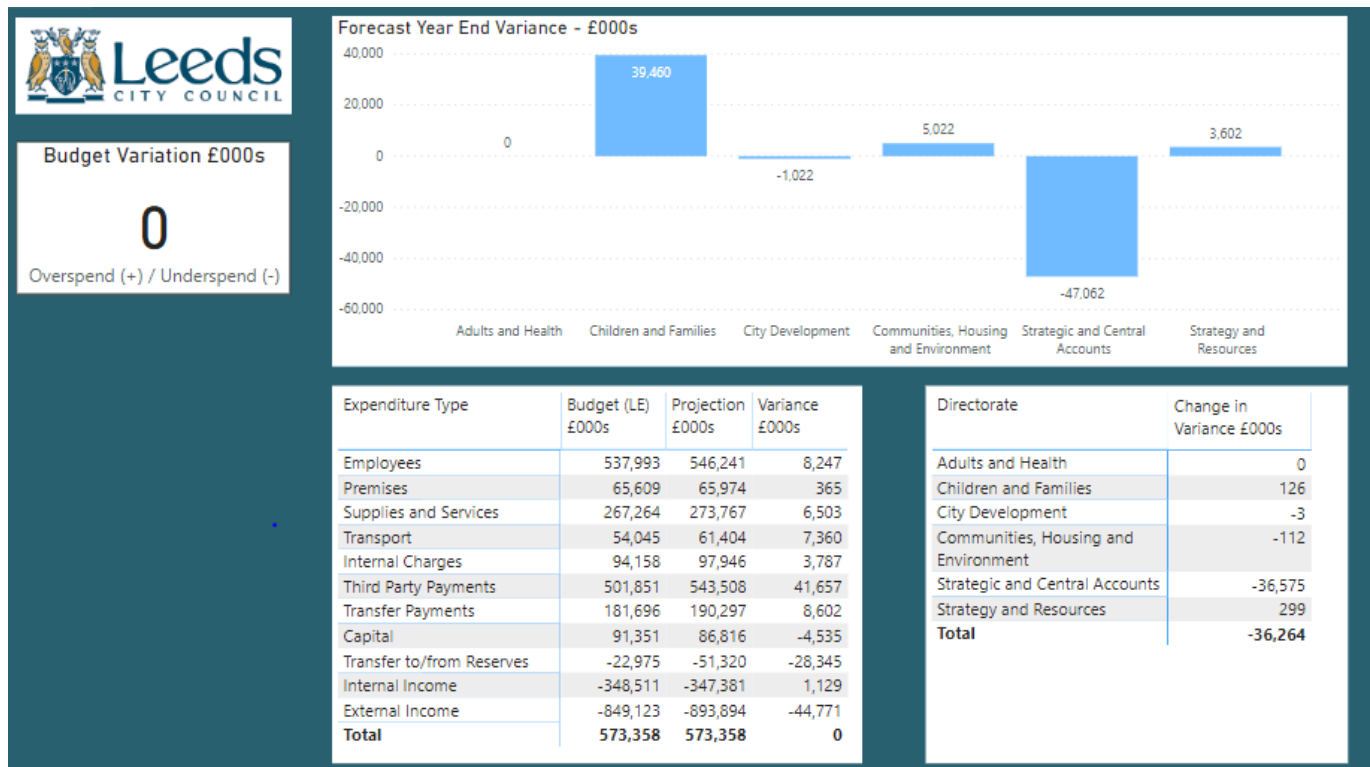
5.1 At Month 11, the HRA is projecting a balanced position.

5.2 The key projected variations are:

- Dwellings Rent £1,022k – a forecast reduction in rental income due to the number of void properties being higher than budgeted and some slippage in the new build schemes.
- Internal Income £84k – reduction in RtB administration fee income as projected Right to Buys (RtB's) are lower than budgeted.
- External Income (£126k) – this reflects an increase in telecoms income compared to the budget.
- Service Charges (£79k) – mainly reflecting the impact of Gascoigne House.

- Employees Net £173k - there is a forecast underspend against the employee budget of (£1,030k) due to vacant posts. However, this underspend on employee costs is offset with a reduction in capitalised salaries of £1,059k and a £144k pressure regarding internal services for recharged staff in the Council House Growth (CHG) Programme.
- Repairs to Dwellings £1,661k - reflects the forecast pressure on the repairs budget.
- Premises (£511k) – reflects the updated energy and cleaning agency projected costs.
- Supplies and Services (£160k) – the projected underspend on the contingency budget.
- PFI £0k - a forecast underspend on the Unitary Charge of (£43k) and projected overspend on internal income is offset through the contribution to PFI Sinking funds £35k.
- Internal Services excluding staff recharge for CHG (£400k) – savings identified on internal recharges partly offset with a projected pressure on disrepair legal costs.
- Provision for Doubtful Debt £302k – to reflect the updated arrears position.
- Capital Charges (£533k) – reflects savings from slippage in the CHG programme borrowing.
- Contribution to the capital programme (£1,400k) – the current forecast underspend on the capital programme 2023/24.

## Financial Dashboard 2023/24 Financial Year



Financial Dashboard 2023/24 Financial Year

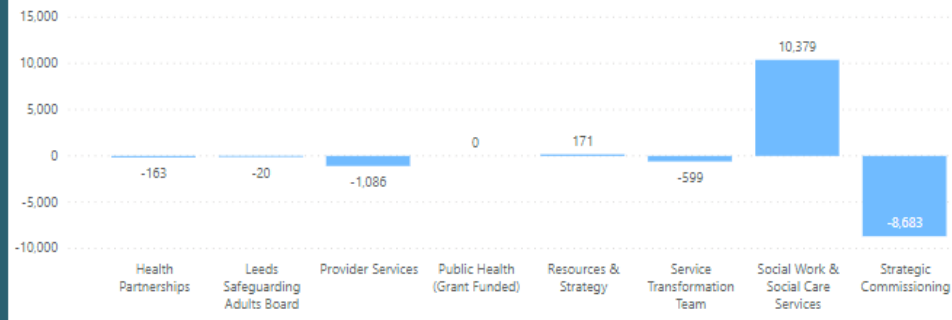


Budget Variation £000s

0

Overspend (+) / Underspend (-)

Forecast Year End Variance - £000s



Expenditure Type	Budget (LE) £000s	Projection £000s	Variance £000s
Employees	70,508	69,935	-573
Premises	1,381	1,322	-59
Supplies and Services	7,509	14,589	7,080
Transport	1,011	846	-165
Internal Charges	14,404	16,193	1,788
Third Party Payments	326,198	348,138	21,941
Transfer Payments	13,488	11,778	-1,710
Transfer to/from Reserves	-4,521	-12,404	-7,883
Internal Income	-5,016	-5,257	-242
External Income	-226,157	-246,335	-20,178
<b>Total</b>	<b>198,806</b>	<b>198,806</b>	<b>0</b>

Directorate	Change in Variance £000s
Adults and Health	0
<b>Total</b>	<b>0</b>

Financial Dashboard 2023/24 Financial Year

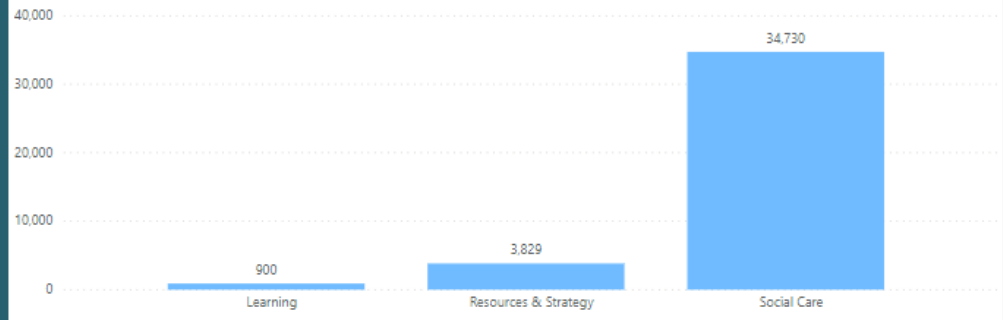


Budget Variation £000s

**39,460**

Overspend (+) / Underspend (-)

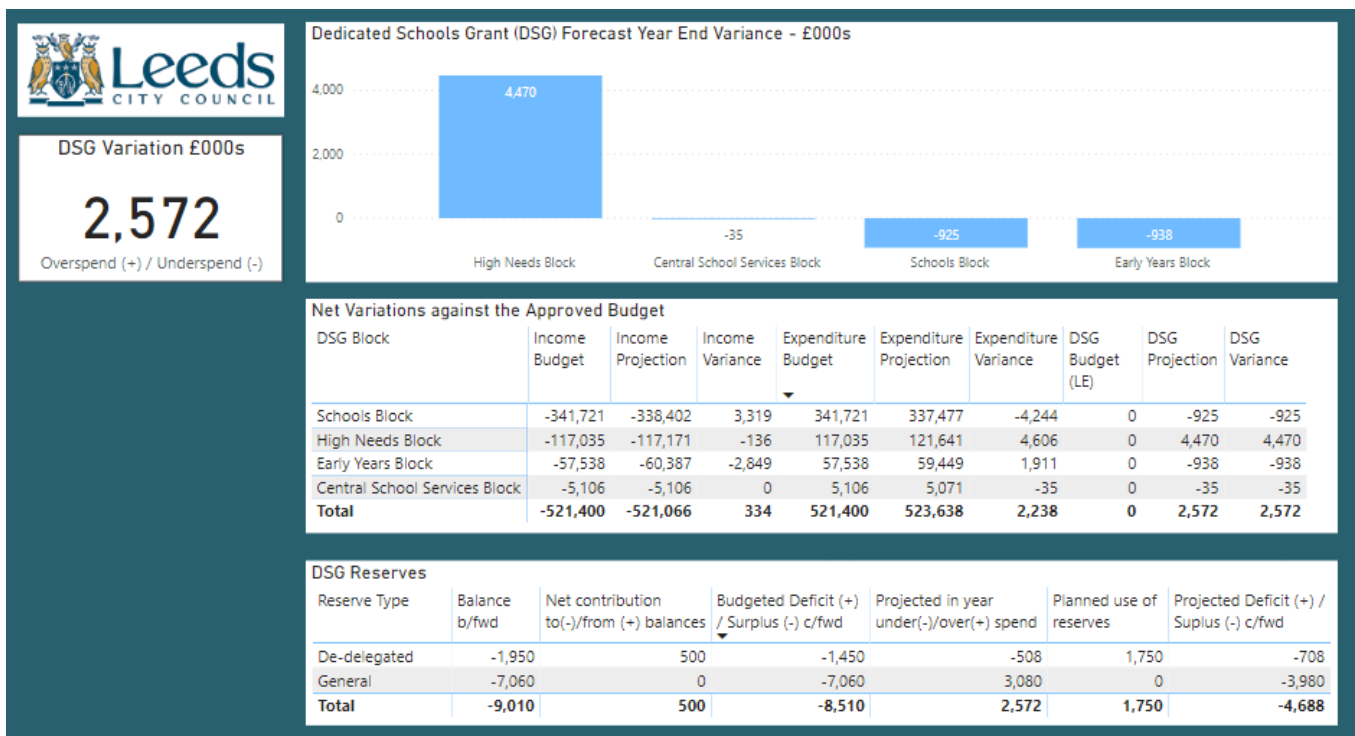
Forecast Year End Variance - £000s



Expenditure Type	Budget (LE) £000s	Projection £000s	Variance £000s
Employees	112,443	115,304	2,861
Premises	4,698	4,720	22
Supplies and Services	65,692	67,135	1,444
Transport	11,794	15,612	3,818
Internal Charges	36,311	38,218	1,907
Third Party Payments	113,725	150,906	37,182
Transfer Payments	3,882	4,016	134
Capital		0	0
Transfer to/from Reserves	-819	-891	-72
Internal Income	-35,820	-35,847	-27
External Income	-170,592	-178,401	-7,810
<b>Total</b>	<b>141,312</b>	<b>180,772</b>	<b>39,460</b>

Directorate	Change in Variance £000s
Children and Families	126
<b>Total</b>	<b>126</b>

Financial Dashboard 2023/24 Financial Year



Financial Dashboard 2023/24 Financial Year

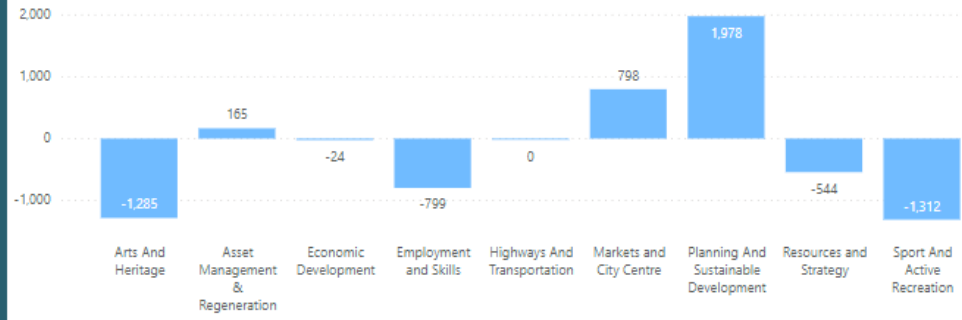


Budget Variation £000s

**- 1,022**

Overspend (+) / Underspend (-)

Forecast Year End Variance - £000s



Expenditure Type	Budget (LE) £000s	Projection £000s	Variance £000s
Employees	75,267	74,846	-422
Premises	31,555	35,020	3,465
Supplies and Services	54,316	54,398	82
Transport	6,869	9,117	2,247
Internal Charges	10,705	11,456	751
Third Party Payments	189	205	16
Transfer Payments		0	0
Capital		0	0
Transfer to/from Reserves	-3,820	-4,658	-1,038
Internal Income	-46,938	-52,304	-5,366
External Income	-87,629	-88,387	-758
<b>Total</b>	<b>40,516</b>	<b>39,493</b>	<b>-1,022</b>

Directorate	Change in Variance £000s
City Development	-3
<b>Total</b>	<b>-3</b>

Financial Dashboard 2023/24 Financial Year

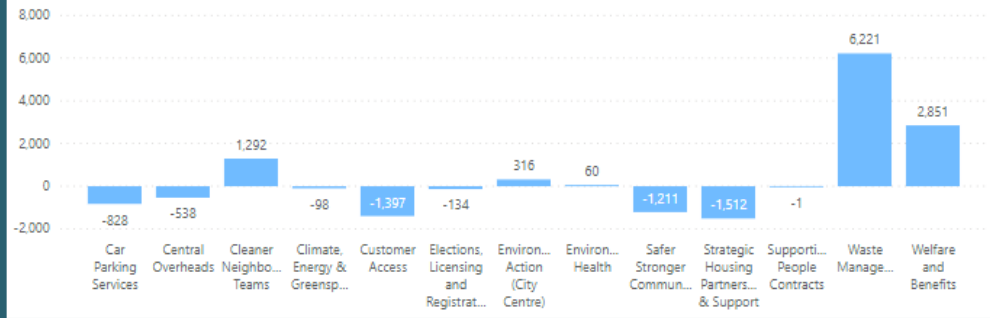


Budget Variation £000s

**5,022**

Overspend (+) / Underspend (-)

Forecast Year End Variance - £000s



Expenditure Type	Budget (LE) £000s	Projection £000s	Variance £000s
Employees	108,571	110,100	1,529
Premises	11,859	11,303	-555
Supplies and Services	71,414	78,878	7,464
Transport	11,297	12,308	1,011
Internal Charges	22,845	22,228	-617
Third Party Payments	24,505	24,392	-113
Transfer Payments	163,130	173,415	10,285
Capital		0	0
Transfer to/from Reserves	-1,804	-1,749	55
Internal Income	-52,681	-49,913	2,769
External Income	-265,808	-282,614	-16,806
<b>Total</b>	<b>93,326</b>	<b>98,348</b>	<b>5,022</b>

Directorate	Change in Variance £000s
Communities, Housing and Environment	-112
<b>Total</b>	<b>-112</b>



Financial Dashboard 2023/24 Financial Year



Surplus (-) / Deficit (+) £000s

0

HRA Income	Budget (LE) £000s	Projection £000s	Variance £000s	Change in Variance £000s
▲				
Dwelling Rents	-230,240	-229,218	1,022	235
Non Dwelling Rents	-3,347	-3,375	-28	-88
Service Charges	-9,551	-9,630	-79	14
Internal Income	-9,349	-8,206	1,143	106
Grants	-21,385	-21,385	0	0
External Income	-1,778	-1,904	-126	-47
<b>Total</b>	<b>-275,650</b>	<b>-273,718</b>	<b>1,932</b>	<b>221</b>

HRA Expenditure	Budget (LE) £000s	Projection £000s	Variance £000s	Change in Variance £000s
▲				
Disrepair Provision	4,000	4,000	0	0
Repairs to Dwellings	65,103	66,764	1,661	599
Employees	33,708	32,678	-1,030	79
Premises	11,732	11,221	-511	1
Supplies and Services	5,486	5,326	-160	-169
PFI Unitary Charge	12,662	12,619	-43	-575
Transport	304	305	1	4
Internal Services	39,815	39,560	-255	-141
BITMO Management Fee	3,524	3,524	0	0
Provision for Doubtful Debts	1,136	1,438	302	77
Capital Charges	46,666	46,133	-533	-85
Contribution to Capital Programme	51,891	50,491	-1,400	-526
<b>Total</b>	<b>276,027</b>	<b>274,060</b>	<b>-1,967</b>	<b>-737</b>

Surplus (-) / Deficit (+)	Budget (LE) £000s	Projection £000s	Variance £000s	Change in Variance £000s
▼				
Net Position	377	342	-35	-516
Appropriation: Sinking Funds	-326	-291	35	516
Appropriation: Reserves	-51	-51	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

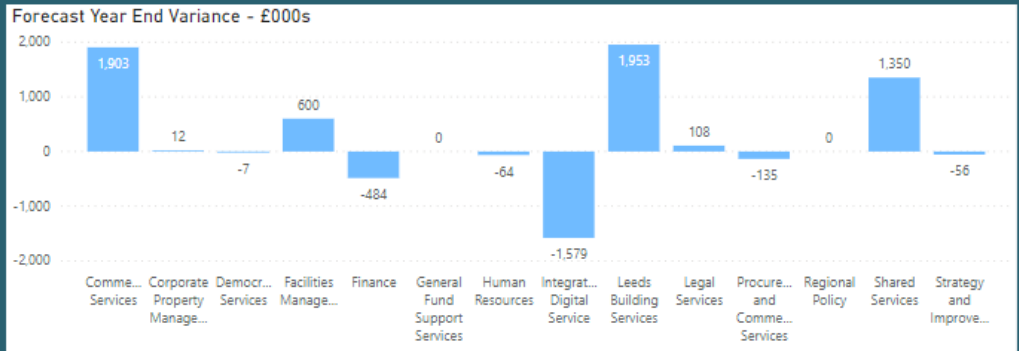
Financial Dashboard 2023/24 Financial Year



Budget Variation £000s

**3,602**

Overspend (+) / Underspend (-)



Expenditure Type	Budget (LE) £000s	Projection £000s	Variance £000s
Employees	166,475	171,391	4,916
Premises	16,116	16,388	272
Supplies and Services	63,303	57,735	-5,568
Transport	23,074	23,521	447
Internal Charges	4,931	4,757	-174
Third Party Payments	28	28	0
Transfer Payments	66	66	0
Transfer to/from Reserves	-74	-1,652	-1,578
Internal Income	-172,884	-167,776	5,108
External Income	-16,462	-16,283	178
<b>Total</b>	<b>84,573</b>	<b>88,175</b>	<b>3,602</b>

Directorate	Change in Variance £000s
Strategy and Resources	299
<b>Total</b>	<b>299</b>

Directorate: Strategic & Central Accounts

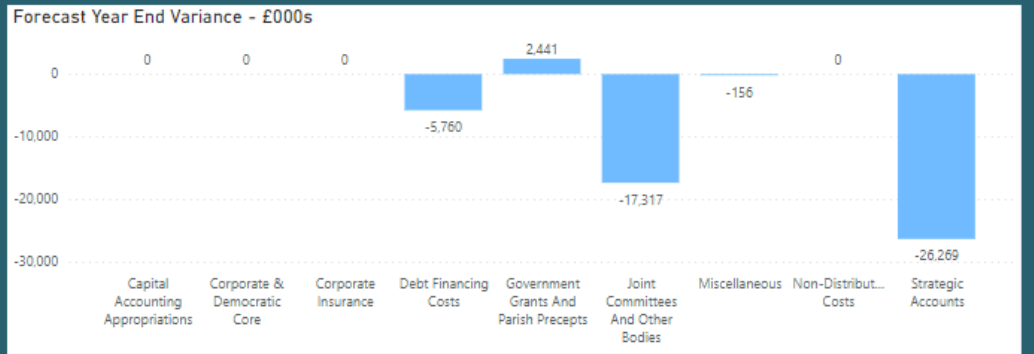
Financial Dashboard 2023/24 Financial Year



Budget Variation £000s

**-47,062**

Overspend (+) / Underspend (-)



Expenditure Type	Budget (LE) £000s	Projection £000s	Variance £000s
Employees	4,729	4,666	-64
Premises		-2,780	-2,780
Supplies and Services	5,029	1,031	-3,999
Internal Charges	4,962	5,094	132
Third Party Payments	37,207	19,838	-17,368
Transfer Payments	1,130	1,024	-107
Capital	91,351	86,816	-4,535
Transfer to/from Reserves	-11,936	-29,766	-17,830
Internal Income	-35,171	-36,284	-1,113
External Income	-82,476	-81,874	602
<b>Total</b>	<b>14,826</b>	<b>-32,236</b>	<b>-47,062</b>

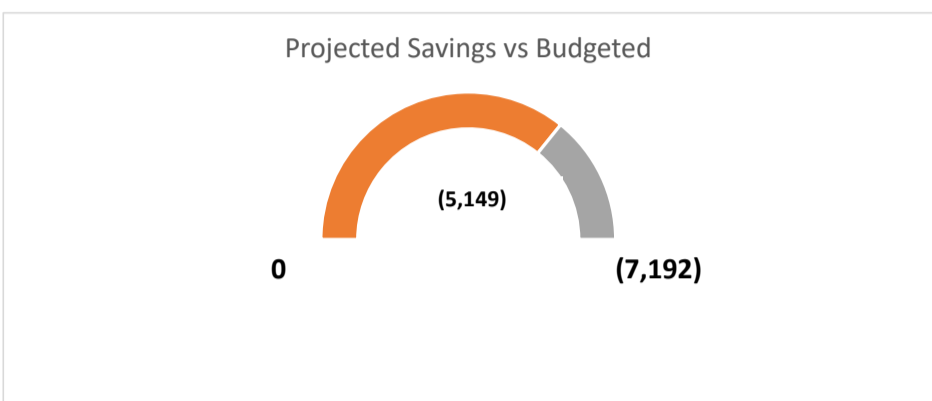
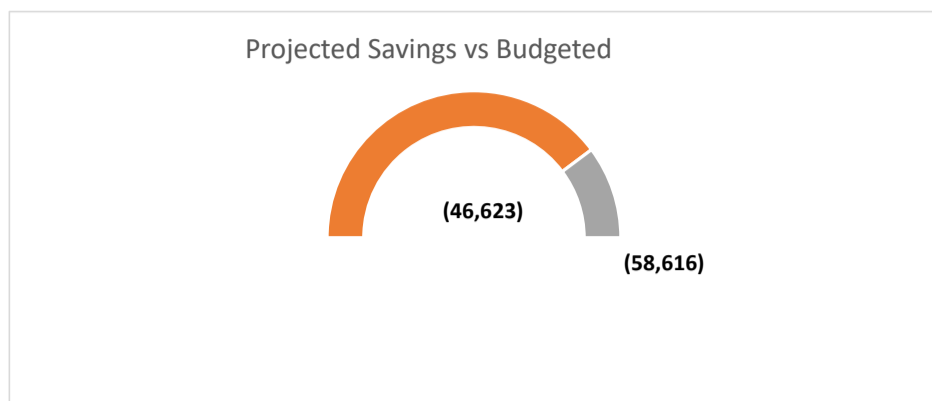
Directorate	Change in Variance £000s
Strategic and Central Accounts	-36,575
<b>Total</b>	<b>-36,575</b>

**LEEDS CITY COUNCIL - SUMMARY**

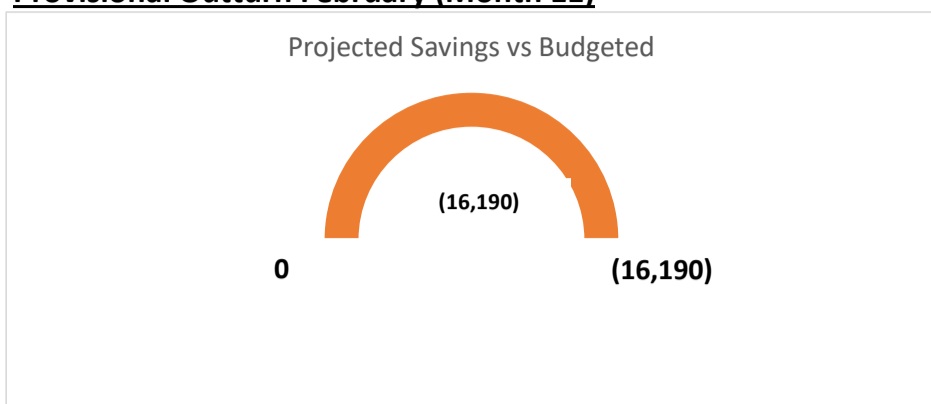
RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	(18,448)	(19,830)	(1,382)
On track, no issues	(14,257)	(16,024)	(1,767)
Some risk	(10,434)	(9,569)	865
High risk	(15,477)	(1,200)	14,277
Cancelled	0	0	0
<b>Total</b>	<b>(58,616)</b>	<b>(46,623)</b>	<b>11,993</b>

**LEEDS CITY COUNCIL - Other Savings Measures**

RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	0	0	0
On track, no issues	(4,545)	(4,545)	0
Some risk	0	0	0
High risk	(2,647)	(604)	2,043
Cancelled	0	0	0
<b>Total</b>	<b>(7,192)</b>	<b>(5,149)</b>	<b>2,043</b>



### Provisional Outturn February (Month 11)



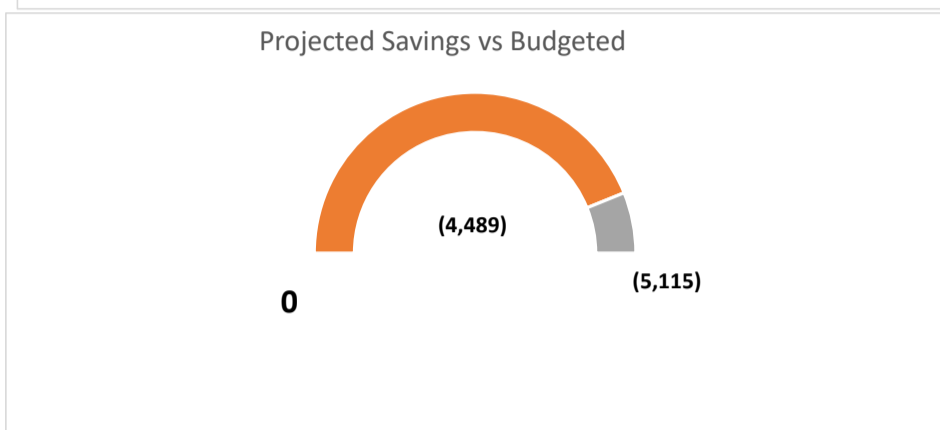
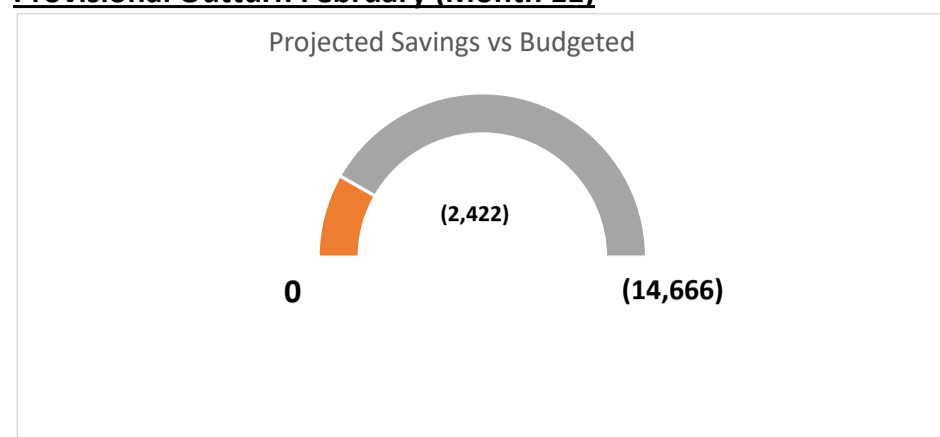
### ADULTS & HEALTH - SUMMARY

RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	(13,710)	(14,942)	(1,232)
On track, no issues	0	0	0
Some risk	(1,220)	(908)	312
High risk	(1,260)	(340)	920
Cancelled	0	0	0
<b>Total</b>	<b>(16,190)</b>	<b>(16,190)</b>	<b>0</b>

### Amber & Red Risk Areas

Budgeted savings / Other savings measures	Service Review / Business as Usual	Savings title	Accountable Chief Officer	RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s	Including mitigating actions for Reds & Ambers
Budgeted Savings	BAU	Enhance awareness/desirability of in-house provision to encourage attendance and reduce external procurement (against fixed running cost)	Shona McFarlane	High risk	(160)	(40)	120	Spring Gardens completed November and now open. Dolphin Manor, scheme commenced December'23 with completion Spring'24. Knowl Manor on hold for now. Shortfall will be contained within budget or via reserves as this is slippage and not non-delivery (JC 15/2/23).
Budgeted Savings	SR	Strategic Review of Adult Social Work provision	Shona McFarlane	Some risk	(1,120)	(830)	290	Shortfall covered by additional savings in client income
Budgeted Savings	BAU	Review of mental health placements (s117 health contribution)	Caroline Baria	Some risk	(100)	(78)	22	Alternative savings of £22k identified, Touchstone and their outreach offer which is expensive. WRAP?
Budgeted Savings	BAU	Invest to save proposal for Home care - performance management	Caroline Baria	High risk	(1,000)	(250)	750	Delays in recruiting 2 new staff has meant that the action plan will under deliver by £750k but no impact on future years due to slippage.
Budgeted Savings	BAU	Review supported bank account contract (direct payments)	Caroline Baria	High risk	(100)	(50)	50	contract renewal late than originally thought. Sum will be contained within budget - or use of reserves as this is slippage and not non-delivery

**Provisional Outturn February (Month 11)**



**CHILDREN & FAMILIES - SUMMARY**

RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	0	0	0
On track, no issues	(1,031)	(1,031)	0
Some risk	(946)	(623)	323
High risk	(12,689)	(768)	11,921
Cancelled	0	0	0
<b>Total</b>	<b>(14,666)</b>	<b>(2,422)</b>	<b>12,244</b>

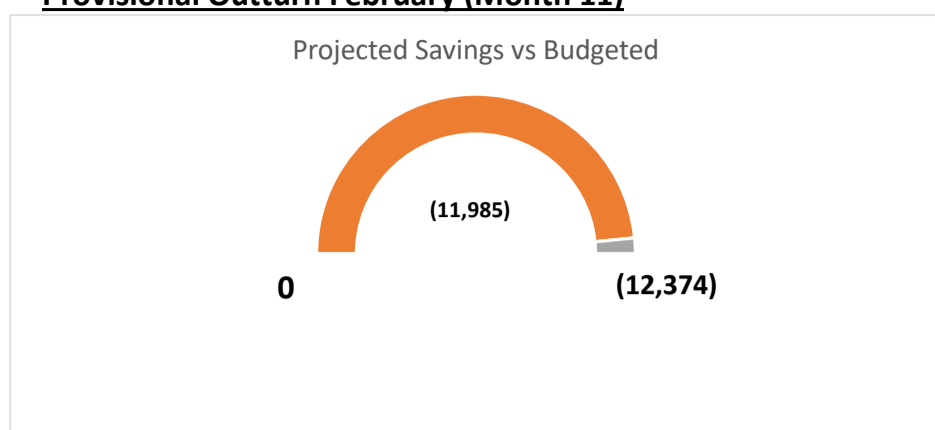
**CHILDREN & FAMILIES - Other Savings Measures**

RAG Status	Budgeted Savings £'000s	Year End Projected Savings £'000s	Shortfall/ (Surplus) £'000s
Achieved	0	0	0
On track, no issues	(3,915)	(3,915)	0
Some risk	0	0	0
High risk	(1,200)	(574)	626
Cancelled	0	0	0
<b>Total</b>	<b>(5,115)</b>	<b>(4,489)</b>	<b>626</b>

**Amber & Red Risk Areas**

Budgeted savings / Other savings measures	Service Review / Business as Usual	Savings title	Accountable Chief Officer	RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s	Including mitigating actions for Reds & Ambers
Budgeted	SR	Diversifying children's residential and fostering provision	Farrah Khan	High risk	(3,479)	0	3,479	While the project still delivers savings over the longer term, the timing has changed and the original 23/24 savings will not be delivered in year. This is to be cashflowed to reflect change in phasing of savings.
Budgeted	SR	Contracts: reduce costs and build on LCC's regional 'lead' role to maximise opportunities for income generation through additional investment in commissioning, contract management and placement reviews.	Phil Evans	High risk	(4,000)	0	4,000	Original savings plans assumed delivery of £4,750k savings with £750k investment in staffing. Savings plans are in place. However significant risk for delivery due to scale of savings and likely lead in period for delivery.
Budgeted	SR	Turning the curve – range of workstreams to reduce the forecast increase in Children Looked After number	Farrah Khan	High risk	(3,000)	0	3,000	Original plans required investment in an Edge of Care service to deliver the net savings of £3,000k. However this savings target overlaps with the fostering and residential plans, so will not lead to additional savings in 23/24.
Budgeted	BAU	Transport: Including independent travel training, personal transport allowances, use of private hire, commissioning an external review	Tim Pouncey	some risk	(946)	(623)	323	High risk budget due to level of control over demand and inflation and data available for projections. Therefore savings could be overtaken by additional costs. However progress is being made by C&F and CEL on implementation of savings proposals.
Budgeted	SR	Efficiencies in commissioned services through review of a range of contracts.	Phil Evans	High risk	(500)	(131)	369	Work ongoing to identify further savings
Budgeted	SR	Efficiencies across the Children & Families directorate, potentially including staffing reductions	Julie Longworth	High risk	(1,710)	(637)	1,073	Efficiencies will not be fully delivered in 2023/24, further efficiencies to be delivered in 2024/25.
Other	0	Little Owls	Farrah Khan	High risk	(1,200)	(574)	626	Review ongoing to identify savings

## Provisional Outturn February (Month 11)

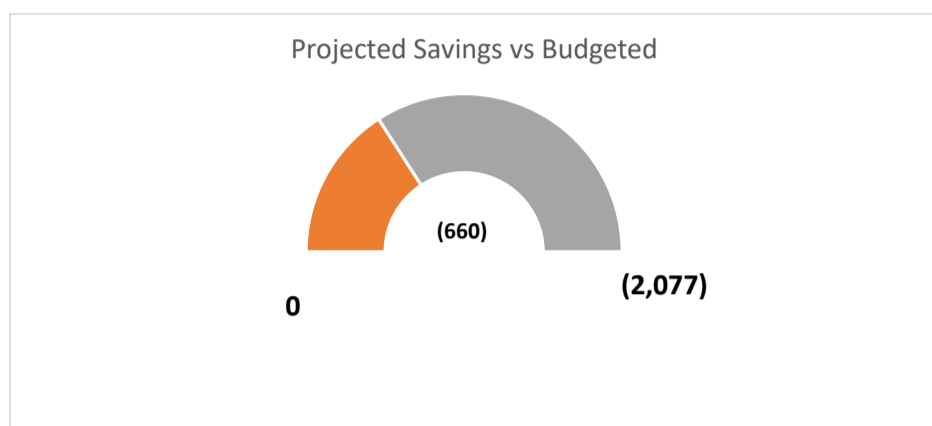


## CITY DEVELOPMENT - SUMMARY

RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	(3,760)	(3,760)	0
On track, no issues	(7,056)	(7,056)	0
Some risk	(1,192)	(1,169)	23
High risk	(366)	0	366
Cancelled	0	0	0
<b>Total</b>	<b>(12,374)</b>	<b>(11,985)</b>	<b>389</b>

## CITY DEVELOPMENT - Other Savings Measures

RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	0	0	0
On track, no issues	(630)	(630)	0
Some risk	0	0	0
High risk	(1,447)	(30)	1,417
Cancelled	0	0	0
<b>Total</b>	<b>(2,077)</b>	<b>(660)</b>	<b>1,417</b>

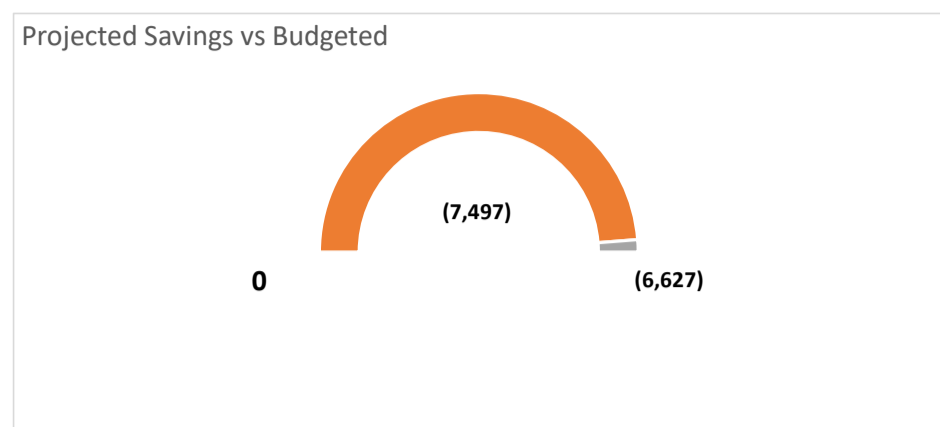


## Amber & Red Risk Areas

Budgeted savings / Other savings measures	Service Review / Business as Usual	Savings title	Accountable Chief Officer	RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s	Including mitigating actions for Reds & Ambers
Budgeted	BAU	1% increased vacancy provision	Jane Walne	Some risk	(677)	(677)	0	0
Budgeted	SR	Leeds Museums & Galleries Invest to Save: relocation of Café	Eve Roodhouse	Some risk	(90)	(67)	23	0
Budgeted	BAU	Leeds Museums and Galleries commercial review	Eve Roodhouse	Some risk	(100)	(100)	50	0
Budgeted	BAU	Income Generation (New) - Provision of Services to other local authorities	Gary Bartlett	Some risk	(50)	(50)	0	0
Budgeted	BAU	Additional income from new contractor framework implemented in 22/23	Gary Bartlett	Some risk	(25)	(25)	0	0
Budgeted	SR	Street Lighting: Adaptive lighting via a Central Management System (CMS)	Gary Bartlett	High risk	(166)	0	166	0
Budgeted	BAU	Development Management - generation of additional income from pre-app advice service	David Feeney	High risk	(100)	0	100	0
Budgeted	BAU	Strategic Planning - consultancy advice (e.g. to other local authorities)	David Feeney	High risk	(50)	0	50	0
Budgeted	BAU	Building Control - additional income through providing expert technical services to other local authorities	David Feeney	High risk	(50)	0	50	0
Budgeted	BAU	Planning & Levelling Up Bill: National fees	David Feeney	Some risk	(250)	(250)	0	0
Other	BAU	Estate Rationalisation	Angela Barnicle	High risk	(583)	(30)	553	0

**Provisional Outturn February (Month 11)**

**COMMUNITIES, HOUSING & ENVIRONMENT - SUMMARY**



RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	(863)	(1,013)	(150)
On track, no issues	(3,747)	(5,514)	(1,767)
Some risk	(1,085)	(878)	207
High risk	(932)	(92)	840
Cancelled	0	0	0
<b>Total</b>	<b>(6,627)</b>	<b>(7,497)</b>	<b>(870)</b>

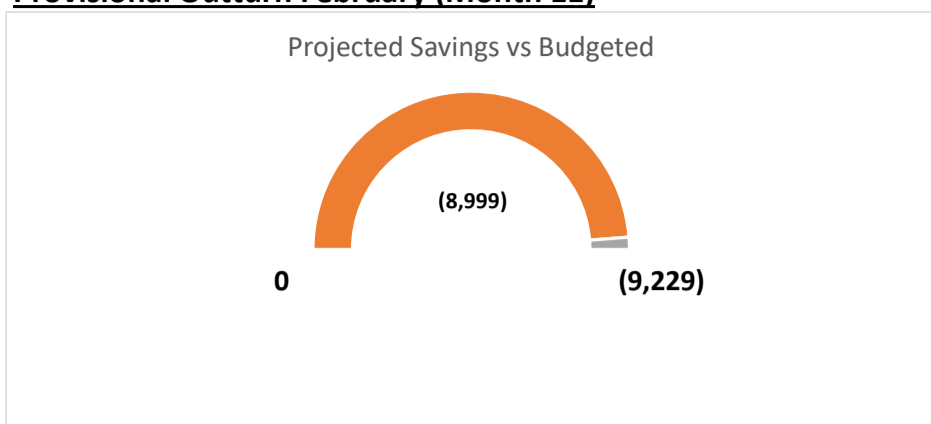
**Amber & Red Risk Areas**

Budgeted savings / Other savings measures	Service Review / Business as Usual	Savings title	Accountable Chief Officer	RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s	Including mitigating actions for Reds & Ambers
Budgeted	BAU	Parks attractions income	John Mulcahy	Some risk	(170)	(140)	30	Price increase came into effect Jan 23 and income will be monitored. Further DDN approved September 23 for price increase to come into effect Jan 24. On street income is projecting to be down £128k against the budget but this is compared to £268k down in 22-23.
Budgeted	BAU	Benefits - Subsidy - target Supported Accommodation	John Mulcahy	Some risk	(134)	(90)	44	Free ULEV permits ceased April 23 and income in WHLCP will be monitored. DDN approved September 23 for price increase to come into effect Jan 24 for WHLCP. Income at WHLCP is approx £700k down against budget compared to £790k last year
Budgeted	BAU	Community Centres - strategy to reduce the current subsidy to nil	Polly Cook	High Risk	(192)	(92)	100	Attractions income is trending towards a pressure at Lotherton where £100k of budgeted savings targeted. However café income is projected to exceed the budget at the three sites with attraction income.
Budgeted	BAU	Recycling Disposal costs	Lee Hemsworth	Some risk	(600)	(600)	0	Action plan in place with the aim is to reduce or maintain existing pressure. However this is dependent on scale of new growth in legitimate supported accommodation claims. £300k delivered at period 6. Assumed remaining 50% will be achieved Sept - Mar
Budgeted	BAU	Review existing fees and charges beyond those assumed within the MTFS: Increase charge for replacement bins and Weighbridge	Lee Hemsworth	Some risk	(32)	(32)	0	Amended charges have been approved - one major client (LCHT) and dependant upon them accepting the increase. Working towards implementation 1/12/2023
Budgeted	BAU	Review existing fees and charges beyond those assumed within the MTFS: Increase charge for replacement bins and Weighbridge	Paul Money	Some risk	(33)	0	33	Reduced income projected in year.
Budgeted	BAU	Review existing fees and charges beyond those assumed within the MTFS: Increase charge for replacement bins and Weighbridge	John Mulcahy	Some risk	(116)	(16)	100	Service has been insourced but income is down compared to budget by approx £100k



Budgeted	BAU	Review existing fees and charges beyond those assumed within the MTFS: Increase charge for replacement bins and Weighbridge	John Woolmer	High Risk	(740)	0	740	The risk of significant volatility of market price of recycling income was is known when the budget was set. All disposal budgets are monitored each month and due to a reduction in the market price of recyclable materials the actions plan does not look like it will be achieved in 2023/24. This cost pressure has been partially offset by £269k of additional income on the recycling contract prices from October 2023.
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**Provisional Outturn February (Month 11)**



**STRATEGY & RESOURCES - SUMMARY**

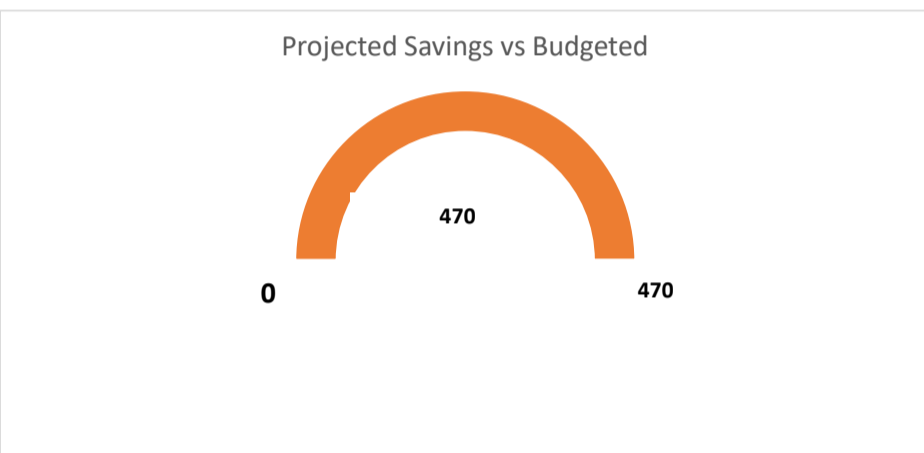
RAG Status	Budgeted Savings £'000s	Provisional Outturn £'000s	Shortfall/ (Surplus) £'000s
Achieved	(115)	(115)	0
On track, no issues	(2,893)	(2,893)	0
Some risk	(5,991)	(5,991)	0
High risk	(230)	0	230
Cancelled	0	0	0
<b>Total</b>	<b>(9,229)</b>	<b>(8,999)</b>	<b>230</b>

**Amber & Red Risk Areas**

Budgeted savings / Other savings measures	Service Review / Business as Usual	Savings title	Accountable Chief Officer	RAG Status	Budgeted Savings £'000s	Year End Projected Savings £'000s	Shortfall/ (Surplus) £'000s	Including mitigating actions for Reds & Ambers
Budgeted	BAU	Additional LBS turnover as a result of capital work in the civic estate	Sarah Martin	Some risk	(1,500)	(1,500)	0	Will need to ensure future years' capital programme provision is recurrent in order to sustain the surplus.
Budgeted	BAU	Corporate Property Management - Various initiatives including: maximising Salix funding & review of building maintenance funding.	Sarah Martin	Some risk	(250)	(250)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Cleaning / Facilities Management/Security: Review of cleaning materials procurement, pricing, Presto offer and insourcing.	Sarah Martin	Some risk	(200)	(200)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Catering: Before and After School Clubs, target increased take up, review high school offer to include cross border training, procurement.	Sarah Martin	Some risk	(165)	(165)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Fleet Services' efficiencies: including reduction in maintenance spend, introduction of new vehicle types, greater utilisation of existing fleet and an enhanced focus on supplier spend and emerging markets.	Sarah Martin	Some risk	(488)	(488)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	CEL Increased Productivity	Sarah Martin	Some risk	(345)	(345)	0	0
Budgeted	BAU	Cleaning/Facilities Management/Security - Increased productivity	Sarah Martin	Some risk	(30)	(30)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Civic Flavour - Armley Sports Centre Café	Sarah Martin	Some risk	(20)	(20)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Civic Flavour - Weddings	Sarah Martin	Some risk	(20)	(20)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Staffing efficiencies: CEL: Corporate Property Management / Facilities Management	Sarah Martin	Some risk	(163)	(163)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Commercial Services: Improving attendance	Sarah Martin	Some risk	(225)	(225)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Passenger Transport: Improving attendance	Sarah Martin	Some risk	(110)	(110)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Passenger Transport: Review all routes to ensure contracted hours aligned with routes to give maximum efficiency	Sarah Martin	Some risk	(75)	(75)	0	To be regularly reviewed as part of ongoing internal budget strategy review.
Budgeted	BAU	Staffing efficiencies: Finance	Victoria Bradshaw	Some risk	(414)	(414)	0	0
Budgeted	BAU	Staffing efficiencies: Human Resources	Andy Dodman	Some risk	(440)	(440)	0	0

Budgeted	BAU	Staffing efficiencies: Integrated Digital Services: additional 2% vacancy factor	Leonardo Tantari	Some risk	(500)	(500)	0	Both IDS DAPs to be consolidated into one.
Budgeted	SR	Review of Network Management Centre	Leonardo Tantari	Some risk	(370)	(370)	0	This is a full year's cost - any delay will be mitigated by further IDS vacancy factors.
Budgeted	BAU	BSC Shared Cost Salary Sacrifice- This would generate Employer NI savings (as well as savings for the individual).	Andy Dodman	High risk	(80)	0	80	0
Budgeted	BAU	Staffing efficiencies: Business Support Centre	Gemma Taskas	Some risk	(276)	(276)	0	0
Budgeted	BAU	Staffing efficiencies: Contact Centre	Gemma Taskas	Some risk	(125)	(125)	0	0
Budgeted	BAU	Staffing efficiencies: Business Administration Service: additional 2% vacancy factor	Gemma Taskas	Some risk	(275)	(275)	0	0
Budgeted	BAU	Communications & Marketing: Synergies from a co-ordinated approach to marketing and promotion	Jane Maxwell	High risk	(150)	0	150	0

**Provisional Outturn February (Month 11)**



**STRATEGIC - SUMMARY**

RAG Status	Budgeted Savings £'000s	Year End Projected Savings £'000s	Shortfall/ (Surplus) £'000s
Achieved	0	0	0
On track, no issues	470	470	0
Some risk	0	0	0
High risk	0	0	0
Cancelled	0	0	0
<b>Total</b>	<b>470</b>	<b>470</b>	<b>0</b>

**Amber & Red Risk Areas**

Budgeted savings / Other savings measures	Service Review / Business as Usual	Savings title	Accountable Chief Officer	RAG Status	Budgeted Savings £'000s	Achieved Savings to date £'000s	Savings Achieved %	Including mitigating actions for Reds & Ambers

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## Cost-of-Living - update report

Date: 17<sup>th</sup> April 2024

Report of: Director of Communities, Housing and Environment

Report to: Executive Board

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief Summary

This report provides Executive Board with an updated position on the cost-of-living crisis, national policy interventions and the Leeds City Council's response to addressing the crisis.

Attached as **appendix 1** to this report is the 'Cost-of-Living Dashboard Monthly Summary' for March 2024. For further context, a link to the full online cost of living dashboard which brings together detailed data and analysis is also included.

This update follows the report to Executive Board in November 2023 and sets out any new developments, their potential impact, and any additional response required.

It is recognised that current local action alone may not be enough to mitigate the impact, and that in the longer-term greater focus will be required across all three pillars of the Best City Ambition in sustainably addressing deep rooted poverty and inequality within the city.

### Recommendations

Members of Executive Board are recommended to;

- a) Note the content of this report and endorse the approach being adopted.
- b) Note that the Director, Communities, Housing and Environment will be responsible for overseeing and implementing any actions arising from this report.

### What is this report about?

- 1 Poverty and financial exclusion have been deep-rooted challenges in Leeds for many years. Despite significant work to address these issues locally, financial pressures and widening inequalities continue to impact households in Leeds and across the country.
- 2 Overall, the situation is likely to remain unchanged with continued low economic growth and Cost-of-Living pressures persisting.
- 3 This report provides an update on the Cost-of-Living crisis and the actions being undertaken by the Council and partners from a welfare and financial inclusion perspective. The report follows on from the report received by Executive Board in November 2023 and provides update and context at both national and local levels.

- 4 The Cost-of-Living Dashboard which has formerly been attached as an appendix to previous versions of these reports, is now hosted online as a fully interactive tool/resource. This is complimented by a paper-based 'Cost-of-Living Dashboard Monthly Summary' document –now attached as **appendix 1** (The weblink to the interactive dashboard is included in the attached 'Cost-of-Living Dashboard Monthly Summary' for further context).

## National Context

- 5 According to the latest Office for National Statistics (ONS) figures, the economy shrank 0.3% between October and December 2023, following a 0.1% fall between July and September, meaning the economy went into recession at the end of 2023.
- 6 The latest Consumer Price Index (CPI) inflation figures published on 20th March reveal that the UK Inflation rate was 3.4% in February 2024. At 11.9%, alcoholic beverages and tobacco prices were the largest component to inflation, with the lowest contribution contributions being housing, water & fuels at –1.7%.
- 7 In March 2024, Bank of England interest rates continued to be maintained at 5.25% (stable since September 2023).
- 8 National data on the UK's economic position suggests conditions have remained largely the same since the last Cost-of-Living Update Report (November 2023), providing no relief to low-income households were already unable to afford the cost of essentials in normal economic conditions.
- 9 In addition, while some statistics initially appear to represent positive changes, further context often highlights negative repercussions or consequences.
- 10 The UK rate of employment is high (75.7%), and unemployment rates are lower than pre-pandemic levels (unemployment to September 2023 was 3.8%, compared to 4.2% in December 2019). In addition, the National Living Wage was uplifted to £10.42 per hour during 2023, meaning UK wages rose at the fastest rate in 20 years. Despite these positive statistics, wages are still lagging the rate of inflation. Pay failing to keep up with price rises, therefore means many working households are experiencing financial pressure and hardship.
- 11 The ratio of consumer debt to household income has fallen in recent years, even after rising interest rates, however this is partly due to lenders making it harder to access credit. As referenced by The Resolution Foundation<sup>1</sup>; "around 13% of the poorest fifth of families having been rejected for credit in the previous 12 months. Faced with restricted access to consumer debt, many families have fallen behind on priority bills like gas and electricity to make ends meet. Ofgem data indicates that the number of accounts behind on their gas and electricity bills has reached the highest level since records began in 2012, and the latest data shows the average amount owed increased by 51% between Q2 2022 and Q3 2023."
- 12 In February 2024, Citizens Advice launched 'The National Red Index<sup>2</sup>', which utilises data from debt advice clients and national survey data to estimate the number of people in the UK in a negative budget: 'Nearly 5 million people are in a negative budget, stuck in the red, building up debt to get by. A further 2.35 million are living on empty - only escaping a negative budget by cutting their essential spending back to unsafe levels.'

## Cost-of-Living Support- National

- 13 The Cost-of-Living package of support from National Government for 2022 and 2023 focused on a range of energy support schemes, household support fund and scheduled payments for eligible means-tested benefits claimants<sup>3</sup>, with the final payments due in Spring 2024.
- 14 Key measures in relation to Cost-of-Living support for households in 2024 were announced during the Spring Budget and include;

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<sup>1</sup> [In too deep? • Resolution Foundation](#)

<sup>2</sup> [The National Red Index: how to turn the tide on falling living standards - Citizens Advice](#)

<sup>3</sup> For full details of Cost of Living Payment eligibility, please see - [Cost of Living Payments 2023 to 2024 - GOV.UK \(www.gov.uk\)](#)

- Removal of the £90 administration fee for Debt Relief Orders (DRO) from 6 April 2024. From 28th June 2024, the associated maximum debt value threshold will also increase from £30,000 to £50,000.
  - Confirmation that the Pre-Payment Meter standing charge premium will be permanently removed.
  - Increasing the repayment period on budgeting advance loans taken out (from December 2024) by claimants on Universal Credit from 12 months to 24 months.
  - Continuation of Household Support Fund at the current rate for 6-months.
- 15 As referenced in previous reports, considerable concern was raised both nationally and locally around the future of support Cost-of-Living measures including the Household Support Fund which had been set to end in March 2024. While the extension for 6 months is welcome support in the immediate term, the short notice coupled with lack of any commitment regarding the long-term future of the fund, means continued uncertainty and instability within the context of welfare support. Furthermore, without the additional Cost-of-Living payments (£900 in 2023/24), the fund is likely to come under substantial pressure.
- 16 In response to the Spring Budget, the Chair of the Local Government Association said ‘It is disappointing that the Government has not announced measures to adequately fund the local services people rely on every day. Councils continue to transform services but, given that core spending power in 2024/25 has been cut by 23.3% in real terms compared to 2010/11, it is unsustainable to expect them to keep doing more for less in the face of unprecedented cost and demand pressures.’

## Energy Support

- 17 The Energy Price Cap (EPC) was initially introduced in 2019, with an aim of protecting UK households from volatile and inflated energy prices by limiting the amount suppliers could charge households for default energy tariffs. Since then, the energy crisis has seen energy suppliers utilise the maximum cap level as the standard price for energy. This has served to essentially freeze the energy market and reduce supplier competition, resulting in high energy prices for households and no incentive for suppliers to reduce prices.
- 18 Between 1 April to 30 June 2024 the energy price cap will be set at £1,690 per year for a typical household on direct debit. This is £238 lower than the cap set between 1 January to 31 March 2024 (£1,928).
- 19 Energy debt in the UK reached a record high of £3.1 billion as reported by Ofgem (February 2024). In response, Ofgem has announced additional support measures for energy suppliers, including a temporary additional payment of £28 per year (equivalent to £2.33 per month) for direct debit and credit customers (prepayment meter customers are not affected). According to Ofgem; "This will be added to the bills of customers who pay by direct debit or standard credit and is partly offset by the termination of an allowance worth £11 per year that covered debt costs related to the COVID-19 pandemic."
- 20 Various cross sector groups are calling for the instatement of social tariffs to help low-income households with the cost of energy, with Centrica (British Gas parent company) calling it “the best thing we can do for consumers”, however there have been no Government announcements in relation to social tariffs, which would also be unlikely to reduce UK energy prices more widely.
- 21 In February 2023, all UK energy suppliers were banned from force-fitting prepayment meters, following considerable national campaigning and press interest which highlighted concerns about the practice. A new Code of Practice was introduced by Ofgem and incorporated into mandatory Supply Licence Conditions on 8 November 2023, however as of February 2024, three energy suppliers have been given permission to reinstate the practice, with the ban still effective for all other UK suppliers.

## Universal Credit (UC)

- 22 Universal Credit was first introduced in 2013, with the aim of streamlining and simplifying the benefits system and better supporting those on low incomes.
- 23 'Managed migration' (also known as 'Move to UC') is the final phase of the rollout of UC, wherein the DWP is gradually contacting working age legacy benefit claimants to notify them that those benefits will be ending and informing them of the need to claim UC instead. Managed migration is expected to be complete by March 2025 for most people, however those in receipt of Employment and Support Allowance and do not get tax credits are expected to move to Universal Credit by 2028.
- 24 DWP began issuing Migration Notices to Leeds claimants in August 2023, with a focus on households claiming tax credits only.
- 25 In February 2024, the National Audit Office published a report highlighting that after receiving a managed migration notice, one in five legacy benefit claimants do not claim UC and recommends further research to understand this issue is needed.
- 26 Further to this, the charity Child Poverty Action Group highlights aspects of the managed migration process remain ambiguous – even to advisers and that; 'It is seeing cases of people struggling to claim UC and nearly missing their deadline to do so because they do not understand what is required of them. Even if people who miss their migration deadline do eventually manage to claim UC, they will have lost their entitlement to transitional protection – a top-up which ensures claimants are not worse off at the point of transition to UC, sometimes worth hundreds of pounds a month.'
- 27 The DWP's own research found several reasons why couples previously on Tax Credit are choosing not to claim UC:
  - Households have experienced a change in circumstances: Belief that they would no longer be eligible for UC due to a change in their household circumstances which they thought would affect their eligibility for UC.
  - Low UC award perception: That it was not worthwhile making a claim due to a perception that the amount they would receive from UC would be small.
  - Requirements for self-employed: The additional UC checks that are made on claims in comparison to Tax Credits and time taken may be a factor in some self-employed claimants choosing not to make a claim to UC.
  - Households with savings: Some couples had savings higher than the £16,000 threshold and believed they would not be eligible for UC.

## Local update & key statistics

- 21% (176,376) of the Leeds population is living in relative poverty after housing costs are deducted from income<sup>4</sup>.
  - 22% (33,482) of children in Leeds, were estimated to be living in relative low-income families before housing costs<sup>5</sup>.
- 28 The Cost-of-Living Dashboard (formerly attached as an appendix to previous versions of these reports), is now hosted online as a fully interactive tool/resource. This is complimented by a paper-based 'Cost-of-Living Dashboard Monthly Summary' document – now attached as **appendix 1** (The weblink to the interactive dashboard is included in the attached 'Cost-of-Living Dashboard Monthly Summary' for further context).
  - 29 Key data highlights include;
    - 83,621 people claimed UC in Leeds in Jan 2024. The number of UC claimants has continued to increase since January 2022, and is up 13.2% since Jan 2023.

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<sup>4</sup> Leeds Poverty Factbook: <https://observatory.leeds.gov.uk/leeds-poverty-fact-book/>

<sup>5</sup> As per footnote 4.



- As of April 2023, although the median average wage for Leeds residents was £15.43 per hour, an estimated 44,968 (14.3%) Full Time Equivalent (FTE) Leeds residents earned less than the 2023 Living Wage of £10.90 per hour.
  - The real term impact on Leeds residents estimates the lowest (10%) of earners, saw a weekly loss of 6% (£12), in comparison to the top 10% of earners who lost only 4% of their income (£46), highlighting how those on the lowest incomes continue to be hit the hardest by inflationary impacts and the Cost-of-Living.
  - The total number of enquiries seen by Leeds City Council's Welfare Rights Unit in 2023/24 was 2631, a significant year on year increase since 2020/21 (1140 enquiries)
  - Local Citizens Advice data shows total enquiries increased by 15% in Quarter 3 2023/24 to 51,476 (from 45,554 enquiries in quarter 3 2022/23). The data also reveals women, people from diverse communities and disabled people/people with a long-term health issue are all representing for advice at higher proportions than they are in the wider Leeds population.
- 30 Since the last Cost-of-Living Update report submitted in November 2023, the exceptional pressure on services, staff and customers has continued.
- 31 Funding instability and cuts to local authority, NHS and third sectors continue to compound the situation, with prolonged exceptional pressure challenging the operations of services, at a time of rising need. Cross sector examples of organisations reaching untenable positions are now coming to light, with many having little option but to consider necessary service reviews, reductions and policy changes which are nonetheless detrimental to the capacity and capability of support in the city.
- 32 As reported by the Local Government Association, the Spring Budget represents the sixth one-year settlement in a row for councils which has inevitably led to the steady weakening of local services; "Councils need greater funding certainty through multi-year settlements to prevent this ongoing decline but also to ensure key national government policies – such as boosting economic growth, creating jobs and building homes – can be achieved."
- 33 Combined with rising inflationary costs and significant levels of need in communities, many organisations in the city, have been left with little option but to consider service changes and reductions essential for the organisation to remain operational, but that will nonetheless result in a reduction to service capacity and availability.
- 34 The latest State of the Third Sector in Leeds report (published in 2023 with 2022 data) highlights between 2020 and 2022, the third sector has seen.
- 34% drop in paid workforce
  - 25% drop in registered volunteers
  - 10% drop in registered organisations
- 35 **Appendix 3** provides details of experiences from local frontline staff and volunteers in terms of current challenges due to the Cost-of-Living. The anonymised experiences were collected as part of recent training/briefings delivered by the Financial Inclusion Team, and represent a range of services including food banks, children's services, LCC Gas & Electric operatives, third and faith sector, Welcome Spaces and Elected Members.

## Local Action

- 36 As reported previously and linked to both the Best City Ambition and the breakthrough priority to develop an integrated city-wide welfare support approach, strategic and operational groups have been meeting since September 2022 to coordinate actions to mitigate as far as possible the impacts of the Cost-of-Living crisis. Reflecting the 'Team Leeds' approach the groups all have senior representatives from the Council, health, third sector and the Department for Work and Pensions and have expanded to include other key partners where appropriate.
- 37 The work areas and actions emerging from the meetings have focussed on awareness and understanding of support available, developing practical support to enhance existing services, and ensuring funding available is coordinated and maximised. Please see **appendix 2** for further details and updates of work undertaken to date.

- 38 In addition, the Equality, diversity, cohesion, and integration screening undertaken with respect to the 'Cost-of-Living and Welfare strategic and operational arrangements' included in this report is attached as **appendix 4**.
- 39 These project areas are continually reviewed and updated. Key workstreams include:
- 40 Review and update of the **Together Leeds campaign** site, ensuring all Cost-of-Living information and advice is up to date and seasonally accurate alongside dedicated social media content. Online content is complimented by a range of offline advertising activity, particularly via the **Welcome Spaces project**.
- 41 Welcome Spaces have ensured all Leeds residents could access face to face support for free in a safe, warm and welcoming environment throughout the colder weather. Building on successes and learning from the initial Warm Spaces pilot in 2022/23, additional training opportunities and signposting materials have been provided to organisations delivering Welcome Spaces, and better links have been established with the Leeds Community Anchor Network who have played a key role in terms of direct delivery as well as coordination of local activity and funding.
- 42 Furthermore, the **Zero Waste Leeds - Winter Coat Appeal**, which collects and distributes good quality, clean coats across selected community locations has also been delivered in collaboration with Welcome Spaces.
- 43 The **Leeds Money Information Centre (MIC)** continues to be the main signposting opportunity for money advice in the city. Printed copies of MIC resources have been distributed to all community hubs, libraries, housing offices, and made available to financial inclusion partners including DWP JobCentre Plus.
- 44 The Financial Inclusion Team are also continuing to provide **training and awareness sessions** for a range of frontline services including LCC children's services, customer services, Welcome Spaces, LCC Housing, Gas and Electric Teams as well as external partners and third sector volunteers. Bespoke briefing sessions on key financial inclusion issues and initiatives have also been delivered recently for Elected Members.
- 45 There is continued focus on ensuring short term funding such as the **Household Support Fund, Holiday Activity and Food Funding, West Yorkshire Mayoral Fund and UK Shared Prosperity Fund** are prioritised to support people most impacted by the Cost-of-Living crisis (including via third sector partners in the city), whilst adhering to the criteria of the different funds and differing timescales for delivery.

### **What impact will this proposal have?**

- 46 The proposal sets out how the Council and partners are adopting a strategic, coordinated, and collaborative response to the Cost-of-Living crisis. However, many of the projects and initiatives referenced are short term. The challenge for the council and partners is how this work can be used to make a substantial long-term difference to the people of Leeds, without significant change in national policy and adequate long term sustainable funding.

### **How does this proposal impact the three pillars of the Best City Ambition?**

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 47 The Leeds Best City Ambition has at its heart the mission to tackle poverty and inequality and improve the quality of life for everyone who calls Leeds home. The actions and initiatives set out within the report to mitigate the impacts as far as possible of the Cost-of-Living crisis, impact all three pillars of the Best City Ambition. Furthermore, the approach adopted has been undertaken as a Team Leeds approach.
- 48 In the longer term a greater focus will be required across all three pillars of the Best City Ambition in sustainably addressing deep rooted poverty and inequality within the city.
- 49 Poverty and inequality are protected characteristics, and Equality, Diversity, Cohesion and Integration screening are undertaken as appropriate for each measure, with the EDCI screening document for the 'Cost-of-Living and Welfare strategic and operational arrangements' included in this report, attached as **appendix 4**.

## What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?       Yes       No

50 Partner organisations referred to in this report have been consulted to provide relevant and up to date information about the projects, initiatives and services referenced.

## What are the resource implications?

51 All the projects and services referred to in this report are being undertaken within current budgets, there are no additional resource implications arising from this report.

## What are the key risks and how are they being managed?

52 The Corporate Risk Register houses the most significant and cross cutting risks facing the council and city. The register includes a risk on Escalating Poverty - 'The impact of poverty in the city escalates due to factors such as inflation, fuel, food and energy prices increases.' Should the council fail to play an effective part in tackling the risk, then the impact of the risk increases, and it will have a more detrimental effect on the citizens and communities of Leeds. This could lead to a loss of public faith in the council and subsequent reputational damage.

53 The risk is managed through a range of activities as outlined in this report, including regular strategic and operational group meetings. The risk is regularly reviewed, updated and reported within the council, to the Communities, Housing and Environment Directorate Leadership Team and onto the Corporate Leadership Team.

54 An additional risk on Third Sector Sustainability also appears on the Corporate Risk Register – the risk that third sector organisations will not be able to deliver due to reduced funding and increased demand. The key controls to manage this risk will be the development of a strategy based on the following principles:

- Working in a way that ultimately benefits people and communities living in Leeds.
- The importance of delivering preventative measures where possible.
- Investment in resilience.
- The importance of working together in partnership.
- A commitment to 'one workforce'.
- The third sector being an equal partner as part of both the West Yorkshire Health and Care Partnership, 'Team Leeds' approach and West Yorkshire Combined Authority.

## What are the legal implications?

55 There are no specific legal implications or access to information issues with this report.

## Options, timescales and measuring success

### What other options were considered?

56 No other options have been considered.

### How will success be measured?

57 Success will be measured by update reports and the Cost-of-Living dashboard.

### What is the timetable and who will be responsible for implementation?

58 Implementation is immediate and continuous.


















## Appendices

- Appendix 1: Cost-of-Living Dashboard Monthly Summary
- Appendix 2: Cost-of-Living Action Plan
- Appendix 3: Experiences of frontline services
- Appendix 4: Equality, Diversity, Cohesion & Integration Screening - 'Cost-of-Living and Welfare strategic and operational arrangements'.

## Background papers

None

## Monthly bulletin: 21 March 2024

Latest data: Cost of living				Snapshot trend analysis	Next data update
Inflation	<i>CPI inflation</i>	3.4%		UK CPI Inflation was 3.4% in Feb 2024, down 0.6% from the previous month but still above the target rate of 2%. At 11.9%, Alcohol and Tobacco is still the leading contribution to the upward change in the CPI rate. The largest downward contributions to the monthly change in CPI annual rates came from food, and restaurants and cafes	17/04/2024
	<i>Core inflation</i>	4.5%		Core CPI rose by 4.5% in the 12 months to February 2024, down from 5.1% in January	17/04/2024
	<i>Bank Rate</i>	5.25%		Bank rate was 5.25% in Mar 2024 and has remained the same since Aug 2023	09/05/2024
Fuel	<i>Petrol (ppl)</i>	145		Average price of petrol was down by 47p in the week commencing 4 <sup>th</sup> March from its peak in Jul 2022, however prices have started to rise since Jan 2024 and since then it is up 5p	Updated weekly
	<i>Diesel (ppl)</i>	155		Average price of petrol was down by 45p in the week commencing 4 <sup>th</sup> March from its peak in Jul 2022, however prices have started to rise since Jan 2024 and since then it is up 7p	Updated weekly
	<i>Energy price cap</i>	£1690		The national energy price cap for Jan – Mar 24 was £1,928 and has now decreased by 12.3% to £1,690 for Apr – Jun 2024	May 2024
	<i>Fuel poverty gap</i>	£443		In 2022, the national average fuel poverty gap was £338 per fuel poor household and is projected to increase to a record high of £443 in 2023	April 2024
Poverty & Income	<i>In employment</i>	77.3%		In the year to Sept 2023, 397,000 people were estimated to be employed in Leeds, at a rate of 77.3% of the working age population. This is up from 76.2% in the previous year	16/04/2024
	<i>Unemployment rate</i>	2.9%		In the year to Sept 2023, 11,900 people were estimated to be unemployed in Leeds, at a rate of 2.9%. This is down from 3.1% in the previous year	16/04/2024
	<i>UC claimants</i>	83,621		83,621 people claimed UC in Leeds in Jan 2024. The number of UC claimants has increased by 1.3% since Dec 2023 and is up 13.2% since Jan 2023	09/04/2024
	<i>UC Claimants in work</i>	38%	N/A	62% of claimants to UC in were not in work, and 38% - 31,893 Leeds claimants are in-work	09/04/2024
	<i>Real Living Wage</i>	£12		From Apr 2024, the Real Living Wage for outside of London is £12.00 per hour. The National Living Wage for people over 23 is £10.42 per hour. The Leeds Median hourly rate is £15.43	November 2024
Housing	<i>Average house price</i>	£230k		The average house price in Leeds increased 6.9% between Mar 2022 to Mar 2023, although house prices increasing is normally a positive sign of a strong economy, this increase is largely due to increased interest rates and impacts of the cost-of-living	To be announced
	<i>Monthly rental cost</i>	£850		Monthly Rental cost in Leeds is up 7% in the 12 months to Sept 2023	To be announced
	<i>Housing Affordability Ratio</i>	6.79		With data to Sept 2022, it cost the average full-time Leeds worker 7 times their income to afford a house. Although a slight dip from 7.14 in Sept 2021, this is one of the highest ratios for Leeds on record, and an indication of wages not keeping pace with house prices.	March 2024 (TBA)
Advice & Support	<i>Welfare Rights Unit</i>	387		In Jan 2024, 387 benefit checks were made by the WRU, up 78% from 217 checks in Jan 2023	April 2024
	<i>CAB enquiries</i>	52,476		By the third quarter of 2023/24 from Oct to Dec 2023, total enquiries increased by 15%; from 45,554 by Q3 2022/23 to 52,476 by Q3 2023/24	April 2024
	<i>Food parcels</i>	67,616		This is up 3% on the previous year	June 2024
	<i>Household Support Fund</i>	117,767	N/A	As of Q3, 117,767 households have been supported. 36% was spent on food, 31% on energy and 32% on essentials	April 2024

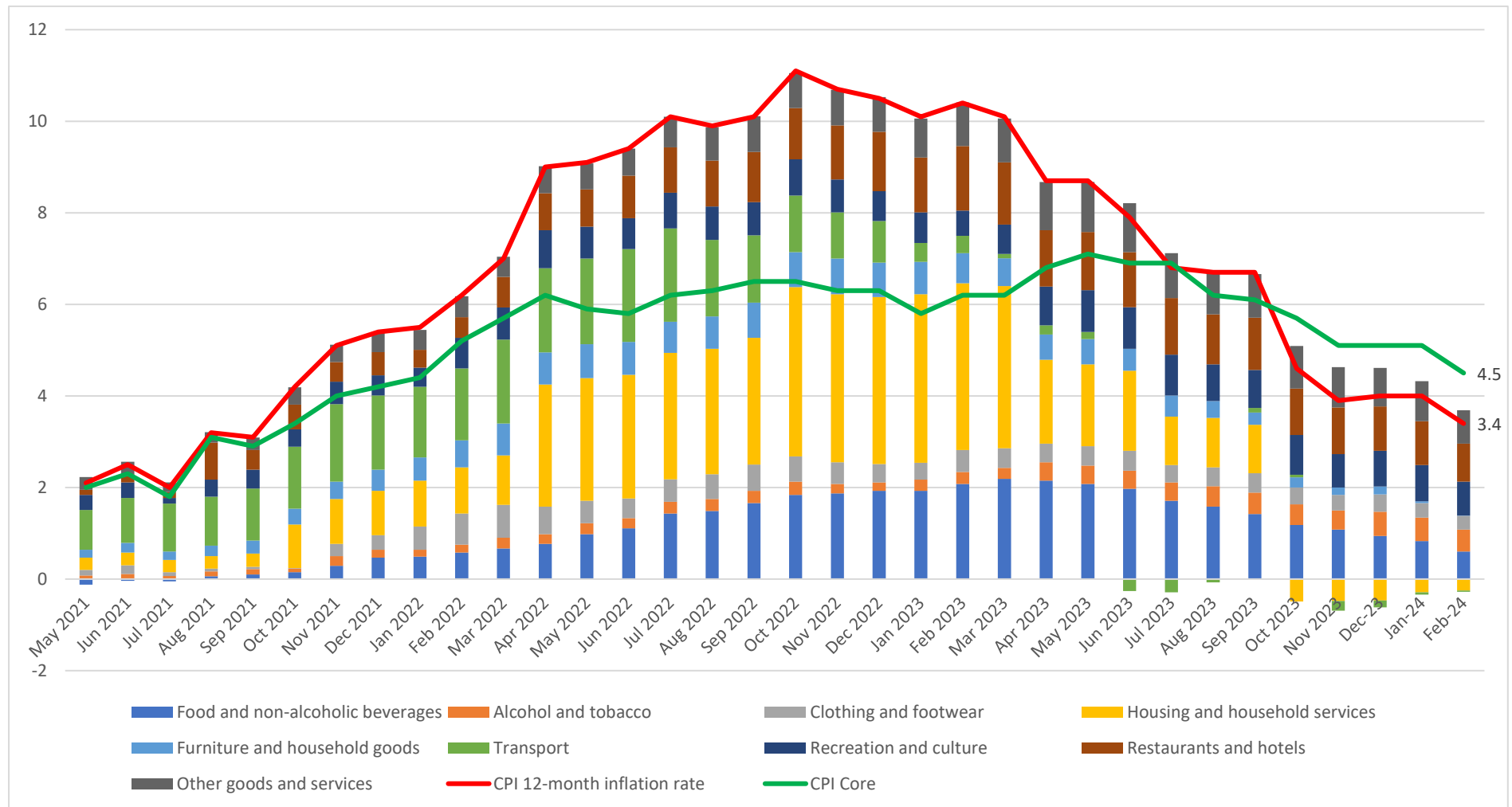
The next bulletin is due on 17<sup>th</sup> April 2024. To access the live data, visit our dashboard:

<https://observatory.leeds.gov.uk/home/cost-of-living/>

# Monthly bulletin: 21 March 2024

## Timeline of Cost-of-Living Crisis

The Government target is to maintain inflation at 2%. CPI was last at its target rate in July 2021. This point in time coincides with Covid Lockdown rules easing and more spaces starting to reopen. From that point, supply and demand issues in the global economy, affecting fuel prices and food supplies started to push up prices and the cost-of-living crisis began to take effect.



## APPENDIX 2 - LEEDS STRATEGIC COST OF LIVING PLAN

This plan outlines the response to the Cost-of-Living crisis by Leeds City Council and partners. The aim of the plan is set out how as a city we are working together to harness the capacity and capability in Leeds, our communities and those with lived experience to develop a city solution to welfare provision and addressing the cost-of-living crisis.

This plan will ensure that the council maintains the infrastructure to respond to the immediate crisis and use collaborative approaches to build resilience for medium and long terms.

	Action Area	Progress update
<b>1</b>	<b>Governance and oversight</b>	
1.1	Strategic and Operational groups with cross sector representation	<p>The following strategic and operational groups with representatives from across Council, NHS, DWP, third sector and wider public sector, have been established and have been meeting since September 2022;</p> <ul style="list-style-type: none"> <li>• Strategic Cost of Living meeting- Directors and senior leaders meeting every quarter</li> <li>• Cost of Living and Welfare Board- Senior Officers and partners meeting every month..</li> <li>• Financial Inclusion steering group- to ensure wider partners and services experiences have been considered and key messages disseminated.</li> </ul>
<b>2</b>	<b>Communications and engagement</b>	
2.1	Webpages	<ul style="list-style-type: none"> <li>• Warm Spaces campaign page for last year rebranded to welcome spaces and reinstated, linking to Leeds Directory and providing information about the scheme.</li> <li>• All marketing assets rebranded from warm spaces to welcome spaces</li> <li>• Key messaging themes: Winter Coat Appeal, Together Leeds Campaign website, Low/no cost family activities for Christmas, Healthy Holidays, Fuel and Energy, 16 days of action (including content about relationships, domestic abuse etc), winter health, Loan Sharks, MIC resources. Messages shared across corporate channels including Housing Leeds.</li> <li>• Sharing messaging for the Government campaign ‘Stop Fraud’ and also sharing the Step Change campaign for ‘debt awareness week’</li> <li>• Full communications evaluation report will be available towards the end of March</li> </ul>

	Digital Promotions, PR and campaigns	<ul style="list-style-type: none"> <li>Once again the Zero Waste Leeds winter coat appeal secured positive media coverage.</li> </ul>
2.5	Events	<ul style="list-style-type: none"> <li><b>Community events</b> being held across the city signposting people to relevant support and advice including via LCC Community Hubs, Local Care Partnership and Public Health teams in school settings</li> <li><b>Financial Wellbeing Week:</b> Held in February, the weeklong programme of events aimed to give useful advice on a range of money to people working in Leeds and was promoted internally. Sessions were run by both Council services and partner agencies and covered a range of topics.</li> </ul>
2.6	Cost of living campaign Housing Leeds	<ul style="list-style-type: none"> <li>Communications campaign/ social media promoting partner agencies events and general financial advice/ money saving ideas.</li> </ul>
<b>3</b>	<b>Information, Advice and Guidance</b>	
3.1	Leeds Money Information Centre	<ul style="list-style-type: none"> <li>Leeds Money Information Centre website details of <b>free, independent, and confidential</b> advice and support in Leeds.</li> <li>All information reflects the current situation and is updated regularly.</li> <li>Integrated mapping- includes all advice points, food aid map, digital services, and Leeds School Uniform Exchange.</li> <li>Physical resources available including flyers (including translations), concertinas, posters and business cards. In addition, the comprehensive Managing Your Money printed booklet has been updated and redesigned, with 20,000 copies distributed to Community Hubs and Libraries, Housing Teams and a range of external financial inclusion partners from October 2023.</li> <li>In addition to this, over 40,000 printed resources have been distributed to organisations including council services, NHS and health settings, DWP, third sector and universities since January 2023.</li> </ul>
3.2	Google drive	<ul style="list-style-type: none"> <li>To ensure there is awareness amongst frontline services of the support available in the city and key messages around the cost-of-living crisis a google drive which can be shared across organisations has been created.</li> <li>Themed folders on Communications, Money, Housing, Health, Food and Energy in addition to details of how to order physical resources. The link is sent out in the regular financial inclusion news bulletin.</li> </ul>



3.3	Training and awareness raising	<ul style="list-style-type: none"> <li>• Financial Inclusion Team continue to deliver training and awareness sessions to a wide range of council (including elected members) and health services, and city-wide partnerships since October 22. This has included; <ul style="list-style-type: none"> <li>○ Adult Social Care- Better Lives Board, Better Together, Forum for Race Equality in Social care and Health</li> <li>○ Childrens Services: Social care staff, Early Help &amp; Directors Development session</li> <li>○ Communities, Housing &amp; Environment: Leadership forum, Housing Associations, Migration Partnership, Housing Leeds, Gas and Electric operatives</li> <li>○ Resources: Shared services staff</li> <li>○ Health: Health and Wellbeing Board, Public Health Want to Know More About sessions, Public Health Conference, Local Care Partnership, Target conference video, Primary Care Network Fuel poverty and support</li> <li>○ Elected members: Community Committees Chairs, Inner North East workshop, All members session &amp; bespoke training/briefing sessions</li> <li>○ City partnerships: Leeds Debt Forum, DWP Leeds staff, Leeds Food Aid Network, Leeds Community Anchor Network, Age Friendly Board, Leeds Maternity Strategy Health and Wellbeing group, Armed Forces Covenant, LGBT+ hub</li> <li>○ Leeds employees as part of Financial Wellbeing week</li> </ul> </li> </ul>
<b>4</b>	<b>Practical Support</b>	
4.1	Debt Relief Orders	<ul style="list-style-type: none"> <li>• A Debt Relief Order (DRO) helps low-income residents with unmanageable debts of up to £30,000 and often results in debts being written off completely. During 2022, it was estimated that 47% of clients eligible for a DRO in Leeds disengaged with the application process, strongly linked to the £90 fee.</li> <li>• The Financial Inclusion Team allocated £25,000 to Ebor Gardens Advice Centre to deliver the DRO pilot project, with the aim to reduce the disengagement of clients by providing the £90 fee.</li> <li>• Results from the third quarter of this project have revealed a positive impact, with clients accessing the funding to get their fee paid, leading to a reduction in housing repossessions and enforcement actions, ending harmful income deductions and relief to clients vulnerable to self-harm/suicide. As of Q3, 88 clients have had their DROs funded and over £1m in debts have been written off. The year to</li> </ul>

		<p>date disengagement rate by the third quarter was 5%. The average amount of debt owed across those being put forward for the DRO was £12,126.</p>
4.2	Home Plus Leeds (Affordable Warmth)	<ul style="list-style-type: none"> <li>• Home Plus Leeds service provides energy efficiency and fuel bill advice to lower income vulnerable residents across Leeds, as well as referrals to grants for heating and energy efficiency improvements.</li> <li>• The scheme is targeted at supporting 900 households experiencing fuel poverty.</li> </ul>
4.4	Welcome Spaces	<ul style="list-style-type: none"> <li>• In Winter 2023/24 over 200 organisations including all Leeds City Council Community Hubs and Libraries, faith-based, private and third sector stepped forward to become part of the Leeds Welcome Space Project.</li> <li>• The project draws on learning from winter 2022/23 and has been developed by LCC, Voluntary Action Leeds and the Leeds Community Anchor Network Based on consultation with organisations.</li> <li>• Funding for the project has been secured via West Yorkshire Mayoral Fund and Household Support Fund. Voluntary Action Leeds collated expression of interest from third sector and faith-based organisations which was then shared with the Leeds Community Anchor Network (LCAN) who coordinated activity and distributed funding to support Welcome Spaces within their locality.</li> <li>• Further information on this year's approach can be found here: <a href="#">Welcome Spaces - Guidelines for Winter 2023 organisations - Doing Good Leeds</a></li> </ul>
4.5	Winter Coat Appeal	<ul style="list-style-type: none"> <li>• Alongside Welcome Spaces, the Leeds Winter Coat Appeal, coordinated by Zero Waste Leeds aims to collect and redistribute winter coats, running from Monday 16th October to the end February 2024.</li> <li>• Requested items: Coats for adults, children, and babies, Waterproofs, Fleeeces, Baby cot sleeping bags, Snow suits for babies and young children, Pram footmuffs, Hats, scarves, and gloves</li> <li>• Selected Community Hubs, Libraries, Welcome Spaces, and community groups operating as distribution and collection points.</li> <li>• Full evaluation report to follow in the coming months.</li> </ul>
4.6	Housing Leeds	<ul style="list-style-type: none"> <li>• Housing Leeds Housing Officer Income (HOI) provide tenants with a range of financial support, including benefits and grant applications, as well as dealing with any rent arrears and referrals to other advice and support such as debt advice.</li> <li>• Between April 23 and Feb 2024 inclusive, the HOI team have worked with 4199 Households in total and secured £ £2,853,040 in additional income. With an average additional income per family of £679.</li> </ul>

		<p>This included 1109 households with Children (£594,505 of additional income, with an average of £536 per family).</p> <ul style="list-style-type: none"> <li>• As part of the Leeds allocation of Housing Support Fund, £350,000 was made available to Housing Leeds to offer support to tenants with ongoing arrears issues.</li> </ul>
<b>5</b>	<b>Funding</b>	
5.1	Household Support Fund	<ul style="list-style-type: none"> <li>• Government funding of £14.2m to support vulnerable people with the costs of energy, food and essential items between 1<sup>st</sup> April 2023 and 31st March 2024. In Leeds the fund provided the following support: <ul style="list-style-type: none"> <li>○ Direct support via council services- Welfare &amp; Benefits, Housing &amp; Childrens</li> <li>○ Applications via the Local Welfare Support Scheme</li> <li>○ Third sector support working citywide through a partnership approach involving Leeds Community Anchor Network (via Voluntary Action Leeds), Forum Central, Leeds Food Aid Network and advice organisations, with funding for Zarach and Leeds Baby Bank, and Hamara and Give a Gift for their work to coordinate the city’s cultural food hub offer.</li> <li>○ Winter support in collaboration with Public Health</li> </ul> </li> <li>• Continuation of Household Support Fund for 6 months was confirmed in the Governments Spring Budget (6th March). Further details will be provided once DWP guidance has been received.</li> </ul>
5.2	Holiday Activity and Food Funding	<ul style="list-style-type: none"> <li>• Funded from the Department for Education’s Holiday Activity Fund, the Healthy Holidays programme in Leeds provides activities and a healthy, hot meal for children in receipt of Free School Meals, over the Easter, Summer and Christmas school holidays.</li> <li>• Provision is a mix of third sector, schools based and through Community Hubs ensuring availability is varied and local to children and young people.</li> <li>• Over 2023, 22,000 children and young people attended healthy holidays programmes- and 270,000 portions of food were provided. 650 children also took part in swimming lessons.</li> <li>• For the 2024 programme, Leeds was allocated £3.4m (reduction since 2023). Leeds City Council and Leeds Community Foundation have funded 39 school providers, 44 third sector organisations, and 8 council provisions.</li> </ul>

		<ul style="list-style-type: none"> <li>• Currently no indication from national government regarding funding for beyond 2024 which is a cause for concern and would be a significant loss if not continued.</li> </ul>
5.3	West Yorkshire Mayoral Fund	<ul style="list-style-type: none"> <li>• West Yorkshire Mayoral Fund (£323,950 November 2022-April 2023) - Funding was primarily used to support the citywide network of faith based and third sector warm spaces, focused on helping those most at risk during the cold weather.</li> <li>• The funding also provided a necessary uplift to organisations delivering the Leeds advice contract to help mitigate the impact of the cost of living and inflation on service delivery.</li> <li>• Funding from May 2023 to May 2024 was provided as a one off from the WYCA Mayoral Fund to; <ul style="list-style-type: none"> <li>○ Maintain and enhance the Leeds Advice Contract, both in terms of meeting current inflationary pressures and supporting specialist housing, debt and benefits and immigration advisors to provide specialist and casework advice.</li> <li>○ Support for charities, and third sector organisations (including faith-based organisations with the delivery of Welcome Spaces in winter 2023/24 (in conjunction with funding allocated from Household Support Fund).</li> </ul> </li> <li>• There is currently no update as to whether further funding will be made available beyond May 2024.</li> </ul>
5.4	UK Shared Prosperity Fund	<ul style="list-style-type: none"> <li>• LCC Financial Inclusion team has been allocated around £800k in UKSPF funding to cover three financial years on projects relevant to the cost of living:</li> <li>• During 2022/23: £400k of the funding was allocated to the Local Welfare Support Scheme and assisted 6,682 households impacted by the cost-of-living crisis with white goods or energy support.</li> <li>• From 2023/24 to 2024/25: £250k has been awarded to Money Buddies over two years for delivery of outreach sessions across Leeds, supporting households with issues relating to the cost of living, particularly around emergency debts, money management and fuel bills.</li> <li>• In 2024/25, £150k is to be allocated to Leeds Food Aid Network to support food infrastructure projects.</li> </ul>
5.5	British Gas Energy Trust Funding	<ul style="list-style-type: none"> <li>• British Gas Energy Trust, through their corporate social responsibility commitments have worked with Housing Leeds to provide tenants with £400k of energy vouchers for allocation between November 2023 and March 2024.</li> <li>• Eligible tenants can receive up to £147 worth of energy vouchers with 7597 vouchers issued to 2532 households to date.</li> </ul>

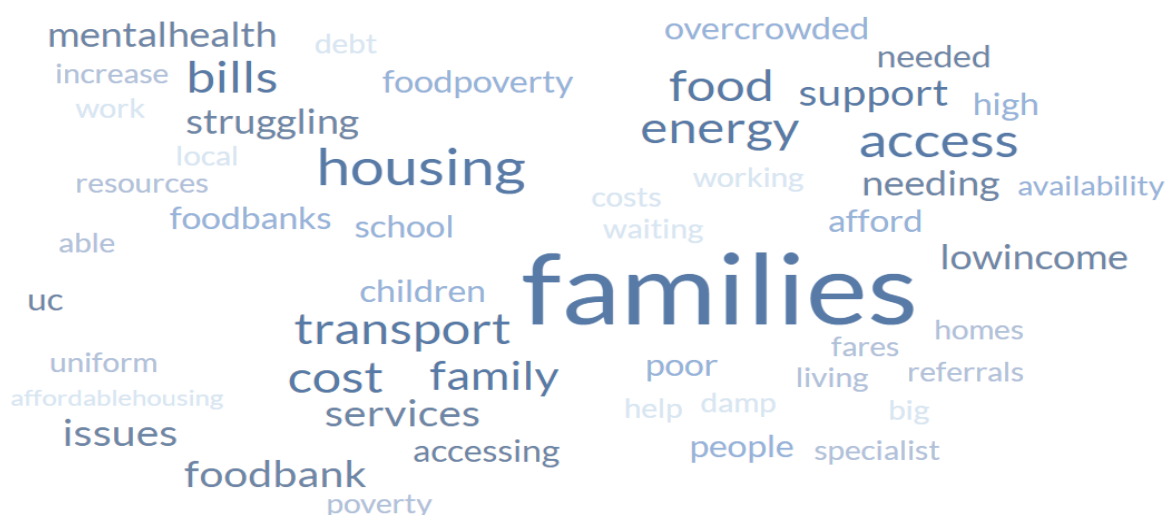
5.6	Home Upgrade Grant Funding	<ul style="list-style-type: none"> <li>Leeds City Council has been granted funding to improve approximately 750 mainly private sector households without gas central heating, with energy efficiency measures and renewable heating. This scheme has now commenced and has had 190 applications so far. The scheme is due to run throughout 2024.</li> </ul>
<b>6</b>	<b>Reporting</b>	
6.1	Cost of Living Dashboard	<p>Please see <a href="https://observatory.leeds.gov.uk/home/cost-of-living/">https://observatory.leeds.gov.uk/home/cost-of-living/</a></p> <ul style="list-style-type: none"> <li>Previous paper based quarterly report has now been replaced by a new live interactive version hosted on the Cost of Living page of Leeds Directory.</li> <li>The front page covers headline statistics which have been RAG rated where appropriate. The information button on the right also provides an explanation of each rating and links to all of the data sources and refresh dates for the datasets utilised.</li> </ul>

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### Appendix 3 – Experiences/feedback around Cost of Living from frontline services

**During Financial Inclusion training/briefing sessions, attendees were asked:** *What are you seeing/hearing from individuals/families? What challenges are you faced with? What are the key barriers to your individuals/families? What (if any) changes have you seen since last year?*

A selection of responses and quotes from participants (anonymised) from a range of services including Childrens Services (various), LCC Gas & Electric Teams, and Elected Members are provided below - demonstrating the wide range of issues faced as well as the direct impact and repercussions of the Cost of Living on both households and services.



- Issues seem to be the same but increasing number of families needing support.
- Our problem is usual resources we'd access everyone is accessing so some being turned down for grants.
- We are seeing more families needing food bank referrals, not being able to afford their energy, poor quality housing, overcrowded and mouldy. Cost of school uniforms for older siblings.
- We find that a lot of damp and mould enquiries come from fuel poverty and the fact that homes can't be heated.
- Customers impacted through fuel poverty are less likely to allow access to undertake safety inspections due to the stigma of how they are living.
- More working parents needing help, with food etc and not sure where they go for help
- Personal level I'm a single parent myself so I'm not immune from some of these issues.
- Families are struggling with childcare provision. Costs rising, places reducing, no wrap around care. Providers are closing as costing too much and not enough funding. School appeals, families wanting closer schools, as they can't afford transport costs.
- Challenge of where to turn to if the families have already received support from services.

- Young people being acutely aware of the financial challenges faced by the family, resulting in them experiencing stress and anxiety
- Lack of affordable housing a big issue and rising numbers of section 21 evictions.
- We are finding more and more that do not have gas or electric on, high debt on meters without the means to pay off the debt. Some of these are now long standing, over a year.
- Our local food banks and pantry are seriously struggling for resources - one has had to set up a waiting list.
- Energy bills and having to choose between food or energy, which increases food bank reliance.
- People not able to afford taxi fares, public transport links/services limited, they work minimum wage, impacts on safety (if walking home late in night).
- Issues with benefits, cost of transport, loss of council venues, accessibility to services reducing, Criminal exploitation to obtain money.
- I am accessing more food parcels for families which is taking me away from family therapy.
- Low income families struggle to get across the city for necessary checks for children, time needed off work to make the big travel on many buses.
- A family I visited yesterday, the eldest child working with Dad and not attending school, family in poverty.
- DLA is absorbed into family income and not available for the specialist activities and services needed.
- Families with Children with SEND (CYP with more complex needs) who have bigger bills from using specialist equipment or having to keep home at certain temperature at certain level - added pressure.
- Impact to mental health depression, anxiety, aggression, sense of nowhere to go.



# Appendix 4 - Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate: Communities, Housing and Environment</b>	<b>Service area: Financial Inclusion</b>
<b>Lead person: Lee Hemsworth</b>	<b>Contact number: 0113 3789219</b>

## 1. Title: Cost of Living and Welfare strategic and operational arrangements

Is this a:

- Strategy / Policy**
                 
  **Service / Function**
                 
  **Other**

**If other, please specify**

## 2. Please provide a brief description of what you are screening

Linked to the Best City Ambition breakthrough priority to develop an integrated city-wide welfare support approach, strategic and operational groups have been meeting since September 2022 to coordinate actions to mitigate as far as possible the impacts of the cost-of-living crisis for low-income households. The groups all have senior representatives from the Council, health, third sector and the Department for Work and Pensions and have expanded to include other key partners where appropriate such as West Yorkshire Fire Service.

Regarding framing the response in the city, the work areas and actions emerging from the meetings have focussed on ensuring that there is awareness and understanding of the support available, developing practical support which enhances existing services, and ensuring the short-term funding available is coordinated and maximised. To achieve this the work in the short term has been organised into the following areas;

- Communications and engagement

- Information, Advice and Guidance
- Practical Support
- Funding
- Reporting

### 3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations</li> </ul>	X	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

#### 4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

• **How have you considered equality, diversity, cohesion and integration?**  
(think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The focus of the work to mitigate the impact of the cost-of-living crisis is to ensure people and communities who will be most impacted are linked to support and advice in the city. The strategic and operational arrangements put in place have representation from across Council and Health services, and across the third sector. This ensures that the approach has been considered from a range of perspectives and concerns/ issues highlighted at the earliest opportunities. The approach to the cost-of-living crisis has also been presented and consulted upon at the Equalities Assembly, and a wide range of groups and forums including those specifically representing the equality characteristics groups.

• **Key findings**  
(think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

Key findings from the meetings, discussions and engagement sessions highlighted;

- Need for both online and offline communications, information, advice and guidance
- Consideration of language and accessibility for communications, information, advice and guidance.
- Ensure funding supports a wide range of Third Sector organisations both in terms of size, scale and focus.
- Continued engagement and discussion with partner organisations, city and community forums and groups
- Understanding of limitations of local actions within wider national context.

• **Actions**  
(think about how you will promote positive impact and remove/ reduce negative impact)

The whole focus of the work is to ensure there is consistent and clear communications on the support and advice available to people to help throughout the cost-of-living crisis, and that actions are coordinated. This has resulted in the following;

- Communications- both online and offline campaigns
- Ensuring resources and information sources are up to date and available in a range of formats and languages

- Providing tailored information, awareness and training sessions
- Undertaking regular and wide ranging consultation on the approach
- In terms of practical support, that this is easily accessible such as through the Winter Coats scheme available across Community Hubs and Libraries, and community centres across Leeds.
- The Warm spaces network was focused on helping those most at risk during the cold weather – i.e. those affected by fuel poverty, low income and related issues. Over 65% of the Leeds population was within a 10-minute walk of a Warm Space during winter 2022/23. Targeted support and funding was made available to organisations working in and with underserved places and communities as well as funding to improve accessibility and tailored provisions for those with additional health needs.
- Ensuring the Household Support Fund has supported households on the lowest incomes with support for food fuel and essential items. A proportion of the funding has been directed through third sector organisations to ensure equality groups receive support, this has included funding organisations focused on health and social care, ethnically diverse communities and women.

**5. If you are **not** already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment**.**

Date to scope and plan your impact assessment:	
Date to complete your impact assessment	
Lead person for your impact assessment (Include name and job title)	

### **6. Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening

<b>Name</b>	<b>Job title</b>	<b>Date</b>
Lee Hemsworth	Chief Officer Community Hubs	03.07.23
<b>Date screening completed</b>		03.07.23

### **7. Publishing**

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions** or a **Significant Operational Decision**.

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full

Council.

- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk) for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent: 04.07.2023
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent:

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## Investing in area-based energy efficiency improvements to back-to-back homes in Armley and Holbeck (phase 3)

Date: 17 April 2024

Report of: Director of Communities, Housing and Environment

Report to: Executive Board

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

The investing in area-based energy efficiency improvements to back-to-back homes in Armley and Holbeck (phase 3) will unlock grant funding to provide £12.99m of investment in energy efficiency improvements to 350 back-to-back homes in some of the most deprived areas in Leeds. The project will improve the thermal efficiency of the 350 homes making them easier to heat and reducing fuel poverty amongst the residents. It will also reduce residents' susceptibility to cold related ill health.

In addition to this, for the 100 properties in Armley, we will undertake a feasibility study to ascertain the suitability of the area for ground source heat pumps which will aim establish a scalable way to de-carbonise older, terraced properties.

### Recommendations

Executive Board is recommended to:

- a) Provide authority to enter into a grant agreement for £1.785m with the West Yorkshire Combined Authority (WYCA) and a grant agreement for £4.5m\* with the Department for Levelling Up, Communities and Housing (DLUCH) via the Levelling Up Fund (LUF).

*\*subject to the LUF grant award.*

- b) Approve the request to inject £1.785m of WYCA grant funding and £4.5m of DLUCH grant funding into the capital programme, supplemented by £6.3m of other income as set out in the resource implications section.

- c) Provide authority to spend for £12.992m to deliver both entire programmes in Armley and Holbeck.
- d) Provide authority to direct award to Equans S.A.S via the Greener Futures Partnership Decarbonisation Delivery Framework.
- e) Delegate authority to the Director of Communities, Housing and Environment to determine whether to seek further WYCA funding of c£2.1m to part-fund phase 2 in Armley, subject to the outcome of the feasibility study. Should this funding be secured, delegate authority to procure, inject into the capital programme and provide authority to spend to the Director of Communities, Housing and Environment.

### **What is this report about?**

1. This report seeks decisions to unlock £12.99m of investment in energy efficiency improvements to 350 back-to-back homes in some of our most deprived neighbourhoods. This will transform the look and feel of the areas, changing lives by providing warm homes with affordable energy bills.
2. This will be achieved by combining targeted grant funding from WYCA and DLUCH with a range of other funding sources including Energy Company Obligation (ECO) funds, Housing Revenue Account (HRA) funds, Home Upgrade Grant (HUG) funds and householder contributions to create a comprehensive fund that supports improvements to homes of all tenures.
3. This fund will be used to first address disrepair before undertaking extensive fabric energy efficiency improvements, including external wall and attic room insulation and replacement doors and windows where required.
4. In addition, in Armley, we will also commission a detailed technical feasibility study into low carbon heating for the properties in the form of networked ground source heat pumps (GSHPs). If feasible, we will seek additional support from WYCA to implement the low carbon heating solution as phase 2 of this work.
5. The council is focusing on these areas as older solid walled properties have traditionally been difficult to improve due to the high cost of solid wall and attic room insulation. In addition, the back-to-back built form makes them unsuitable for some more established low carbon heating technologies such as air source heat pumps.
6. The Cedars area of Armley has been selected for support for three reasons. Firstly, due to the demographics:
  - It is in the lowest 10% of areas in the UK as measured by the index of multiple deprivation;
  - It has a higher proportion of private rented properties than the Leeds average (30% as opposed to 22%) with landlords often unable to justify investment in energy efficiency due to low rental values; and
  - It has a higher proportion of residents living in fuel poverty than the Leeds average (19.3% as opposed to 17.6%).
7. Secondly, the Cedars contains a good mix of tenures, allowing the council homes to be used to generate momentum in the area and persuade private owners to participate. It



also has some similar property types to the north that can be used as reserve properties if update is lower than anticipated.

8. Thirdly, the area is close to green space by Armley Leisure Centre which can potentially be used for GSHP boreholes.
9. The Rydalls/ Shaftons/ Crosbys/ Runswicks and Pleasants areas of Holbeck have been selected. These homes were part of the Levelling Up Funding (LUF) Round 2 bid as part of the overall bid for Holbeck. Whilst we were not successful in round 2, DLUCH has now offered the council funding for Holbeck under their Round 3. The improvements to these homes will form part of wider 'Heart of Holbeck' programme.
10. Although the Council has had considerable success in improving similar properties through area-based renewal schemes, such as those in Richmond Hill and Holbeck, these projects have not included low carbon heating. WYCA's Better Homes Hub programme now aims to demonstrate the benefits of a cross-tenure area-based approach. Specifically, this seeks to test different technological, delivery and financial models, build momentum, strengthen supply chains and develop communication techniques to tackle the social, technical and financial challenges of mixed tenure retrofit projects.
11. It should be noted that the Holbeck project forms part of the larger Heart of Holbeck LUF grant programme. However, due to time pressures, it is critical that decisions are taken now to allow start on site as quickly as possible. A further report regarding the remainder of the LUF programme will be brought to Executive Board later in the year.

### **What impact will this proposal have?**

12. The project will improve the thermal efficiency of 100 hard to treat back-to-back properties in Armley and 250 in Holbeck, making them easier to heat and reducing fuel poverty amongst the residents. This will help towards the city's aim, as outlined in the cost of living update report to Executive Board of making a substantial long-term difference to peoples cost of living. It will also reduce residents' susceptibility to cold related ill health and contribute to Leeds' work as a Marmot place in creating healthy sustainable communities with good quality housing.
13. The project will also conduct a feasibility study in Armley for ground source heat pumps, which aims to lay the foundations for a scalable method of improving solid wall terraced properties to near net zero energy consumption using low carbon heating technology.
14. Leeds has 100,260 terraced homes and approximately 75,000 solid walled properties which will need to be made substantially more energy efficient if Leeds is to reach its ambition of achieving net zero carbon emissions by 2030. Approximately 19,000 of these are pre-1900 back-to-backs. This proposal will provide a potential pathway to achieving nearly net zero carbon emissions from these homes.
15. The scheme will help to grow and secure supply chains of skilled tradesman and companies that will be able to undertake retrofit works into the future.
16. Overall, these schemes will address traditional barriers to such projects including fragmented funding sources for different tenures, the high cost of improving solid

walled properties, the unsuitability of more popular low carbon technologies for some terraced properties and unfamiliarity of residents with low carbon heating.

17. We have completed an Equality, Diversity, Inclusion and Cohesion impact assessment and included this as appendix 1.

### How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

18. The energy efficiency improvements to 350 homes will make it easier for residents to stay warm in their own homes and make them less susceptible to cold related illness. They will also make it less expensive for residents to heat their homes, making them less likely to fall into fuel poverty and more resilient to cost of living pressures over the longer term.

19. As a Marmot place, Leeds City Council is committed to working to tackle health inequalities and the part they play in causing illness and lower life expectancy. These energy efficiency improvements will help to create healthy sustainable communities with good quality housing.

20. The project will help to maintain skilled employment in the area and strengthen supply chains for future retrofit works.

21. Improving the energy efficiency of 350 homes will directly reduce carbon emissions. By proving the efficacy of full retrofit and low carbon heating in solid walled terraced housing, the project has the potential to provide a route to achieving near zero carbon emissions for tens of thousands of solid walled, terraced houses in Leeds and across West Yorkshire.

### What consultation and engagement has taken place?

Wards affected: Armley, Beeston and Holbeck

Have ward members been consulted?

Yes

No

22. The Holbeck project builds on two successful previous group repair schemes in the area (Phase 1 completed in June 2018 and improved 153 properties, Phase 2 completed in April 2022 and improved a further 146 properties) as well as the Sustainable Community Investment Project in Cross Green completed in 2016 which improved 261 homes. These projects included the installation of roof and wall insulation in the properties as well as heating upgrades, repairs and other improvements to the homes and local environment where required. These projects resulted in excellent community engagement and take-up rates of over 75% and led to increases in internal temperatures in the homes, reducing the risk of cold related illness to those residents as well as improving the appearance of the whole area. The LUF funded proposal therefore builds on this work and will spread the benefit to neighbouring streets. Low level engagement with local residents has already generated expressions of interest from 120 property owners in addition to the 52 HRA funded properties which will be improved as part of the scheme.

23. The Armley project has been selected as it is a low income area with the right property archetypes, access to green spaces for boreholes and a good mix of tenures.
24. Ward members for Holbeck and Armley have been consulted on the projects and Executive Members for Housing and Climate, Energy, Environment and Green Space have both been consulted on these projects and are supportive of the proposals.
25. To ensure wider support across the city, the Leeds Affordable Warmth Partnership has been consulted on the project and are supportive due to the very positive impacts on fuel poverty.
26. Once approved by Executive Board, local residents and landlords covered by both schemes will be contacted with further information to build their interest in the offer to improve their homes.

### **What are the resource implications?**

27. The budget for phase 1 of the Armley project is £4,422,241, plus £50,000 for the low carbon heating feasibility study. This is expected to be funded as follows:
  - £1,784,906 WYCA Home Upgrade Hub funding.
  - £1,357,691 Energy Company Obligation (ECO) funding.
  - £179,567 Home Upgrade Grant (HUG) funding.
  - £371,282 householder/landlord contribution.
  - £728,795 Housing Revenue Account (HRA) funding for council homes.
28. Leeds City Council and WYCA are investigating further funding opportunities worth c£2.5m (c£2.1m of WYCA grant) to deliver phase 2 of the Armley project. These will be secured once the feasibility study into low carbon heating has been completed.
29. Phase 1 of the project is not reliant on the implementation of phase 2.
30. The budget for phase 3 of the Holbeck group repair project is £8.52m. This is expected to be funded as follows:
  - £4.5m DLUCH Levelling Up Fund.
  - £2.52m Energy Company Obligation (ECO) funding.
  - £0.45m householder/landlord contribution.
  - £1.05m Housing Revenue Account (HRA) funding for council homes.
31. Both schemes have been designed and costed based on our previous experience with delivering similar works, particularly Holbeck phase 1 and 2. The council has also worked with a contractor to undertake surveys and prepare budget costs for both areas.

### **What are the key risks and how are they being managed?**

32. The Armley and Holbeck projects will have their own risk registers which will be updated by the project managers during project management meetings. All risks have and continue to be assessed and mitigation and management of the risks identified instigated as required. Some key risks and mitigations are highlighted below:

33. There is a risk that global events lead to an increase in the cost of materials and labour. We will ask contractors to set out how they intend to minimise this risk at the procurement stage and work with them to minimise any inflationary pressures should they arise. As a last resort, we would seek funders permission to reduce the number of properties included in the scheme.
34. Although the WYCA/DLUCH grants and HRA contributions are secure, the ECO, HUG and landlord funds are not. These are anticipated levels, based on assumptions about the properties, experience on other schemes and our knowledge of the grant regimes. This previous experience helps to reduce risks and manage the schemes based on the funding available rather than the proposed overall spend. Experience from previous schemes has allowed this risk to be well managed.
35. The scheme requires private owners to sign up to the works their home needs and they may have to pay a contribution. Landlords are required to pay 25% of eligible costs whereas owner/occupiers pay up to 25%, subject to a test of resources. The success of the scheme is based on owners, in this case the majority are private landlords, signing up for works to their properties in sufficient numbers to ensure the viability of the scheme as a whole. As part of the scheme we will undertake full engagement of residents and landlords in the area explaining the benefits of the improvements. Additionally, there are 140 potentially suitable homes in the area that can be contacted to achieve the 100 sign-ups.
36. There is a risk that delays caused by severe weather/events/supply chain difficulties lead to extended timescales jeopardising the project completing on time. We will work with the contractor to minimise the risk and work with the funder to reprofile any timings as necessary.
37. There is a risk that owners won't participate in the scheme due to the additional ventilation and other measures required for PAS2035 accreditation. To mitigate this, our contractors will explain all ancillary measures at the start of the scheme to ensure that residents are fully informed to decide whether to go ahead.
38. It is possible that the feasibility study finds that a ground source heat pump system is not viable for the properties in the scheme in Armley. However, phase 1 of the project is not dependant on phase 2 and will deliver substantial benefits in terms of thermal comfort and reduced heat demand in its own right.

### **What are the legal implications?**

39. The decisions set out in this report are Key Decisions due to the values and are subject to call-in. Consequential decisions will be:
  - 39.1. Contract award for the professional services related to design activity and feasibility.
  - 39.2. Contract awards for the installation of the energy efficiency improvements.
40. These subsequent decisions will be brought back to the Director of Communities, Housing and Environment for consideration.
41. The grant agreements will be subject to legal review prior to signing.
42. The Private Sector Housing Assistance Policy 2009 allows the Council to offer financial assistance to private sector owners. This policy has been adopted by the Council as its

response to the Government’s Regulatory Reform Order (Housing Assistance 2002 – Private Sector Housing Policy).

43. A Data Protection Impact Assessment has been undertaken. This has shown that the contractor will be a data processor. Council information governance requirements will be included in the contract.

## Options, timescales and measuring success

### What other options were considered?

44. No other significant options were considered for Armley as the project was designed to meet specific criteria in terms of providing a route to retrofit, mixed tenure, solid walled back-to-back and terraced properties to near zero carbon emissions.
45. However, we considered delivery in other priority areas in Armley which contain clusters of council homes but concluded that the Cedars is the most technically suitable given the proximity to green space at Armley Leisure Centre which has the potential for GSHP boreholes.
46. No other options have been considered for Holbeck. Levelling Up Round 3 funding is specifically available to deliver the original round 2 Holbeck. The funding is non-transferable and is only available to deliver this scheme as part of the Heart of Holbeck programme.

### How will success be measured?

47. Success will result in 350 homes across the two areas being made substantially more energy efficient through fabric improvements. In addition, the feasibility study for GSHPs in Armley could provide a clear route to near zero carbon emissions for back-to-back homes, which currently do not have a feasible route.
48. The project will therefore provide a blueprint for retrofitting solid walled back-to-back properties at a large scale.

### What is the timetable and who will be responsible for implementation?

49. The Head of Private Sector Housing will be responsible for delivery of both schemes. The Senior Project Manager within Climate, Energy and Green Spaces will be responsible for monitoring both projects and reporting to funders.
50. The timetable for Holbeck is set out below.

<b>Date</b>	<b>Implementation</b>
March 2024	Contract signed with DLUCH
April 2024	Procurement and contracting
Feb 2024 – ongoing	Resident liaison and sign up
June 2024	Delivery commences
March 2025	75 homes complete
Dec 2025	250 homes complete
Feb 2026	Construction completed
March 2026	Reporting and project closure

51. The timetable for Armley is set out below.

<b>Date</b>	<b>Implementation</b>
April/July 2024	Procurement and contracting
June 2024 – ongoing	Resident liaison and sign up
October 2024	Phase 1 delivery commences
July – September 2024	Feasibility Study for Phase 2 of project
December 2025	Phase 1 construction finishes
Early 2025	Approval for Phase 2 (low carbon heating) granted by WYCA
March 2026	Reporting and project closure

### **Appendices**

- Appendix 1, EDIC assessment

### **Background papers**

- N/A

## Equality, Diversity, Cohesion and Integration (EDCI) impact assessment

### Appendix 1

As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration. In all appropriate instances we will need to carry out an equality, diversity, cohesion and integration impact assessment.

This form:

- can be used to prompt discussion when carrying out your impact assessment
- should be completed either during the assessment process or following completion of the assessment
- should include a brief explanation where a section is not applicable

<b>Directorate:</b> Communities, Housing & Environment	<b>Service area:</b> Climate, Energy and Green Spaces Team
<b>Lead person:</b> Robert Curtis	<b>Contact number:</b> 0113 37 85874
<b>Date of the equality, diversity, cohesion and integration impact assessment:</b> 20/03/2024	

<b>1. Title:</b> Investing in area-based energy efficiency improvements to back-to-back homes in Armley and Holbeck (phase 3).
Is this a:
<input type="checkbox"/> <b>Strategy / Policy</b> <input type="checkbox"/> <b>Service / Function</b> <input checked="" type="checkbox"/> <b>Other</b>
<b>If other, please specify:</b> Domestic retrofit project.

### 2. Members of the assessment team:

Name	Organisation	Role on assessment team For example, service user, manager of service, specialist
Robert Curtis	Leeds City Council	Programme Officer

<b>3. Summary of strategy, policy, service or function that was assessed:</b>
<p>The Investing in area-based energy efficiency improvements to back-to-back homes in Armley and Holbeck (phase 3) project will provide domestic energy efficiency improvements to around 350 back to back properties in two of our most deprived wards. The project will address disrepair before undertaking extensive fabric energy efficiency improvements, including external wall and attic room insulation and replacement doors and windows where required.</p> <p>In addition, in Armley, we will also commission a detailed technical feasibility study into low carbon heating for the properties in the form of networked ground source heat pumps (GSHPs). If feasible, we will seek additional support from WYCA to implement the low carbon heating solution as phase 2 of this work.</p>

<b>4. Scope of the equality, diversity, cohesion and integration impact assessment</b> (complete - 4a. if you are assessing a strategy, policy or plan and 4b. if you are assessing a service, function or event)
--

<b>4a. Strategy, policy or plan</b> (please tick the appropriate box below)	
The vision and themes, objectives or outcomes	<input type="checkbox"/>
The vision and themes, objectives or outcomes and the supporting guidance	<input type="checkbox"/>
A specific section within the strategy, policy or plan	<input type="checkbox"/>
<b>Please provide detail:</b>	

<b>4b. Service, function, event</b> please tick the appropriate box below	
The whole service (including service provision and employment)	<input type="checkbox"/>



A specific part of the service (including service provision or employment or a specific section of the service)	<input checked="" type="checkbox"/>
Procuring of a service (by contract or grant)	<input type="checkbox"/>
<b>Please provide detail:</b>	
We will be assessing the impact of the project on residents in the affected areas.	

**5. Fact finding – what do we already know**  
 Make a note here of all information you will be using to carry out this assessment. This could include: previous consultation, involvement, research, results from perception surveys, equality monitoring and customer/ staff feedback.  
 (priority should be given to equality, diversity, cohesion and integration related information)

The project will take place in the Cedars area of Armley and the Rydalls/ Shaftons/ Crosbys/ Runswicks and Pleasant areas of Holbeck.

All of these areas are in the lowest 20% of areas in England as measured by the index of multiple deprivation.

The areas are in wards with higher than average proportions of private rented properties, with landlords unable to justify investment in energy efficiency due to low rental values (for Beeston and Holbeck this was 35.8%, Armley 30% as opposed to 21.8% across Leeds).\*

The areas are in wards with higher than average proportions of households in fuel poverty (for Beeston and Holbeck this was 21.5%, for Armley this was 19.3% as opposed to 17.6% for Leeds as a whole).\*\*

The areas are in wards with higher than average proportions of households with electric only heating which is more expensive to run than gas central heating (for Beeston and Holbeck this was 16.8%, for Armley this was 18% as opposed to 10% for Leeds as a whole).\*

According to Leeds observatory, both Beeston and Holbeck and Armley wards have significantly higher rates of COPD (Chronic Obstructive Pulmonary Disease) and Coronary Heart Disease, both significant cold related illnesses, than the Leeds average.

\*Census 2021  
 \*\* BEIS 2020

**Are there any gaps in equality and diversity information**  
**Please provide detail:**

We have a good understanding that the project areas are amongst the most deprived in Leeds and England.

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**Action required:** N/A

**6. Wider involvement – have you involved groups of people who are most likely to be affected or interested**

Yes       No

**Please provide detail:**

No residents or groups of residents will be negatively by the project as it will be improving homes in the areas, therefore we have not yet undertaken consultation with them.

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**Action required:**

We will fully promote the project once it has been confirmed as going ahead, to ensure that all residents have the opportunity to take part.

**7. Who may be affected by this activity?**  
 please tick all relevant and significant equality characteristics, stakeholders and barriers that apply to your strategy, policy, service or function

**Equality characteristics**

<input checked="" type="checkbox"/> Age	<input checked="" type="checkbox"/> Carers	<input checked="" type="checkbox"/> Disability
<input checked="" type="checkbox"/> Gender reassignment	<input checked="" type="checkbox"/> Race	<input checked="" type="checkbox"/> Religion or Belief
<input checked="" type="checkbox"/> Sex (male or female)	<input checked="" type="checkbox"/> Sexual orientation	
<input checked="" type="checkbox"/> Other		

(Other can include – marriage and civil partnership, pregnancy and maternity, and those areas that impact on or relate to equality: tackling poverty and improving health and well-being)

**Please specify:** Residents experiencing long term cold related ill health will be positively affected by the project.

### Stakeholders

Services users

Employees

Trade Unions

Partners

Members

Suppliers

**Other please specify (residents)** Residents in the project areas will have the opportunity to benefit from the scheme.

### Potential barriers

Built environment services

Location of premises and

Information and communication

Customer care

Timing

Stereotypes and assumptions

Cost

Consultation and involvement

Financial exclusion

Employment and training

**specific barriers to the strategy, policy, services or function**

### Please specify

Although the project is mixed tenure, private landlords will be required to contribute to the cost of the works on their properties. This could lead to a barrier for residents with private landlords, however the private sector housing team have had experience of engaging private sector landlords through earlier phases of the Holbeck project and will use this experience to engage as many privately rented households as possible.

<p><b>8. Positive and negative impact</b> Think about what you are assessing (scope), the fact finding information, the potential positive and negative impact on equality characteristics, stakeholders and the effect of the barriers</p>
<p><b>8a. Positive impact:</b></p>
<p>We know that people with some of the protected characteristics including members of ethnic minorities, residents with disabilities, long term carers, and elderly residents have a higher likelihood of living in low income households and are therefore more susceptible to being in fuel poverty generally. The improvements offered as part of this project will make it easier for these residents to heat their homes and make it less likely that they will fall into fuel poverty.</p> <p>Additionally, some residents with protected characteristics, such as the elderly and those with disabilities, are more susceptible to cold related ill health, therefore improving the energy efficiency of the home will help these residents to keep warm and stay healthy.</p> <p>More generally, all residents, including those of all protected characteristics will be able to heat their homes more effectively as a result of the project.</p>
<p><b>Action required:</b></p>
<p>To promote the project extensively to residents when confirmed so that they have the full opportunity to take advantage of the benefits.</p>

<p><b>8b. Negative impact:</b></p>
<p>We will be improving the energy efficiency of residents homes, so the project will not directly disadvantage any resident.</p> <p>There is a risk that some residents with protected characteristics, such as elderly residents and those with disabilities as well as those suffering from long term ill health more generally, will face barriers in having improvements undertaken in their homes, and there is a risk that they could be left behind as part of the scheme.</p> <p>There is also a risk that residents who don't have English as a first language could fall behind in the scheme due to communication difficulties.</p>

<b>Action required:</b>
<p>As part of the procurement process, we need to ensure that the contractor commits to work flexibly with residents where they require flexibility due to medical needs and hospital appointments etc, and to provide additional assistance to residents where necessary, for example moving furniture etc.</p> <p>We also need to continue working with partner organisations such as Groundwork to outreach to households who don't speak English as a first language.</p>

<b>9. Will this activity promote strong and positive relationships between the groups/communities identified?</b>
<p><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p><b>Please provide detail:</b></p> <p>Where these sorts of area based improvements have been undertaken, the physical appearance of the area is often improved, which leads to a greater sense of community pride in the area.</p>
<b>Action required:</b>
To promote the scheme widely once confirmed.

<b>10. Does this activity bring groups/communities into increased contact with each other? (for example, in schools, neighbourhood, workplace)</b>
<p><input type="checkbox"/> Yes                      <input checked="" type="checkbox"/> No</p> <p><b>Please provide detail:</b></p>
<b>Action required:</b>

<b>11. Could this activity be perceived as benefiting one group at the expense of another? (for example where your activity or decision is aimed at adults could it have an impact on children and young people)</b>
<p><input checked="" type="checkbox"/> Yes                      <input type="checkbox"/> No</p>

**Please provide detail:**

As an area based project, it will benefit residents in the project areas and not those elsewhere. However these areas are justified in being included in the project due to their comparatively high levels of deprivation as outlined in section 5.

**Action required:** N/A

**12. Equality, diversity, cohesion and integration action plan**

(insert all your actions from your assessment here, set timescales, measures and identify a lead person for each action)

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>
To promote the project extensively to residents when confirmed so that they have the full opportunity to take advantage of the benefits.	Once the project has been confirmed and a contractor has been mobilised.	This will be measured by the take-up of the scheme over the lifetime of the project.	Robert Curtis, Programme Officer.
Ensure that flexibility and assistance is provided to vulnerable residents with additional needs as part of the procurement and ongoing.	As part of procurement and ongoing once the project has been mobilised.	This will be measured by the take up and satisfaction of vulnerable residents with additional needs.	Robert Curtis, Programme Officer.
Work with Groundwork Leeds on outreach to residents without English as a first language.	Ongoing	This will be measured by the take up and satisfaction of households without English as a first language.	Robert Curtis, Programme Officer.

<b>Action</b>	<b>Timescale</b>	<b>Measure</b>	<b>Lead person</b>



<b>13. Governance, ownership and approval</b>		
State here who has approved the actions and outcomes from the equality, diversity, cohesion and integration impact assessment		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Polly Cook	Head of Service	
<b>Date impact assessment completed</b>		<b>25/03/2024</b>

<b>14. Monitoring progress for equality, diversity, cohesion and integration actions</b> (please tick)	
<input type="checkbox"/>	As part of Service Planning performance monitoring
<input checked="" type="checkbox"/>	As part of Project monitoring
<input type="checkbox"/>	Update report will be agreed and provided to the appropriate board Please specify which board
<input type="checkbox"/>	Other (please specify)

<b>15. Publishing</b>	
Though <b>all</b> key decisions are required to give due regard to equality the council <b>only</b> publishes those related to <b>Executive Board, Full Council, Key Delegated Decisions</b> or a <b>Significant Operational Decision</b> .	
A copy of this equality impact assessment should be attached as an appendix to the decision making report:	
<ul style="list-style-type: none"> <li>• Governance Services will publish those relating to Executive Board and Full Council.</li> <li>• The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.</li> <li>• A copy of all other equality impact assessments that are not to be published should be sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a> for record.</li> </ul>	
Complete the appropriate section below with the date the report and attached assessment was sent:	
For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent:

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## **Leeds Lane Rental Scheme – Highways**

Date: 17<sup>th</sup> April 2024

Report of: Director of City Development

Report to: Executive Board

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### **Brief Summary**

The Traffic Management Act 2004 (TMA) imposes a duty on all local traffic authorities to secure the expeditious movement of traffic on their road networks, and to facilitate the expeditious movement of traffic on other authorities' networks. To assist with the planning of this activity Leeds City Council has been running a successful Permit Scheme for road and street works on all its streets since 2020.

Following the Department of Transport's (DfT) publication of its Plan for Drivers in October 2023, Authorities that operate Permit Schemes are now encouraged to apply to the DfT for an Order to allow for the introduction of Lane Rental in the district. Lane Rental would be an additional tool that would enhance the Council's ability to manage works, including our own works, that take place on the highway network.

A Lane Rental scheme allows for significant additional charges to apply to works on our most critical routes at the busiest times. This encourages those working on the highway to avoid peak times (to avoid the charges) or to pay the charges (completing the works in the shortest possible timeframe), the maximum for which is £2,500 a day.

The principal aim of a Leeds Lane Rental Scheme is to reduce further the disruption caused by road and street works. A condition of Lane rental is that any surplus revenue is used on improvements to the operation of the highway network.

Work has been progressing on the development of a potential Leeds Lane Rental Scheme. This report seeks to gain approval for key stages in the implementation of such a scheme, to carry out formal consultation as part of the development of the scheme, to apply to the Secretary of State for a Leeds Lane Rental Scheme and to prepare the Order, and if successful implement a Leeds Lane Rental Scheme for the Leeds District.

## Recommendations

The Executive Board is requested to:

- a) Note the process and benefits of introducing a Leeds Land Rental Scheme;
- b) Note the progress to date on the development of a Leeds Land Rental Scheme;
- c) Approve the commencement of formal consultation with key stakeholders identified in Department for Transport guidance and required as part of the development of a Leeds Lane Rental Scheme; and
- d) Delegate decision making on the timing, specific content of the scheme, application to the Secretary of State, and implementation of the Leeds Lane Rental Scheme to the Chief Officer Highways and Transportation in conjunction with the Executive Member for Sustainable Development and Infrastructure.

## What is this report about?

- 1 The Traffic Management Act 2004 (TMA) imposes a duty on all local traffic authorities to secure the expeditious movement of traffic on their road networks, and to facilitate the expeditious movement of traffic on other authorities' networks. Additionally, the New Roads and Street Works Act (NRSWA) 1991 places a duty to coordinate street and road works on the highway.
- 2 A significant proportion of work on the highway network is generated by utility companies, including telecommunication companies, who have statutory powers that allow them to place and maintain apparatus in the highway. Maintaining these critical services in a planned manner is essential if unnecessary disruption is to be avoided. Each year a significant number of emergency and urgent works, such as water bursts or gas leaks, occur adding to the challenge the Council faces.
- 3 The service receives in the region of 40,000 requests to work on the network per annum (2022/23 this rose to 53,000) and these are coordinated, and a proportion inspected, and enforced to reduce the impact on the travelling public. The primary means of controlling and coordinating this activity is through the Leeds Permit Scheme which is administered by the Network Management team in Highway and Transportation.
- 4 The Leeds Permit Scheme was initially introduced in 2012, covering around 30% of the network, and expanded in 2020 to encompass all streets that the authority is responsible for.
- 5 The Leeds Permit Scheme is required, under Department for Transport (DfT) guidance, to be cost neutral to the Authority. The Leeds Permit Scheme generates approximately £1.6m of fees per annum which supports the running cost of the Network Management team consisting of 37 FTEs. In addition to coordinating the circa 40,000 works requests, each year the team also grant around 11,000 highway licences, process 1000 road closures, carry out c12,000 inspections and answer c8000 general enquiry phone calls. Since its introduction the Leeds Permit has helped the service minimise delay and disruption caused by works. The extra control the permit scheme provides had resulted in significant reduction in average duration of works when contrasting requested versus approved durations. Current average durations are 4.57 days (excluding major schemes of 50 days or more) which represents a reduction of around 35% since the permit scheme was introduced. This has resulted in tens of thousands of calendar workdays of disruption saved since the scheme was introduced, and much more accurate information regarding start and finish dates. In 2022/23 alone over 3,000 workdays were saved.
- 6 Lane Rental allows the Authority to impose specific significantly higher charges on those requesting to work on the network on our busiest roads at the busiest times (traffic sensitive

streets at traffic sensitive times). This encourages those working on the highway to avoid peak times (to avoid the charges) or pay the charges (completing the works in shortest possible timeframe), the maximum for which is £2,500 a day. The principal objective of the scheme is to reduce disruption for the travelling public. We are awaiting confirmed guidance, but the expectation is that between 5-10% of the network, and principally on the key route network, will be involved in the Leeds Lane Rental Scheme (LLRS).

- 7 In contrast to the Leeds Permit Scheme, there is no requirement that a LLRS is operated as a cost neutral scheme. However, a key stipulation of Lane Rental schemes is that surplus revenue must be reinvested into the highway network.
- 8 In summary the key benefits of Lane Rental include:
  - Incentivising collaborative working between works promoters
  - Improve planning, co-ordination and working methods to maximise efficiency
  - Optimise the number of operatives on site to enable works to be completed as quickly as possible
  - Reduced works durations and working smarter to reduce the time taken to complete works
  - Works are undertaken outside of key times to minimise disruption
  - Reduce the length of time that sites are unoccupied
  - Reopening the highway to traffic at the busiest times
  - Complete works to the required standard first time, with permanent reinstatements (to avoid temporary reinstatements and return visits)
  - Encourage investment in practices to support the objectives
  - Provide increased resource to manage the network, offset by income generated by the scheme
  - Fund projects that reduce the disruption or other adverse effects caused by street works
  - Fund projects that support delivering the Network Management Duty and network resilience
  - Operational support delivery of the Network Management Duty
- 9 Lane Rental is the next stage in the evolution of the network management duty, by imposing charges designed to promote behavioural change in the industry. The busiest or most strategic routes of the network will be subject to Lane Rental (in accordance with the guidance coming from DfT). The introduction of a LLRS would enable Leeds City Council to support their duty to co-ordinate and manage all street and road works, on the highway, to minimise disruption.
- 10 Unlike the Permit Scheme, the DfT accept that Lane Rental will generate a financial surplus to the Authority, and it is a requirement of such schemes that the surplus revenue is reinvested into the highway network on measures that reduce the disruption or other adverse effects arising as a result of street works. In addition, the government recently published its Plan for Drivers (DfT October 2023). Within that document the government states that it plans to support councils to introduce more Lane Rental schemes and its intention to allow at least 50% of any surplus revenue to be used on pothole repairs or resurfacing.
- 11 Swift Argent Limited, were commissioned to undertake development work in late 2023. This development work has reached the stage where formal consultation with key stakeholders

needs to be undertaken in the near future to progress the scheme. The consultees are set out in national guidance and include all works promoters operational in the city, WYCA, neighbouring highway authorities, emergency services, relevant regulatory authorities (e.g. Ofwat), representative bodies of road users including representatives of disabled people, representatives of transport operators and business, and any person(s) bodies or groups who have made a written request asking to be consulted.

- 12 As detailed above the initial funding for this work was provided through the Invest to Save process. All development costs are recoverable from Lane Rental revenue once a scheme is in operation.
- 13 Such a scheme would allow for additional charges to apply to works on our most critical routes at the busiest times. This encourages those working on the highway to avoid peak times (to avoid the charges) or pay the charges (completing the works in shortest possible timeframe), the maximum for which is £2,500 a day.
- 14 The delivery of the Leeds Public Transport Investment Programme, City Centre Package, and other schemes, both built and planned, have improved the attractiveness of the city, and enhanced the choices for travel, particularly sustainable travel options. However, the consequence of these successes is that the highway network is less able to accommodate unusual traffic patterns as fewer re-routing options are possible and in areas where road reallocation has occurred capacity has been reduced. In short general traffic 'resilience' has been reduced. It is therefore essential that the remaining most critical routes for traffic are protected and that steps are taken to ensure these routes are well maintained to avoid reactive works, and that when works do take place they are done as efficiently and quickly as possible.
- 15 A LLRS would therefore provide a mechanism for providing all works promoters with an incentive to change behaviour and minimise their occupation of the street at the most sensitive times at the most sensitive parts of the highway network thereby contributing to our statutory duties and improve network resilience.
- 16 In addition to the network management benefits, revenue from the implementation of a LLRS could be a positive outcome. As detailed above a requirement of Lane Rental schemes is that the surplus or net revenue is reinvested into the highway network or measures that assist in its management. The need for a resilient road network will be even more critical in future years with the introduction of a Mass Transit scheme. In March 2024 the Combined Authority published plans for Phase 1 of the ambition with work on the ground targeted for 2028. This initial phase is proposing two lines serving Leeds and Bradford. WYCA will be a key consultee in the LLRS.
- 17 The introduction of a LLRS provides an opportunity for greater engagement of the Network Management team through the planning and construction of transformational schemes such as Mass Transit. It will ensure that all options are explored to minimise disruption during construction and that charges are proportionate and used to fund associated measures to the highway network such that the end user is the ultimate beneficiary.
- 18 This report seeks to gain approval to carryout formal consultation as part of the development of the scheme, develop the associated schemes charging policy and details, to apply to the Secretary of State to approve the application and issue an Order in the form of a Statutory Instrument, and if successful implement a Leeds Lane Rental Scheme for the Leeds District.

### **What impact will this proposal have?**

- 19 The Traffic Management Act (TMA) 2004 imposes a duty on all local traffic authorities to secure the expeditious movement of traffic on their road networks, and to facilitate the expeditious movement of traffic on other authorities' networks. Additionally, the New Roads and Street

Works Act (NRSWA) 1991 places a duty to coordinate street and road works on the highway. These duties are the responsibility of the Network Management section and Traffic Manager for the Authority.

- 20 A LLRS if implemented would make a significant contribution the aims of the service by minimising disruption and improving journeys for the public, thereby complying with the service's statutory duties. In additional the expected surplus revenue from a LLRS will provide significant funding or investment in the highway network.
- 21 The Leeds Permit Scheme would continue to operate, the LLRS is an additional control on activity and does not replace the permit scheme.

### How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing       Inclusive Growth       Zero Carbon

- 22 A key duty of Network Management section is to minimise delay, disruption, and the negative effects of from works to improve infrastructure and investment in essential services. This ranges from the maintenance of essential utilities and the roll out of super-fast broadband to our own transformative schemes that contribute to the transport strategy. A LLRS would complement the Leeds Transport Strategy by improving network management, by reducing delay on the busiest roads at the busiest times, minimising the need for diversions and extra miles travelled at the busiest times, both of which will positively impact on the climate emergency and carbon agenda. This would also benefit key bus routes and improve the reliability of public transport.
- 23 Road and street work also impact on non-motorised modes of travel, through direct works or the need to navigate complicated traffic management layouts. A LLRS will help to minimise these occurrences at the busiest times also.
- 24 The scheme if implemented may result in more work being done at unsocial times to avoid busy periods. While the scheme is targeted at the busiest and most strategic routes in the district, there may be occasions where residential amenity needs to be considered. A steering group has therefore been established as part of the development of the scheme including officers from Legal, Finance and Environment to ensure this fully considered in developing the scheme.

### What consultation and engagement has taken place?

Wards affected:

Have ward members been consulted?       Yes       No

- 25 The Executive Member for Sustainable Development and Infrastructure has been consulted on the proposal.
- 26 A Joint Development Group of key stakeholders has already been established with utilities, works promoters, such as the Network Rail and adjacent local authorities invited. By way of context both North Yorkshire Council and Kirklees Council are at a similar stage with the development of their own Lane Rental schemes.
- 27 In the context of the Financial Challenge the proposals secured Invest to Save funding to appoint the specialist consultants to help develop the scheme. The introduction of a LLRS will contribute to the challenge of funding the Highways and Transportation service.

- 28 Separately an internal steering group has been established involving officers Legal, Finance and Environmental Services.
- 29 While no specific wider consultation or engagement has taken place in relation to a LLRS a key recommendation of this report is that the formal consultation process is undertaken as part of the development of the scheme. The consultees are set out in national guidance and include all works promoters operational in the city, WYCA (initial informal briefing has taken place to date), neighbouring highway authorities, emergency services, relevant regulatory authorities (e.g. Ofwat), representative bodies of road users including representatives of disabled people, representatives of transport operators and business, and any person (s) bodies or groups who have made a written request asking to be consulted.
- 30 The government recently published its Plan for Drivers (DfT October 2023). Within that document the government states that it plans to support councils to introduce more Lane Rental schemes. In addition, the government has recently carried out a consultation that would allow at least 50% of any surplus revenue to be used on pothole repairs or resurfacing.

### **What are the resource implications?**

- 31 Should the LLRS be implemented the costs of implementation, including the sum to appoint Swift Argent Ltd, is recoverable from the anticipated net revenue set out below.
- 32 Initial funding for Swift Argent is provided through the Invest to Save budget.
- 33 An initial assessment of anticipated gross revenue from a LLRS has been undertaken and allowing for behavioural changes this is estimated to be in the region of £1.5m before operating costs and other costs. In contrast to the established Leeds Permit Scheme, which is cost neutral and would continue to operate, the LLRS revenue after operating costs would be reinvested in the highway network.
- 34 With reference to operating costs initial assessment of the cost of operations and staff time relative to the anticipated volume of works on LLRS streets is expected to be circa 20% of gross revenue, and a reduction in permit. The Lane Rental scheme may also apply to the Council's own works on the highways if they were undertaken on Lane Rental streets as Lane Rental times.
- 35 With reference to operating costs, the new LLRS will require additional staff to undertake a number of new and enhanced business processes including additional monitoring of works, starts and stop days and times, additional checks on compliance with the working conditions agreed such as traffic management and location, additional processes supporting invoicing and debt management and reporting, and management. In addition, the cost of operating a Surplus Revenue Group that would govern how the revenue would be reinvested in the highway.
- 36 After operating costs and other factors as set out above, the net gain in funds, the surplus revenue, spent on the highway network from the LLRS is anticipated to be in the region of £760,000 per year.
- 37 Staffing support for the development phase of a LLRS can be carried out within the existing staff resources. If implemented the LLRS will require a restructure, the cost of which is allowed for in the above figure.

### **What are the key risks and how are they being managed?**

- 38 Should a decision to not proceed with a Leeds Lane Rental Scheme then the development costs would not be recoverable.



- 39 Delaying the formal consultation, scheme development and application to the Secretary of State and ultimate implementation will delay the societal benefits, reduced disruption, and receipt of anticipated significant revenue.
- 40 Once a scheme has been submitted to the Department for Transport the Secretary of State can approve it, with or without modifications or reject it.
- 41 Working with a proven specialist consultant such as Swift Argent Limited, limits the risk that the application to the Secretary of State will be rejected.
- 42 The scheme if implemented may result in more work being done at unsocial times to avoid busy periods. While the scheme is targeted at the busiest and most strategic routes in the district, there may be occasions where residential amenity needs to be considered, such as the noisy activities during the night. A steering group has therefore been established as part of the development of the scheme including officers from Legal, Finance and Environment to ensure this is fully considered in developing the scheme, for example where exemptions might be applied to the lane rental charges during the day so residential amenity can be protected without penalising a works promoter.

### **What are the legal implications?**

- 43 The New Roads and Streets Works Act 1991 (NRSWA), as amended by the Traffic Management Act 2004 (TMA), contains provisions for highway authorities to operate Lane Rental Schemes that involve charging promoters for the time their works occupy the highway (Section 74A of NRSWA).
- 44 The power for local highway authorities to implement and operate a lane rental scheme in England is subject to the approval of the Secretary of State.
- 45 Any local highway authority making an application to the Secretary of State to run a Lane Rental Scheme will need to have carried out a full consultation amongst a wide variety of stakeholders such as Statutory Undertakers and road works promoters alongside making a robust application for approval on the Scheme itself.

### **Options, timescales and measuring success**

#### **What other options were considered?**

- 46 The Traffic Management Act 2004 (TMA) imposes a duty on all local traffic authorities to secure the expeditious movement of traffic on their road networks, and to facilitate the expeditious movement of traffic on other authorities' networks.
- 47 In pursuit of this duty Leeds City Council has been running a successful Permit Scheme for road and street works on all its streets since 2020.
- 48 The council could elect to do nothing and continue with the established Leeds Permit Scheme. However, a Leeds Lane Rental Scheme is expected to reduce further the disruption caused by road and street works, and secure additional investment in the highway network. A do nothing approach is therefore not recommended.

#### **How will success be measured?**

- 49 Success will be measured by the service's ability to reduce disruption on the highway network at the busiest times and providing a more resilient highway network that will help to futureproof the development of further transformational schemes in the city such as Mass Transit.

- 50 Net revenue from the scheme would be reinvested into the highway network or the management of the highway network, providing additional opportunities to improve on network management.
- 51 An implemented scheme would be evaluated annually to ensure its objectives are being met.

### **What is the timetable and who will be responsible for implementation?**

- 52 The government, following the announcement of the cessation of the HS2 project, have highlighted the benefits of Lane Rental schemes and they are promoting their implementation. The government recently published its Plan for Drivers (DfT October 2023). Within that document the government states that it plans to “Support councils to introduce more Lane Rental schemes, which reduce roadworks by incentivising utilities to avoid the busiest roads at the busiest times. This has been successful in London, and we want to see them nationwide, stopping lengthy road closures for utility works”.
- 53 It is anticipated that there will be significant demand throughout the country for lane rental and a shortage of specialists to assist with this. Officers have therefore moved quickly to appoint Swift Argent Limited.
- 54 The formal consultation and delegated authority requested in this report are important steps in the application process and will enable the LLRS to be implemented as soon as possible.
- 55 At this stage it is anticipated that a Leeds Lane Rental Scheme would be fully implemented for the 2026/27 financial year, but the service is wishing to implement the scheme earlier if possible.
- 56 Responsibility for delivery of the scheme would sit within the Network Management team in the Highways and Transportation service and the Chief Officer Highways & Transportation.

### **Appendices**

- None.

### **Background papers**

- None.

## Adult Social Care Plan 2024 - 2027

Date: 17 April 2024

Report of: Director of Adults & Health

Report to: Executive Board

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

The Adult Social Care Plan 2024 – 2027 outlines the priority areas of service which the Adults and Health Directorate will focus on in the delivery of its statutory duties under the Care Act 2014.

This new three-year plan sits alongside the Council's Better Lives Strategy, which has been shaped by listening to what people have told us is important to them and what matters the most. It supports the implementation of the Health and Wellbeing Strategy, the strategy for the health and care system within Leeds.

Once the main plan is agreed, an accessible summary will be presented on the Council's website and will be supported by videos and accessible leaflets.

### Recommendations

The Executive Board is recommended to: -

- a) To note the content of the Leeds Adult Social Care Plan and approve its publication, and the intention of the Director of Adults and Health to publish an accessible summary of this plan.
- b) Note that the Director of Adults and Health is responsible for keeping the Leeds Adult Social Care Plan up to date and for providing regular updates on the delivery of the plan through the Leeds Local Account.

## What is this report about?

- 1 To inform Executive Board of the process of developing this new Adult Social Care Plan 2024 - 2027 for Leeds.
- 2 The Adult Social Care Plan 2024-2027 sets out the vision, priorities, improvement areas and commitments to the people of Leeds.

## What impact will this proposal have?

- 3 This new plan provides a clear summary of the key priorities, improvements and key actions that will be delivered by Adults and Health in partnership with the people who draw on care and support, their families and the staff who support them, and also our partners with who we work to provide services and support to people in an integrated way. Aspects of the delivery of the plan will also require support from and collaboration with other services within the Council including Community Hubs, Welfare and Business Support Teams, taking a Team Leeds approach to delivering this plan and the wider Better Lives Strategy which sets out the Council's commitment to improving the lives of people with care and support needs.
- 4 Once agreed, an accessible version of the plan will be placed on the website and will also be supported with videos and leaflets to enable the plan to be easily accessed. It is intended to be iterative, in that it sets out priority improvement areas, based on our understanding of what people are asking for from Adult Social Care and also based on our performance against national performance frameworks. It includes actions over a three-year period. The actions for 2024-5 are set out at high level. The plan will be monitored to ensure delivery and achievements will be fed back through the Local Account which is published annually.

## How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing

Inclusive Growth

Zero Carbon

- 5 The Adult Social Care Plan supports the ambition of the Leeds Health and Well-being Strategy that 'Leeds will be the best city for health and wellbeing', with a vision that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest'.
- 6 The Plan also directly contributes to the Best City Ambition outcomes of enabling disabled residents to remain active and independent, and supporting people with serious mental illness to live a good life in partnership with others.
- 7 The plan demonstrates a commitment to building connections and relationships between people in communities and enabling older people to live a healthy and active life for longer.
- 8 Services are being commissioned increasingly locally, supporting a reduction in travel and fuel consumption.

## What consultation and engagement has taken place?

Wards affected: City Wide Plan

Have ward members been consulted?

Yes

No

- 9 The plan was initiated through a consultation with key partners including Age UK, Carers Leeds to help shape and develop the plan.

10 Executive Member for Adult Social Care, Public Health and Active Lifestyles has reviewed the draft Adult Social Care Plan and her comments will be incorporated into the final designed document.

### **What are the resource implications?**

11 There are no resource issues attached to publishing the Adult Social Care Plan.

### **What are the key risks and how are they being managed?**

12 The risk of not having an Adult Social Care Plan is that the council is not seen by people and the regulator, CQC, as being open and transparent about the plans in place. In addition, an Adult Social Care Plan is also a required piece of evidence within the Assessment Framework for Local Authority Assurance, which will be used in future CQC inspections.

### **What are the legal implications?**

13 The Care Act 2014 sets out duties on local authorities to deliver a range of offers including, advice guidance and information, prevention services, support and care services and the ability to undertake Care Act Assessments to ensure that people with eligible needs have their needs met safely and well. It links to the Market Position Statement, which was received by Executive Board in March 2024 and which outlines and facilitates a diverse, sustainable high-quality market for our local population, including those who pay for their own care and to promote efficient and effective operation of the adult care and support market as a whole.

## **Options, timescales and measuring success**

### **What other options were considered?**

14 An up-to-date Adult Social Care Plan is a required piece of evidence within the Assessment Framework for Local Authority Assurance, which will be used in future CQC inspections. Therefore, other than how the plan is presented, there are no other options available.

### **How will success be measured?**

15 The plan will be monitored to ensure delivery. We will seek feedback about people's experience of the service delivery through a range of mechanisms about the services that are delivered including through compliments and complaints, the formal ASCOF surveys sent to a sample of people and their carers, through the engagement with the Better Lives Board and our ability to improve performance against the key priorities and their associated performance indicators.

### **What is the timetable and who will be responsible for implementation?**

16 Once approved, the Plan will be published. The Director of Adults and Health will be responsible for its publication.

## **13 Appendices**

- Appendix 1 - Equality Assessment.
- Appendix 2 - Adult Social Care Plan 2024 - 2027

## **14 Background papers**

- None.

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# Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate: Adults and Health</b>	<b>Service area: Adults and Health</b>
<b>Lead person: Shona McFarlane</b>	<b>Contact number: 07712 217042</b>

## 1. Title: Adult Social Care Plan 2024 - 2027

Is this a:

**X Strategy / Policy**

**Service / Function**

**Other**

If other, please specify

## 2. Please provide a brief description of what you are screening

The Adult Social Care Plan 2024-2027 outlines the commitments, plans and priorities that have been co-produced to describe the way that Adult Social Care services with Adults and Health will be delivered over the next three years. It sets out the directorate’s priorities for Adult Social Care, specifically in delivering key aspects of the Care Act 2014 in partnership with people, families, staff, third sector and NHS colleagues, and also the social care workforce across the city and commissioned services. It outlines the way in which we will work towards the vision that is set out in the plan, and how we will use the Think Local Act Personal ‘I’ and ‘We’ statements to demonstrate how we have identified people’s needs, listened to their views, responded to their views and acted on them.

### 3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?		X
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?		X
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"><li>• Eliminating unlawful discrimination, victimisation and harassment</li><li>• Advancing equality of opportunity</li><li>• Fostering good relations</li></ul>		X

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.



#### 4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

- **Key findings** (think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

- **Actions** (think about how you will promote positive impact and remove/ reduce negative impact)

**5. If you are **not** already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment.****

Date to scope and plan your impact assessment:

Date to complete your impact assessment

Lead person for your impact assessment  
(Include name and job title)

**6. Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening

<b>Name</b>	<b>Job title</b>	<b>Date</b>
Shona McFarlane	Deputy Director, Adults and Health	4.2.24
<b>Date screening completed</b>		4.2.24

**7. Publishing**

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision.**

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk) for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent: 2/4/24
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent:

# Adult Social Care Plan

2024 - 2027





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## Foreword

**Leeds Adult Social Care is committed to supporting adults who have care and support needs to be as independent as possible throughout their lives. We know that getting the right help and support at the right time can help people to manage their daily lives as independently as possible, can support people through a crisis and can really help people to flourish.**

This plan sits alongside the Better Lives Strategy, which has been shaped by listening to what people have told us is important to them and what matters the most. It supports the implementation of the Health and Wellbeing Strategy, the strategy for the health and care system within Leeds. It also supports the delivery of the Care Act 2014 duties within Leeds.

Our Adult Social Care Plan 2024 - 27 sets out how we will continue to work together to build on the good progress we have made to implement a strengths and asset based approach, focusing on prevention and reablement, supporting family and friend carers, and working towards the integration of services. To do this we will use our resources effectively to deliver better outcomes for people who have care and support needs. We want Leeds to continue to be a great place to grow older in, where all adults with care and support needs, as well as their families and carers feel included.

**“ We want every person in Leeds that needs care and support to live in the place they call home with the people and things they love, in communities that look out for one another, doing the things that matter most to them ”**

As the Adult Social Care Plan 2024 – 27 sets out, Covid has had a significant impact on our communities in Leeds and in many cases has drawn attention to inequalities – in health, in access to services, and in access to a range of opportunities. The health and care system worked tirelessly throughout the pandemic to keep people safe as far as possible, it is time now to focus on supporting people to thrive in their communities.

Access to services in a timely way is critical to ensuring that people can stay at home for as long as possible. As the Executive Member, I am committed to ensuring that Adult Social Care reaches out to every community, that it provides services which are empowering, equitable and culturally competent, so that every adult with care and support needs receives a good service that has their interests at its heart – a truly person centred and strengths-based service that delivers our vision for people with care and support needs.



**Cllr Salma Arif**  
Executive Member  
for Adult Social Care,  
Public Health and  
Active Lifestyles



**Caroline Baria**  
Director of Adults  
and Health



## What is Adult Social Care?

The Care Act (2014) places a duty on local authorities to carry out a needs assessment in order to determine whether someone has needs for care and support. This duty applies to all adults over 18yrs as well as a responsibility to assess a carer's needs for support, where the carer appears to have such needs. In addition, the local authority must consider providing information and advice or preventative services. The local authority is not required to meet any eligible needs, as defined by the Care Act 2014, which are already being met, for example by a carer who is willing and able to continue to do so, but it should record that this is the case.

Adult Social Care aims to help adults with care and support needs to stay independent, safe and well so they can live the lives they want based on what's important to them.

People who draw on care and support include:

-  **Are older**
-  **Have learning disabilities**
-  **Have physical disabilities**
-  **Have conditions like dementia, Parkinson's and Alzheimer's**
-  **Have autism**
-  **Have mental health problems**
-  **Are Deaf, blind or visually impaired**
-  **Have drug and alcohol problems**
-  **Are recovering from severe illness or injury**
-  **Look after a friend or relative (carers)**

They might need support with:

-  **Preparing or eating food and drinks without help**
-  **Keeping themselves and their clothes clean**
-  **Managing toilet needs**
-  **Getting dressed**
-  **Moving around safely**
-  **Keeping their home clean and safe**
-  **Having enough contact with other people**
-  **Taking part in activities like volunteering or learning**
-  **Using transport and local services**
-  **Caring for the people they are responsible for**

## What happens if I or someone I look after needs care and support?

You can find information on all our services on our website:

[www.leeds.gov.uk/adultsocialcare](http://www.leeds.gov.uk/adultsocialcare)

You can also access the Leeds Directory online to find out about services to help people to remain independent at home. Our Contact Centre (0113 2224401) is a telephone-based service that provides information and advice on care and support.

When you contact us we may arrange for you to have a discussion with a member of our team. They'll work with you to understand your needs and make a plan to help you live well. We call this an assessment. Your plan could include ways to help you stay independent and do the things you enjoy. This could be adapted equipment to make daily tasks easier, help getting out and about, daytime groups and finding ways to reconnect you with friends and family. You may need a care worker to help with dressing, washing and personal care. If you need it, we can help you find the accommodation that works best for you. We will be able to help you to consider alternative places to live which may better suit your health and care needs.

If you require a care service, you may be required to pay for it or make a contribution towards the cost. We will support you to complete a financial assessment and explain how much you would be required to pay and how to make payments. If you are eligible for support, you can arrange and manage your own care with the help of direct payments from the Council. Direct payments can give you much more flexibility and greater control of your support package.

## Support if you look after someone

If you care for someone and feel like you need support or a rest, you can ask the adult social care team for a carer's assessment.

This is a chance for you to have a conversation about how your caring responsibilities affect your wellbeing and quality of life. It is not to judge the care that you provide, but to see how we can help make your life easier.

If you look after a friend or relative, you might benefit from help around the home so that you can focus on caring for them. When you need a break, the person you care for might need respite care (a short break). We can also give advice on benefits you could get or help you find support groups.





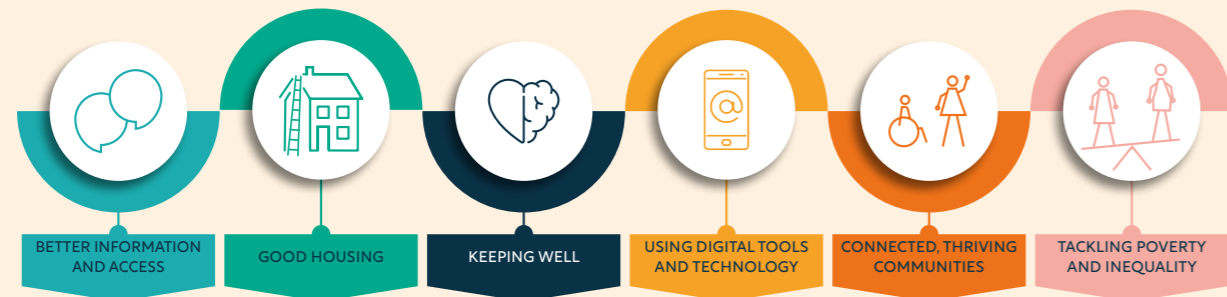
## The plans that shape our work

The Adult Social Care Plan is rooted in the ambition and principles of the city's core strategies. Leeds has a strong focus on tackling health and economic inequality and working with people to influence the development of services that they need

- where people who are the poorest will improve their health the fastest. We have established a clear framework for strengths and asset based working, with a focus on community led support, that shapes how we **work with** our partners and communities.

### Leeds Better Lives Strategy

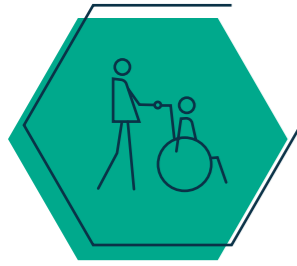
Our Better Lives Strategy seeks to help people with care and support needs to live good and fulfilling lives. We know that to live a good life, people need more than adult social care, to support people to live and age well we need to consider factors such as housing, transport, employment and our increasingly digital world. This Council wide strategy has been shaped by what matters most to people. It sets out how our services from parks to libraries, housing to physical activity, will work together to achieve our vision. The Better Lives Strategy has 6 priority areas:



### Leeds Health and Wellbeing Strategy

The Health and Wellbeing Strategy was refreshed in 2023 and runs until 2030. It sets out our ambition and vision to be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest. The Strategy focusses on what the people of Leeds have told us is important to their health and wellbeing, such as support for carers, housing, employment and mental health. People also want to staff working across health and care services work in a way where they communicate well, where care is coordinated and staff are compassionate. The strategy will be delivered through collaborative working and bold leadership, learning from the experiences of the pandemic and built on the solid foundation of our strong economy, exceptional schools, colleges and universities, a vibrant and diverse population, and leading sectors such as digital health, data and medical technology. All are key to creating a healthier, more sustainable and inclusive city.





## How we work

Our vision for people with care and support needs is set out in the Social Care Futures vision for Adult Social Care. This vision has been embedded in the Better Lives Strategy:

“ We want every person in Leeds that needs care and support to live in the place they call home with the people and things they love, in communities that look out for one another, doing the things that matter most to them. ”

In Leeds, we work in a strengths and asset based way which means we recognise that the communities we live in and the relationships we have are what matter most to people. Our approach to social care starts by looking at ‘what’s strong, not what’s wrong’. We work in a person-centred way, to understand how we can support everyone with care and support needs to live the life they want to.

We work with our partners across health and care to provide the right care, at the right time, in the right place.

We aim to:

- Provide access to support at an early stage, meeting with people in community locations closer to where they live.
- Enable all adults with care and support needs to become more independent.
- Work with people to make sure they have as much choice and control as possible over how their support needs are met.
- Help people to easily access information and support when they need it.
- Keep people safe from abuse and neglect and ensure this is viewed as ‘everyone’s business’.
- Recognise and value the contribution made by unpaid carers.
- Maximise our partnership work with the Third Sector, the independent sector, families and carers.
- Develop our workforce and support staff to understand their role in delivering the vision and plan.

*We help people to live in dignity and enjoy healthy, active lives.*

Supporting people to be as independent as possible is key to the way we work. through the use of telecare and equipment and by connecting them to local organisations and community groups.

*We set up Talking Points enabling people to meet with a member of social care staff in a local community hub, talk through their concerns and work together to find solutions.*

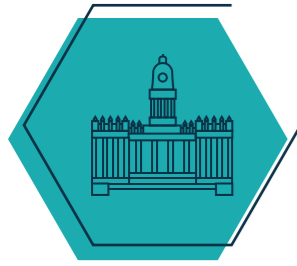
We see thriving communities as key to delivering that ambition and have continued to invest in community building and social infrastructure in partnership with the Third Sector. Working with the Third Sector, we have established community-based Neighbourhood Networks across the city that support older people to live independently and participate within their own communities. We have pioneered ABCD (Asset Based Community Development) that has supported people to make the changes they want to see in their communities. We are transforming the way care is provided in people’s own homes to strengthen connections to communities by rooting care and support in neighbourhoods through the Community Wellbeing Teams work.

We are committed to improvement and have developed a new Quality Assurance Framework which underpins all we do to ensure we are providing a high-quality service for people with care and support needs, ensuring their welfare is safeguarded and promoted.



“ Thanks for the support and letting me talk about things I couldn’t discuss with my family I wanted to thank you for being there for me - you noticed, you listened, you cared. ”  
*Person who uses In-house Mental Health Residential and Day Services*





## Understanding our City

Leeds is a dynamic, vibrant city with a robust economy and strong, diverse communities. Since 2011, Leeds has grown by over **8%** and with an estimated population of **812,000** people, is the second largest local authority in England. From the 2021 census we know that:

### More people are living longer in Leeds

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A third of people in Leeds are over 50 and over **15%** are over 65. By 2043, we expect to see a **51%** increase in people over 80.

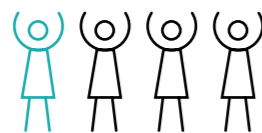
### Leeds is becoming more ethnically diverse

In terms of its people and communities. In 2021, **6%** of the 65+ population, **20%** of those aged 25 - 64 and **30%** of the 0 - 24 population are from ethnically diverse communities. **10%** of people living in Leeds identified as 'Asian' and **5.6%** identified as 'Black'.



### 1 in 4 people in Leeds live in the most deprived 10% of areas in England

Around **186,000** people in the city live in areas that are ranked in the most deprived **10%** nationally, an increase of more than **20,000** people since 2015.



### Health inequalities have become worse in Leeds

Life expectancy varies across the city from **72** for men and **74.3** for women in Burmantofts and Richmond Hill, to **83** for men and **88** for women in Adel and Wharfedale.



### 1 in 6 people in Leeds are disabled

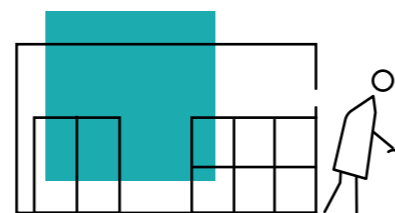
This means that they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. An estimated **2,000** people in Leeds have a mild to severe learning disability and approximately **5,500** people have learning difficulties. There are an estimated **8,700** people living with dementia.



### 1 in 10 people in Leeds provide unpaid care

**4.3%** of the population (33,000) provide up to 19 hours of unpaid care per week.

**1.7%** (13,000) provide 20 to 49 hours of unpaid care per week.



**2.6%** (20,000 people) provide 50 hours of unpaid care per week.

We have a duty under the Care Act to shape the care market to ensure quality and equality of access to all. Our focus will be to develop a range of services and interventions that will enable the adult social care service to shape the market to meet needs, whilst recognising different ways of doing things and ensure that services meet the widest range of people's needs.

The council is responsible for ensuring that these services meet the needs of local residents and that they maintain and improve their quality standards.

Leeds City Council commissions the majority of its care provision from the independent sector. This currently includes working with:

- In excess of 90 Residential & Nursing homes for older people.
- Over 140 Homecare Providers.
- 53 care homes for working age people with disabilities.
- Over 500 extra care apartments
- A range of day services
- Information, advice and support for people with caring responsibilities.

Further information can be found in our Market Position Statement.





## Understanding what is important to the people who use Adult Social Care services

The financial position within which Local Authorities find themselves cannot be ignored. We have a duty to achieve value for money in terms of the Adult Social Care budget for the citizens of Leeds. A key priority is to develop a highly skilled workforce who are confident and able to find the best ways to meet needs and aspirations and also provide value for money. This means that we will have to work with people and communities to develop the most cost-effective approach that we can in order to meet our statutory duties, which means that some of our existing services may need to change or be transformed.

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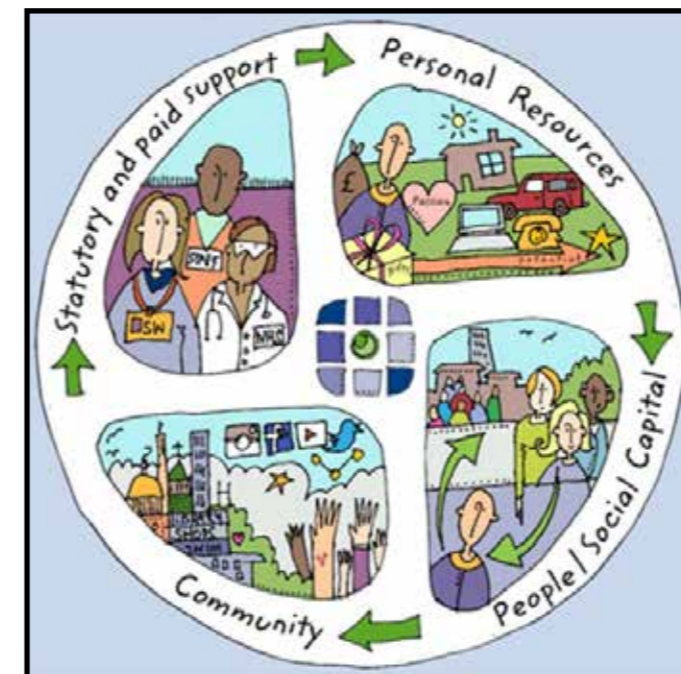


The pandemic in 2020 had a significant impact on the way we worked. It saw us working increasingly in collaboration with our partners including NHS services. However, it also meant that we did not have access to the local community resources in the same way. We have taken time to reflect on the impact that covid has had and are looking to find new and different ways to link with and speak to people to find out what they need and want from the service. We also know that people are waiting too long for services as a result of some of the changes that took place during and after the pandemic. We know that people want us to listen to their experiences and to make processes simpler and more joined up – they want it to be simpler and quicker to access our services.

We have been working to embed a strength-based approach to adult social care in Leeds since 2015. We have changed how we work, our systems and processes, to ensure that we work in person centred way. This approach has enabled people to be independent for longer, to live an ordinary life and remain at home with fewer people admitted to residential care. It enabled us to respond to people sooner and reduce the time that social workers spent on 'paperwork', enabling them to spend more time with people in their local communities. Since 2017 we have implemented a new model of delivering community based care and support called 'community led support' (CLS).

## What is Community Led Support?

Community Led Support involves local authorities working collaboratively with their communities and partners and with staff, ideally across the whole authority (not just within social care) to design a health and social care service that works for everyone. Changes made to local services and systems include a combination of interconnecting elements, all of which are essential, but which are shaped and refined to reflect local circumstances. These elements are summarised in the graphic below.



At the heart of the approach is a set of underpinning principles about how local support should be delivered

### Community Led Support (CLS) Principles:

- Co-production or engagement brings people and organisations together around a shared vision
- There is a focus on communities, recognising that each community may be different
- People can get support and advice when they need it so crises are prevented
- The culture is based on trust and empowerment
- People are treated as equals and their strengths are promoted and built on
- Bureaucracy is kept to the absolute minimum
- The system is responsive, proportionate and delivers good outcomes

We have agreed with our partners that we won't put labels on people and will move away from language that people have told us is stigmatising. When we need to record information about you it will be written in your own words as far as possible, our conversation records will be just that – what we spoke about, what matters to you and most importantly what action we will be taking. We will share with you what has been written about you - you will receive a copy of your conversation record and any support plan that we develop, so that you can check it and make sure that it reflects your views and priorities.



## Working in partnership

### Working in partnership - with people

The adult social care plan focuses on working 'with' people, this means that we don't 'do for' people, or 'do to' people, we are committed to working with people and their families as equal partners. We work with them to find the best solution they can, on their own, or with a little help, or with full support, to live the best life they can. We recognise the importance of speaking to people about their experiences of Adult Social Care and the impact of our involvement in their lives; we are committed to working in equal partnership with people who use our services, carers, family and friends, colleagues across the council, and our partners to find shared solutions.

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This approach is called 'co-production'. 'Co-production' describes working in partnership by sharing power between people who draw on care and support, carers, families and citizens and is at the heart of good, personalised community-based care and support. As reflected in this plan, Leeds has signed up to the 'Making it Real' principles to develop our co-production framework, it will be used by us to address what matters to people and to improve services.

We want to continue to support people to be independent, live in dignity and enjoy healthy, active lives. We see thriving communities as key to delivering that ambition and will continue to invest in community building and social infrastructure in partnership with the Third Sector. The diversity of the sector is what makes it so unique and we aim to provide the best advice and guidance for groups and organisations – enabling them to promote access to a range of adult social care services within these communities.

### Working in Partnership - with Health and Care Partners

We want to support people to avoid hospital and care home admissions as much as possible. Building on our strong partnerships, we are working collaboratively to deliver an integrated, person-centred, home-first model of intermediate care across Leeds. By 2025 the Home First programme aims to achieve 1,700 more avoided admissions to hospital each year with 400 more people going home from hospital rather than to a bed each year. The Home First Programme involves everyone who works in the health and care system in Leeds.

A key aspect of the Home First Programme is the way in which Adult Social Care works in partnership with Leeds Community Healthcare to deliver a range of community-based services. This includes helping to reduce delays between health and care settings and improve people's experiences and outcomes. We call this partnership "The Alliance".

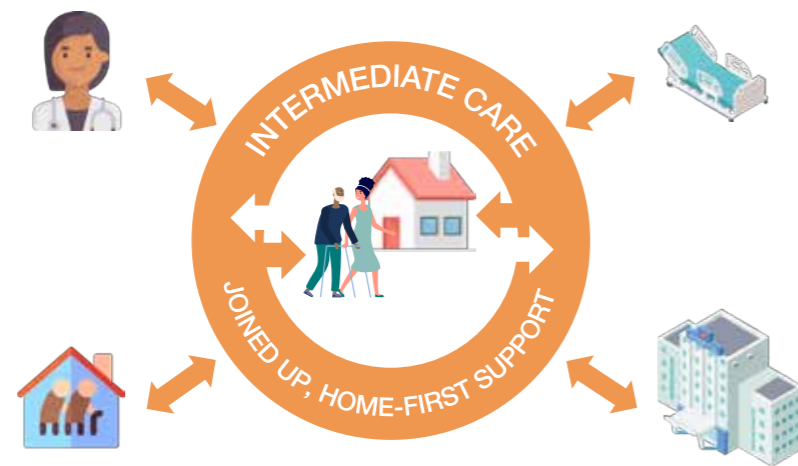
Services within our Alliance include Active Recovery and Recovery Hubs which support people to become more independent at home, using recovery focused outcome based approaches. The Recovery Hubs and Active Recovery also help prevent people from needing to go into hospital.





## HomeFirst Programme Vision

**A sustainable, person-centred, home-first model of intermediate care across Leeds that is joined up and promotes independence**



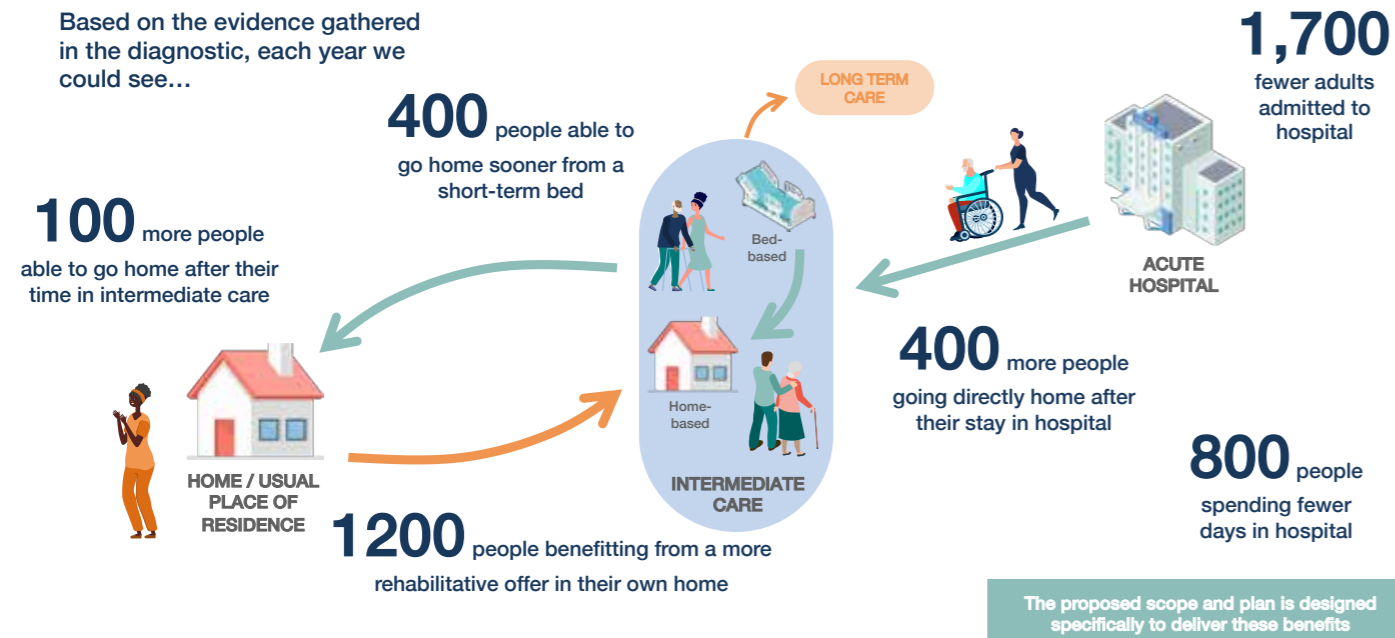
## Working in Partnership - with Social Care providers

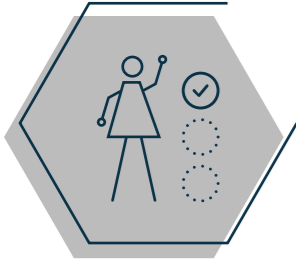
We have a Market Position Statement which sets out the types and range of services we need in Leeds. This Statement is aimed at our independent, voluntary and 3rd sector care and support providers to enable them to plan and develop the right types and volumes of services to meet the needs of our local residents now and in the future.

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## What would the impact across the system be?

Based on the evidence gathered in the diagnostic, each year we could see...





## Our Priorities, Ambitions and Actions

We have taken the priorities from the Better Lives Strategy and Health and Wellbeing Strategies for Leeds, which work to enable people with care and support needs to live good and fulfilling lives. We have used the 'Making it Real' framework to identify our priorities and ways of working. The framework has been designed to help providers and commissioners deliver good,

personalised care and support. It was developed by Think Local Act Personal, a national partnership of organisations committed to transforming health and care, with people who access services. The 'Making it Real' framework has six themes that collectively set out what is important to people and will support them to live a good life.

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### #1 PRIORITY 1 - WELLBEING AND INDEPENDENCE

#### *Living the life I want, keeping safe and well*

We will support people to live a fulfilling life, connected to family, friends and community, through support that promotes wellbeing and independence. We will enable people to use digital tools, technology, and services in the right way for them to live as independently as possible. We will continue to trial new and emerging technologies so new technology becomes a core part of what we do, enhancing how we work.

### #2 PRIORITY 2 - INFORMATION AND ADVICE

#### *Having the information I need when I need it*

We will make it easier for people to access and get the information and advice they need when they need it, in the accessible formats that they need. This will include working with our health partners and third sector colleagues to promote health and wellbeing for all ages and access to services that promote health and wellbeing and help them manage their self-care and support needs appropriately.



### #3 PRIORITY 3 - ACTIVE AND SUPPORTIVE COMMUNITIES

*Keeping family, friends and connections*

We will support people to access the broad range of support that is available to them in their communities including third sector support, neighbourhood networks and friendship networks. We will work closely with our partners so our systems and processes are better integrated, so we save time and make better decisions for people as they move between our services.

### #4 PRIORITY 4 - FLEXIBLE AND INTEGRATED CARE AND SUPPORT

*My support, my own way*

We will develop innovative ways to provide care and support to people at home and supporting people and their carers to stay healthy. We promote choice and control; we trust people to make the right decisions and direct their own support. We focus on the resources and support to make this work.

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### #5 PRIORITY 5 - WHEN THINGS NEED TO CHANGE

*Staying in control*

We listen to people and the key people in their lives, helping people to plan ahead and to respond to changes in their lives and in their care and support needs.

### #6 PRIORITY 6 - AN INCLUSIVE, VALUED AND WELL TRAINED WORKFORCE

*The people who support me*

People are listened to and respected by a workforce with a can-do attitude, that responds to their needs as unique individuals. Our social care teams work to deliver anti-racist, anti-discriminatory and anti-oppressive practice standards. We welcome and celebrate diversity and the strengths this brings to our communities and our workforce. We seek to create an inclusive culture with a sense of belonging for everyone.





## Our key actions over the life of this plan

Over the next three years Adult Social Care will continue to work towards some of our current developments which include:

- Continue to develop the skills, knowledge and experience of our workforce, including further embedding our Workforce Race Equality Standards.
- Continue to work with partners through the Leeds Safeguarding Adults Board to help people to be and feel safer and tackle abuse when it occurs
- Continue to work on our Digital strategy, helping people to access services through use of website and apps, supporting people through use of care technology and working more efficiently
- Further develop our services through our existing Adult Social Care plan and our HomeFirst transformation programme, supporting people to remain independent at home for longer.

In addition to the above we will prioritise the following:

### 2024-2025

1. Reduce waiting times and timeliness of assessments by offering more Talking Point appointments and delivering more proactive, preventative approaches such as further developing our Enhanced Care at Home Programme with Leeds Community Healthcare Trust.
2. Increase the flexibility and control people have over how their care and support needs are met through increasing the up take up of Direct Payments, Personal Health Budgets and Section 117 Personal Health Budgets. We will pilot Individual Service Funds.
3. Increase the number of people who receive an annual review of their care through using new technology and increase access to technology that can support independence.
4. Enhance our offer of information, advice and access to adult social care services, making it easier to find the information people need.

5. Implement the first phase of our Community Health and Wellbeing service - a new way to provide community led home care.
6. Work with Housing partners on our Accommodation Strategy to improve access to housing especially when people leave hospital to support faster discharge.
7. Implement the Community Mental Health Team Hub pilots in line with the Community Mental Health Transformation Programme as part of the Mental Health Strategy.
8. Implement our strategic plan for ABCD (Asset Based Community Development), including expanding the programme with 3 new 'pathfinder' sites, developing an enhanced training offer and new grant schemes to support communities to make the changes they want to see.

### 2025-2026

1. Build on our Digital Plans and Front Door redesign by offering on-line early help assessments and undertaking more yearly reviews.
2. Increase access to reablement support – help for people after a fall or a stay in hospital.
3. Continue our work to develop a diverse workforce and increase skill mix across teams.
4. Evaluate the Community Mental Health Transformation Hub pilot sites; to make sure that access to mental health service has improved for everyone.

5. Continue our improvement and HomeFirst design principles to increase the amount of reablement and rehabilitation available in the city.
6. Support creativity and use our budgets to support innovative services that work and are underpinned by our 'diverse by design' principles.
7. Continue our work to support people to live independently at home and access advice, information and guidance about care and support available, including development of a new ASC website.
8. Continue to Listen Act and Learn from the feedback we receive from people who use services.

### 2026-2027

1. Continue our community led support focus and create co production opportunities between people who use services, carers, and professionals to deliver better outcomes.
2. Further develop our information advice and guidance offer including Leeds Directory and website in co production with our partners and people who use services.
3. Continue building on our workforce strategy that includes the whole system, focussing on equality, diversity, and inclusion.
4. Further develop our commissioning approach to ensure we have a choice of affordable, accessible care and support available with a focus on people's experiences and improving quality.





## How will we know if we are making a difference?

The Adult Social Care plan is a three-year plan which takes us from 2024 to 2027. We are committed to continual improvement - we have developed a new Quality Assurance Framework which underpins all we do to ensure we are providing a high-quality service for people with care and support needs, to co-design real, tangible and meaningful measures to reflect progress on each of the priorities below. We will use these to supplement our existing data collection and analysis through our Adult Social Care Outcomes Frameworks.

Our priorities build upon the 6 themes of [Making it Real](#), that reflect the most important elements of personalised care and support and our actions in the section above largely reflect the measures set out below. We will use this approach to measure the improvements we make over the next three years.

Each theme has a number of I statements that describe what good looks like from an individual perspective. These are followed by **We** statements that express what we should be doing to make sure people's actual experience of care and support lives up to the I statements.





**PRIORITY**  
*I statements*

**KEY MEASURES**  
*We statements: We will*

**Wellbeing and independence**  
*"I am supported to plan ahead for changes in my life"*

- Reduce waiting times for people by promoting early intervention and prevention pathways.
- Increase the number of people receiving a review of their care.

#1

**Information and advice**  
*"I can get information about my health, care and support"*

- Increase numbers of Talking Point sessions where people can speak directly to adult social care.
- Improve access to digital equipment and the internet and increase the number of people using Telecare.

#2

**Active and Supportive Communities**  
*"I feel welcome and safe in my local community and can join in community life that is important to me"*

- Continue to improve flexible support for unpaid carers and increase the number of carers assessments.
- Ensure that people from our diverse communities have equitable access to our services and culturally competent support.

#3

**Flexible and Integrated Care and Support**  
*"I have care and support that is coordinated, and everyone works well together and with me"*

- Increase the number of people who arrange and manage their care through a Direct Payment
- Support more people to return home after a stay in hospital through implementation of the Home First Programme.
- Implement the new Community Health and Well Being Pilot service.
- Contribute to the delivery of the Leeds Mental Health strategy by implementing trauma informed and trauma aware practices.

#4

**PRIORITY**  
*I statements*

**KEY MEASURES**  
*We statements: We will*

**When things need to change**  
*"I have care and support to help me live as I want to, seeing me as a unique person with skills, strengths and goals"*

- Review the transition processes when young people move from children's services to adult services to ensure a coordinated and person centred approach.
- Work with partners to improve use of risk management and multi-agency approaches to mitigate risk and improve safeguarding practice.
- Increase the number of CQC registered services which are rated Good or Outstanding.

#5

**A skilled and diverse workforce**  
*"I am supported to plan ahead for important changes in my life that I can anticipate"*

- Have a social care workforce that is representative of the diverse communities in the city.
- Develop workplace culture to support staff wellbeing and ensure colleagues feel valued and cared for, with working environments that are safe and productive.
- Optimise the opportunities offered by digital technology to address workforce challenges and support new, more integrated and flexible ways of working.

#6

We will monitor how our Adult Social Care Plan is delivered using our performance management processes and evaluation frameworks. We will report each year in our Local Account how we are progressing against the commitments that we are making and will summarise feedback from the people we serve.

The Better Lives Board has been set up to monitor the Better Lives Strategy and this board oversees the Local Account and our work to improve Adult Social Care. This will help us measure the effect and impact of our work at a local level.



## How to get help from Adult Social Care

The following information explains how to get help for yourself or another adult, including how to get support or have a conversation with the Council.

### Online:

Information on our services is available through the Adult Social Care pages of Leeds City Council website:

[www.leeds.gov.uk/adult-social-care](http://www.leeds.gov.uk/adult-social-care)

Leeds Directory can support you to live well by connecting you to checked and vetted local services and tradespeople as well as local activities and events.

<https://www.leedsdirectory.org/>

### Phone:

0113 222 4401

(Weekdays, 9am to 5pm, except Wednesdays when we are open from 10am)

Our contact centre where you can ask for information about our services or arrange an assessment.

### Email:

[leedsadults@leeds.gov.uk](mailto:leedsadults@leeds.gov.uk)

### Urgent out of hours:

If it cannot wait until the next working day try our emergency social care contacts

0113 378 0644

[edt.ss@leeds.gov.uk](mailto:edt.ss@leeds.gov.uk)

### British Sign Language:

Call with Sign Video live BSL interpretation





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## Leeds Health Protection Board report 2023

Date: 17<sup>th</sup> April 2024

Report of: Director of Public Health

Report to: Executive Board

Will the decision be open for call in?  Yes  No

Does the report contain confidential or exempt information?  Yes  No

### Brief summary

Leeds Health Protection Board report 2023.

The report provides:

- The Executive Board with an outline of the fifth report of the Leeds Health Protection Board since it was established in June 2014.
- The Executive Board with an update on Health Protection Board activity and is requested to endorse and note the progress made by the Board. This report has been presented to the Health and Wellbeing Board at the 21<sup>st</sup> March 2024 HWBB meeting.
- Progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022.
- Achievements of the health protection system including the local system response to new and emerging infectious diseases including Mpox, and CPE (Carbapenemase-producing enterobacterales, a type of superbug which had not previously been seen at such a scale).
- An outline of the rapid and comprehensive response to infectious disease outbreaks particularly impacting on families experiencing high levels of poverty and social deprivation, scabies, for example.
- A spotlight on the work of two key health protection partners in the city, Bevan and the Leeds City Council resilience team.

### 1.1 Recommendations

Executive Board is recommended to note the following, as presented in the appended Leeds Health Protection Board Report 2023:-

- a) The progress made on the Health Protection Board priorities.
- b) The case studies highlighting the approach to managing significant infectious disease outbreaks in the city.

- c) The key achievements, and targets for 2024, setting out recommended actions for the next 12 months.

## **1.2 What is this report about? Context and background**

- 1.2.1 The role of the Leeds Health Protection Board, chaired by Director of Public Health, is to undertake the nationally mandated duties to protect the health of the population as laid out in Health and Social Care Act 2012.
- 1.2.2 The Secretary of State expects the DPH to cooperate closely with the UK Health Security Agency (UKHSA), National Health Service (NHS) and other partners to have coordinated health protection preventative plans, local cooperation agreements and clarity on roles and responsibilities, overseen by the Leeds Health Protection Board (HPB). This is to ensure there are robust and resilient health protection arrangements in place to protect the health of the population.
- 1.2.3 The Director of Public Health provides strong local leadership through the health protection board to develop robust and resilient arrangements to prevent and respond to outbreaks of new and emerging infectious diseases, including public health incidents.
- 1.2.4 Health Protection system partners are working at national, regional, and local level to fully discharge our duties related to pandemic planning. A huge amount of work has been undertaken across organisations and collectively across partnerships to identify from our own response to the Covid-19 pandemic.
- 1.2.5 We are working to identify lessons learnt, ensuring we share them across our changing systems, working together to look at how we can embed and take them forward as effectively as possible into our planning for future pandemics.

## **2 Leeds Health Protection Board Report 2023**

- 2.1 This report provides the Executive Board with an outline of the fifth report of the Leeds Health Protection Board since it was established in June 2014.

### **2.2 The report**

- 2.2.1 Outlines progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022.
- 2.2.2 Highlights the robust, rapid and comprehensive response to infectious disease outbreaks particularly impacting on families experiencing high levels of poverty and social deprivation, scabies, for example.
- 2.2.3 Presents the achievements of the health protection system including the local response to new and emerging infectious diseases including Mpox, and CPE (Carbapenemase-producing enterobacteriales, a type of superbug which had not previously been seen at such a scale).
- 2.2.4 Shines a spotlight on the work of two key health protection partners in the city, Bevan and the Leeds City Council resilience team.
- 2.2.5 Shows progress made in all priority areas identified in 2022; this is a positive step forward for health protection in Leeds.
- 2.2.6 This report does not cover all areas under the jurisdiction of the Health Protection Board but only those that have been identified as priorities. The Board does however gain assurance from lead organisations on all health protection priorities and monitors performance.

- 2.2.7 The Health Protection Board has been working to get beneath the headlines to better understand the real areas of concern for Leeds relating to health protection. We will continue to monitor the health status of our population in relation to health protection priorities.
- 2.2.8 Globally, climate change and antimicrobial resistance (AMR) continue to present new risks which we will need to be able to prepare, adapt and respond to, including extreme weather events and increased spread of infectious diseases. The emerging health protection priorities that require focused attention disproportionately affect those living in social deprivation, displaced populations and people seeking asylum. The HPB will continue to mitigate risks and the impact of health inequalities when planning programmes and monitoring progress on priorities.
- 2.2.9 The approach outlined in the report focuses on a commitment to evolve, innovate and address health protection challenges through working with communities, addressing health inequalities, workforce development and collaborative working.

### 3. What impact will this proposal have?

The aim of the work of the Leeds Health Protection Board is to ensure that the population of Leeds, irrespective of their circumstances, are protected from infectious and non-infectious environmental health hazards and, where such hazards occur, minimise their continued impact on the public's health. The HPB does this by working collaboratively to prevent exposure to such hazards, taking timely actions to respond to threats and acting collectively to ensure the best use of human and financial resources.

The purpose of the HPB report is to share the work and progress made of the Health Protection System for 2023

### 4. How does this proposal impact the three pillars of the Best City Ambition?

Health and Wellbeing       Inclusive Growth       Zero Carbon

The work of the Leeds Health Protection Board supports the Leeds Health and Wellbeing strategy priority:

*'Have a Leeds health protection system which encourages people and systems to adopt safer behaviours and to build community resilience to any future pandemic.'*

Safety in our city depends on having a robust public health protection and promotion system. As we continue to learn the lessons from the pandemic, it is crucial that health protection and promotion continues to prioritise and work with communities most at risk of the ongoing impact of existing and emerging communicable diseases.

In addition, the Health Protection Board works to accelerate partnership action on health protection priorities including impact of poor air quality on health, antimicrobial resistance, tackling TB, reducing the impact of adverse weather for vulnerable people and increasing childhood vaccinations and adult vaccinations for Covid and Flu in areas of low uptake.

### 5. What consultation and engagement has taken place?

Wards affected: All

Have ward members been consulted?       Yes       No

The Executive Member for Adult Social Care, Public Health and Active Lifestyles has received a briefing on the Health Protection Board report.

Consultation and engagement with communities is a key aspect of the approach taken to address health protection priorities. Examples include a health needs assessment which has been conducted with engagement from communities, vaccination outreach programmes designed and implemented with engagement from community champions and third sector to inform the approach.

### 6. What are the resource implications?

There are no direct resources/value for money implications arising from this paper.

### 7. What are the key risks and how are they being managed?

The Health Protection Board works to ensure that they continually strengthen their approach to understanding the health protection risks in Leeds. The Health Protection Board, as a sub-group



of the Health and Wellbeing Board, has an assurance role to ensure that the city identifies health protection risks across the system and agrees plans to mitigate against these risks. The Board ensures that the system is prepared to respond to health protection risks, for example, infectious disease outbreaks and public health incidents. The Board utilises a robust evidence base to inform the health protection system when managing risk and tackling health and wellbeing inequalities.

The council's corporate risk register includes a risk on "Preparedness for new and emerging infectious diseases" – This includes the risk of serious illness and fatalities, especially in those unprotected by vaccinations, combined with medium to long term consequences for health, workforce, and social and economic inequalities. The risk is reviewed and updated four times a year and is reported through Adults and Health Directorate Management Team and the council's Corporate Leadership Team.

## **8. What are the legal implications?**

There are no legal or access to information implications of this report; it is an update report.

## **9. Options, timescales and measuring success What other options were considered?**

This report was presented to the Health and Wellbeing Board on the 21<sup>st</sup> March 2024 HWBB meeting.

## **10. How will success be measured?**

The Health Protection Board reviews progress against the priorities regularly to ensure that partnership activity remains focused. A work plan and key performance indicator dashboard has been developed and endorsed by members of the Board. This report does not cover all areas under the jurisdiction of the Health Protection Board but only those that have been identified as priorities. The Board does however gain assurance from lead organisations on all health protection priorities and monitors performance through a health protection indicators report.

The Leeds Health Protection Board has worked to ensure that arrangements are in place to protect the health of communities, meeting local health needs across Leeds through the development of robust assurance frameworks. This includes a health protection indicators report, associated reporting systems, strengthened governance arrangements, development of the Leeds outbreak and pandemic plans and weekly updates to system leaders on surveillance of circulating infections.

## **11. What is the timetable and who will be responsible for implementation?**

The report has been presented to the Health and Wellbeing Board on the 21<sup>st</sup> March 2024

## **12. Appendices**

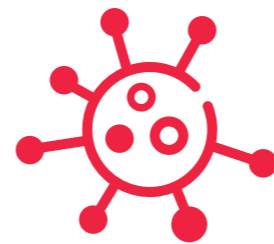
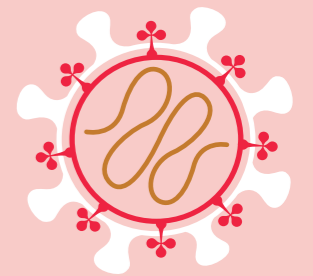
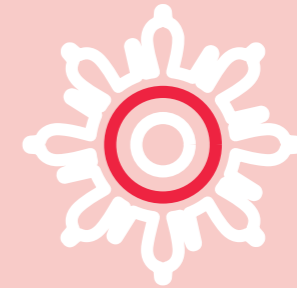
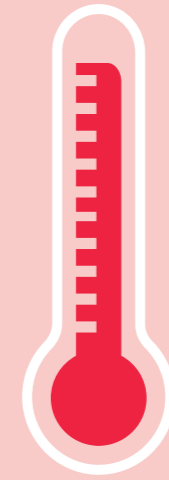
- Leeds Health Protection Board Report 2023.
- Equality Assessment.

## **13. Background papers**

- None

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# Leeds Health Protection Board Report 2023



UK Health  
Security  
Agency



Leeds  
Health & Care  
Partnership



Leeds  
CITY COUNCIL



Bevan  
Inclusive Health and Wellbeing

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# Foreword

Welcome to this year's Leeds Health Protection Board report which provides an overview of progress made against the Health Protection Board priorities, alongside showcasing case studies and highlighting our approach to managing significant infectious disease outbreaks in the city.

Due to the success of the Covid vaccination programme, COVID-19 now is not what it used to be, and we can thankfully start to move on from the pandemic. We have learnt valuable lessons including an even greater appreciation of the power of community, community leaders and their role in infection prevention.

This report presents the fantastic achievements of the Health Protection system in Leeds and the effective and efficient approaches to prevent, detect and mitigate health threats to the Leeds population.

We have shone a spotlight on the work of Bevan (a West Yorkshire based social enterprise service for highly vulnerable people) and Leeds City Council's Resilience and Emergency Team (RET). Bevan, despite the increasing demand for their service, have worked tirelessly to meet the needs of those with poor health and complex risk factors. RET provide the logistical support and plans for major outbreaks / natural disasters and are an integral partner for health protection.

This year has not been without its challenges. We've seen new and emerging infectious disease outbreaks including Mpox and CPE, a type of superbug which had not previously been seen at such scale. Reports of scabies have increased impacting families experiencing high levels of poverty and social deprivation. All this against a backdrop of rising energy costs which have exacerbated inequalities, the war in the Ukraine displacing populations and increasing numbers of people seeking asylum.

Globally, climate change and antimicrobial resistance (AMR) continue to present new risks which we will need to be able to prepare, adapt and respond to. Climate change poses significant challenges contributing to the spread of infectious disease, extreme weather events such as flooding and heatwaves, as well as the quality of the air we breathe. AMR is a critical threat to health protection as it reduces the effectiveness of antibiotics and other antimicrobial drugs. This poses challenges in treating infections and increases the spread of infection. These health threats do not affect everyone equally, people in underserved communities or who have other vulnerabilities suffer the worst outcomes.

As a Board we will continue to adapt our priorities where necessary and develop robust work programmes. This will mean we are able to evolve, innovate and address future health protection challenges. To underpin this approach, we will ensure that there is a strong evidence base, a commitment to community engagement, and a strong emphasis on workforce development and collaborative working. This will ensure that people are consulted, supported and cared for with compassion and kindness.

I would like to express my thanks for the huge amount of work that has happened throughout this year and the ongoing efforts from across the city to ensure Health Protection continues to be prioritised. I look forward to working with partners and communities in the coming year.

**Victoria Eaton**

Director of Public Health, Leeds.  
Chair of the Health Protection Board.



# Bevan Healthcare



## Who we are and what we do

Bevan are a pioneering social enterprise established in 2011 and now widely regarded as being at the forefront of health and wellbeing services for highly vulnerable groups who face social barriers to accessing care. Bevan operate across West Yorkshire and our patients include:

- Refugees and Asylum Seekers
- People experiencing homelessness or who are insecurely housed
- Sex workers
- Gypsy Romany and Traveller groups

Many Bevan patients have complex needs, have experienced trauma and or have addiction and or mental health issues. We take a holistic approach to healthcare and our work is informed by the social determinants of health model.

We pride ourselves in a responsive and person led approach – finding compassionate solutions for individuals that benefit both the individual and the system as a whole.

We are a social enterprise which enables us to respond to the needs of our patients in a responsive way and to evolve our services with the changing needs of the patients we serve. As a social enterprise any profits we make are invested back into services for our patients.



## Achievements



### People experiencing homelessness in Leeds

COVID and influenza vaccination programmes have continued to be delivered via the Bevan outreach services, targeting rough sleepers and those in temporary/emergency accommodation.

Following consultation, Bevan partnered with Leeds Community Healthcare NHS Trust to provide a homeless outreach wound care clinics across the city in locations such as Forward Leeds hubs and on our outreach bus which has led to better wound outcomes and contributes to the prevention and early identification which can lead to significant invasive infection such as Group A Strep.

Bevan's hepatitis C outreach clinic has engaged with a significant number of individuals with known hepatitis C and facilitated increased levels of successful treatment. This has a potential positive impact not only on the individual but also to the wider at-risk population in the city with reduced viral exposure in the community. The service and wider outreach team, continue to provide opportunities for hepatitis C testing in a variety of settings.

### People resettled or seeking asylum in Leeds

All those newly arriving to a Leeds contingency accommodation site are offered a comprehensive health assessment including a physical and mental health screen, examination if required and opt-out screening for active and latent TB, HIV, syphilis, chlamydia, gonorrhoea, and hepatitis B and C. Alongside the GPs, nurses and healthcare assistants, Bevan occupational therapists and social prescribers are there to provide occupational and wellbeing support to those in contingency accommodation.

Contingency (e.g. hotel) accommodation has seen a significant number of scabies cases, often unrelated cases, who come to the city with infestation and significant symptoms. The Bevan Migrant Health Team provide an early detection and treatment of those with scabies to reduce the risk of onward transmission within the accommodation as well as provide treatment and symptomatic relief for those affected.

All those coming to a contingency accommodation site in Leeds are offered vaccination for measles, mumps, rubella, diphtheria, tetanus, polio alongside any other vaccinations suggested as per the national schedule. From our experience, most asylum seekers coming into Leeds from non-Bevan cities come with no vaccination history. Concerns continue around diphtheria and measles outbreaks in these settings and Bevan work hard to increase vaccination uptake in this population.



# Bevan Healthcare



## Challenges / Risks

The last year has brought several challenges for Bevan services in Leeds. As we work with a range of inclusion health cohorts, we have split challenges/risks into 2 core cohorts we work with:

### People experiencing homelessness in Leeds

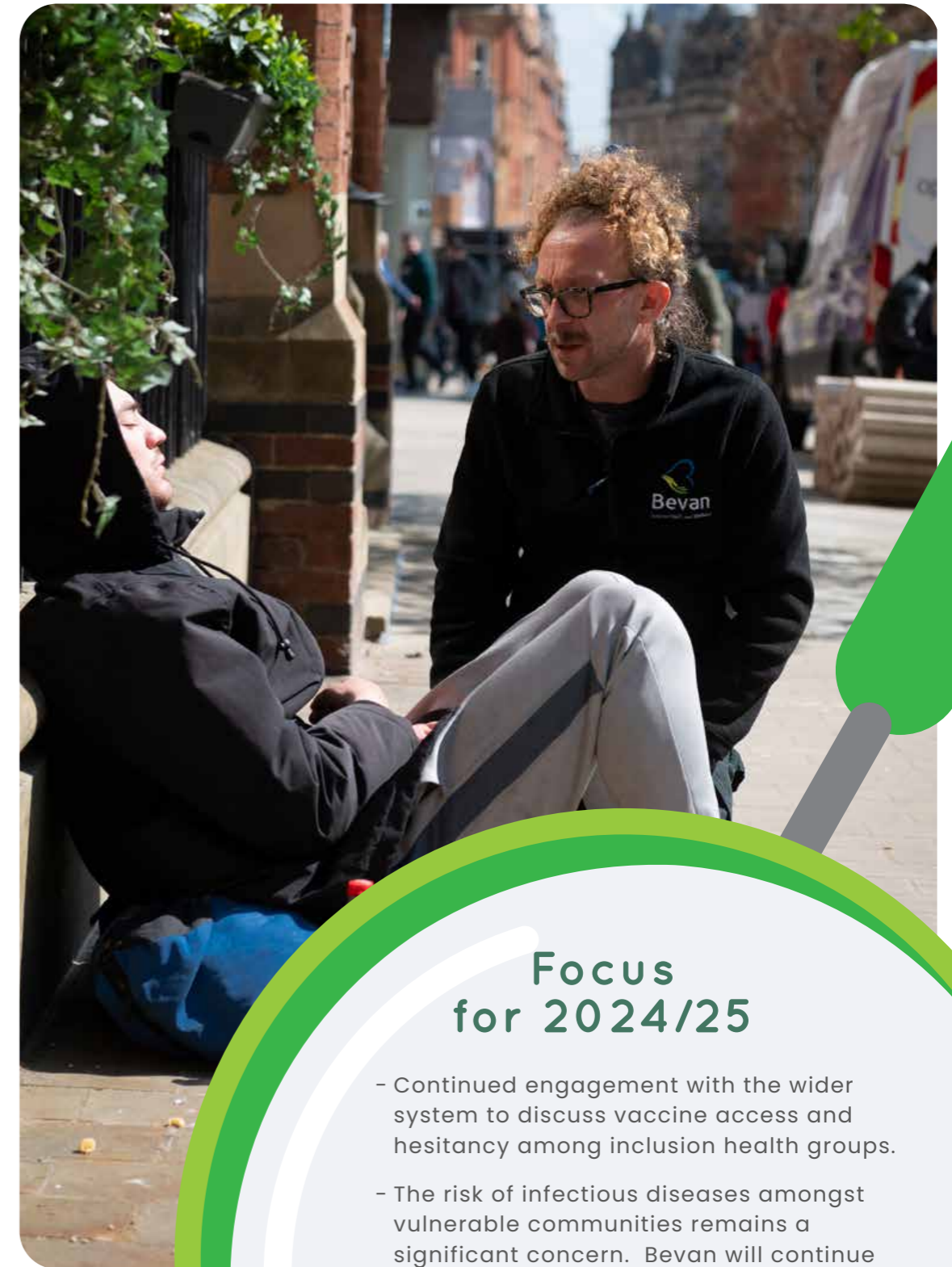
Increased numbers of rough sleepers in Leeds since COVID-19 and the end of the 'everybody in' policy has led to services at Bevan being stretched and reduced levels of engagement. The increased cost of living has impacted everyone but has disproportionately affected those experiencing homelessness as well as other inclusion health groups.

### People resettled or seeking asylum in Leeds

The significant increase in the number of people seeking asylum in the UK has been highly publicised, and one of the challenges faced when providing health and wellbeing services to asylum seekers is the highly political arena in which Bevan operate. An often less than favourable political and media environment can lead to unrest in communities where asylum seekers are housed. Political decisions relating to claiming asylum in the UK, such as the 'Rwanda policy' and more broadly,

the Illegal Migration Act 2023, can add further pressure to the mental health and wellbeing of those cared for, and make for a more challenging arena to operate in professionally.

York Street Health Practice, the Bevan inclusion health specialist GP practice, has seen a significant increase in those registered with the practice who are resettled or seeking asylum, and our Migrant Health Team have responded by conducting an increased number of health assessments, adding strain to existing services at short notice.



## Focus for 2024/25

- Continued engagement with the wider system to discuss vaccine access and hesitancy among inclusion health groups.
- The risk of infectious diseases amongst vulnerable communities remains a significant concern. Bevan will continue to work in partnership to mitigate the risks and support in outbreak response.
- To continue to be a trusted organisation for vulnerable groups who have barriers to accessing health care.
- To advocate for vulnerable groups within the wider health protection system.

## Links

<https://www.gov.uk/government/collections/illegal-migration-bill>

# Resilience & Emergency Team Leeds City Council



## Role of Emergency Planning in Health Protection

Emergency planning plays a proactive role in health protection by ensuring that communities and healthcare systems are prepared to respond effectively and collaboratively to various emergencies, such as natural disasters, disease outbreaks, or terrorist attacks. In the context of health protection, the four phases of emergency management are shown below:

As a Leeds Health and Care system, emergency planning is integral to Health Protection. This organisational spotlight will provide an oversight of the approach taken by Leeds City Council's Resilience and Emergencies Team (RET) to delivering the legislative duties under the Civil Contingencies Act 2004 (CCA04) for Leeds City Council through planning and delivering emergency response.

## Achievements

### Emergency Preparedness (all plans) & LRF

A review of the approach to emergency planning in Leeds City Council took place in 2022 which included a new management system, as well as workforce development training for those involved in incident response plans.

### Collaborative Working

- Two business continuity risk workshops were held with Adult Social Care Home Care and Care Home providers focussed on which services would continue operating in the event of a power cut. The workshops identified further actions required to support lessons learnt from the exercise. The workshop won an award for Service Delivery at the ALARM'S Annual Risk Management awards.
- Further work was undertaken with Public Health and Adult Social Care to ensure the availability of a vulnerable person's list in the event of an incident requiring evacuation due to incidents such as severe weather or planned or unplanned power outages.

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## Emergency management



### Risk Assessment:

Identifying potential health threats and vulnerabilities within a community. This assessment helps in understanding the specific risks that need to be addressed in emergency plans such as extreme weather, outbreaks, pandemics and port health plans.



### Preparedness:

To develop, implement and review plans (including business continuity plans) to ensure health and care systems and wider partners understand their roles and responsibilities and have the necessary skills and resources to respond to emergencies. This includes scenario planning, stockpiling supplies and establishing robust communication systems with partners.



### Response:

During an emergency response the priority is to protect life and property. Actions throughout the response phase aim to mitigate negative impact and safeguard public health. Response interventions can include providing emergency shelter, supplies and warning and informing the public during times of emergency.



### Recovery:

Recovery is the process of rebuilding, restoring and rehabilitating the community following an emergency. The Local Authority lead on the recovery process after the emergency services have completed the response phase.

At all phases of emergency management, it is vital to collaborate with various agencies, organisations, and local authorities to share resources, expertise, and information.

**Working together enhances the overall response and ensures a comprehensive approach to health protection during emergencies.**

An example of this is the Local Resilience Forum (LRF).



# Resilience & Emergency Team Leeds City Council



CASE STUDY

## Partnerships - The Local Resilience Forum (LRF)

A LRF is a multi-agency partnership that brings together local public services including emergency services, local authorities, the NHS, the Environment Agency to plan and prepare for emergencies.

One crucial aspect of their work includes health protection especially during health protection crisis like pandemics.

The Local Resilience Forum aims to:

- plan and prepare for localised incidents and catastrophic emergencies,
- identify potential risks and types of hazards that might affect the region,
- produce emergency plans to either prevent or mitigate the impact of any incident on their local communities,
- deliver training and exercises to test the plans,
- ensure staff in all organisations are kept up to date and provides advice,
- provide information and assistance to the public, business community and voluntary organisations.

The RET team are an integral part of the West Yorkshire LRF and co-ordinate local involvement in exercises and planning processes. For example, in 2022/23 the LRF had a heavy focus on National Power Outage (NPO) and central government rolled out Exercise Mighty Oak to test a response to this situation.



## Heatwave

In 2022 Amber and Red Heat alerts were issued for most of the UK by the MET Office. Lessons on the Council's response to the heatwave were identified and a Silver planning group was formed. The group established working protocols to guarantee the safety of our workforce and delivery of services during periods of prolonged intense heat in the future.

## Winter Mortality

Public Health data is used to forecast excess deaths. In January 2023, due to an increase in deaths over the winter period, the West Yorkshire Excess Deaths Plan was activated. The activation meant that there was mutual aid across all hospital trusts and mortuary capacity was managed, mitigating the risk of contracting in additional storage support. This approach is now the adopted Business Continuity measure within West Yorkshire Association of Acute Trusts.



## Exercise Ripario - Rest Centre Exercise

In September 2022, a live exercise was held to test the Reception Centre Plan, which would be activated in the event of an emergency to provide shelter and welfare provision for those who were unable to return to their homes; this includes emergency prescribing nurses and social work support. The exercise included how welcome companion animals could be included in the reception centres due to the mental health support they provide to people who have experienced a traumatic event. The provisions to look after the welfare of those animals contributed to LCC being awarded a Gold Pawprint Award by the RSPCA in the category of Contingency Planning.



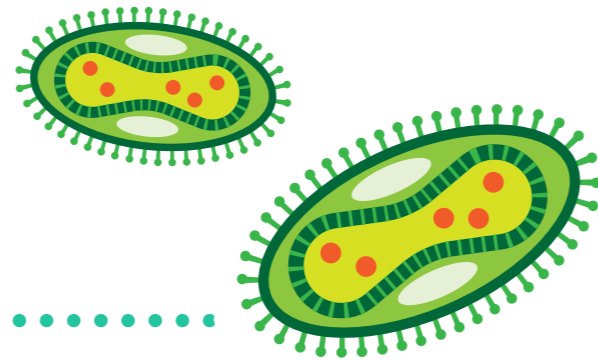
## Focus for 2024/25

- All Leeds City Council Business Continuity Plans are being assessed against international standards and necessary updates are made in annual reviews.
- The Mass Fatalities and Excess Deaths plan for Leeds will be reviewed in line with new plans in West Yorkshire.
- The LCC Severe Weather Plan will be reviewed, to include learning from the heatwave of 2022 such as how alert and warning systems are communicated.
- Review of the Reservoir Inundation Plans with internal and external stakeholders.
- Triggers under the Leeds Major Incident Plan will be reviewed. A new approach will be established for declaring an emergency and notifying key officers that a Strategic Coordination Group meeting has been called.

## Links

Preparation and planning for emergencies: responsibilities of responder agencies and others - GOV.UK ([www.gov.uk](http://www.gov.uk))

# Mpox



## What is the infection?

Mpox (formerly known as Monkeypox) is a rare viral infection most commonly found in west or central Africa.

Mpox does not spread easily between people unless there is very close skin to skin contact (such as direct contact with infected skin lesions e.g. during sexual contact).

Mpox is usually self-limiting but severe illness can occur especially in those with other co-morbidities or are immunocompromised.

## Mpox symptoms

People with mpox often get a rash, the incubation period is 5-21 days. During this time, a person does not have symptoms and may feel fine.



Rash (similar to chicken pox)



fever



aching muscles



headache



swollen lymph nodes

An individual is contagious until all the scabs have fallen off and there is intact skin underneath.

## Achievements

- Quick response: this was vital to enable suspected cases to be swabbed safely with effective IPC measures for staff. This enabled us to help neighbouring cities in the first few days.
- Collaboration: the collaboration between stakeholders (management of cases and vaccinations) enabled us to work faster with a wider response across the whole city. It created sustainable partnerships for further work beyond Mpox with longevity.
- Flexible and adaptable response: the outbreak was fast paced with everchanging guidance; therefore flexibility was crucial.
- Cross organisation: the partnership working brought many organisations together who had formerly not been in communication. The impact of this was wider than Mpox itself.
- Regular communication: the Mpox group met initially twice weekly to ensure all stakeholders were engaged in problem solving, innovating together and keeping in close communication.



## CASE STUDY

Between May 2022 to September 2023, >3700 Mpox cases were diagnosed in the UK amongst men who have sex with men (MSM) unrelated to travel. Transmission appears to have been linked to large European festivals such as Pride events.

This put unprecedented pressure on the health system and required new collaborations, partnership working and a flexible response (in a health system still recovering from Covid).

The Leeds Sexual Health service (LSH) in partnership with the Leeds Teaching Hospital Trust Infectious Disease team (LTHT ID) mobilised within 24 hours of the BASHH (British Association for Sexual Health and HIV) webinar alerting sexual health services to the outbreak. An isolation chamber was created at LSH, PPE was acquired from LTHT ID wards, guidance was created for staff and a new phone triage system was implemented to identify suspected cases.

**Partners involved:** Leeds Sexual Health, LTHT Infectious Disease, LCH Infection Prevention Control, LCH Covid vaccination team, Yorkshire & Humber UKHSA, Leeds City Council, Yorkshire Mesmac

Rapidly, a citywide Mpox weekly meeting was created, led by LTHT and supported by the LTHT Emergency Planning Team. This brought together stakeholders across the city including: LTHT (ID, Occupational Health, Dermatology, Virology), LCH (Leeds Sexual Health, Infection Prevention Control), UKHSA, Leeds City Council, Yorkshire Mesmac and Leeds Local Care Direct.

A system wide pathway was set up to identify suspected cases, test partners (LSH), results management, inpatient support for cases who needed admission, virtual ward support for those isolating at home and vaccination of Mpox contacts (between LSH and LCH IPC) as well as occupational vaccination of at risk healthcare workers. More than 115 patients were swabbed, 26 positive cases were identified and there were no deaths.

A programme of vaccination for MSM (Smallpox vaccination) who have casual / multiple partners was launched by the NHS. LSH and LCH IPC worked together, using support and transferable learning from the LCH Covid Vaccination Team, to develop a responsive vaccination programme across the city using data searches to target eligible patients via text message (across LSH, Yorkshire Mesmac and the LTHT HIV service) and online booking of appointments. 1856 vaccinations were given in Leeds, the highest in North East & Yorkshire.



CASE STUDY

# Scabies



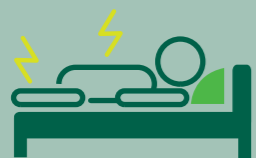
## What is the infection?

Scabies is a common and very itchy skin rash caused by a mite called *Sarcoptes scabiei*, which are smaller than a pinhead. They are usually spread by direct skin-to-skin contact from someone who already has scabies and sometimes, but rarely, from shared clothing, towels or bedding.

Medication is for the individual and all close contacts. There is a need for individuals to follow very detailed application instructions to ensure the treatment is effective. Additional control measures such as washing bedding and towels at high temperatures is also required.

## Scabies symptoms

Intense itching, especially at night



Raised rash or spots often found in the skin folds.



The spots may look red. They are more difficult to see on dark skin, but you should be able to feel them.

## Achievements

- Despite Scabies being a non-notifiable disease, community action was essential, due to the multiple layers of inequalities that the families were experiencing.
- The local surveillance system and strong partnership working was able to identify the increased levels of Scabies circulating in the community and the impact it was having on families.
- Through working with partners, a national shortage of the first line treatment cream Permethrin was identified. Working closely with the Leeds ICB Medicines Optimisation Team, Leeds was able to secure a supply to support local increases. Escalation processes are in place for any future concerns.
- Bespoke written and audio resources were developed for the families who did not speak English as their first language and were shared amongst the community through trusted partners.
- Through the engagement with these families, partners have been able to develop relations to promote other health and social care advice including promoting vaccines.



## Links

More information about the work of community champions can be found: <https://cdn-doinggood.b-cdn.net/wp-content/uploads/2023/10/Community-Champions-Summary.pdf>

## CASE STUDY

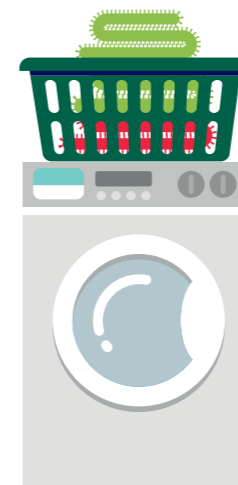
In April 2023, Leeds City Council's Health Protection team were notified by partners through their Single Point of Contact (SPOC) alert system of an increase in Scabies cases within the community. Primary care data was used to gather further insight and it supported the local surveillance from partners.

Through this data, a specific area of the city was identified as having an increased number of people living with Scabies. Those identified with Scabies in this area were living with high levels of multiple deprivation which presented additional complexities for the managing the infection.

## What was the system response?

Leeds City Council's Health Protection team co-ordinated a meeting to address partners concerns and identify local interventions to support those affected. The meeting identified several barriers that the community were experiencing. Issues raised included:

- lack of awareness of Scabies
- low levels of GP registration for diagnosis and treatment
- cost of prescriptions
- shortage of first line treatment (Permethrin)
- how to apply treatment cream correctly
- non-English speaking and low literacy levels
- reduced access to other control measures such as washing machines and cleaning products



## Interventions

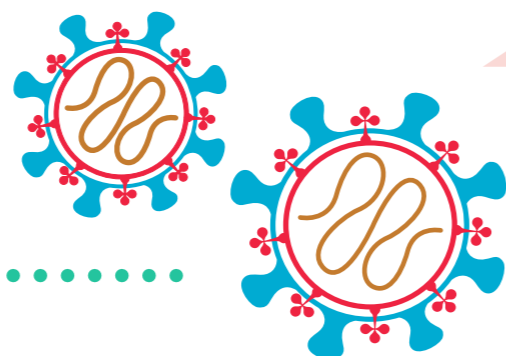
- A bespoke leaflet was designed about scabies, how to reduce transmission and how to apply Permethrin treatment cream. Close working with the Leeds City Council Gypsy Roma Traveller Team and Early Help Duty and Advice Team meant that these leaflets were simplified and translated into several community languages. The information was also recorded in an audio file in 3 languages so that the messages could be shared via Whatsapp.
- Leeds Community Healthcare's Infection Prevention Control team supported the development of training for the local workforce to raise awareness of Scabies and how to direct people to treatment and support.
- The local Primary Care Network, GP confederation and wider community networks were integral to raising awareness of Scabies circulating in the community. Briefings were undertaken with the Executive Member for Adults and Health.
- The Leeds Integrated Care Board Medicines Optimisation Team worked closely with Community Pharmacy West Yorkshire to include Permethrin treatment cream in the Pharmacy First scheme to support those from low-income families. Due to insight into the number of people not registered with primary care, the scheme was also developed to be accessed by those not registered with a GP.
- A training workshop was delivered to 51 local professionals and community champions to provide support to families, including information on where to access treatment and answer any questions.
- Local support services were available to access white goods, cleaning kits and additional bedding for the affected families.

**Partners involved:** - Leeds City Council - Public Health, Gypsy Roma Traveller (GRT) Team and Families First Team - Leeds GP Confederation - Leeds ICB - Data Quality and Medicines Optimisation - Community Pharmacy West Yorkshire - UKHSA - Community Champions Programme



CASE STUDY

# Measles



“Measles is one of the world’s most contagious diseases”

– Measles (who.int)



CASE STUDY

## What is the infection?

Measles is a highly infectious viral infection that can be a serious illness, especially in young children, pregnant women, and individuals with weakened immune systems.

Measles is one of the world’s most contagious diseases, yet it is preventable with the Measles, Mumps and Rubella (MMR) vaccination. In the UK children receive two doses of the MMR vaccine as part of the routine childhood immunisation schedule.

The UK Measles and Rubella elimination strategy was launched in 2019 which highlights the national ambition to achieve and sustain the World Health Organisation target of 95% coverage for two doses of the MMR vaccine in five-year-olds. Achieving 95% MMR vaccination uptake is enough to generate herd immunity, which will protect those who are not able to be vaccinated, such as babies under 1 years old and stop measles circulating.

“Just one person with measles can infect nine out of ten people who have not had the MMR vaccination.”

## Achievements

- A clear plan has been developed which has provided clarity for partners on roles and responsibilities and a clear process if a response to an outbreak is required.
- Agreed commissioning responsibilities and arrangements for specific parts of the local response.
- Agreements in place for data sharing.
- Gaps in knowledge and processes have since been addressed.
- Continued focus on increasing MMR uptake and raising awareness of Measles.



## Preparing for a measles outbreak in Leeds

With the backdrop of lower vaccination rates and the increase of Measles cases nationally, health and community partners came together to consider the local response in the event of a community outbreak.

Several scenarios were discussed to identify the roles and responsibilities of partners to:

- Lead and oversee the local response.
- Provide contact tracing support.
- Confirm commissioning responsibilities for catch up vaccinations.
- Discuss principles for community engagement activity.
- Agree the responsibilities and scope for communications.



## CASE STUDY

National uptake of the MMR vaccine has continued to decline over the last decade and these rates were exacerbated by the COVID-19 pandemic. Nationally, coverage of the first dose of MMR vaccine in 2-year-olds has dropped below 90% and coverage of 2 doses of MMR vaccine in 5 year olds in England is currently 85.5%.

10%

of children under 5 are not fully protected from measles and are at risk of catching and spreading it.

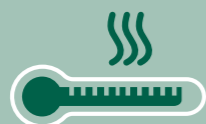


Measles is a notifiable disease in England, which means that health professionals must inform local health protection teams of probable or confirmed cases. From 1 January to 31 July 2023, there were 141 laboratory confirmed measles cases in England compared to only 54 cases in the whole of 2022. In Leeds there have been a small number of individual cases with no outbreaks identified to date.

## Measles symptoms



Red, sore watery eyes



High temperature



Cough



Rash (a few days after cold-like symptoms)



# Carbapenemase-producing Enterobacterales (CPEs)

## What is the infection?

Carbapenemase-producing Enterobacterales (CPEs) are antibiotic-resistant bacteria. They can live harmlessly in the human gut without making people unwell and spread person-to-person without symptoms developing (i.e. when a person is said to be a 'CPE carrier'). However, CPEs can also cause serious infection in a small proportion of people, for example if CPE are found in the blood stream or urinary tract. CPE infections are difficult to treat due to the bacteria carrying resistance to common antibiotics. KPC-producing *Klebsiella oxytoca* is a type of CPE which caused an outbreak at Leeds Teaching Hospitals Trust (LTHT) in the Summer of 2022. Two strains were identified in the Specialty Integrated Medicine Clinical Service Unit at St James' University Hospital; LEEDPKL-7 and LEEDPKL-8.

CPEs are a relatively rare cause of infection in Leeds and it is unknown how many people in the West Yorkshire population are CPE carriers. Risk factors for CPE include being in hospital abroad or in areas in the UK where CPE is more common, or being in contact with someone who has CPE. In Leeds Teaching Hospitals NHS Trust, CPE has been seen in a small number of unwell patients over the past decade, but it has not been a significant risk to health.

**ANTIBIOTIC RESISTANT BACTERIA**



What are "CPE" and why do we care.  
Read time: 5 min



## CASE STUDY

The Speciality and Integrated Medicine (SIM) Clinical Service Unit (CSU) at SJUH was involved in an outbreak of CPE (KPC-producing *Klebsiella oxytoca*) that began in July 2022 affecting several hospital wards. A major outbreak control group (MOCG) management process was used to identify the clinical and epidemiological risks and to develop mitigating actions to control the spread of CPE. A key focus of the outbreak investigation was to screen a large number of people to identify all patients with CPE so that further transmission could be prevented.

By the time the outbreak was closed in March 2023, 1000s of patient screening samples had been tested and a total of 41 patients were confirmed to be KPC positive. 4 patients carried the organism in clinical samples and 37 in screening samples only.

The last positive case occurred on 22 December 2023. By the time the outbreak was closed, a detailed education and training programme had been shared and CPE admission and surveillance screening had been implemented in LTHT.

When the MOCG was formed, all key stakeholders were invited (see below).

This included the Leeds UKHSA field operations team who kindly supported with epidemiological investigations, and strong representation from the Leeds community teams.

### Of the 41 positive cases

**39** with KPC *Klebsiella oxytoca*,  
Of the 39 *K. oxytoca* patients, 24 patients had the LEEDPKL-8 strain and 15 patients had LEEDPKL-7 strain on molecular typing.

**1** KPC *Klebsiella pneumoniae* and  
**1** who isolated a KPC *E. coli*.



CASE STUDY

## ✓ Achievements

Strict infection prevention measures were implemented in LTHT including ward cohorting, high intensity CPE screening and cleaning. A core element of outbreak management was education and training for all staff groups working on the wards. This included face to face teaching, a CPE video and written information for staff and patients. In addition to posters on the wards, visitors were included in the educational aspect to prevent further spread of CPE.

Given the outbreak occurred in the elderly care population, collaborative working between hospital and community teams was essential from the outset. As CPE was relatively unknown amongst colleagues in social care, there were concerns for safe patient discharge processes. Additional support was required to share knowledge of the precautions needed to prevent transmission. Two teaching sessions facilitated by the Leeds Community Healthcare NHS Trust, supported by LTHT, were attended by over 60 colleagues within the community, to outline the pathway for CPE positive and exposed patients. This was offered face to face and via teams to both managers and staff and the training was circulated to all care providers in the community.

## Lessons learnt

- CPE is a growing threat to the provision of safe healthcare globally, nationally and locally.
- Collaborative working across Leeds Teaching Hospitals and Leeds Community Health led to the control of a large CPE outbreak.
- Education and training materials were shared and adapted for different staff groups in health and social care. This laid the foundation for a joined up approach to control transmission of CPE in the elderly care population.



**Partners involved:** Nursing teams – IPC – Microbiology – Pathology – CSM's – General Managers/ Heads of Nursing on-call – Relatives – Leeds Community Healthcare NHS Trust – Leeds & York Partnership Foundation Trust – Leeds City Council – UKHSA UK Health Security Agency field – LTHT Executive team

# Adverse weather

## Current position

There are many reasons for the increased risk to ill-health during hot and cold weather including:



- physical hazards such as snow and ice



- poor-quality housing and particularly cold homes, mould and damp



- increased risk of dehydration, heat exhaustion and heatstroke



- increased risk of heart attacks and strokes



- higher frequency of circulating infectious diseases



- malfunctioning or inappropriate appliances to heat homes may lead to increased risk of carbon monoxide poisoning



- increases in the cost-of-living and the impact that food and fuel poverty can have on health

Adverse weather such as heatwaves and cold spells can have a significant impact on people's health, with experts predicting that adverse and extreme weather events will continue to become more frequent.

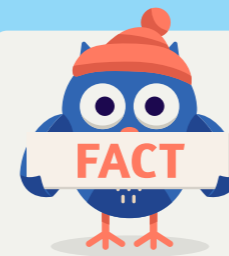
Whilst adverse weather can affect anyone, some people are particularly at risk including older people (aged 65 and above), young children, people with underlying health conditions and those that are pregnant.

In 2023, the UK Health Security Agency (UKHSA) launched the National Adverse Weather and Health Plan (AWHP) which includes recommendations that areas need to put in place to reduce the health effects of adverse weather on communities and build resilience.

The Leeds Weather Health Impact Group (WHIG) is an internal Leeds City Council working group; they work to ensure a co-ordinated approach to preventing weather related ill health with three key priorities:

93% reported feeling warmer and more comfortable in their home, with 61% reporting using their heating less than before the intervention by Care and Repair

- Feedback from recipients of the Leeds Care and Repair service.



To keep warm and well the room where you sit should be 21°C and your bedroom should be 18°C.



1

Prevention and management of adverse weather-related illness, infections and ill health.

2

Support people living with frailty to reduce vulnerability to poor health during periods of adverse weather.

3

Mitigate the health impacts of cold and heat.

## Heatstroke Symptoms



Unwell after resting 30 mins in cool



Hot skin but not sweating



Fast breathing



Very high temperature



Seizure or fit



Fast heartbeat



confusion lack of coordination



Loss of consciousness

# Adverse weather



## Achievements

Delivered 22/23 to protect vulnerable people from the hazardous impacts of adverse weather:

- Home Plus (Leeds) enables and maintains independent living through improving health at home
- Active Leeds Health Programmes
- Lunch clubs
- Winter grants
- Neighbourhood Network Schemes
- Community Infection Prevention and Control service (LCH) provide support, advice and outbreak response to community settings.

### Winter 22/23



80+

lunch clubs delivered across the city to tackle loneliness and isolation amongst older people.



220

referrals to Active Leeds for 'Strength and Balance' sessions.

### Home Plus has supported:



670

people to return home from hospital.



894

households assisted to reduce fuel poverty through visits.



2,500

people supported to reduce falls risk



1116

households received direct assistance to address fuel poverty. 68% had at least one person living in the household with a long-term condition which could be exacerbated by living in a cold environment.

### Leeds Winter Warmth offer



164

winter warmth packs distributed by West Yorkshire Fire Service to 133 households deemed most at risk from harm from cold home living. 61% of which were given to a household with at least one resident over the age of 60.



## Risks

- increase in hospitalisation due to cold weather including ill-health and falls.
- higher frequency of circulating infectious diseases during winter months, such as flu, COVID, and norovirus as well as physical hazards such as snow and ice.
- increased risk of carbon monoxide poisoning due to people using malfunctioning or inappropriate appliances to heat their homes.
- Due to damp and cold homes, mould is more likely to occur which increases the risk of respiratory illness

## Challenges

- There is an increasing number of people who are affected by the CoL crisis, particularly vulnerable groups including older people and people on lower incomes, with many facing the decision of whether to eat, or heat their homes.

## Focus for 2024/25

- Prevention and management of adverse weather-related health outcomes
- To ensure collectively that our summer and winter preparedness plans are in place to prevent the major avoidable effects on health during periods of adverse weather
- Continue to use the AWP and action cards as a framework of best practice to inform our response to adverse weather events
- Encourage people who are eligible to get their flu and COVID-19 vaccine
- Ensure Public Health messages, services and initiatives are reflected in the system wide winter preparedness plan
- To reduce health inequalities by targeting interventions and services for those who are more vulnerable



WYFRS and partners delivering winter warmth packs

# Air quality and health

54 of every 1000 deaths that occur in Leeds can be attributed to air pollution.

- (Fingertips, 2021).

## Current position

Air pollution remains the largest environmental health risk in the UK and there are no safe levels of the main pollutants of concern. Last year's Chief Medical Officer (CMO) annual report (2022) focused on air pollution and the need for public health action to reduce exposure and contributions to indoor and outdoor pollution.

There are two primary pollutants of concern for Leeds:

- Nitrogen dioxide (NO<sub>2</sub>) of which the main source is vehicle emissions and the burning of other fossil fuels.
- Particulate matter (PM<sub>10</sub> and PM<sub>2.5</sub>) There are a number of sources of particulate matter. A small proportion of the concentrations of PM that people are exposed to come from naturally occurring sources such as pollen, sea salt and airborne dust. A third of all PM in the UK is from sources outside of the UK. However, around half of UK concentrations comes from domestic wood burning and transport emissions.

Source: Clean Air Strategy, 2019

In 2022, outdoor air quality in most of Leeds met the UK's air quality objectives and has remained at similar levels since 2021.

Leeds City Council plans to revoke five out of six current Air Quality Management Areas in the city. These are areas where the pollution levels have previously exceeded the UK standards.

An Air Quality management area is: "geographical areas where air pollution levels are, or are likely to, exceed national air quality objectives"

## Partnership approach to mitigate the impact of Air Pollution

The Leeds Air Pollution and Health Group is a citywide multi-agency partnership, involving partners from Environmental Health; NHS; Housing; Highways and Transportation; University of Leeds; Climate, Energy and Green Spaces, and is accountable to the Leeds Health Protection Board and Leeds Health and Wellbeing Board. The partnership ensures a collaborative approach for action, planning and prevention to address the health impact of air pollution on health across Leeds.

**Air Pollution & You**

Air pollution can worsen symptoms connected to respiratory health conditions. But there are things we can all do to help.

**Clean Air Hub**

## Protect yourself when high air pollution is forecast

Everyone can be harmed by dirty air but those most at risk are

- People with heart or lung conditions
- Pregnant women
- Older people
- Children

Air pollution warning for Leeds: **Very high** pollution forecast

Making simple changes on days when poor air quality is forecast can reduce your risk of becoming ill or worsening existing health conditions.



### Sign up here



to receive email alerts and official public health advice when high levels of air pollution are forecast in Leeds. This free service is provided by Leeds City Council.

To find out more about air quality in Leeds visit [www.leeds.gov.uk/cleanair](http://www.leeds.gov.uk/cleanair)



## Air pollution affects everyone but there are inequalities in exposure and the greatest impact on the most vulnerable:

Pregnant women	Children and young people	Those with cardiovascular and/ or respiratory disease	Older people (aged 65 and above)	Those living in areas of deprivation with long-term health conditions*	Early years settings, schools, care homes, and hospitals.



# Air quality and health

## Achievements

Partners have worked together on the following initiatives to support this agenda:

- Publishing a Leeds air quality Health Needs Assessment (HNA) and developing citywide recommendations based on the findings.
- Co-developed the air pollution alerts system with council and health partners, launched on Clean Air Day 2022. The system alerts subscribers by email when 'High' or 'Very High' pollution episodes have been forecast by the Met Office.

Air pollution warning for Leeds:

**Very high**  
pollution forecast



## Further monitoring

- Working with the University of Leeds on their Sensing Leeds network to expand the number of Purple Air particulate matter sensors across the city; this will increase our understanding of pollution trends across both urban and rural areas.
- Collaboration between West Yorkshire Combine Authority (WYCA), the 5 districts and the Universities to deliver a Defra funded Particle Information Improvement Project (PIIP) between April 2023 - 2025 to provide a regional iMCERT PM monitoring network, detailed data analysis, public data dashboard and health messaging via the WYCA website.



## Workforce Development

- 'Want to Know More About...' training webinars and the development of a training video resource aimed at the wider public health workforce to increase understanding about air pollution and health.
- Co-organised an accredited national conference 'Every Breath You Treat' aimed at health professionals and clinicians to help encourage meaningful conversations about air pollution and health as part of routine appointments and clinical assessments.
- A workshop was held in March 2023; this allowed collaboration with stakeholders to develop key recommendations for local activity and interventions that mitigate the risk of poor health because of air pollution.

## Resources

- Distributed 7000 patient-friendly leaflets to all GP surgeries in Leeds for those with respiratory health conditions.
- Created and distributed business cards and posters to support clinicians and encourage sign-up to the air quality alerts system.
- Ensuring public health messages are kept up to date and shared via the Clean Air Leeds website: [leeds.gov.uk/clean-air](https://leeds.gov.uk/clean-air).

## Projects

- Projects with local schools, including supporting a primary school to access air quality monitors and sensors, lesson plans, and resources.

## Focus for 2024/25

- Building on the CMO 2022 report and the local HNA, a refreshed action plan for the Air Pollution and Health Group will be developed. This will include:
  - Strengthening the wider public health and health workforce development offer.
  - A greater focus on communication and engagement with people who have a higher risk to the short and long-term effects of air pollution.
  - Strengthening our current data position and understanding of air quality and health outcomes.
    - Prioritising key activity and guidance on indoor air pollution.
- A successful bid with Leeds Older People Forum to develop workshops on air pollution for staff and volunteers attending Neighbourhood Networks and developing tailored resources for the older population.
- Working closely with housing colleagues, third sector colleagues and frontline workers to understand and tackle indoor air pollution within people's homes.
- Working with clinicians in primary care and acute settings to raise awareness of the health impacts of indoor air quality, especially addressing children and asthma working through the Asthma Friendly school and Asthma Bundle of Care initiatives.



## Links

[www.gov.uk/government/news/we-can-and-should-go-further-to-reduce-air-pollution-says-chief-medical-officer](https://www.gov.uk/government/news/we-can-and-should-go-further-to-reduce-air-pollution-says-chief-medical-officer)

<https://observatory.leeds.gov.uk/wp-content/uploads/2023/08/2023-Leeds-Air-Quality-Health-Needs-Assessment.pdf>

## Risks

- Despite complying with UK standards on air quality, there are no safe levels of air pollution.
- To improve air quality beyond than local interventions, a whole systems approach is required, including support from national government through policy and investment.
- People with long term conditions are not always informed about the risks to their health from air pollution to make informed decisions.

## Challenges

- Air Quality is the largest environmental health risk in the UK which shortens lives and contributes to chronic illness.
- Communities and partners are unaware of small behavioural changes to improve their air quality.

# Antibiotic resistance



AMR is a global issue with The World Health Organisation (WHO) declaring it as one of the top 10 global public health threats facing humanity and establishing a twenty-year global AMR action plan (2014).

## Current position





Antimicrobials, particularly antibiotics, have saved millions of lives since they were first discovered in 1928 by Sir Alexander Fleming.


Mainstream use and access to Penicillin G in the mid 1940's marked the beginning of the 'antibiotic revolution' which many generations have since benefited from enormously; improving the health of the population and reducing deaths associated with infection. But no new classes of antibiotics have been discovered since the 1980s. This, together with the increased and inappropriate use of the drugs we already have, means we are heading rapidly towards a world in which our antibiotics are no longer effective. We need to act now to make sure that our children and future generations continue to benefit from these life-saving medicines.

AMR is one of the top 10 priorities within the UK governments National Health and Social Care's risk register. The UK has set a 20-year Antimicrobial Resistance ambition: by 2040 we will live in a world where antimicrobial resistance is effectively contained, controlled, and mitigated.

The ambition is supported by a 5 Year Action Plan (2019-2024) which has 3 key areas of focus.

- 

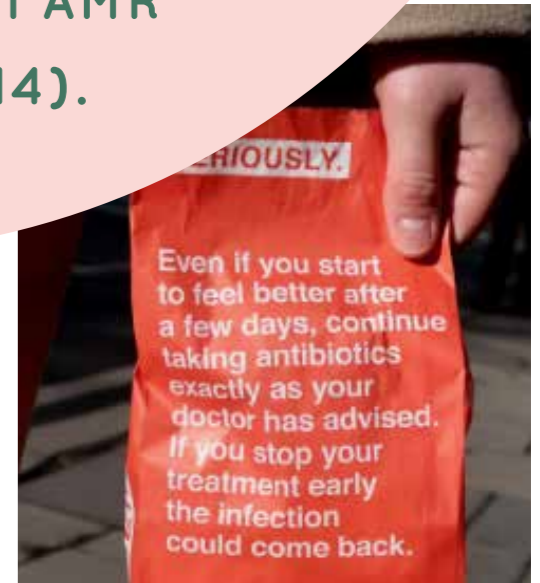
**1 Reducing the need for and unintentional exposure to antimicrobials** – reducing infections both in humans and animals, encouraging good infection prevention and control within environments and better food safety.
- 

**2 Effective use of antimicrobials** – effective use of antibiotics in humans, animals and agriculture, surveillance and monitoring of prescribing, AMR in humans and animals
- 

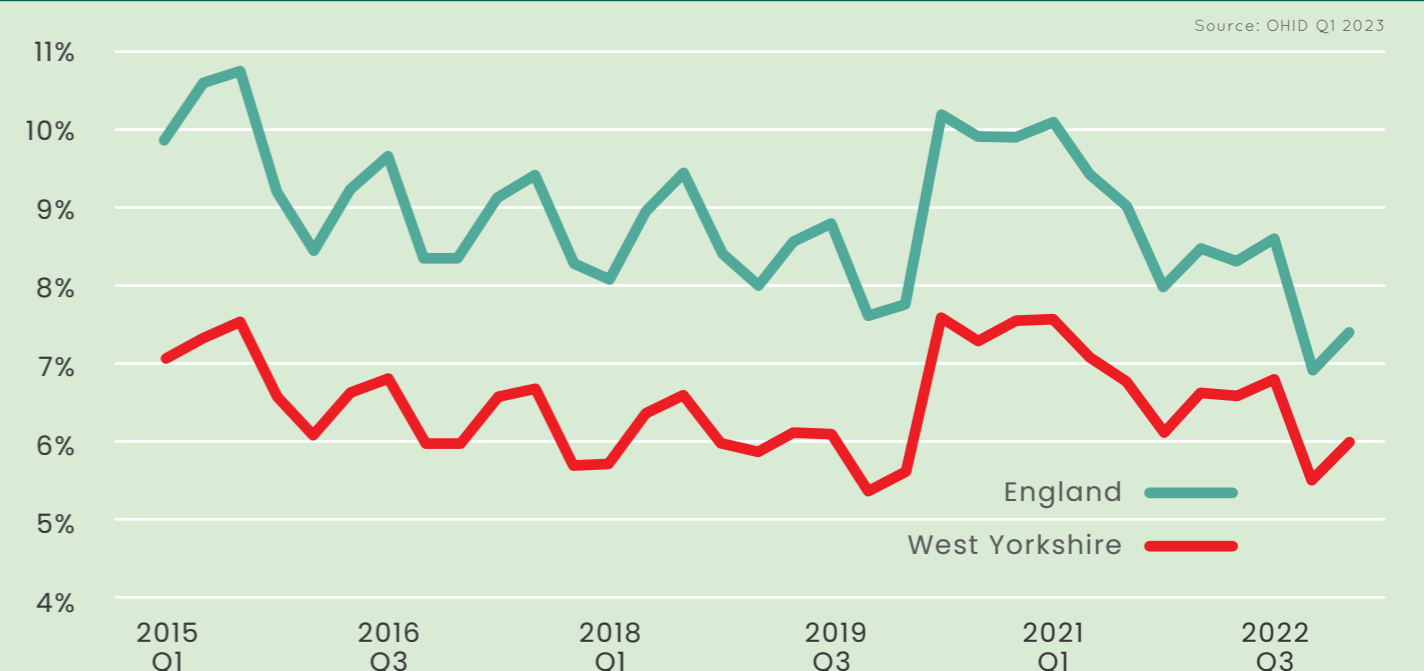
**3 Investment in diagnostics, alternative therapies, vaccines, and interventions** ensuring that there is parity in access to these and quality assurance of AMR health products.

The Leeds AMR Strategic Group is driven by a collective commitment to tackle AMR within our city.

**Leeds:**  
It's time to take antibiotic resistance **SERIOUSLY.**



## Percentage of broad-spectrum prescribed antibiotic items (cephalosporin, quinolone and co-amoxiclav class) by quarter for West Yorkshire ICB -15F



# Antibiotic resistance



By 2040, our vision is of a world in which AMR is effectively contained, controlled and mitigated.

- DHSC, The UKs vision for AMR by 2040 and 5 year national plan

## Achievements

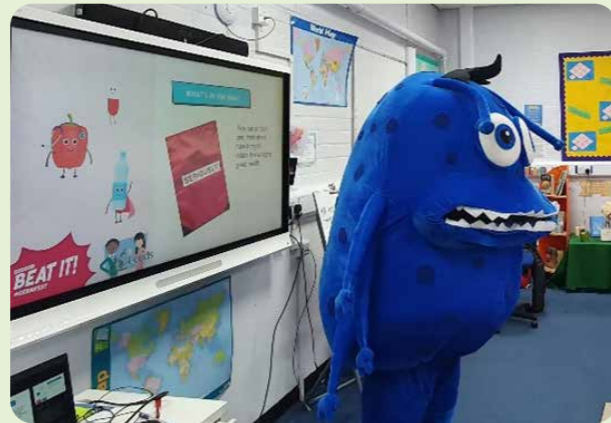
### Primary Care

Leeds GPs and Pharmacists are part of the forward thinking Lowering Antimicrobial Prescribing (LAMP) initiative: receiving regular antibiotic practice level prescribing data which are discussed and reviewed within peer review sessions twice yearly. Sites with prescribing rates higher than the national target are supported to formulate an improvement plan.

The overall percentage of broad-spectrum antibiotic prescribed in Leeds is lower than the average national rate (OHID Q1 2023).

### Community engagement and education

The 'Seriously Resistant' campaign has continued to develop since it was introduced in 2016 with the aim of raising awareness of AMR and to educate people on what action they can take to make positive changes. The campaign has been designed to engage different audiences over the years including, students, older people, and families with young children as well as healthcare professionals and in high antibiotic prescribing areas of the city.



### Beat It Schools Sessions

In November 2022 the 'Beat It' school sessions were launched as part of World Antibiotic Awareness Week. The Leeds City Council Health & Wellbeing team have developed an interactive education session to increase knowledge of AMR and preventative measures. This session has been delivered to 79 primary schools which are located in the 5 highest antibiotic prescribing areas of Leeds, equating to 35% of all primary schools.

### Community education packs

Community education packs have also been developed which aim to provide community leaders and third sector partners with practical resources for engaging their services users around antibiotic use and how to stay healthy and well. Key community settings have been identified for the distribution of resources.



## Challenges

- Managing national incidents when they occur which require antibiotic treatment and will impact prescribing levels. e.g. Invasive Group A Streptococcal / Scarlet Fever in children in Dec 22.
- To raise awareness of the importance of AMR within the community and clinical settings.

## Risks

- Continue to see higher GP prescribing rates than the NHS target.
- Increasing infections which are harder to treat and increases in the rise of diseases spreading, severe illness and death.

## Focus for 2024/25

1. Continue to co-ordinate and deliver the Leeds AMR priorities through the Leeds Strategic Group ensuring collaboration with other local and regional strategic groups.
2. A continued focus on community engagement and education. To include delivering Phase 2 of the 'Beat It' school campaign.
3. Work with community pharmacy to further develop and promote the antibiotic amnesty scheme which encourages members of the public to hand in unused antibiotics and remove them from public circulation and potential inappropriate use.
4. Continue to work together as system partners to fully understand the complexities and barriers around antibiotic prescribing both within primary and secondary care where targets are not currently being met.



## Links

<https://www.leedsccg.nhs.uk/news/leeds-residents-urged-to-take-antibiotics-seriously-this-world-antibiotic-awareness-week-2/>  
<https://www.westyorksrds.nhs.uk/waaw-blog-6>

# Cancer screening

Early detection saves lives.

- www.nhs.uk



Cancer Awareness training delivered to Migrant Community Networkers

## Current position

Cancer screening saves lives by helping to spot cancer in its earliest stages when treatment is more likely to be successful. Later diagnosis often results in poorer outcomes for patients and increased costs to the health and care system. In the UK, there are currently 3 national screening programmes for breast, bowel and cervical cancer.

There is a clear approach to cancer screening in Leeds through the Cancer Prevention, Awareness and Increasing Screening Uptake workstream of the Leeds Cancer Programme. This is led by Public Health, Leeds City Council and made up of a broad range of partners from across the Health and Care system in Leeds.

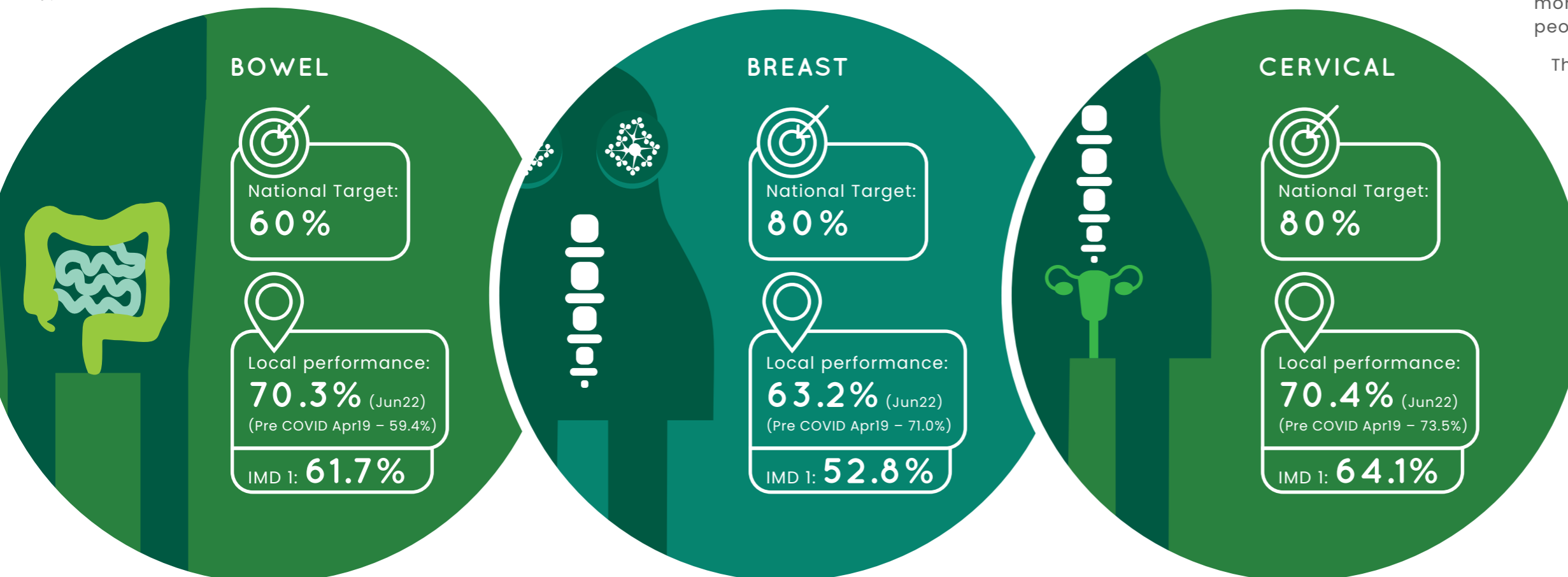
The workstream aims to;

- To facilitate work which contributes towards preventing cancer
- To raise awareness of signs and symptoms of cancer
- To increase uptake of the three national cancer screening programmes (breast, bowel and cervical)
- To narrow the gap in cancer health inequalities through a targeted approach in areas of highest deprivation and with specific groups where cancer outcomes are poorer

Evidence shows that people living in deprived areas and certain groups including people with Learning Disabilities, Severe Mental Illness (SMI) and Culturally Diverse Communities are less likely to access cancer screening, have lower awareness of cancer signs, symptoms and risk factors and are more likely to die earlier from cancer than people living in non-deprived areas.

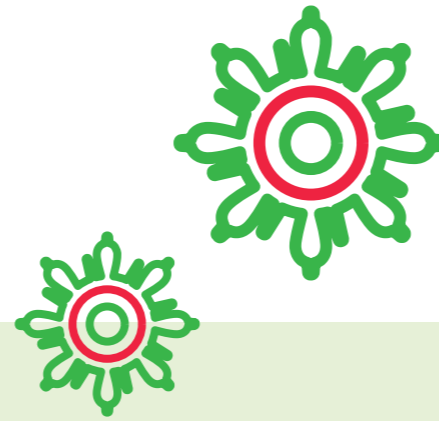
The data demonstrates that Leeds is exceeding national targets for bowel screening and uptake rates are higher than they were pre covid. For breast and cervical screening, Leeds uptake rates are significantly below the national targets and have declined from pre-COVID-19 rates. This decline aligns with national trends although it is likely that the rate of this decline has been lower than it would have been had we not had the broad range of structures and programmes in place to mitigate against these impacts. For all three screening programmes uptake is lower in the most deprived areas of Leeds (IMD 1) compared to the Leeds overall performance.

## Leeds Cancer Screening Uptake rates:



\*IMD: Index of Multiple Deprivation

# Cancer screening



## Achievements

### Commissioning of services

Across Leeds, there is a three-pronged approach to raising awareness, increasing cancer screening uptake and improving cancer outcomes in Leeds.

1

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**The Leeds Health Awareness Service:** Commissioned by Leeds City Council which takes a community engagement approach to raising awareness around cancer prevention, signs and symptoms and encourages uptake of screening. The service is targeted in areas of highest deprivation and with specific groups where cancer outcomes are poorer.

2

**Primary Care Cancer Screening Champions programme:** commissioned by Leeds ICB targets the most deprived practices in Leeds where screening uptake is lowest; with an aim of increasing bowel and cervical screening uptake.

3

**The Primary Care Network (PCN) Cancer Care Co-ordinator programme:** commissioned by Yorkshire Cancer Research and the Leeds GP Confederation, designed to achieve accelerated uptake of the three national cancer screening programmes. Cancer Care Co-ordinators cover the 8 most deprived PCNs in Leeds.



### Partnerships

Three health inequality task groups have been established which focus on cancer and learning disabilities, severe mental illness (SMI) and culturally diverse communities. Examples of activity developed and delivered through the task groups include:

- Development of a GP bowel screening flagging pathway for people with learning disabilities and bowel screening training for frontline workforce
- Delivery of a co-produced creative arts project to raise awareness around ways to reduce cancer risk for people with learning disabilities.
- Provision of cancer messaging training to 18 Migrant Community Networkers, from 11 different communities, who then delivered 25 local events with their own communities.
- Commissioned a piece of insight work into the barriers and enablers to accessing screening for people with SMI to inform further work.

### Sharing best practice and learning

In June 2023 we hosted a joint event between the three health inequality task groups. This was the first time the groups had come together to share learning, challenges and to learn from one another. The event was a great success and as a result these will continue to run on a six-monthly basis.

## Risks



## Challenges

- The impact of the COVID-19 pandemic has continued to result in a local and national downward trend in cancer screening uptake, particularly for breast and cervical screening.
- Cancer screening saves lives by diagnosing cancer in its earliest stages. The decline in screening uptake has the potential to impact on delayed diagnosis and cancer staging, increase premature mortality and to further widen the cancer health inequalities gap.
- To continue to mitigate against the impact of COVID-19 through the continued partnership approach to delivering a broad range of interventions.
- System wide financial pressures and uncertainties are a potential risk but as a system we will continue to work collaboratively to ensure that we make the best use of the resources that we have.

## Focus for 2024/25

- We remain committed to continue to build on and develop the excellent partnership approach we currently have in place to increase cancer screening uptake.
- We will continue to take a targeted approach to optimise cancer screening uptake in areas of higher deprivation and among specific groups where screening uptake is lower.
- We will drive forward at pace, the delivery of targeted activity through the three health inequality task groups. We will also support the development of enhanced collaborative working across the three health inequality task groups.
- We will continually strive to develop new and innovative approaches to increasing screening uptake, sharing our best practice and learning.
- We will provide Public Health leadership and expertise to newly developing programmes of work including supporting LHTT colleagues with the targeting, accessibility and promotion of the newly re-launched open access chest x-ray clinics (symptomatic) and implementation of the National Lung Health Check programme (asymptomatic).
- We will continue to influence the system for improved data at a granular level which will enable us to target activity more effectively and to measure the impact of our interventions.

# Public Health Intelligence

It is a capital mistake to theorize before one has data

- Sherlock Holmes



## Risks



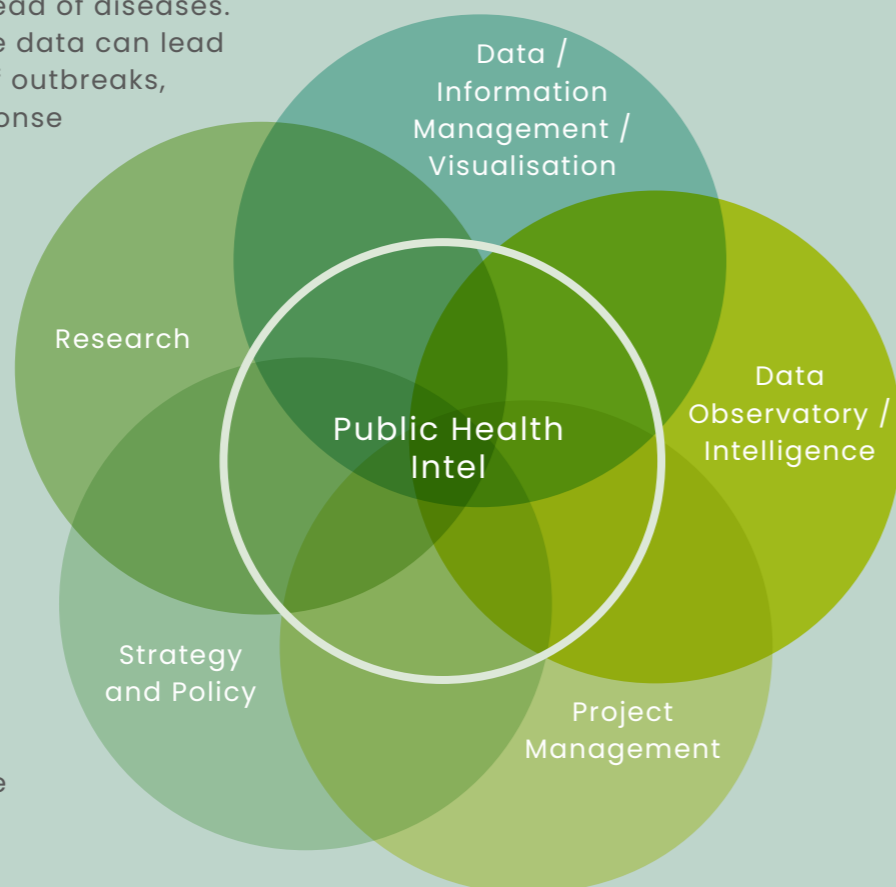
- Data collection dependency**  
 Data used to support the health protection system comes from various sources. For example, there can be technical difficulties in updating COVID vaccine data from GP systems which can cause delays in information provision to partners and stakeholders.
- Delays to the HP STAR dashboard**  
 The HPSTAR system is currently refreshed manually on a daily basis to ensure there is accurate surveillance for the city. There is an ongoing challenge to ensure that the system remains effective and continued updates are possible.
- Access to infectious diseases data from regional and national teams**  
 The Public Health Intelligence team access regional and national data sets to understand inequalities and develop targeted bespoke interventions. However, these data sets are owned and governed by other organisations such as NHSE and UKHSA and the data does not always align with local footprints.

## Current position

Data serves as the foundation for evidence-based decision-making, enabling effective health protection strategies, efficient resource allocation, and improved overall public health outcomes. The Public Health Intelligence (PHI) team provide:

- Support to manage the local surveillance system to monitor the prevalence and spread of diseases. Timely and accurate data can lead to early detection of outbreaks, enabling rapid response and interventions.
- A data dashboard which measures progress against the Boards' priorities to assess the effectiveness of public health interventions.
- data analysis and intelligence which is essential for designing targeted interventions and preventive measures to reduce the incidence of diseases.

- insight and challenge through the provision of cross-cutting intelligence to inform preventative and strategic work programmes.
- Support in outbreak situations to identify at risk populations and areas where necessary to support evidence-based approaches.



## Achievements

- Development of a Health Protection tracking and reporting system which provides citywide surveillance for infectious diseases in a range of settings (early years, schools, care homes, community).
- Data provided to support the Infectious Diseases Review & Response (IDRR) meeting. This is a partnership meeting which reviews surveillance data for infectious diseases in Leeds settings.
- Provided data on HIV, TB and Hepatitis to support the Fast Track City initiative.
- Provided key information for the Air Quality Health Needs Assessment.
- Supported vaccination programmes through:
  - Tracking Flu and COVID vaccination uptake in Care Homes
  - Developing and updating the COVID Vaccine dashboard
  - Providing local MMR vaccination uptake analysis in response to rising measles cases



## Focus for 2024/25

- To review, update and refresh the Health Protection Board dashboard.
- To continue to review and improve the quality of the data reports for the IDRR meeting.
- To continue to provide input into working groups to support the Boards' priorities.
- To continue to develop the HP Star system to ensure it meets the needs of the local Health Protection system.
- Ongoing support for citywide vaccination programmes.

# Health Care Associated Infections (HCAIs) and Sepsis

Infection prevention and control is a key priority for the NHS and local systems.



Sepsis deaths are preventable and one of the key challenges is recognising the early signs, allowing for early diagnosis and early treatment.

## Sepsis

Sepsis is a life-threatening condition that arises when the body's abnormal immune response to an infection injures its own tissues and organs. It can lead to shock, multiple organ failure and sometimes death, especially if not recognised early and treated promptly. Sepsis can be triggered by any infection including chest and urinary tract infections. According to the Sepsis Trust, in the UK, there are around:



250,000 cases of sepsis



50,000 deaths



80,000 people left with life-changing after-effects



200,000 hospital admissions per year due to sepsis



estimated to cost the NHS up to £2 billion



costs the wider economy £11 billion

## Current position

### Healthcare-associated infections (HCAIs)

Healthcare-associated infections (HCAIs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting.

300,000

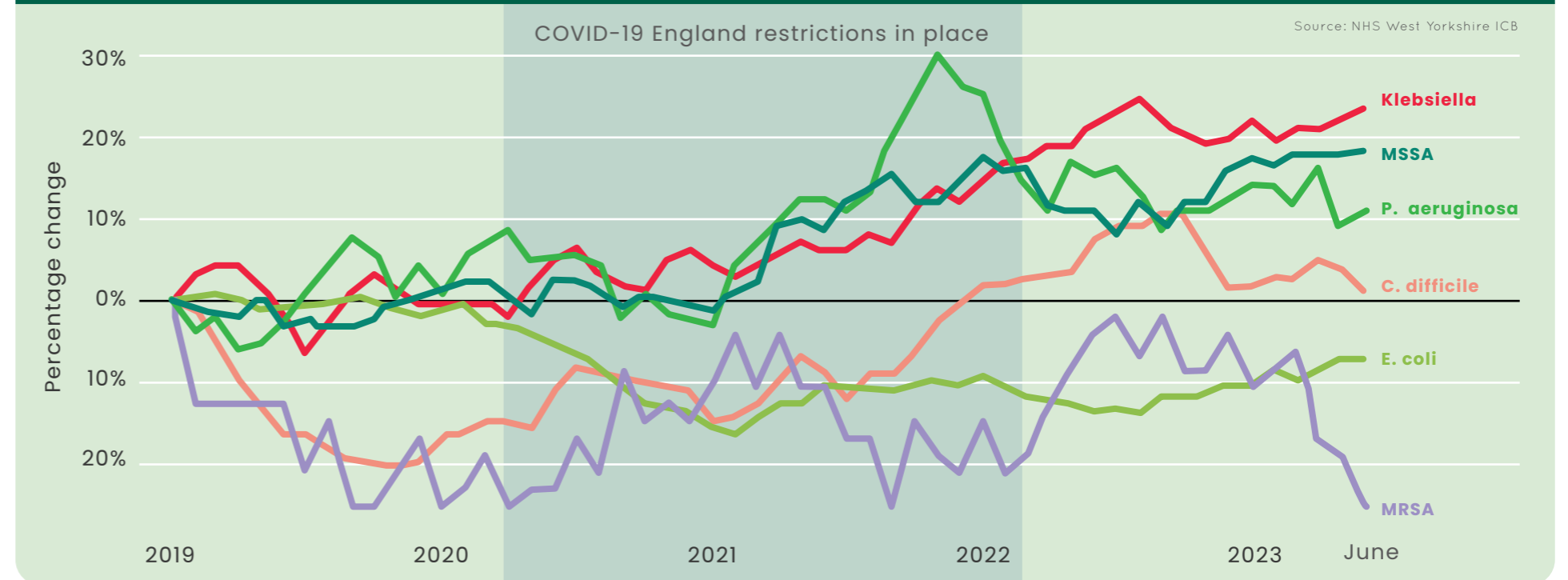
patients a year in England are affected by a HCAI as a result of care and or contact within clinical settings.



The term HCAI covers a wide range of infections. The most well-known include those caused by Meticillin-resistant Staphylococcus aureus (MRSA), E. coli and Clostridium difficile (C. difficile). HCAIs pose a serious risk to the health of patients, staff, and visitors. They can incur significant costs for the NHS and cause significant morbidity to those infected.

On a West Yorkshire footprint, since the onset of the COVID-19 pandemic, we have seen a slight increase in cases of Klebsiella, Meticillin-sensitive Staphylococcus aureus (MSSA), P. aeruginosa and C. difficile above baseline. Rates of MRSA and E. coli have remained stable.

## Percentage change in 12 month HCAI case counts compared to baseline



# HCAI and Sepsis



## The current position for HCAI and Sepsis:

- Healthcare providers are responsible for monitoring, escalation, and response to HCAI's within their individual organisations. Each provider is responsible for feeding into the Patient Safety Incident Response Framework (PSIRF).
- West Yorkshire Integrated Care Board (ICB) provides regional strategic leadership on HCAI's, utilising quarterly HCAI data, produced by UKHSA to monitor trends and exceedances.
- In Leeds, the West Yorkshire ICB provide local system leadership and oversight on HCAIs and a multi-agency HCAI group has been established.
- Infections are more prevalent in urban areas; Leeds is the largest city in West Yorkshire and the seventh largest in England. Infections rates for MRSA, Klebsiella and P. aeruginosa are comparable to West Yorkshire and England averages.
- All cases of MRSA, C. difficile and E.Coli are investigated to establish the likely route cause, potential gaps in IPC and learn lessons on how future cases might be prevented.
- LCH IPC team provide proactive support, advice and audits for care homes and other vulnerable community settings.
- Locally and regionally, several campaigns have been developed by partners to raise awareness of how HCAI's can be prevented but also identified early. Initiatives include I Spy E. coli, I Spy Sepsis, Restore2, and Gloves Off.

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## Achievements

- Leeds Community Healthcare planned and delivered with partners, The I Spy Sepsis Conference on 20th March 2023. Speakers presented on a variety of topics including the patient journey, sepsis and learning disability, Restore2, inequalities and sepsis and antimicrobial resistance (AMR).
- Local co-ordinated campaigns aligned to Infection Prevention Week and World Sepsis Day.
- The Leeds Sepsis Group has been established to bring together key system partners to contribute towards the development of a citywide reduction plan and continue the development and distribution of resources that support the prevention and early detection of Sepsis.



- The UK Health Security Agency and NHS England launched the Urinary Tract Infection (UTI) public awareness campaign in October 2023 which seeks to improve public recognition of how to prevent UTI's, recognition of signs and symptoms and when to seek help. One of the main messages around prevention of UTI's is to drink at least 6-8 cups of fluids a day to boost hydration which can include water, squash, milk and tea and coffee.



## Risks



- Health Care Associated Infections and Sepsis are preventable causes of severe ill health and in some cases death. Vulnerable groups such as older people, babies and children and people with learning disabilities are at higher risk of becoming ill or dying from a HCAI or Sepsis.
- We need to continue to ensure that prevention messages and resources are shared and are accessible to all health and care partners especially partners working with vulnerable groups such as care homes, home care providers and third sector partners within the community.
- Continue to develop existing multi agency groups which provide an opportunity for system partners to come together on a regular basis to discuss HCAIs and Sepsis data, identify increases in rates and undergo 'deep dive' exercises to understand any common causes to inform prevention initiatives.
- Continue to provide additional community microbiology capacity via LTHT to support HCAI workstreams.

## Focus for 2024/25

- Closer partnership working, particularly among overlapping workstreams such as Antimicrobial Resistance - awareness of initiatives and sharing best practice.
- Working with local and regional partners to monitor and implement reduction plans for infections such as MSSA, E. coli & C. difficile.
- Additional work to understand the data from an inequalities perspective and identify gaps.
- Further expand initiatives such as I Spy E. coli, I Spy Sepsis, Restore2 working with other partners and settings.
- Establish a co-ordinated hydration working group and campaign.
- Build on existing workforce training and community engagement.
- Focus on infection Prevention and Control provision in vulnerable settings.
- Gloves off campaign.



# Tuberculosis (TB)



Modern anti-TB drugs are effective and in nearly all cases TB patients are no longer infectious and feel much better after the first two weeks of treatment. It is vital that people are able to take the medication they are prescribed.

## What is TB?

TB is an infectious disease that usually affects the lungs but can also affect other parts of the body. Infection with the TB bacteria may not always develop into TB. When TB does develop, the vast majority of cases are curable with a six-month course of specific antibiotics. TB is usually spread through the air when a person with TB of their lungs or voice box coughs or sneezes.

The following people have a higher risk of being infected:

- Those in very close contact with an infectious case
- Those born or having lived in a country with a high incidence of TB
- Those whose immune systems are weak e.g., those on cancer treatments or with HIV infection
- Those with a social risk factor for TB include living in poor-quality or overcrowded housing, homelessness, drug and/or alcohol dependency.

## Current position

TB is a preventable and treatable disease that disproportionately affects vulnerable and disadvantaged populations. Certain groups, such as migrants, ethnic minority groups, and those with social risk factors such as homelessness or a history of imprisonment are more affected. The UK has one of the highest incidence rates of TB of any Western European country. Recent local data indicates that the TB incidence rate for Leeds is stable.

### Latent TB infection (LTBI) testing

Leeds participates in the national NHS England testing and treatment LTBI programme, where high risk populations are systematically tested in areas of high TB incidence. The Leeds Community Healthcare NHS Trust TB team work collaboratively with Bevan Healthcare and local universities to identify local populations and engage them in testing. A West Yorkshire LTBI subgroup meets regularly and there is a dedicated regional co-ordinator to support this work. The group is working with NHS England to improve capturing LTBI testing and treatment activity across the region.



### Helping people stay on treatment

The Leeds Community Healthcare NHS Trust TB team have identified barriers for patients accessing healthcare and treatment, and successfully applied for £180 of bus scratch cards and £400 vouchers for mobile data from the LCH Charitable Fund. These simple interventions ensure that patients feel valued, supported and their socio-economic difficulties are acknowledged during TB treatment ensuring that limited provision is available to support the most vulnerable patients.

CASE STUDY



TB diagnosis and NHS treatment is free to all people living in the UK, regardless of their immigration status.

## Typical symptoms of active TB

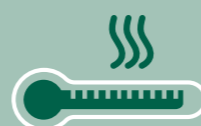
Persistent cough that lasts more than 3 weeks and usually brings up phlegm, which may be bloody



Weight loss



Night sweats



High temperature



Tiredness / fatigue



Loss of appetite



Swellings in the neck

# Tuberculosis (TB)



## Achievements



### Community engagement and resources

- Community engagement and awareness raising including successful sessions held at St. George's Crypt and York Street to engage populations with social risk factors of TB, for example those who are homeless, and with drug or alcohol misuse.
- Ongoing use and review of a pathway to support people with No Recourse to Public Funds to access housing and support to ensure they can adhere to TB treatment effectively.
- TB communications are promoted via GP bulletins every 3 months; BCG and new entrant screening updates are provided throughout the year.
- TB awareness posters are now present in Leeds Teaching Hospital Trust (LTHT) Emergency Departments to support staff with the signs and symptoms of TB.
- Marking World TB Day 2023 with a stall at Kirkgate Market to engage people, bus shelter advertisements across the city and information on the Millennium Square screen.
- Engagement with universities and hosting a stall at Leeds Freshers Week.



- In February 2023, Leeds signed up to being a Fast Track City: a global partnership initiative that confirms the city's commitment to reducing the transmission of HIV, viral hepatitis, and TB.

### Workforce development

- Delivery of TB awareness training and webinars to third sector and Council teams, including Want To Know More About... sessions.

### Outreach and clinical delivery

- Re-established the TB clinic at Leeds Student Medical Practice.
- Screening invite to Ukrainian families with children under 5 years, as per UKSHA guidance, remains ongoing.
- Further engagement planned with the Leeds 0-19 Service regarding raising awareness of new entrant latent TB screening for families.



### Outreach and community engagement in Armley

This six-month project funded a community development worker, based at Touchstone, to work alongside the LCH TB team and raise awareness of TB in Armley with White British men aged 40 and over, with a history of substance misuse, street-sleeping or 'sofa surfing'. Armley had been identified due to local data indicating a rise in TB cases in the area.

The worker developed partnerships between clinical and community projects, groups and organisations who are in direct contact with these men. Organisations felt involved and informed but also reassured through learning about causes of infection and transmission.

"Everyone seemed to welcome the support and was happy to receive the cards".

## CASE STUDY

### Focus for 2024/25

- Expanding awareness raising and community engagement in areas of Leeds where there are communities at higher risk, for example Harehills and Armley, via a range of methods including community radio promotion and advertisements.
- Strengthen the visibility of TB in the city and the role elected members can play with championing this agenda and communicating effectively to constituents.
- Strengthening the Leeds Fast Track Cities initiative and building relationships between partners to support workforce development, opportunities, and integrated screening where appropriate, and identify funding opportunities.
- Focusing on GP registration as a fundamental means of early detection and prevention of TB, particularly in communities most at risk of TB.
- Continue to implement and communicate the housing options for those who are homeless and/or have no recourse to public funds, working closely with Adult Social Care and Leeds City Council Housing.



### Risks

- Taking anti-TB medication in the wrong dose, intermittently or for too short a time can result in the development of drug resistance making the disease much harder to treat and significantly increasing the patient's risk of long-term complications or death. Treatment for drug resistant TB can last up to two years.
- In order to be invited for latent TB screening, people must be registered with a GP. However, vulnerable groups more at risk of TB, for example refugees and asylum seekers and those who are homeless, are likely to face additional barriers to accessing primary care.

### Challenges

- There is likely to be an increased demand for the acute and community TB services due to higher levels of migration in the coming years, particularly from countries with high TB incidence.
- Continued awareness raising to help promote the difference between latent and active TB and the importance of screening.

# Childhood Vaccinations and immunisations



4-5 million deaths per year are prevented worldwide due to vaccinations.

- World Health Organisation

Vaccinations are the most effective way to prevent against infectious diseases and protect the population against ill health. In the UK, vaccines are routinely offered to protect and prevent against infections

across the lifecourse to reduce infection associated morbidity and mortality. Globally, the World Health Organisation (WHO) estimate that vaccinations prevent 4-5 million deaths per year.

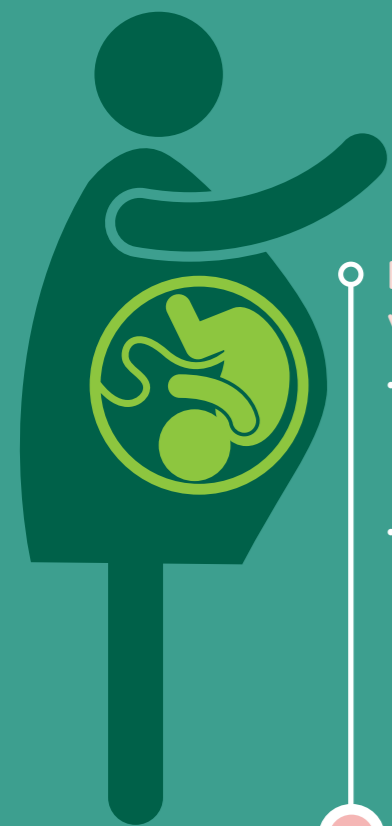
## Current position

Vaccination rates have fallen over several years and additional disruption caused by the Coronavirus (COVID-19) pandemic, beginning in March 2020, is likely to have caused some of the decreases in vaccine coverage seen in 2020/21 and 2021/22 compared to earlier years.

It is important that vaccination coverage returns to levels recommended by the WHO of 95% for all childhood immunisation programmes. Working alongside NHS England, we continue to ensure that the NHSE Leeds Immunisation Health Improvement Plan has a clear focus on reducing inequalities and setting clear priorities around ways to increase vaccine uptake.

This year, there has been a focus on data informing practice, engagement with primary care and clear community focused resources to support partners to promote vaccines.

## Life course vaccination schedule



### Pregnant Women

- Pertussis (Whooping Cough) - from 16 weeks
- Flu and Covid (during season)

### Babies under 1 year old

#### 8 weeks

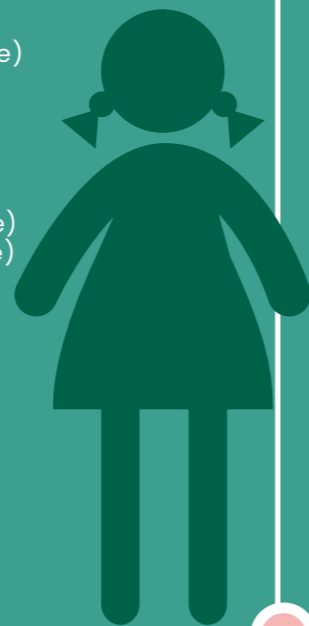
- 6-in-1
- Rotavirus
- MenB

#### 12 weeks

- 6-in-1 (2nd dose)
- Pneumococcal
- Rotavirus (2nd dose)

#### 16 weeks

- 6-in-1 (3rd dose)
- MenB (2nd dose)



### Children aged 1 - 15 years

#### 1 year old

- Hib/MenC (1st dose)
- MMR (1st dose)
- Pneumococcal (2nd dose)
- MenB (3rd dose)

#### 3 years 4 months

- MMR (2nd dose)
- 4-in-1 pre-school booster

#### 12-13 years

- HPV vaccine

#### 14 years

- 3-in-1 teenage booster vaccine
- MenACWY

#### 2-15 years

- Flu every year until children finish Year 11\*

\*eligibility informed by JCVI guidance



### Adult Immunisations

#### 65 years and over

- Flu and Covid vaccine every year (dependant on JCVI)
- Pneumococcal and Shingles vaccine (if turned 65 after 1 Sept 2023)

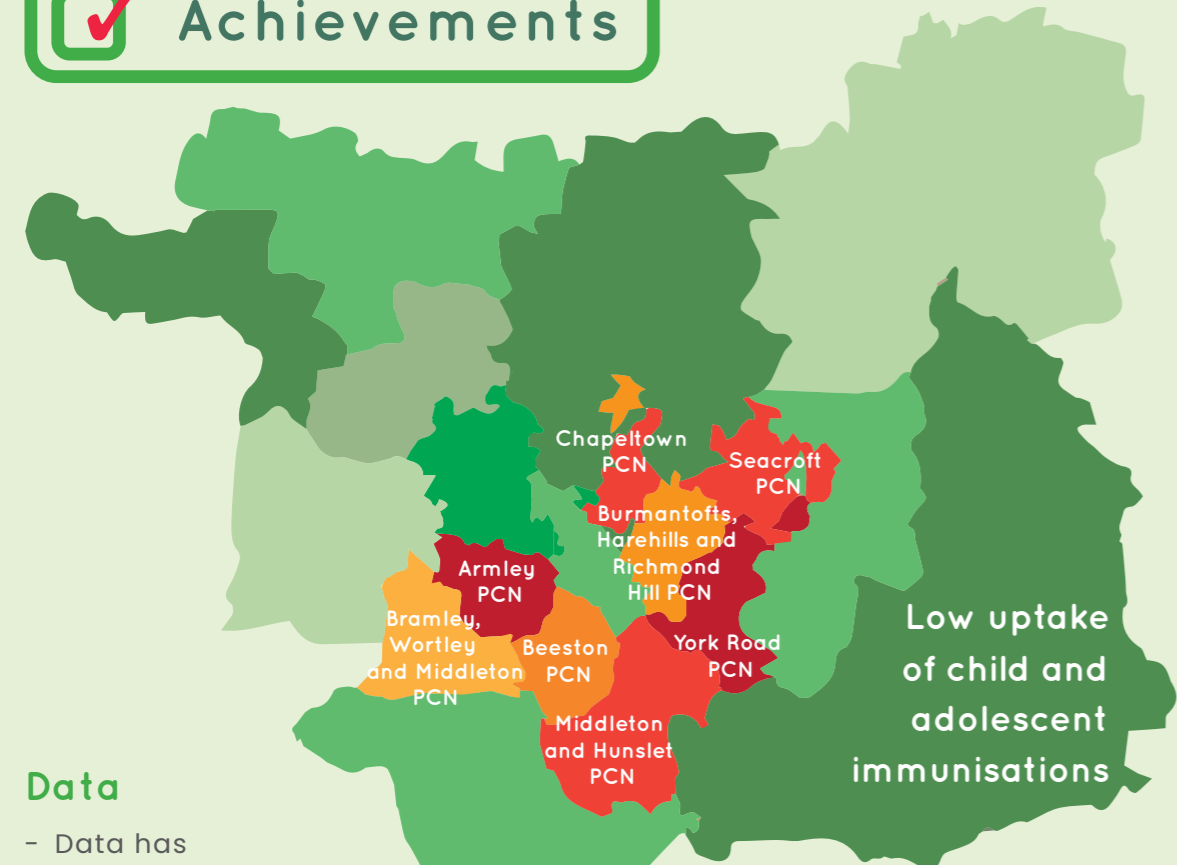
#### 70-79 years

- Shingles vaccine (if turned 65 before 1 Sept 23)

# Childhood Vaccinations and immunisations



## Achievements



## Case Study

A pilot project to address the impact of digital exclusion on consent for year 9 immunisations demonstrated that easy read non digital resources served as a reminder about vaccinations, which increased the consent rate. Consideration on the roll out of this to a further 13 schools with less than 40% uptake will be a focus for 2024. This project is in partnership with the School Aged Immunisation Service (SAIS) and 100% Digital Leeds.

CASE STUDY

## Risks

- With low uptake of MMR immunisations, there is a higher risk of a measles outbreak.
- Parents / carers are not aware that children have outstanding vaccinations.

## Challenges

- To reinforce the importance of vaccinations to prevent infectious diseases leading to morbidity and mortality.
- Ensuring patients have equitable access to primary care vaccination appointments
- Prioritising vaccinations for families with complex needs.
- Instances of vaccine fatigue, vaccine hesitancy, vaccine misinformation/ disinformation

## Focus for 2024/25

- To focus on increasing vaccination uptake year on year to address areas with low or declining uptake of routine immunisations.
- To work with Primary Care Networks to identify good practice and opportunities to improve patient access.
- To increase MMR uptake across Leeds with particular focus on communities of low uptake. To do this we will use both data insight as well as community engagement to inform approaches to improve uptake.
- To embed learning from the digital inclusion project and expand across the city where consent rates are low.
- To develop delivery models to increase uptake of maternal pertussis immunisations.
- To ensure that NHSE Health Improvement Plan includes approaches to address the needs of under-represented groups.

## Data

- Data has been analysed to identify areas of Leeds with low uptake of child and adolescent immunisations.

## Communications and outreach

- Digital inclusion project for Year 9 immunisations – see case study
- Community outreach work in children centres / family events E.g. Community outreach work in children centres to raise awareness of the importance of childhood vaccinations and provide guidance on how to register with local GPs.

- Engagement with education settings from early years to universities to raise awareness of the UK immunisation schedule and the importance of vaccinations.
- Primary and secondary school bulletins for staff and parents have been developed and shared.

## Primary Care support

- Easy read translated invitation letters and audio files have been created for Primary Care to share with patients. This was created in 5 community languages of Arabic,

- Bengali, Urdu, Romanian and Tigrinya, based on the recorded top 5 (after English) spoken languages of patients within the PCN.
- Vaccine health inequalities template designed for primary care to identify priorities and implement actions to ensure equitable access.
- Best practice guidance is being developed to ensure practices are aware of interventions they can implement to support increasing uptake. E.g. call and recall processes.



# Adult vaccinations and immunisations

Vaccines are the tugboats of preventive health.

- William Foege



## Current position

Vaccinations for adults are crucial for preventing and controlling infectious diseases, protecting both individual and public health. The UK adult routine vaccination programme includes the delivery of the Shingles and Pneumococcal vaccine. COVID-19 and Influenza vaccinations for adults are also recommended by the Joint Committee of Vaccination and Immunisation.

Local and regional data is used to develop evidence-based approaches to develop interventions to increase uptake amongst all vaccinations. There is a continued focus on operational delivery, engaging with communities of low uptake and the most vulnerable cohorts.

### Leeds adult immunisation approaches

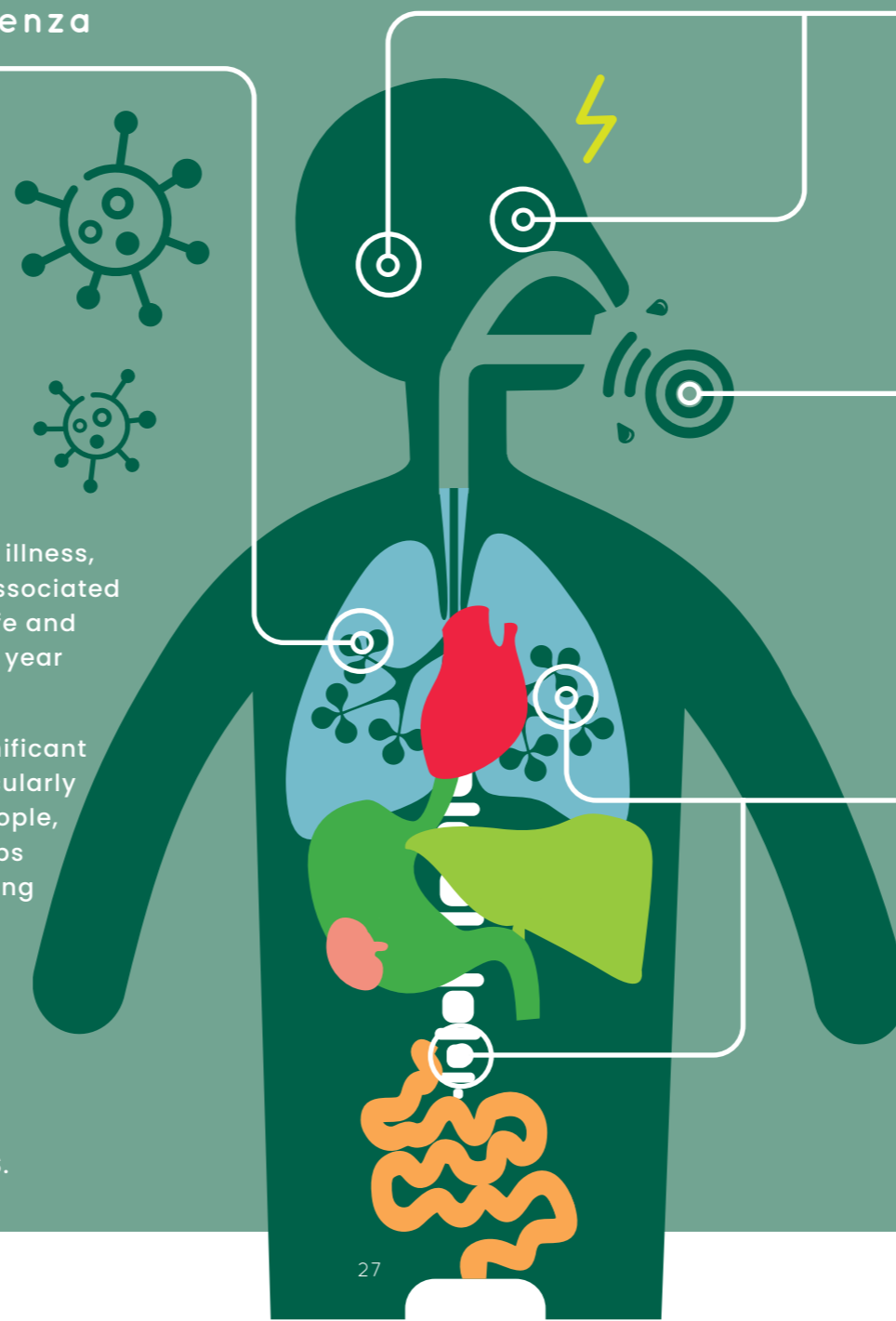
The Leeds approach uses local and regional data, evidence-based approaches, and the latest guidance to develop interventions to increase uptake amongst all vaccinations, focussing on operational delivery, engaging with communities of low uptake and the most vulnerable cohorts.

## Adult vaccinations and immunisations

### COVID-19 and Influenza vaccination

In 2022/23 flu vaccinations prevented around 25,000 hospitalisations in England. Even with this success, the health impact of each flu season remains severe; estimated to be responsible for over 14,000 excess deaths and tens of thousands of hospitalisations. Seasonal flu vaccination remains a critically important public health intervention to reduce illness, deaths and hospitalisation associated with flu. Flu vaccination is safe and effective and is offered every year through the NHS.

COVID-19 also remains a significant threat to public health, particularly to pregnant women, older people, and those in vulnerable groups who are at higher risk of getting seriously ill. Evidence shows that those who take up the offer of a vaccine are more likely to have milder symptoms and recover faster, cutting their risk of being hospitalised and reducing pressure on the NHS.



### Shingles

Shingles is a common condition that causes a painful rash. It can sometimes lead to serious problems such as long-lasting pain, hearing loss or blindness. It is offered to adults turning 65, those aged 70 to 79 and those aged 50 and over with a severely weakened immune system. The shingles vaccine reduces the risk of getting shingles or for those that do, symptoms may be milder, and the illness is shorter.

### Pertussis (Whooping cough)

Pertussis rates have risen in recent years and newborn babies are at the greatest risk. Pregnant women can help protect their babies by getting vaccinated. Getting vaccinated while pregnant is highly effective in protecting babies from developing whooping cough in the first few weeks of their life. The immunity from the vaccine will pass through the placenta and provide passive protection until they are old enough to be routinely vaccinated at 8 weeks old.

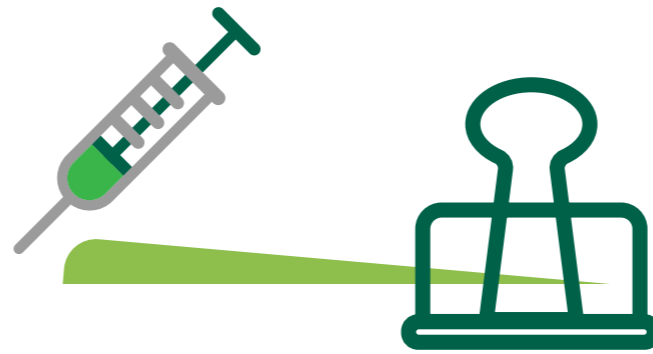
### Pneumococcal

The pneumococcal vaccine helps protect against some types of bacterial infections that can cause serious illnesses such as:

- meningitis (an infection in the brain and spinal cord)
- sepsis (a life-threatening reaction to an infection)
- pneumonia (an infection in the lungs)

It is recommended for people at higher risk of these illnesses and adults aged 65 and over.

# Adult vaccinations and immunisations



## Case Study

Leeds Community Healthcare delivered an outreach vaccination offer for care settings. This additional delivery option for staff aimed to support the protection of their most vulnerable client base and reduce inequalities of vaccine access. As vaccination remains the best intervention to prevent influenza and COVID-19, there is a need to increase the uptake within all eligible groups, protect at risk groups and reduce the pressure on health and care systems. Evidence indicates that increased awareness and improved access increases staff vaccination uptake and reduces the risk of infection to patients, residents, clients, visitors, staff, and family members. It also ensures a reduced risk of care home closures and increases the quality of care provided.



With this approach, in the winter 2022/23 campaign, 601 influenza and 532 COVID-19 vaccinations were delivered to care home and home care staff at their place of work. This represents a significant number of social care staff vaccinated through this unique offer.

CASE STUDY

## Risks



- Uptake in some cohorts remains low, such as pregnant women and at-risk groups with long term health conditions.
- Promoting uptake in health and social care staff remains a challenge. Low uptake in these professions can put others, including the most vulnerable, at risk.
- Vaccine hesitancy: Concerns of misinformation about vaccines may have led to hesitancy, hindering vaccination efforts.

## Focus for 2024/25

- Continued focus to increase uptake of the seasonal vaccination programmes amongst social care staff to include communications, training packages and workforce development.
- To further embed learning from the planning and co-delivery of COVID-19 and Influenza.
- Use data and community insight to develop a clear understanding of vaccine uptake across the life course. Utilise this to identify trends to and develop bespoke work to improve uptake including inclusion health groups.
- Build best practice from locally developed interventions and share evidence-based approaches.

## Achievements

- A comprehensive communications plan targeting communities with low uptake and the most vulnerable. This has involved local teams working with regional and national colleagues, utilising shared resources and learning.
- Working with 3rd sector organisations and partners, including delivering webinars and training to promote vaccination and address barriers.
- Key vaccine training and resources have been developed for community champions to equip them with the right information to have meaningful conversations in the community.
- Easy read resources, targeting people with learning disability, English not first language and lower literacy.
- Radio adverts in community languages.



- Community outreach clinics in areas of lower uptake, provision or access.
- Community engagement events.
- Social media, Millennium Square and Kirkgate market awareness raising initiatives and campaigns.
- Local co-ordinated campaigns aligned to Infection Prevention Week and World Immunisation Week.
- Shingles and Pneumococcal Toolkit developed for primary care.
- ICB proactively working with lower uptakes GPs and sharing good practice from higher uptake GPs.

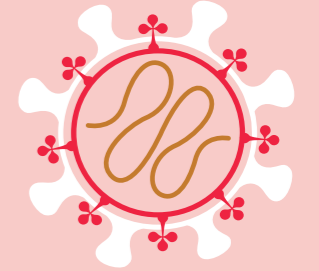
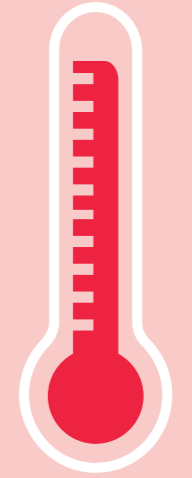
# Acknowledgements

Thank you to all those who have contributed to this report, your enthusiasm, dedication, commitment, and knowledge are outstanding, and this report is evident of all your hard work. My thanks go to all my colleagues across the Health Protection system;

- Bevan Healthcare
- Community Pharmacy West Yorkshire
- Leeds Academic Institutions
- Leeds City Council
- Leeds Community Health care
- Leeds Community, Voluntary and Faith Sector
- Leeds GP Confederation
- Leeds NHS Integrated Care Board
- Leeds Teaching Hospital Trust
- Leeds York Partnership Foundation Trust
- NHS England
- NHS West Yorkshire Integrated Care Board
- UK Health Security Agency

## Victoria Eaton

Director of Public Health, Leeds.  
Chair of the Health Protection Board.



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# Equality, Diversity, Cohesion and Integration Screening



As a public authority we need to ensure that all our strategies, policies, service and functions, both current and proposed have given proper consideration to equality, diversity, cohesion and integration.

A **screening** process can help judge relevance and provides a record of both the **process** and **decision**. Screening should be a short, sharp exercise that determines relevance for all new and revised strategies, policies, services and functions.

Completed at the earliest opportunity it will help to determine:

- the relevance of proposals and decisions to equality, diversity, cohesion and integration.
- whether or not equality, diversity, cohesion and integration is being or has already been considered, and
- whether or not it is necessary to carry out an impact assessment.

<b>Directorate: Public Health</b>	<b>Service area: Health Protection</b>
<b>Lead person: Sharon Foster</b>	<b>Contact number:</b>

## 1. Title: Leeds Health Protection Board report 2023

Is this a:

- X** **Strategy / Policy**
 **Service / Function**
 **Other**

**If other, please specify**

## 2. Please provide a brief description of what you are screening

Leeds Health Protection Board report 2023.

The report provides:

- The Executive Board with an outline of the fifth report of the Leeds Health Protection Board since it was established in June 2014.
- Progress made on the Health Protection Board priorities as outlined in the Leeds Health Protection Board 2022.
- Achievements of the health protection system including the local system response to new and emerging infectious diseases including Mpox, and CPE (a type of superbug which had not previously been seen at such a scale).
- An outline of the rapid and comprehensive response to infectious disease outbreaks particularly impacting on families experiencing high levels of poverty and social deprivation, scabies, for example.

- A spotlight on the work of two key health protection partners in the city, Bevan and the Leeds City Council resilience team.

### 3. Relevance to equality, diversity, cohesion and integration

All the council's strategies and policies, service and functions affect service users, employees or the wider community – city wide or more local. These will also have a greater or lesser relevance to equality, diversity, cohesion and integration.

The following questions will help you to identify how relevant your proposals are.

When considering these questions think about age, carers, disability, gender reassignment, race, religion or belief, sex, sexual orientation. Also those areas that impact on or relate to equality: tackling poverty and improving health and well-being.

Questions	Yes	No
Is there an existing or likely differential impact for the different equality characteristics?	X	
Have there been or likely to be any public concerns about the policy or proposal?		X
Could the proposal affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	X	
Could the proposal affect our workforce or employment practices?		X
Does the proposal involve or will it have an impact on <ul style="list-style-type: none"> <li>• Eliminating unlawful discrimination, victimisation and harassment</li> <li>• Advancing equality of opportunity</li> <li>• Fostering good relations</li> </ul>	X	

If you have answered **no** to the questions above please complete **sections 6 and 7**

If you have answered **yes** to any of the above and;

- Believe you have already considered the impact on equality, diversity, cohesion and integration within your proposal please go to **section 4**.
- Are not already considering the impact on equality, diversity, cohesion and integration within your proposal please go to **section 5**.

#### 4. Considering the impact on equality, diversity, cohesion and integration

If you can demonstrate you have considered how your proposals impact on equality, diversity, cohesion and integration you have carried out an impact assessment.

Please provide specific details for all three areas below (use the prompts for guidance).

- **How have you considered equality, diversity, cohesion and integration?** (think about the scope of the proposal, who is likely to be affected, equality related information, gaps in information and plans to address, consultation and engagement activities (taken place or planned) with those likely to be affected)

The Health Protection Board will continue to mitigate risks and the impact of health inequalities when planning programmes and monitoring progress on priorities.

The HPB has been working to get beneath the headlines to better understand the real areas of concern for Leeds relating to health protection. We will continue to monitor the health status of our population in relation to health protection priorities.

Globally, climate change and antimicrobial resistance (AMR) continue to present new risks which we will need to be able to prepare, adapt and respond to, including extreme weather events and increased spread of infectious diseases. The emerging health protection priorities that require focused attention disproportionately affect those living in social deprivation, displaced populations and people seeking asylum.

The approach outlined in the report focuses on a commitment to evolve, innovate and address health protection challenges through working with communities, addressing health inequalities, workforce development and collaborative working.

- **Key findings** (think about any potential positive and negative impact on different equality characteristics, potential to promote strong and positive relationships between groups, potential to bring groups/communities into increased contact with each other, perception that the proposal could benefit one group at the expense of another)

The work of the Health Protection board prioritises health inequalities and focuses on activity to mitigate the risks of those most vulnerable to the impact of infectious diseases and environmental hazards.

Specifically, the health protection board identifies priorities each year that focuses on improving immunisations, access to services, outbreak response in vulnerable settings and for those groups most at risk of the negative impact of health protection risks.

The HPB assesses health needs including the potential positive and negative impact on different equality characteristics, as well as assessing risk and ensures that resources

and expertise are directed where most needed. Specific focus remains in areas where the impact of health protection issues are greatest including where people are living in socially deprived areas, vulnerable groups including children, older people and those with existing health conditions, people who have no recourse to public funds and people living in contingency hotels seeking asylum.

The Health Protection Board ensures that health protection issues for vulnerable groups are addressed and that there is a focus on reducing health inequalities. The Board will be committed to ensuring that equality and diversity is a priority in its work programmes and a key consideration in its assurance role.

- **Actions**

(**think about** how you will promote positive impact and remove/ reduce negative impact)

Focused actions are outlined in each section of the health protection board report outlining actions to be taken that will positively impact and reduce the negative impact of health protection hazards.

These actions include:

- Conducting health needs assessments and implementing recommendations in areas and population groups of highest need.
- Close monitoring of local infectious disease surveillance, regional and national data to ensure a timely response.
- Commissioned services implementing a comprehensive audit of vulnerable settings (care homes, schools) to keep people safe from harm and prevent outbreaks.
- All work programmes are informed by robust evidence base and community insight.
- Evaluation of programmes to monitor impact and inform future ways of working.
- Commissioning and advising services to case-find in population groups most at risk of infectious disease and allow for early detection and treatment.
- Commitment to improving access to information in a wide range of languages, adopting different approaches in cascading messaging, including through community engagement.
- Key commitment from stakeholders to working together across the system to ensure a one system approach and mitigate negative impact of fragmented services.

**5. If you are **not** already considering the impact on equality, diversity, cohesion and integration you **will need to carry out an impact assessment.****

Date to scope and plan your impact assessment:

Date to complete your impact assessment

Lead person for your impact assessment  
(Include name and job title)

### **6. Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening

<b>Name</b>	<b>Job title</b>	<b>Date</b>
Victoria Eaton	Director of Public Health	28/2/24
<b>Date screening completed 28/2/24</b>		

### **7. Publishing**

Though **all** key decisions are required to give due regard to equality the council **only** publishes those related to **Executive Board, Full Council, Key Delegated Decisions or a Significant Operational Decision.**

A copy of this equality screening should be attached as an appendix to the decision making report:

- Governance Services will publish those relating to Executive Board and Full Council.
- The appropriate directorate will publish those relating to Delegated Decisions and Significant Operational Decisions.
- A copy of all other equality screenings that are not to be published should be sent to [equalityteam@leeds.gov.uk](mailto:equalityteam@leeds.gov.uk) for record.

Complete the appropriate section below with the date the report and attached screening was sent:

For Executive Board or Full Council – sent to <b>Governance Services</b>	Date sent:
For Delegated Decisions or Significant Operational Decisions – sent to appropriate <b>Directorate</b>	Date sent:
All other decisions – sent to <a href="mailto:equalityteam@leeds.gov.uk">equalityteam@leeds.gov.uk</a>	Date sent:

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