

CIVIX

Leicester City Local Plan 2019 – 2036

Infrastructure Assessment (Updated) (Excluding Transportation) – Final Draft

January 2023

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Leicester City Local Plan 2019 – 2036

Infrastructure Assessment (Excluding Transportation) (Updated)

Section 1: Introduction

1. This Final Infrastructure Assessment (IA) updates the draft Infrastructure Assessment completed and signed off in March 2020, identified as part of the evidence base in the Reg 18 version of the emerging Local Plan.
2. Given the level of comprehensive detail included in the March 2020 study, the Updated Version of the IA is a ‘light touch’ document designed only to identify significant changes in infrastructure needs. That said, a number of events have had an impact on infrastructure needs over the last 2 years. We have also been able to refine and update infrastructure needs with the help of infrastructure providers, and the start year for assessing such needs has been rolled forward from 2019 to 2022. Given rising inflation levels we have also factored in an additional cost coefficient where this is likely to have a significant impact.
3. In Section 2 we summarise some of the changes that will influence infrastructure demand and supply between the draft IA and this updated version. It is worth making the point that the impact of these factors is ongoing and we cannot be certain where events will ultimately take us.
4. The Infrastructure Delivery Schedule in section 3 sets out a summary of infrastructure needs in 5 year tranches, with an overall total by service. This is compared with the total figure identified in the March 2020 IDS. A final column describes the reason for any changes. Annexe 1 at the end of this this document provides a detailed analysis of the evidence and reasoning underpinning the IDS.
5. Following on from the Schedule we identify in Section 4 those topic areas where no infrastructure needs have been identified. This is either because there are considered to be none, or because it is not possible to define a precise costs relating to the City at present.
6. Section 5 provides a summary of known and assumed infrastructure projects relating to the City. Given the relatively short term nature of investment programmes – confirmed funding is usually identified in less than 3 years before an anticipated start, and timeframes can be often tighter – we consider that all non-transport infrastructure projects have a degree of uncertainty around funding and timing and it is important that the IA reflects this.

- 7. Section 6 provides a brief summary of funding opportunities. Given the uncertainty there is at the time of government capital funding to support service development and address 'levelling up'/more general inequality issues, there is only a limited amount that can be said about this. A key for the City will be the availability of capital funds to make the transformative changes in primary and secondary healthcare we identify in this study.**
- 8. Section 7 outlines our view of the proportion of new investment that is required that can be directly linked to growth, an issue we examined in the draft IA. Then as now we conclude that only a relatively small proportion of new infrastructure need can be attributed to growth. Many services – such as indoor and outdoor leisure, and adult social care – readily acknowledge that growth will have an impact but are essentially planning new infrastructure investment 'in the round': with so many changes taking place that will influence need, growth itself becomes one of a relatively wide range of factors to take into account, and that in many instances it does not appear to be the dominant factor.**
- 9. Finally in Section 8 we outline the basis for a Planning Obligations Supplementary Planning Document to support the delivery of new growth related infrastructure.**
- 10. The Infrastructure Assessment remains work in progress. We are continuing to talk to a number of service providers – which may elicit further changes – but a much wider and critical issue will be government funding to secure critical infrastructure to improve the quality of the lives of the City's residents and businesses (and those who live beyond the city but who rely on it in many and varied ways).**

Section 2: Changes between the draft Infrastructure Assessment and this final version (March 2020 – October 2022)

- 2.1 Infrastructure needs change over time to adapt to social, cultural, economic and demographic demand, as well as technological and structural advances in the way in which services are delivered. That said, the last 30 or so months has seen seismic changes that have affected the way in which society operate in a way that has perhaps not been seen since World War 2.
- 2.2 Such changes are not always easy to quantify as some may be a response to short term events or stimuli, whilst others may appear to be short term but may eventually be judged to have an ongoing and long term impact. With still more, initial changes are continuing to evolve. Assessing the impact on long term infrastructure need is very much like trying to shoot the ducks in a fairground game, with a small number of random successes being pitched against a greater number illusive and ephemeral challenges in predicting the future.
- 2.3 Currently it is perhaps better to identify the exceptional forces that are at work influencing long term infrastructure need (and additionally and equally importantly, the form in which these needs might be met).

Factor	Impact	The future
Covid 19	<p>In March 2020, when the draft IA was completed, the UK was living under the shadow of the pandemic but yet to feel anything like its full shock. And shock there has certainly been: as of October 13th 2022, 205,394 registered deaths had Covid on the death certificate, with 177,977 people dying within 28 days of a positive test. For Leicester, the respective figures are 1,164 and 1,134. Almost certainly these figures represent an underestimation of the true impact</p> <p>Although each and every one of these deaths is a dreadful tragedy, so to a considerable extent are some of the wider consequences, including long Covid, the backlog of patients needing planned treatment, the reduction of elective surgery capacity which has yet to be remedied, the pressures on hospital beds, and the proportionately higher impact of Covid on care homes</p> <p>The immediate effects of a sequence of full and partial lockdowns (with Leicester particularly hard hit) were that a number of providers offered limited services or none at all. The last lockdown ended 18 months ago but its effects are not entirely over, and the virus has far from gone away. In response both users and providers have adapted some of the ways in which these services are accessed</p>	<p>We do not know what the future will bring in terms of the virus and its ongoing impact on society. That said, we can expect that pressures on both primary and secondary healthcare are unlikely to go away; we also note in the document the significant short and long term impact this has had for example on burial capacity</p> <p>Other services may in time revert to the pre March 2020 status quo. However, there are likely to be some long term consequences, particularly around remote access to services, which are likely to have an ongoing impact</p>

Factor	Impact	The future
Inflation/interest rates/energy crisis	These are factors that have hit infrastructure planning and delivery at bewildering speed – they were not matters for significant consideration 12 months ago, and barely so even 6 months ago. At the time of writing inflation has hit 10% for the first time in 40 years, the Bank of England Base Rate has risen from 0.25% in December 2021 to 2.25% in September 2022, and the energy price cap has risen from an average £1,277 for a Standard Variable Tariff in August 2021 to £2,500 (with the government’s Energy Price Guarantee) from October 2022 and a projected £3,649 ¹ in Summer 2023	All of these are factors that are likely to affect access to infrastructure associated with service delivery – construction costs, general operating costs, heating costs and users’ ability to pay for such services. These may turn out only to have a short term impact, but the immediate consequences are expected to be severe
A growth focused economy and reductions in public spending	As of October 2022 both of these are on the table but perhaps be seen as factors pulling public infrastructure investment in different directions, and are potentially contradictory. For instance, investment in education and health is likely to have outcomes that will lead to a healthier workforce with higher skill levels, yet this would be difficult to deliver in a time of reined back public spending	At the time of writing a reset of the economy is being promoted just as the country has the potential to move into a long period of recession. How this will play out in meeting growth related infrastructure needs is currently a matter of conjecture
Increased operational issues	Aside from the issue of funding the delivery of new infrastructure there is the separate issue of managing its operation. In addition to energy issues (see above) many public establishments face widespread issues in recruiting and retaining staff. To take a selection of problems at random, a <i>Schools Week</i> analysis of the latest recruitment data published in August 2022 – a fortnight before schools reopened – suggests only 73 per cent of this year’s postgraduate initial teacher training secondary target will be met; staff shortages in care homes rose by 52% in 2021 to 165,000 vacancies, according to Skills for Care, and close to one in 10 social care posts in England are now vacant. Meanwhile, new analysis published by the Health Foundation’s REAL Centre warns that without urgent, significant policy action, the NHS in England is facing a crippling shortage of GPs and general practice nurses, with a current shortage of around 4,200 full-time equivalent (FTE) GPs projected to rise to around 8,900 FTE GPs in 2030/31	There is clearly little merit in providing additional public infrastructure without a sufficient pool of staff to operate all available facilities, so this will be a critical issue going forward. Greater reliance on AI to assist in meeting functions (e.g. virtual care assistants) offers some potential, but it will be far from being a panacea

¹ Source: Cornwall Insight

Section 3: Infrastructure Delivery Schedule

Topic/see Reference in Annexe 1	Infrastructure Investment Costs 2022 - 2026	Infrastructure Investment Costs 2027 - 2031	Infrastructure Investment Costs 2032 - 2036	Total projected infrastructure investment 2022 - 2036	Infrastructure costs identified in original IDS (March 2020)	Explanation/Reason for changes
Education Annexe 1 Reference 1	£16.65m	£33.72m	£25.11m	£75.48m	£33.63m	The education service has now proposed significant revisions in the cost per place and pupil yields (pupils/dwelling) which with rising construction costs which will more than double our original estimate for education infrastructure across its entire spectrum (Early Years, Primary and Secondary Education, Education for 16 – 18 Year Olds and SEND provision).
Primary Health Annexe 1 Reference 2	£30m	£60m	£60m	£150m	<i>£150m</i>	The previous IA identified the potential need for 5 major new primary healthcare complexes to achieve the rollout of Leicester, Leicestershire and Rutland’s Primary Care Strategy in the City. This is considered still valid (albeit with some changes in timing)
Secondary Health Annexe 1 Reference 3	£95m	£400m		£495m	<i>£465m</i>	As originally included in government’s 2019 Health Improvement Plan, now the October 2020 New Hospital Programme (Cohort 3). Costs uplifted due to inflation and rollout pushed back to reflect overall delay in NHP rollout
Social Care Annexe 1 Reference 4	£70.3m	£28.1		£98.9m	N/a	Infrastructure costs excluded from the March 2020 IA as a City wide Care Strategy not yet agreed. The updated IA now includes them. It is based entirely on profiling the 551 units of accommodation identified in the Supported Living and Extra Care Housing Strategy 2021 – 2031, plus a funding for Adaptations and Assistive Technology. The IA does not speculate about provision beyond 2031

Topic/see Reference in Annexe 1	Infrastructure Investment Costs 2022 - 2026	Infrastructure Investment Costs 2027 - 2031	Infrastructure Investment Costs 2032 - 2036	Total projected infrastructure investment 2022 - 2036	Infrastructure costs identified in original IDS (March 2020)	Explanation/Reason for changes
Outdoor Sports & Leisure Annexe 1 Reference 5	-	-	-	-	<i>£6.6m</i>	A 'root and branch' review of future need is under way and until this has been completed we now think it inappropriate to speculate on future requirements. For further details see Annexe a section 5
Indoor Sports and Leisure Annexe 1 Reference 5	£1.94m			£1.94m	<i>£15.4m</i>	As for Outdoor Sports and Leisure. The IDS includes only the current package of agreed enhancements costed at £1.94m
Burial facilities Annexe 1 Reference 6	£4.0m			£4.0m	<i>£1.32m</i>	A combination of increases in death rate (Covid 19), significant increases in plot purchasing and ongoing death rates well above a rolling 5 year average (+14.2% in May 2022) has accelerated need for new 8 ha cemetery
Community facilities² Annexe 1 Reference 7	£0.594m			£0.594m	£3.8m	Service sees no investment needs beyond £0.594m allocated for securing extended hours self-access to the City's libraries; at its request, the March 2020 IA assumption of 2 x replacement facilities towards the end of the Plan period has been removed

² Covers libraries, Youth Services and Community Halls

Topic/see Reference in Annexe 1	Infrastructure Investment Costs 2022 - 2026	Infrastructure Investment Costs 2027 - 2031	Infrastructure Investment Costs 2032 - 2036	Total projected infrastructure investment 2022 - 2036	Infrastructure costs identified in original IDS (March 2020)	Explanation/Reason for changes
Gypsy and Traveller Provision Annexe 1 Reference 8		£0.875m		£0.875m	£0.875m	No change since draft IA (provision of a 7 pitch permanent site). There may be some justification for also including provision for a 21 pitch transit site – to be confirmed
Police Annexe 1 Reference 9			£0.32m	£0.32m	£0.32m	No change since draft IA (provision of small police base to serve a growth location – location to be determined)
Fire and Rescue Annexe 1 Reference 10	£3.15m	£3.15m	£3.15m	£9.45m	<i>£10.75m</i>	As in draft IA (assumes extension of current level of building work investment programme and appliance replacement) with the adjustment of the assessment period from 2019 to 2022 reducing headline costs
Full Fibre Broadband Annexe 1 Reference 11	£66.0m	£10.00m		£76.0m	<i>£105.0m</i>	Full fibre/gigabit capable broadband costs revised downwards because of (a) significant recent rollout (b) expectation that newbuild housing will see provision as a development requirement (not a public infrastructure cost) going forward
Totals				£912.559m	<i>£792.695</i>	

Section 4: Infrastructure Topics where no specific requirements have been identified

Storm Overflows Discharge Reduction: a Plan issued by the government in August 2022 sets targets for the water companies to drastically reduce and eventually eliminate (by 2050) sewage discharges into water course and water bodies. Within this Plan Severn Trent Water (which covers the City) has committed to reducing discharges to an average of 20 per year by 2025, and to ensure storm overflows and sewage treatment works do not harm rivers by 2030. We are as yet unable to disaggregate the total cost of these works to identify that proportion directly attributable to Leicester

National Grid ESO's proposed Pathway to 2030 rollout: a £54bn nationwide investment in the electricity transmission network to enable delivery of Britain's transition to net zero through the 50GW offshore wind capacity that will be created by 2030 to serve businesses and consumers. At this stage we are unable to identify what infrastructure costs from this investment will be committed to the City

EV Charging Points and Public Realm Investment: both included in the Transport Assessment

10% Biodiversity Net Gain: now identified as a development cost (included as such in the Whole Plan Viability Assessment) and not therefore assessed within the IA document

Waste Infrastructure Needs: in the draft Infrastructure Assessment we were unable to review waste infrastructure needs over the Local Plan period as at the time, the City Council had not refreshed its work on such needs. It has now done so and the City Council's Waste Needs Assessment was published in October 2021. Although there will be opportunities within the City for activities such as composting, energy recovery and soil treatment, given the nature of Leicester as a tightly bounded urban authority the study concludes that opportunities for a range of activities will be severely limited and the City will continue to export some of its waste arisings to other Waste Planning Areas beyond its boundaries, particularly to rural locations more suited to activities such as inert recovery and non-hazardous landfill. The report identifies no strategic or Duty to Co-operate issues associated with the continuation of these ongoing waste movements. Given this we have not identified any specific waste infrastructure needs within the Plan period

Crematoria: we have previously advised that the City has a perfectly serviceable crematorium at Gilroes which is capable of meeting future cremation needs for the foreseeable future. In any event, new crematoria are mainly provided on a commercial basis, so the City has no plans for any new facility. There is therefore there no entry in the IA or its accompanying schedule for any public provision

Ambulance Services: in the draft IA (Section 11.20 – 11.24) we noted that the East Midlands Annual Service NHS Trust provides services for Leicester and for 6 counties in total. A range of urgent and specialist care services are provided. We noted that future infrastructure requirements were bound up by the

major healthcare reforms we identified elsewhere in the IA and that increasingly there was a focus on the sharing of premises with other emergency services. We did not however identify any specific infrastructure needs for the service in the City and that remains the case in this update.

5G connectivity: we covered in detail in the draft IA the multiple technological benefits that can be derived through comprehensive 5G coverage. Since the publication of that report in March 2020 5G is being rolled out by individual telecom companies, and although this has been at a slower rate than originally anticipated the main providers have (or are about to) offer 5G to all major towns and cities including Leicester. Unlike gigabit capable broadband we anticipate that the associated infrastructure costs are met entirely through user charges, so there is unlikely to be any public infrastructure required in the City.

Section 5: Known and assumed non transportation infrastructure projects to be delivered in the course of the Local Plan:

5.1 This section provides a summary of known and assumed infrastructure projects relating to the City. As we have noted previously, given the relatively short term nature of investment programmes – confirmed funding is usually identified in less than 3 years before an anticipated start, and timeframes can be often tighter – we consider that it is important to acknowledge that virtually all non-transport infrastructure projects have a degree of uncertainty around funding and timing.

5.2 Moreover:

- in a number of instances we have made some assumptions on behalf of infrastructure providers where they are not yet in a position to advise us on the precise nature, timing and cost of the project
- the same is also true of other elements of the table below. Costs are for the most part approximate and timing is in a number of circumstances our ‘best guess’

Topic Area	Infrastructure to be Delivered	Timeframe	Likely Costs	Possible Funding Sources	Delivery
Education	New 1200 place Secondary School (Beauchamp City Free School)	2022-26	£30m	Government funding, developer contributions	Partnerships
Primary Health	5 x major new Primary Healthcare complexes	2022 - 36	£150m	Government funding, land disposals, developer contributions (possibly)	Leicester, Leicestershire and Rutland Primary Care Network
Secondary Health	Transformative changes to the City’s hospitals, as identified in the government’s Health Improvement Plan	2022 - 31	£465m	Government funding, land disposals	Leicester, Leicestershire and Rutland Primary Care Network
Adult Care	551 specialist units of accommodation as identified in the Supported Living and Extra Care Housing Strategy 2021 – 31 plus programme of adaptations	2022 - 31	£98.9m	Local Authority receipts, Local Authority Land, other sources	City Council working with consortium provider

Topic Area	Infrastructure to be Delivered	Timeframe	Likely Costs	Possible Funding Sources	Delivery
Indoor Sports	Agreed package of measures	2022 - 26	£1.94m	Local Authority	Local Authority
Burial Services	New 8 ha cemetery	2022 - 26	£4.0m	Local Authority	Local Authority
Community Services	Extended access measures for City's Libraries	2022 - 26	£0.594m	Local Authority	Local Authority
Gypsy and Traveller provision	New 7 pitch permanent site	2026 - 31	£0.875m	Local Authority	Local Authority
Police	New Police Base in NW of City	2031 - 36	£0.32m	Police funding, developer contributions (possibly)	Police Service
Fire & Rescue Services	Ongoing capital investment programme in estate and equipment	2022 - 36	£9.45m	Capital programme, government funding	Fire & Rescue Service
Superfast Broadband	Rollout of FTTP throughout City	2022 - 31	£76.0m	Government grant, developers contributions	ISPs

Section 6: Summary of infrastructure funding opportunities

- 6.1 The draft Infrastructure Assessment covered some of the complexities of securing funding needed to deliver the growth related elements of the Local Plan. In summary it is simply not possible to make definitive assertions on how infrastructure is funded against a continually shifting pattern of government priorities, policies and programmes, changing financial markets, the overall state of the economy and the balance between public and private financing of new infrastructure – where the line is to be drawn between that public infrastructure the market judges it can fund on the basis of ‘down the line’ financial returns, and that where there is a clear need for the state to fund, either directly or through local and national agencies.
- 6.2 Broadly speaking, for the ‘big three’ in terms of growth related infrastructure – transport, education and health – the market has only a very limited role in terms of there being investment costs which can be offset over time through user charges.³
- 6.3 As an example we detail in the IA the issue of future Adult Social Care infrastructure, its likely cost and timescale for delivery. In funding these particular infrastructure requirements, the City Council’s calculations assume that for Extra Care/Supported Living accommodation, it would expect to contribute around 30% of the total cost of the development scheme including land, with the remaining 70% funded by the scheme developers (the developer’s investment generating sufficient returns in the form of rental receipts over the lifetime of the scheme). The City Council’s contributions are expected to be met by Right to Buy receipts (although for any schemes involving more complex conditions and needs, NHS funding will be sought). In addition the authority has a £6.7m existing capital pot for Extra Care schemes, although it is not clear to us whether this fund will ultimately be required to make contributions to the developments proposed.
- 6.4 For most if not all utility providers, the costs for local infrastructure provision tend to be met by user charges, and although over time major national infrastructure investment will be required – e.g. grid reinforcement, further renewable energy provision rollout – this is beyond the scope of this IA.

³ An obvious exception would be if there was any proposal to introduce road tolling. Move away from these and matters start to get a little more complex.

6.5 There are other factors that need to be considered, including:

Factor	Implication
Non growth related infrastructure need is typically a much bigger factor than growth related need	In section 7 below we calculate the proportion of new infrastructure investment identified in the IA that we consider can be directly attributable to growth. As can be noted, this appears to be relatively small. For many service providers the infrastructure implications directly attributable to growth can be a relatively small matter as they seek to renew or upgrade their aging estate, rectify any 'infrastructure deficits' (infrastructure that should be in place but for various reasons is currently missing) or rationalise provision, either to respond to ongoing funding limitations, or else make use of new innovations, particularly in AI
There are many challenges in infrastructure provision in dealing with the consequences of change	As we note in Section 2, the last two years has seen a significant number of 'events' that we are making providers think very carefully about what they offer in future (or recognise that they are likely to have to make these judgements at some point). Changes will not stop at what is happening now – further challenges in coming years are likely to be thrown at providers, some of which they are almost certainly not able to anticipate
For what are often good reasons, Infrastructure providers do not, as a rule, think long term, nor is there a long term funding programme for infrastructure provision	Aside perhaps from primary and secondary healthcare (which we think is self-evidently needing to address transformative change in order to respond to the range of challenges we have outlined in this document) many providers approach future infrastructure provision on a relatively short term basis – often for just the next 5 years, or even less. This is not because of short sightedness, but more to do with the fact that there are too many variables in the medium to long term planning – and certainly, rarely any guarantees about what will be required in the longer term. An obvious example in this is in primary school planning: there are likely to be limitations in planning for new places beyond 5 years given unpredictabilities in both the birth rate and the delivery of new homes that will give rise for the need for new places

6.6 That acknowledged, there are a range of sources which, individually or collectively, are available to fund those items of public infrastructure that private resources are not available for. The main sources are as follows:

Mainstream sources

Main sources	Opportunities	Limitations
Local Authority Capital Programme	A longstanding means of delivering new infrastructure, although significantly scaled back in recent years as targeted government funding programmes and developer contributions have become more significant. Notwithstanding this, the City Council has identified a proposed capital programme of £55.7m in the current financial year (2022/23)	Local authority capital programmes are subject to government regulatory framework but there are also two significant issues with them in relation to growth related infrastructure investment: firstly, much of the expenditure is directed towards non growth related projects (e.g. estate regeneration, capital repairs), and secondly, rising borrowing costs are putting considerable pressure on all public infrastructure investment, and the future is uncertain

Main sources	Opportunities	Limitations
s106 funds	Section 8 of this report details the City Council's approach to funding and in kind benefits through the signing of s106 agreements. Monies received by the City Council will vary from year to year: in the last two financial years it has received £6.35m, over half of which will be directed towards transportation infrastructure	S106 monies are subject to 'tests' of appropriateness (see paragraph 8.6 below) and in seeking them the local planning authority should not threaten the viability of the development
Funding provided by Central Government	Governments have consistently directed capital funding towards local authorities to invest in infrastructure projects, although the scale and focus of such investment varies from year to year and increasingly, authorities have to build a case for and bid for such funding, meaning there will always be winners and losers. That said, the City Council has secured (or is in the process of securing) £57.2m from the Government's Levelling Up Fund and other funding pots to direct toward a variety of projects	The nature of funding provided by Central Government will change over time and depend on an ongoing and emerging set of circumstances, with a current focus being on Levelling Up, Covid Recovery and Combating Climate Change. The City has enjoyed much success in securing such funding but it is worth pointing out that a substantial proportion of such funding tends to be directed towards what are not typically considered to be growth related infrastructure projects, such as economic regeneration
Education Basic Need Funding	Under the Local Government Act 2003 the government provides funding to authorities to help them fulfil their duty to make sure there are enough school places for children in their local area. The allocations announced in March 2022 will support the creation of new school places they need by September 2024 and September 2025. In the 10 years to March 2022 the City Council's education service received £166.7m basic needs funding and is projected to receive a further £11.4m in the 3 years until the end of March 2025	Although this is a significant source of funding for education authorities its award is determined by the government and as such, over the years, it has not always been granted to them in direct proportion of their own perception of need
Funding provided by other agencies	The government directs some infrastructure funding opportunities through other bodies, and example being the Local Enterprise Partnerships (LEPs). In July 2022 the Leicester and Leicestershire Local Enterprise Partnership (LLEP) received £20 million from the government's Getting Building Fund which will be allocated to four key infrastructure projects	A useful but inherently limited source of funding often associated with wider regeneration initiatives and economic development, and not specifically growth
Land and property disposal	In addition to the sale of land, the City Council receives Right to Buy receipts from the disposal of its housing rental stock: Capital receipts for the year 22/23 are estimated at £6.5m. The proposed future Secondary Health infrastructure investment detailed in this study and involving Leicester's three hospital is intended in part to be funded from land disposals	Although such resources continue to support infrastructure investment and work particularly well where new investment is associated with a wider rationalisation programme, as a source of funding it will diminish over time as available land and property assets reduce

Section 7: Growth Related on transportation infrastructure needs calculated as a proportion of all infrastructure investment over the Plan period

Service	Overall infrastructure cost estimate	Proportion of that total cost we consider attributable to growth	%age of overall infrastructure cost we attributable to growth
Education	£75.48m	£75.48m	100%
Primary Healthcare	£150m	£5.27m	3.5%
Secondary Healthcare	£495m	NIL	N/A
Adult Social Care	£98.9m	£13.73m	14%
Outdoor Sports and Leisure	NIL	NIL	N/A
Indoor Sports and Leisure	£1.94m	NIL	N/A
Burial Facilities	£4m	£0.6m	15%
Community Facilities	£0.594m	NIL	N/A
Gypsy & Traveller Provision	£0.875m	NIL	N/A
Police	£0.32m	£0.32m	100%
Fire and Rescue	£9.45m	£0.48m	5%
Broadband	£76m	NIL	N/A
Total	£912.559m	£95.88m	10.5%

Our reasons for these assumptions are as follows:

Education: There are demographic factors which will lead to increases and decreases in pupil places over time but over the lifespan of the Plan it is not unreasonable to assume that these will average out. The fact that broadly speaking there are not held to be significant levels of under provision or over provision in school places currently is perhaps a reflection of the fact that proactive service planning has, in our view, taken place

Primary Healthcare: overall figure associated with transformative changes we have forecast with the future rollout of state of the art Primary Care Network facilities, to which the needs associated with growth contribute only a minor proportion of the overall cost. The figure we have attributed assumes that each new dwelling makes an additional call on primary healthcare accommodation of £450/dwelling (although any physical floorspace needed would be subsumed by the wider PCN changes that are expected to take place)

Secondary Healthcare: we describe in the IA the major new investment to secure substantive changes in secondary healthcare for facilities that in any event serve communities beyond the City. Whilst it is tempting to put in a nominal cost for the impact of growth, we believe this is a relatively insignificant figure compared to the myriad factors that are having an impact on future secondary healthcare planning and in such circumstances we are reluctant to quantify this

Adult Social Care: we have chosen to assess this by looking at the contributions sought by Local Planning authorities towards the provision of specialist adult social care infrastructure. The City Council does not regularly seek such contributions, but other local planning authorities do – perhaps most relevantly, Leicestershire County Council. Using the County Council’s figures, we have arrived at a contributions figure for adult care needs arising from a notional development of 100 new homes, which when set against Local Plan housing growth figures enable us to arrive at an estimated cost for such facilities that can be considered to be growth related, and a percentage figure relating to the total cost of such infrastructure. Our calculation is this represents 10% of the cost of providing extra care/supported living accommodation and 34% of the cost of adaptations and assistive technology, or 14% of the overall adult social care infrastructure cost we have identified

Outdoor Sports and Leisure: no figures identified at present but should investment in existing and new infrastructure be identified in future it is likely that there will be a growth related element

Indoor Sports and Leisure: a very small sum to deal with extant issues that are difficult to link to growth in any meaningful way. In the long term more substantial investment in facilities upgrades are likely to have a growth element, but this is not a factor at present

Burial Facilities: it is reasonable to link this to the anticipated growth rate over the plan period since existing spare capacity, as we note, is rapidly being exhausted

Community Facilities: the small scale costs we identify are for improvements associated with increasing hours of access to the City’s libraries, thereby increasing capacity. We do not think we can link this specifically to future growth, particularly as there are no current plans to invest further in the Community Facilities estate

Police: The current position with police estate is stabilisation after a period of contraction. We do not think that further investment would be contemplated were it not for the level of growth proposed in the Northwest quadrant of the City, and in view of this we think it is reasonable to attribute the modest investment we have identified in the IDS to growth alone

Fire and Rescue: the infrastructure investment we have identified represents small scale changes in the existing estate and new capital investment in equipment. The service operates over a much wider area than the city of course, but we think a modest amount of this investment – we would suggest 5% - can be attributed to growth

High Speed Broadband: we make it clear in the IA that our view is that with new housing and other developments, developers are expected to absorb the provision of Gigabit capable broadband as a development cost, and that public contributions are only applicable in the case of retrofitting to existing developments

Section 8: the potential basis for a Planning Obligations Supplementary Planning Document to support infrastructure delivery

- 8.1 We have been asked specifically to comment on whether it might be appropriate for the City Council, as local planning authority, to prepare and adopt a Planning Obligations Supplementary Planning Document. At present the City Council does not have an adopted planning obligations SPD, although requirements for such obligations are set in the Leicester Core Strategy Planning Policies, and negotiations with developers are also guided by the suite of other adopted SPDs in negotiating developer contributions.
- 8.2 Whilst it would not allow for all matters relating to contributions to be resolved in advance (particularly around specific development viability issues) a Planning Obligations SPD, if adopted, would enable the City Council to set out a range of expectations, provide clarity and in some cases ease the burden on all parties in some areas of negotiation over obligations, and as such has a great deal to commend it.

Context

- 8.3 The legislative framework for planning obligations is set out in Section 106 of the Town & Country Planning Act 1990, as amended by Section 12 of the 1991 Planning and Compensation Act. Further legislation is set out in Regulations 122 and 121A of the Community Infrastructure Levy (CIL) Regulations 2019⁴.
- 8.4 The National Planning Policy Framework (NPPF) sets out government planning policies for England and how these should be applied. Further guidance is also available in the national Planning Practice Guidance (PPG) document. The NPPF states that a council's development plan *"should set out the contributions expected from development. This should include setting out the levels and types of affordable housing provision required, along with other infrastructure (such as that needed for education, health, transport, flood and water management, green and digital infrastructure). Such policies should not undermine the deliverability of the plan"*.
- 8.5 The role of any SPD would be in supplementing Local Plan policies that require planning obligations (as tested at Local Plan examination) so there would need to be a close nexus between the SPG and the relevant local plan policies, which would need to be stated.
- 8.6 It is worth remembering that planning obligations must only be sought where they meet all of the following tests:

⁴ As we have noted the City Council has no intention at the moment to introduce CIL. However government regulations relating to s106 obligations are now incorporated into CIL Regulations – the Community Infrastructure Levy (Amendment) (England) (No.2) Regulations 2019/1103

- necessary to make that development acceptable in planning terms
- directly related to the development
- fairly and reasonably related in scale and kind to the development.

8.7 In Leicester, currently, the main elements of infrastructure for which developer contributions are sought are as follows:

- Affordable Housing
- Education
- Highways
- Open-Space and Leisure
- Community facilities e.g. Sports facilities
- Flood and Water Management
- Green-Infrastructure (ecology enhancement)
- Health (although only one contribution in the last 5 years)

8.8 The current s106 regime is operated by the City Council as follows:

Key factor	Comment
Form of contribution	A consideration as to whether the obligations are to be provided 'in kind' (where the developer provides directly what is considered necessary – affordable housing, play areas); financial contributions (to provide the infrastructure elsewhere) or a combination of the two
Appropriateness	Ensuring obligations sought meet the 'three tests' – see 8.6 above - are specifically identified/negotiated as part of the planning application process and are consistent with Local Plan policies (including any relevant site allocation) and national plan policy guidance
Appropriate consultations	With the relevant infrastructure providers, to define precise requirements and appropriate justification
Compliance	Appropriate governance, expenditure authorisation and monitoring
Viability considerations	Exploration of viability evidence (including of evidence provided by the developer through a development viability report)
Reporting	There is a legal requirement for the City Council to prepare and publish a yearly Infrastructure Funding Statement (IFS). This covers such matters as the contributions received and spent in that year, projects delivered and unspent contributions: the IFS also reports on processes for off-site financial contributions and s106 funded infrastructure for future years

Matters that should be addressed in preparing and adopting a Planning Obligations SPD

- 8.9 There are perhaps three critical elements associated with a Planning Obligations SPD which might commend its introduction to assist in defining and delivering planning obligations: these address issues around viability; defining generic contributions for certain types of infrastructure provision; and defining those areas of infrastructure for which obligations might be sought.

Viability

- 8.10 For the Local Plan to be judged sound it will be required to be deliverable, and therefore there should be no general issues around viability to be addressed. The SPD will not be able to resolve viability issues any further - because specific evidence will need to be presented when planning applications are submitted - but it can further explore matters in a more fine-grained manner, particularly the questions associated with the delivery of affordable housing when set against other infrastructure needs required in order to make new development sustainable.
- 8.11 The separately prepared Whole Plan Viability Study concludes there are a number of viability issues. Appraisals have been run with models assuming varied levels of developer contribution towards physical infrastructure and mitigation set against different levels of affordable housing. Modelling has shown that a predefined baseline provision of 30% affordable housing and range of developer contribution costs of up to £25,000/unit would give rise to significant viability issues various parts of the City (e.g. the Central Development Area), whilst in other locations there may be only limited ability to meet such requirements (higher density brownfield sites might only be able to bear 10% affordable housing and £10,000/unit). Still elsewhere (greenfield development) the baseline may be deliverable. Consideration needs to be given to whether the SPD needs to reflect on these issues, particularly where physical infrastructure and mitigation is especially critical.

Generic contributions

- 8.12 For certain types of infrastructure - where there is a close relationship between it and the scale and nature of new development - it will be important to explore whether specific quantitative standards ('per specific dwelling' or possibly 'per population') should be proposed. This is a common approach in many planning obligations SPDs, often employed for affordable housing, education, libraries, health and open space for example. Often there is a degree of complexity in such calculations; education needs may cover early years, primary, secondary and SEND provision, and identify pupil yields from new development which are then applied to education building cost benchmarks.

Infrastructure areas for which developer contributions may be sought

- 8.13 Whilst it is unlikely to be appropriate within the SPD to rule out specific categories of physical infrastructure or mitigation for which developer contributions can be sought, the preparation of the SPD provides scope to identify the likely range of categories and also perhaps likely priorities. Some SPDs cast the potential net very wide. Newcastle City Council (a Unitary Authority like Leicester) adopted a Planning Obligations SPD in September 2021. Infrastructure areas specifically listed within it are Affordable Housing, Highways and Transportation, Open Space, Children’s Play Facilities, Outdoor Sport, Green Infrastructure, Allotments, Local Employment Training & Opportunities and Education.
- 8.14 The Newcastle SPD then identified ‘other infrastructure areas’ that need to be considered, and these include: Training and Employment Management; Primary Healthcare; Offsite Accessibility Measures (where for whatever reasons, on site step free access cannot be achieved); Long Term Management and Maintenance Arrangements for Parks and Open Space; Access to Public Land, Routes and Buildings; Funding of Neighbourhood Plan measures; SUDs; On/Off site Air Quality Improvements; Protection/Enhancement of the Historic Environment; Delivery/Maintenance of Climate Change Mitigation Measures; and Installation/Maintenance of Public Art.
- 8.15 This is a very wide ranging list, and there may be other areas which are not listed but which could be identified. The point to make here is perhaps that in preparing any SPD, the City Council should engage with a wide range of infrastructure providers to determine what infrastructure is needed and how it might be delivered, and then to set this against other sources of infrastructure funding including those identified in Section 7.
- 8.16 In engaging with providers, particular consideration needs to be given to a number of specific infrastructure providers who, in the course of preparation of the IA, have indicated that access to planning obligations for the service concerned can ensure that wider sustainability objectives can be met. We think it is appropriate to identify in this IA two such providers in particular – the police service and primary health.

The Police Service and s106 contributions

- 8.17 We have not identified any record of s106 monies having been directed towards the operation of the police estate, although we are aware this happens elsewhere. The service representatives we have spoken to have advised that in recent years over 100 s106 agreements have been secured

with the other Leicestershire planning authorities, all of which have policies for such contributions in place. There are significant advantages of this as it acts as an additional financial source towards the provision capital equipment, specialist services and new or enhanced premises to offset the impact of growth, at a time when the Force's finances are severely stretched.

- 8.18 Although the absence of such contributions does not mean that policing in the City is being compromised, these planning contributions have allowed service enhancements outside the City, where recent investments have included the purchase of drones and Rural Beat vehicles, and enhancements to forensic labs, force control rooms and police dog compounds. These improvements tend largely to be of value to those areas where investment is secured, which means that the City, in failing to make available such contributions to date, is not seeing the benefit of such investment.
- 8.19 Additionally, the Force has secured significant contributions towards a police presence in major new sustainable urban extensions, ensuring settlements are being adequately policed. Whilst it is recognised that major new development within the City will not be on anything unlike the scale seen elsewhere in Leicestershire, the service would want to look carefully at the nature and timing of new development of the Central Area (as this will be 'at scale') as well other major developments in order to assess the cumulative impact.
- 8.20 The Force would welcome a 'per dwelling' s106 contribution towards premises and capital equipment. It has calculated a figure of £258.23/dwelling, with no contribution being sought from affordable housing, and to be applied to developments of more than 10 dwellings.

Primary Healthcare and s106 Contributions

- 8.21 We have noted in the IA that government funding (together with capital secured through the release of land and buildings) is a key to ensuring the transformative changes we anticipate in Secondary Healthcare, and our view that it is difficult to attribute little if any of this investment to plan related growth. The same is perhaps partially true for Primary Healthcare, but an element of this, as we have noted, can be growth attributable, and there is a case to be made for health providers to secure some of the cost of future capital investment for this service through s106 agreements.
- 8.22 We have identified a single example of funding for health services being secured through a planning obligation in the City, and that dates from 2016. Currently outside of the City 4 of the 7 Leicestershire authorities seek developer contributions towards the provision of primary healthcare (none do for secondary healthcare). Contributions sought vary as follows: one authority seeks £470/dwelling; two others calculate a cost of £0.11

per square metre per new patient and a cost of £1902/sq.m. for a GP surgery (of 200 sq.m.). One other undertakes the same initial calculation as the previous but assumes a cost of £2964/sq.m. for a GP surgery.

8.23 These variations (and the fact that some authorities do not have a formal policy) perhaps reflects the fact that there is no consistent approach adopted by the health authorities to secure funding for health infrastructure, although in September 2018 NHS Improvement did issue guidance⁵. The Guidance outlines the opportunities for Trusts to secure contributions towards healthcare infrastructure but also noted that there were some issues around the way in which such contributions were being currently sought, which included:

- the fact that although some trusts had been successful in securing s106 contributions, this was the exception and not the rule
- a suggestion that the education sector was generally more successful in securing contributions
- work undertaken at national level to secure healthcare bodies access to contributions required additional work at the regional and local level to build relationships between individual health providers and local planning authorities
- although not stated explicitly, there was an implication in the guidance that individual healthcare bodies were sometimes duplicating the work of others in seeking to engage local authorities⁶

8.24 In order to make positive progress, the guidance urged:

- a dedicated single contact within a locality to build relationships and avoid any duplication
- the use of targeted professional support

⁵ NHS Improvement: Securing Section 106 and community infrastructure levy funds – a guide (September 2018)

⁶ Similar conclusions were arrived at by the public policy thinktank Reform who in January 2020 published Planning for Patients: the role of Section 106 planning contributions. In addition to the issues identified above, Reform also identified an issue of s106 contributions being secured by local planning authorities which then remained unspent

- a bespoke engagement strategy to ensure local planning authorities have a proper flow of data outlining healthcare bodies' estate plans and infrastructure requirements to ensure these are reflected in Infrastructure Delivery Plans/Infrastructure Assessments and are used as the basis of engaging the development industry for appropriate levels of financial contributions

8.25 All the above points to the City Council and health infrastructure providers working together to establishing common ground over such matters.

Potential Justification for the introduction of a Planning Obligations SPD

8.26 These would seem to be as follows:

Reason	Explanation
Amplification	Expanding on Local Plan policies by setting out the detail of the City Council's approach to planning obligations, including when they will be sought, for what purposes, compliance with national and Local Plan policy, and procedural matters relating to their drafting and enforcement
Applicability	It also identifies likely types of development to which the obligation applies, thresholds over which the obligation are to be sought and, where possible, the basis on which the level of obligation is calculated
Clarity	For developers, development management planners, stakeholders and local neighbourhoods regarding the basis on which site-specific planning obligations are sought in order to make a development acceptable in planning terms
Linkages	The connection between the 106 regime and other agreements that may be entered into requiring new development to contribute to the cost of infrastructure works, such as under Section 278 of the Highways Act 1980 to carry out works within the adopted highway required to service a development, as well as flood management agreements ⁷ For this reason, the SPD would need to be read in conjunction with separate Council guidance, including that relating to the Community Infrastructure Levy, flood management and other highway related agreements, such as Section 38 and 278 Highways Act Agreements
Specifics	The SPD can expand on the Local Plan to provide expectations and procedures to be followed, including generic, formula based financial contributions (e.g. for open space, school places); the specific arrangements for affordable housing provision (with factors including thresholds, exemptions, size of scheme, tenure split and off site level of contribution). It can also set out the anticipated non generic requirements for specific categories of infrastructure (for instance, transport related obligations might relate to the specific set of circumstances associated with individual sites but might also be expected to focus on matters such as highway maintenance costs, parking controls, Travel Plans, wider site impact contributions as well as a range of other matters (e.g. walking and cycling), subsidised bus services, Controlled Parking Zones and public realm improvements)
Mechanics	This may include account to be taken of any economic viability issues, pooling of contributions, land transfers and monitoring/reporting
Future proofing	As well as planning obligation requirements set out in the Local Plan for planned infrastructure to support strategic sites, the requirements set out in the SPD can also extend to any large scale windfall sites and development sites beyond the plan period, to ensure they are assessed for infrastructure needs, mitigation and developer contributions

⁷ And the Community Infrastructure Levy, should it be introduced

Annexe 1: Further explanation of the changes in the Infrastructure Delivery Schedule since March 2020

1. Education

1.1 In the draft IA we covered the issues associated with the provision of education provision for the following categories of pupils:

Early Years

- Primary Education

- Secondary Education

- Education for 16 – 18 year olds

- Specialist Education (otherwise known as SEND⁸ education)

1.2 We identified how education services are delivered in the City, including the providers and current levels of provision across all categories.

1.3 Since the draft IA (where we listed new and expanded schools since 2011) we can now update on the following:

Beauchamp City Sixth Form opened in September 2020, as planed

- Brook Mead Academy opened on a temporary site with 240 places initially. A permanent site (From August 2024) will ultimately provide 1200 secondary places

- Beauchamp City Free School, a 1200 place secondary school, opens in August 2025

Revised Pupil Yields

1.4 A major change that influences education infrastructure provision has been the adoption of revised pupil yields following changes proposed by City Council officers. As explained in the draft IA, in assessing overall long term school place need, it is possible to apply what is known as the ‘Pupil Yield’ – the number of school age children in a typical new development of, say 100 new homes (adjustable according to housing type) to make

⁸ Special Education Needs and Disability

some broad assumptions which can then be translated into future school places required across the entire Local Plan period in circumstances where there is no capacity.

- 1.5 This is an approach advised by government and used by many LAs⁹ to calculate the needs and costs of providing education facilities in response to projected housing growth, primarily as a basis for negotiations with developers to secure contributions to such provision through planning obligations where such contributions are sought.
- 1.6 Revised pupil yields for Local Plan growth are as proposed by City Council officers. Two different scenarios are proposed – outside the CDA and within it, to reflect the likely differences in housing mix. The first table below shows projected pupil yields for development outside the CDA:

Pupil yields for typical development outside the Central Development Area	
Education category	Pupil Yield/100 dwellings (70% houses and 30% flats)
Early Years (2 – 4 year olds)	6.128
Primary (4 – 11 year olds)	28.119
Secondary (11 - 16 year olds)	14.584
16 – 18 year olds	2.5278
Primary (SEND Schools)	0.2781
Secondary (SEND Schools)	0.307

- 1.7 The second table shows projections for development within the CDA:

Pupil yields for typical development within the Central Development Area	
Education category	Pupil Yield/100 dwellings (20% houses and 80% flats)
Early Years (2 – 4 year olds)	3.008
Primary (4 – 11 year olds)	11.084
Secondary (11 - 16 year olds)	5.574
16 – 18 year olds	1.2408
Primary (SEND Schools)	0.1366
Secondary (SEND Schools)	0.152

⁹ The government is working on a detailed methodology for robust calculation of pupil yields but to date this has not been published

- 1.8 Our second revised calculation is the cost of a pupil place across the range of categories. Again the City Council proposes (and we accept) the following:

Education Category	Cost/place (£)
Early Years (2 – 4 year olds)	£6,243
Primary (4 – 11 year olds)	£18,749
Secondary (11-16 year olds)	£20,238
16 – 18 year olds	£19,327
Primary (SEND Schools)	£54,445
Secondary (SEND Schools)	£83,707

- 1.9 Combining Pupil yield with cost per place across categories takes us to the figures we have provided in the Infrastructure Delivery Schedule.

2. Primary healthcare

- 2.1 In the draft IA we set the scene in terms of the transformative changes that have been taking place since the 2012 Health and Social Care Act, including the NHS's Long Term Plan, recent and current healthcare infrastructure investments, healthcare commissioning arrangements, moves to make better use of the NHS estate, and the challenges specifically facing the City's 57 GP practices and the issues they face going forward.
- 2.2 This led us to an exploration of the complex and integrated changes envisaged in the launch of the Leicester, Leicestershire and Rutland Primary Care Strategy, published in June 2019. The Primary Care Strategy is fundamental in the delivery of an Integrated Care Strategy (ICS) which seeks to create a more cohesive platform for the various arms of healthcare to work better together. The PCS operates as a whole across a new Integrated Care Board, but also at the 'place' level (local authority area and the various bodies associated with delivering healthcare within such boundaries) and at the neighbourhood' level – designated as Primary Care Networks - where integrated services will be largely delivered.
- 2.3 These Primary Care Networks (PCNs), we noted, are intended as the cornerstone for patient-centred care, and this would mean that individual GP practices should no longer act independently but instead be grouped together. For Leicester this meant the establishment of 10 PCNs, with patient list sizes of between 30,000 – 50,000 and combining somewhere between 4 – 9 individual practices. This grouping would allow GPs and a range of other healthcare professionals to provide a comprehensive service to patients often with a wide range of healthcare needs, some of them complex.

- 2.4 At the same time the IA noted that with some exceptions, the primary healthcare estate did not seem to be in the best condition to deliver this range of integrated services: some practices are very small and incapable of delivering the range of healthcare provision now required. This is a charge that could also be levelled at those premises – particularly in the east of the City - that operate out of converted residential premises which can no longer be regarded as fit for purpose. Even without the need to respond to new delivery model GPs are already experiencing challenges, including lengthier consultation times, the average number of times a patient sees their GP doubling in the 10 years since 2007, and a ramping up of a proportion of patients who have long term conditions.
- 2.5 In our conclusions in the draft IA we were unable to offer any firm assumptions as to what this would mean in terms of future primary healthcare infrastructure needs, but determined that it was most probable that within the timeframe of the Local Plan to 2036, significant investment in purpose built new facilities at the PCN level would be needed to house all that network’s GPs and support services, and that ‘state of the art’ facilities would be a reasonable aspiration. We calculated that each of these facilities would cost in the order of £30m, and that it seemed reasonable to make assumption that for half of the PCNs, a new facility might be expected to be delivered by the end of the Plan period. We were careful to stress that this was a calculation that we had made, not the constituent CCGs, but that in the absence of evidence to the contrary it seemed reasonable to make this assumption.
- 2.6 Since March 2026 the following changes have been made:
- White Papers on Integration and Innovation in Health and Social Care (Feb 2021) and Reforming the Mental Health Act (August 2021) have been published, each pointing to the need for transformative changes in policy and practice, with investment needed to deliver comprehensive beneficial changes
 - The 2022 Health and Care Act introduced new legislative measures that aim to make it easier for health and care organisations to deliver joined-up care for people who rely on multiple different services, building on earlier recommendations by NHS England and NHS Improvement
 - the NHS commissioned Fuller Report (May 2022) concluded that Neighbourhood teams - evolving from PCNs - must be central to improving access to primary care for patients, bringing together general practice with other parts of the health and care system to improve access and offer regular support to those with complex needs such as elderly people or those with long-term conditions
 - NHS Integrated Care Boards (ICBs) were established from 1 July 2022. These are statutory bodies, replacing Clinical Commissioning Groups (CCGs). In Leicester, Leicestershire and Rutland this means that the functions of Leicester City CCG, West Leicestershire CCG and East

Leicestershire and Rutland CCG have transferred the NHS Leicester, Leicestershire and Rutland Integrated Care Board (ICB) and as such are charged with providing a health and care system in Leicester, Leicestershire and Rutland that tackles inequalities in health, delivers improvements to the health and wellbeing and experiences of local people and provides value for money

- the Integrated Care Board meets regularly to plan future service delivery and its associated investment. A Draft Primary Care Strategy to is due to be presented to this Board in November 2022 and finalised in early 2023

Update on Primary Health Infrastructure Needs

- 2.7 We concluded in the draft IA that our identification of future primary healthcare infrastructure investment over the timescale of the Plan was highly speculative, but necessary for the purposes of the identifying future need in the absence of any indication of such requirements by the providers themselves. Clearly much work needs to be undertaken by the major players in the sector, and a start has been made, but it may be some time before we have any definitive statement. In the meantime we stand by our original assessment that the Primary Care Networks will need significant investment in state of the art facilities to deliver the services they need to, and that 5 state of the art facilities at a cost of £30m each seems an appropriate starting point (although we have pushed back anticipated delivery somewhat). As more evidence emerges it will be possible to reflect this in future IA iterations.

3. Secondary Healthcare

- 3.1 In the March 2020 draft Infrastructure Assessment we identified major secondary health infrastructure plans to undertake significant regeneration involving Leicester's 3 Hospitals. Paragraph 7.64 and Table 7.12 detailed proposals to expand and provide new services at Glenfield Hospital; Leicester General will cease to be an acute hospital (with some of the estate being released for development) but otherwise being retained as a home to a range of health functions; whilst at Leicester Royal Infirmary, the creation of a new maternity hospital, a standalone Children's Hospital and expansion of the adult ICU are being planned.
- 3.2 In paragraph 7.65 we identified the cost of such work at £465m. in the Infrastructure Delivery Schedule, we profiled this investment as follows: £350m in the period 2019 – 2024 and £115m in the years 2024 – 2029, in anticipation of an early start on investment.

- 3.3 This investment was in line with the government’s Health Improvement Plan (HIP) (September 2019) which announced the funding for 6 new hospitals and seed funding for 21 additional trusts to develop business cases for new hospital provision.¹⁰ The Conservative Party’s 2019 manifesto committed to building 40 new hospitals.
- 3.4 In October 2020 the then Prime Minister announced the 40 Trusts that comprise the New Hospital Programme (NHP). This included the 6 initial HIP proposals and others where construction was underway or committed (known as ‘in flight’ schemes). In July 2021 the government announced plans for an additional 8 hospitals, although the selection process for these is continuing. Delivery is to be completed by 2030. £3.7bn for the funding of these schemes was identified by the government in October 2020 and confirmed in the 2021 Spending Review for the period 2022/3 to 2024/5.
- 3.5 As of July 2022, the status of the hospital projects is as follows:

Cohort number and description	No of schemes and delivery date	Comment
Cohort 1 (in flight)	8 – already in progress	
Cohort 2 (imminent)	10 – delivery by 2024	
Cohort 3 (pathfinders)	8 – delivery date to be determined	The University Hospitals Leicester NHS Trust proposals are in this cohort
Cohort 4	13 – delivery date to be determined	

- 3.6 On 8th July 2022 NHS providers announced the conclusion of a survey of the trusts engaged in the NHP¹¹. This concluded that:
- A number of schemes (39%) were running behind time in terms of completion
 - A two thirds of all Cohort 3 trusts had concern that their allocation would not meet the cost of the proposed works, given the anticipation of significant future building cost inflation
 - Almost all trusts want the government to confirm that the funding envelope for these works will extend beyond 2024/5, as many projects will not be delivered in that period

¹⁰ The Leicester Hospitals were not one of the 6 receiving full funding, but the University Hospitals of Leicester NHS trust has received seed funding

¹¹ NHS Providers – New Hospital Programme Survey (8th July 2022)

Update on Secondary Health Infrastructure Needs

- 3.7 The proposals for investment in Leicester’s hospital was highly relevant at the time of the draft Infrastructure Assessment and it remains so now over 2 years later. A business case has been made, there is overall support for the initiatives proposed and the government remains committed to delivering these changes.
- 3.8 What has clearly happened over time is that the expectations of an early rollout have not happened and there will inevitably be some lag in delivery. The Leicester hospital proposals are Cohort 3 out of 4 Cohorts, and Cohort 2 schemes, scheduled to be delivered by the end of 2024, may struggle to meet this timetable. Given that it is our view that the bulk of the delivery of these proposals will be pushed back and a 2025 commencement seems to be a reasonable assumption. Given the scale of the work a timeframe of 5 years from inception and delivery seems a sensible conclusion, with a completion by the end of 2029.
- 3.9 Currently the estimate for such works is put at £450m. In the IA we identified a figure of £465m to allow for some cost uplift but it would be prudent to raise this higher and we propose a figure of £495m, allowing for a 10% uplift, although experience suggests that even this might prove to be on the modest side.

4. Adult Social Care

- 4.1 In the draft IA we highlighted the range of strategies in place to support the delivery of infrastructure to protect a range of vulnerable groups who need care and support because of their age, health and disability. We were unable at the time of its publication to identify what that might mean in terms of future infrastructure investment as detailed strategy was still in the process of being finalised and it seemed inappropriate to speculate on the outcomes from that review.
- 4.2 Since the draft resolution of the likely future need has moved forward. It is worth mentioning by way of preface that in December 2021 the government published a White Paper, *“People at the Heart of Care”* which set out a 10-year vision of how to transform support and care in England. A prerequisite of this (although not necessarily a given) is that: people need to be given choice, control, and support in order to live independent lives; secondly, people should be able to access tailored care and support of outstanding quality; and that, finally, people should be able to find adult social care fair and accessible.
- 4.3 To be able to achieve the above, the White Paper identified new national measures to strengthen how care and support is delivered, including:

- at least £300 million to integrate housing into local health and care strategies, with a focus on increasing the range of new supported housing options available, to provide a choice of alternative housing and support options
- at least £150 million of additional funding to drive greater adoption of new technology and achieve widespread digitisation across social care
- a new practical support service to make minor repairs and changes in peoples' homes to help people remain independent and safe in their home, alongside increasing the upper limit of the Disabilities Facilities Grant for home adaptations
- £30 million to help local areas innovate around the support and care they provide in new and different ways, providing more options that suit peoples' needs and individual circumstances
- more than £70 million to increase the support offer across adult social care to improve the delivery of care and support services, including assisting local authorities to better plan and develop the support and care options available

4.4 The White Paper provides both a context and a framework to take forward future Adult Social Care infrastructure investment at a citywide level. It is worth providing more of the context we were unable to identify in the draft IA.

The Challenges facing Adult Social Care

4.5 In September 2018 the King's Fund (an influential think tank on health and social care matters) produced a briefing note¹² on the challenges facing the provision of adult social care in the UK. They noted at the time that in the past 20 years there had seen 12 White Papers, Green Papers and other consultations about social care in England, as well as five independent reviews and commissions, none of which, in their view, had resulted in a sustainable long term strategy for the provision of these services.

4.6 The Kings Fund identified the following as the current flaws in the provision of adult social care in the UK:

- there is considerable unmet need in respect of adult social care: precise figures are disputed, but Age UK calculate that there are 1.4 million people who have difficulty with activities of daily living and do not receive all the help they need; this includes more than 160,000 people

¹² Kings Fund: Key challenges facing the adult social care sector in England (September 2018)

who receive no help at all, either from formal or informal care. The Local Government Association (LGA) estimates that if these estimates are accurate, it would cost £2.4 billion to meet the needs of these 160,000 people and a further £1.2 billion to meet the unmet needs of working-age adults

- preventing, reducing or delaying the requirements for care needs initial investment, which authorities find difficult to provide: this strategy is a key element of the 2014 Care Act, which maintains that effective interventions at the right time can stop needs from escalating, and help people maintain their independence for longer. Without such measures, the provision of adult social care is unnecessarily costly, and also impacts on health services (the National Audit Office estimates that one-fifth of emergency hospital admissions could be avoided). However, many local authorities are struggling with the initial capital investment to support initiatives such as assistive technology which will reduce or delay the need for social care
- applying demand management approaches to social care can have positive outcomes but needs support structures which are not always there: demand management focuses on designing assessments and services to promote independence rather than necessarily providing formal, ongoing services. However, a 2016 report by The King's Fund on social care for older people noted that this vision requires *'a vibrant voluntary and community sector, family members able and willing [to take on a wider role], and health and care services fully geared up to support people in their homes'*, and it noted at the time that it had not found evidence of these things being consistently in place
- the issues associated with burgeoning adult social care needs as a consequence of future demographic changes cannot be understated: the King's Fund Briefing Note observed forecasts that the number of people over the age of 85 with high care needs will almost double in the next 20 years, a trend exacerbated by the fact that more people with disabilities are surviving longer (the number of people with disabilities is forecast to increase by 67% between 2015 and 2040) and the cost of support is increasing

4.7 The statistics below (extracted from the Joint Strategic Needs Assessment for Leicester) provide the following insight:

Data Area	Summary
Within overall anticipated growth, the proportion of elderly people is increasing	The proportion of people in the City aged over 65 is expected to increase from 12% in 2014 to 16% in 2038
The scale of households with health issues is significant	One in 4 households in the City include someone with a disability or long term illness
There will be an increasing prevalence of dementia	Diagnosed and expected cases are set to rise from 2200 in 2015 to 4000 in 2030, with 800 new cases a year
There are significant mental health issues across the city	It is estimated that 4 in 10 working age adults and 1 in 10 older people have a common mental health problem
A significant amount of support is provided by the City Council	Around 5000 adults in the City received support from the City Council, for learning disabilities, physical support, mental health and memory cognition (for older people)

4.8 The key issues are as follows:

- Changing Population Patterns: these have implications that need to be dealt with, whatever solution is proposed, as in future there will be more older people with complex care needs that will require additional input from all parts of the health and social care system
- Future reductions in the availability of unpaid carers: the care system is supported by many people who provide unpaid care for relatives and friends, but as the proportion of people capable of providing such care reduces – with a lower proportion of people in the population of working age or without their own complex care needs – this suggests that, as well as planning for the increased needs for services, there is also a long-term need to consider the infrastructure needed locally to support people with care needs and help them maintain their independence
- Frail Elderly People: a particular concern, closely linked to a projected year on year increase in the demand for care and support for all people, especially those people affected by higher incidence conditions such as Diabetes, Visual Impairment, Depression, Dementia and Cardio-Vascular Disease (CVD)

- Dementia: often described a ‘ticking time bomb’ as research in 2014 suggested that the number with the condition would double by 2030; this will be exacerbated by estimates that three quarters of people with dementia also have a physical health condition, another factor likely to increase their need for social care support
- Mental Health: a high prevalence of mental ill health across the population and a need to have services across the board to meet the needs of this population. Recovery is a key issue for people affected by mental ill health, as is accessing support to secure and maintain appropriate housing, education, training and employment in the longer term
- Learning Disabilities: the expected increase in numbers of young people (under 18) who have a learning disability and who will then transition into adult services, placing pressure on Adult Care Services

Strategy – Adult Social Care

- 4.9 The City Council has widespread responsibilities to protect a range of vulnerable groups who need care and support because of their age, health and disability, or because they are caring for others. The focus of meeting the needs arising from those requiring support revolves around promoting, maintaining and enhancing people’s independence so that they are healthier, less reliant on formal support and capable of leading more fulfilling lives. It has a range of strategies in place, some of which have been commissioned with the then Leicester City Clinical Commissioning Group (CCG).

Responding to the Challenges

- 4.10 Faced with the challenges we have outlined above the City Council has an overall strategy for the provision of services that seeks to achieve the following principles:
- Prevent for as long as is possible people having to rely on less beneficial specialist services by promoting independence in the community, encouraging family support and commissioning services that actively encourage people to take responsibility for improving their own physical and mental wellbeing, and maintaining a healthy lifestyle

- Reduce need by investment in any services that reduce reliance on specialist facilities (such as drop-in centres, support groups, advice services)
- Delay the need for more traditional packages of care that limit people’s independence and which are also expensive to provide and take funding away from other better targeted provision
- Meet need whilst recognising the requirement for commissioning to operate within a context of increasing demand as the population ages, without expectation of a corresponding increase in financial resources; achieving value for money whilst recognising that it is critical to develop approaches appropriate to the circumstances of each individual

4.11 Despite these strategies, significant sums need to be invested in adult social care. Within the City, investment in Adult Social Care is in 4 distinct categories, reflecting both the specific needs of the user and the “prevent – reduce - delay – meet need” approach set out above. The 4 key areas of support are in the categories identified overleaf:

Provision	Comments
Accommodation of older people	This ranges from sheltered housing, extra care accommodation, residential homes and nursing homes. Supported living is generally provided in the form of self-contained flats in schemes of between 4 – 12 units with support for residents varying in type and frequency, whilst extra care accommodation - although bearing some similarities to supported living - is typically provided in larger schemes of 40 – 50 units plus the key difference of 24 hour support being available. Such accommodation is no longer considered as simply being for older people
Supported Living	Accommodation for individuals requiring support which allows them to live independently within the community. This includes people with learning disabilities and/or autism, people with mental health needs or a physical disability. This may be purpose built accommodation or it may be secured through adaptations
Major adaptations to meet specific needs	Adapting people’s homes to support those with adult care needs continuomg to live in their own homes. Works can be quite simple, but sometimes major adaptations/refurbishments are required
Assistive technology	These are things like telecare and telehealth such as movement detectors and health monitoring systems, allowing for remote support

4.12 The City Council is able to provide capital funding to support adult social care provision. Between 2015 and 2018, it has delivered a range of new extra care and supported living schemes for older people and people with disabilities, across 16 sites, totalling 137 units of accommodation.

4.13 Total established Supported Living Provision is as follows:

- 3 Extra Care schemes – 170 units
- 43 Shared Houses - 170 units
- 72 Supported Living schemes – 326 units

4.14 Additional investment will secure an additional Extra Care places over the next few years, as follows:

Location	Investment
Tilling Road, Beaumont Leys	73 place Extra Care scheme of 1 and 2 bedroom flats for a range of people, including adults with a learning disability or mental health needs, and older people.
Hamelin Road, Braunstone	82 place Extra Care scheme similar to the above
Ashton Green Extra Care	70 unit Extra Care scheme
Total additional accommodation	225 units

4.15 The Tilling Road and Hamelin Road developments are being created through a partnership between the City Council and a consortium which will see the authority transferring the land and contributing £2.45m of Right to Buy receipts, and the consortium – Leicester Independent Living – funding the remaining costs, undertaking construction and then managing the accommodation.

Future infrastructure Investment in Adult Social Care – the City’s Supported Living and Extra Care Housing Strategy 2021 – 2031 (March 2021)

4.16 The City has adopted a 10 year strategy to identify and secure important new investment in order to significantly increase provision which meets the future needs and demands of a range of vulnerable people across Leicester, in full recognition of the fact that demand is currently outstripping supply. The Strategy sets out the following:

- a detailed demand analysis of future needs across the City
- the incorporation of a new model to support the development of care and support pathways for vulnerable working age (18 – 64) and older people (65+), reflecting the fact that people’s needs change over time
- an assessment of the quality and cost effectiveness of both existing and proposed supported living and extra care accommodation
- linking this strategy with other programmes of work, including adult social care strategic priorities and the responsibilities falling on the City Council to provide safe, secure accommodation for children in care and care leavers
- links also to overall housing need and the delivery of affordable housing in Leicester
- anticipating need and meeting demand over the next 10 years, working with others to maximise resources and opportunities

4.17 The 10 year Strategy identifies the overall quantum of accommodation needed, by category, to meet demand, as follows:

Category	Need (individual units)	Form of accommodation
Adult provision	35	Step down supported living and specialist accommodation
New provision statutory cases	98	Extra care/supported living
New provision to delay entry into statutory care	72	Extra care
Respite care	8	Specialist scheme
Replacing substandard accommodation	160	Extra care/step down
Young people	23	Specialist scheme/extra care/unknown
Total	396	

- 4.18 To this future demand for 396 units needs to be added the 155 being provided at Tilling Road/Hamelin Road meeting a total 10 year demand for 551 new units of accommodation.

Update to Adult Social Care infrastructure Provision

- 4.19 Whereas we felt unable to provide a full assessment of adult care infrastructure need in the draft IA we now consider sufficient progress has now been made in defining such needs through the publication of the Supported Living and Extra Care Strategy 2021 – 2031. This clearly sets out expectations for the schemes that will need to be delivered to meet future needs, although there are no costings and only a broad indication of a delivery timeframe. This does however provide enough for the IA to make a reasoned assessment.
- 4.20 Accordingly we have assigned delivery of such accommodation into the first two 5 years tranches of the IA (2022 – 26 and 2027 - 2031), in line with the Strategy. We have identified a cost element for this provision at £150,000 per individual unit (a higher figure than established in the Strategy, but one we think reflect likely cost uplifts since its drafting).
- 4.21 We have also differentiated between the two ‘pipeline’ schemes – Tilling Road and Hamelin Road – and other schemes which we judge to be further away from delivery.
- 4.22 Entirely separate to the extra care and supported living accommodation provision there are capital costs associated with adaptations to properties (to support people with adult care needs to live in their own homes) and assistive technology such as telecare and telehealth to allow for remote support (we have assumed 50 adaptations a year at an average cost of £3,000 and 40 assistive technology interventions at an average cost of £100, a cumulative cost of £1.6m a year or £8.0m per 5 year tranche).

4.23 Whilst the likelihood is that there will need to be adult care interventions beyond 2031 end date of the current Strategy to take account of future needs, we feel it inappropriate to speculate on this for the present.

Time period	2022 – 26 £	2027 – 31 £	2032 – 36 £
Pipeline extra care and supported living/extra care schemes	£23.5m		
Other supported living/extra care schemes	£39.3	£20.1m	
Adaptations/assistive technology	£8.0m	£8.0m	
Totals	£70.8	£28.1m	

5. Indoor and Outdoor Sports and Leisure

5.1 In the Draft Infrastructure Assessment (March 2020) we covered both indoor and outdoor sports provision in considerable detail. This included:

- a summary of the City Council’s Playing Pitch Strategy (including individual sports Action Plans) designed both to support ambitions for new and improved outdoor sports facilities and to promote greater access and participation in such activities
- future investment priorities for a range of sports including Rugby League, Rugby Union, Tennis, Hockey, Football Cricket and Bowls
- details of the City’s 8 built sports and leisure facilities and the strategies that were underpinning them (including Active leisure Sport and Leisure Activity 2017 – 2022 and Healthy Leicester: Joint Health and Wellbeing 2019 – 2024)

5.2 We then sought to identify the likely pattern of future infrastructure investment in such activities over the course of the Local Plan until 2036. This was not a straightforward task as there were no detailed investments proposed for outdoor sports at that particular time, only aspirations, and although there were proposals for a rolling programme of investments in indoor sports (some of which were under way) there was nothing specific we could identify for the latter years of the Plan period.

5.3 We were aware of the expectations around future investment and we were keen to illustrate this in the IA. Accordingly – and this was our interpretation of future circumstances, not those of the services concerned – we made some assumptions. This was for a rolling programme of investments in Artificial Grass Pitches (3 in all over the lifetime of the Plan, together with some pitch and facility enhancements at a total cost of £3.3m) whilst for Indoor Sports, a separate rolling investment programme combining upgrades, extensions, reconfigurations and conversions to increase accessibility, participation, footfall and customer expectations. A two phase programme of works was costed at £15.4m in total.

Update to Indoor and Outdoor Sports Facilities infrastructure Provision

5.4 We think the assessment of future investments associated with such facilities needs a substantial revisit, for the following reasons:

- there has and continues to be a proactive approach to improving the quality and range of facilities and the experience of patrons. A number of enhancements have taken place and a further programme of works currently being rolled out at a cost of £1.94m which is included in the revised Infrastructure Delivery Schedule
- these investments (which are part of an ongoing programme stretching back 6 years) have seen the annual operating subsidy reduced from £3.5m to £1.9m, doubled the number of children learning to swim and responded positively to changing health and fitness trends (all part of a much wider initiative to improve health and wellbeing through sporting participation)
- notwithstanding this it is impossible to lose sight of the fact that indoor facilities in particular are aging, with most constructed in the 70s and 80s, and an average age of 37 years. Whilst a programme of upgrading can extend the life of these facilities there is a limit as to what can be achieved before their structural condition needs to be addressed, with health and safety concerns potentially restricting use, as is already starting to happen (e.g. the flumes at Leicester Leys)
- in view of this the services concerned have started the process of undertaking a root and branch review of the stock of built leisure facilities and their future fitness for purpose. They will also appraise the changing needs of users including links to the wider health, mental health, fitness and inclusivity agenda
- the review also needs to consider the sports and leisure needs associated with growth. In particular, it will address the fact that the many new communities now being contemplated beyond the City's boundaries - some of it developed to meet Leicester's unmet needs - are likely to be significantly if not wholly reliant on the City's leisure facilities

5.5 This is a wider ranging and multi-faceted review and it is unlikely to be completed until mid-2023 at the earliest. In view of this it seems no longer appropriate to speculate in the IA about interim enhancements beyond those already in the pipeline. At this stage the IA will not make any assumptions about longer term investment for the time being, until clarity is provided in the Facility Review. There is potential to add the infrastructure provision identified through this in future iterations of the IA, if such an opportunity presents itself.

6. **Burial facilities**

6.1 Much of what was covered in the draft IA in paragraphs 9.60 - 9.71 still holds true, particularly in terms of the context in which the City operates, and the current burial facilities. In the intervening years Covid has had a major impact on death rates (and its impact continues to be felt): as noted below, this and other factors are severely reducing future capacity, so major revisions to this section are required.

6.2 The draft IA was completed in March 2022 just as the initial impact of Covid was starting to emerge. Quite understandably and regrettably death rates have soared in the city, and this has had a consequent impact on interments, which rose from 850 p.a. in 2019 (pre Covid) to 1130 p.a. now. What once was thought certain in terms of future capacity no longer is so.

6.3 Covid-19 is not the only factor having an influence on burial capacity. The City Council currently allows families and individuals to purchase plots for future interments. Since the arrival of Covid sales have soared, from 77 in 2019 to 148 in 2021 and a predicted c180 this year. Given plots are often bought many years before they are actually required (a gap of 40 years between purchase and interment is not unknown) increased sales also have the effect of reducing future capacity.

6.4 Additionally, and as only partially explained by Covid, death rates in the City remain well above a rolling 5 year average. This is consistent with the national picture, with the ONS finding in May 2022 that deaths in that month were 14.8% higher when compared with a previous five-year average (2015 to 2019)¹³.

¹³ Source: ONS. The 5 years 2015 – 2019 are the last not distorted by Covid. The reasons for mortality rates currently running at higher levels than can be explained by Covid related deaths are not yet entirely understood, but appear likely to be a consequence of people delaying seeking treatment for chronic conditions during the pandemic, and the exceptional pressures that the NHS has been placed under during that period. There appear to be no confident predictions as to either when or indeed whether historic 5 year average mortality death rates will be returned to in the future

Update to new burial facilities infrastructure provision

- 6.5 Given the above, the need for new cemetery requirements as set out by Leicester Bereavement Services for the 2019 IA now need updating, as do our provisional cost figures. Gilroes and Saffron Hill – the two cemeteries where burials are still possible – will be full somewhere between 2025 – 2030 rather than after 2030 as was being predicted pre Covid.
- 6.6 In summary therefore a new cemetery is needed more than 5 years earlier than originally estimated, though the likelihood is that this will be phased (or possibly be the first of two new cemeteries to meet long term demand). For the revisions to the IA and the Infrastructure Delivery Schedule we are now including provision for an 8ha cemetery to be delivered between the years 2025 – 2030. More robust financial estimates than we had to hand previously suggests that this facility will cost more than originally envisaged, at between £3.5 - £4.0m.
- 6.7 This new facility is most likely but not entirely certain to be built outside of the City. Unlike new schools and primary healthcare facilities provided for the City’s unmet housing needs being met in adjoining districts (which we do not consider in the IA) a new cemetery remains first and foremost a facility for the City’s residents and therefore we have included it in our Infrastructure Delivery Schedule.

7. Libraries, Youth Services and Community Halls

- 7.1 Most of what we covered in the draft Regulation 18 Local Plan Infrastructure Assessment (March 2020) (paragraphs 9.30 – 9.44) still holds true. At that time community services in the City were in the last phases of a major investment/reconfiguration plan secured through the Transforming Neighbourhood Services (TNS) programme.
- 7.2 The TNS programme has seen the construction of new community facilities with the refurbishment of others. A rationalisation of the overall estate has seen a reduction from an original 43 to 27 premises focused on 9 Multi Service Centres. Collectively these have the quality and scope to deliver a range of community facilities able to fulfil City residents’ needs.

7.3 These enhancements have continued since the time of the draft IA, with investments in a number of key areas including the following:

- completion of the refurbishment of Highfields and Knighton Libraries
- the replacement of 157 public access computers and the establishment of self-service kiosks in libraries to free up staff
- a range of measures to support those who are digitally excluded, including free Wi-Fi in many centres (including all 16 libraries)
- piloting out of hours access for library users at Knighton and Evington libraries, with capital funding in place to roll this out in other libraries

Update to Libraries, Youth Services and Community Halls Infrastructure Provision

7.4 In the draft IA we were tasked with making assumptions about how these services might adapt and change over the lifetime of the Local Plan until 2036. At that time we considered there was a reasonable possibility that over this extended period, the need for replacement Multi Service Centres might arise to refresh the estate. We identified the potential for two such replacements at a combined cost of £3.8m. That was our judgement, not that of those who run these services.

7.5 On reflection - and having reviewed the extensive programme that has been rolled out to modernise facilities recently - we consider our original view to be erroneous. The revised Infrastructure Delivery Schedule no longer includes such a reference. Instead we have reflected just known expenditure of £594,000, a sum in the City's Capital Programme to secure out of hours access in all of Leicester's remaining libraries.

7.6 It is highly likely that in future further investment will be needed to reflect changing user needs and technical advances that allow other initiatives to be rolled but we consider it inappropriate to speculate on them at this time.

8. Gypsy and Traveller provision

8.1 In the March 2020 draft IA (paragraph 9.45 – 9.59) we identified the need for a 7 pitch permanent Gypsy site to be delivered in the timeframe 2025 – 2029, consistent with the Leicester and Leicestershire Gypsy, Traveller and Travelling Showpeople Accommodation Assessment (GTAA) published in May 2017 and its 2019 Addendum. We identified a potential cost of £875,000 based on the provision of similar facilities elsewhere.

8.2 Out view of this is unchanged – a site for such provision has now been identified. There may in time be an additional need to provide for an additional 21 pitch transit site, and the emerging Local Plan identifies 2 potential sites. However it has yet to definitively conform the need for a transit site, so we have not identified provision for this in the draft IDS.

9. Police

9.1 Police current and future infrastructure needs was covered in detail in the draft IA (paragraphs 11.9 – 11.13, Table 11.2) and the advice provided then largely remains unchanged. However it is worth restating the following:

- the Euston Road facility was established as a central lock-up, but is currently housing 200 officers. This is rented from the City Council
- as noted in the draft IA, Spinney Hill Police Station has replaced Asfordby Police Station
- Norfolk Street replaces Hinckley Road, also as noted
- Mansfield House is an improved facility but suffers from insufficient car parking which needs to be resolved to ensure long term effectiveness
- The Force HQ (outside the City) remains a major asset but as it is increasingly the focus for specialist activities this means less space for beat officers

9.2 Aside from the short term adverse impact of the virus on staffing levels the impact on the service has been relatively small scale – there was already a well-established practice of WFH and police officers spend a limited amount of time on base. There has been an overall increase in civilian WFH and a number of meeting rooms have been converted to offices.

Update on Police Infrastructure Provision

- 9.3 This needs to be seen in a wider context. The force had around 2,400 serving officers in 2010 but the austerity years saw this reduce to around 1,750. Over these years, largely because of the declining officer numbers and also due to a severely restricted capital programme, there was a significant reduction of the Force's estate in the City.
- 9.4 Now numbers are increasing again (they are up to 2,000) and may well do so in the future, but there are no plans to increase the size of the estate in the City, putting available accommodation under pressure. Coupled with the parking issues at Mansfield House, this means that the service is being run in the City out of suboptimal facilities, and the planned growth over the Local Plan period to 2036 will only serve to pile on the pressure.
- 9.5 The austerity years as far as the service is concerned may not be over, and the force may be reluctant to seek the expansion of accommodation because of continued pressures on the capital budget and concerns about servicing any debt incurred. However if s106 contributions could be secured and if these could be pooled, then there may be a case for a new subdivisional facility to serve the City towards the end of the Plan period.
- 9.6 Taking all the above factors into account we consider that the draft IA identification of a small additional police base (£0.32m in 2030 – 36) should remain. This modest investment to serve new development taking place in the NW quadrant of the city is on balance prudent to demonstrate that the force anticipates some – albeit low level - investment in its estate in the future.

10. Fire and Rescue

- 10.1 In the draft IA we explored the operational requirements of the Leicester, Leicestershire and Rutland Fire Services and the infrastructure they require to fulfil their needs. Since the draft they have published their Corporate and Integrated Risk Management Plan (2020 – 2024) setting out future aims.
- 10.2 The new IRMP reaffirms the modest infrastructure investment requirements the service has identified for the future, essentially around the purchase of new capital equipment and the small scale restructuring of their estate to reflect changing operational requirements.

10.3 In the draft IA, in the absence of the specific identification of items of investment we simply reflected the average annual capital spend of the previous 5 years - £375,000 - and projected this over the Plan period. We propose to maintain that arrangement in this update (the aggregate figure in the IA is however lower as we have the start date for our schedule has been rolled forward from 2019 to 2022).

11. Full Fibre Broadband

- 11.1 Since the draft Infrastructure Assessment the rollout of higher speed broadband has advanced considerably to the extent it is now important to move away entirely from lower speed connectivity. Thinkbroadband (October 2022) calculates that 99.3% of properties and premises in the City have access to¹⁴ broadband with download speeds of >24Mbps.
- 11.2 Given this we consider that the IA needs to focus on the rollout of ‘gigabit capable’ broadband access as this is now the standard by which to judge acceptable levels of performance going forward. Gigabit capable broadband means the capacity for download speeds of at least 1 gigabit per second (1 Gbps or 100 Mbps). A 1 Gbps download speed would allow a high definition film to be downloaded in under 1 minute. Such speeds can be delivered by the full fibre connections as described in the draft IA as Full Fibre to the Premises (FTTP) but can also be provided by high speed cable broadband and, potentially 5G networks. Whilst it is important to focus on the speeds achieved rather than the means of delivery, it should be noted that cable broadband is more susceptible to local congestion than full fibre and 5G gigabit speeds may be challenging in some areas (although this is mainly rural locations).
- 11.3 Two other factors come into play. In the draft IA we made the assumption that around a third of full fibre rollout (or an acceptable equivalent) would be achieved by 2024 with the remaining two thirds delivered by 2029. We noted at that the time the government’s stated wish to achieve full gigabit capable broadband by 2025 and observed that this was an aspiration rather than a target, and took the view that this did not seem achievable: subsequently in November 2020 the government revised its rollout target to a minimum 85% of premises by 2025. In February 2022 the Levelling up White Paper set a new target of gigabit capable broadband to be available nationally¹⁵ by 2030, whilst also maintaining the target of 85% rollout by 2025.

¹⁴ We talk about ‘access to’ broadband rather than ‘connection to’ broadband because households have no obligation to connect to the internet (and more importantly, may not wish to take advantage of the higher speeds of full fibre connection, although in time this will become obsolete)

¹⁵ ‘Nationwide coverage’ is actually defined as ‘at least 99% of all premises’

- 11.4 The primary problem with highspeed broadband rollout is connecting up 'difficult to serve' premises and the fact that it has largely been left to the market to deliver provision in such circumstances (although there are government grants available). Gigabit capable broadband is nonetheless now being rolled out at considerable speed to the tune of some 250,000 new installations a month despite the challenges that the country has faced over the last 2 years. As of October 2022 around 40% of Leicester households and industrial/commercial premises have access to gigabit capable broadband. The question is therefore on the speed of rollout to the remainder.
- 11.5 The second issue is the extent to which gigabit capable broadband is being provided as standard in newbuild development. Currently around 80% nationally is offered to the market with such provision, although we believe this will be much higher in Leicester, where delivery of infrastructure will be easier and consumers will have higher expectations of it than some less urban locations. In December 2020 the government indicated that it intended to amend building regulations to require developers to install high-quality digital infrastructure from the outset, make it a priority as part of the build, and ensure broadband companies are on board before the first brick is laid. To make sure developers are incentivised to follow the plans, the government is working with broadband providers to ensure that they will contribute to the costs of installing gigabit broadband in new-build homes.
- 11.6 To reflect these costs in the IA we believe that (a) we can expect that all newbuild homes and other developments in Leicester going forward will be provided with gigabit capable broadband as a development cost without call to the public purse: but (b) that we should make the assumption that some public contribution will be needed to retrofit the remaining 60% of Leicester homes/premises that are not gigabit capable. Although in time such expenditure will be recouped through user charges, there will be initial financial outlays.
- 11.7 This then raises the question of what should be assumed for potential public expenditure in the City for Gigabit capable broadband. In signalling forthcoming changes in Building Regulations for Gigabit capable broadband it suggested that housing developers will need to work with network operators to install internet speeds of over 1,000 megabits per second (Mbps) in new-build homes, up to a cost cap of £2,000 per dwelling. Separately, Virgin Media has indicated its willingness to contribute at least £500 towards such provision (and in the case of some larger sites £1,000) whilst Openreach has committed to a combined contribution with developers of £3,400, with a maximum developer contribution of £2,000.
- 11.8 On this basis it is reasonable to assume an overall cost per dwelling of £2,000 with a network contribution of £1,000, thereby meeting the entire average anticipated cost. With retro fitting of Gigabit capable broadband no such developer contribution will of course be available, so it is

reasonable to assume a public purse cost of £1,000 per dwelling. (The government has operated a Gigabit voucher scheme which would meet such a cost).

- 11.9 Assuming 76,000 Leicester properties and premises do not have access to Gigabit capable broadband we have therefore identified a sum of £76m as a public purse contribution to such provision. Although the government has previously proposed a completion of Gigabit capable rollout by 2025, it has recently revised this target to 85% by 2025 and we have reflected this overrun in the 5 year tranches in the IDS.